

SMART Moves: Core Reflection Survey – For Members

Thank you very much for taking this survey today! Your opinion is important to us and we appreciate your time.

This survey is designed to find out about you, your opinions and your experiences. Your answers will help make the Boys & Girls Clubs and Youth Centers more interesting and enjoyable for you and others like you, so please answer honestly.

You can answer honestly because your survey won't have your name on it, and nobody seeing the survey will know your name. This means your answers will never be shared with your parents, friends or anyone in your Club or Youth Center. Your answers will be kept confidential and used to better understand Boys & Girls Clubs, Youth Centers and their members.

Instructions:

1. This is not a test. There are no right or wrong answers.
2. If you don't find the answer that fits exactly, use the answer that comes closest.
3. If you need help with a question, raise your hand and quietly ask the staff member helping you today so that you don't disturb others around you.
4. If any question makes you feel uncomfortable, you don't have to answer it. Just skip it and go to the next question.
5. Your participation is voluntary and will not affect your membership in the Club. Remember, there are no right or wrong answers – only your opinion and your experiences.

This survey first asks you to tell us how you felt at the **BEGINNING OF** SMART Moves: Core and then it asks you how you are feeling **RIGHT NOW** at the end of SMART Moves: Core. This is called reflection.

[Unique Identifier] _____ [Club Site] _____ [Date]

| How You Felt at the START of the Program | | Please mark an X for how you felt at the START and how you feel TODAY. | | | How You Feel TODAY | | | |
|--|---------------|--|-------------------|--|--------------------|---------------|--------------|-------------------|
| Not true at all | Not very true | Sort of true | Very true | For each of the following statements, choose the answer that best describes you. | Not true at all | Not very true | Sort of true | Very true |
| | | | | When I have a problem, I can work it out myself. | | | | |
| | | | | If I try my best, I can do most things. | | | | |
| | | | | There are many things that I can do well. | | | | |
| | | | | I feel confident in my ability to communicate assertively. | | | | |
| | | | | I feel certain in my ability to make a decision on my own about my health. | | | | |
| | | | | I feel confident talking with adults about health questions. | | | | |
| Strongly agree | Agree | Disagree | Strongly disagree | How much do you agree or disagree with the following? | Strongly agree | Agree | Disagree | Strongly disagree |
| | | | | I can describe my feelings. | | | | |
| | | | | I understand my actions. | | | | |
| | | | | I can tell others what I am thinking or feeling. | | | | |
| | | | | I make decisions that help me achieve my goals for my future. | | | | |
| | | | | I feel good about my future. | | | | |
| | | | | I can achieve my dreams if I focus on them. | | | | |
| | | | | I think about how what I do today could affect my plans for my future. | | | | |
| | | | | I feel confident that I can say no to a behavior that I think is unhealthy. | | | | |
| | | | | I feel confident that I can say no when pressured by a peer to participate in a behavior I think is unhealthy. | | | | |
| | | | | It's important for me to choose healthy behaviors. | | | | |

[Unique Identifier] _____ [Club Site] _____ [Date]

| How You Felt at the START of the Program | | Please mark an X for how you felt at the START and how you feel TODAY. | | | How You Feel TODAY | | | |
|--|-----------|--|-----------|--|--------------------|-----------|------|-----------|
| Very difficult | Difficult | Easy | Very easy | For each of the following statements, please tell us how easy or difficult these behaviors are for you. | Very difficult | Difficult | Easy | Very easy |
| | | | | Knowing the emotions I feel. | | | | |
| | | | | Understanding how my feelings influence how I act. | | | | |
| | | | | Explaining issues related to my health to adults. | | | | |
| | | | | Explaining issues related to my health to my peers. | | | | |
| | | | | Thinking of past choices when making new decisions. | | | | |
| | | | | Applying new knowledge to make decisions. | | | | |
| | | | | Taking the time to List- Compare-Choose my options and consequences when making decisions about my health. | | | | |
| | | | | Asking for advice from a trusted adult before making an important decision. | | | | |
| | | | | Being able to get information about health from the internet when I need it. | | | | |
| | | | | Knowing which places online or in person provide truthful information. | | | | |