

## Appendix H – Youth Baseline Survey

1. How well do you think you are doing in school right now?

Very Bad	Bad	Average	Good	Very Good
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2. How often do you skip classes?

Very Often	Often	Sometimes	Rarely	Never
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3. How often do you participate in school programs outside of class?

Very Often	Often	Sometimes	Rarely	Never
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4. How many community or outside of school activities are you part of?

None	1-2	3-5	More than 5
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5. How often are you part of these activities?:

Every Day	2 or more times a week	once a week	about twice a month	About once a month
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6. Please answer the questions below using the scale provided (from strongly agree to strongly disagree). For questions which ask about drug use and attitudes, **‘drugs’ refer to any drugs that were not prescribed to you by your doctor or were not over-the-counter drugs used to treat a medical problem.**

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree	Does not apply to me
a. It is easy for me to talk to other people and be their friend						
b. I get along with members of my family.						
c. I know how to use my free/spare time.						
d. I can handle/deal with unpleasant feelings and experiences.						

	<b>Strongly disagree</b>	<b>Disagree</b>	<b>Undecided</b>	<b>Agree</b>	<b>Strongly agree</b>	<b>Does not apply to me</b>
e. I can control my anger.						
f. I can stand up for myself without using violence.						
g. I can deal with stress.						
h. I know of healthy things that I can do to deal with my stress (e.g. walking, play sports, talk to friends)						
i. I do healthy things to deal with my stress (e.g. listen to music)						
j. I like being involved in my community (I like going to swim or soccer lessons)						
k. I can make a positive difference to the community around me.						
l. I dislike participating in community or recreational programs.						
m. I have gained useful skills from being part of a community-based activity						
n. I have made new friends by being a part of a community-based activity						
o. I know drugs are not good for me./my health						
p. I can be happy without using drugs.						
q. I think it is okay to use drugs.						
r. I want to try drugs.						
s. It is easy for me to say no to drugs.						

7. Please mark the box that you agree with for each statement:

	Strongly disagree	Disagree	Agree	Strongly agree
a. Overall, I am happy with myself.				
b. Sometimes I think I could be a better person.				
c. I feel that I am a good person				
d. I am able to do things as well as most other people.				
e. I'd like to have more to be proud of.				
f. Sometimes I feel like I can't do anything right				
g. I wish I could have more respect for myself.				

8. Have you used drugs that were not prescribed to you by your doctor or were not over-the-counter drugs used to treat a medical problem, in the past 12 months?

- Yes  
 No

9. Imagine yourself in each of the following situations. Tell us, using the scale below, how confident you are that you will be able to resist using drugs in that situation by marking the appropriate box. **'Drugs' refer to any drugs that were not prescribed to you by your doctor or were not over-the-counter drugs used to treat a medical problem.**

	I am not very confident that I would resist using drugs	I am somewhat confident that I would resist using drugs	I am very confident that I would resist using drugs
a. If I was angry, sad, upset, frustrated.			
b. If I had trouble sleeping or had physical pain.			
c. If I was feeling happy, good, excited.			

	I am <b>not very confident</b> that I would resist using drugs	I am <b>somewhat</b> <b>confident</b> that I would resist using drugs	I am <b>very confident</b> that I would resist using drugs
d. If I wanted to test myself to see if I could use drugs without getting hooked.			
e. If I found drugs or saw something that reminded me of using drugs.			
f. If other people were unkind to me or treated me unfairly.			
g. If I was out with friends and they wanted to use drugs.			
h. If I wanted to celebrate with a friend.			

10. If you were tempted to use drugs, please list 2-3 ways that you would avoid drug use:

11. What kinds of activities, events or information, in general, would you like to see in your school or community for kids your age?

12. What is your age?

10 years	11 years	12 years	13 years	14 years	15 years
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13. What is your gender?

Male     Female

***Thank you for your time and answers!  
Please put your survey and signed consent form in the envelope provided and seal it. Return your completed survey and consent form to your homeroom teacher.***