

# 1. Youth Intervention Programs: PRE-PROGRAM SURVEY

Completing this survey helps programs like this one know how best to meet the needs of kids in your community.

By taking the survey when you start and end the program, you help the program staff to know what they are doing well and what they can do better. Youth programs all across Minnesota are using this survey.

If you continue with the survey, we ask that you please answer the questions honestly. The staff of your program will not see your individual answers and your answers will not lead to consequences for you.

All questions have the option: "I do not wish to answer" if you do not feel comfortable responding.

Please select only one answer to each question unless you are directed to select more than one.

- \* 1. Every youth program has its own number. Some programs have a number and a letter.

Your program staff will tell you what number to use. Please write it in the box below.

- \* 2. Youth Code Number

The FIRST LETTER of  
Your First Name:

The FIRST LETTER of  
your Last Name:

Your Month of Birth

Your Day of Birth

Please Write in:

- \* 3. Please write in today's date

Month

Day

Year

Today is:

4. How are you taking this survey?  
(Please select "on paper")

On paper

On the computer

- \* 5. Will you help us by taking this survey?

Yes (Please go to next question)

No (Please fold or seal your survey and return it to program staff. You are finished.)

\* 6. Do you identify as:  
(Select one)

Male

Female

I do not wish to answer

\* 7. How old are you?  
(Select one)

12

16

20

13

17

21 or older

14

18

I do not wish to answer

15

19

\* 8. Are you Hispanic or Latino/a?  
(Select one)

Yes

No

I do not wish to answer

\* 9. What is your race? (Check all that apply)

American Indian

Black/African-American

I do not wish to answer

Asian

White

OPTIONAL: Please tell us your cultural ethnicity? (Examples: Hmong, Somali, Mexican, East Indian, Sioux, Puerto Rican, Russian, etc.)

\* 10. Which best describes where you go to school?  
If school is not in session, where did you most recently go to school?  
(select one)

Public school-----Go to the next question.

Private or religious school-----Go to the next question.

Alternative Learning Center (ALC)-----Go to the next question.

GED program, technical school or college-----SKIP TO QUESTION 18.

I graduated from high school-----SKIP TO QUESTION 18.

I am not in school (I dropped out/parent signed me out)-----SKIP TO QUESTION 18.

Other-----SKIP TO QUESTION 18.

I do not wish to answer-----Go to the next question.



\* 16. During the past month, how often did you do the following

WHILE AT SCHOOL... (Select one answer in each row)

	Never	Once or Twice	About once a week	Several times per week	Daily	School was not in session	I do not wish to answer
Stay after school for sports, clubs or activities?	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Been missing homework or assignments?	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Make fun of other students in a hurtful way?	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Swear at, cuss out, or threaten someone?	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Hit or beat someone up?	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Damage school property?	jñ	jñ	jñ	jñ	jñ	jñ	jñ

\* 17. In the past month, how often have you:  
(Select one answer in each row)

	Never	Once or Twice	About once a week	Several times per week	Daily	School was not in session	I do not wish to answer
Been sent out of the classroom or to the school office?	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Got "detention" or in-school suspension (ISS)?	jñ	jñ	jñ	jñ	jñ	jñ	jñ
Got sent home or out-of-school suspension (OSS)?	jñ	jñ	jñ	jñ	jñ	jñ	jñ

\* 18. How much do you agree with the following statements?  
(Select one answer in each row)

	Agree	Mostly Agree	Mostly Disagree	Disagree	I do not wish to answer
I have a good relationship with my parents or guardians	jñ	jñ	jñ	jñ	jñ
I am satisfied with my school grades and achievement	jñ	jñ	jñ	jñ	jñ
I am satisfied with my school attendance and behavior	jñ	jñ	jñ	jñ	jñ
I feel safe in my community	jñ	jñ	jñ	jñ	jñ
I feel comfortable with the amount of alcohol or drugs I use	jñ	jñ	jñ	jñ	jñ
I feel good about how others see me	jñ	jñ	jñ	jñ	jñ
I feel good about how I see myself	jñ	jñ	jñ	jñ	jñ
I feel good about how my future looks	jñ	jñ	jñ	jñ	jñ

\* 19. Which adults do you live with? (Check all that apply)

- My biological mother (the woman who gave birth to me)
- My biological father
- My Stepmom/parent's girlfriend
- My Stepdad/parent's boyfriend
- The mother than adopted me
- The father that adopted me
- My foster parent(s)
- My grandparent(s)
- Other relative(s)
- Adult(s) I am not related to
- None
- I do not wish to answer

\* 20. In the past month, how often did you do the following

WHILE AT HOME or WHERE YOU ARE LIVING...

(Select one answer in each row)

	Never	Once or Twice	About once a week	Several times per week	Daily	I do not wish to answer
Have a meal with at least one parent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do a project, activity or outing with a least one parent?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Swear at, cuss out, or threaten someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hit a family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Throw or break things?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stay out when you were supposed to go home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lied about where you were or who you were with?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 21. How many adults in your life can you go to for help with tough personal problems?

(Select one)

- None
- 1
- 2
- 3
- 4
- 5
- 6
- More than 6
- I do not wish to answer

\* 22. In the past month how often have you?  
(Select one answer in each row)

	Never	Once or Twice	About once a week	Several times per week	Daily	I do not wish to answer
Worked at a paying job (including babysitting)?	jñ	jñ	jñ	jñ	jñ	jñ
Attended religious services or cultural activities?	jñ	jñ	jñ	jñ	jñ	jñ
Participated in community activities: (4H, YMCA/YWCA, Boys and Girls Clubs, Community Sports Teams, Scouts, Park and Rec Activities, etc.)	jñ	jñ	jñ	jñ	jñ	jñ

\* 23. In the past month how often has someone threatened you, made you feel afraid, or physically hurt YOU? (Select one answer in each row)

	Never	Once or Twice	About once a week	Several times a week	Daily	I do not wish to answer
At home or where you are living?	jñ	jñ	jñ	jñ	jñ	jñ
At school or at school activities?	jñ	jñ	jñ	jñ	jñ	jñ
In your neighborhood?	jñ	jñ	jñ	jñ	jñ	jñ

\* 24. How many of the people you consider your friends:  
(Select one answer in each row)

	All or almost all	Most	About half	A couple	None	I do not wish to answer
Get in trouble at school?	jñ	jñ	jñ	jñ	jñ	jñ
Get in trouble with the law?	jñ	jñ	jñ	jñ	jñ	jñ
Use alcohol or drugs?	jñ	jñ	jñ	jñ	jñ	jñ
Pressure you into doing things that you feel aren't right or safe?	jñ	jñ	jñ	jñ	jñ	jñ

\* 25. During the last month, how often did you do the following?  
Do not include use for religious ceremony  
(Select one answer in each row)

	Never	Once or Twice	About once a week	Several times per week	Daily	I do not wish to answer
Smoked a cigarette or used tobacco	jñ	jñ	jñ	jñ	jñ	jñ
Drink one or more drinks of an alcoholic beverage	jñ	jñ	jñ	jñ	jñ	jñ
Have 5 or more alcoholic drinks in a row	jñ	jñ	jñ	jñ	jñ	jñ
Use marijuana, blunts or hashish	jñ	jñ	jñ	jñ	jñ	jñ
Use prescription drugs that were not yours or to get high	jñ	jñ	jñ	jñ	jñ	jñ
Misuse over the counter medications or products to get high (huffing paint/solvents/aerosols).	jñ	jñ	jñ	jñ	jñ	jñ
Use other drugs like cocaine, crack, heroin, stimulants, Ecstasy, meth or LSD/ "acid"	jñ	jñ	jñ	jñ	jñ	jñ

\* 26. How much do you agree with these statements?

(Select one answer in each row)

	Agree	Mostly agree	Mostly disagree	Disagree	I do not wish to answer
I am often irritable and angry	<input type="radio"/>				
I am often unhappy, depressed or tearful	<input type="radio"/>				
I feel under stress or pressure	<input type="radio"/>				
I do things before I think	<input type="radio"/>				
It's hard for me to admit when I have made a mistake or done something wrong	<input type="radio"/>				
If someone messes with me, I will get them back for it	<input type="radio"/>				
I'd rather be punished than have to apologize for something	<input type="radio"/>				

\* 27. How much do you agree with these statements?

(Select one answer in each row)

	Agree	Mostly agree	Mostly disagree	Disagree	I do not wish to answer
I make good decisions	<input type="radio"/>				
I can break a big goal down into smaller steps	<input type="radio"/>				
I can ask for help when I need it	<input type="radio"/>				
I am good at solving problems	<input type="radio"/>				
I am able to control my anger	<input type="radio"/>				

## 2. Thank You!

If you have any questions or are needing additional support, please contact your program staff. You may also call 2-1-1 or 1-800-543-7709 to access the United Way's First Call for Help Services. It's free, confidential and available 24/7.

Cell phone users can call 651-291-0211 to access *First Call for Help*.

Please fold or seal your survey and return it to your program staff!