

paper PFJ survey December

1. Polling for Justice Survey 2008

Welcome to the Polling for Health, Education and Justice Project survey!! This is a survey written by youth for youth in New York City. 5,000 young people are filling out this survey just like you. Together, your answers will create a powerful voice that will improve young people's experiences with health, education and justice. If you have any questions or concerns, feel free to contact us at: polling4justice@gmail.com Thank you for your interest in taking the survey. It will take about 20 - 30 minutes. When you finish the survey, we'll give you a **FREE MOVIE TICKET** to thank you for your time!

2. About You

1. What is your zip code?

2. What are the cross-streets near your house? (for example: 35th street and 5th avenue)

3. What is your birth date?

MM DD YYYY

for example:

 / /

01/23/1990

4. Do you identify as:

 male female trans (gender/sexual)

5. What is your race and/or ethnicity? (check all that apply)

 Black or African American Afro Caribbean Asian, South Asian or Pacific Islander White Middle Eastern Other (please specify) Latino/Latina or Hispanic Native American or American Indian,
Alaskan Native

6. What is your sexual orientation?

 gay bisexual not sure lesbian straight other _____

7. Do you have any conditions that would be considered a disability (like a mobility disability, blindness, deafness, ADHD, and/or a learning disability)?

 yes no

If yes, please indicate:

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8. What country were you born in?

9. What is the highest level of schooling your mother/female guardian has completed?

- did not graduate from high school
 some college
 went beyond a B.A.
 graduated from high school
 graduated from college
 don't know

3. Concerns

10. Everybody has problems. When you are going through a hard time, how often do you turn to . . .

	always	frequently	sometimes	never
Adult family members (like: my mother/father/grandparent/guardian/aunt/uncle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer family members (like: my brother/sister/cousins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friends (including boyfriend/girlfriend)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adults at school (like: teachers/Guidance Counselor/Nurse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Police (including School Safety Agent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other adults??? (like: youth program worker/organizer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What are the three most stressful things in your life?

-
-
-

12. During the past week, how often have you felt . . .

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1 - 2 days)	Occasionally or a moderate amount of time (3-4 days)	All of the time (5-7 days)
I was bothered by things that usually don't bother me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I had trouble keeping my mind on what I was doing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt depressed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that everything I did was an effort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt fearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My sleep was restless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was happy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was lonely	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I could not "get going"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt that life isn't worth living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

4. What do you think?

The United States right now is very much like this picture. A few people have most of the wealth in the country while a lot of people make do with what is left.



Credit: United For a Fair Economy

In fact, only **10%** of the U.S. population owns **71%** of all of American's wealth . . .

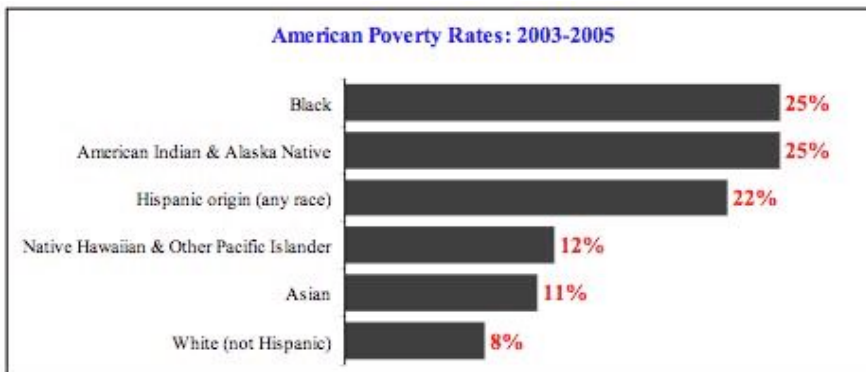
and on the other hand

the rest of the **90%** of the population owns only **29%** of all of American's wealth . . .

In other words, there is a huge gap between the very few wealthy and the rest; particularly the poor.

13. Help us understand what to make of this. Why are some people so wealthy and others so poor?

Some race and ethnic groups seem to have more wealth as a group than others. For example, look at the graph below. Only 8% of the White community is living in poverty while 25% of the Black community is living in poverty, and 22% of people of Hispanic origin are living in poverty.



14. Why do you think some racial and ethnic groups are more likely to be poor than others?

15. Is there anything that can or should be done about some groups being poorer or wealthier than others? Is there anything you have done about it?

5. About you and school

16. List all the high schools you have attended - starting with the most recent: school name:

1.

2.

3.

17. Your current educational level: (check all that apply to you)

	yes	no
I'm still in high school.	<input type="checkbox"/>	<input type="checkbox"/>
I left high school before graduating.	<input type="checkbox"/>	<input type="checkbox"/>
I graduated high school.	<input type="checkbox"/>	<input type="checkbox"/>
I'm in a GED program.	<input type="checkbox"/>	<input type="checkbox"/>
I have my GED.	<input type="checkbox"/>	<input type="checkbox"/>
I'm in college.	<input type="checkbox"/>	<input type="checkbox"/>

name of college:

18. What kind of security does your school have? (check all that apply)

none cops other _____

school safety agents cameras

metal detectors not sure

19. In my school . . .

	strongly agree	agree	disagree	strongly disagree
My teachers care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My culture is respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel like people really know me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers have high expectations of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My teachers help me when I don't understand something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teachers do not listen to what students like me have to say.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Students in my class talk back or act rudely towards teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I can talk to teachers about problems I am having in class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel bored.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The school helps me feel prepared for college.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Too much class time is spent getting ready to pass Regents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I worry that Regents exams could keep me from graduating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had negative interactions with School Safety Agents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is overcrowded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I care about getting good grades.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel challenged by what I'm learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes school rules, tests, the way school personnel treat students, and other elements of school make me feel pushed to leave school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. In my school, I have received help from teachers or guidance counselors with . . .

	strongly agree	agree	disagree	strongly disagree	I don't know
Questions about college.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Help with college applications.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Information and support with financial aid forms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

21. Have you ever:

	never	once	more than once
been held back in a grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dropped out or been pushed out of high school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been suspended or expelled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
entered a GED program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been homeless?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
been in foster care?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. About you and the criminal justice system.

22. In the past 6 months, have any of the following happened to you?

	never	yes, happened out of school	yes, happened in school
I was told to move by the police in a disrespectful way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was arrested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was helped by a police officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I got a ticket/summons.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given a "second chance" by a police officer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was picked up for a PINS (person in need of supervision) violation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was stopped by police for questioning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was frisked (patted-down).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was strip searched.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A police officer crossed the line (touched inappropriately) while searching me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I received "sexual attention" from the police.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was threatened and/or called a name by the police.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Have you ever been in jail or prison?

yes no

24. Has your parent ever been in jail or prison?

yes no I don't know

25. In general, the police in NYC protect young people like me.

strongly disagree disagree agree strongly agree

7. Sex and Relationships

26. Have you ever:

	yes	no	not sure
been in a romantic relationship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had sex with a male?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had sex with a female?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been tested for a sexually transmitted infection or disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had a sexually transmitted infection or disease?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had intercourse without a condom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had sexual pleasure or an orgasm with a partner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been pregnant or gotten someone pregnant?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
had an abortion (either you or your partner)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
taken emergency contraception pills, also known as morning after pills, abortion pills, or Plan B? (either you or your partner)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been forced to have any kind of sexual contact when you did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
been hit, slapped, or physically hurt on purpose by your boyfriend or girlfriend?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

27. The last time you had sex (sexual intercourse), which of the following did you use? (check all that apply)

- I have never had sex.
- birth control pills
- I don't know
- used nothing
- Depo-Provera (injectable birth control/ a "shot")
- other _____
- condoms
- withdrawal or pull-out

28. In the last 30 days have you:

	No	Once or twice.	Three or more times.	Every day.
Smoked a cigarette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Had a drink of beer, wine or other alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used some other illegal drug (like, crack, cocaine, heroin, Ecstasy, crystal meth, LSD, angel dust, inhalants such as air freshener, glue, markers, paint, gasoline etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used prescription pain killers (to get high)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gotten into a fight that injured you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injured someone else in a fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carried a weapon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participated in gang activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Been hurt or felt threatened by a gang	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Your thoughts on the U.S.

34. Which of the following did you learn about in your health class(es)? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> sex education | <input type="checkbox"/> dating violence | <input type="checkbox"/> emotional and mental health |
| <input type="checkbox"/> abstinence | <input type="checkbox"/> abuse | <input type="checkbox"/> disability |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> nutrition | <input type="checkbox"/> dental health |
| <input type="checkbox"/> Sexually transmitted infections (STIs/STDs) | <input type="checkbox"/> obesity | <input type="checkbox"/> disease prevention and control |
| <input type="checkbox"/> sexual health / sexuality / sexual behavior | <input type="checkbox"/> eating and/or body image disorders | <input type="checkbox"/> environmental and public health |
| <input type="checkbox"/> sexual identity and orientation | <input type="checkbox"/> body systems (reproductive, circulatory, digestive, immune, etc.) | <input type="checkbox"/> consumer health |
| <input type="checkbox"/> gender identity | <input type="checkbox"/> physical activity | <input type="checkbox"/> stress management |
| <input type="checkbox"/> pregnancy (and pregnancy options) | <input type="checkbox"/> alcohol, tobacco and other drugs | <input type="checkbox"/> first aid |
| <input type="checkbox"/> contraception | <input type="checkbox"/> growth and development | <input type="checkbox"/> personal hygiene |
| <input type="checkbox"/> sexual exploitation | <input type="checkbox"/> safety | <input type="checkbox"/> crime/safety/violence |

35. In the last year, when you felt sick, have you gone to . . . (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Haven't used health care in last year | <input type="checkbox"/> At school | <input type="checkbox"/> Church/mosque/synagogue/place of worship and/or spirituality |
| <input type="checkbox"/> Private doctor | <input type="checkbox"/> Hospital emergency room | |
| <input type="checkbox"/> Community or hospital clinic | <input type="checkbox"/> Botanica, acupuncturist or other alternative care | |

some other place (please specify)

36. In the last year, have you ever needed health care but not gone because . . . (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> I had no one to go with me. | <input type="checkbox"/> I have trouble communicating with health care providers. | <input type="checkbox"/> I was scared of what I would learn. |
| <input type="checkbox"/> my immigration status. | <input type="checkbox"/> not enough money. | <input type="checkbox"/> I didn't know how. |
| <input type="checkbox"/> language barrier. | <input type="checkbox"/> no health insurance. | <input type="checkbox"/> Other _____ |

37. How do you pay for health care:

- | | |
|---|--|
| <input type="checkbox"/> With my own money | <input type="checkbox"/> Find places where health care is free |
| <input type="checkbox"/> With health insurance from my family | <input type="checkbox"/> Some other way |

10. Last but not least . . . your reflections!

38. How did you find out about this survey?

- friend another internet site other
 myspace a youth organization
 facebook school

if you answered youth organization, what is the name of youth organization:

39. What 3 questions do you think we should be asking other New York City teens?

1.
2.
3.

40. Are you, or have you ever been, in a special ed class?

- yes no not sure

41. Comment box! (write whatever you want)

Thank you for taking our survey!

~ the Polling for Justice research project
polling4justice@gmail.com
www.polling4justice.org

11. Useful Resources

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The list of organizations below provides free mental health services for adolescents. Several of the organizations provide 24 hour access for help.

LifeNet

A New York City Hotline that is open 24 hours a day, 7 days a week for mental, emotional or substance abuse problems.

- 1-800-LifeNet (1-800-543-3638) (English)
- 1-877-Ayudese 1-877-298-3373 (Spanish)
- 1-877-990-8585 (Asian LifeNet—for Cantonese and Mandarin language speakers)
- 1-212-982-5284 (TTY)

The Door

Provides free and confidential services to young people ages 12-21.

121 Avenue of the Americas
New York, NY 10013
Tel: 212-941-9090
Website: <http://www.door.org>

Mt. Sinai Adolescent Health Center

Provides free and confidential comprehensive medical, mental health, family planning, and health education services to young people between the ages of 10-21.

312 East 94th Street
New York, NY 10128
Information: 212-423-2900
Medical Appointments: 212-423-3000
Mental Health: 212-423-2981
Nurse: 212-423-2999
Website: http://www.mountsinai.org/msh/msh_program.jsp?url=clinical_services/ahc_about.htm

South Bronx Health Center for Children & Families (SBHCCF)

Provides comprehensive primary health care, mental health, counseling and legal services to adolescents, regardless of their ability to pay or their immigration status.

871 Prospect Avenue
Bronx, NY 10459
Tel: 718-991-0605 (24 hours/day; 7 days/week)
Website: <http://www.montekids.org/programs/sbhccf>

Safe Horizons

1.800.621.4673

Since 1979, Safe Horizon has operated Community Programs in New York City to support, educate, and advocate for victims of crime and abuse. Currently Safe Horizon has six Community Programs throughout the five boroughs serving more than 4,000 individuals each year. Safe Horizon's Community Programs offer the following services: Crisis Intervention, Case Management, Practical/Emergency Assistance, Information and Referrals, Individual Counseling, Support Groups, Advocacy, and Community/Public Education Presentations. Please call the Community Program for further information and/or to make an appointment.

12. Getting Involved! (optional)

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42. We want to talk more with you! If you are interested in talking more about these issues, being interviewed, or being in a focus group, please give us your name and the best way to get in touch with you.

DETACH THIS SHEET and hand it in separately from your survey.

Someone from the Polling for Justice project will get in touch soon!

Name:

Address:

Address 2:

City/Town:

ZIP/Postal Code:

Country:

Email Address:

Phone Number: