



# YOUTH 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.

- 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 BBBS staff 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 not have any effect on being in the BBBS program or how you are treated in it. The survey is voluntary.
- We will start by reading it out loud to everyone. After we get through a few questions, if you'd rather complete the rest on your own, just let me know.
- The choices you have for how to answer these questions change in different parts of the survey, so please read each choice carefully!

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

**FOR AGENCY USE ONLY**

Participant ID: \_\_\_\_\_

Date Survey Completed by Youth: \_\_\_\_\_

## SCHOOL

Think about the grades you got on your **last report card**. Which of the choices below best describes these grades? If you get different kinds of marks like 0 to 100 or other kinds of grades, please choose the answer that comes closest to those marks or grades. If you don't get a mark or grade for a subject, just check the last box to show this.

	<i>Put an X in the box that fits best</i>					
	F (Not Good at All)	D (Not So Good)	C (Okay)	B (Good)	A (Excellent)	I didn't get a grade for this subject.
a. Math	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. English or Language Arts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Social Studies or History	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Science	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## YOUR PLANS FOR THE FUTURE

These questions ask about your plans for the future. Remember, there are no right or wrong answers – just answer as honestly as possible.

	<i>Put an X in the box that fits best</i>		
	No	Not Sure	Yes
a. Do you think you will finish high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you plan on going to college at some point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What do you think you will do in **your first year after high school**? *Check **all** that apply.*

- I don't know yet.
- Get a job
- Go to a university or four-year college
- Go to a community college or technical school (such as a school to become a medical assistant, construction worker, hair/makeup artist, or mechanic)
- Join the military
- Something else (*Please describe.* \_\_\_\_\_)

## 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.

	<i>Put an X in the box that fits best</i>	
	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 (this includes high school Bigs) through this program ALL of these things for you? <i>[If you have never met your Big, please check "No"]</i>	<input type="checkbox"/>	<input type="checkbox"/>

## YOUR LIFE

These questions ask about how you feel about yourself, other kids, school, and your family. For the questions about your family, think about your parent(s) or other adults who are most responsible for taking care of you.

	<i>Put an X in the box that fits best</i>			
	Not at all true	A little true	Mostly true	Totally true
a. I work well with other kids at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I get along with my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can relax when I feel tense.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I work hard at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I like spending time with my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I get bored in school a lot.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am good at talking to kids I don't know.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I can keep my feelings from getting out of control.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I can make friends with other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I want my parents to be proud of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. I can tell other kids to stop when they are doing something I don't like.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I do well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I can make myself feel better when I am worried.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. I enjoy being at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. I can stay friends with other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I feel good about myself when I am at school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I can control myself when I get angry.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Doing well in school is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## THINGS YOU HAVE DONE IN THE PAST MONTH

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.

	<i>Put an X in the box that fits best</i>		
	0 times	1 or 2 times	3 or more times
In the <u>past month</u> , I got in trouble for or could have gotten in trouble for:			
a. Teasing other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Saying mean things about kids to make other kids laugh.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pushing, shoving, slapping, hitting, or kicking other kids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Calling other kids names.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Threatening to hit or hurt another kid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

## THINGS YOU HAVE DONE IN THE PAST 3 MONTHS

These next questions ask about things that you got in trouble for or things that you did that you *could have* gotten in trouble for **during the last 3 months**. A few of these questions ask about drugs. Some kids have used one or more of these drugs and others have not. There are no right or wrong answers. Please be as honest as you can.

Remind yourself how long ago 3 months was by writing something that happened in your life close to that time:

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In the past <b>3 months</b> , I got in trouble or could have gotten in trouble for:	<i>Put an X in the box that fits best</i>		
	0 times	1 or 2 times	3 or more times
a. Skipping school (even just part of a day) without parent permission.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Getting high using a pain reliever (such as Oxycontin, Vicodin, or Fentanyl) or heroin.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Getting high using any other drugs or substances.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using tobacco or a vaporizer (such as, cigarettes, e-cigarettes, JUUL, cigars, or chewing tobacco).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Running away from home.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Drinking alcohol.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Participating in a gang.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Doing something else, not mentioned above, that could be against the law (for example, stealing something from a store, damaging public property on purpose, or breaking into a house or building without permission).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the past <b>3 months</b> , I:	<i>Put an X in the box that fits best</i>	
	No	Yes
a. Got stopped by the police for something they thought I did.	<input type="checkbox"/>	<input type="checkbox"/>
b. Was arrested.	<input type="checkbox"/>	<input type="checkbox"/>
c. Had to stay at a juvenile detention facility.	<input type="checkbox"/>	<input type="checkbox"/>

These next questions ask about things that may have happened to you in the **past 3 months of school**. If it is summer, think about the **last 3 months of school** before your break started.

In the <b>past 3 months of school</b> , I:	<i>Put an X in the box that fits best</i>		
	0 times	1 or 2 times	3 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"/>
b. Had to see the principal or other staff person at school because of an issue with my behavior (but didn't get a suspension or detention for it).	<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"/>
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"/>

## YOUR MOODS AND FEELINGS

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These last 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 <b>past week</b> :	<i>Put an X in the box that fits best</i>				
	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 alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I felt everything in my life went wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I felt like I couldn't do anything right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I felt lonely.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I felt sad.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I felt unhappy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. It was hard for me to have fun.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I felt proud.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# THANK YOU!