



# PRE-Group Survey

Please return your completed form to your Facilitator

Welcome to the Deadly Thinking Youth evaluation - we really appreciate your help with this. It will help us understand what young people think about the program, how helpful it is and it could be better.

1. What is your unique **letter-number-letter** code? *(On your survey postcard ... or ask your trainer)*

2. Which town or community are you from?

3. And where are you doing your DTY program?  School  PCYC  Other – *please specify:* \_\_\_\_\_

4. How well do you think you understand ...? <i>(please circle a number for each item)</i>		NO IDEA				OK				THE BEST		
		0	1	2	3	4	5	6	7	8	9	10
a)	things that can give you worries or bad thoughts	0	1	2	3	4	5	6	7	8	9	10
b)	how those things can make you feel	0	1	2	3	4	5	6	7	8	9	10
c)	where you can get help if you need it	0	1	2	3	4	5	6	7	8	9	10
d)	ways you can reduce your stress worries	0	1	2	3	4	5	6	7	8	9	10
e)	things you can do to have a strong mind	0	1	2	3	4	5	6	7	8	9	10

5. Have you had many worries in the last month?  No, not really  Maybe a few  Yes, sometimes  Yes, quite often  Yes, a lot

6. How well do you think you manage when faced with worries or bad thoughts? <i>(please circle a number)</i>	NO GOOD				OK				DEADLY		
	0	1	2	3	4	5	6	7	8	9	10
	0	1	2	3	4	5	6	7	8	9	10

7. What do you usually do when faced with worries or bad thoughts?

8. And when you have worries, how often do you ...? <i>(please circle a number for each item)</i>		NEVER				ABOUT HALF THE TIME				ALWAYS		
		0	1	2	3	4	5	6	7	8	9	10
a)	talk to a close friend or family	0	1	2	3	4	5	6	7	8	9	10
b)	drink grog or smoke yarndi	0	1	2	3	4	5	6	7	8	9	10
c)	listen to music	0	1	2	3	4	5	6	7	8	9	10
d)	exercise more	0	1	2	3	4	5	6	7	8	9	10
e)	eat better tucker	0	1	2	3	4	5	6	7	8	9	10
f)	sit and think	0	1	2	3	4	5	6	7	8	9	10
g)	keep your worries to yourself	0	1	2	3	4	5	6	7	8	9	10
h)	go to church or cultural events	0	1	2	3	4	5	6	7	8	9	10
i)	talk with Elders or teachers	0	1	2	3	4	5	6	7	8	9	10
j)	go bush or connect with country	0	1	2	3	4	5	6	7	8	9	10

PLEASE TURN OVER – FOR THE LAST FEW QUESTIONS ...

9. Finally, some questions to help us group your answers.

Are you:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender	How old are you?		
Your ethnicity:	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Aboriginal & Torres Strait Islander	<input type="checkbox"/> Non-Indigenous Australian	<input type="checkbox"/> Other – <i>please specify</i> : _____	
Are you studying now?	<input type="checkbox"/> Yes, still at school	<input type="checkbox"/> Yes, studying elsewhere	<input type="checkbox"/> No	Are you working at all?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Who do you live with at the moment?	<input type="checkbox"/> Parents	<input type="checkbox"/> Live alone	<input type="checkbox"/> Other family	<input type="checkbox"/> Group home	<input type="checkbox"/> Friends	<input type="checkbox"/> Sleeping rough

10. That's the end of our questions but we just want to check that you're happy you haven't told us anything that's culturally sensitive and shouldn't be included in our study?

<input type="checkbox"/> Yes, I'm happy for all my information to be used	<input type="checkbox"/> No, I'd like you to delete my information about – <i>please specify</i> : _____
---	--

11. Any other comments?

---

---

---

---

---

---

---

---

**THANK YOU VERY MUCH – FOR TAKING THE TIME TO ANSWER THESE QUESTIONS**

**PLEASE TALK TO YOUR FACILITATOR IF ANSWERING THESE QUESTIONS HAS RAISED ANY WORRIES FOR YOU.**