

## **AFTER SCHOOL PROGRAM SURVEY: DRAFT**

### **Intake for Grades 4-6 — 2005-2006**

- This survey asks questions about things you think, feel, and do. Most questions are about things that happened last year at school. Other questions are about how you spend time after school is over (in the afternoon).
- There are no right or wrong answers. This is not a test.
- You do not have to answer these questions, but we hope you will. Skip any question you don't want to answer.
- **Do not write your name on this paper, or on the answer sheet. We want your answers to stay private! No one but you will know how you answered.**
- Please read every question carefully. Mark only one answer unless the question asks you to mark all the answers that are true for you.
- Fill in the bubbles neatly with a #2 pencil. Mark all of your answers on the answer sheet. Please do not write on the survey questionnaire.

**Thank you for taking this survey!**

**First, write your SCHOOL NAME on the top of the answer sheet.**

1. Fill in the bubble for the letter “A”.

2. What month is it?

- A) January
- B) February
- C) March
- D) April
- E) May
- F) June
- G) July
- H) August
- I) September
- J) October
- K) November
- L) December

3. How old are you?

- A) 7 years old, or younger than 7
- B) 8 years old
- C) 9 years old
- D) 10 years old
- E) 11 years old
- F) 12 years old
- G) 13 years old, or older than 13

4. Are you female or male?

- A) Female
- B) Male

5. What grade are you in now?

- A) 3rd grade
- B) 4th grade
- C) 5th grade
- D) 6th grade

## ASPS — Intake 4-6

6. **Last year**, did you attend the same school as now?
  - A) No
  - B) Yes
  
7. How well do you do in your schoolwork?
  - A) I'm one of the best students
  - B) I do better than most students
  - C) I do about the same as others
  - D) I don't do as well as most others
  
8. **Yesterday**, how much time did you spend watching TV or playing video games?
  - A) None, I didn't watch TV or play video games yesterday
  - B) Less than 1 hour
  - C) About 1 hour
  - D) About 2 hours
  - E) 3 or more hours
  
9. How often do you read books, magazines, or newspapers when you are not in school?
  - A) Almost every day
  - B) A few times a week
  - C) A few times a month
  - D) Almost never
  
10. Did you eat breakfast **this morning**?
  - A) No
  - B) Yes
  
11. Do you feel safe outside of school?
  - A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time

## ASPS — Intake 4-6

12. Have you ever drunk beer, wine, or other alcohol?
  - A) No
  - B) Yes, I drank one or two sips
  - C) Yes, I drank a full glass
  
13. Have you ever sniffed something through your nose to get “high”?
  - A) No
  - B) Yes
  
14. In the **past month**, did you drink any beer, wine, or other alcohol?
  - A) No
  - B) Yes, I drank one or two sips
  - C) Yes, I drank a full glass
  
15. Do you think drinking alcohol (beer, wine, liquor) is bad for a person’s health?
  - A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad
  
16. Do you think using marijuana (pot, grass, weed) is bad for a person’s health?
  - A) No, not bad
  - B) Yes, a little bad
  - C) Yes, very bad
  - D) I don’t know what marijuana is

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	No	Yes
17. Do you plan to go to college or some other school after high school?	A	B
18. Do you have goals and plans for the future?	A	B
19. Can you do most things if you try?	A	B
20. Are there many things that you do well?	A	B

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## ASPS — Intake 4-6

How often do these things happen to you and your friends?

		Never	Some of the time	Most of the time	All of the time
21.	Do your best friends get into trouble?	A	B	C	D
22.	Do your best friends try to do the right thing?	A	B	C	D
23.	Do you know where to go for help with a problem?	A	B	C	D
24.	Do you try to work out your problems by talking or writing about them?	A	B	C	D
25.	Do you try to do your best?	A	B	C	D

**The next questions ask about what happened at school during the last school year.**

**Last year**, about how many times did these things happen **at school**?

		0 times	1 time	2 times	3 or more times
26.	You hit or pushed other kids when you were not playing around.	A	B	C	D
27.	You spread mean rumors or lies about other kids.	A	B	C	D
28.	You were absent from school without permission (You skipped or ditched school).	A	B	C	D
29.	You got into trouble over something you did.	A	B	C	D

## ASPS — Intake 4-6

**Last year, how often did these things happen at school?**

		Never	Some of the time	Most of the time	All of the time
30.	Did you help make class rules or choose things to do at school?	A	B	C	D
31.	Did the teachers and other grown-ups at school care about you?	A	B	C	D
32.	Did the teachers and other grown-ups at school tell you when you did a good job?	A	B	C	D
33.	Did the teachers and other grown-ups at school listen when you have something to say?	A	B	C	D
34.	Did the teachers and other grown-ups at school believe that you can do a good job?	A	B	C	D
35.	Did you do things to be helpful at school?	A	B	C	D
36.	Did other kids hit or push you at school when they were not just playing around?	A	B	C	D

**Last year, how did you feel about your school?**

		Never	Some of the time	Most of the time	All of the time
37.	Did you feel close to people at school?	A	B	C	D
38.	Were you happy to be at school?	A	B	C	D
39.	Did you feel like you were a part of the school?	A	B	C	D
40.	Did you feel safe at school?	A	B	C	D

**For the next questions, think about what you did last year between the end of regular school and dinner.**

41. **Last year**, did you go to an after school program at least three days a week?
- A) No
  - B) Yes
42. **Last year**, were you home alone after school?
- A) No, never
  - B) Yes, some of the time
  - C) Yes, most of the time
  - D) Yes, all of the time
43. **Last year**, where did you usually go **right** after school was over? (**Mark only ONE answer.**)
- A) Your home or another home (such as a friend, relative, neighbor), with an adult there
  - B) Your home or another home, without an adult there
  - C) A park or recreation program
  - D) A community or church group
  - E) Stayed at school for an after school program
  - F) Stayed at school for tutoring or a special class
  - G) Some other place
44. **Last year**, what did you usually do after school was over? (**Mark ALL that you did for about one hour or more.**)
- A) Did your schoolwork (homework or studying) or got help with it (tutoring)
  - B) Took private classes or lessons such as art, music, dance
  - C) Played or practiced a sport
  - D) Hung out with friends (talking, playing games, going to the mall or a movie)
  - E) Watched TV or played video games
  - F) Did religious activities or received religious instruction
  - G) Other

**The next questions are about this after school program.**

45. Why are you going to this after school program? (*Mark ALL that are true for you.*)
- A) My parents want me to go
  - B) The school suggested that I go
  - C) My friends go here
  - D) I do not want to go home and be alone
  - E) There are interesting things to do here
  - F) To get help with my schoolwork
  - G) It is a safe place to be after school
  - H) I attended this after school program last year
  - I) Other or don't know
46. **Last year**, did you go to this after school program?
- A) No
  - B) Yes

**Now please answer two questions about this survey.**

47. Did you **understand** the questions on this survey?
- A) No, none of them
  - B) Yes, some of them
  - C) Yes, most of them
  - D) Yes, all of them
48. Did you answer the questions on this survey **honestly and truthfully**?
- A) No, none of them
  - B) Yes, some of them
  - C) Yes, most of them
  - D) Yes, all of them

**Thank you for taking this survey!**