

Search Institute's Youth and Program Strengths Survey (Sample Items)

How often in this program...	Never	Rarely	Sometimes	Often	Very Often
22. Are you bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Are you having fun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Do you wish you could stay longer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Do you make new friends?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often in this program do the other kids...	Never	Rarely	Sometimes	Often	Very Often
26. Seem to be bored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Seem to be having fun?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How often do each of these people help or encourage you to develop your interests and talents?	Never	Rarely	Sometimes	Often	Very Often
28. Staff of this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Other young people in this program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When you spend time in this program, how often do you . . .	Never	Rarely	Sometimes	Often	Very Often
30. Do something you are passionate about and that gives you joy and energy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Feel safe from someone hurting you by being mean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Learn skills that you can use in a future job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Develop good relationships with kids your age?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Learn skills like teamwork, leadership, or how to resolve conflicts peacefully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Help make decisions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Feel safe from someone hurting you physically	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Develop good relationships with adults?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. How long have you been participating in the program?	Less than a month	Between 1-3 months	Between 4-6 months	More than 6 months, but less than a year	More than a year
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. In an average week, how many days do you participate in this program?	0 days	1 day	2-3 days	4-5 days	6-7 days
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. Do you participate in other programs like this one? That is, programs where you do things like sports, arts, or learn new things?	
No, I only participate in this program	<input type="checkbox"/>
Yes, I participate in other programs like this 1-2 days per week	<input type="checkbox"/>
Yes, I participate in other programs like this 3 or more days per week	<input type="checkbox"/>