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**2024**

**NATIONAL YOUTH OUTCOMES INITIATIVE**

# **MEMBER SURVEY**

YOUTH  
(AGES 9 - 12)  
ENGLISH



**BOYS & GIRLS CLUBS  
OF AMERICA**

## SURVEY INSTRUCTIONS FOR MEMBERS

**THANK YOU VERY MUCH FOR TAKING THIS SURVEY TODAY!  
YOUR OPINION IS IMPORTANT TO US AND WE APPRECIATE YOUR TIME.**

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

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

### **INSTRUCTIONS:**

1. This is not a test. There are no right or wrong answers.
2. If you don't find the answer that fits exactly, use the answer that comes closest.
3. If you need help with a question, ask someone at your Club.
4. If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.
5. Your participation is voluntary and will not affect your membership in the Club.

**REMEMBER, THERE ARE NO RIGHT OR  
WRONG ANSWERS.**

**ONLY YOUR OPINIONS AND YOUR  
EXPERIENCES.**

**THANK YOU!**



## BASE SURVEY (asked to all members unless otherwise noted)

**What is your Club Member ID number?**

(Enter your Member ID.)

**How old are you?**

(Select your age.)

**What is your birthday?** (Select the appropriate answers.)

<b>Month:</b>	<input type="checkbox"/> January	<input type="checkbox"/> July	<b>Day:</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 11	<input type="checkbox"/> 21
	<input type="checkbox"/> February	<input type="checkbox"/> August		<input type="checkbox"/> 2	<input type="checkbox"/> 12	<input type="checkbox"/> 22
	<input type="checkbox"/> March	<input type="checkbox"/> September		<input type="checkbox"/> 3	<input type="checkbox"/> 13	<input type="checkbox"/> 23
	<input type="checkbox"/> April	<input type="checkbox"/> October		<input type="checkbox"/> 4	<input type="checkbox"/> 14	<input type="checkbox"/> 24
	<input type="checkbox"/> May	<input type="checkbox"/> November		<input type="checkbox"/> 5	<input type="checkbox"/> 15	<input type="checkbox"/> 25
	<input type="checkbox"/> June	<input type="checkbox"/> December		<input type="checkbox"/> 6	<input type="checkbox"/> 16	<input type="checkbox"/> 26
			<input type="checkbox"/> 7	<input type="checkbox"/> 17	<input type="checkbox"/> 27	
			<input type="checkbox"/> 8	<input type="checkbox"/> 18	<input type="checkbox"/> 28	
			<input type="checkbox"/> 9	<input type="checkbox"/> 19	<input type="checkbox"/> 29	
			<input type="checkbox"/> 10	<input type="checkbox"/> 20	<input type="checkbox"/> 30	
					<input type="checkbox"/> 31	

**What grade are you in?**

(Select the appropriate answer.)

**Do you consider yourself to be...?**

☐ Female ☐ Male ☐ I identify in another way

**Please share how you describe yourself:**

**What is your race/ethnicity?**

(Select all that apply.)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Other	

**Do you only participate in the Club through live virtual sessions (like Zoom, Facebook Live, or Google Hangouts)?**

☐ No ☐ Yes

**About how long have you been attending this Club?**

<input type="checkbox"/> Less than one year	<input type="checkbox"/> More than 2 years
<input type="checkbox"/> 1-2 years	<input type="checkbox"/> I'm not sure

**During the past month, how often did you attend this Club?**

<input type="checkbox"/> Less than once a week
<input type="checkbox"/> About once a week
<input type="checkbox"/> About twice a week
<input type="checkbox"/> More than twice a week
<input type="checkbox"/> I'm not sure

**Will you be honest when you fill out this survey?**

☐ No ☐ Yes



## Welcome to the NYOI Member Survey!

This first group of questions ask about your experiences in your Club. We want to know more about what you think, so that we can make the Club a good place for you and your friends. There are no right or wrong answers. We are just looking for your opinions.

1

### Think about your experiences at this Club. How true is each of these statements for you?

(Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. People at this Club accept me for who I am.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. People listen to me here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I enjoy coming to this Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. There are fun programs at this Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2

### Think about your experiences at this Club. How true is each of these statements about this Club?

(Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. I feel safe being myself at this Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. This Club has rules for how we're supposed to treat each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adults at this Club make sure the rules are followed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When kids say mean things, the adults do something about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I feel safe from harm at this Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If someone wanted to hurt me or hit me at this Club, someone else would stop them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3

### Compared to other places you hang out with your friends, how safe do you feel at this Club?

(Please choose one answer.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A lot more safe	A little more safe	Just as safe	A little less safe	A lot less safe

4

### During the past year, did you ever STAY AWAY from any of the following places because you thought someone might attack or harm you there? (Please choose one answer for each statement.)

	No	Yes
a. The entrance to this Club	<input type="checkbox"/>	<input type="checkbox"/>
b. Any hallways in this Club	<input type="checkbox"/>	<input type="checkbox"/>
c. Any restrooms in this Club	<input type="checkbox"/>	<input type="checkbox"/>
d. Other places at this Club	<input type="checkbox"/>	<input type="checkbox"/>

5

### Think about your experiences at this Club. How true is each of these statements for you? (Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. The adults at this Club care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adults here take the time to talk to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adults here listen and understand what I have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I can talk to an adult at this Club if I have a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Kids here are nice to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Kids at this Club encourage me when I try my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Kids at this Club are able to work out their problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Kids here can count on each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6

**Think about your experiences at this Club. How true is each of these statements for you?**

(Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. Adults at this Club notice when I try my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adults here encourage me when I make positive choices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Adults at this Club ask my opinion on things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My ideas count here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I get to help make this Club better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7

**Think about your experiences at this Club. How true is each of these statements for you?**

(Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. I get to explore new things at this Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Adults here encourage me to try something different.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The adults at this Club believe that I will be a success.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Adults here encourage me to do my best.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8

**Please indicate how much these statements describe you.**

(Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. If something is really hard, I keep working at it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very true	Sort of true	Not very true	Not at all true
b. If I don't understand something right away, I stop trying to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I have trouble doing something, I give up.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9

**When something important goes wrong in my life...**

(Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. I try to figure out how to do better next time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I talk about it with someone to understand what happened.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I tell myself I'll do better next time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very true	Sort of true	Not very true	Not at all true
d. I just can't stop worrying about it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I try to keep people from finding out.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10

**For each of the following statements, choose the answer that best describes you.**

(Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. I listen to what other people say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am willing to do whatever the group needs me to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Very true	Sort of true	Not very true	Not at all true
c. I have trouble going along with other people's ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get frustrated if I can't do things my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11

**Please indicate how much these statements describe you.**

(Please choose one answer for each statement.)

	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
a. I develop step-by-step plans to reach my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If I set goals, I take action to reach them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12

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

(Please choose one answer.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mostly As (highest rating, excellent, etc.)	Mostly Bs (second highest rating, good, etc.)	Mostly Cs (third highest rating, satisfactory, etc.)	Mostly Ds (next to lowest rating, unsatisfactory, etc.)	Mostly Fs (lowest rating, failing, etc.)



13

**How true is each of these statements for you?**

(Please choose one answer for each statement.)

	Very true	Sort of true	Not very true	Not at all true
a. I enjoy learning new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I choose activities that push me to learn new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14

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

(Please choose one answer.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Important	Important	In the middle: Neither important nor unimportant	Not that important	Not important at all

15

**How far in school do you think you will get?**

(Please choose one answer.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grade 8	Some High School	High School	College

16

**During the LAST FOUR WEEKS, how many whole days have you missed school because you skipped or "cut"?**

(Please choose one answer.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None	1	2	3	4-5	6-10	11 or more

17

**In the last year, how often have you**

(Please choose one answer.)

	Never	About once a year	About once a month	About once every two weeks	About once a week or more
a. Helped out at the Club, for example, helped out with snack time, taken care of equipment, worked at a special event like a party, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18

**How much do you agree or disagree with each of the following statements?**

(Please choose one answer for each statement.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Once I know what needs to be done, I am good at planning how to do it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am pretty good at organizing a team of kids to do a project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I'm the leader of a group, I make sure that everyone in the group feels important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel like I can stand up for what I think is right, even if my friends disagree.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19

**In the last 7 days, on how many days did you exercise, dance, or play sports for at least an hour?** (Please choose one answer.)

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

**During the past 24 hours (yesterday) how many times did you...?**

(Please choose one answer for each question.)

- a. **Drink 100% fruit juices such as orange, apple, or grape?** (Do not count punch, Kool-Aid, sports drinks, or other fruit-flavored drinks)

☐ 0 times     
 ☐ 1 time     
 ☐ 2 times     
 ☐ 3 times     
 ☐ 4 times     
 ☐ 5 or more times

- b. **Eat fruit?** (Do not count fruit juice.)

☐ 0 times     
 ☐ 1 time     
 ☐ 2 times     
 ☐ 3 times     
 ☐ 4 times     
 ☐ 5 or more times

- c. **Eat vegetables?** (Include salads, and non-fried potatoes.)

☐ 0 times     
 ☐ 1 time     
 ☐ 2 times     
 ☐ 3 times     
 ☐ 4 times     
 ☐ 5 or more times

- d. **Drink water?** (Such as from a glass, bottle or fountain)

☐ 0 times     
 ☐ 1 time     
 ☐ 2 times     
 ☐ 3 times     
 ☐ 4 times     
 ☐ 5 or more times

**This concludes the Base Survey.**

**The following pages include each optional module Clubs may select to augment the member survey.**



## STEM MODULE

We're interested in understanding your experience and interest with Science, Technology, Engineering and Math (STEM).

When we say "science," we're not just talking about science class or science as a school subject, but everywhere you do and learn science: from TV, on the Internet, in museums, at home, over the summer, during the school year. Basically, anytime and anywhere!

When we ask you about science, we're also including engineering, such as Lego Robotics, and anything to do with technology, such as understanding how computers work, understanding how things get made, programming, etc. We also include questions about math to cover all the topics you may have heard called STEM (science, technology, engineering and math).

### How much do you agree or disagree with each of the following statements? (Please choose one answer for each statement.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I like to participate in science projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am curious to learn more about science, computers or technology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Math is easy for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I know the steps a student needs to take if they want to be in a science-related career.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Science is easy for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Science is something I get excited about.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I am good at solving science-related problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I would like to have a STEM related job in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I want to take math courses after high school. (Grades 9-12 only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I intend to take science related courses after high school (e.g. technology, biology, engineering). (Grades 9-12 only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## THE ARTS MODULE

The next questions ask what you think about art. Art can mean painting, drawing or sculpture; photography, film or animation; dance, theater or music; and fashion design, jewelry design or woodworking.

**How much do you agree or disagree with each of the following statements?** (Please choose one answer for each statement.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I'm interested in art.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would like to have a career in the Arts in the future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I'm comfortable using the equipment and materials in my art program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When Club staff and members use art-specific words, I understand what they mean.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I learned a new art skill or technique at this Club.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I can communicate my emotions and feelings through art.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I'm interested in future programs and opportunities in art.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. At this Club, staff and members encourage me to be creative and try new ideas.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. This Club encourages art that reflects my family, my community and my culture.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I am able to give others feedback on their art in a helpful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



## BULLYING MODULE

The next questions ask about bullying. Bullying can be teasing, threatening, spreading rumors, hitting, shoving, or hurting another person over and over again. It can happen in person or online.

### During the past year, have you been bullied on school property?

(Please choose one answer.)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
--------------------------------	---------------------------------

### Did you tell an adult about it?

(Select all that apply.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I told a teacher at school	I told a staff member at this Club	I told another adult

### During the past year, have you been bullied at this Club?

(Please choose one answer.)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
--------------------------------	---------------------------------

### Did you tell an adult about it?

(Select all that apply.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I told a teacher at school	I told a staff member at this Club	I told another adult

**During the past year, have you been electronically bullied? (Count being bullied through texting, Instagram, Facebook, or other social media.)**

(Please choose one answer.)

<input type="checkbox"/> No	<input type="checkbox"/> Yes
--------------------------------	---------------------------------

**Did you tell an adult about it?**

(Select all that apply.)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I told a teacher at school	I told a staff member at this Club	I told another adult



## SOCIAL EMOTIONAL DEVELOPMENT MODULE

The next questions ask what you think about yourself and how you get along with others.

**How much do you agree or disagree with each of the following statements?** (Please choose one answer for each statement.)

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I try to help when I see people in need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When I make a decision, I try to think about how it will affect other people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I want to help when I see someone having a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I spend time on projects with other people to help the community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I have done things to help people in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I believe that I can make a difference in my community.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For each of the following statements, choose the answer that best describes you** (Please choose one answer for each statement.)

	Very True	Sort of True	Not very True	Not at all true
a. When I have a problem, I work to figure out a solution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If I try my best, I can do most things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**For each of the following statements, choose the answer that best describes you** (Please choose one answer for each statement.)

	Very True	Sort of True	Not very True	Not at all true
a. I am good at making friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know what emotions I am feeling.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I understand how my feelings influence my actions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I am able to stay calm when I feel stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I know ways I can calm myself down.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I think about what might happen before making a decision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I can think of different ways to solve a problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For each of the following statements, choose the answer that best describes you** (Please choose one answer for each statement.)

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



## SOCIAL EMOTIONAL DEVELOPMENT PILOT QUESTIONS

The next questions are being piloted to help inform revisions for the 2025 Annual Member Survey. Thank you for your participation!

*Please note: Data from the following questions will not be available in MyData and is for validation purposes only.*

**Please indicate how much these statements describe you.** (Please choose one answer for each statement.)

	Exactly like me	A lot like me	Somewhat like me	A little like me	Not at all like me
a. If something goes wrong, I can learn from it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I can understand how other people feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can share my thoughts clearly with other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I get along with other people my age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I don't let others talk me into doing something that is wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## How honest were you when you filled out this survey?

(Please choose one answer.)

☐

Very honest

☐

Sort of honest

☐

Not very honest

☐

Not at all honest

### THANK YOU FOR COMPLETING YOUR SURVEY!

Results from your Club will be added to those from other Boys & Girls Clubs across the nation.

