### Teen Attitudes & Behavior Survey

#### Values & Family
- Would you say that you have a set of values that you live your life by? [Yes or No]
- Are family values important in your life? [Yes or No]
- Do you enjoy spending time together as a family? [Yes or No]
- Do you have family traditions that you look forward to? [Yes or No]
- Do your parents make enough time for you? [Yes or No]
- Has movies, TV & music influenced the way you look at life? [Yes or No]
- Do you think what you see on TV and movies is a good influence on you? [Yes or No]
- Do you feel a great deal of stress? [Yes or No]
  - Please indicate stress points _________________________

#### Decisions:
- Do you think through the outcomes of your decisions? [Yes or No]
- Do you reflect on others successes and failures when making decisions? [Yes or No]
- Do you feel that peer pressure plays a role in your decision process? [Yes or No]
- Do you feel confident enough to make decisions on my own? [Yes or No]
- Do you think it is ok to share homework with your friends? [Yes or No]
- Is it ok to download music over the internet? [Yes or No]
- Are your choices generally more short-term than long-term? [Yes or No]

#### Friends:
- Do you have friendships that are meaningful to you? [Yes or No]
- Do your friends put you first? [Yes or No]
- Do your friends influence you and what your stand for? [Yes or No]
- Do my friends share similar values to my own? [Yes or No]
- Can you say No easily to your friends if you do not want to do something? [Yes or No]

#### Drugs:
- Do you feel pressure to do drugs? [Yes or No]
- Do you understand that drugs are harmful to me? [Yes or No]
- Do you think you would ever take drugs? [Yes or No]
- Would you ever consider selling drugs to make money? [Yes or No]
- Do you have any friends who got very sick or died from using drugs? [Yes or No]

#### Drinking:
- Do you respect the laws about drinking? [Yes or No]
- Do your friends drink? [Yes or No]
- Do you feel any pressure to drink? [Yes or No]
Have you ever engaged in binge drinking?  Yes or No
Would you ever drink in your friend’s home?  Yes or No
Do you know that you can become addicted very easily to drinking?  Yes or No
Do you know that you may hurt the ones you love if you drink?  Yes or No

Sex:
Do you have to like the person to be intimate with them?  Yes or No
Can you say no to someone about sex?  Yes or No
Do you have an understanding of sexually transmitted diseases and the potential outcomes?  Yes or No
Do you understand the emotional attachments and issues about sex?  Yes or No
Do you understand what God intended for you as it relates to sex?  Yes or No
Do you view sex as a special bonding experience between two people in love?  Yes or No
Is sex a private matter for you?  Yes or No

Sports:
Is winning the most important aspect of a game?  Yes or No
Would you consider using performance enhancing supplements to improve your play?  Yes or No
Do you feel pressure from your Coach to take performance enhancing supplements?  Yes or No
Do you believe the Team is more important than any individual on the Team?  Yes or No

Spirituality:
Do you have attend a place of worship each week?  Yes or No
Is God important in your life?  Yes or No
Do you have someone who you can talk with about your faith?  Yes or No
Do you feel you are here for a reason?  Yes or No

Community:
Do you think there is any value or rewards to helping others?  Yes or No
Is giving back to your Community important to you?  Yes or No