



Positive Action Student Survey (Grades 6-12).

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. Pretest₁ or Posttest₂? *

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"/>
Transgender	<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	All of the time	Choose not to answer
1. I eat healthy food every day*	<input type="radio"/>				
2. I lose control of my anger when I have an argument with others*	<input type="radio"/>				
3. I try to be a good friend to others*	<input type="radio"/>				
4. I like to exercise*	<input type="radio"/>				
5. I can control my feelings*	<input type="radio"/>				
6. I don't like to learn new things*	<input type="radio"/>				
7. I manage my time wisely*	<input type="radio"/>				
8. I set goals for myself (make plans for the future)*	<input type="radio"/>				
9. I don't take care of my belongings*	<input type="radio"/>				
10. I feel good about myself when I do good things*	<input type="radio"/>				
11. I feel like I don't belong in this school*	<input type="radio"/>				
12. I keep promises I make to others*	<input type="radio"/>				
13. I worry about something bad happening to me*	<input type="radio"/>				
14. I feel sorry for kids who can't find anyone to hang out with*	<input type="radio"/>				
15. I help someone who is hurt or sad*	<input type="radio"/>				
16. I tease other kids at my school*	<input type="radio"/>				
17. I admit my mistakes when I do something wrong*	<input type="radio"/>				
18. I have as many close friends as I would like to have*	<input type="radio"/>				
19. I drink soda pop every day*	<input type="radio"/>				
20. I pay attention and try to do well in class*	<input type="radio"/>				
21. When I know someone feels sad, I feel sad too*	<input type="radio"/>				
22. I push, shove, or hit other kids at my school*	<input type="radio"/>				

* = required question

How much of the time do you do these things?

	Never	Some of the time	Most of the time	All of the time	Choose not to answer
23. I like my teachers *	<input type="radio"/>				
24. I believe that there is always a positive way to do everything *	<input type="radio"/>				
25. I worry a lot when I go to bed at night *	<input type="radio"/>				
26. I eat junk food every day *	<input type="radio"/>				
27. I try to make myself a better person *	<input type="radio"/>				
28. I have tried someone else's prescription medicine/drugs *	<input type="radio"/>				
29. I have tried some other drugs, sometimes without knowing what they are *	<input type="radio"/>				
30. I treat others the way I like to be treated *	<input type="radio"/>				
31. I feel good about how well I get along with other kids *	<input type="radio"/>				
32. I cheer up other kids *	<input type="radio"/>				
33. I am not nice to others who are different from me *	<input type="radio"/>				
34. I can adapt to change *	<input type="radio"/>				
35. I brush my teeth twice a day *	<input type="radio"/>				
36. Some things have hurt me (physically or emotionally) so much I don't want to remember them *	<input type="radio"/>				
37. I am as well liked by other kids as I want to be *	<input type="radio"/>				
38. I help someone who is being picked on *	<input type="radio"/>				
39. Nobody understands me very well *	<input type="radio"/>				
40. When things look hopeless, I don't give up *	<input type="radio"/>				
41. I get sent home from school for bad behavior *	<input type="radio"/>				
42. I blame others when I make a mistake *	<input type="radio"/>				
43. I keep trying at something until I succeed *	<input type="radio"/>				
44. I feel confident that I can make good decisions *	<input type="radio"/>				
45. Some things happen to me that are so bad that I can't talk about them *	<input type="radio"/>				
46. I pick physical fights with other kids at my school *	<input type="radio"/>				
47. I feel bad about myself when I do bad things *	<input type="radio"/>				
48. I cheer up other kids when they are feeling sad *	<input type="radio"/>				
49. When I am mean to someone, I feel bad about it later *	<input type="radio"/>				
50. I am loud and make so much noise at school that I get into trouble *	<input type="radio"/>				
51. Nothing is fun anymore *	<input type="radio"/>				
52. Bad things have happened around me that make me unhappy *	<input type="radio"/>				
53. I can't deal with hard times *	<input type="radio"/>				
54. I am good at solving problems *	<input type="radio"/>				
55. I cover my nose and mouth when I sneeze and cough *	<input type="radio"/>				

How much of the time do you do these things?

* = required question

	Never	Some of the time	Most of the time	All of the time	Choose not to answer
56. I have tried tobacco (e.g., smoking a cigarette, chewing tobacco, vaping) *	<input type="radio"/>				
57. I have tried drinking some alcohol (e.g., beer, wine or liquor) *	<input type="radio"/>				
58. I have tried marijuana *	<input type="radio"/>				
59. I set goals and work towards them. *	<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	All of the time
60. You liked answering the questions on the survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
61. You told the truth answering the questions on this survey	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

62. 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 ALL OF THE TIME

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

NEVER SOME OF THE TIME MOST OF THE TIME ALL OF THE TIME

64. 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 ALL OF THE TIME

65. 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 ALL OF THE TIME

66. 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