# Youth Baseline Survey

Spring 2007

#### Instructions (to be read by survey administrator)

I will read each question, and then tell you the answer choices. Each answer choice has a number that goes with it. For example, if the question was "What is your favorite color," then the answer choices might be: 1) Red, 2) Blue, 3) Green, 4) Yellow, or 5) Other. You should circle the number on your paper that goes with your answer. You don't need to say your answers out loud.

If you want to hear a question or the answer choices again, please ask and I will read them again. If you don't understand a question or the answer choices, please tell me and I will try to explain them. Do you have any questions before we start?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX.

The time required to complete this information collection is estimated to average XX minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: XXXX.

If you have comments or concerns regarding the status of your individual submission of this form, write directly to: XXXXX.

| 1. | When | is your | birthday? |
|----|------|---------|-----------|
|----|------|---------|-----------|

|       | _ / | /    |  |
|-------|-----|------|--|
| Month | Day | Year |  |

- 2. Are you a...
  - 1 Boy
  - 2. Girl
- 3. Are you Hispanic or Latino?
  - 1. Yes
  - 2. No
- 4. What race do you consider yourself to be? (Please check only one)
  - 1. American Indian or Alaska Native
  - 2. Asian
  - 3. Black or African American
  - 4. Native Hawaiian or Other Pacific Islander
  - 5. White
  - 6. Mixed-race or bi-racial
- 5. Have you ever lived apart from your birth mother for more than 12 months?
  - 1. Yes
  - 2. No
- 6. Have you ever lived apart from your birth father for more than 12 months?
  - 1. Yes
  - 2. No

In the next few questions, we'd like to know about the kinds of things that have been going on in your life during the LAST SIX MONTHS. For each of these questions, place a check next to NO if the activity or event has not happened in the last six months, OR check YES if it has happened.

#### 7. In the last six months...

|    |   | YES | NO |
|----|---|-----|----|
| a. | Have you moved or changed where you live?                             | 1   | 2  |
| b. | Has a parent or guardian started working?                             | 1   | 2  |
| c. | Has a parent or guardian stopped working or lost his/her job?         | 1   | 2  |
| d. | Have you broken up with a boy/girlfriend?                             | 1   | 2  |
| e. | Has a close friend moved away?  | 1   | 2  |
| f. | Have you been picked on or bullied at school or in your neighborhood? | 1   | 2  |
| g. | Have you changed schools?   | 1   | 2  |
| h. | Did someone you know well die?  | 1   | 2  |

|    |  | YES | NO |
|----|--|-----|----|
| i. | Have your parents separated (that is, have they started living in different places)? | 1   | 2  |
| j. | Has anyone moved into or out of your house?  | 1   | 2  |
| k. | Was someone you know well hurt badly or very ill?                                    | 1   | 2  |
| I. | Has anyone you live with (like your mom or sister) had a baby?                       | 1   | 2  |

8. These questions ask about how things are going with your parent or guardian. If you live with two parents, please think about the parent or guardian you feel closest to when you answer these questions. How often do you feel that...

|  | Hardly<br>ever | Not very often | Someti<br>mes | Pretty<br>often |
|--|----------------|----------------|---------------|-----------------|
| a. My parent respects my feelings  | 1              | 2              | 3             | 4               |
| <ul> <li>I tell my parent about my problems and troubles.</li> </ul>                           | 1              | 2              | 3             | 4               |
| c. I wish I had a different parent   | 1              | 2              | 3             | 4               |
| <ul> <li>d. If my parent knows something is bothering me,<br/>they ask me about it.</li> </ul> | 1              | 2              | 3             | 4               |
| e. My parent accepts me as I am  | 1              | 2              | 3             | 4               |
| f. I like to get my parent's point of view on things I'm concerned about.                      | 1              | 2              | 3             | 4               |
| g. When we discuss things, my parent considers my point of view.                               | 1              | 2              | 3             | 4               |
| <ul> <li>I feel it's no use letting my feelings show<br/>around my parent.</li> </ul>          | 1              | 2              | 3             | 4               |
| i. My parents trust my judgment.   | 1              | 2              | 3             | 4               |
| <ol> <li>My parent can tell when I'm upset about<br/>something.</li> </ol>                     | 1              | 2              | 3             | 4               |
| k. When I'm angry about something, my parent tries to be understanding.                        | 1              | 2              | 3             | 4               |
| <ol> <li>My parent helps me to talk about my<br/>difficulties.</li> </ol>                      | 1              | 2              | 3             | 4               |
| m. I trust my parent.  | 1              | 2              | 3             | 4               |
| n. My parent has their own problems, so I don't bother them with mine.                         | 1              | 2              | 3             | 4               |
| <ul> <li>I can count on my parent when I need to get<br/>something off my chest.</li> </ul>    | 1              | 2              | 3             | 4               |
| <ul> <li>My parent helps me to understand myself<br/>better.</li> </ul>                        | 1              | 2              | 3             | 4               |

These questions ask how you feel about things like school, other kids your age, and yourself. For each sentence, decide how true the sentence is for you. Then circle one number that fits best. There are no "right" or "wrong" answers because kids feel differently about these things. If you think the statement is NOT AT ALL TRUE, circle "1"; if you think the statement is NOT VERY TRUE, circle "2"; if the statement is SORT OF TRUE, circle "3"; or if you think the statement is VERY TRUE, circle "4."

#### 9. How true are the following statements?

|    |  | Not at all true | Not very true | Sort of true | Very<br>true |
|----|--|-----------------|---------------|--------------|--------------|
| a. | I find it hard to make friends.                      | 1               | 2             | 3            | 4            |
| b. | I have trouble figuring out the answers in school.   | 1               | 2             | 3            | 4            |
| C. | I am popular with others my age.                     | 1               | 2             | 3            | 4            |
| d. | I would like to have a lot more friends.             | 1               | 2             | 3            | 4            |
| e. | In general, I like school a lot.                     | 1               | 2             | 3            | 4            |
| f. | I do very well at my class work                      | 1               | 2             | 3            | 4            |
| g. | I sometimes think I am a failure (a "loser").        | 1               | 2             | 3            | 4            |
| h. | I am happy with myself as a person.                  | 1               | 2             | 3            | 4            |
| i. | I am the kind of person I want to be.                | 1               | 2             | 3            | 4            |
| j. | I often feel ashamed of myself.                      | 1               | 2             | 3            | 4            |
| k. | I look forward to going to school every day.         | 1               | 2             | 3            | 4            |
| I. | I like being just the way I am.                      | 1               | 2             | 3            | 4            |
| m. | I am as good a person as I want to be.               | 1               | 2             | 3            | 4            |
| n. | I wish I had more to be proud of.                    | 1               | 2             | 3            | 4            |
| 0. | I'm pretty slow at finishing my schoolwork.          | 1               | 2             | 3            | 4            |
| p. | I have a lot of friends.                             | 1               | 2             | 3            | 4            |
| q. | I am always doing things with a lot of kids.         | 1               | 2             | 3            | 4            |
| r. | I often forget what I learn.                         | 1               | 2             | 3            | 4            |
| S. | I feel that I am just as smart as other kids my age. | 1               | 2             | 3            | 4            |
| t. | I feel that I am very good at my schoolwork.         | 1               | 2             | 3            | 4            |
| u. | I wish more people my age liked me.                  | 1               | 2             | 3            | 4            |
| ٧. | I often feel excited at school.                      | 1               | 2             | 3            | 4            |
| w. | I am happy with the way I can do most things.        | 1               | 2             | 3            | 4            |

<sup>10.</sup> Which of the following best describes the grades on your **last** report card? Mostly... (Check only one box)

<sup>1</sup> D's, E's and F's

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- 2. D's
- 3. C's and D's
- 4. C's
- 5. B's and C's
- 6. B's
- 7. A's and B's
- 8. A's

#### 11. How sure are you that you will...

|    |                    | Not             |                |             |              |  |
|----|--------------------|-----------------|----------------|-------------|--------------|--|
|    |                    | Not at all sure | really<br>sure | Mostly sure | Very<br>sure |  |
| Х. | Finish high school | 1               | 2              | 3           | 4            |  |
| у. | Go to college      | 1               | 2              | 3           | 4            |  |
| Z. | Finish college     | 1               | 2              | 3           | 4            |  |

In the next set of questions, we'd like to know about different things you've done during the LAST THREE MONTHS. For each of the following questions, circle "1" if you HAVE NEVER DONE the activity; circle "2" if you HAVE DONE the activity BUT NOT IN THE LAST 3 MONTHS; circle "3" if you HAVE DONE IT 1-2 TIMES IN THE LAST 3 MONTHS; circle "4" if you HAVE DONE IT 3-4 TIMES IN THE LAST 3 MONTHS; or circle "5" if you HAVE DONE IT 5 OR MORE TIMES IN THE LAST 3 MONTHS. Remember, there are no right or wrong answers and your answers will be kept completely private—your name will not be on your survey.

#### 12. During the last three months, have you...

|    |  | I have<br>NEVER<br>done<br>this | I have<br>done this,<br>but not in<br>the last 3<br>months | I did it 1–2<br>times in<br>the last 3<br>months | I did it 3–<br>4 times<br>in the<br>last 3<br>months | I did it 5<br>or more<br>times in<br>the last 3<br>months |
|----|--|---------------------------------|--|--|--|---|
| a. | Broken something on purpose?   | 1                               | 2  | 3  | 4  | 5   |
| b. | Gotten into a fight at school?   | 1                               | 2  | 3  | 4  | 5   |
| C. | Gotten into a fight in your neighborhood?                              | 1                               | 2  | 3  | 4  | 5   |
| d. | Taken care of a sister or brother after school without an adult there? | 1                               | 2  | 3  | 4  | 5   |
| e. | Had a fight or argument with your parents/guardians?                   | 1                               | 2  | 3  | 4  | 5   |
| f. | Taken something on purpose that didn't belong to you?                  | 1                               | 2  | 3  | 4  | 5   |
| g. | Skipped school without permission?                                     | 1                               | 2  | 3  | 4  | 5   |

|    |  | I have<br>NEVER<br>done<br>this | I have<br>done this,<br>but not in<br>the last 3<br>months | I did it 1–2<br>times in<br>the last 3<br>months | I did it 3–<br>4 times<br>in the<br>last 3<br>months | I did it 5<br>or more<br>times in<br>the last 3<br>months |
|----|--|---------------------------------|--|--|--|---|
| h. | Been home alone after school without an adult there?   | 1                               | 2  | 3  | 4  | 5   |
| i. | Hit someone because you didn't like something they said or did?  | 1                               | 2  | 3  | 4  | 5   |
| j. | Taken something from a store without paying for it?  | 1                               | 2  | 3  | 4  | 5   |
| k. | Had to have your parents come to school about a problem?   | 1                               | 2  | 3  | 4  | 5   |
| I. | Drank alcohol without your parents knowing?  | 1                               | 2  | 3  | 4  | 5   |
| m. | Used marijuana (pot)?  | 1                               | 2  | 3  | 4  | 5   |
| n. | Used other drugs (inhalants, cocaine, LSD, heroin, steroids, etc.)?  | 1                               | 2  | 3  | 4  | 5   |
| 0. | Have you ever sold or helped sell<br>marijuana (pot, grass), hashish<br>(hash), or other hard drugs such as<br>heroin, cocaine or LSD? | 1                               | 2  | 3  | 4  | 5   |
| p. | Carried a handgun? When we say handgun, we mean any firearm other than a rifle or shotgun.   | 1                               | 2  | 3  | 4  | 5   |
| q. | Been arrested by the police?   | 1                               | 2  | 3  | 4  | 5   |

- 13. Are you a member of a gang? (A gang is a group that does some illegal things together, and may have a special name or an area it calls its own.)
  - 1. Yes
  - 2. No
  - 13b. Do any of your friends belong to a gang?
    - 1. Yes
    - 2. No
- 14. Right now in your life, is there a SPECIAL ADULT (*not* your parent or guardian) who you often spend time with? A special adult is someone who does a lot of good things for you. For example someone (a) who you look up to and encourages you to do your best, (b) who really cares about what happens to you, (c) who influences what you do and the choices you make, and (d) who you can talk to about personal problems?
  - 1. No, I don't have a special adult in my life right now.
  - 2. Yes, I do have a special adult in my life.

- 15. Right now in your life, is there a SPECIAL OLDER YOUTH (not your older brother or sister) who you often spend time with? A special older youth is someone who does a lot of good things for you. For example someone (a) who you look up to and encourages you to do your best, (b) who really cares about what happens to you, (c) who influences what you do and the choices you make, and (d) who you can talk to about personal problems?
  - 1. No, I don't have a special older youth in my life right now.
  - 2. Yes, I do have a special older youth in my life.

# Youth Follow-Up Survey

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is XXXX-XXXX.

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If you have comments or concerns regarding the status of your individual submission of this form, write directly to: XXXXX.

- 1 Have you ever lived apart from your birth mother for more than 12 months?
  - 1 Yes
  - 2 No
- 3 Have you ever lived apart from your birth father for more than 12 months?
  - 1 Yes
  - 2 No

In the next few questions, we'd like to know about the kinds of things that have been going on in your life during the LAST SIX MONTHS. For each of these questions, place a check next to NO if the activity or event has not happened in the last six months, OR check YES if it has happened.

4 In the last six months...

|    |  | YES | NO |
|----|--|-----|----|
| a. | Have you moved or changed where you live?  | 1   | 2  |
| b. | Has a parent or guardian started working?  | 1   | 2  |
| c. | Has a parent or guardian stopped working or lost his/her job?                        | 1   | 2  |
| d. | Have you broken up with a boy/girlfriend?  | 1   | 2  |
| e. | Has a close friend moved away?   | 1   | 2  |
| f. | Have you been picked on or bullied at school or in your neighborhood?                | 1   | 2  |
| g. | Have you changed schools?  | 1   | 2  |
| h. | Did someone you know well die?   | 1   | 2  |
| i. | Have your parents separated (that is, have they started living in different places)? | 1   | 2  |
| j. | Has anyone moved into or out of your house?  | 1   | 2  |
| k. | Was someone you know well hurt badly or very ill?                                    | 1   | 2  |
| I. | Has anyone you live with (like your mom or sister) had a baby?                       | 1   | 2  |
| m. | Have either of your parents been in prison?  | 1   | 2  |

5 These questions ask about how things are going with your parent or guardian. If you live with two parents, please think about the parent or guardian you feel closest to when you answer these questions. How often do you feel that...

|  | Hardly<br>ever | Not very often | Someti<br>mes | Pretty<br>often |
|--|----------------|----------------|---------------|-----------------|
| a. My parent respects my feelings                                    | 1              | 2              | 3             | 4               |
| <ul> <li>I tell my parent about my problems and troubles.</li> </ul> | 1              | 2              | 3             | 4               |
| c. I wish I had a different parent                                   | 1              | 2              | 3             | 4               |

|    |  | Hardly<br>ever | Not very often | Someti<br>mes | Pretty<br>often |
|----|--|----------------|----------------|---------------|-----------------|
| d. | If my parent knows something is bothering me, they ask me about it.    | 1              | 2              | 3             | 4               |
| e. | My parent accepts me as I am   | 1              | 2              | 3             | 4               |
| f. | I like to get my parent's point of view on things I'm concerned about. | 1              | 2              | 3             | 4               |
| g. | When we discuss things, my parent considers my point of view.          | 1              | 2              | 3             | 4               |
| h. | I feel it's no use letting my feelings show around my parent.          | 1              | 2              | 3             | 4               |
| i. | My parents trust my judgment.  | 1              | 2              | 3             | 4               |
| j. | My parent can tell when I'm upset about something.                     | 1              | 2              | 3             | 4               |
| k. | When I'm angry about something, my parent tries to be understanding.   | 1              | 2              | 3             | 4               |
| l. | My parent helps me to talk about my difficulties.                      | 1              | 2              | 3             | 4               |
| m. | I trust my parent.   | 1              | 2              | 3             | 4               |
| n. | My parent has their own problems, so I don't bother them with mine.    | 1              | 2              | 3             | 4               |
| 0. | I can count on my parent when I need to get something off my chest.    | 1              | 2              | 3             | 4               |
| p. | My parent helps me to understand myself better.                        | 1              | 2              | 3             | 4               |

These questions ask how you feel about things like school, other kids your age, and yourself. For each sentence, decide how true the sentence is for you. Then circle one number that fits best. There are no "right" or "wrong" answers because kids feel differently about these things. If you think the statement is NOT AT ALL TRUE, circle "1"; if you think the statement is NOT VERY TRUE, circle "2"; if the statement is SORT OF TRUE, circle "3"; or if you think the statement is VERY TRUE, circle "4."

#### 6 How true are the following statements?

|          |   | Not at all true | Not very true | Sort of true | Very<br>true |
|----------|---|-----------------|---------------|--------------|--------------|
| a. I fir | nd it hard to make friends.                   | 1               | 2             | 3            | 4            |
|          | ave trouble figuring out the answers in nool. | 1               | 2             | 3            | 4            |
| c. I ar  | n popular with others my age.                 | 1               | 2             | 3            | 4            |
| d. I w   | ould like to have a lot more friends.         | 1               | 2             | 3            | 4            |
| e. In g  | general, I like school a lot.                 | 1               | 2             | 3            | 4            |

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|   | Not at all true | Not very true | Sort of true | Very<br>true |
|---|-----------------|---------------|--------------|--------------|
| f. I do very well at my class work                      | 1               | 2             | 3            | 4            |
| g. I sometimes think I am a failure (a "loser").        | 1               | 2             | 3            | 4            |
| h. I am happy with myself as a person.                  | 1               | 2             | 3            | 4            |
| i. I am the kind of person I want to be.                | 1               | 2             | 3            | 4            |
| j. I often feel ashamed of myself.                      | 1               | 2             | 3            | 4            |
| k. I look forward to going to school every day.         | 1               | 2             | 3            | 4            |
| I. I like being just the way I am.                      | 1               | 2             | 3            | 4            |
| m. I am as good a person as I want to be.               | 1               | 2             | 3            | 4            |
| n. I wish I had more to be proud of.                    | 1               | 2             | 3            | 4            |
| o. I'm pretty slow at finishing my schoolwork.          | 1               | 2             | 3            | 4            |
| p. I have a lot of friends.                             | 1               | 2             | 3            | 4            |
| q. I am always doing things with a lot of kids.         | 1               | 2             | 3            | 4            |
| r. I often forget what I learn.                         | 1               | 2             | 3            | 4            |
| s. I feel that I am just as smart as other kids my age. | 1               | 2             | 3            | 4            |
| t. I feel that I am very good at my schoolwork.         | 1               | 2             | 3            | 4            |
| u. I wish more people my age liked me.                  | 1               | 2             | 3            | 4            |
| v. I often feel excited at school.                      | 1               | 2             | 3            | 4            |
| w. I am happy with the way I can do most things.        | 1               | 2             | 3            | 4            |

## 7 Which of the following best describes the grades on your last report card? Mostly... (Check only one box)

- 1 D's, E's and F's
- 2 D's
- 3 C's and D's
- 4 C's
- 5 B's and C's
- 6 B's
- 7 A's and B's
- 8 A's

#### 8 How sure are you that you will...

|    |                    |                 | Not            |             |              |  |  |  |
|----|--------------------|-----------------|----------------|-------------|--------------|--|--|--|
|    |                    | Not at all sure | really<br>sure | Mostly sure | Very<br>sure |  |  |  |
| a. | Finish high school | 1               | 2              | 3           | 4            |  |  |  |
| b. | Go to college      | 1               | 2              | 3           | 4            |  |  |  |

|                   | Not             |                |             |              |
|-------------------|-----------------|----------------|-------------|--------------|
|                   | Not at all sure | really<br>sure | Mostly sure | Very<br>sure |
| c. Finish college | 1               | 2              | 3           | 4            |

In the next set of questions, we'd like to know about different things you've done during the LAST THREE MONTHS. For each of the following questions, circle "1" if you HAVE NEVER DONE the activity; circle "2" if you HAVE DONE the activity BUT NOT IN THE LAST 3 MONTHS; circle "3" if you HAVE DONE IT 1-2 TIMES IN THE LAST 3 MONTHS; circle "4" if you HAVE DONE IT 3-4 TIMES IN THE LAST 3 MONTHS; or circle "5" if you HAVE DONE IT 5 OR MORE TIMES IN THE LAST 3 MONTHS. Remember, there are no right or wrong answers and your answers will be kept completely private—your name will not be on your survey.

#### 9 During the last three months, have you...

|    |  | I have<br>NEVER<br>done<br>this | I have<br>done this,<br>but not in<br>the last 3<br>months | I did it 1–2<br>times in<br>the last 3<br>months | I did it 3–<br>4 times<br>in the<br>last 3<br>months | I did it 5<br>or more<br>times in<br>the last 3<br>months |
|----|--|---------------------------------|--|--|--|---|
| a. | Broken something on purpose?   | 1                               | 2  | 3  | 4  | 5   |
| b. | Gotten into a fight at school?   | 1                               | 2  | 3  | 4  | 5   |
| C. | Gotten into a fight in your neighborhood?                              | 1                               | 2  | 3  | 4  | 5   |
| d. | Taken care of a sister or brother after school without an adult there? | 1                               | 2  | 3  | 4  | 5   |
| e. | Had a fight or argument with your parents?                             | 1                               | 2  | 3  | 4  | 5   |
| f. | Taken something on purpose that didn't belong to you?                  | 1                               | 2  | 3  | 4  | 5   |
| g. | Skipped school without permission?                                     | 1                               | 2  | 3  | 4  | 5   |
| h. | Been home alone after school without an adult there?                   | 1                               | 2  | 3  | 4  | 5   |
| i. | Hit someone because you didn't like something they said or did?        | 1                               | 2  | 3  | 4  | 5   |
| j. | Taken something from a store without paying for it?                    | 1                               | 2  | 3  | 4  | 5   |
| k. | Had to have your parents come to school about a problem?               | 1                               | 2  | 3  | 4  | 5   |
| l. | Drank alcohol without your parents knowing?                            | 1                               | 2  | 3  | 4  | 5   |
| m. | Used marijuana (pot)?  | 1                               | 2  | 3  | 4  | 5   |
| n. | Used other drugs (inhalants, cocaine, LSD, heroin, steroids, etc.)?    | 1                               | 2  | 3  | 4  | 5   |

|    |   | I have<br>NEVER<br>done<br>this | I have<br>done this,<br>but not in<br>the last 3<br>months | I did it 1–2<br>times in<br>the last 3<br>months | I did it 3–<br>4 times<br>in the<br>last 3<br>months | I did it 5<br>or more<br>times in<br>the last 3<br>months |
|----|---|---------------------------------|--|--|--|---|
| 0. | Have you ever sold or helped sell<br>marijuana (pot, grass), hashish<br>(hash), or other hard drugs such as<br>heroin, cocaine or LSD?        | 1                               | 2  | 3  | 4  | 5   |
| p. | Carried a handgun? When we say handgun, we mean any firearm other than a rifle or shotgun.  | 1                               | 2  | 3  | 4  | 5   |
| q. | Been arrested by the police or taken into custody for an illegal or delinquent offense (do not include arrests for minor traffic violations)? | 1                               | 2  | 3  | 4  | 5   |

- 10 Are you a member of a gang? (A gang is a group that does some illegal things together, and may have a special name or an area it calls its own.)
  - 1 Yes
  - 2 No
  - 10b. Do any of your friends belong to a gang?
    - 1 Yes
    - 2 No
- 11 Right now in your life, is there a SPECIAL ADULT (*not* your parent or guardian) who you often spend time with? A special adult is someone who does a lot of good things for you. For example someone (a) who you look up to and encourages you to do your best, (b) who really cares about what happens to you, (c) who influences what you do and the choices you make, and (d) who you can talk to about personal problems?
  - 1 Yes, I do have a special adult in my life.
  - 2 No, I don't have a special adult in my life right now.
- 12 Right now in your life, is there a SPECIAL OLDER YOUTH (*not* your older brother or sister) who you often spend time with? A special older youth is someone who does a lot of good things for you. For example someone (a) who you look up to and encourages you to do your best, (b) who really cares about what happens to you, (c) who influences what you do and the choices you make, and (d) who you can talk to about personal problems?
  - 1 Yes, I do have a special older youth in my life.
  - 2 No, I don't have a special older youth in my life right now.
- 13 Do you still meet with the mentor you were matched with when you enrolled in the program?
  - 1 Yes (Continue with question 12a)
  - 2 No (Go to question 13)

#### 13a. How often do you meet with your mentor?

- 1 Once a week or more
- 2 Once or twice a month
- 3 Less than once a month

#### 13b. How much time do you usually spend with your mentor when you meet?

- 1 Less than one hour
- 2 1–4 hours
- 3 5–10 hours
- 4 More than 10 hours

### 14 For about how many months did you meet with your mentor regularly after you enrolled in the program?

- 1 Less than 6 months
- 2 6 months or more