

Youth Survey

Date: _____

Place: _____

SFP 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.

Column One— Now			
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some 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. If a friend suggests that we do something that can get us both into trouble, I am able to get out of doing it.

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.

Column Two— Before			
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time

Column One— Now			
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time

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 qualities that are important in a true friend.

12. I know what my parents/caregivers 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).

15. I am able to tell when my parent(s)/caregiver(s) are stressed or having a problem.

Column Two— Before			
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time
never	rarely	some of the time	most of the time

What was the most valuable thing(s) you learned during this program?
