

## ALL STARS Youth Survey

Thank you for taking this survey! The information you provide helps us better understand the impact of our program. Please be honest as you respond to the questions. There are no right or wrong answers. The best answer is the one that reflects your true opinions and feelings.

This survey is voluntary and anonymous. If you are not comfortable answering a question, just leave it blank. You may stop the survey at any time. Please DO NOT put your name or any other extra marks on the survey, so that your name cannot be linked to your responses. The survey should take about 15 to 20 minutes to complete.

**Please answer each question by placing an "x" in the box.**

In the example below, the student marked "yes" because they think the statement is mostly true.

Example: Chocolate is the best ice cream flavor.

NO!       no       yes       YES!

**Your teacher will help you answer these first questions. Please wait for instructions and ask questions if needed.**

1. What is your survey ID? \_\_\_\_\_

Your survey ID is 6 characters in the following format:

- The first letter of your mother's first name (Think about the mother you see the most.)
- The two-digit number of the month in which you were born (i.e. "02" for February or "10" for October)
- The first two letters of your middle name (If you have more than one middle name use your first middle name. If you don't have a middle name use "ZZ.")
- The last letter of your last name

*Example: L07MAH*

2. When are you taking this survey?

- On the FIRST or SECOND day of All Stars.  
 On the LAST day of All Stars.

**These questions ask for some general information. Please mark the one response that best describes you.**

3. What school do you attend? \_\_\_\_\_

4. What grade are you in?

- 6th                       8th                       10th                       12th  
 7th                       9th                       11th

5. Which of the following best describes you?

- Hispanic/ Latinx (of any race)
- Native/ Indigenous (of any Nation)
- White/ Caucasian
- Black/ African

- Native Hawaiian/ Pacific Islander
- Asian
- Bi-Racial or Multi-Racial
- Write in: \_\_\_\_\_

**These questions ask how you feel about school and your peers. Mark only one response for each question.**

**How true is each statement is for you?**

	Not at All True	Not Very True	Sort of True	Very True
6. I try hard to do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In class, I work as hard as I can.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. When I'm in class, I participate in class discussions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I pay attention in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. When I'm in class, I listen very carefully.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When I'm in class, I feel good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. When we work on something in class, I feel interested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Class is fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I enjoy learning new things in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How well can you...?**

	Not at All	Not Very Well	Pretty Well	Very Well
15. express your opinions when other classmates disagree with you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. stand up for yourself when you feel you are being treated unfairly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. deal with situations where others are annoying you or hurting your feelings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. stand firm to someone who is asking you to do something unreasonable or inconvenient?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CONTINUE TO NEXT PAGE**

**These questions ask about what people your age think about certain risky behaviors. Mark only one response for each question.**

<b>What are the chances you would be seen as cool if you...?</b>	Very Good Chance	Pretty Good Chance	Some Chance	Little Chance	No or Very Little Chance
19. smoked cigarettes?	<input type="checkbox"/>				
20. began drinking alcoholic beverages (beer, wine, liquor) regularly, that is, at least once or twice a month?	<input type="checkbox"/>				
21. smoked marijuana?	<input type="checkbox"/>				
22. carried a handgun?	<input type="checkbox"/>				
23. worked hard at school?	<input type="checkbox"/>				
24. defended someone who was being verbally abused at school?	<input type="checkbox"/>				
25. regularly volunteered to do community service?	<input type="checkbox"/>				

**These questions ask what YOU think about certain risky behaviors. Mark only one response for each question.**

<b>How wrong do you think it is for someone your age to...?</b>	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
26. drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly, that is, at least once or twice a month?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. smoke cigarettes (including e-cigarettes, vapes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. use LSD, cocaine, amphetamines or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>How much do you think people risk harming themselves (physically or in other ways) if they...?</b>	No Risk	Slight Risk	Moderate Risk	Great Risk
30. smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. smoke marijuana regularly (once or twice a week)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. take one or two drinks of an alcoholic beverage (beer, wine, liquor) nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. have five or more drinks of an alcoholic beverage once or twice a week?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. use prescription drugs (medicine prescribed by a doctor) that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask about what you think about the future. Mark only one response for each question.

**Think about how you see your future. What are your chances for the following?**

	Very Low	Low	About 50/50	High
36. Being involved helping other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Having friends you can count on.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Being healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Being safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Sometimes we do not know what we will do as adults, but we may have an idea. Please answer how true these statements may be for you.**

	NO!	no	yes	YES!
40. When I am an adult, I will smoke cigarettes/ e-cigarettes (vape).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. When I am an adult, I will drink beer, wine, or liquor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. When I am an adult, I will use marijuana (smoke, vape, edibles).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**THANK YOU!**

Thank you for completing this survey! The information you provide helps us create a strong program for youth in our community. Your responses will not be shared with anyone.

**What did you enjoy most about the All Stars program? Why? (please explain)**

**Do you have any suggestions for what we could do better?**