

Boys & Girls Clubs of America National Youth (ages 9-12) Survey

Thank you very much for taking this survey today! Your opinion is important to us and we appreciate your time.

This survey is designed to find out about you, your opinions, and your experiences. Your answers will help make the Boys & Girls Club more interesting and enjoyable for you and others like you. So please answer honestly.

You can answer honestly because your survey won't have your name on it, and nobody seeing the survey will know your name. This means your answers will never be shared with your parents, friends, or anyone in your Club. Your answers will be kept confidential and used to better understand Boys & Girls Clubs and their members.

Remember, there are no right or wrong answers -- only your opinion and your experiences. If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.

Thanks again!

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PLEASE WRITE YOUR INFORMATION IN THE SPACE PROVIDED - see example below.

WHAT IS YOUR CLUB MEMBER ID NUMBER?

EXAMPLE: 55234

ID								5	5	3	3	4
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WHAT IS YOUR BIRTH DATE? In the first two spaces, fill in the month (for example, 01 for January or 11 for November); in the second two spaces, fill in the day (for example, 02 for the 2nd and 15 for the 15th); in the last four spaces, fill in the year you were born (for example, 1999 or 1991).

Example below is April 23, 1999.

Birth date	M	M	D	D	Y	Y	Y	Y	0	4	2	3	1	9	9	9
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(please mark the appropriate box - example [X])

WHAT GRADE ARE YOU IN?

- | | |
|---------------------------|---------------------------|
| <input type="radio"/> 3RD | <input type="radio"/> 6TH |
| <input type="radio"/> 4TH | <input type="radio"/> 7TH |
| <input type="radio"/> 5TH | <input type="radio"/> 8TH |

ARE YOU A. . . ?

- BOY
 GIRL

WHAT IS YOUR RACE/ETHNICITY? (Please choose all that apply to you)

- | | |
|---|--|
| <input type="radio"/> AMERICAN INDIAN OR ALASKAN NATIVE | <input type="radio"/> NATIVE HAWIIAN OR PACIFIC ISLANDER |
| <input type="radio"/> ASIAN | <input type="radio"/> WHITE |
| <input type="radio"/> BLACK, AFRICAN-AMERICAN | <input type="radio"/> HISPANIC/LATINO |
| <input type="radio"/> Other | <input type="radio"/> I don't want to say |

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THIS FIRST GROUP OF QUESTIONS ASKS ABOUT YOUR EXPERIENCES IN THE CLUB. WE ARE TRYING TO UNDERSTAND HOW YOUNG PEOPLE IN BOYS & GIRLS CLUBS SPEND THEIR TIME AND WHAT THEY THINK ABOUT A VARIETY OF THINGS. THERE ARE NO RIGHT OR WRONG ANSWERS. WE ARE JUST LOOKING FOR YOUR OPINIONS.

(please mark the appropriate box - example [X])



1 ABOUT HOW MANY STAFF AT THE BOYS & GIRLS CLUB: (please choose one answer for each statement)

	None	One	Two or Three	More than Three
a. Pay attention to what's going on in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Could you go to for help in a crisis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Say something nice to you when you do something good?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Would say something to you if something in your life wasn't going right?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Could you go to if you need advice about personal problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Could you talk to if you are upset or mad about something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Could you go to for help if you had a big problem?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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2

WE ARE INTERESTED IN YOUR OPINION ABOUT THE BOYS & GIRLS CLUB. HOW MUCH DO YOU AGREE OR DISAGREE WITH EACH OF THE FOLLOWING STATEMENTS? (please choose one answer for each statement)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I feel like I belong here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People listen to me here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. There are people my age here who accept me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. This Boys & Girls Club has rules for how people are supposed to treat each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel respected by staff at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel like my ideas count here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If I didn't show up at the Boys & Girls Club, people would miss me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I feel respected by other kids at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. People make sure rules about how we treat each other are followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

HOW OFTEN DO THESE THINGS HAPPEN AT THE BOYS & GIRLS CLUB? (please choose one answer for each statement)

	All of the time	Most of the time	Sometimes	Never
a. I feel safe when I am at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I worry about getting beaten up or hurt at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Kids bring weapons to the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If someone wanted to hurt me or beat me up here, someone at the Boys & Girls Club would stop them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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4

COMPARED TO WHEN YOU ARE HANGING OUT SOMEWHERE ELSE, HOW SAFE DO YOU FEEL WHEN YOU ARE AT THE BOYS & GIRLS CLUB? (please choose one answer)

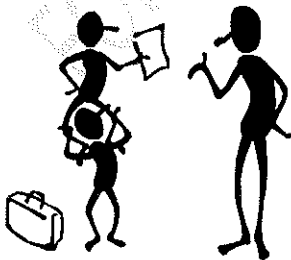
- A lot more safe compared to hanging out somewhere else
- A little more safe compared to hanging out somewhere else
- Just as safe as hanging out somewhere else
- A little less safe compared to hanging out somewhere else
- A lot less safe compared to hanging out somewhere else

5

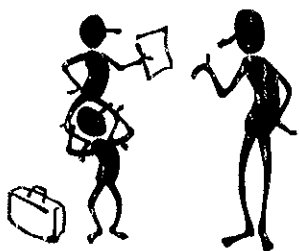
THINK ABOUT YOUR EXPERIENCES AT THE BOYS & GIRLS CLUB. HOW TRUE ARE THE FOLLOWING STATEMENTS? (please choose one answer for each statement)

AT THE CLUB...	Very true	Sort of true	Not very true	Not at all true
a. I have a good time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can relax at the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I enjoy coming to the Boys & Girls Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have more fun at the Boys & Girls Club than other places I spend time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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6

THINK ABOUT THE RELATIONSHIPS YOU HAVE WITH THE STAFF AT THE BOYS & GIRLS CLUB. THE FOLLOWING QUESTIONS ARE ABOUT THESE RELATIONSHIPS AND HOW YOU ARE TREATED BY STAFF. HOW TRUE IS EACH STATEMENT? (please choose one answer for each statement)

AT THE CLUB...	Very true	Sort of true	Not very true	Not at all true
a. Staff reward me when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There is an adult who always wants me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff notice when I try hard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There is an adult who believes that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Staff let others know when I do a good job.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is an adult who expects me to follow the rules.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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FOR EACH OF THE FOLLOWING STATEMENTS, MARK THE BOX THAT BEST DESCRIBES YOU. (please choose one answer for each statement)

	Very true	Sort of true	Not very true	Not at all true
a. When I have problems with other people my age, I talk to an adult about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I have problems with other people my age, I push or hit the other person so that it doesn't happen again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I have problems with other people my age, I yell at them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When I have problems with other people my age, I talk things over with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When other people my age try to hit or push me around, I fight back.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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THE NEXT QUESTIONS ARE ABOUT SCHOOL.

8

Putting them all together, what were your grades like last year?

Mostly Fs

Mostly Ds

Mostly Cs

Mostly Bs

Mostly As

9

How often do you feel that the schoolwork you are assigned is meaningful and important?

Almost always

Often

Sometimes

Seldom

Never

10

How interesting are most of your courses to you?

Very interesting and stimulating

Quite interesting

Fairly interesting

Slightly dull

Very dull

11

How important do you think the things you are learning in school are going to be for your later life?

Very important

Quite important

Fairly important

Slightly important

Not important at all

12

Now thinking back over the past year in school, how often did you:

Enjoy being in school?

Almost always

Often

Sometimes

Seldom

Never

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Hate being in school?	
<input type="radio"/>	Almost always
<input type="radio"/>	Often
<input type="radio"/>	Sometimes
<input type="radio"/>	Seldom
<input type="radio"/>	Never

14

Try to do your best work in school?	
<input type="radio"/>	Almost always
<input type="radio"/>	Often
<input type="radio"/>	Sometimes
<input type="radio"/>	Seldom
<input type="radio"/>	Never

15

During the LAST FOUR WEEKS, how many whole days have you missed school because you skipped or "cut"?	
<input type="radio"/>	None
<input type="radio"/>	1
<input type="radio"/>	2
<input type="radio"/>	3
<input type="radio"/>	4-5
<input type="radio"/>	6-10
<input type="radio"/>	11 or more

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HOW FAR IN SCHOOL DO YOU THINK YOU WILL GET? (please choose one answer)

- Grade 8
- Some high school
- High school
- College

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THE NEXT QUESTION IS ABOUT YOUR COMMUNITY SERVICE EXPERIENCE.

17

IN THE LAST YEAR, HOW OFTEN HAVE YOU HELPED OUT AT THE BOYS & GIRLS CLUB, FOR EXAMPLE, HELPED OUT WITH SNACK TIME, TAKEN CARE OF EQUIPMENT, WORKED AT A SPECIAL EVENT LIKE A PARTY, ETC.? (please choose one answer)

- Never
- About once a year
- About once a month
- About once every two weeks
- About once a week or more

THE NEXT FEW QUESTIONS ARE ABOUT HOW MUCH EXERCISE YOU GET.

18

IN THE LAST 7 DAYS, ON HOW MANY DAYS DID YOU EXERCISE, DANCE, OR PLAY SPORTS FOR AT LEAST AN HOUR? (please choose one answer)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

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19

LAST WEEK WHEN YOU WERE AT THE BOYS & GIRLS CLUB, ON HOW MANY DAYS DID YOU PARTICIPATE IN PHYSICAL ACTIVITIES LIKE DAILY CHALLENGES, WALKING, RUNNING, DANCE, KARATE, TEAM SPORTS, ETC.? (please choose one answer)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 5 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 6 days |
| <input type="checkbox"/> 3 days | <input type="checkbox"/> 7 days |

20

IN THE AVERAGE WEEK WHEN YOU ARE IN SCHOOL, ON HOW MANY DAYS DO YOU GO TO PHYSICAL EDUCATION (P.E.) CLASSES? (please choose one answer)

- | | |
|---------------------------------|---------------------------------|
| <input type="checkbox"/> 0 days | <input type="checkbox"/> 3 days |
| <input type="checkbox"/> 1 day | <input type="checkbox"/> 4 days |
| <input type="checkbox"/> 2 days | <input type="checkbox"/> 5 days |

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THE NEXT QUESTIONS ARE ABOUT THE FOODS YOU ATE YESTERDAY.
 Take a minute and think about all the foods you ate yesterday. What did you eat for breakfast?
 For lunch? For dinner? For snacks? Ok....now answer these next questions.

21

DURING THE PAST 24 HOURS (YESTERDAY) HOW MANY TIMES DID YOU...? (please choose one answer for each statement)

	0 times	1 time	2 times	3 times	4 times	5 times
a. Drink 100% fruit juices such as orange juice, apple juice, or grape juice? (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Eat fruit? (Do not count fruit juice.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Eat green salad?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Eat potatoes? (Do not count french fries, fried potatoes, or potato chips.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Eat carrots?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Eat other vegetables? (Do not count green salad, potatoes, or carrots.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Drink a can, bottle, or glass of soda or pop, such as Coke, Pepsi, or Sprite? (Do not count diet soda or diet pop.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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HOW HONEST WERE YOU WHEN YOU FILLED OUT THIS SURVEY?
 (please choose one answer)

- Very honest
- Sort of honest
- Not very honest
- Not at all honest

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Thank you for completing your survey!

To be sure your answers are kept private, please do the following:

- Fold your questionnaire to fit in the envelope you were provided,
- Place the folded questionnaire into the envelope,
- Seal the envelope,
- Insert the envelope into the slot at the top of the box provided for your Club's surveys.

The sealed envelope process was designed to keep your answers secret. The process assures that no one at your Club will be able to see your answers and your name will not be connected to your survey. Once all of the surveys are in the box, your Club will seal it and send it in. Results from your club will be then added to those from other Boys and Girls Clubs across the nation.



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