

Civics, Community & Health Survey

You are being asked to participate in the Civics, Community & Health Survey, a short questionnaire designed to let researchers better understand your thoughts about the future, substance use, your thoughts about your community, and what/how you think and act about the government. This is your chance to let people know your opinions and attitudes about these important topics.

This study is completely voluntary, so you may skip any questions you do not wish to answer or stop the survey at any time.

Your answers will be kept strictly confidential. No one at your school will be able to see your answers. Any and all faculty, staff, students, and others with permission or authority to see study information will protect your confidentiality to the extent permitted and required by laws and university policies. Nothing that can identify you personally or individually will ever be published or presented. Your de-identified information could be used for future research without additional informed consent.

If you would prefer not to participate in this survey, please let the person implementing the survey know at this point and they will provide something else for you to do.

Read further if you choose to continue with the survey.

If you choose to begin the survey and if this study is to be helpful, it is important that you answer every question that you choose to answer as thoughtfully and honestly as possible. To protect your identity, we ask that you do not write your name anywhere on the survey, so that your answers cannot be connected with your name. We also ask that you respect the privacy of others and look only at your own survey.

Please be careful in completing the questions that will create your own unique anonymous code, so that we may match the survey you complete before the program begins with the one you will complete after the program ends.

Other students found these questionnaires interesting, and said that they enjoyed filling them out. We sincerely hope that you will, too. Be sure to read the instructions below before you begin to answer. Thank you very much for being an important part of this project.

Instructions:

1. This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish.
2. All of the answers should be answered by marking one of the answer spaces. If you don't always find an answer that fits exactly, choose the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.
3. If a question bothers you or you would feel uncomfortable answering it, just leave it blank.
4. Respect the privacy of others by looking only at your own survey.
5. Your answers will be read automatically by a machine called an optical mark reader. Please follow these instructions carefully:
 - Use only the black lead pencil you have been given.
 - Make heavy black marks inside the circles. Please make sure circles are completely filled out.
 - Erase evenly any answer you wish to change.
 - Make no other markings or comments on the answer pages, since they interfere with the automatic reading.

DO NOT PHOTOCOPY THIS SURVEY

Site ID:

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Everyone who takes this survey will use a code to identify themselves. **ONLY YOU WILL KNOW YOUR CODE.** We don't want to know your name or anything that would link your answers to you. By answering the following questions, you can assign yourself a code that keeps your response anonymous.

1. Please mark the letter YOUR MIDDLE name starts with.

(Leave blank if you aren't sure or if you do not have a middle name)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
<input type="radio"/>																									

Please mark the letter your MOTHER'S FIRST name starts with.

(Leave blank if you aren't sure)

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
<input type="radio"/>																									

2. What DAY of the month were you born on?

(for example, if you were born on November 16, 1995, select "16")

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<input type="radio"/>																														

What year were you born in?

(for example, if you were born on November 16, 2000, select "2000")

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
<input type="radio"/>											

3. The first set of questions asks you to describe how YOU feel about school and job opportunities in your future.

(please select one answer for each question)

	Definitely No	Probably No	Probably Yes	Definitely Yes
I will get good grades on my next report card.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I will go to college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. This set of questions asks how often you FEEL or ACT in the following ways.

(please select one answer for each question)

	Never	Some of the Time	Most of the Time	Always
I enjoy helping others through life's challenges and problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust my ability to solve new and difficult problems.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to organize people to do positive activities.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I like to set a good example for other young people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can work with a group that pulls together to accomplish a goal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. This set of questions asks how strongly you *AGREE* or *DISAGREE* with each of the following statements about *YOU* and *YOUR ABILITIES*.

(please select one answer for each question)

	Strongly Disagree	Disagree	Agree	Strongly Agree
My peers consider me a leader.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have the skills and ability to communicate and express my opinions to adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am not afraid to voice my opinions to older youth or adults.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable speaking in front of an audience.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. The next set of questions asks how strongly you *AGREE* or *DISAGREE* with the following statements about your *COMMUNITY* (the places where you spend most of your time).

(please select one answer for each question)

	Strongly Disagree	Disagree	Agree	Strongly Agree
My community is a good place to live.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I care about what people in my community think about my actions.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I recognize people who live in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The youth in this community can influence local government.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adults in this community pay attention to the opinions of youth.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A group of people working together can make changes in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. How often do you...

(please select one answer for each question)

	Rarely or Never	Once or Twice a Month	Once or Twice a Week	Daily
Engage in discussions, face-to-face or online, about political issues, political parties or candidates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Read political news or commentary in print or online?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listen to political news or commentary online, on the radio or elsewhere?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Watch online videos or television programs about political issues, parties or candidates?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Share political posts, news, opinions, or articles through any form of social media (e.g., Facebook, Twitter, Instagram)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Have you ever, even once:

**NO, I have not
engaged in
this activity**

**YES, I have
engaged in
this activity**

Contacted a public official or agency?

Signed a paper or e-mail petition?

Attended a protest meeting, demonstration or sit-in?

Worked or volunteered on a political campaign for a candidate or party?

Written an article or letter to the editor about a political issue or problem?

9. This set of questions asks how strongly you AGREE or DISAGREE with the following statements about your GOVERNMENT.

**Strongly
Disagree**

Disagree

Agree

**Strongly
Agree**

(please select one answer for each question)

I have a good understanding of the political issues facing our community.

Sometimes politics and government seem so complicated that a person like me cannot really understand what is going on.

I have a good understanding of the ways I might influence government.

People like me do not have any say about what the government does.

I could do as good a job in public office as most other people could.

Public officials do not care about what people like me think.

Most public officials are truly interested in what the public thinks.

If public officials are not interested in hearing what people think, there is really no way to make them listen.

Whatever its faults may be, the American form of government is still the best for us.

Elected officials lose touch with the public quickly.

You can generally trust the people who run our government to do what is right.

When government leaders make statements to the American people on television or in the newspapers, they are usually telling the truth.

10. Please indicate for each of the five statements which is closest to how you have been feeling over the last two weeks. (please select one answer for each question)

Over the last two weeks:	All Of The Time	Most Of The Time	More Than Half Of The Time	Less Than Half Of The Time	Some Of The Time	At No Time
I have felt cheerful and in good spirits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt calm and relaxed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have felt active and vigorous	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I woke up feeling fresh and rested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My daily life has been filled with things that interest me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. How would you rate your physical health?
In general, would you say your health is:

- Excellent
 Very Good
 Good
 Fair
 Poor

12. During the past 7 days, on how many days were you physically active for a total of at least 20 minutes per day? (Add up all the time you spend in any kind of physical activity that increase your heart rate and makes you breathe hard some of the time.)

Please include activities such as basketball, jogging, swimming, cross-country skiing, hockey, or dance that you participated in either at school or outside of school.

- 0 Days
 1 Day
 2 Days
 3 Days
 4 Days
 5 Days
 6 Days
 7 Days

13. On an average school day, how many hours do you spend on NON-SCHOOL RELATED "screen time"?

(e.g., TV, videos, streaming, gaming (Xbox, PlayStation, or internet-based games), smart phone use, texting, social media, or the internet)

- No screen time on an average school day
 1 Hour Or Less Per Day
 2 Hours Per Day
 3 Hours Per Day
 4 Hours Per Day
 5 Or More Hours Per Day

**14. During the past 7 days, how many times did you eat fruit?
(Do not count fruit juice.)**

- I Did Not Eat Fruit During The Past 7 Days
- 1 To 3 Times During The Past 7 Days
- 4 To 6 Times During The Past 7 Days
- 1 Time Per Day
- 2 Times Per Day
- 3 Times Per Day
- 4 Or More Times Per Day

15. During the past 7 days, how many times did you drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks.)

- I Did Not Drink 100% Fruit Juice During The Past 7 Days
- 1 To 3 Times During The Past 7 Days
- 4 To 6 Times During The Past 7 Days
- 1 Time Per Day
- 2 Times Per Day
- 3 Times Per Day
- 4 Or More Times Per Day

16. Yesterday, how many times did you eat cooked vegetables?

- 0 Times
- 1 Time
- 2 Times
- 3 or More Times

**17. How would you rate your emotional or mental health?
In general, would you say your health is:**

- Excellent
- Very Good
- Good
- Fair
- Poor

18. This set of questions asks how often (if ever) you take part in each of these behaviors.

Never

Tried
Once or
Twice

Use
Once or
Twice a
Month

Use
Once or
Twice a
Week or
More

(please select one answer for each question)

Smoke cigarettes?

Drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)?

Use marijuana?

19. This set of questions asks if you think you will take part in these behaviors in the next year.

(please select one answer for each question)

Definitely
Not

Probably
Not

Maybe

Probably
Will

Definitely
Will

Smoke cigarettes?

Drink beer, wine, or hard liquor (e.g., vodka, whiskey, or gin)?

Use marijuana?

20. What grade are you in? If you are no longer in school, what is the highest grade you have completed?

6th

7th

8th

9th

10th

11th

12th or G.E.D.

Ungraded or Other Grade

21. What is your gender?

- Female
- Male
- Transgender
- Do Not identify as female, male or transgender

22. What is your race? (Please select **all that apply)**

- White
- Black/African American
- Latino/Latina
- Asian-American
- Native American/American Indian
- Multi-racial
- Other

23. Which of the following best describes the average grades you get in school? (select one)

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly A's and B's
- Mostly B's and C's
- Mostly C's and D's
- Mostly F's

24. Who do you live with MOST OF THE TIME? (select one)

- Both parents
- Parent and stepparent
- Mother only
- Father only
- Legal guardian (e.g., grandparent, foster parent)
- Other

25. How often have you attended this program/class?

- Just beginning the program/class
- Rarely
- Sometimes
- Usually
- Always

**Thank you for taking time to complete the
Civics, Community & Health Survey.**

If any survey questions or your response have caused you to feel uncomfortable or concerned and you would like to talk to someone about your feelings, talk to your school's counselor, to a teacher, or to another adult you trust.