



UNIVERSITY OF MARYLAND

Dr. Arianna Gard, PhD
Department of Psychology
University of Maryland
Biology/Psychology Building
4094 Campus Drive,
College Park, MD 20742

[For administrative use only] ID# _____ Respondent Type _____

Date _____

Dear DC Youth Resident,

Thank you for participating in the CARE Project! This survey should take 25-30 minutes to complete. We ask that you try and take the survey in one sitting. **You will be paid \$20 via a mailed debit card or online gift card of your choosing.** The debit card will be mailed to your address. The gift card is an online link where you can choose from hundreds of vendors. More information on payment options is included after the consent information in this survey.

First, **together with an adult caregiver, please read and sign the minor assent and caregiver consent forms** – these documents describe the purpose of the project and what we do to protect your information. Please keep the second copy of the consent forms for your records. If you and your caregiver agree to participate and sign the assent/consent forms, please begin to answer the survey questions. We ask that you try and take the survey in one sitting. Instructions are printed before each set of questions. **You may skip any question that you do not want to answer.**



Community And Resilient Environments (CARE) Project

Please use the prepaid return envelope to mail us all of the pages that say “**MAIL BACK TO THE UNIVERSITY OF MARYLAND**” at the top. If you have any questions or concerns, please contact us by phone (301-405-5881) or email (gardlab@umd.edu).

Thank you for representing your neighborhood!

Sincerely,

Arianna M. Gard, PhD
Assistant Professor, Department of Psychology
Neuroscience and Cognitive Neuroscience Program
University of Maryland, College Park

Brian Kim, PhD
Assistant Research Professor
Joint Program in Survey Methodology
University of Maryland, College Park

Demographics:

1. What is your gender? (Circle one)
- a. Man / Boy
 - b. Woman / Girl
 - c. Transgender Man / Boy
 - d. Transgender Woman / Girl
 - e. Non-binary or Non-conforming
 - g. Prefer not to respond

2. How old are you (in years)? _____

3. What school do you attend now?

4. What grade are you currently in?
- a. 4th grade
 - b. 5th grade
 - c. 6th grade
 - d. 7th grade
 - e. 8th grade
 - f. 9th grade
 - g. 10th grade
 - h. 11th grade
 - i. 12th grade
 - j. Graduated
 - k. Not in school
 - l. Prefer not to answer

5. (If you are currently in school) At the most recent grading period, what was your **letter grade** in the following subjects below? If you did not take the listed course in your most recent grading period, please write "N/A".

_____ English/Language Arts _____ Mathematics

_____ Social Studies/History _____ Science

INSTRUCTIONS: To answer each question, please fill in the blank or circle the letter in front of the answer that best describes what is happening to you right now. Please choose only one answer for each question.

1. Would you say that your growth in height (getting taller)
- a) Has not yet begun to spurt ("spurt" means more growth than usual)
 - b) Has barely started to spurt
 - c) Has definitely started to happen, but is not finished
 - d) Seems completed (you're about as tall as you're going to get)

1_a. How tall are you now? Please write your answer in feet and inches. Example: 4 feet, 3 inches.

_____ feet _____ inches

1_b. How much do you weigh now in pounds?

_____ pounds

2. How about the growth of body hair (e.g., under your arms)? Would you say that your body hair has...
- a) Not started growing
 - b) Barely started growing
 - c) Definitely started growing, but is not finished
 - d) Seems completed (you have as much body hair as you're going to get)

3. Have you noticed any skin changes, especially pimples?
- a) Not yet started showing changes
 - b) Have barely started showing changes
 - c) Skin changes have definitely started but are not finished
 - d) Skin changes seem completed

9. (If applicable) Have you started to grow facial hair (beard or mustache)?
- a) Not yet started growing facial hair

4. Would you say your health in general is...
- a) Excellent
 - b) Very good
 - c) Good
 - d) Fair
 - e) Poor

5. (If applicable) Have your breasts begun to grow?
- a) Not yet started growing
 - b) Have barely started growing
 - c) Breast growth has definitely started but is not finished
 - d) Breast growth seems completed

6. (If applicable) Have you begun to menstruate? ("menstruate" means to get your period)
- a) No
 - b) Yes

7. (If applicable) How old were you when you first got your period? _____ years old.

8. (If applicable) Has your voice started to change?
- a) Not yet started changing
 - b) Has barely started changing
 - c) Voice change is definitely happening but is not finished
 - d) Voice change seems completed

- b) Have barely started growing facial hair
- c) Facial hair growth has definitely started (enough to shave)
- d) Probably grows now as fast as it will ever grow

INSTRUCTIONS: Think about a problem or something that went wrong. What did you do? For each of the following items, circle the number that best describes you.

<i>Think about a problem or something that went wrong. What did you do?</i>	1 Never	2 Sometimes	3 A lot	4 Prefer not to answer
You tried to think of different ways to solve the problem.	1	2	3	4
You tried your best to make things better.	1	2	3	4
You tried hard to fix the problem.	1	2	3	4
If it were your fault, you would say you were sorry.	1	2	3	4

INSTRUCTIONS: For the following items please circle one box per row to indicate how well each statement describes you.

	1 Does not describe me at all	2 Describes me a little	3 Describes me well	4 Describes me very well	5 Prefer not to answer
I am clear about what ethnicity means to me.	1	2	3	4	5
I have attended events that helped me learn more about my ethnicity.	1	2	3	4	5
I have read books, magazines, newspapers, and other materials that have taught me about my ethnicity.	1	2	3	4	5
I know what my ethnicity means to me.	1	2	3	4	5
I have participated in activities that have taught me about my ethnicity.	1	2	3	4	5
I have a clear sense of what my ethnicity means to me.	1	2	3	4	5

INSTRUCTIONS: For the following items circle the number that best describes you.

	1 Not at all characteristic of me	2 A little characteristic of me	3 Somewhat characteristic of me	4 Very characteristic of me	5 Very much characteristic of me	6 Prefer not to answer
Surprise events upset me greatly.	1	2	3	4	5	6
It frustrates me to not have all of the information I need.	1	2	3	4	5	6
One should always think ahead to avoid surprises.	1	2	3	4	5	6
Plans can be ruined by things you didn't think would happen.	1	2	3	4	5	6
I always want to know what will happen to me in the future.	1	2	3	4	5	6
I don't like being taken by surprise.	1	2	3	4	5	6
I should be able to prepare for everything in advance.	1	2	3	4	5	6
Not knowing what could happen keeps me from enjoying life.	1	2	3	4	5	6
When it is time to do things, not knowing what could happen keeps me from acting.	1	2	3	4	5	6
When I am not sure of something I can't work very well.	1	2	3	4	5	6
The smallest doubt can stop me from doing things.	1	2	3	4	5	6
I must get away from all situations where I don't know what will happen.	1	2	3	4	5	6

INSTRUCTIONS: Please circle the number next to each statement to indicate the extent to which you agree or disagree with each statement.

<i>Indicate how much you agree or disagree:</i>	1 Strongly disagree	2 Disagree	3 Slightly disagree	4 Neither agree or disagree	5 Slightly agree	6 Agree	7 Strongly agree	8 Prefer not to answer
If I could live my life over, I would change almost nothing.	1	2	3	4	5	6	7	8
I am satisfied with my life.	1	2	3	4	5	6	7	8
So far, I have gotten the important things I want in life.	1	2	3	4	5	6	7	8
The conditions of my life are excellent.	1	2	3	4	5	6	7	8
In most ways my life is close to ideal.	1	2	3	4	5	6	7	8

INSTRUCTIONS: Please read each statement and select the answer that most closely describes the way your primary caregiver (the one you spend the most time with) acts towards you. If you spend equal time with each caregiver, then choose one.

	1 Not like him/her	2 Somewhat like him/her	3 A lot like him/her	4 Prefer not to respond
Makes me feel better after talking over my worries with him/her.	1	2	3	4
Smiles at me very often.	1	2	3	4
Is able to make me feel better when I am upset.	1	2	3	4
Believes in showing his/her love for me.	1	2	3	4
Is easy to talk to.	1	2	3	4

INSTRUCTIONS: Please respond to each question or statement by marking one box per row. ***In the past month...***

<i>In the past month...</i>	1 Never	2 Rarely	3 Sometimes	4 Usually	5 Always	6 Prefer not to answer
I feel that I have nobody to talk to.	1	2	3	4	5	6

I feel alone and apart from others.	1	2	3	4	5	6
<i>In the past month...</i>	1 Never	2 Rarely	3 Sometimes	4 Usually	5 Always	6 Prefer not to answer
I feel left out.	1	2	3	4	5	6
I feel that I don't have any friends.	1	2	3	4	5	6
I feel that there is no one I can go to when I need help.	1	2	3	4	5	6
I feel alone.	1	2	3	4	5	6
I feel lonely.	1	2	3	4	5	6

INSTRUCTIONS: Please circle the number next to each statement to indicate the extent to which you agree or disagree with that statement.

	1 Strongly disagree	2 Disagree	3 Agree	4 Strongly agree	5 Prefer not to answer
There is really no way I can solve some of the problems I have.	1	2	3	4	5
I have little control over the things that happen to me.	1	2	3	4	5
I can do just about anything I really set my mind to.	1	2	3	4	5
What happens to me in the future mostly depends on me.	1	2	3	4	5
There is little I can do to change many of the important things in my life.	1	2	3	4	5

INSTRUCTIONS: What are the chances that each of the following things happens in your life? Select the answer that best describes what you think.

	1 No chance	2 Slight chance	3 Moderate chance	4 High chance	5 It will happen
I will live to be age 35	1	2	3	4	5
I will graduate from high school.	1	2	3	4	5
I will have a good job.	1	2	3	4	5

INSTRUCTIONS: This next section asks you to think back over the *past 30 days*. Please respond to each item by circling one box per row.

<i>In the past 30 days...</i>	1 Never	2 Almost never	3 Sometimes	4 Often	5 Always or almost often	6 Prefer not to answer
How often do your parents/guardians know where you are?	1	2	3	4	5	6
How often do your parents know who you are with when you are not at school and away from home?	1	2	3	4	5	6
If you are at home when your parents or guardians are not, how often do you know how to get in touch with them?	1	2	3	4	5	6
How often do you talk to your parent or guardian about your plans for the coming day, such as your plans about what will happen at school or what you are going to do with friends?	1	2	3	4	5	6
In an average week, how many times do you and your parents/guardians eat dinner together?	1	2	3	4	5	6

INSTRUCTIONS: For each item, please indicate whether each statement is True or False.

	1 True	2 False	3 Prefer not to answer
We fight a lot in our family.	1	2	3
Family members rarely become openly angry.	1	2	3
Family members sometimes get so angry they throw things.	1	2	3
Family members hardly ever lose their tempers.	1	2	3
Family members often criticize each other.	1	2	3
Family members sometimes hit each other.	1	2	3
If there's a disagreement in our family, we try hard to smooth things over and keep the peace.	1	2	3

Family members often try to one-up or outdo each other.	1	2	3
In our family, we believe you don't ever get anywhere by raising your voice.	1	2	3

INSTRUCTIONS: For each item, please mark how true each of the following statements have been for you *over the last six months*. Please answer all items as you can even if you are not absolutely certain.

<i>Over the last 6 months...</i>	1 Not True	2 Somewhat True	3 Certainly True	4 Prefer not to answer
I try to be nice to other people. I care about their feelings.	1	2	3	4
I am restless, I cannot stay still for long.	1	2	3	4
I get a lot of headaches, stomach-aches or sickness.	1	2	3	4
I usually share with others, for example, games and food.	1	2	3	4
I get very angry and often lose my temper.	1	2	3	4
I would rather be alone than with people of my age.	1	2	3	4
I usually do as I am told.	1	2	3	4
I worry a lot.	1	2	3	4
I am helpful if someone is hurt, upset or feeling ill.	1	2	3	4
I am constantly fidgeting or squirming.	1	2	3	4
I have one good friend or more.	1	2	3	4
I fight a lot. I can make other people do what I want.	1	2	3	4
Other people my age generally like me.	1	2	3	4
I am easily distracted, I find it difficult to concentrate.	1	2	3	4
I am nervous in new situations. I easily lose confidence.	1	2	3	4
I am kind to younger children.	1	2	3	4
I am often accused of lying or cheating.	1	2	3	4
Other children or young people pick on me or bully me.	1	2	3	4
I often offer to help others (parents, teachers, children).	1	2	3	4

I think before I do things.	1	2	3	4
I take things that are not mine from home, school or elsewhere.	1	2	3	4
<i>Over the last 6 months...</i>	1 Not True	2 Somewhat True	3 Certainly True	4 Prefer not to answer
I get along better with adults than with people my own age.	1	2	3	4
I have many fears, I am easily scared.	1	2	3	4
I finish the work I'm doing. My attention is good.	1	2	3	4

INSTRUCTIONS: Below is a list of statements dealing with your general feelings about yourself. Please circle one box per row to indicate how strongly you agree or disagree with each statement.

	1 Strongly agree	2 Agree	3 Disagree	4 Strongly disagree	5 Prefer not to answer
I am satisfied with myself.	1	2	3	4	5
At times I think I am no good at all.	1	2	3	4	5
I feel that I have a number of good qualities.	1	2	3	4	5
I am able to do things as well as most other people.	1	2	3	4	5
I feel I do not have much to be proud of.	1	2	3	4	5
I certainly feel useless at times.	1	2	3	4	5
I feel that I'm a person of worth, at least on an equal plane with others.	1	2	3	4	5
I wish I could have more respect for myself.	1	2	3	4	5
All in all, I often feel that I am a failure.	1	2	3	4	5
I take a positive attitude toward myself.	1	2	3	4	5

INSTRUCTIONS: Please respond to each question or statement by marking one box per row. ***In the past 7 days...***

<i>In the past 7 days...</i>	1 Never	2 Almost never	3 Sometimes	4 Often	5 Almost always	6 Prefer not to answer

I felt afraid to go out alone	1	2	3	4	5	6
Being worried made it hard for me to be with my friends	1	2	3	4	5	6
<i>In the past 7 days...</i>	1 Never	2 Almost never	3 Sometimes	4 Often	5 Almost always	6 Prefer not to answer
It was hard to do schoolwork because I was nervous or worried	1	2	3	4	5	6
I felt afraid	1	2	3	4	5	6
I worried when I was home	1	2	3	4	5	6
I felt worried	1	2	3	4	5	6

INSTRUCTIONS: For each of the following statements, ***think about the people who live in your neighborhood.*** For each item, rate how much you agree or disagree by circling one of the numbers per row.

	1 Strongly disagree	2 Disagree	3 Neither agree nor disagree	4 Agree	5 Strongly agree	6 Don't know	7 Prefer not to respond
People around here are willing to help their neighbors	1	2	3	4	5	6	7
This is a close-knit neighborhood	1	2	3	4	5	6	7
People in this neighborhood can be trusted	1	2	3	4	5	6	7
People in this neighborhood generally don't get along with each other	1	2	3	4	5	6	7
People in this neighborhood do not share the same values	1	2	3	4	5	6	7

INSTRUCTIONS: Think about areas of **greenspace** (e.g., parks, wooded areas, gardens) that you or your family frequent in your neighborhood. Please circle one box per row to indicate the degree to which you disagree or agree with the following statements.

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	6 Prefer not to answer
I have access to greenspace(s)	1	2	3	4	5	6

They are well-kept	1	2	3	4	5	6
I can relax in these spaces	1	2	3	4	5	6
I can use these spaces for recreation (e.g., to play, exercise)	1	2	3	4	5	6
	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	6 Prefer not to answer
There is a sufficient number of greenspaces in my neighborhood	1	2	3	4	5	6
I feel a sense of belonging in these spaces	1	2	3	4	5	6
I feel a sense of ownership of the greenspace	1	2	3	4	5	6

	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree	6 Prefer not to answer
I know when these spaces are open and accessible to me	1	2	3	4	5	6
The events offered at these spaces feel culturally relevant or relevant to me	1	2	3	4	5	6

INSTRUCTIONS: Please circle one box per row to indicate the degree to which you disagree or agree with the following statements about your current school.

	1 Strongly disagree	2 Disagree	3 Neither agree or disagree	4 Agree	5 Strongly agree
I feel close to people at this school	1	2	3	4	5
I feel like I am a part of this school	1	2	3	4	5
The students at the school are prejudiced	1	2	3	4	5
I am happy to be at this school	1	2	3	4	5
The teachers at this school treat the students fairly	1	2	3	4	5
I feel safe in my school	1	2	3	4	5

INSTRUCTIONS: *Since school started this year/during the last school year*, how often did you spend time on each of the following? Please circle one box per row.

	1 Never	2 Less than once a week	3 Once a week	4 Several times a week	5 Don't know	6 Prefer not to respond
Spent time on an athletic sports team	1	2	3	4	5	6
Spent time on a group performance activity	1	2	3	4	5	6
Spent time on scouts or hobby clubs	1	2	3	4	5	6
Spent time on school activities	1	2	3	4	5	6
Spent time on religious or spiritual services	1	2	3	4	5	6
Spent time on volunteer service activities	1	2	3	4	5	6

(If you spent time on volunteer service activities) Was the volunteer service(s) strictly voluntary (you did it because you wanted to), or was it ordered by someone? Select all that apply.	Voluntary	Court ordered	Required by parents	Required by school	Required by religious/ spiritual group	Other

INSTRUCTIONS: Please report *real-life events that have happened in your neighborhood and community*. Do not report things that have happened from movies or television, conflicts with other kids at school, or conflicts between members of your family. Please circle your answer below.

	1 Never	2 Once	3 A few times	4 Lots of times	5 Prefer not to respond
How many times have you seen or heard somebody else get threatened?	1	2	3	4	5
How many times have you seen somebody else get chased by other kids, or adults?	1	2	3	4	5
How many times have you seen somebody trying to break in or force their way into somebody else's home?	1	2	3	4	5
How many times have you seen somebody else get hit, punched, or slapped?	1	2	3	4	5
How many times have you seen somebody get robbed or have something stolen from them by force (like a person beating somebody up and then taking their money)?	1	2	3	4	5

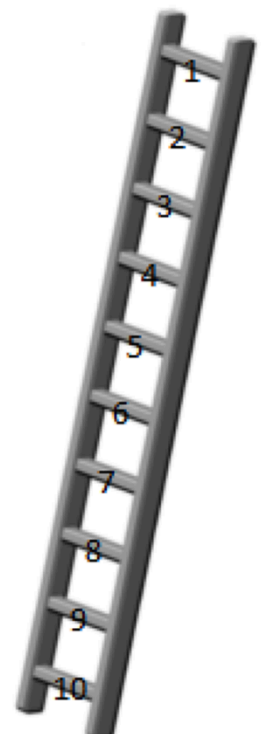
How many times have you seen somebody carrying a gun or other weapon (besides police, military, and security guards)?	1	2	3	4	5
How many times have you seen or heard gunshots?	1	2	3	4	5
How many times have you seen somebody try to hurt another person with a knife or other sharp object?	1	2	3	4	5
	1 Never	2 Once	3 A few times	4 Lots of times	5 Prefer not to respond
How many times have you seen somebody get hit with a stick, bat, pole, or club?	1	2	3	4	5
How many times have you seen somebody have a bottle, rock, or other hard object thrown at them?	1	2	3	4	5
How many times have you seen somebody get arrested or taken away by the police?	1	2	3	4	5
How many times have you seen a dead body (besides at funerals, wakes, or burials)?	1	2	3	4	5
How many times have you seen or heard somebody trying to use force or threats to get another person to do something they didn't want to do?	1	2	3	4	5
How many times have you seen somebody get killed?	1	2	3	4	5

INSTRUCTIONS: Imagine that the ladder is a way of picturing your neighborhood. At the top of the ladder are the families in your neighborhood who have the most money, the highest amount of schooling, and the jobs that bring the most respect.

Please mark "N" on the rung on the ladder that best represents where your family would be on this ladder, *compared to other families in your neighborhood*.

Now, imagine that this ladder is a way of picturing your school. At the top of the ladder are the people in your school with the most respect, the highest grades, and the highest standing. At the bottom are the people whom no one respects, no one wants to hang around with, and have the worst grades. Where would you place yourself on this ladder?

Please mark "S" on the rung on the ladder that best represents where you would be on this ladder, *compared to other people in your school*.



Thank you for completing the CARE survey! We greatly appreciate your participation. Please indicate your answer to the following question in the corresponding box.

Payment Options

- I would like a \$20 gift card to an online catalog of stores, restaurants, movies, etc emailed to me. (This email will only be used for payment purposes and deleted once your payment is received.) Please provide the email address you would like to receive your gift card link: _____
- I would like a \$20 VISA debit card mailed to my address.