

# Hayward High School Youth and Family Investment Project Student Survey at Hayward High School

We really want your input to make sure the services at Hayward High fit your needs. Please take some time to answer the survey thoughtfully. Once you're finished return the survey to your teacher or program coordinator. Thank You!

## Part I: Basic Student Information

- Grade level:** (check one)  9<sup>th</sup>  10<sup>th</sup>  11<sup>th</sup>  12<sup>th</sup>
- What is your age?** \_\_\_\_\_
- Gender:** (check one)  Male  Female  Transgender
- How do you describe yourself?** (check one)
  - White
  - Latino
  - African American
  - Asian
  - Middle Eastern
  - Asian Indian
  - Native American
  - Filipino
  - Pacific Islander (*Native Hawaiian, Guamanian or Chamorro, Tongan, Samoan, etc....*)
  - Multi-racial
  - Other \_\_\_\_\_
  - Prefer not to answer
- What language (s) is/are spoken in your home?** \_\_\_\_\_
- Have you ever been in Foster Care?**
  - Yes  No
  - If yes, are you currently in Foster Care?
    - Yes  No
- At any time in your life, have you been homeless?** (check one)
  - Yes  No
- Have you ever been sent/ had to stay at Juvenile Hall?**
  - Yes (write in how many times) \_\_\_\_\_  No

## Part 2: Student needs and concerns

- Which of the following types of programs would you attend if they were available at your school?**  
(please check all that apply)
  - College prep / Vocational training
  - Recreational programs like art or exercise classes and fun teen events
  - Volunteering/Community Service
  - Mentoring programs
  - Homework help
  - Confidential teen counseling
  - Confidential medical and health education services
  - Job Training / Career path resources

### Health and Wellness

- Would you use a school health center if one existed at Hayward High School?**
  - Yes  No

**11. Which of the following are the most important benefits of having a school health center at HHS?**

- Convenient hours and location     Free or low-cost services     Confidential services  
 Teen-centered environment     Staff to listen to students needs     Other: \_\_\_\_\_

**12. How important do you feel the following health topics are among students at your school?**

(please check one answer for each health topic)

	Not so important	Somewhat important	Very important
a. Stress	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Tobacco use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Peer pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Nutrition and exercise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. STDs (i.e., HIV, Chlamydia, etc...)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**13. Do you feel you have someone to talk to about:** (please check all that apply)

- Stress and depression     Medical issues     Family issues

**14. If you needed information about the following teen health issues, who would you prefer to talk to about these issues?** (check one answer for each topic)

	Another student	An adult professional	Either
a. Stress and depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sex education (including abstinence and/or safe sex)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**15. In the past month, how often did you feel depressed or sad?** (check one)

- Never     Once or twice     Several times     Everyday or almost everyday

**16. In the past month, how often did you feel nervous, restless or stressed out?** (check one)

- Never     Once or twice     Several times     Everyday or almost everyday

**17. How many times have you found yourself in trouble because of using drugs?** (check one)

- Never     1-2 times over the past year     Several times     Other \_\_\_\_\_

**18. How many times have you found yourself in trouble because of using alcohol** (check one)

- Never     1-2 times over the past year     Several times     Other \_\_\_\_\_

**19. How safe do you feel at school?** (check one)

- Very safe     Somewhat safe     Neither safe nor unsafe     Unsafe     Very unsafe

**20. How safe do you feel at home?** (check one)

- Very safe     Somewhat safe     Neither safe nor unsafe     Unsafe     Very unsafe

**21. How safe do you feel in your neighborhood?** (check one)

- Very safe     Somewhat safe     Neither safe nor unsafe     Unsafe     Very unsafe

**22. What do you think are the top causes of violence among students at your school?** (check all that apply)

- Diversity/Respect issues     Students don't know how to deal with anger     Gangs  
 Alcohol/Drug abuse     Dating violence     Cyber Bullying     Other: \_\_\_\_\_

## Academic/ Education/Employment

**23. What are your goals and plans for the future?** (check all that apply)

- Graduate from H.S.    Attend a four-year university    Attend community college    Go to a Vocational School  
 Get a job/ start a career    Other: \_\_\_\_\_

**24. Do you feel you have someone at school to talk to about your goals and future plans?**

- Yes    No

**25. Do you feel you have someone to talk at school when you need academic help? (tutoring, afterschool program, teacher)**

- Yes    No

**26. If you needed information about the following, who would you prefer to talk to about these issues?**  
(check one answer for each topic)

- |  | Another student          | An adult professional    | Either                   |
|--|--------------------------|--------------------------|--------------------------|
| a. Help finding and preparing for a job      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Applying for college or vocational school | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Deciding what to do after graduation      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## Part 3: Supports and Opportunities

**27. What types of low or no-cost resources would you like to see more of in your school or in your community?** (check all that apply)

*To improve access to care:*

- More medical, health education and counseling services available at my school  
 Better information about existing medical, health education and counseling services  
 Transportation to medical or counseling services  
 Other: \_\_\_\_\_

*To help with stress, depression and emotional well-being:*

- Counselors to help with stress, depression and other mental health issues  
 More recreational programs for teens like art or exercise classes and fun teen events  
 More activities that bring teens together with their families and community  
 Other: \_\_\_\_\_

*To help education success:*

- Programs to help students and families develop goals for the future  
 Counselors to help with college or career decisions  
 Options or classes for people who aren't interested in going to college  
 More tutoring or mentoring opportunities  
 Other: \_\_\_\_\_

*To help career success:*

- Job training and help finding a job  
 Connection to an adult or mentor who can help develop my goals to the future  
 Help with writing a resume and learning how to apply for a job  
 Help with practical stuff like keeping a checking account and paying bills  
 Other: \_\_\_\_\_

*To increase safety (list continues on the next page):*

- Conflict resolution programs  
 Anger management programs  
 School-wide programs around respect and diversity  
 Programs to increase respect and safety around dating and relationship issues

- Adults on campus taking a stronger stance against violence and harassment
- School Resource Police Officers (SROs) on campus
- Programs and services that make me safer in my own neighborhood
- Self Defense training
- Other: \_\_\_\_\_

To decrease alcohol and drug abuse:

- Alcohol and drug education
- Alcohol and drug treatment programs
- Confidential taxi program for teens that have been using alcohol or drugs
- Other: \_\_\_\_\_

To improve nutrition and level of exercise:

- Fun exercise classes (yoga, martial arts, basketball, etc.)
- Classes to teach you how to make low-cost and healthy foods
- Low-cost healthy food options for lunch at school
- Other: \_\_\_\_\_

To decrease unplanned pregnancies and STDs:

- Sex education (including abstinence, safe sex, birth control and STDs)
- Providing free condoms at school
- Free pregnancy and STD testing
- Other: \_\_\_\_\_

## Part 4: Accessibility (Barriers to Access)

28. If you needed confidential health services, how would you get there? (check all that apply)

- Drive     Ride from parent or friend     Bus     Bicycle     Walk     Taxi

29. Do you find it difficult to get to where you need or want to go in the community? (check one)

- Never     Sometimes     Usually     Always

30. Which of the following factors are most important in making it easy for you to access medical or counseling services? (please check all that apply)

- Convenient hours and location
- Free or low-cost services
- Private/Confidential services
- They offer the services I need
- Teen-centered environment
- Staff that understand my needs
- Location in a safe neighborhood
- Other: \_\_\_\_\_

31. How easy do you think it would be for you to get the following types of services if you needed them? (please check one answer for each type of service)

	Very Easy	Somewhat Easy	Somewhat Difficult	Very Difficult	Don't know
a. Medical care if you were sick or hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Help with routine check-ups including physical exams, vision testing, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Help with confidential issues like birth control/condoms or STDs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Counseling to help you deal with issues like stress, depression or family problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Do you feel that you answered these questions honestly? (check one)

- Yes     No