

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

- 1. Grade level:** (check one) 9th 10th 11th 12th
- 2. What is your age?** _____
- 3. Gender:** (check one) Male Female Transgender
- 4. How do you describe yourself? (check one)**

<input type="checkbox"/> White	<input type="checkbox"/> Filipino
<input type="checkbox"/> Latino	<input type="checkbox"/> Pacific Islander (<i>Native Hawaiian, Guamanian or Chamorro, Tongan, Samoan, etc...</i>)
<input type="checkbox"/> African American	<input type="checkbox"/> Multi-racial
<input type="checkbox"/> Asian	<input type="checkbox"/> Other _____
<input type="checkbox"/> Middle Eastern	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Asian Indian	
<input type="checkbox"/> Native American	
- 5. What language (s) is/are spoken in your home?** _____
- 6. Have you ever been in Foster Care?**
 Yes No

If yes, are you currently in Foster Care?
 Yes No
- 7. At any time in your life, have you been homeless? (check one)**
 Yes No
- 8. Have you ever been sent/had to stay at Juvenile Hall?**
 Yes (write in how many times) _____ No

Part 2: Student needs and concerns

- 9. 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 (*should be separated*)
 - 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

- 10. 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 <u>use</u>	<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"/>

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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 have you felt depressed or sad? (check one)

- Never
- Once or twice
- Several times
- Everyday or almost everyday

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

- Never
- Once or twice
- Several times
- Everyday or almost everyday

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

- Never
- 1-2 times over the past year
- Several times
- Other _____

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

- Never
- 1-2 times over the past year
- Several times
- Other _____

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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 to 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
- The services are ones that I need
- The environment is teen-centered
- The staff understands my needs
- Services are located in a safe neighborhood
- Other: _____

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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