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| **Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF)** | ☐ Pre-Test☐ Post-Test | ☐ SingleAssessment |
| *This survey is being conducted for two reasons: to understand your strengths and needs as a family, and--more broadly--to understand what families in King County (of all structures) need to thrive. In this survey we will ask you some questions that relate to the work you do with our program, but there will also be questions that may not seem to relate. For example, we ask questions to understand what families can and cannot afford with their current financial situations. This is not a judgment, nor is it a promise of services.**Your responses are confidential and will not be used against you in any way. If there are questions you do not feel comfortable answering, feel free to select “Prefer Not to Answer” when applicable. Your responses will help us understand where we may need to provide/connect resources to families in the future****. Thank you for your honest responses!*** |
| ***Thinking about your life right now, select the extent to which you agree or disagree with the following statements.*** |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **Prefer Not to Answer** |
| 1. In general, my family knows we are strong enough to solve problems in our lives.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Our family traditions are important to us.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. In general, my family works together to solve problems.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. In general, my family stays hopeful even in difficult times.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. My family is able to find time for things that matter to us.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I feel like I’m always telling my child(ren) “no” or “stop.”
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. How I respond to my child(ren) depends on how I’m feeling.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. It is important to show that you understand your child(ren)’s feelings when they misbehave.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. Parents/caregivers have a big impact on how their child(ren) turn out.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ***These questions help us understand your current support system. Thinking about your life right now…*** |
| 1. I have someone in my life who encourages me.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I have someone in my life who is honest with me about difficult topics.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. When I’m trying to work on achieving a goal, I have someone in my life who will support me.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. When I need someone to look after my child(ren) on short notice, I can find someone I trust.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I have people I trust to ask for advice about: *(select all that apply)*

☐ Money / Bills / Budgeting ☐ Food / Nutrition ☐ Caring for my Child / My Children  ☐ Relationships ☐ Stress / Worries ☐ None of the above |
| ***Sometimes it is hard for families to pay for things they need. This is not a judgement or a promise of services, but will help us understand what families need to thrive. We appreciate your honest responses.*** |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **Prefer Not to Answer** |
| 1. I have trouble affording what I need each month.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. I am able to afford the food I want to feed my family.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. In the past **month**, were you unable to pay for: (select all that apply)
 |
|  | ☐ Rent or Mortgage | ☐ Utilities or bills (electricity/gas/heat/ phone/internet, etc.) | ☐ Transportation (including gas, bus passes, shared rides) |
|  | ☐ Childcare / daycare | ☐ Medicine, medical expenses, mental health services, co-pays | ☐ Other (*specify*): |
|  | ☐ Groceries/food (including baby formula/diapers) | ☐ Basic household or personal hygiene items (including clothes/shoes) | ☐ I was able to pay for all of these |
| 1. In the past **year**, have you: *(select all that apply)*
 |
|  | ☐ Delayed or not gotten medical or dental care for you or your family | ☐ Moved in with other people, even temporarily, because you could not afford to pay rent, mortgage, or bills | ☐ None of these apply to me |
|  | ☐ Been evicted from your home or apartment | ☐ Lost access to your regular transportation (e.g., vehicle totaled or repossessed) |  |
|  | ☐ Lived at a shelter, in a hotel/motel, or in an abandoned building or vehicle | ☐ Been unemployed when you really needed and wanted a job |  |
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| ***The following section focuses on your experiences so far with our organization. Your answers to these questions can help staff improve services for you and others like you, so your honest feedback is appreciated.******NOTE: SKIP THIS SECTION IF YOU ARE TAKING THIS AS A PRE-TEST (see top of Page 1)*** |
|  | **Strongly Agree** | **Agree** | **Neither Agree nor Disagree** | **Disagree** | **Strongly Disagree** | **Prefer Not to Answer** |
| 1. When I talk to staff from this program about my problems, they seem to understand.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The staff from this program genuinely care about me.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The staff from this program have respect for me.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 1. The staff from this program help me when I need it.
 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

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| **Participant Information** |
| ***These last few questions are about you. They will be used to help us understand the needs of people and families we serve. Remember, your responses to this survey are confidential.*** |
| 1. Gender Identity
 | ☐ Woman☐ Man | ☐ Non-Binary ☐ Two-Spirit | ☐ Prefer to Self-Identify (*fill in*): |  | ☐ Prefer not to answer |
| 1. Age *in years*
 | ☐ Prefer not to answer | 1. Family Structure*Select all that apply*
 | ☐ Single Parent☐ Two Parent | ☐ Kinship Care☐ Foster Care | ☐ Multigeneration☐ Teen Parent |
| 1. Primary language(s) spoken at home:
 |  | ☐ Prefer not to answer |
| 1. Is there a child with a disability in your care?
 | ☐ Yes☐ No | ☐ Unsure☐ Prefer not to answer | 1. Age(s) of Children*Select all that apply*
 | ☐ 5 and Under☐ 6 to 12 | ☐ 13 to 17☐ 18 and Over |
| 1. How do you self-identify your race or ethnicity?
 |  | ☐ Prefer not to answer |
| 1. Race/ethnicity details: *(please select as many as apply)*
 | ☐ Prefer not to answer |
| ☐ **American Indian/Alaska Native** | Tribal Affiliation/Indigenous Identity *(fill in)*: |
| ☐ **Asian** *(select details if applicable)* | ☐ Asian Indian | ☐ Bangladeshi | ☐ Burmese |
|  ☐ Cambodian | ☐ Chinese | ☐ Filipino | ☐ Indonesian | ☐ Japanese |
|  ☐ Korean | ☐ Laotian | ☐ Malay | ☐ Mongolian | ☐ Nepalese |
|  ☐ Pakistani | ☐ Sri Lankan | ☐ Taiwanese | ☐ Thai | ☐ Vietnamese |
|  ☐ *Indigenous Identity (fill in):*  | ☐ *Other (fill in):* |
| ☐ **Black, African or African American** *(select details if applicable)* | ☐ Algerian | ☐ Angolan |
|  ☐ Batswana | ☐ Cameroonian | ☐ Congolese | ☐ Eritrean | ☐ Ethiopian |
|  ☐ Gambian | ☐ Ghanaian | ☐ Haitian | ☐ Jamaican | ☐ Kenyan |
|  ☐ Liberian | ☐ Mali | ☐ Nigerian | ☐ Rwandan | ☐ Senegalese |
|  ☐ Somali | ☐ South African | ☐ Sudanese | ☐ Tanzanian | ☐ Ugandan |
|  ☐ *Indigenous Identity (fill in):*  | ☐ *Other (fill in):* |
| ☐ **Hispanic, Latinx, or Spanish** *(select details if applicable)* | ☐ Argentinian | ☐ Belizean |
|  ☐ Bolivian | ☐ Brazilian | ☐ Chilean | ☐ Colombian | ☐ Costa Rican |
|  ☐ Cuban | ☐ Dominican | ☐ Guatemalan | ☐ Mexican | ☐ Panamanian |
|  ☐ Peruvian | ☐ Puerto Rican | ☐ Salvadorian | ☐ Spanish | ☐ Venezuelan |
|  ☐ *Indigenous Identity (fill in):* | ☐ *Other (fill in):* |
| ☐ **Middle Eastern or North African** *(select details if applicable)* | ☐ Afghan | ☐ Algerian |
|  ☐ Armenian | ☐ Egyptian | ☐ Iranian | ☐ Iraqi | ☐ Israeli |
|  ☐ Kuwaiti | ☐ Lebanese | ☐ Libyan | ☐ Moroccan | ☐ Palestinian |
|  ☐ Saudi Arabian | ☐ Syrian | ☐ Tunisian | ☐ Turkish | ☐ Yemeni |
|  ☐ *Indigenous Identity (fill in):* | ☐ *Other (fill in):* |
| ☐ **Native Hawaiian or Other Pacific Islander** *(select details if applicable)* | ☐ Chamorro | ☐ Fijian |
|  ☐ Mariana Islander | ☐ Marshallese | ☐ Native Hawaiian | ☐ Palauan | ☐ Saipanese |
|  ☐ Samoan | ☐ Solomon Islander | ☐ Tahitian | ☐ Tokelauan | ☐ Tongan |
|  ☐ *Indigenous Identity (fill in):* | ☐ *Other (fill in):* |
| ☐ **White** *(select details if applicable)* | ☐ Belgian | ☐ Bosnian | ☐ Croatian |
|  ☐ Dutch | ☐ English | ☐ Finnish | ☐ French | ☐ German |
|  ☐ Greek | ☐ Icelandic | ☐ Irish | ☐ Italian | ☐ Portuguese |
|  ☐ Polish | ☐ Russian | ☐ Swedish | ☐ Ukrainian | ☐ Welsh |
|  ☐ *Indigenous Identity (fill in):* | ☐ *Other (fill in):* |
| **Culturally Responsive Measurement Tool – Protective Factors (CRMT-PF)****Program Information Form** |
| ***This form is for staff use only and should be completed by a staff member who is familiar with the program participant. Please remove this form prior to giving the survey to the participant to complete.*** |
| Interviewer Name: | Type of Interview: | ☐ Virtual (online)☐ In-person | Level of Support Given: | ☐ A. Fully Supported☐ B. Partially Supported☐ C. Self-Administered |
| Date Client Started Services: | Date Client Stopped Services (*if applicable)*: | Estimated Service Hours in Program\*: |
| Date Survey Completed: | Survey Start Time: | Survey End Time: |
| Is English the participant’s first language? | ☐ Yes☐ No | If no, what is the participant’s first language? |
| *\*Est. Hours (Post-Test or Single Assessment) Calculation: # of hours per contact x # of times per week/month of contacts x # of weeks/month in program* |
| **Surveyor Reflections – Implementation Testing** |
| ***This space is for you to take notes on your thoughts about implementing this tool in your practice with your families. You will be completing an online survey after you have administered the survey at least 5 times.******You can use these notes to help you remember your thoughts, then use them to complete our survey.******Thank you for your honest feedback!*** |
| Think about all of the assessments you use in your program *(Examples: PHQ-9, ASQ, Edinburgh, HOME, PICCOLO).*Could the CRMT-PF *replace* any of those tools?  | ☐ Yes 🡪☐ No | If yes, which one(s)? |
| Would you want your program to use this tool, even if it wasn’t required by a funder? | ☐ Yes☐ Maybe☐ No | Notes: |
| How would you describe the purpose of this tool in your own words? | Notes: |
| How would your program use the CRMT-PF, and the data it collects? *(select all that apply)*☐ To improve relationships/connections with clients (trust building, getting to know them better) ☐ To better understand what resources and referrals our clients need ☐ To better understand why some clients may succeed in our program and others might not☐ To better understand family protective factors☐ To better advocate for our clients☐ My organization would not use the data collected from the CRMT-PF☐ Other:  |
| Would implementing this survey into your practice impact your relationships with your clients, either negatively or positively? | ☐ Yes☐ Maybe☐ No | Notes: |
| When would you want to administer the CRMT-PF in your work with your clients? *(select all that apply)* | ☐ During intake☐ After client is receiving services☐ At exit from services☐ Other | Notes: |
| How often would you want to administer this survey? | ☐ Just once per client☐ Multiple times per client  (to see changes over time) | Notes: |
| How would you want to deliver the survey to families? | ☐ Electronically *(online)*☐ In Person☐ Video Call *(e.g. Zoom)* | ☐ Phone☐ Other (specify): | In what format would you want to deliver the survey? | ☐ Interview style (staff member reads  questions and client answers)☐ Client completes on their own |
| Other thoughts about the tool: |
| ***Thank you for your support!*** |