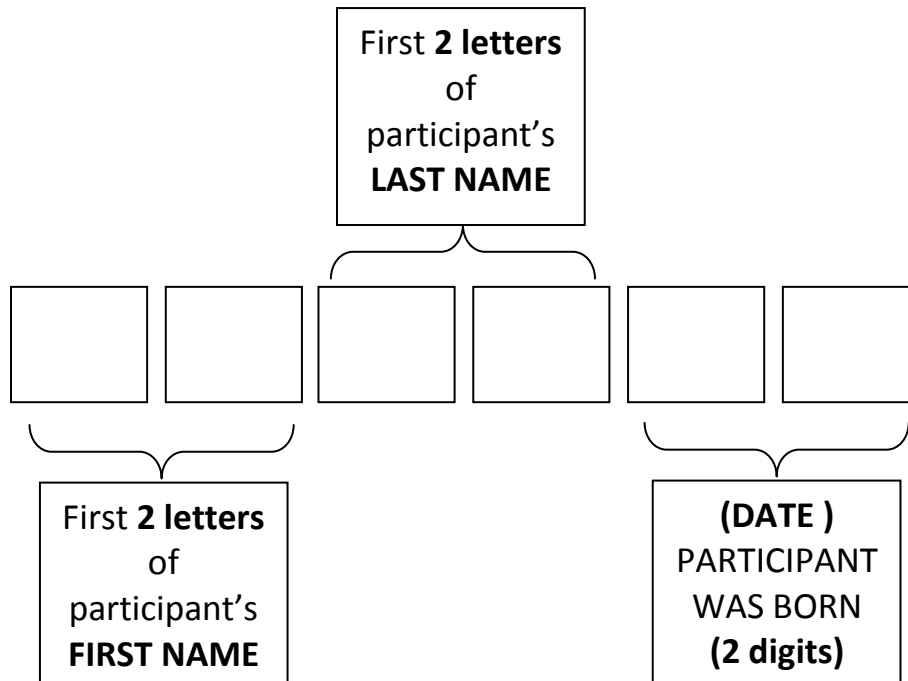


CYFAR COMMON MEASURES COVER PAGE

Directions for Developing Participant Identification (ID) Numbers:

Answer the following prompts to develop a participant-specific ID number. Note that each participant should be assigned his/her own specific ID number because this ID will be used to link a participant's pre-survey and post-survey. *(For additional information, see the example provided in the text box below)*



EXAMPLE: Developing an ID Number for Jane Doe

Name: Jane Doe

Date of Birth: 04/15/08

J A D O 1 5

Adult test - Post Survey

ADULT RESILIENCE MEASURE-REVISED (ARM-R)

To what extent do the following statements apply to you? There are no right or wrong answers.

#	Item	Not at all	A little	Somewhat	Quite a bit	A lot
1.	I cooperate with people around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Getting and improving qualifications or skills is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I know how to behave in different social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	My family has usually supported me through life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	My family knows a lot about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If I am hungry, I can get food to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	People like to spend time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I talk to my family/partner about how I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I feel supported by my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I feel that I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	My family/partner stands by me during difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My friends stand by me during difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I am treated fairly in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I have opportunities to show others that I can act responsibly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I feel secure when I am with my family/partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I have opportunities to apply my abilities in life (like skills, a job, caring for others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I enjoy my family's/partner's cultural and family traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADULT - SKILLS FOR EVERYDAY LIVING

#	Item	Never	Rarely	Sometimes	Often	Always
1.	When I have a decision to make: I look for information to help me understand the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	When I have a decision to make: I think before making a choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	When I have a decision to make: I consider the risks of a choice before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	When I have a decision to make: I think about all the information I have about the different choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	When I have a decision to make: I think of past choices when making new decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	When I think: I can easily express my thoughts on a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	When I think: I usually have more than one source of information before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	When I think: I compare ideas when thinking about a topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	When I think: I keep my mind open to different ideas when planning to make a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	When I think: I am able to tell the best way of handling a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	When I communicate with others: I try to keep eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	When I communicate with others: I recognize when two people are trying to say the same thing, but in different ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	When I communicate with others: I try to see the other person's point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	When I communicate with others: I change the way I talk to someone based on my relationship with them (i.e. friend, parent, teacher, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	When I communicate with others: I organize thoughts in my head before speaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	When I communicate with others: I make sure I understand what another person is saying before I respond.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	When setting a goal: I look at the steps needed to achieve the goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	When setting a goal: I think about how and when I want to achieve the goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	When setting a goal: After setting a goal, I break goals down into steps so I can check my progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	When setting a goal: Both positive and negative feedback helps me work towards my goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	When solving a problem: I first figure out exactly what the problem is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	When solving a problem: I try to determine what caused the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	When solving a problem: I do what I have done in the past to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	When solving a problem: I compare each possible solution with the others to find the best one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25.	When solving a problem: After selecting a solution, I think about it for a while before putting it into action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	When solving a problem: Once I have solved a problem, I think about how my solution worked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADULT PROGRAM QUALITY INSTRUMENT

The following statements describe how your program may work.

#	Item	Never	Rarely	Sometimes	A lot	Always
1.	Participants feel safe when they are at the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Participants spread rumors about others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Participants keep others from being part of activities or groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Staff in this program are good listeners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Staff are eager to help participants.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Participants are willing to help each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The program has rules about what sorts of behaviors are expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Staff treat participants fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Participants are kind to one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Participants and staff work together to plan activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Participants choose the activities they want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Participants are encouraged to be leaders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Participants learn from activities that are challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Participants learn about different cultures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Participants learn new ways to communicate their ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Participants follow the rules of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Staff explain the rules to everyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Guidelines and rules are enforced daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Everyone's family gets invited to come to the program's activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Participants learn about community resources (e.g., libraries, parks, and health department).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Participants contribute to the community by helping others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Participants feel accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Participants feel like they can be themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Staff get to know participants by interacting with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADULT ENGAGEMENT SURVEY

#	Item	Not at all	A little	Somewhat	Very much
1.	How much choice did you have about this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	How important was this activity to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was it interesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was it challenging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did you enjoy what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	How hard were you concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Were you using your skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Do you wish you were doing something else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADULT PARTICIPATION LEVEL

1. How many of the sessions did you attend?

#	Item	Less than 1 hour	1 hour	2-3 hours	4-5 hours	6 or more hours
2.	How many hours per session did you participate in this program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	Item	Less than 1 year	1 year	2-3 years	4-5 years	6-7 years	8-9 years	10 or more years	I do not know	This is not a 4-H program
3.	How long have you participated in 4-H, either as a participant or volunteer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	Item	Yes	No
4.	Are you involved in any other community/volunteer activities (e.g., civic, faith-based, sports, clubs)?	<input type="checkbox"/>	<input type="checkbox"/>

5. If yes, how many other community/volunteer activities (e.g., civic, faith-based, sports, clubs) are you involved in?

ADULT DEMOGRAPHIC DATA

1. I am a:

- Male
- Female

2. How old are you?

3. What is your ethnicity? (Select one)

- Hispanic or Latino
- Not Hispanic or Latino

4. What is your race? (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. What is your highest level of education completed?

- Less than high school
- High school diploma/GED
- Post-secondary technical training
- Some college
- Associate's degree
- Bachelor's degree
- Graduate degree

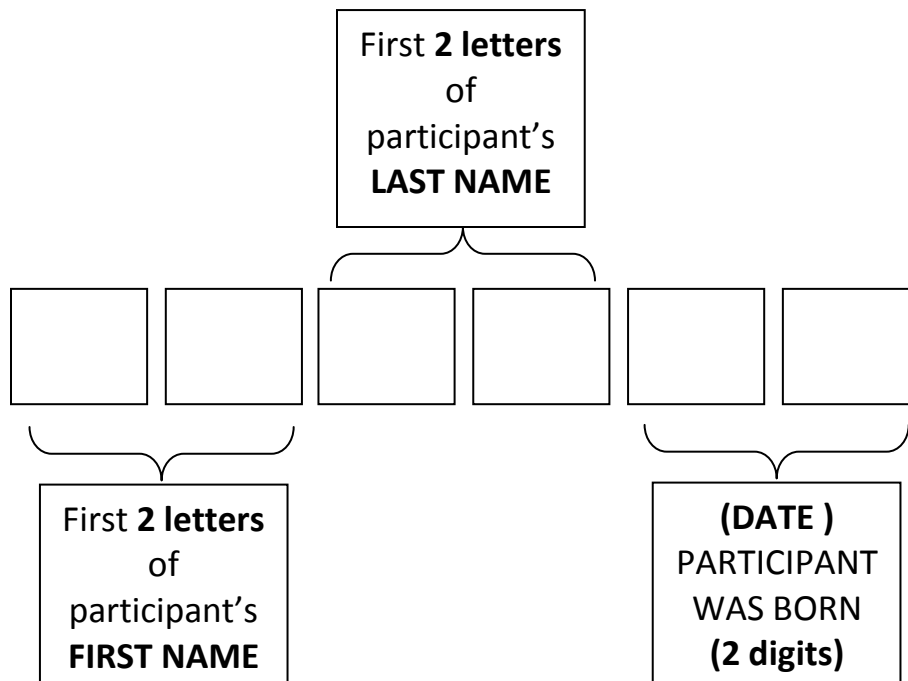
6. If you have ever served in the military, please specify the branch:

- I have not served in the military.
- Air Force
- Army
- Guard
- Marine Corps
- Navy
- Reserve

CYFAR COMMON MEASURES COVER PAGE

Directions for Developing Participant Identification (ID) Numbers:

Answer the following prompts to develop a participant-specific ID number. Note that each participant should be assigned his/her own specific ID number because this ID will be used to link a participant's pre-survey and post-survey. *(For additional information, see the example provided in the text box below)*



EXAMPLE: Developing an ID Number for Jane Doe

Name: Jane Doe

Date of Birth: 04/15/08

J A D O 1 5

Adult test - Pre Survey

ADULT RESILIENCE MEASURE-REVISED (ARM-R)

To what extent do the following statements apply to you? There are no right or wrong answers.

#	Item	Not at all	A little	Somewhat	Quite a bit	A lot
1.	I cooperate with people around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Getting and improving qualifications or skills is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I know how to behave in different social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	My family has usually supported me through life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	My family knows a lot about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If I am hungry, I can get food to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	People like to spend time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I talk to my family/partner about how I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I feel supported by my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I feel that I belong in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	My family/partner stands by me during difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My friends stand by me during difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I am treated fairly in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I have opportunities to show others that I can act responsibly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I feel secure when I am with my family/partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I have opportunities to apply my abilities in life (like skills, a job, caring for others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I enjoy my family's/partner's cultural and family traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADULT - SKILLS FOR EVERYDAY LIVING

#	Item	Never	Rarely	Sometimes	Often	Always
1.	When I have a decision to make: I look for information to help me understand the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	When I have a decision to make: I think before making a choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	When I have a decision to make: I consider the risks of a choice before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	When I have a decision to make: I think about all the information I have about the different choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	When I have a decision to make: I think of past choices when making new decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	When I think: I can easily express my thoughts on a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	When I think: I usually have more than one source of information before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9.	When I think: I keep my mind open to different ideas when planning to make a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	When I think: I am able to tell the best way of handling a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	When I communicate with others: I try to keep eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	When I communicate with others: I recognize when two people are trying to say the same thing, but in different ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	When I communicate with others: I try to see the other person's point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	When I communicate with others: I change the way I talk to someone based on my relationship with them (i.e. friend, parent, teacher, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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16.	When I communicate with others: I make sure I understand what another person is saying before I respond.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	When setting a goal: I look at the steps needed to achieve the goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	When setting a goal: I think about how and when I want to achieve the goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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22.	When solving a problem: I try to determine what caused the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	When solving a problem: I do what I have done in the past to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	When solving a problem: I compare each possible solution with the others to find the best one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25.	When solving a problem: After selecting a solution, I think about it for a while before putting it into action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	When solving a problem: Once I have solved a problem, I think about how my solution worked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADULT DEMOGRAPHIC DATA

1. I am a:

- Male
- Female

2. How old are you?

3. What is your ethnicity? (Select one)

- Hispanic or Latino
- Not Hispanic or Latino

4. What is your race? (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. What is your highest level of education completed?

- Less than high school
- High school diploma/GED
- Post-secondary technical training
- Some college
- Associate's degree
- Bachelor's degree
- Graduate degree

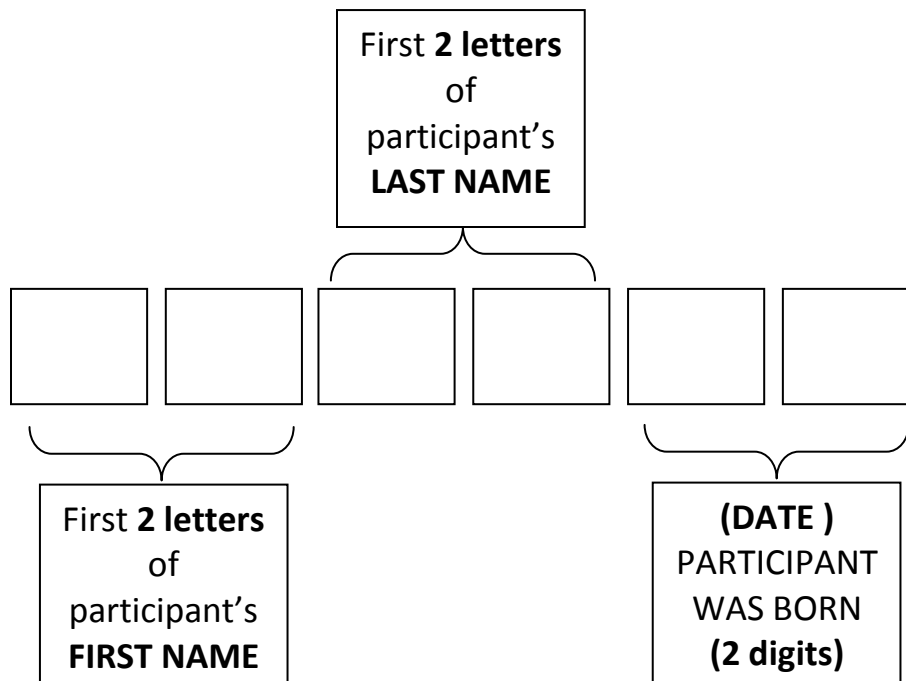
6. If you have ever served in the military, please specify the branch:

- I have not served in the military.
- Air Force
- Army
- Guard
- Marine Corps
- Navy
- Reserve

CYFAR COMMON MEASURES COVER PAGE

Directions for Developing Participant Identification (ID) Numbers:

Answer the following prompts to develop a participant-specific ID number. Note that each participant should be assigned his/her own specific ID number because this ID will be used to link a participant's pre-survey and post-survey. *(For additional information, see the example provided in the text box below)*



EXAMPLE: Developing an ID Number for Jane Doe

Name: Jane Doe






















































































Date of Birth: 04/15/08

J A D O 1 5


























Test for OMB - Post Survey


























CHILD & YOUTH RESILIENCE MEASURE-REVISED (CYRM-R)































Please choose one answer for each question. There are no right or wrong answers.





















#	Item	Not at all	A little	Somewhat	Quite a bit	A lot
1.	Do you share with people around you?					
2.	Is doing well in school important to you?					
3.	Do you know how to behave/act in different situations (such as school, home, holy places)?					
4.	Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?					
5.	Do you feel that your parent(s)/caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?					
6.	Is there enough to eat in your home when you are hungry?					
7.	Do other children like to play with you?					
8.	Do you talk to your family/caregiver(s) about how you feel (for example, when you are hurt or feeling scared)?					
9.	Do you have friends that care about you?					
10.	Do you feel you fit in with other children?					
11.	Do you think your family/caregiver(s) cares about you when times are hard (for example, if you are sick or have done something wrong)?					
12.	Do you think your friends care about you when times are hard (for example, if you are sick or have done something wrong)?					
13.	Are you treated fairly?					
14.	Do you have chances to show others that you are growing up and can do things by yourself?					
15.	Do you feel safe when you are with your family/caregiver(s)?					
16.	Do you have chances to learn things that will be useful when you are older (like cooking, working, and helping others)?					
17.	Do you like the way your family/caregiver(s) celebrates things (like holidays or learning about your culture)?					































LIFE SKILLS - CHILD

#	Item	Never	Rarely	Sometimes	Often	Always
1.	When I have a decision to make: I look for information to help me understand the problem.					
2.	When I have a decision to make: I think before making a choice.					
3.	When I have a decision to make: I consider the risks of a choice before making a decision.					
4.	When I have a decision to make: I think about all the information I have about the different choices.					
5.	When I have a decision to make: I think of past choices when making new decisions.					

#	Item	Never	Rarely	Sometimes	Often	Always
6.	When I think: I can easily express my thoughts on a problem.					
7.	When I think: I usually have more than one source of information before making a decision.					
8.	When I think: I compare ideas when thinking about a topic.					
9.	When I think: I keep my mind open to different ideas when planning to make a decision.					
10.	When I think: I am able to tell the best way of handling a problem.					










































































































#	Item	Never	Rarely	Sometimes	Often	Always
11.	When I communicate with others: I try to keep eye contact.					
12.	When I communicate with others: I recognize when two people are trying to say the same thing, but in different ways.					
13.	When I communicate with others: I try to see the other person's point of view.					
14.	When I communicate with others: I change the way I talk to someone based on my relationship with them (i.e. friend, parent, teacher, etc.)					
15.	When I communicate with others: I organize thoughts in my head before speaking.					
16.	When I communicate with others: I make sure I understand what another person is saying before I respond.					
















#	Item	Never	Rarely	Sometimes	Often	Always
17.	When setting a goal: I look at the steps needed to achieve the goal.					
18.	When setting a goal: I think about how and when I want to achieve the goal.					
19.	When setting a goal: After setting a goal, I break goals down into steps so I can check my progress.					
20.	When setting a goal: Both positive and negative feedback helps me work towards my goal.					

#	Item	Never	Rarely	Sometimes	Often	Always
21.	When solving a problem: I first figure out exactly what the problem is.					
22.	When solving a problem: I try to determine what caused the problem.					
23.	When solving a problem: I do what I have done in the past to solve it.					
24.	When solving a problem: I compare each possible solution with the others to find the best one.					
25.	When solving a problem: After selecting a solution, I think about it for a while before putting it into action.					
26.	When solving a problem: Once I have solved a problem, I think about how my solution worked.					

CHILD PROGRAM QUALITY INSTRUMENT

The following statements describe how your program may work.

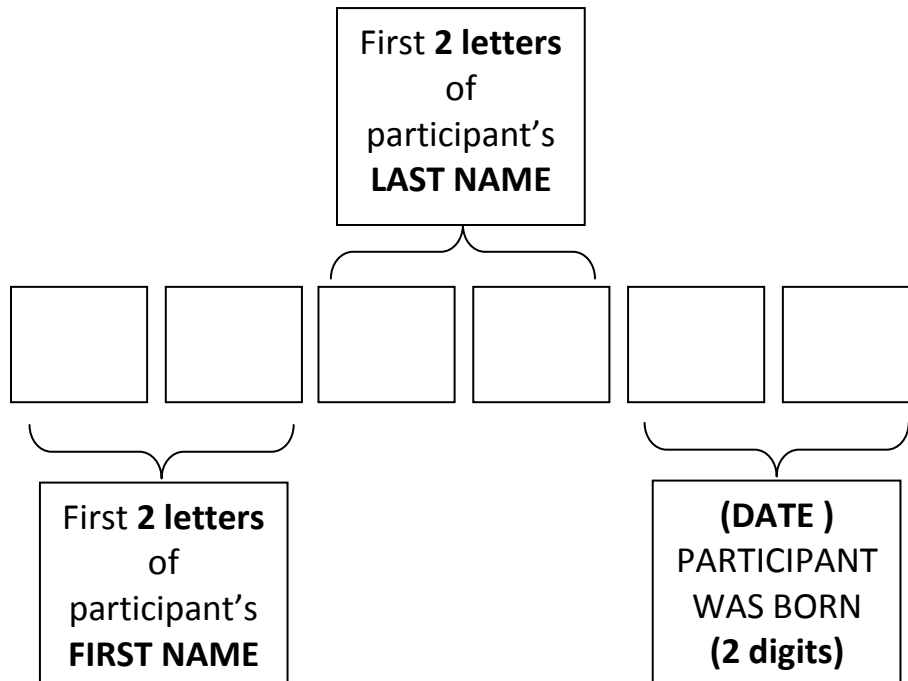
#	Item	Never	Rarely	Sometimes	A lot	Always
1.	Young people feel safe when they are at the program.					
2.	Young people spread rumors about others.					
3.	Young people keep others from being part of activities or groups.					
4.	Adults in this program are good listeners.					
5.	Adults are eager to help young people.					
6.	Young people are willing to help each other.					
7.	The program has rules about what sorts of behaviors are expected.					
8.	Adults treat young people fairly.					
9.	Young people are kind to one another.					
10.	Young people and adults work together to plan activities.					
11.	Young people choose the activities they want to do.					
12.	Young people are encouraged to be leaders.					
13.	Young people learn from activities that are challenging.					
14.	Young people learn about different cultures.					
15.	Young people learn new ways to communicate their ideas.					
16.	Young people follow the rules of the program.					
17.	Adults explain the rules to everyone.					
18.	Guidelines and rules are enforced daily.					
19.	Everyone's family gets invited to come to the program's activities.					
20.	Young people learn about community resources (e.g., libraries, parks, and health department).					
21.	Young people contribute to the community by helping others.					

22.	Young people feel accepted.					
23.	Young people feel like they can be themselves.					
24.	Adults get to know young people by interacting with them.					

CYFAR COMMON MEASURES COVER PAGE

Directions for Developing Participant Identification (ID) Numbers:

Answer the following prompts to develop a participant-specific ID number. Note that each participant should be assigned his/her own specific ID number because this ID will be used to link a participant's pre-survey and post-survey. *(For additional information, see the example provided in the text box below)*



EXAMPLE: Developing an ID Number for Jane Doe

Name: Jane Doe






















































































Date of Birth: 04/15/08

J A D O 1 5


























Test for OMB - Pre Survey


























CHILD & YOUTH RESILIENCE MEASURE-REVISED (CYRM-R)































Please choose one answer for each question. There are no right or wrong answers.





















#	Item	Not at all	A little	Somewhat	Quite a bit	A lot
1.	Do you share with people around you?					
2.	Is doing well in school important to you?					
3.	Do you know how to behave/act in different situations (such as school, home, holy places)?					
4.	Do you feel that your parent(s)/caregiver(s) know where you are and what you are doing all of the time?					
5.	Do you feel that your parent(s)/caregiver(s) know a lot about you (for example, what makes you happy, what makes you scared)?					
6.	Is there enough to eat in your home when you are hungry?					
7.	Do other children like to play with you?					
8.	Do you talk to your family/caregiver(s) about how you feel (for example, when you are hurt or feeling scared)?					
9.	Do you have friends that care about you?					
10.	Do you feel you fit in with other children?					
11.	Do you think your family/caregiver(s) cares about you when times are hard (for example, if you are sick or have done something wrong)?					
12.	Do you think your friends care about you when times are hard (for example, if you are sick or have done something wrong)?					
13.	Are you treated fairly?					
14.	Do you have chances to show others that you are growing up and can do things by yourself?					
15.	Do you feel safe when you are with your family/caregiver(s)?					
16.	Do you have chances to learn things that will be useful when you are older (like cooking, working, and helping others)?					
17.	Do you like the way your family/caregiver(s) celebrates things (like holidays or learning about your culture)?					































LIFE SKILLS - CHILD

#	Item	Never	Rarely	Sometimes	Often	Always
1.	When I have a decision to make: I look for information to help me understand the problem.					
2.	When I have a decision to make: I think before making a choice.					
3.	When I have a decision to make: I consider the risks of a choice before making a decision.					
4.	When I have a decision to make: I think about all the information I have about the different choices.					
5.	When I have a decision to make: I think of past choices when making new decisions.					

#	Item	Never	Rarely	Sometimes	Often	Always
6.	When I think: I can easily express my thoughts on a problem.					
7.	When I think: I usually have more than one source of information before making a decision.					
8.	When I think: I compare ideas when thinking about a topic.					
9.	When I think: I keep my mind open to different ideas when planning to make a decision.					
10.	When I think: I am able to tell the best way of handling a problem.					

#	Item	Never	Rarely	Sometimes	Often	Always
11.	When I communicate with others: I try to keep eye contact.					
12.	When I communicate with others: I recognize when two people are trying to say the same thing, but in different ways.					
13.	When I communicate with others: I try to see the other person's point of view.					
14.	When I communicate with others: I change the way I talk to someone based on my relationship with them (i.e. friend, parent, teacher, etc.)					
15.	When I communicate with others: I organize thoughts in my head before speaking.					
16.	When I communicate with others: I make sure I understand what another person is saying before I respond.					

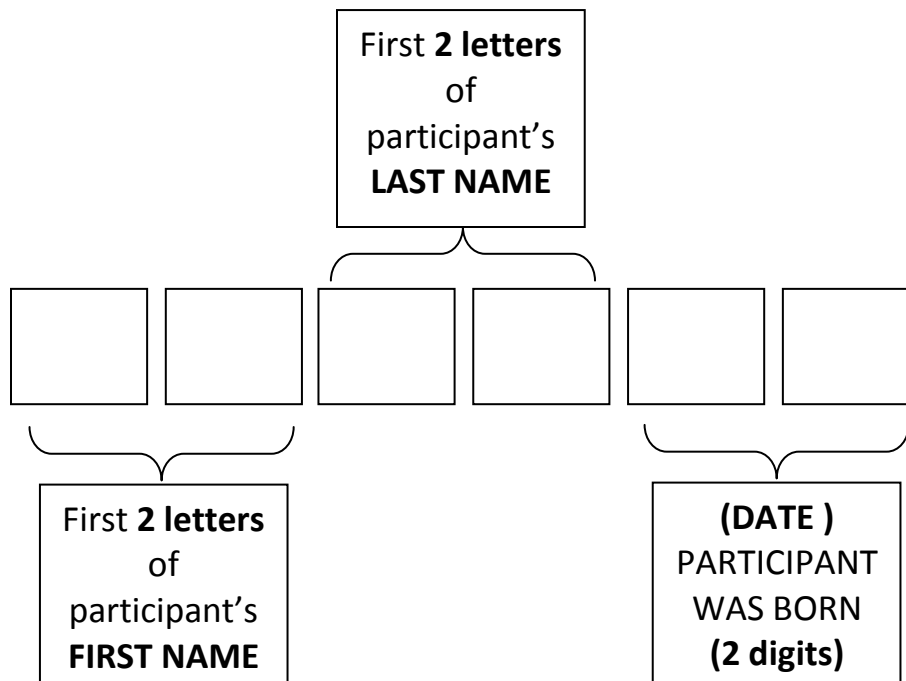
#	Item	Never	Rarely	Sometimes	Often	Always
17.	When setting a goal: I look at the steps needed to achieve the goal.					
18.	When setting a goal: I think about how and when I want to achieve the goal.					
19.	When setting a goal: After setting a goal, I break goals down into steps so I can check my progress.					
20.	When setting a goal: Both positive and negative feedback helps me work towards my goal.					

#	Item	Never	Rarely	Sometimes	Often	Always
21.	When solving a problem: I first figure out exactly what the problem is.					
22.	When solving a problem: I try to determine what caused the problem.					
23.	When solving a problem: I do what I have done in the past to solve it.					
24.	When solving a problem: I compare each possible solution with the others to find the best one.					
25.	When solving a problem: After selecting a solution, I think about it for a while before putting it into action.					
26.	When solving a problem: Once I have solved a problem, I think about how my solution worked.					

CYFAR COMMON MEASURES COVER PAGE

Directions for Developing Participant Identification (ID) Numbers:

Answer the following prompts to develop a participant-specific ID number. Note that each participant should be assigned his/her own specific ID number because this ID will be used to link a participant's pre-survey and post-survey. *(For additional information, see the example provided in the text box below)*



EXAMPLE: Developing an ID Number for Jane Doe

Name: Jane Doe

Date of Birth: 04/15/08

J A D O 1 5

Test 4 Survey - Post Survey

YOUTH RESILIENCE MEASURE-REVISED (CYRM-R)

To what extent do the following statements apply to you? There are no right or wrong answers.

#	Item	Not at all	A little	Somewhat	Quite a bit	A lot
1.	I cooperate with people around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Getting an education is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I know how to behave in different social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	My parent(s)/caregiver(s) really look out for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	My parent(s)/caregiver(s) know a lot about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If I am hungry, there is enough to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	People like to spend time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I talk to my family/caregiver(s) about how I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I feel supported by my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I feel that I belong/belonged at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	My family/caregiver(s) stand by me during difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My friends stand by me during difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I am treated fairly in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I have opportunities to show others that I am becoming an adult and can act responsibly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I feel safe when I am with my family/caregiver(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I enjoy my family's/caregiver's cultural and family traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUTH PROGRAM QUALITY INSTRUMENT

The following statements describe how your program may work.

#	Item	Never	Rarely	Sometimes	A lot	Always
1.	Young people feel safe when they are at the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Young people spread rumors about others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Young people keep others from being part of activities or groups.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Adults in this program are good listeners.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Adults are eager to help young people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Young people are willing to help each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	The program has rules about what sorts of behaviors are expected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Adults treat young people fairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Young people are kind to one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Young people and adults work together to plan activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Young people choose the activities they want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Young people are encouraged to be leaders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	Young people learn from activities that are challenging.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	Young people learn about different cultures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	Young people learn new ways to communicate their ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	Young people follow the rules of the program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	Adults explain the rules to everyone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	Guidelines and rules are enforced daily.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Everyone's family gets invited to come to the program's activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Young people learn about community resources (e.g., libraries, parks, and health department).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Young people contribute to the community by helping others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Young people feel accepted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Young people feel like they can be themselves.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	Adults get to know young people by interacting with them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUTH ENGAGEMENT SURVEY

#	Item	Not at all	A little	Somewhat	Very much
1.	How much choice did you have about this activity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	How important was this activity to you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Was it interesting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Was it challenging?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Did you enjoy what you were doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	How hard were you concentrating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Were you using your skills?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Did you wish you were doing something else?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	Item	Yes	No
9.	Do you participate in any other after-school activities?	<input type="checkbox"/>	<input type="checkbox"/>

YOUTH DEMOGRAPHIC DATA

1. I am a:

- Male
- Female

2. How old are you?

3. What grade are you in school?

4. What is your ethnicity? (Select one)

- Hispanic or Latino
- Not Hispanic or Latino

5. What is your race? (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

6. If one (or both) of your parents is involved in the military, please specify the branch:

- My parent is not involved in the military.
- Air Force
- Army
- Guard
- Marine Corps
- Navy
- Reserve

YOUTH - SKILLS FOR EVERYDAY LIVING

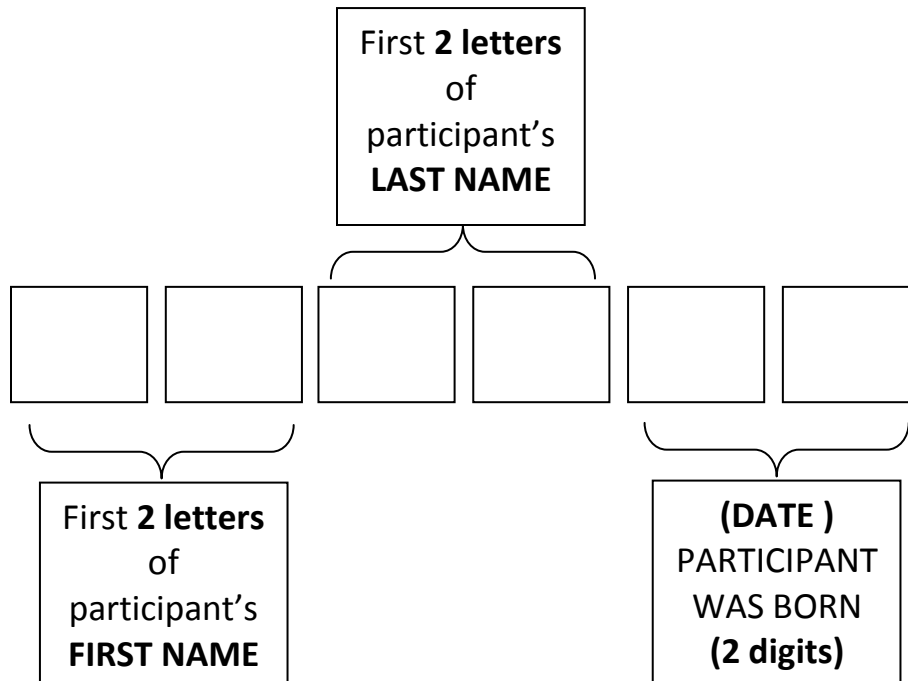
#	Item	Never	Rarely	Sometimes	Often	Always
1.	When I have a decision to make: I look for information to help me understand the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	When I have a decision to make: I think before making a choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	When I have a decision to make: I consider the risks of a choice before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	When I have a decision to make: I think about all the information I have about the different choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	When I have a decision to make: I think of past choices when making new decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	When I think: I can easily express my thoughts on a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	When I think: I usually have more than one source of information before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	When I think: I compare ideas when thinking about a topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	When I think: I keep my mind open to different ideas when planning to make a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	When I think: I am able to tell the best way of handling a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	When I communicate with others: I try to keep eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	When I communicate with others: I recognize when two people are trying to say the same thing, but in different ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	When I communicate with others: I try to see the other person's point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	When I communicate with others: I change the way I talk to someone based on my relationship with them (i.e., friend, parent, teacher, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	When I communicate with others: I organize thoughts in my head before speaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	When I communicate with others: I make sure I understand what another person is saying before I respond.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	When setting a goal: I look at the steps needed to achieve the goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	When setting a goal: I think about how and when I want to achieve the goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	When setting a goal: After setting a goal, I break goals down into steps so I can check my progress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	When setting a goal: Both positive and negative feedback helps me work towards my goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	When solving a problem: I first figure out exactly what the problem is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	When solving a problem: I try to determine what caused the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	When solving a problem: I do what I have done in the past to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	When solving a problem: I compare each possible solution with the others to find the best one.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25.	When solving a problem: After selecting a solution, I think about it for a while before putting it into action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	When solving a problem: Once I have solved a problem, I think about how my solution worked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CYFAR COMMON MEASURES COVER PAGE

Directions for Developing Participant Identification (ID) Numbers:

Answer the following prompts to develop a participant-specific ID number. Note that each participant should be assigned his/her own specific ID number because this ID will be used to link a participant's pre-survey and post-survey. *(For additional information, see the example provided in the text box below)*



EXAMPLE: Developing an ID Number for Jane Doe

Name: Jane Doe

Date of Birth: 04/15/08

J A D O 1 5

Test 4 Survey - Pre Survey

YOUTH RESILIENCE MEASURE-REVISED (CYRM-R)

To what extent do the following statements apply to you? There are no right or wrong answers.

#	Item	Not at all	A little	Somewhat	Quite a bit	A lot
1.	I cooperate with people around me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Getting an education is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I know how to behave in different social situations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	My parent(s)/caregiver(s) really look out for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	My parent(s)/caregiver(s) know a lot about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	If I am hungry, there is enough to eat.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	People like to spend time with me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I talk to my family/caregiver(s) about how I feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I feel supported by my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I feel that I belong/belonged at my school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	My family/caregiver(s) stand by me during difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	My friends stand by me during difficult times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	I am treated fairly in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	I have opportunities to show others that I am becoming an adult and can act responsibly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	I feel safe when I am with my family/caregiver(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	I have opportunities to develop skills that will be useful later in life (like job skills and skills to care for others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	I enjoy my family's/caregiver's cultural and family traditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

YOUTH DEMOGRAPHIC DATA

1. I am a:

- Male
- Female

2. How old are you?

3. What grade are you in school?

4. What is your ethnicity? (Select one)

- Hispanic or Latino
- Not Hispanic or Latino

5. What is your race? (Select one or more)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

6. If one (or both) of your parents is involved in the military, please specify the branch:

- My parent is not involved in the military.
- Air Force
- Army
- Guard
- Marine Corps
- Navy
- Reserve

YOUTH - SKILLS FOR EVERYDAY LIVING

#	Item	Never	Rarely	Sometimes	Often	Always
1.	When I have a decision to make: I look for information to help me understand the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	When I have a decision to make: I think before making a choice.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	When I have a decision to make: I consider the risks of a choice before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	When I have a decision to make: I think about all the information I have about the different choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	When I have a decision to make: I think of past choices when making new decisions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	When I think: I can easily express my thoughts on a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	When I think: I usually have more than one source of information before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	When I think: I compare ideas when thinking about a topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	When I think: I keep my mind open to different ideas when planning to make a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	When I think: I am able to tell the best way of handling a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	When I communicate with others: I try to keep eye contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	When I communicate with others: I recognize when two people are trying to say the same thing, but in different ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	When I communicate with others: I try to see the other person's point of view.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	When I communicate with others: I change the way I talk to someone based on my relationship with them (i.e., friend, parent, teacher, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	When I communicate with others: I organize thoughts in my head before speaking.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	When I communicate with others: I make sure I understand what another person is saying before I respond.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	When setting a goal: I look at the steps needed to achieve the goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18.	When setting a goal: I think about how and when I want to achieve the goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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21.	When solving a problem: I first figure out exactly what the problem is.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	When solving a problem: I try to determine what caused the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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25.	When solving a problem: After selecting a solution, I think about it for a while before putting it into action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	When solving a problem: Once I have solved a problem, I think about how my solution worked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>