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## DEVELOPMENTAL ASSETS PROFILE

Self-Report for Youth

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**NAME / ID:** \_\_\_\_\_ **TODAY'S DATE:** Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Yr: \_\_\_\_\_

**SEX:**  Male  Female **AGE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_ **BIRTH DATE:** Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Yr: \_\_\_\_\_

**RACE/ETHNICITY:** \_\_\_\_\_

**INSTRUCTIONS:** Below is a list of positive things that you might have in *yourself, your family, friends, neighborhood, school, and community*. For each item that describes you **now or within the past 3 months**, check if the item is true:

**Not At All or Rarely      Somewhat or Sometimes      Very or Often      Extremely or Almost Always**

If you do not want to answer an item, leave it blank. But please try to answer all items as best you can.

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Not At All or Rarely	Somewhat or Sometimes	Very or Often	Extremely or Almost Always
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**I . . .**

- |                          |                          |                          |                          |   |
|--------------------------|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. I feel good about my future.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. I think it is important to help other people.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. I feel safe and secure where I currently live.                           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. I resolve conflicts without anyone getting hurt.                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. I am actively engaged in learning new things.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. I am involved in a religious group or activity.                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. I do music, dance, drama, art, sports or other play.                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. I am involved in meaningful tasks.                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. I am eager to do well in school.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. I have friends who set good examples for me.                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. I have adults who are good role models for me.                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 12. I have support from teachers and adults other than my parenting adults. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 13. I have a family that gives me love and support.                         |

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**THANK YOU FOR COMPLETING THIS SURVEY.**

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