

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 below. 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!

SURVEY ID: _____

YOUR GROUP MENTOR WILL HELP YOU ANSWER THIS QUESTION.

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

SECTION 1: ABOUT YOU

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

1. What grade are you in?

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

2. What school do you attend? _____

3. Which of the following best describes you?

- Hispanic/ Latinx Asian/ Pacific Islander
 White/ Caucasian Bi-Racial or Multi-Racial
 Black/ African American Write in: _____

4. Who do you currently live with?

- Both parents or single parent
- Grandparent(s)
- Other relative: _____
- Friend(s)

- In a foster or proctor home
- In a residential treatment facility
- Other: _____

SECTION 2: COMMUNITY AND SCHOOL CONNECTIONS

These questions ask about activities that you are participating in within your community and about your experience at school.

5. In the past 3 months, have you...? (Please mark all that apply)

	Yes
Participated in a sport	<input type="checkbox"/>
Participated in an extracurricular activity or club	<input type="checkbox"/>
Participated in a faith-based or religious activity	<input type="checkbox"/>
Volunteered in your neighborhood or community	<input type="checkbox"/>
Gone to a cultural facility (like a library, museum, park)	<input type="checkbox"/>
Worked at a job	<input type="checkbox"/>
Participated in an afterschool program	<input type="checkbox"/>
Participated in foster care activities	<input type="checkbox"/>
Other (Please explain in the space to the right)	<input type="checkbox"/>

6. Thinking about the adults in your neighborhood or community, please indicate how much you agree or disagree with each statement.

	Strongly Agree	Agree a Little	Disagree	Strongly Disagree
There is an adult who cares about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is an adult who I can go to if I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is an adult who will listen to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is an adult who gives me good advice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. How do you feel about the school you attend?

	Strongly Agree	Agree a Little	Disagree	Strongly Disagree
I look forward to going to school in the morning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I miss a class, the teacher or other adults will notice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I sometimes stay home because I don't feel safe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try my hardest when I am in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I enjoy the classes I am taking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am bored when I am in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My classes are interesting and challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. In the past 3 months, how many days did you attend school when school was open?

- Every day
- Most days (I missed 1-2 days a week.)
- Some days (I missed more than 2 days a week.)
- None of the days

SECTION 3: RISKY BEHAVIORS

The next questions are about risky behaviors, including drug use. We ask these questions to help us understand how youth might be thinking about drugs and other substances. Remember that your responses are entirely anonymous and cannot be linked to you. Please mark only one response per question.

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

	No Risk	Small Risk	Moderate Risk	Great Risk
Try marijuana (weed, pot, edibles) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use marijuana (weed, pot, edibles) regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke cigarettes/ Use a Juul (e-cigarette, vape) occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke one or more packs of cigarettes a day/ Use a Juul (e-cigarette, vape) multiple times per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take one or two alcoholic drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take four or five alcoholic drinks nearly every day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take five or more alcoholic drinks once or twice each weekend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try opioid pills without a doctor telling them to occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use opioid pills without a doctor telling them to regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try prescription painkillers without a doctor telling them to occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use prescription painkillers without a doctor telling them to regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Try heroin occasionally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use heroin regularly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

	Very Wrong	Wrong	A Little Bit Wrong	Not At All Wrong
Steal something worth \$100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use a weapon or force to get money or things from people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attack someone with a weapon with the idea of seriously hurting them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hit someone with the idea of hurting them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take a car or motorcycle for a ride without the owner's permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steal something worth \$50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage or destroy someone else's property on purpose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skip classes without an excuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Please indicate how much you agree or disagree with each statement.

	Strongly Disagree	Disagree	Agree	Strongly Agree
Using illegal drugs can be a pleasant activity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A young person should never try drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are few things more dangerous than experimenting with drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Using drugs is fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many things are much riskier than trying drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Everyone who tries drugs eventually regrets it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The laws about illegal drugs should be stricter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: MENTOR RELATIONSHIP

In this final section, we ask a few questions about your experience with your group mentor.

1. Who is your group mentor? _____

2. How true is each statement for you?

	Never True	Hardly Ever True	Sometimes True	Usually True	Always True
My mentor has good ideas about how to solve a problem.	<input type="checkbox"/>				
When I'm with my mentor, I feel ignored.	<input type="checkbox"/>				
When I'm with my mentor, I feel mad.	<input type="checkbox"/>				
When I am with my mentor, I feel safe.	<input type="checkbox"/>				
When I'm with my mentor, I feel disappointed.	<input type="checkbox"/>				
My relationship with my mentor is very important to me.	<input type="checkbox"/>				
When I'm with my mentor, I feel bored.	<input type="checkbox"/>				
When something is bugging me, my mentor listens while I talk.	<input type="checkbox"/>				
I feel close to my mentor.	<input type="checkbox"/>				

3. What is something you have learned from your mentor?