



Tell Us About You!



Strengthening Families Program: Youth Pre-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. Why did you decide to participate in this program?

Site: _____

Date: _____

ID: _____