

Youth Survey: Before the Program

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.

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

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.

1. My parents give me lots of chances to do fun things with them	YES!	Yes	No	NO!
2. My parents ask me what I think about family decisions	YES!	Yes	No	NO!
3. If I have a problem, I ask a grownup in my family for help	YES!	Yes	No	NO!
4. Grownups in my family notice when I am doing a good job	YES!	Yes	No	NO!
5. Grownups in my family tell me they are proud of me for something I've done	YES!	Yes	No	NO!
6. I enjoy spending time with a grownup in my family	YES!	Yes	No	NO!
7. I feel close to a grownup in my family	YES!	Yes	No	NO!
8. I share my thoughts and feelings with the grownups in my family	YES!	Yes	No	NO!
9. We argue about the same things in my family over and over	YES!	Yes	No	NO!
10. People in my family have serious arguments	YES!	Yes	No	NO!
11. People in my family often insult or yell at each other	YES!	Yes	No	NO!
12. The rules in my family are clear	YES!	Yes	No	NO!
13. My family has clear rules about alcohol and drug use	YES!	Yes	No	NO!
14. My parents ask if I've gotten my homework done	YES!	Yes	No	NO!
15. When I'm not at home, my parents know where I am and who I am with	YES!	Yes	No	NO!
16. Would your parents know if you did not come home on time?	YES!	Yes	No	NO!
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?	YES!	Yes	No	NO!
18. If you carried a handgun without your parents' permission, would you be caught by your parents?	YES!	Yes	No	NO!
19. If you skipped school, would you be caught by your parents?	YES!	Yes	No	NO!
20. My parents feel it would be wrong for me to drink wine or beer or other kinds of alcohol	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All

21. My parents feel it would be wrong for me to smoke cigarettes	Very Wrong	Wrong	A Little Bit Wrong	Not Wrong at All
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22. Please show how you rate the tension among your family members, as a group, today:

Low

High

₁ ₂ ₃ ₄ ₅ ₆ ₇ ₈ ₉ ₁₀

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.

About School

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

	<u>Strongly Agree</u>		<u>Neutral or Mixed</u>		<u>Strongly Disagree</u>
1. In general, I like school a lot.....	1	2	3	4	5
2. I try hard at school.....	1	2	3	4	5
3. I usually finish my homework.....	1	2	3	4	5
4. Grades are very important to me.....	1	2	3	4	5
5. School bores me	1	2	3	4	5
6. I don't feel like I really belong at school.....	1	2	3	4	5
7. Homework is a waste of time.....	1	2	3	4	5
8. Learning school subjects is easy for me.....	1	2	3	4	5
9. I know how to study and how to pay attention so that I do well in school.....	1	2	3	4	5

Part II: Other Questions

Instructions: **Mark only one answer** for each question. Select the answer that best fits you.

1: How frequently have you smoked cigarettes during the past 30 days?

- a. Not at all
- b. Less than one cigarette per day
- c. One to five cigarettes per day
- d. About one half-pack per day
- e. About one pack per day
- f. About one and one-half packs per day
- g. Two packs or more per day

2: How often have you taken smokeless tobacco during the past 30 days?

- a. Not at all
- b. Once or twice
- c. Once or twice per week
- d. Three to five times per week
- e. About once a day
- f. More than once a day

3: On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than a few sips)? Note: Alcoholic beverages include beer, wine, wine coolers, and liquor.

- a. 0 occasions
- b. 1 - 2 occasions
- c. 3 - 5 occasions
- d. 6 - 9 occasions
- e. 10-19 occasions
- f. 20-39 occasions
- g. 40 or more

4: On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?

- a. 0 occasions
- b. 1 - 2 occasions
- c. 3 - 5 occasions
- d. 6 - 9 occasions
- e. 10-19 occasions
- f. 20-39 occasions
- g. 40 or more

5: On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?

- a. 0 occasions
- b. 1 - 2 occasions
- c. 3 - 5 occasions
- d. 6 - 9 occasions
- e. 10-19 occasions
- f. 20-39 occasions
- g. 40 or more

6: On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?

- a. 0 occasions
- b. 1 - 2 occasions
- c. 3 - 5 occasions
- d. 6 - 9 occasions
- e. 10-19 occasions
- f. 20-39 occasions
- g. 40 or more

7: Not counting alcohol, tobacco, or marijuana, on how many occasions (if any) during the last 30 days have you used another illegal drug?

- a. 0 occasions
- b. 1 - 2 occasions
- c. 3 - 5 occasions
- d. 6 - 9 occasions
- e. 10-19 occasions
- f. 20-39 occasions
- g. 40 or more
