**Youth Spirit Survey**

You are being asked to participate in a survey that is being conducted by *(the Youth Spirit Program).*

##### The survey will take about 20 minutes to complete.Your answers will be kept confidential. Your name will not be on the survey and no one will be able to connect your responses to you.

##### Your completion of this survey serves as your voluntary agreement to participate. You may choose not to take the survey. You may also choose to skip questions that you do not want to answer. You may stop answering at any point in the survey.

##### This survey has been reviewed and approved by the (insert - Institutional Review Board Name). This committee is responsible for protecting the rights and welfare of research participants and tribal members.

##### If you have any questions about your rights in this study, you may contact (insert – IRB head and/ or Project Investigator name, phone #, email).

**Instructions:**

**When you see a box, please indicate your answer with an “X” or check mark.**

Example: Do you like ice cream?

* No
* Yes

**When you see a box, please circle the answer that best fits how you feel.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I like chocolate ice cream.  | StronglyDisagree | Disagree | Neither  | Agree | Strongly Agree |

