Youth Survey: After 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

<table>
<thead>
<tr>
<th>Very Wrong</th>
<th>Wrong</th>
<th>A Little Bit Wrong</th>
<th>Not Wrong at All</th>
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</thead>
</table>

21. My parents feel it would be wrong for me to smoke cigarettes

<table>
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<tr>
<th>Very Wrong</th>
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<th>A Little Bit Wrong</th>
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22. Please show how you rate the tension among your family members, as a group, today:

Low

High

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

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?

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Neutral or Mixed</th>
<th>Strongly Disagree</th>
</tr>
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10 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.