

We are asking you to take part in this survey about issues facing youth. **THIS SURVEY IS VOLUNTARY. YOU DO NOT HAVE TO COMPLETE THE SURVEY TO PARTICIPATE IN YOUTH SERVICES.** The questions in this survey ask about your health and things related to health. It also asks for opinions about yourself, your friends, your school, and your neighborhood. The Tribe will use the information in planning future programs to help youth.

All information you give us will be confidential. We DO NOT keep track of your answers in a way that identifies you or your family. Your answers will be grouped together with the answers from other Tribal youth. You will receive \$5 as a thanks for your participation.

* 1. Do you live in Little Boston (i.e., on the Port Gamble S'Klallam Tribal reservation)?

☐ Yes

☐ No

* 2. How do you currently identify yourself (choose all that apply)

☐ Male

☐ Transgender

☐ Something else fits better/not sure of gender identity

☐ Female

☐ Non-Binary

☐ I do not know what this question is asking

3. Which of the following best describes you?

☐ Heterosexual (straight)

☐ Bisexual

☐ Something else fits better

☐ Gay or Lesbian

☐ Questioning/Not Sure

☐ I do not know what this question is asking

* 4. What grade were you in during the past school year (2023-24)?

☐ 6th

☐ 9th

☐ 12th

☐ 7th

☐ 10th

☐ Not in school

☐ 8th

☐ 11th

5. Are you an American Indian/Alaska Native?

☐ Yes

☐ No

☐ I don't know

6. In which Tribe are you enrolled?

☐ Port Gamble S'Klallam

☐ Not enrolled in any tribe

☐ Other Tribe (please specify)

7. Who did you live with most of the time in the last 30 days?

- ☐ Biological Parents and/or step-parents
 ☐ Adult friends or family
- ☐ Relatives- Grandparent, aunts, etc
 ☐ Friends with no adults present
- ☐ Guardians or Permanent Placement
 ☐ On your own
- ☐ Foster Parents
- ☐ Other (please specify)

The next set of questions ask you about substance use behaviors and your perceptions about youth substance use in the community. As a reminder this information is confidential. We DO NOT keep track of your answers in a way that identifies you or your family. This information will help in planning programs for Tribal youth.

8. How wrong would most adults in your community think it was for kids your age:

	Very Wrong	Wrong	A little bit wrong	Not wrong at all
To use marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To drink alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To smoke cigarettes/form of electronic e-pin/vape	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To use prescription drugs not prescribed to you (for example, oxycontin, percocet, vicodin, xanax))?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
To use any other illegal drug other than those listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9. HOW EASY would it be for YOU to get:

	Very Hard	Sort of Hard	Sort of Easy	Very Easy
Alcohol such as beer, wine, or hard liquor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana (i.e., edibles, dabs, oils or vape pen)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A vape, juul, or e-cigarette for tobacco use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription drugs not prescribed to you (for example, oxycontin, percocet, oxycodone, vicodin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other illegal drug other than those listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Have you ever used and how often have you used in the past 30 days?

	I have never used this	I have used this, but not in the past 30 days	0 Days in the Past 30 days	1-2 days in the Past 30 days	3-9 days in the Past 30 Days	10-29 days in the Past 30 Days	All 30 days
a) Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Use a vapor or e-cigarette for tobacco (e.g., Juul)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Use a flavor vape (with no tobacco or marijuana)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Drink alcohol such as beer, wine or hard liquor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Use marijuana (weed, grass, hash, pot, dab oil)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Use marijuana in the form of edibles?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Use a vapor/pen for marijuana use?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Use synthetic marijuana (K2, Spice)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Use inhalants (things you sniff to get high)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Use prescription drugs not prescribed to you to get high (e.g., painkillers)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k) Use large amounts of over the counter cold medicines to get high?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l) Any other illegal drug not listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. At which of the following places did you drink alcohol in the last year (12 months)? (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> I DID NOT DRINK IN THE LAST YEAR (12 MONTHS) | <input type="checkbox"/> Outdoors (beach, backroads, driving, etc.) |
| <input type="checkbox"/> Your own home with parent knowledge | <input type="checkbox"/> Off the reservation |
| <input type="checkbox"/> Your own home without parent knowledge | <input type="checkbox"/> During school: on bus, at school, off campus |
| <input type="checkbox"/> Other homes on reservation | |
| <input type="checkbox"/> Other (please specify) | |

12. At which of the following places did you use marijuana in the last year (12 months)?
(check all that apply)

☐ I DID NOT USE MARIJUANA IN LAST YEAR (12 MONTHS)
 ☐ Outdoors (beach, backroads, driving, etc.)

☐ Your own home with parent knowledge
 ☐ Off the reservation

☐ Your own home without parent knowledge
 ☐ During school: on bus, at school, off campus

☐ Other homes on reservation

☐ Other (please specify)

13. How old were you when you first: (enter your age and **use 0** if you have never done this!)

Smoked a cigarette,
even just a puff?

Drank Alcohol?

Used marijuana?

Used other legal or
illegal drugs to get
high?

14. How much do you think people (adults) risk harming themselves if they..

	No risk	Slight risk	Moderate risk	Great risk
Smoke one or more packs of cigarettes per day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke tobacco using an e-cigarette or a vapor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana (in any form) once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to them? (e.g., oxycontin, Vicodin, Percocet, Xanax))	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use large amounts of over the counter cold or cough medicines TO GET HIGH (e.g. Benadryl, CCC, Robitussin, Lean, Purple Drink)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Take one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Have five or more drinks of an alcohol once or twice a week?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

15. How wrong do you think it is for someone your age to:

	Very Wrong	Wrong	A little bit wrong	Not wrong at all
Drink alcohol such as beer, wine, or hard liquor regularly?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke tobacco using an e-cigarette or vapor?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana in any form?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use LSD, cocaine, amphetamines or other illegal drug?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to them? (e.g., oxycontin, Vicodin, Percocet, Xanax)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use large amounts of over the counter cold or cough medicines (e.g. Benadryl, CCC, Robitussin, Lean, Purple Drink)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use any other illegal drug not listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Does anyone who lives with you now use:

	Not at All	A little	Somewhat	Very Much
Marijuana	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tobacco	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Drugs to Get High	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other illegal drug not listed above	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next questions ask about mental health, suicide, bullying, anger management, dating and sexual activity. Your responses are confidential. We DO NOT keep track of your answers in a way that identifies you or your family. This information will help in planning programs and providing resources for Tribal youth.

17. How often over the last 2 weeks were you bothered by:

	Not at all	Several Days	More than Half the Days	Nearly every day
a) Feeling nervous, anxious or on edge	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Not being able to stop or control worrying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. How often does your level of stress or anxiety have a negative impact on:

	Not at all	A Little	Somewhat	Very Much
a) your physical health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) your mental health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) your ability to sleep	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) your eating behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) your relationships with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) your daily routine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. Please answer the following about the 988 Suicide and Wellness line:

- ☐ I have never heard of the 988 Suicide and Wellness line and know nothing about it
- ☐ I know a fair amount about the 988 Suicide and Wellness line
- ☐ I have heard of the 988 Suicide and Wellness line, but don't know much about it
- ☐ I know a fair amount and have used the 988 Suicide and Wellness line

20. Have you seen/heard any posters/messages/materials, etc. about the 988 Suicide and Wellness line on the Reservation?

- ☐ Yes
- ☐ Don't Know
- ☐ No

21. Did you ever feel so sad and hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

- ☐ No
- ☐ Yes

22. When YOU feel sad and hopeless, are there people you can turn to for help?

- ☐ I never feel sad or hopeless
- ☐ Yes
- ☐ No
- ☐ Not Sure

23. Sometimes people feel so depressed about the future that they may consider attempting suicide (i.e., taking some action to end their own life).

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely
a) How likely would you be to seek help for a friend who you thought might be depressed or suicidal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) How likely would you be to seek help if you were feeling depressed or suicidal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. How confident are you that

	Not at all confident	A little confident	Somewhat confident	Very Confident
a) I can recognize the warning signs of suicidal individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) I would ask someone who was showing the warning signs of suicide if they are thinking about suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) I would connect or refer an individual at risk for suicide to resources for help (e.g., hotline, counseling, Wellness, ER, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) I can find information in this community about how to support an individual at risk for suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) I would reach out to a trusted adult to support an individual at risk for suicide	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. During the past 12 months

	Yes	No
a) Did you ever seriously consider attempting suicide?	<input type="radio"/>	<input type="radio"/>
b) Did you make a plan about how you would attempt suicide?	<input type="radio"/>	<input type="radio"/>
c) Did you actually attempt suicide?	<input type="radio"/>	<input type="radio"/>
d) (IF YOU ATTEMPTED SUICIDE) Did you receive any mental health services in the community?	<input type="radio"/>	<input type="radio"/>

26. In the last 30 days, how often have you felt harassed or bullied in person?

- ☐ I have not been bullied
 ☐ Two or three times
 ☐ Several Times a Week
☐ Once
 ☐ About Once a Week

27. In the last 30 days, how often have you felt harassed or bullied on social media/technology

- ☐ I have not been bullied
 ☐ Two or three times
 ☐ Several Times a Week
☐ Once
 ☐ About Once a Week

28. In the last 30 days, have you been in a situation where you were so angry you did one or more of the following behaviors? Screamed at someone, hit or punched someone or something, shoved or shoulder checked someone, and/or broke or vandalized something.

- ☐ Yes
 ☐ No

29. During the past 30 days, have you received sexually suggestive or revealing messages, images, photos or videos via text, app, or social media?

☐ Yes

☐ No

30. In the past year have your parents/guardians talked to you about abstinence, pregnancy prevention and/or sexually transmitted diseases

☐ Yes, a number of times

☐ No

☐ Yes, once

☐ I don't remember

31. How old were you when you had sex for the first time?

☐ I have never had sex

☐ 13

☐ 16

☐ 11 or younger

☐ 14

☐ 17 or older

☐ 12

☐ 15

32. The last time you had sex, what method(s) did you or your partner use to prevent pregnancy and/or sexually transmitted diseases? Choose all that you used.

☐ I have never had sex

☐ A shot (such as Depo-Provera)

☐ No method was used

☐ Patch or birth control ring (such as Xulane; NuvaRing)

☐ Birth control pills

☐ Withdrawal or some other method

☐ Condoms

☐ Not sure

☐ An IUD or implant (such as Mirena or ParaGard; Implanon or Nexplanon)

33. Have you ever been in a situation where someone made you engage in kissing, sexual touch or intercourse when you did not want to?

☐ Yes

☐ No

☐ Unsure

34. During the past 12 months, did someone you were dating or going out with ever limit your activities, threaten you, or make you feel unsafe in any other way?

☐ Yes

☐ No

☐ I did not date or go out with anyone during the past 12 months

35. In the past 12 months, how many times did someone you were dating or going out with physically hurt you on purpose? (Count such things as being hit, slammed into something, or injured with an object or weapon.)

- | | | |
|--|------------------------------------|---------------------------------------|
| <input type="radio"/> I did not date or go out with anyone | <input type="radio"/> 1 time | <input type="radio"/> 4 or 5 times |
| <input type="radio"/> 0 times | <input type="radio"/> 2 or 3 times | <input type="radio"/> 6 or more times |

The next questions ask about your health, nutrition, physical exercise and screen time. Your responses are confidential.

36. How many days in a week are you physically active (i.e., exercise, participate in sports, etc.) for 30 minutes or more per day?

- | | | |
|------------------------------|------------------------------|------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 3 days | <input type="radio"/> 6 days |
| <input type="radio"/> 1 day | <input type="radio"/> 4 days | <input type="radio"/> 7 days |
| <input type="radio"/> 2 days | <input type="radio"/> 5 days | |

37. During the average week, on how many days do you participate in supervised after-school activities either at school or away from school? Include activities such as sports, art, music, dance, drama, or community service, religious, or club activities

- | | | |
|------------------------------|----------------------------------|--------------------------------------|
| <input type="radio"/> 0 days | <input type="radio"/> 1 - 2 days | <input type="radio"/> 3 or more days |
|------------------------------|----------------------------------|--------------------------------------|

38. Do you feel like you eat well balanced meals on an average day (grain, protein, fruit, vegetable, dairy)?

- | | |
|----------------------------------|---------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> Somewhat |
| <input type="radio"/> A Little | <input type="radio"/> Very Much |

39. During the past 7 days, how many times did you drink sugar-sweetened drinks like soda, sports drinks, energy drinks, coffee drinks, tea drinks, or other flavored sugar-sweetened.

- | | |
|--------------------------------------|---|
| <input type="radio"/> 0 times | <input type="radio"/> 2 times per day |
| <input type="radio"/> 1 - 3 times | <input type="radio"/> 3 times per day |
| <input type="radio"/> 4 - 6 times | <input type="radio"/> 4 or more times per day |
| <input type="radio"/> 1 time per day | |

40. On an average school day, how many hours do you watch TV shows or movies or stream videos (such as YouTube, Netflix, Hulu) on any electronic device (Computer, TV set, tablets or smartphone)?

- | | |
|---|---|
| <input type="radio"/> I do not watch TV or movies on an average school day. | <input type="radio"/> 3 hours per day |
| <input type="radio"/> Less than 1 hour per day | <input type="radio"/> 4 hours per day |
| <input type="radio"/> 1 hour per day | <input type="radio"/> 5 or more hours per day |
| <input type="radio"/> 2 hours per day | |

41. On an average school day, how many hours do you play video or computer games, or use a computer for something that is not school work? (Count time spent on things such as Xbox, PlayStation, tablet or smartphone, social media).

- | | |
|--|---|
| <input type="radio"/> I do not play video games or use a computer for something that is not school work. | <input type="radio"/> 3 hours per day |
| <input type="radio"/> Less than 1 hour per day | <input type="radio"/> 4 hours per day |
| <input type="radio"/> 1 hour per day | <input type="radio"/> 5 or more hours per day |
| <input type="radio"/> 2 hours per day | |

42. On an average school day, how many hours do you spend on your phone or electronic device?

- | | |
|---|---|
| <input type="radio"/> I do not have a phone or device | <input type="radio"/> 3 hours per day |
| <input type="radio"/> Less than 1 hour per day | <input type="radio"/> 4 hours per day |
| <input type="radio"/> 1 hour per day | <input type="radio"/> 5 or more hours per day |
| <input type="radio"/> 2 hours per day | |

43. Do you feel like you choose not to participate or have lack of interest in activities or other functions due to the lack of access to your phone or internet?

- | | |
|----------------------------------|---------------------------------|
| <input type="radio"/> Not at all | <input type="radio"/> Somewhat |
| <input type="radio"/> A Little | <input type="radio"/> Very Much |

The next questions ask about your family, your perceptions of the community culture and your participation in the community and youth activities. Your responses are confidential.

44. Please answer the following....

	NO!	no	Yes	YES!
My parents/guardians ask if I've gotten my homework done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Would your parents/guardians know if you did not come home on time?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I am not home, a parent/guardian knows where I am and who I am with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you skipped school/class, would you be caught by your parents/guardians?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family has clear rules about alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My parents/guardians have explained to me the consequences of not following their rules concerning alcohol and drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If you drank some beer, wine, or liquor (for example vodka, whiskey, or gin) without your parent's permission, would you be caught by them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

45. In the past year who has talked to you about why you should not use. Check all that apply.

	Parents	Other Family	Trusted Adult	Teacher/School Staff	Mentors/Youth Staff
Cigarettes or electronic devices for nicotine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription drugs not prescribed to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other drugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

46. How wrong do your parents/guardians feel it would be for you to:

	Very Wrong	Wrong	A little bit wrong	Not wrong at all
Drink one or two drinks of alcohol nearly every day?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoke cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Use prescription drugs not prescribed to you (e.g., oxycontin, vicodin, percocet)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. How much do you agree with the following....

	Strongly agree	Slightly agree	Slightly disagree	Strongly disagree
Being part of my tribe or culture group is important to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a lot of pride in my tribe and culture group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I listen to, sing, and/or dance to traditional tribal music.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have a strong sense of belonging to my own tribe or culture group.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I have often talked to other people to learn about my tribe or culture.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I often participate in harvesting, fishing, gathering, and/or hunting?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

48. How aware are you of the different programs, activities and opportunities available at the Youth Center?

- ☐ Not aware of them
 ☐ I am somewhat aware of them
- ☐ I am a little aware of them
 ☐ I am very aware of them

49. How often do you come to the Youth Center or participate in a youth sponsored trip?

- ☐ Several Times a Week
 ☐ About once a month
- ☐ Once or Twice a week
 ☐ Never
- ☐ About once a week

50. How often do you come to open gym to watch or play ball?

- ☐ Several Times a Week
 ☐ About once a month
- ☐ Once or Twice a week
 ☐ Never
- ☐ About once a week

51. How often do you:

	Never	Seldom	Sometimes	Often	Almost Always
Come to Song & Dance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Come to Canoe Practice?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52. What are some of your main reasons for participating in the Tribal Youth Center activities in this community?

53. What are some of your main reasons for not participating in the Tribal Youth Center activities in this community? Any recommendations for improvement?

54. Do you feel like you are informed on opportunities and activities offered by the Youth Services Program (including recreation/sports)?

- ☐ Not at all ☐ Somewhat
☐ A Little ☐ Very Much

55. How do you hear about opportunities and activities offered by the Youth Services Program. Check all that apply.

- ☐ Youth calendar ☐ Text messages ☐ Parents
☐ Facebook ☐ Fliers around tribal campus, ☐ School staff
☐ Instagram ☐ Tribal memo
☐ Other (please specify)

56. Are there any topics or questions you have or would want more information about?

57. How honest were you in filling out this survey?

- ☐ I was very honest. ☐ I was honest once in a while.
☐ I was honest most of the time. ☐ I was not honest at all.
☐ I was honest some of the time

Thank you for your participation in this survey. As a thank you we would like to give you \$5. **Do not click any button below.** Instead, please click on the link [\\$5 Gift](#) to provide additional information to receive the money.