## **Decision Making Survey Questions**

## When I Have A Decision to Make ...

Please check the box that most closely matches what you think about the following statements						
Define the Problem	Never	Rarely	<b>Sometimes</b>	Often	Always	
1. I easily identify my problem.	0	0	0		0	
2. I think about the problem before I take action.	0	0	0	0	0	
3. I look for information to help me understand the problem.	0	0	0	0	0	
4. I ask others to help me identify my problem.	0	0	0		0	
Identify the Alternatives	Never	Rarely	<b>Sometimes</b>	Often	Always	
5. I think about ways of dealing with my problem.	0	0	0	0	0	
6. I think before making a choice.	0	0	0	0	0	
7. I discuss choices with my friends before making a decision.	0	0	0	0	0	
8. I discuss choices with my parents before making a decision.	0	0	0	0	0	
Identify the Risks and Consequences	Never	Rarely	<b>Sometimes</b>	Often	Always	
9. I look for positive points of possible choices.	0	0	0	0	0	
10. I look for negative points of possible choices.	0	0	0	0	0	
11. I consider the risks of a choice before making a decision.	0	0	0	0	0	
12. I consider the benefits of a choice before making a decision.	0	0	0	0	0	
Select an Alternative	Never	Rarely	<b>Sometimes</b>	Often	<b>Always</b>	
13. I make decisions based on what my parents tell me.	0	0	0	0	0	
14. When faced with a decision, I realize that some choices are better than others.	0	0	0	0	0	
15. I make a decision by thinking about all the information I have about the different choices.	0	0	0	0	0	
16. I prioritize my choices before making a decision.	0	0	0	0	0	

Implement Solution	Never	Rarely	<b>Sometimes</b>	Often	Always
17. Before making another decision, I think about how the last one turned out.	0	0	0	0	0
18. I do think of past choices when making new decisions.	0	0	0	0	0
19. If I experience negative consequences, I change my decision the next time.	0	0	0	0	0
20. Decision-making is easy for me.	0	0	0	0	

## **What Factors Influence Your Decisions?**

		Never	Rarely	Sometimes	Often	Always
1.	Personal experience	0	0	0	0	0
2.	Close friends	0	0	0	0	0
3.	Feelings or emotions	0	0	0	0	0
4.	Parents	0	0	0	0	0
5.	<b>Brothers and sisters</b>	0	0	0	0	0
6.	Personal values	0	Ö	0	0	0
7.	Advertising	0	0	0	0	
8.	Television or movies	0	0	0	0	0
9.	Peer pressure	0	0	0	0	0
10.	Other adults	0	0	0	0	

## When thinking about your experience in Young Spartan Program

	Not at all	A little	Somewhat	Very Much
1) How much choice did you have about this activity?	0	0	0	0
2) How important was this activity to you?	0	0	0	0
3) Was it interesting?	0	0	0	0
4) Was it challenging?	0	0	0	0
5) Did you enjoy what you were doing?	0	0	0	0
6) How hard were you concentrating?	0	0	0	0
7) Were you using your skills?	0	0	0	0

8) Did you wish you were doing something else?	0	0	0	0
Comments about the survey or				A
Young Spartan Program?				$\overline{\mathbf{v}}$