

## VOICES 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 group mentor will help you answer these first questions. Please 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 group.  
 On the LAST day of group.

**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?

- 5th                       7th                       9th                       11th  
 6th                       8th                       10th                       12th

5. Which of the following best describes you?

- Female
- Male
- Transgender

- Non-binary
- Write in: \_\_\_\_\_

6. 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: \_\_\_\_\_

**For the following questions, please mark the one best answer.**

**How true are each of these statements about you?**

	Not at All True	A Little True	Mostly True	Really True
7. I work well with other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I can make friends with other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I can talk with people I don't know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I can tell other kids that they are doing something I don't like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I can tell a funny story to a group of kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I can stay friends with other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I can tell other kids what I think, even if they disagree with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How true are each of these statements about you?**

	Very False	Somewhat False	Somewhat True	Very True
14. I do the opposite of what people tell me, just to get them mad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I like to see how much I can get away with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I ignore the rules that get in my way.	<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!
17. When I am an adult, I will smoke cigarettes/ e-cigarettes (vapes).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. When I am an adult, I will drink beer, wine, or liquor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. When I am an adult, I will use marijuana (smoke, vape, edibles).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How often do each of these statements describe you?**

	All of the Time	Most of the Time	Some of the Time	None of Time
20. I wait my turn during activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. I cope well with disappointment or frustration.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I accept it when things do not go my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. My feelings are easily hurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. When I get upset, I whine or complain.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I control my temper when there is a disagreement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I stop and calm down when I am frustrated or upset.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I think before I act.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. When I want something, I am patient when waiting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. I stick with an activity until it is finished.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I can concentrate and focus on one activity at a time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. I usually do what I am told to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How much do you think people risk harming themselves (physically or in other ways) if they...?**

	No Risk	Slight Risk	Moderate Risk	Great Risk
33. smoke one or more packs of cigarettes per day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. try marijuana once or twice?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. smoke marijuana regularly (once or twice a week)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. 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"/>
37. 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"/>
38. use prescription drugs that are not prescribed to them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Do you agree with the following statements about you?**

	NO!	no	yes	YES!
39. I play nicely with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I do things that are good for the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. I treat my friends the way I like to be treated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. I am nice to kids who are different from me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. I try to cheer up other kids if they are feeling sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**How wrong do you think it is for someone your age to...?**

	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
44. take a handgun to school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. steal something worth more than \$5?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. pick a fight with someone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. attack someone with the idea of seriously hurting them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. stay away from school all day when their parents think they are at school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. have one or two drinks of an alcoholic beverage nearly every day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. 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"/>
51. smoke cigarettes (including e-cigarettes, vapes)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. smoke marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. use LSD, cocaine, amphetamines or another illegal drug?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**54. What does it mean to be unique?**

- You have very little in common with others
- You have your own qualities & interests that make you who you are
- Things you have accomplished or achieved are better than most people
- Having or owning things that very few other people have
- All of the above

**55. Which of the following are healthy ways that people can choose to deal with difficult feelings?**

- Yelling at the person that caused them
- Taking deep breaths
- Keeping them to yourself and acting like they don't bother you
- Both B and C
- All of the above

**56. Which of the following is an example of an "I" statement?**

- "I feel happy when you compliment me because it feels good."
- "I hit you because you were mean to me."
- "I argued with him because of what he did to me."
- All of the above

**57. Which of the following is useful when you want to "Say No" to peer pressure?**

- Naming the trouble
- Identifying the consequences
- Suggesting an alternative
- All of the above

58. **What are some things that you can do to have healthy friendships?**

- Go along with what your friends want even if you don't agree
- Be yourself and like yourself
- Be reliable and trustworthy
- Both B and C

59. **When working toward your dreams or goals, it is important that you do it mostly on your own and not rely on others for help.**

- True
- False

**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.

**These questions ask about your thoughts and feelings about this group.**

	Not A Lot	A Little Bit	Somewhat	Very Much
Kids in this group care about each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kids in this group make each other feel good.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When someone says something in this group, it stays in the group (nobody will repeat it outside of the group).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If kids in the group are really mad or upset about something, they can talk about it in the group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When you are with your group, how much do you enjoy the activities you participate in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you think the activities you do in your group are interesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How hard do you concentrate on the activities you do in your group?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did the group help you to deal with everyday problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did you help others to deal with everyday problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much did the group help you to make better decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**Do you have any suggestions for how to improve the program?**