

## Youth Survey

Please take your time and answer truthfully. Your responses will help us to improve our program.

This questionnaire is confidential. We ask for your birth date and the first letter of your last name so that we can match your answers to your end-of-program evaluation.

- |  |  |
|--|--|
| <b>a. What year were you born?</b> _____                       | <b>b. What is the first letter of your last name?</b> ____ |
| <b>c. Are you a boy or a girl? BOY</b> _____ <b>GIRL</b> _____ | <b>d. How old are you?</b> ____                            |

### Part I: Feelings Questions

We are interested to know your feelings about your friends and family. Please take your time and answer truthfully. Mark only one response for each question

	YES!	Yes	No	NO!
01. My parents give me lots of chances to do fun things with them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02. My parents ask me what I think about family decisions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03. If I have a problem, I ask a grownup in my family for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04. Grownups in my family notice when I am doing a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05. Grownups in my family tell me they are proud of me for something I've done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06. I enjoy spending time with a grownup in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07. I feel close to a grownup in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08. I share my thoughts and feelings with the grownups in my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09. We argue about the same things in my family over and over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. People in my family have serious arguments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. People in my family often insult or yell at each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The rules in my family are clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. My family has clear rules about alcohol and drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My parents ask if I've gotten my homework done	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. When I'm not at home, my parents know where I am and who I am with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Would your parents know if you did not come home on time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. If you drank some beer or wine or hard liquor (like vodka, whiskey or gin) without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If you carried a handgun without your parents' permission, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. If you skipped school, would you be caught by your parents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For administrative purposes only.

☐ Pre ☐ Post ☐ Follow-up

PBPS Local ID: \_\_\_\_\_

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		Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
20.	My parents feel it would be wrong for me to drink wine or beer or other kinds of alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	My parents feel it would be wrong for me to smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. Please show how you rate the tension among your family members, as a group, today:											
LOW	1	2	3	4	5	6	7	8	9	10	HIGH
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Examples of "low tension" are:

- Family members are peaceful and friendly
- Talking with family is open and positive
- Overall, family mood is warm and loving

Examples of "high tension" are:

- Family members are "on edge" and impatient with each other
- Talking with family is stressful
- Overall, family mood is negative, angry, and not agreeable

## Part II: School Questions

*How much do you agree or disagree with these statements about school?*

		Strongly Agree	Agree	Neutral or Mixed	Disagree	Strongly Disagree
01.	In general, I like school a lot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
02.	I try hard at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03.	I usually finish my homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04.	Grades are very important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05.	School bores me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
06.	I don't feel like I really belong at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07.	Homework is a waste of time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08.	Learning school subjects is easy for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
09.	I know how to study and how to pay attention so that I do well in school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>