

Strengthening Families Program 10-14: Youth Post-Survey

**FILL IN PARTICIPANT INFORMATION ON THE NEXT PAGE
&
TEAR OFF THIS SHEET**

Participant Name:	_____
Participant Code:	_____
Date:	_____
Pre-Test Survey	_____
Post-Test Survey	_____

Directions to Data Collectors: Prior to distributing this survey, please do the following:

1. Enter the Name of the participant in the box above.
2. Enter the Participant Code # in the box above.
3. Enter the Date of the test in the box above.
4. Indicate whether this is a pre-test or a post-test survey with a check mark in the box above.
5. Enter the Location, Date, and Participant Code in the proper lines on the next page.
6. **Tear off this sheet and keep for record keeping prior to distributing the survey.**

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Location: _____ Date: _____ Participant Code: _____

Directions to Participants: This survey is designed to give us information about your health knowledge, attitudes, and behaviors. Because a secret participant code is used on each survey, no one will know how you answer these questions. Please answer all of the questions honestly.

Section B. SFP 10-14 Focused Questions

Please fill in the circle to the right of each sentence that tells how often each item is done.	Never	Rarely	Occasionally	Sometimes	Most of the time	Always
1. My parent(s)/caregiver(s) talk to me about their values and beliefs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. My parent(s)/caregiver(s) talk to me about ways to resist peer pressure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. My parent(s)/caregiver(s) set rules for me to follow.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. My parent(s)/caregiver(s) tells me what they expect of me and holds me responsible.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I follow rules or do tasks well at home or at school, my parent(s)/caregiver(s) gives me praise.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. When my parent(s)/caregiver(s) is upset because I did not follow through with a rule or do a task at home or school, they calmly tell me how they are feeling.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. My parent(s)/caregiver(s) treats me with respect when they discipline me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I show my parent(s)/caregiver(s) that I appreciate the things they do for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. My parent(s)/caregiver(s) tell me what the consequences are for breaking their rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. My parent(s)/caregiver(s) and I can sit down and work on a problem without yelling or getting mad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. When I am stressed, I do something to calm myself, like take deep breaths.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. When my parent(s)/caregiver(s) is upset, I try to think about their feelings and point of view.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. When I am upset, I am likely to yell, swear, or hit someone or something.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I can tell when I am starting to feel stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I feel truly loved and respected by my parent(s)/caregiver(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please fill in the circle to the right of each sentence that tells how often each item is done.	Never	Rarely	Occasionally	Sometimes	Most of the time	Always
16. My family has a weekly meeting to talk about plans, schedules and rules.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. When we have a problem, my family works together to find a solution.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. My parent(s)/caregiver(s) does and says things to let me know I am loved.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. My parent(s)/caregiver(s) expect me to do household chores (for example: doing the dishes or cleaning your room).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. My parent(s)/caregiver(s) explain the reasons for household rules and expectations.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. My parent(s)/caregiver(s) let me know their expectations about my using alcohol, tobacco, and drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please fill in one circle to the right of each sentence that tells how much you agree.	Completely Disagree	Disagree	Agree	Completely Agree
22. Making good decisions now will help me reach my goals in the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I know positive ways to help me feel better when I am under stress.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. I have thought of some goals I want to reach when I grow up.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I know some steps to take to reach my goals.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I know the consequences I would receive if I used alcohol, tobacco, or drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fill in one circle to the right of each sentence that tells how likely you would be to do each action.

27. If a friend is pressuring you to do something that could get you in trouble, how likely are you to:	Very Unlikely	Unlikely	Likely	Very Likely
a. Do it	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Tell your friend some of the negative things that could happen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Suggest something else to do	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Stay calm even if your friend keeps pressuring you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Tell your friend you are going to do something else and go on your way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Section C. Behavior Questions

Please fill in the circle under the column heading to tell us how often (if ever) you generally do or have done the following things.

About how often, if ever, do you:	Never	A few times but NOT in the past year	A few times per year	Once per month	A few times per month	Once per week	A few times per week	Once per day	More than once per day
1. smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. drink beer, wine, wine coolers, or hard liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. drink until you get drunk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. smoke marijuana (pot, grass) or hashish(hash)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. smoke marijuana or hashish until you get high or stoned	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. use any prescription drugs (e.g., pain relievers, tranquilizers, stimulants) that were not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Do you think you will use any of these within the next year?	Definitely not	Probably not	Maybe	Probably will	Definitely will
7. cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. beer, wine, wine coolers or hard liquor (excluding use during religious ceremonies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. marijuana or hashish (pot, reefer, weed, blunts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. cocaine or other hard drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. prescription drugs (e.g., pain relievers, tranquilizers, stimulants) that were not prescribed to you	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Read the statements below and fill in the circle to indicate your response.

How many <u>people your age</u> do you think:	None or almost none (< 10%)	Some (11-25%)	Less than half (26-50%)	More than half (51-75%)	All or almost all (76-100%)
12. smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. drink beer, wine, or liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. smoke marijuana (pot, reefer, weed, blunts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. use cocaine or other hard drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. use any prescription drugs (e.g., pain relievers, tranquilizers, stimulants) that were not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How many <u>adults</u> do you think:	None or almost none (< 10%)	Some (11-25%)	Less than half (26-50%)	More than half (51-75%)	All or almost all (76-100%)
17. smoke cigarettes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. drink beer, wine, or liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. smoke marijuana (pot, reefer, weed, blunts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. use cocaine or other hard drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. use any prescription drugs (e.g., pain relievers, tranquilizers, stimulants) that were not prescribed to them	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EPIS represents a collaborative partnership between the Pennsylvania Commission on Crime and Delinquency (PCCD), and the Bennett Pierce Prevention Research Center, College of Health and Human Development, Penn State University. EPIS is funded by PCCD and the PA Department of Human Services. This resource was developed by EPIS through PCCD grant VP-ST-24368.

Strengthening Families Program 10-14: Youth Post-Survey**Facilitator Rating Form****Directions:**

First, please write in the name of the facilitator you are rating next to where it says 'Name'.

Next, please rate the following based on all 7 sessions by filling in one circle per item.

Parent/Caregiver Facilitator 1	Name:				
Please rate the following:	Lowest ----- Highest				
How effective was the facilitator's delivery style?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did the facilitator encourage participation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did the facilitator interact with participants in a positive way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Youth Facilitator 1	Name:				
Please rate the following:	Lowest ----- Highest				
How effective was the facilitator's delivery style?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did the facilitator encourage participation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did the facilitator interact with participants in a positive way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Youth Facilitator 2	Name:				
Please rate the following:	Lowest ----- Highest				
How effective was the facilitator's delivery style?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did the facilitator encourage participation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How well did the facilitator interact with participants in a positive way?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please rate the following:	Lowest ----- Highest				
Thinking about all sessions you attended, in general, how engaged were you in the topics and activities delivered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thinking about all sessions you attended, in general, how active were you in the topics and activities delivered?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments: