

Youth Survey

Strengthening Families Program for Parents and Youth 10-14

In the first column, circle the phrase that shows how often you do each item **NOW** that you have taken the program.
 In the second column, circle the phrase that shows how often you did each item **BEFORE** you came to the program.

		Check the box of the phrase that shows how often you do each item.							
		NOW				BEFORE			
		A little of the time	Some of the time	A good bit of the time	Most of the time	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.								

		Check the box of the phrase that shows how often you do each item.							
		NOW				BEFORE			
		A little of the time	Some of the time	A good bit of the time	Most of the time	A little of the time	Some of the time	A good bit of the time	Most of the time
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.								
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).								