

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:** 9th 10th 11th 12th 2. **Age** _____

3. **Gender:** Male Female Transgender

4. **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

5. **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 No

Part 2: Student needs and concerns

9. **Would you use a school health center if one existed at Hayward High School?**

- Yes No

10. **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: _____

11. **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 use	<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"/>

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

- Stress and depression Medical issues Family issues

13. 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"/> |

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

- Very Safe Somewhat Safe Neither Safe nor Unsafe Unsafe Very Unsafe

15. 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: _____

16. 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: _____

17. Do you feel you have someone at school to talk to about goals, future plans or academic needs?

- Yes No

18. 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

19. 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)

School Health Center services	I would use it	I would <u>not</u> use it	I'm not sure
Medical Services (physical exams for sports, regular health exams, pediatric services, immunizations, tests for vision and hearing)			
Counseling Services (individual and group counseling services that address mental health issues, stress, depression, alcohol/drug abuse, self-esteem and relationship issues)			
Health Education (prevention services for pregnancy, STD/HIV, violence, substance abuse)			
Support Groups (small groups of teens who discuss anger management, substance abuse, nutrition, self-esteem & other issues important to them)			

School Health Center services	I would use it	I would <u>not</u> use it	I'm not sure
Reproductive Health (physical exams, health education about birth control options including abstinence, STD/pregnancy testing)			
Birth Control Pills (?)/Condoms (Or other methods of protection against pregnancy and STDs/HIV)			
Case Management (housing, health insurance, Medi-cal/ healthy families, food/clothing assistance)			
Dental Services (screenings, cleanings, fillings)			
Nutrition and Exercise Programs			

Part 4: Accessibility (Barriers to Access)

20. 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

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

- Never Sometimes Usually Always

22. 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: _____

23. 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"/>

24. Do you feel that you answered these questions honestly? (Check one)

- Yes No