



SC PLAY

Project to Learn about  
AIDS in Youth  
Social Networking

Check the box that best describes your answer.

ID					1
Number					

OMB No: 0920-0747: Exp Date: ???

**Family:** *Considering the people to whom you are related either by birth or marriage ...*

1. How many relatives do you...

None	One	Two	Three	Four	Five thru Eight	Nine or More
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a. See or hear from at least once a month?

b. Feel close to such that you could call on them for help?

c. Feel at ease with that you can talk about private matters?

**Friendships:** *Considering all of your friends*

1. How many of your friends do you...

None	One	Two	Three	Four	Five thru Eight	Nine or More
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a. See or hear from at least once a month?

b. Feel close to such that you could call on them for help?

c. Feel at ease with that you can talk about private matters?

## Social Relationships

2. **How long have you lived in your local community?**
- Less than a year
  - More than a year, but less than 5 years
  - 5 to 10 years
  - More than 10 years
  - Basically, my whole life
3. **Are you involved in any teams, clubs, or other groups either at school or in your community?**
- Yes
  - No
4. **Check the types of groups you have been involved in during the past year.**
- |  |  |
|--|--|
| <input type="radio"/> I get together regularly with my friends, but it is not a formal group | <input type="radio"/> Newspaper or yearbook    |
| <input type="radio"/> Sports team  | <input type="radio"/> Chorus                   |
| <input type="radio"/> Academic team  | <input type="radio"/> Cheerleading             |
| <input type="radio"/> Special interest club  | <input type="radio"/> Scouts                   |
| <input type="radio"/> Band   | <input type="radio"/> Other religious group    |
| <input type="radio"/> Church group   | <input type="radio"/> Other boys or girls club |
| <input type="radio"/> Community volunteer group  |  |
| <input type="radio"/> Other (please explain) _____   |  |
5. **About how many of these teams, clubs, or other groups do you belong to?**
- \_\_\_\_\_

Pick one team, club, or group that is the most important to you – it could be an organized group or just groups of your friends who get together regularly to do an activity or talk about things.

6. **How often do you take part in this group?**
- Never
  - A few times a year
  - Once or twice a month
  - Once a week
  - A few times a week
  - Every day

## Social Competence Scale

Some teenagers find it easy to talk and deal with people, others find it hard. The questions below deal with how you communicated with people in the past 6 months. Can you indicate how easy or difficult each of the situations below has been for you in the past 6 months? If you haven't experienced one or more of the situations below, please imagine how easy or difficult each of the situations would have been for you.

How easy or difficult was it in the past six months to . . .	Very Difficult	Difficult	Very Easy
1. Start a conversation with someone you did not know very well?			
2. Introduce yourself for the first time to someone?			
3. Start a new friendship?			
4. Call someone whom you wanted to get to know better?			
5. Ask someone to get together and do something?			
6. Stand up for your rights when someone wronged you?			
7. Stand up for yourself when someone made a fool of you?			
8. Stand up for yourself when someone accused you of something you did not do?			
9. Stand up for someone else who was made a fool of?			

## Self-Efficacy

Please read the following questions. After each question, fill in the circle to show how much you believe you can or cannot do what is asked now. If something doesn't apply (if you don't take medication for example) fill in that circle.

How much do you believe you can or cannot do the following?	Doesn't Apply	Very Sure I Can't	Sure I Can't	Probably I Can't	Probably I Can	Sure I Can	Very Sure I Can
1. Talk to my doctor myself and ask for the things I need	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Take responsibility for getting my homework and chores done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Change my doctor if I don't like him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Make a teacher see my point of view	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Self-Efficacy for ADHD

Do you currently have ADHD, or have you ever been told by a doctor or other health professional that you have ADHD?

- Yes
- No

**If you answered no, you may continue with the next survey**  
**If you answered yes, please complete the following questions:**

How much do you believe you can or cannot do the following?	Doesn't Apply	Very Sure I Can't	Sure I Can't	Probably I Can't	Probably I Can	Sure I Can	Very Sure I Can
5. Keep track of my medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Follow my doctor's orders for taking care of my ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Tell a friend I have ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Tell my boyfriend or girlfriend I have ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Suggest to my parents changes in my medication dose	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Believe that I have the ability to have control over my ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Run my life the same as I would if I didn't have ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Coping with ADHD**

There are many things that people with ADHD may have to learn and do. Here is a list of important things. Fill in the circle to show how hard each thing has been for you.

	I Don't Do this	Not that Hard to Do	A Little Hard to Do	Very Hard to Do
1. Giving myself medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Remembering to take my medication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Taking medication on time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Going for clinic/doctor visits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Telling my friends about my ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Telling teachers and grown-ups about my ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Now, fill in the circle to show how much the rest of these things have upset you recently. Pick the answer that describes you best.

	Does Not	Not very Upsetting	A Little	Very
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	Apply to Me		Upsetting	Upsetting
7. Being "different" from other people	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My parents telling me what to do about ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Thinking about why I got ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Other people knowing that I have ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Reading or seeing stuff on TV about ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Having to take pills for my ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>