



# Tell Us About You!

## Strengthening Families Program: Youth Post-Survey



*Please circle the response that best answers each statement.*

Statement	Response			
1. When I have a goal, I make a plan for how to achieve it.	A little of the time	Some of the time	Most of the time	All of the time
2. I do things to help me feel better when I am under stress.	A little of the time	Some of the time	Most of the time	All of the time
3. I appreciate the things my parent(s)/caregiver(s) do for me.	A little of the time	Some of the time	Most of the time	All of the time
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.	A little of the time	Some of the time	Most of the time	All of the time
5. We have family meetings to discuss plans, schedules, and rules.	A little of the time	Some of the time	Most of the time	All of the time
6. I know how to tell when I am under stress.	A little of the time	Some of the time	Most of the time	All of the time
7. I listen to my parent(s)/caregiver(s)' point of view.	A little of the time	Some of the time	Most of the time	All of the time
8. I understand the values and beliefs my family has.	A little of the time	Some of the time	Most of the time	All of the time
9. I know there are consequences when I don't follow a given rule.	A little of the time	Some of the time	Most of the time	All 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.	A little of the time	Some of the time	Most of the time	All of the time
11. I know the qualities that are important in a true friend.	A little of the time	Some of the time	Most of the time	All of the time
12. I know what my parents/caregivers think I should do about drugs and alcohol.	A little of the time	Some of the time	Most of the time	All of the time
13. My parent(s)/caregiver(s) are calm when they discipline me.	A little of the time	Some of the time	Most of the time	All of the time
14. I feel truly loved and respected by my parent(s)/caregiver(s).	A little of the time	Some of the time	Most of the time	All of the time
15. I am able to tell when my parent(s)/caregiver(s) are stressed or having a problem.	A little of the time	Some of the time	Most of the time	All of the time

16. Please describe how the relationship between you and your parent(s) has changed since attending these sessions.

17. What is the best thing you learned from this program?