

Youth Survey

Strengthening Families Program for Parents and Youth 10-14

Check the box of the phrase that shows how often you do each item.

		A little of the time	Some of the time	A good bit of the time	Most of the time
1.	I know one step to take to reach one of my goals.				
2.	I do things to help me feel better when I am under stress.				
3.	I appreciate the things my parent(s)/caregiver(s) do for me.				
4.	I use the Peer Pressure Steps (Ask questions, Name the Problem, etc.) when I'm pressured to get into trouble.				
5.	We have family meetings to discuss plans, schedules, and rules.				
6.	I know how to tell when I am under stress.				
7.	I listen to my parent(s)/caregiver(s)' point of view.				
8.	I understand the values and beliefs my family has.				
9.	I know there are consequences when I don't follow a given rule.				
10.	My parent(s)/caregiver(s) and I can sit down together to work on a problem without yelling or getting mad.				

		A little of the time	Some of the time	A good bit of the time	Most of the time
11.	I know the things needed in a good friend.				
12.	I know what my parent(s)/caregiver(s) think I should do about drugs and alcohol.				
13.	My parent(s)/caregiver(s) are calm when they discipline me.				
14.	I feel truly loved and respected by my parent(s)/caregiver(s).				