

RAY Program Youth Survey

1. Today's Date: ___/___/___

2. Gender: Female
Male
Other

3. Student Initials: _____

4. What year were you born? _____

5. Community Name: _____

6. Choose one or more races/ethnicities you consider yourself to be:

Check all that apply

- Alaska Native or American Indian Black or African American Asian
 Native Hawaiian or Pacific Islander White Hispanic/Latino Other _____

7. List the adults you can go to if you have a problem: _____

8. How often do you help out in the community? (for example: volunteering, picking up trash, assisting elders, helping friends make good choices, etc.)

NEVER RARELY SOMETIMES OFTEN EVERYDAY

9. Throughout the year, how often do you spend time in nature (for example: playing outside, boating, fishing, walking, berry picking, etc.)

NEVER RARELY SOMETIMES OFTEN EVERYDAY

10. How much do you agree with the following statement: *"I enjoy school."*

STRONGLY AGREE AGREE AGREE A LITTLE BIT DISAGREE A LITTLE BIT DISAGREE

11. How are your grades in school?

MOSTLY As MOSTLY Bs MOSTLY Cs MOSTLY Ds MOSTLY Fs

12. Please mark how much you agree or disagree with the following statements:

mark only one box per row

	Do not agree	Agree a little	Kind of agree	Mostly agree	Strongly agree
The land I live on is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel good when I participate in cultural activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I try to be physically active outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I make my community a better place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When we take care of the land, the land takes care of us	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. How would you describe your involvement to the following activities:

mark only one box per row

	I don't do this activity	A little involved	Moderately involved	Very involved
Listening to stories/storytelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fishing and/or hunting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community activities (festivals, dancing, sporting events, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harvesting (picking berries, collecting food items from nature)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning from Elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Craft making & Art (beading, sewing, carving, drawing etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you!