

Colorado Youth Thriving Survey

Thriving is a big concept with many important parts to it. Thriving includes the skills, attitudes, relationships, and opportunities a person has within themselves, their family, their school, and their community. Together, these things add up to how much a person can be their unique, best self. This survey will help us understand how youth in your school, district, and Colorado are thriving and getting to be their best self.

Some of the questions may be sensitive and require inner reflection, so please take time to care for yourself while answering them. Also please know your participation in this survey is completely voluntary, so you can choose to stop at any time or just skip questions that feel too uncomfortable by marking “prefer not to answer.”

Colorado knows how important **youth voice** is. Therefore, your school is interested in hearing from you to build a more thriving community. The results of this survey will help youth, school, and community leaders in supporting youth thriving at your school and across the state. For example, if one area of thriving is lacking for youth in your school, then we can know how to better support you and your peers thrive. Your honest and complete responses will help us understand where to focus. Thank you for supporting your school in thriving!

First, we'd like to ask you about **your confidence in yourself**. Please tell us how often the statements below are true for you.

	Always	Most of the Time	Sometimes	Rarely	Never
1. I know how to interact in different situations (ex: home, school, place of worship, other group activities).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I get along with people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I can express my feelings in a positive way.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I try new things even if they are hard.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When I have challenges, I can figure out how to deal with them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I can calm myself down when I'm frustrated or upset.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I am proud of who I am.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I set goals and work towards achieving them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The second set of questions focuses on your **relationships with your parents, guardians, caregivers, and other adults**. Please tell us how often the statements below are true for you.

	Always	Most of the Time	Sometimes	Rarely	Never
9. I feel safe when I am with my parents/caregiver(s).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. I have a parent/caregiver who stands by me during hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. My parent(s)/caregiver(s) really look out for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. My parent(s)/caregiver(s) know a lot about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. I talk to my family/caregiver(s) about how I feel.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. There are people in my life who encourage me to do my best.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The next part focuses on your **relationships with your friends**. Please tell us how often the statements below are true for you.

	Always	Most of the Time	Sometimes	Rarely	Never
15. I feel supported by my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. My friends stand by me during hard times.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. I have a friend I can count on for help, no matter what.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. I have a friend I can be completely myself around.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This final section on thriving asks you about **your school**. Please tell us how often the statements below are true for you.

	Always	Most of the Time	Sometimes	Rarely	Never
19. I enjoy being in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Most of my classes are interesting to me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The things I am learning in school are going to be important to me later in life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section asks you about **your community, meaning your neighborhood, city, town, and/or county**. Please tell us how often the statements below are true for you.

	Always	Most of the Time	Sometimes	Rarely	Never
22. I am treated fairly in my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. I feel valued by my community.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OPTIONAL: The rest of the questions are available for schools/districts to include at their discretion. The intent for including these is that would give more specific information to identify strengths and opportunities.

	Always	Most of the Time	Sometimes	Rarely	Never
24. When I am online, I feel in control of how I spend my time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. Please tell us whether each of the following adults in your life have talked with you about your future plans. Place an x in a box for each.

	Yes	No
a. Family member or caregiver		
b. Teacher		

c. School guidance counselor, social worker, or psychologist		
d. School administrator		
e. Coach		
f. Another adult		

26. Place an x in a box for each.

I know at least one adult who I could talk to for help.	Yes	No
If yes, is one of those adults, a		
a. Family member or caregiver		
b. Teacher		
c. School guidance counselor, social worker, or psychologist		
d. School administrator		
e. Coach		
f. Another adult		

27. Please tell us whether you have one or more adults in your life who do each of the following to help you develop your interests. Place an x in a box for each.

	Yes	No
a. Provide money/financial help		
b. Give you encouragement/support		
c. Expose you to potential new interests		
d. Provide transportation		

28. Please tell us whether each of the following make it hard for you to spend time on your interests or hobbies. Place an x in a box for each.

	Yes	No
a. I'm not sure what my interests or hobbies are.		
b. I don't have enough time or energy because I'm too busy with schoolwork, a job, caring for family, or other responsibilities.		
c. I don't have enough money to pay for the equipment, supplies, lessons, and things I need for my interests or hobbies.		
d. I don't have a way to get to the activity.		

e. I don't know how to get more involved with my interests or hobbies.		
f. Activities to support my interests or hobbies do not exist in my community.		

29. Please tell us whether you feel that you belong in each of the following settings. If the activity/place is not available to you, then please mark no. Place an x in a box for each.

	Yes	No
a. Home with family		
b. With friends		
a. School		
b. Afterschool activities/groups (sports, arts, 4-H, etc.)		
c. Community/recreation centers, libraries, fairgrounds		
d. Places of worship		
e. Parks, outside in nature		
f. Online groups or multi-player games		
g. Other (please describe _____)		

Thank you again for sharing your time and experiences with us!