



Solano Youth Voices

A partner of the Children's
Network of Solano County

Your Experiences

- ❖ It is important to us that youth with all different types of experiences participate in our events.
- ❖ You never have to share about your personal experiences at our events unless you want to.
- ❖ We do list the total number of youth at our events who have had these experiences, but we cannot connect the names of youth with the experiences.

Age _____ City You Live In _____ Race/Ethnic Background (Optional) _____			
Please tell us which of the following you have or have not experienced.	YES	NO	DON'T KNOW
My family qualified for free lunch at school or other help from the government	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt unsafe at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt unsafe at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had emotional challenges (mental health)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt like hurting myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am LGBTQ+	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immigration laws affect myself and/or my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am in Foster Care/Guardianship/Do Not Live with My Birth Parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been bullied	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have worried about my education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes it is difficult to get transportation to important places like school or work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have used drugs and/or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been homeless (this includes couch-surfing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have chronic medical problems (medical problems that last a very long time or forever)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been in trouble with the law	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been pregnant or a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have had difficulty finding something fun to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have experienced human trafficking (been prostituted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have been affected by gun violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I do not feel prepared to find and keep a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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