



**Positive Action Student Survey (Grades 3-5).**

We are going to complete a survey today. It is like a test, but it is NOT a test. We are interested in how you feel and what you think, not what you know.

We want you to do this survey because we think that you can help us make better school programs.

We are trying to learn more about how you and your classmates feel about yourselves and school. We also are interested in what you think about things like fighting or helping someone.

The survey will take up to half an hour. Your answers will always be confidential.

Some of the questions may make you a little uncomfortable. We hope they don't, but you can skip any question you don't want to answer.

Your answers **are confidential**.

1. School Name/ID: \_\_\_\_\_
2. Classroom number/ID: \_\_\_\_\_
3. Grade: \_\_\_\_\_
4. Student ID#: \_\_\_\_\_
5. Pretest<sub>1</sub> or Posttest<sub>2</sub>? \*

6. Age\*:

7	<input type="radio"/>
8	<input type="radio"/>
9	<input type="radio"/>
10	<input type="radio"/>
11	<input type="radio"/>
12	<input type="radio"/>
13	<input type="radio"/>
14	<input type="radio"/>
15	<input type="radio"/>
16	<input type="radio"/>
17	<input type="radio"/>
18	<input type="radio"/>

\* = required question

7. Race/Ethnicity\* : (Please choose one answer)

Hispanic/Latino	<input type="radio"/>
Black/African-American	<input type="radio"/>
White	<input type="radio"/>
American Indian/Alaska Native	<input type="radio"/>
Asian	<input type="radio"/>
Native Hawaiian and Other Pacific Islander	<input type="radio"/>
Multiracial _____	<input type="radio"/>
Other _____	<input type="radio"/>

8. Are you a\* : (Please choose one answer)

Girl	<input type="radio"/>
Boy	<input type="radio"/>
Other	<input type="radio"/>
Choose not to answer	<input type="radio"/>

**How much of the time do you do these things?**

	Never	Some of the time	Most of the time
1. I eat healthy food every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I lose control of my anger when I have an argument with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I try to be a good friend to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I like to exercise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I can control my feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I don't like to learn new things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I manage my time wisely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I set goals for myself (make plans for the future)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I don't take care of my belongings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I feel good about myself when I do good things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I feel like I don't belong in this school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I keep promises I make to others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I worry about something bad happening to me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. I feel sorry for kids who can't find anyone to hang out with	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. I help someone who is hurt or sad	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. I tease other kids at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I admit my mistakes when I do something wrong	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I have as many close friends as I would like to have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. I drink soda pop every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. I pay attention and try to do well in class	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. When I know someone feels sad, I feel sad too	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. I push, shove, or hit other kids at my school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I like my teachers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* = required question

**How much of the time do you do these things?**

	Never	Some of the time	Most of the time
24. I believe that there is always a positive way to do everything	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I worry a lot when I go to bed at night	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. I eat junk food every day	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. I try to make myself a better person	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. I have tried someone else's prescription medicine/drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. I have tried some other drugs, sometimes without knowing what they are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
30. I treat others the way I like to be treated	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I feel good about how well I get along with other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. I cheer up other kids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**While doing this survey, how much of the time were the following true for you?**

	Never	Some of the time	Most of the time
33. You liked answering the questions on the survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. You told the truth answering the questions on this survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**During this school year, you had the *Positive Action* program in your class/school.**

35. During this school year, how much of the time DURING MOST WEEKS did you participate in lessons from the *Positive Action* program? \*

NEVER      SOME OF THE TIME      MOST OF THE TIME

36. Overall, how much of the time did you ENJOY *Positive Action*? \*

NEVER      SOME OF THE TIME      MOST OF THE TIME

37. How often do you intend to use what you learned from *Positive Action* in your daily life? \*

NEVER      SOME OF THE TIME      MOST OF THE TIME

38. How often do you intend to use what you learned in *Positive Action* in your future? \*

NEVER      SOME OF THE TIME      MOST OF THE TIME

39. Overall, what grade would you give yourself for how well you learned the main ideas and skills from all of the *Positive Action* classes?\*

A      B      C      D      F

**Thank you for your participation!**

\* = required question