

POSITIVE ACTION®

SECONDARY STUDENT SURVEY

This survey can be administered to whole classrooms. For grades 6 or 7 it might help to read it aloud. It will take 40-50 minutes for most classes, less for higher grades. Many special education students can complete this survey, though they may need some help or more time.

Someone other than the regular teacher should administer the survey. This is to ensure that students feel confident that their answers are confidential – that not even their teacher(s) will see them.

The proctor should move around the classroom and make sure that every student appears to understand the instructions and the wording of each item, and is filling in their answers correctly (that is completely filling in the bubbles without making extraneous marks elsewhere on the survey).

Note that it is the responsibility of the School or School District to ensure that all regulations regarding obtaining informed consent of parents for student participation in surveys are followed. Generally, these require informing parents of the survey and its content, and allowing them at least two weeks to deny or give permission for their child's participation. Whether or not signed permission is required depends on the content of the survey (usually necessary for this version of the secondary student survey), State or local law, and School District or School policies. **The student assent form must be distributed, read and signed before students complete this survey.**

Upon completion, surveys should be collected and placed into a sealed envelope (separate from the signed assent forms) and taken away by the survey administrator(s).

This is NOT a test. There are no right or wrong answers. We are interested in your opinions and feelings.

Please answer each question as honestly as you can.

Please use a black or dark blue ballpoint pen to carefully and completely fill in the circle for the answer that is best for you.

Completely and neatly darken the ovals. Like this: ● Not like this ◐

If you make a mistake, to change your answer, cross out the wrong choice like this: ● ✕ and then darken the correct one.

Positive Action, Inc.

264 4th Avenue South

Twin Falls, ID 83301

Phone (U.S. and Canada): 800-345-2974

Phone (all other): 208 733-1328

Fax: 208 733-1590

E-mail: info@positiveaction.net

Web site: <http://www.positiveaction.net>

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Printed in the United States of America

Published 2007

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POSITIVE ACTION SECONDARY SURVEY

A. Your ID number or code: _____

	Never	Rarely	Some times	Often	Always
B. HOW MUCH OF THE <u>TIME</u> DO YOU?					
1. Keep yourself clean.	①	②	③	④	⑤
2. Make good choices.	①	②	③	④	⑤
3. Take care of your belongings.	①	②	③	④	⑤
4. Do your homework.	①	②	③	④	⑤
5. Control yourself.	①	②	③	④	⑤
6. Be a good friend to others.	①	②	③	④	⑤
7. Blame others for your mistakes.	①	②	③	④	⑤
8. Make yourself a better person.	①	②	③	④	⑤
9. Feel good when you do good things.	①	②	③	④	⑤
10. Be tolerant of differences in others.	①	②	③	④	⑤
11. Choose to eat fresh fruits and vegetables.	①	②	③	④	⑤
12. Work hard in school.	①	②	③	④	⑤
13. Make good decisions.	①	②	③	④	⑤
14. Do your chores.	①	②	③	④	⑤
15. Copy someone else's work or cheat on a test.	①	②	③	④	⑤
16. Control your feelings.	①	②	③	④	⑤
17. Keep trying something until you succeed.	①	②	③	④	⑤
18. Tell yourself the truth.	①	②	③	④	⑤
19. Set goals for yourself.	①	②	③	④	⑤
20. Do physical activities.	①	②	③	④	⑤
21. Help others when they need it.	①	②	③	④	⑤
22. Be kind to others.	①	②	③	④	⑤

HOW MUCH OF THE TIME DO YOU?

	Never	Rarely	Some times	Often	Always
23. Brush your teeth at least twice a day.	①	②	③	④	⑤
24. Keep promises you make to others.	①	②	③	④	⑤
25. Manage your anger.	①	②	③	④	⑤
26. Take responsibility for yourself.	①	②	③	④	⑤
27. Take something that doesn't belong to you.	①	②	③	④	⑤
28. Manage your time wisely.	①	②	③	④	⑤
29. Get along with others.	①	②	③	④	⑤
30. Manage your energy wisely.	①	②	③	④	⑤
31. Like to do well in school.	①	②	③	④	⑤
32. Try new things.	①	②	③	④	⑤
33. Be creative.	①	②	③	④	⑤
34. Develop your talents (things you are good at).	①	②	③	④	⑤
35. Think about how others feel.	①	②	③	④	⑤
36. Turn problems into opportunities.	①	②	③	④	⑤
37. Respect others.	①	②	③	④	⑤
38. Know your strengths and weaknesses.	①	②	③	④	⑤
39. Feel good about who you are.	①	②	③	④	⑤
40. Make bad decisions.	①	②	③	④	⑤
41. Try to be your best.	①	②	③	④	⑤
42. Treat others the way you like to be treated.	①	②	③	④	⑤
43. Solve problems well.	①	②	③	④	⑤
44. Admit your mistakes.	①	②	③	④	⑤
45. Manage your money wisely.	①	②	③	④	⑤
46. Feel successful.	①	②	③	④	⑤

HOW MUCH OF THE TIME DO YOU?

	Never	Rarely	Some times	Often	Always
47. Tell others the truth.	①	②	③	④	⑤
48. Feel unhappy.	①	②	③	④	⑤
49. Feel optimistic.	①	②	③	④	⑤
50. Feel good about what you are doing in life.	①	②	③	④	⑤

The next set of questions ask how often you have done various things. You may not have done some of them – so you can answer never. Please read the answer options carefully: they each have a different timeframe to think about – your whole life, most months, most weeks or most days.

C. HOW OFTEN HAVE YOU?	<u>In my whole life...</u>			<u>At least once...</u>		
	<u>Never</u>	<u>Only Once</u>	<u>More than once</u>	<u>Most months</u>	<u>Most weeks</u>	<u>Most days</u>
51. Helped someone who was hurt.....	①	②	③	④	⑤	⑥
52. Cheered up someone who was feeling sad ...	①	②	③	④	⑤	⑥
53. Helped someone who was being picked on..	①	②	③	④	⑤	⑥
54. Helped someone who fell down	①	②	③	④	⑤	⑥
55. Got help for someone who was hurt.....	①	②	③	④	⑤	⑥
56. Helped an older person.....	①	②	③	④	⑤	⑥
57. Stopped someone from hurting another child	①	②	③	④	⑤	⑥
58. Helped a younger child who was lost.....	①	②	③	④	⑤	⑥
59. Stopped someone from hurting an animal....	①	②	③	④	⑤	⑥
60. Smoked a cigarette (or used other kinds of tobacco).	①	②	③	④	⑤	⑥
61. Drank alcohol.	①	②	③	④	⑤	⑥
62. Had 5 or more alcoholic drinks on one occasion.	①	②	③	④	⑤	⑥
63. Been drunk.	①	②	③	④	⑤	⑥
64. Used drugs like marijuana or cocaine.	①	②	③	④	⑤	⑥
65. Been high.	①	②	③	④	⑤	⑥

HOW OFTEN HAVE YOU?	<u>In my whole life...</u>			<u>At least once...</u>		
	<u>Never</u>	<u>Only Once</u>	<u>More than once</u>	<u>Most months</u>	<u>Most weeks</u>	<u>Most days</u>
66. Kissed someone of the opposite sex deeply in the mouth	①	②	③	④	⑤	⑥
67. Touched the sexual organs of someone of the opposite sex	①	②	③	④	⑤	⑥
68. Had voluntary sexual intercourse with someone of the opposite sex.....	①	②	③	④	⑤	⑥
69. Used a condom when you voluntarily had sexual intercourse	①	②	③	④	⑤	⑥
70. Used some other form of protection when you had sexual intercourse.	①	②	③	④	⑤	⑥
71. Been in a fight.	①	②	③	④	⑤	⑥
72. Threatened to hit someone.	①	②	③	④	⑤	⑥
73. Hit someone hard enough to seriously hurt them.	①	②	③	④	⑤	⑥
74. Carried a knife or razor (for as a weapon) to school.	①	②	③	④	⑤	⑥
75. Carried a gun to school.	①	②	③	④	⑤	⑥
76. Cut or stabbed someone in anger.	①	②	③	④	⑤	⑥
77. Shot at someone.	①	②	③	④	⑤	⑥

The next set of questions asks you how you would feel about yourself if or when you did each of the 77 behaviors above.

D. HOW WOULD YOU FEEL ABOUT YOURSELF IF OR WHEN YOU ...?	Very Bad	Moderately Bad	A little Bad	A little Good	Moderately Good	Very Good
1. Keep yourself clean.....	①	②	③	④	⑤	⑥
2. Make good choices.	①	②	③	④	⑤	⑥
3. Take care of your belongings.	①	②	③	④	⑤	⑥
4. Do your homework.	①	②	③	④	⑤	⑥
5. Control yourself.	①	②	③	④	⑤	⑥
6. Be a good friend to others.	①	②	③	④	⑤	⑥
7. Blame others for your mistakes.	①	②	③	④	⑤	⑥

HOW WOULD YOU FEEL ABOUT YOURSELF IF OR WHEN YOU ...?

	Very Bad	Moderately Bad	A little Bad	A little Good	Moderately Good	Very Good
8. Make yourself a better person.	①	②	③	④	⑤	⑥
9. Do good things.	①	②	③	④	⑤	⑥
10. Be tolerant of differences in others. ...	①	②	③	④	⑤	⑥
11. Choose to eat fresh fruits and vegetables.	①	②	③	④	⑤	⑥
12. Work hard in school.	①	②	③	④	⑤	⑥
13. Make good decisions.	①	②	③	④	⑤	⑥
14. Do your chores.	①	②	③	④	⑤	⑥
15. Copy someone else's work or cheat on a test.	①	②	③	④	⑤	⑥
16. Control your feelings.	①	②	③	④	⑤	⑥
17. Keep trying something until you succeed.	①	②	③	④	⑤	⑥
18. Tell yourself the truth.	①	②	③	④	⑤	⑥
19. Set goals for yourself.	①	②	③	④	⑤	⑥
20. Do physical activities.	①	②	③	④	⑤	⑥
21. Help others when they need it.	①	②	③	④	⑤	⑥
22. Be kind to others.	①	②	③	④	⑤	⑥
23. Brush your teeth at least twice a day.	①	②	③	④	⑤	⑥
24. Keep promises you make to others. ...	①	②	③	④	⑤	⑥
25. Manage your anger.	①	②	③	④	⑤	⑥
26. Take responsibility for yourself.	①	②	③	④	⑤	⑥
27. Take something that doesn't belong to you.	①	②	③	④	⑤	⑥
28. Manage your time wisely.	①	②	③	④	⑤	⑥
29. Get along with others.	①	②	③	④	⑤	⑥
30. Manage your energy wisely.	①	②	③	④	⑤	⑥
31. Do well in school.	①	②	③	④	⑤	⑥

HOW WOULD YOU FEEL ABOUT YOURSELF IF OR WHEN YOU ...?

	Very Bad	Moderately Bad	A little Bad	A little Good	Moderately Good	Very Good
32. Try new things.	①	②	③	④	⑤	⑥
33. Be creative.	①	②	③	④	⑤	⑥
34. Develop your talents (things you are good at).	①	②	③	④	⑤	⑥
35. Think about how others feel.	①	②	③	④	⑤	⑥
36. Turn problems into opportunities.	①	②	③	④	⑤	⑥
37. Respect others.	①	②	③	④	⑤	⑥
38. Know your strengths and weaknesses.	①	②	③	④	⑤	⑥
39. Feel good about who you are.	①	②	③	④	⑤	⑥
40. Make bad decisions.	①	②	③	④	⑤	⑥
41. Try to be your best.	①	②	③	④	⑤	⑥
42. Treat others the way you like to be treated.	①	②	③	④	⑤	⑥
43. Solve problems well.	①	②	③	④	⑤	⑥
44. Admit your mistakes.	①	②	③	④	⑤	⑥
45. Manage your money wisely.	①	②	③	④	⑤	⑥
46. Are successful in life.	①	②	③	④	⑤	⑥
47. Tell others the truth.	①	②	③	④	⑤	⑥
48. Are unhappy.	①	②	③	④	⑤	⑥
49. Are optimistic.	①	②	③	④	⑤	⑥
50. Feel good about what you are doing in life.	①	②	③	④	⑤	⑥
51. Helped someone who was hurt.....	①	②	③	④	⑤	⑥
52. Cheered up someone who was feeling sad	①	②	③	④	⑤	⑥
53. Helped someone who was being picked on.....	①	②	③	④	⑤	⑥
54. Helped someone who fell down	①	②	③	④	⑤	⑥
55. Got help for someone who was hurt.....	①	②	③	④	⑤	⑥

HOW WOULD YOU FEEL ABOUT YOURSELF IF OR WHEN YOU ...?

	Very Bad	Moderately Bad	A little Bad	A little Good	Moderately Good	Very Good
56. Helped an older person.....	①	②	③	④	⑤	⑥
57. Stopped someone from hurting another child.....	①	②	③	④	⑤	⑥
58. Helped a younger child who was lost...	①	②	③	④	⑤	⑥
59. Stopped someone from hurting an animal.....	①	②	③	④	⑤	⑥
60. Smoked a cigarette (or used other kinds of tobacco).	①	②	③	④	⑤	⑥
61. Drink alcohol.	①	②	③	④	⑤	⑥
62. Had 5 or more alcoholic drinks on one occasion.	①	②	③	④	⑤	⑥
63. Got drunk.	①	②	③	④	⑤	⑥
64. Used drugs like marijuana or cocaine.	①	②	③	④	⑤	⑥
65. Got high on drugs.	①	②	③	④	⑤	⑥
66. Kissed someone of the opposite sex deeply in the mouth	①	②	③	④	⑤	⑥
67. Touched the sexual organs of someone of the opposite sex.....	①	②	③	④	⑤	⑥
68. Had voluntary sexual intercourse with someone of the opposite sex.....	①	②	③	④	⑤	⑥
69. Used a condom when you voluntarily have sexual intercourse	①	②	③	④	⑤	⑥
70. Used some other form of protection when you had sexual intercourse.	①	②	③	④	⑤	⑥
71. Had been in a fight.	①	②	③	④	⑤	⑥
72. Threatened to hit someone.	①	②	③	④	⑤	⑥
73. Hit someone hard enough to seriously hurt them.	①	②	③	④	⑤	⑥
74. Carried a knife or razor (for as a weapon) to school.	①	②	③	④	⑤	⑥
75. Carried a gun to school.	①	②	③	④	⑤	⑥
76. Cut or stabbed someone in anger.	①	②	③	④	⑤	⑥
77. Shot at someone.	①	②	③	④	⑤	⑥

E. HOW MUCH DO YOU LIKE?

	A Lot	DISLIKE Some	A Little	A Little	LIKE Some	A Lot
1. Yourself.	①	②	③	④	⑤	⑥
2. Other students your age.	①	②	③	④	⑤	⑥
3. Younger students.	①	②	③	④	⑤	⑥
4. Older students.	①	②	③	④	⑤	⑥
5. Teachers.	①	②	③	④	⑤	⑥
6. Other adults.	①	②	③	④	⑤	⑥
7. School.	①	②	③	④	⑤	⑥
8. Answering this survey	①	②	③	④	⑤	⑥

F. Now a few questions about things that happen to you at this school.

HOW OFTEN DO OTHER STUDENTS AT THIS SCHOOL DO THE THINGS TO YOU?

	NONE of the time	SOME of the time	MOST of the time	ALL of the time
1. Tease you.	①	②	③	④
2. Threaten to hit you	①	②	③	④
3. Push, shove or hit you.	①	②	③	④
4. Call you bad names	①	②	③	④
5. Leave you out on purpose	①	②	③	④
6. Make up something about you to make other kids not like you anymore.....	①	②	③	④

G. Now some questions about your school, teachers, parents and friends

HOW MUCH OF THE TIME ARE EACH OF THE FOLLOWING TRUE FOR YOU ...?	NONE of the time	SOME of the time	MOST of the time	ALL of the time
1. I feel like I belong in this school	①	②	③	④
2. I care about my school	①	②	③	④
3. I wish I were in a different school	①	②	③	④
4. I'm proud I go to this school	①	②	③	④
5. I like my teachers	①	②	③	④
6. My teachers are nice to me.	①	②	③	④
7. I get along well with my teachers	①	②	③	④
8. Most of my teachers treat me fairly.	①	②	③	④
9. I wish I had different teachers	①	②	③	④
10. I like all of my friends	①	②	③	④
11. I get along with all of my friends	①	②	③	④
12. Most of my friends treat me fairly.	①	②	③	④
13. My friends are nice to me.	①	②	③	④
14. I wish I had different friends	①	②	③	④
15. I like my parents a lot.	①	②	③	④
16. I get along with my parents	①	②	③	④
17. My parents treat me fairly.	①	②	③	④
18. My parents are nice to me.....	①	②	③	④

H. Here are some questions about your participation in special programs during or after school during the past school year.

Did you have classes on the following topics this past school year...?	NO	NOT sure	YES, One	YES, A few	YES, Many
1. Smoking or tobacco use.....	①	②	③	④	⑤
2. Alcohol	①	②	③	④	⑤
3. Drugs or substance use.....	①	②	③	④	⑤
4. HIV/AIDS	①	②	③	④	⑤
5. Sexual abstinence.....	①	②	③	④	⑤
6. Avoiding unsafe sex.....	①	②	③	④	⑤
7. Violence	①	②	③	④	⑤
8. Bullying	①	②	③	④	⑤
9. Helping others	①	②	③	④	⑤
10. Being nice to others.....	①	②	③	④	⑤
11. Doing good things in your community	①	②	③	④	⑤
12. On how many days <u>most weeks</u> were you taught about any of these topics?	①	②	③	④	⑤

I. FINALLY, WE JUST HAVE A FEW QUESTIONS ABOUT YOU. PLEASE FILL IN THE CIRCLE FOR THE ANSWER THAT BEST DESCRIBES YOU.

1. Are you male or female? ① Male ② Female

2. What grades do you usually get in school?

- | | | | | | |
|--------------------|---|--------------------|---|--------------------|---|
| Mostly A's | ⑨ | Mix of B's and C's | ⑥ | Mostly D's | ③ |
| Mix of A's and B's | ⑧ | Mostly C's | ⑤ | Mix of D's and F's | ② |
| Mostly B's | ⑦ | Mix of C's and D's | ④ | Mostly F's | ① |

3. What ethnicity/race are you?

- | | | | |
|----------------------------|---|-------------------------------|---|
| WHITE (non-Hispanic) | ① | HISPANIC – White | ② |
| HISPANIC – Black | ③ | BLACK/AFRICAN-AMERICAN | ④ |
| AMERICAN INDIAN or Alaskan | ⑤ | ASIAN: _____ | ⑥ |
| Full or Part-HAWAIIAN | ⑥ | OTHER Pacific Islander: _____ | ⑦ |
| OTHER: _____ | ⑧ | | |

**4. Finally, please tell us how much of the time
were you honest in answering these questions?**

- | | | | |
|-------------|-------------|-------------|-------------|
| ① | ② | ③ | ④ |
| ALL | MOST | SOME | NONE |
| of the time | of the time | of the time | of the time |

THANK YOU VERY MUCH for answering these questions.
If you would like to tell us anything else, please write it below.

THANK YOU VERY MUCH FOR YOUR HELP!

When you are finished, please hand in your survey to your proctor.