**Believe in Your Voice**

Interviewer to fill in the information below:

**1. Study ID #: \_\_\_\_\_\_\_\_\_\_\_\_**

**2. Date Completed:** \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

 month day year (4 digits)

**3. School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Assessment Time Point:**

 **□ 1. Pre-Intervention**

 **□ 2. Post-Intervention**

**5. Interviewer**

 **□ 1. Elliana Kirsh**

 **□ 2. Kennon Ulicny**

 **□ 3. Amy Donnenwerth**

 **□ 4. Elizabeth Harman**

4. Interviewer (check one):

**Background Information**

1. What is your date of birth?

\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_

Month Day Year

1. Are you?
* (1) Male
* (2) Female
1. What grade are you in at school?
* (1) 6th □ (2) 7th
* (3) 8th □ (4) 9th
* (5) 10th□ (6) 11th
* (7) 12th
1. What is your mother’s education level?
* (1) She did not finish high school
* (2) She graduated from high school or received her GED
* (3) She went to some college
* (4) She graduated from college
* (5) She graduated with an advanced degree (for example, MD, PHD, JD)
* (6) I am not sure
1. What is your father’s education level? (if other caregiver, please specify who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* (1) He did not finish high school
* (2) He graduated from high school or received his GED
* (3) He went to some college
* (4) He graduated from college
* (5) He graduated with an advanced degree (for example, MD, PHD, JD)
* (6) I am not sure

**PANAS: The Positive and Negative Affect Scale**

*DIRECTIONS: This scale consists of a number of words that describe different feelings and emotions. Read each item and then list the number from the scale below next to each word. Indicate the extent you have felt this way* ***over the past week.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1Very Slightly or Not at All | 2A Little | 3Moderately | 4Quite a Bit | 5Extremely |

|  |  |
| --- | --- |
| *\_\_\_\_\_\_\_\_\_\_* 1. Interested | \_\_\_\_\_\_\_\_\_\_ 11. Irritable |
| \_\_\_\_\_\_\_\_\_\_ 2. Distressed | \_\_\_\_\_\_\_\_\_\_ 12. Alert |
| \_\_\_\_\_\_\_\_\_\_ 3. Excited | \_\_\_\_\_\_\_\_\_\_ 13. Ashamed |
| \_\_\_\_\_\_\_\_\_\_ 4. Upset | \_\_\_\_\_\_\_\_\_\_ 14. Inspired |
| \_\_\_\_\_\_\_\_\_\_ 5. Strong | \_\_\_\_\_\_\_\_\_\_ 15. Nervous |
| \_\_\_\_\_\_\_\_\_\_ 6. Guilty | \_\_\_\_\_\_\_\_\_\_ 16. Determined |
| \_\_\_\_\_\_\_\_\_\_ 7. Scared | \_\_\_\_\_\_\_\_\_\_ 17. Attentive |
| \_\_\_\_\_\_\_\_\_\_ 8. Hostile | \_\_\_\_\_\_\_\_\_\_ 18. Jittery |
| \_\_\_\_\_\_\_\_\_\_ 9. Enthusiastic | \_\_\_\_\_\_\_\_\_\_ 19. Active |
| \_\_\_\_\_\_\_\_\_\_ 10. Proud | \_\_\_\_\_\_\_\_\_\_ 20. Afraid |

**Perceived Stress Scale**

*DIRECTIONS:* *The questions in this scale ask you about your feelings and thoughts* ***during the last month****. In each case, you will be asked to indicate by circling how often you felt or thought a certain way.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Never** | **Almost Never** | **Sometimes** | **Fairly Often** | **Very Often** |
| 1. In the last month, how often have you been upset because of something that happened unexpectedly?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you felt that you were unable to control the important things in your life?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you felt nervous and “stressed”?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you felt confident about your ability to handle your personal problems?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you felt that things were going your way?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you found that you could not cope with all the things that you had to do?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you been able to control irritations in your life?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you felt that you were on top of things?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you been angered because of things that were outside of your control?
 | 0 | 1 | 2 | 3 | 4 |
| 1. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?
 | 0 | 1 | 2 | 3 | 4 |

**A-COPE: Adolescent-coping orientation for problem experiences**

*DIRECTIONS: Read each of the statements below, which describes a behavior for coping with problems. Decide how often you do each of the behaviors when you face difficulties or feel tense. Even though you may do some of these things for fun, please indicate only how often you do each as a way to cope with problems by circling one of the responses.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| When you face difficulties or feel tense, how often do you:  | **Never** | **Hardly Ever** | **Sometimes** | **Often** | **Most of the Time** |
| 1. Go along with parents’ requests and rules
 | 1 | 2 | 3 | 4 | 5 |
| 1. Read
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to be funny and might light of it all
 | 1 | 2 | 3 | 4 | 5 |
| 1. Apologize to people
 | 1 | 2 | 3 | 4 | 5 |
| 1. Listen to music-stereo, radio, etc.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Talk to a teacher or counselor at school about what bothers you
 | 1 | 2 | 3 | 4 | 5 |
| 1. Eat food
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to stay away from home as much as possible
 | 1 | 2 | 3 | 4 | 5 |
| 1. Use drugs prescribed by a doctor
 | 1 | 2 | 3 | 4 | 5 |
| 1. Get more involved in activities at school
 | 1 | 2 | 3 | 4 | 5 |
| 1. Go shopping; buy things you like
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to reason with parents and talk things out; compromise
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to improve yourself (get body in shape, get better grades, etc.)
 | 1 | 2 | 3 | 4 | 5 |
| 1. Cry
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to think of the good things in your life
 | 1 | 2 | 3 | 4 | 5 |
| 1. Be with a boyfriend or girlfriend
 | 1 | 2 | 3 | 4 | 5 |
| 1. Ride around in the car
 | 1 | 2 | 3 | 4 | 5 |
| 1. Say nice things to others
 | 1 | 2 | 3 | 4 | 5 |
| 1. Get angry and yell at people
 | 1 | 2 | 3 | 4 | 5 |
| 1. Joke and keep a sense of humor
 | 1 | 2 | 3 | 4 | 5 |
| 1. Talk to a minister/priest/rabbi
 | 1 | 2 | 3 | 4 | 5 |
| 1. Let off steam by complaining to family members
 | 1 | 2 | 3 | 4 | 5 |
| 1. Go to church
 | 1 | 2 | 3 | 4 | 5 |
| 1. Use drugs (not prescribed by doctor)
 | 1 | 2 | 3 | 4 | 5 |
| 1. Organize your life and what you have to do
 | 1 | 2 | 3 | 4 | 5 |
| 1. Swear
 | 1 | 2 | 3 | 4 | 5 |
| 1. Work hard on schoolwork or other school projects
 | 1 | 2 | 3 | 4 | 5 |
| 1. Blame others for what’s going wrong
 | 1 | 2 | 3 | 4 | 5 |
| 1. Be close with someone you care about
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to help other people solve their problems
 | 1 | 2 | 3 | 4 | 5 |
| 1. Talk to your mother about what bothers you
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try, on your own, to figure out how to deal with your problems or tension
 | 1 | 2 | 3 | 4 | 5 |
| 1. Work on a hobby you have (sewing, model building, etc.)
 | 1 | 2 | 3 | 4 | 5 |
| 1. Get professional counseling (not from a school teacher or school counselor)
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to keep up friendships or make new friends
 | 1 | 2 | 3 | 4 | 5 |
| 1. Tell yourself the problem is not important
 | 1 | 2 | 3 | 4 | 5 |
| 1. Go to a movie
 | 1 | 2 | 3 | 4 | 5 |
| 1. Daydream about how you would like things to be
 | 1 | 2 | 3 | 4 | 5 |
| 1. Talk to a brother or sister about how you feel
 | 1 | 2 | 3 | 4 | 5 |
| 1. Get a job or work harder at one
 | 1 | 2 | 3 | 4 | 5 |
| 1. Do things with your family
 | 1 | 2 | 3 | 4 | 5 |
| 1. Smoke
 | 1 | 2 | 3 | 4 | 5 |
| 1. Watch TV
 | 1 | 2 | 3 | 4 | 5 |
| 1. Pray
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to see the good things in a difficult situation
 | 1 | 2 | 3 | 4 | 5 |
| 1. Drink beer, wine, liquor
 | 1 | 2 | 3 | 4 | 5 |
| 1. Try to make your own decisions
 | 1 | 2 | 3 | 4 | 5 |
| 1. Sleep
 | 1 | 2 | 3 | 4 | 5 |
| 1. Say mean things to people; be sarcastic
 | 1 | 2 | 3 | 4 | 5 |
| 1. Talk to your father about what bothers you
 | 1 | 2 | 3 | 4 | 5 |
| 1. Let off steam by complaining to your friends
 | 1 | 2 | 3 | 4 | 5 |
| 1. Talk to a friend about how you feel
 | 1 | 2 | 3 | 4 | 5 |
| 1. Play video games (Space Invaders, Pac-Man), pool, pinball, etc.
 | 1 | 2 | 3 | 4 | 5 |
| 1. Do a strenuous physical activity (jogging, biking, etc.)
 | 1 | 2 | 3 | 4 | 5 |

**The Rosenberg Self-Esteem Scale**

*INSTRUCTIONS: Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** |  **Agree** | **Strongly****Agree** |
| 1. On the whole, I am satisfied with myself. | 1 | 2 | 3 | 4 |
| 2. At times I think I am no good at all. | 1 | 2 | 3 | 4 |
| 3. I feel that I have a number of good qualities. | 1 | 2 | 3 | 4 |
| 4. I am able to do things as well as most other people.  | 1 | 2 | 3 | 4 |
| 5. I feel I do not have much to be proud of. | 1 | 2 | 3 | 4 |
| 6. I certainly feel useless at times. | 1 | 2 | 3 | 4 |
| 7. I feel that I'm a person of worth, at least on an equal plane with others. | 1 | 2 | 3 | 4 |
| 8. I wish I could have more respect for myself. | 1 | 2 | 3 | 4 |
| 9. All in all, I am inclined to feel that I am a failure. | 1 | 2 | 3 | 4 |
| 10. I take a positive attitude toward myself. | 1 | 2 | 3 | 4 |

**The Belonging Scale**

*INSTRUCTIONS: Below is a list of statements dealing with your general feelings about this group. Please indicate how strongly you agree or disagree with each statement.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NO!** | **no** |  **yes** | **YES!** |
| 1. I don’t have many friends at the program. | 1 | 2 | 3 | 4 |
| 1. I feel comfortable at the program.
 | 1 | 2 | 3 | 4 |
| 1. The leaders at the program make me feel wanted and accepted.
 | 1 | 2 | 3 | 4 |
| 4. I feel like I am an important member of the program.  | 1 | 2 | 3 | 4 |
| 5. I wish I were not a part of the program. | 1 | 2 | 3 | 4 |
| 6. I am disliked by kids at the program. | 1 | 2 | 3 | 4 |
| 7. I am a part of the program. | 1 | 2 | 3 | 4 |
| 8. I am committed to the program. | 1 | 2 | 3 | 4 |
| 9. I am supported at the program. | 1 | 2 | 3 | 4 |
| 10. I am accepted at the program. | 1 | 2 | 3 | 4 |

**This is the end of the survey!**

##### Thanks again for your help!

**STOP FILLING OUT HERE.**