

DRAFT VERSION

FOR REVIEW ONLY



CHILD OUTCOMES SURVEY

It is very important for Big Brothers Big Sisters (BBBS) to learn about the youth who participate in its programs and what things are like for them. You can help by completing this survey. It will only take about 15-20 minutes.

- This survey asks about how things are going in school, at home, and in your life.
- There are no right or wrong answers. Please answer the questions as honestly as possible.
- If you don't want to answer a question, you can leave it blank.
- No one except staff of the BBBS program will ever see your exact answers on this survey without your permission. However, the last two sections ask about your feelings and behaviors. Depending on your answers in these sections, we may want to ask you more questions and may want to share any concerns with your parent(s) or guardian(s) or a professional who can help. We will let you know when those sections begin.
- Your answers will also not have any effect on being in the BBBS program or how you are treated in it. This survey is voluntary.
- We will start by reading it out loud to everyone. After we get through a few questions, if you feel like you'd rather complete the rest on your own, just let me know.
- The choices you have for how to answer these questions often change across different parts of the survey, so please read each choice carefully!

Formatted: Font: Italic

Formatted: Not Highlight

Formatted: Indent: Left: 0.5", No bullets or

Thank you for your help! Please let a BBBS staff member know if you have any questions.

It is very important for Big Brothers Big Sisters (BBBS) to learn about the children who participate in its programs and what things are like for them. You can help by completing this survey. The questions will ask about how things are going in school, at home, and in your life. It will only take about 15-20 minutes.

There are no right or wrong answers — we just ask that you answer all the questions as honestly as possible. If you don't want to answer a question, you can leave it blank. No one besides staff of the BBBS program will ever see your exact answers on this survey without your permission. This means that your answers will be kept entirely private. Your answers will **not** be shared with your parent(s) or guardian(s), your Big, or your teachers and other persons at your school, unless at some point you decide you want them to know. However, we may want to ask you some follow-up questions to see how we can better support you.

At the end of the survey, there is a section that asks about your feelings and behaviors. Depending on your responses, we may want to ask more questions and may want to share any concerns with your parent(s) or guardian(s) or a professional. We will let you know when that section begins. Your answers will also not have any effect on being in the BBBS program or how you are treated in it. This survey is voluntary. It is not something you have to do.

© Big Brothers Big Sisters of America, 2019. Unauthorized use, distribution, transmission, and/or duplication of this material without express and written permission from Big Brothers Big Sisters of America is strictly prohibited. Excerpts and links may be used, provided that full and clear credit is given to Big Brothers Big Sisters of America with appropriate and specific direction to the original content. (Revised June 2019)

~~Kids of all ages take this survey, and we start by reading it out loud to everyone, even if they can read it on their own. After we get through a few pages, if you feel like you'd rather complete the rest on your own, just let me know. The choices you have for how to answer these questions often change across different parts of the survey, so please read each choice carefully! Please let a BBBS staff member know if you have any questions about these instructions or if you do not understand a question or word that you come across.~~

Thank you for your help!

~~As a reminder, except for BBBS staff, no one will see your exact answers on this survey. Knowing this, do you feel OK about answering questions on this survey honestly, even though some of them ask about personal feelings or behaviors? Please choose one answer.~~

- ~~Yes, definitely.~~
- ~~Maybe, but I'll need to see what the exact questions are.~~
- ~~Probably not entirely, but I'll do my best to be as honest as I can.~~

FOR AGENCY USE ONLY

Participant ID: _____ Date Survey Completed by Child: _____

I. YOUR LIFE

These questions ask about how you feel about yourself and school. Decide how true each sentence is for you and put an **X** in the box that fits best.

	Put an X in the box that fits best			
	Not at all true for me	A little true for me	Mostly true for me	Totally true for me
a. I work hard at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can relax when I feel tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I enjoy being at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can keep my feelings from getting out of control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I get bored in school a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can make myself feel better when I am worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I feel good about myself when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I can control myself when I get angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Doing well in school is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. THINGS YOU HAVE DONE

Kids get in trouble for a lot of things. The next questions ask about things you got in trouble for or things you did that you **could have** gotten in trouble for **in the past month**.

In the past month , I got in trouble for or could have gotten in trouble for:	Put an X in the box that fits best			
	0 times	1 or 2 times	3 or 4 times	5 or more times
a. Teasing other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Breaking other people's things on purpose.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c. Taking something from a person or a store without permission or paying for it first.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d. Lying to my parents about something really important.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e. Saying mean things about kids to make other kids laugh.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Pushing, shoving, slapping, hitting, or kicking other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Calling other kids names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Threatening to hit or hurt another kid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These next questions ask about things you got in trouble for or things you did that you **could have** gotten in trouble for **during the past month of school**. If it is summer think about the **last month of school**.

Put an X in the box that fits best

In the past month , I got in trouble for or could have gotten in trouble for:	0 times	1 or 2 times	3 or 4 times	5 or more times
i. Really annoying my teacher during class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Breaking the rules in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Not following my teacher's directions in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Disturbing the lesson in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. THINGS YOU HAVE DONE IN THE PAST 6 MONTHS

These next questions ask about things that may have happened to you in the **past 6 months of school**. If it is summer, think about the **last 6 months of school**.

Remind yourself how long 6 months ago was by writing in something that happened in your life close to that time: _____.

Put an X in the box that fits best

In the past 6 months , I:	0 times	1 or 2 times	3 or 4 times	5 or more times
a. Had to have a parent or guardian come to school about a problem with my behavior.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had to see the principal or other staff person at school because of an issue with my behavior (but didn't get a detention or suspension for it).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Got sent to detention (either during school, afterschool, or on a weekend) because I got in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Got suspended (I was not allowed to come to school for one or more days) because I got in trouble.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

These questions ask about activities that you may have done **in the past 6 months**.

In the past 6 months , I:	Put an X in the box that fits best			
	0 times	1 or 2 times	3 or 4 times	5 or more times
e. Volunteered in the community (for example, served meals at a soup kitchen or picked up litter for a community clean-up).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Got really active outdoors for fun (such as bicycling, walking, playing at a park, or hiking).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Went to a library, museum, concert, or play outside of school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Played on or helped with a sports team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Participated in a club or organization other than sports (for example drama, student government, Scouts, Boys & Girls Clubs, YWCA, or YMCA).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Got an award for good grades or good behavior (for example, honor roll or student of the month).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Read a book outside of school for fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. VERY IMPORTANT ADULTS

Sometimes people your age have an adult in their life who is ALL of these things:

- Someone they've known for a while;
- Someone they often spend time with;
- Someone they can really count on when they need help; and
- Someone who cares a lot about what happens to them.

	Put an X in the box that fits best	
	No	Yes
a. Is there an adult who you live with (for example, a parent or someone else who takes care of you) who is ALL of these things for you?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is your Big Brother or Big Sister (this includes high school Bigs) through this program (this includes high school Bigs) ALL of these things for you? <i>Do not say yes if you and your Big were just matched!</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is there another adult who you do not live with who is ALL of these things for you? Please describe who this person is: _____	<input type="checkbox"/>	<input type="checkbox"/>

Formatted: Font: Bold, Italic

For the **rest of the surveyis section**, your **responses-answers** may require us to ask more questions and we may want to share this information with your parent(s)/guardian(s) or a professional. Remember, you can skip a question if you are not comfortable answering.

V. YOUR MOODS AND FEELINGS

The next questions ask about how you might have felt recently. For each sentence, think about **how often** you have felt this way in the **past week**.

In the past week :	Put an X in the box that fits best				
	Never	Almost Never	Sometimes	Often	Almost Always
a. I could not stop feeling sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt great.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I felt alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt everything in my life went wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt like I couldn't do anything right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I felt cheerful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I felt unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. It was hard for me to have fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I felt joyful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>