

Alumni Survey

Start of Block: Consent Form

Aloha! Welcome to the MA'O Kauhale Youth Leadership Training (YLT) Participant Survey. Hawai'i Integrated Analytics has been contracted by MA'O Organic Farms to collect information through this survey from you and other MA'O and Digital Media (DMED) YLT participants about your experience in the internship and how it has impacted your life. Your kōkua is greatly appreciated. **Why is this study being done?**

The purpose of this project is to evaluate the YLT experience and its impact. The information gathered here will enable MA'O to better serve future participants, to secure funding to support more Wai'anae youth, to more fully understand the extended MA'O 'ohana, and to advocate for education, community and policy improvements in Wai'anae and beyond. MA'O is very interested in your feedback about the YLT experience, which will help them to evolve and improve the program to benefit future participants. The survey includes several open ended questions where we encourage you to share your candid perspective. Finally, this survey is the first step toward offering more opportunities for YLT participants to (re)connect with each other, with MA'O, and with 'āina, if you so choose.

What am I being asked to do?

If you participate in this study, you will be asked to complete a questionnaire that includes about 200 questions. You will be asked about your socio-economic, education and health details, as well as the YLT experience itself. Your participation in this questionnaire should take about 60 minutes. At the end of the survey you will be given an option to participate in an additional survey element that includes the collection of health metrics. Some of you will also be invited to participate in a follow-up interview. **Compensation:**

You will receive compensation of **\$15** for completing the Questionnaire. You will also be given the option to provide health data, for an additional compensation of **\$50**.

Taking part in this study is your choice.

You may choose whether to take part in this study. You may also change your mind about participating at any time. If you choose not to be in the study, there is no penalty or loss to you.

What are the risks and benefits of taking part in this study?

There is a small risk that survey questions will bring up feelings of discomfort. There is the option to leave questions unanswered or choose the option "Decline to respond." There is a small risk of the loss of privacy by disclosing your information. To reduce this risk, your personal identification will be removed from all of your responses to the questions. Your personal

identification will be secured and locked. Only Hawai'i Integrated Analytics (**not** MA'O) will have access to your personal information. HI'A will keep all information under strict confidentiality. There may be other unforeseen risks not included here. Although this study will not provide any direct benefit to you beyond the \$15 incentive (and \$50 for the health metrics), it may provide a benefit to MA'O and future generations of interns.

Results of Research:

After analysis by HI'A, MA'O Organic Farms will disclose the aggregate results of this project to stakeholders, funders and the community at large, and to you. These results will be emailed and mailed to the address that you provide on the intake form.

Privacy and Confidentiality:

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission, or as required by law. Your responses will be associated with a code number. The list of names and matching code numbers will be kept separate from the other study information and will be available only to Hawai'i Integrated Analytics. These codes will not be made available to MA'O or any of its staff. Any results of this study will be summarized in a way that does not identify you personally. We will report our findings in a way that protects your privacy and confidentiality to the extent allowed by law.

Compensation for Injury and Study Termination:

It is highly unlikely that you will get an injury or illness related to your participation in this study, but if that happens, any treatment will be at your own expense. MA'O Organic Farms and Hawai'i Integrated Analytics reserve the right to terminate subject participation at any time, including but not limited to the noncompliance with timely submission of the questionnaire and samples, not showing up to appointments, availability of funding and collection of sufficient data resulting in early termination of the project. **Questions: For any questions about the study please email: info@hia.llc**

If you agree to participate in this project, please read the paragraph below, type your name, and click continue. If you do not agree to participate, please close this window. **"I freely give my consent, or agree, to participate in this study as described above."**

Please write your full name:

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The following set of questions relate to you in the **present**. There will be an opportunity later in the questionnaire to comment on your experience in the YLT.

You can track your progress on the questionnaire using the percent complete status bar at the bottom of the page.

Your responses will auto-save. You may partially complete the survey, leave, and even close your browser, and return later to complete and submit your response using the link provided.

You have a unique link to the survey that will ensure all of your answers are saved and submitted together.

End of Block: Consent Form

Start of Block: Participant Information

Demographic Information

Name of Participant (Last, First, MI):

Mailing Address:

Residential Address:

Which Kauhale YLT Program did you participate in?

- MA'O Organic Farms (1)
 - Digital Media (Searider Productions or Mākaha Studios) (2)
-

Post-YLT, do you maintain connections with: (select all that apply)

- Members of your own YLT cohort (1)
 - Members of other YLT cohorts (4)
 - MA'O or DMED staff (5)
 - Other (6) _____
 - None (7)
-

Would you like to build deeper or more connections with: (select all that apply)

- Members of your own YLT cohort (1)
 - Members of other YLT cohorts (4)
 - MA'O or DMED staff (5)
 - I am not interested in building any more connections (6)
-

If you would like to connect, how would you like to do so: (select all that apply)

- Annual reunion (1)
 - Webinar series (4)
 - Farm visit (5)
 - Farm volunteer work trip (6)
 - Online forum to discuss career, community & other shared interests (7)
 - Other. Please describe: (8)
-
- None (9)

How many semesters did you complete as a YLT intern?

- Less than one (1)
 - One (2)
 - Two (3)
 - Three (4)
 - Four (5)
 - Five or more (6)
 - I don't know (7)
-

If you left the YLT before completing your AA degree, what were the reasons? (*Check all that apply*)

- Transportation (1)
 - Child care support (4)
 - Housing (5)
 - Financial pressure (6)
 - Academic difficulty (7)
 - Lack of family support (8)
 - Found another job (9)
 - Transfer to another/different academic program (10)
 - Did not enjoy the YLT (11)
 - Other: (12) _____
 - Does not apply (3)
-

If you left the YLT before completing your AA degree, what was the biggest reason? (*Select only one*)

- Transportation (1)
 - Child care support (4)
 - Housing (5)
 - Financial pressure (6)
 - Academic difficulty (7)
 - Lack of family support (8)
 - Found another job (9)
 - Transfer to another/different academic program (10)
 - Did not enjoy the YLT (11)
 - Other: (12) _____
-

What other roles, if any, have you held at MA'O? *(Check all that apply)*

- Alaka'i (8)
- Apprentice (2)
- Co-manager (3)
- HYLIT (ho'owaiwai or extern youth leadership training intern) (1)
- Staff (4)
- Step Up Intern (SUI) (7)
- None (5)
- I don't know (6)

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Date of birth

Month (1)	▼ January (1) ... (105)
Day (2)	▼ January (1) ... (105)
Year (3)	▼ January (1) ... (105)

How do you identify?

- he/him/his (1)
- she/her/hers (4)
- they/them/theirs (5)
- z/hir/hirs (6)
- Other or decline to state (3)

What are the ethnic groups you identify with (Check all that apply)

- African American (1)
- Caucasian (2)
- Chinese (3)
- Filipino (4)
- Native Hawaiian (5)
- Latino (6)
- Japanese (7)
- Korean (8)
- Native American (11)
- Pacific Islanders (12)
- Other (14) _____



Of the ethnic groups you chose above, which one do you most identify with? (Select only one)

- African American (1)
- Caucasian (2)
- Chinese (3)
- Filipino (4)
- Native Hawaiian (5)
- Latino (6)
- Japanese (7)
- Korean (8)
- Native American (11)
- Pacific Islander (14)
- Other (15) _____

End of Block: Participant Information

Start of Block: Education

Education Attainment

What is/was your major in college?

▼ Accounting (1) ... Other or I did not graduate from College (316)

Did you have a double major in college?

- No (1)
 - Yes. Please Specify: (2) _____
-

What is the highest degree you earned?

- High school diploma or equivalency (GED) (1)
 - Associate degree (junior college) (2)
 - Bachelor's degree (3)
 - Master's degree (4)
 - Doctorate degree (5)
 - Other. Please describe: (6) _____
-

What year did you earn the highest degree?

How many semesters did it take for you to obtain your Associate in Arts (AA) degree?

Do you aspire to attain another degree?

- Yes (1)
 - No (2)
 - Not sure (3)
-

Please indicate the degree that you aspire to attain

- Associate degree (junior college) (1)
 - Bachelor's degree (2)
 - Master's degree (3)
 - Doctorate degree (4)
 - Other (5) _____
-

Are you currently pursuing another degree?

- Yes (1)
 - No (2)
-

Please indicate the degree that you are pursuing

- Associate degree (junior college) (1)
 - Bachelor's degree (2)
 - Master's degree (3)
 - Doctorate degree (4)
 - Other (5) _____
-

Have you achieved any additional professional certifications?

- No (8)
 - Yes. Please specify the additional professional certification(s): (9)

-

Page Break _____

Are you a first generation college student? (Are you the first generation in your immediate family to attend college, regardless of whether you have graduated?)

- Yes (1)
 - No (2)
 - Don't know (3)
-

Do you think that your time in the YLT program inspired anyone in your family or community to go to college or further their professional training?

- Yes (1)
 - No (2)
 - Don't know (3)
-

If yes, who did you inspire? (check all that apply)

- Sibling (1)
 - Parent (2)
 - Other relative (3)
 - Friend (4)
 - Children (5)
 - Other. Please specify: (6)
-
- I don't know (7)

Please state how much you agree with the following statements regarding education:

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)	Don't know (5)
I value life-long learning. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I value 'āina based learning. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe college can positively impact my life. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I believe college has positively impacted my life. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I want the young people in my life (children, nieces, nephews, etc.) to get a college degree (Associate, Bachelors, etc.). (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Education

Start of Block: Socioeconomic status

Socioeconomic Status

What is your domestic status?

- Single, never married (1)
 - Married or with domestic partner living together (2)
 - Divorced and/or living separated, without domestic partner (3)
 - Divorced and/or living separated, with domestic partner (4)
 - Divorced and remarried (5)
 - Widowed (6)
-

Do you have any children?

- I don't have any children (1)
 - I have one child (2)
 - I have two children (3)
 - I have three or more children (4)
-

How old were you at the birth of your first child?

- 18 or younger (1)
 - 19-24 (2)
 - 25-29 (3)
 - 30-35 (4)
 - 35 or older (5)
-

Including you, how many people live in your household? (If you live alone, choose "1")

▼ 1 (1) ... 10 or more (10)

Of these people, how many are children 18 years old and younger?

▼ 0 (1) ... 9 or more (10)

Of these people, **how many are grandparents/kūpuna?**

▼ 0 (1) ... 5 or more (10)

What is your current housing arrangement? (Check all that apply)

- I live alone. (1)
 - I live with my parents. (2)
 - I live with friends or housemates. (3)
 - I live with my spouse/partner/children. (4)
 - I live in a Hawaiian homestead. (5)
 - I am houseless. (6)
-

What is your current housing situation? (Check all that apply)

- I own my own home. (1)
 - I rent or lease my own home. (2)
 - I contribute to my parent's mortgage or rent. (3)
 - I contribute to rent with other family, friends or housemates. (4)
 - I do not make a financial contribution to my housing situation. (5)
-

Do you currently live in Hawai'i?

- Yes (1)
 - No (2)
-

Why did you leave Hawai'i? (select all that apply)

- Cost of living in Hawai'i is too high (1)
 - to be closer to family (4)
 - to be with my spouse or partner (5)
 - for social support (6)
 - for a job opportunity (7)
 - for an academic opportunity (8)
 - I was relocated with the military (9)
 - other. Please describe: (10)
-

Which of these categories best describes your total combined family income (the family with whom you have shared financial resources for the past 12 months)? This should include income (before taxes) from all sources, wages, rent from properties, social security, disability and/or

veteran's benefits, unemployment benefits, workman's compensation, help from relatives (including child payments and alimony), etc

- Less than \$25,000 (1)
 - \$25,001 to \$50,000 (2)
 - \$50,001 to \$75,000 (3)
 - \$75,001 to \$100,000 (4)
 - \$100,001 to \$125,000 (5)
 - More than \$125,000 (6)
 - Don't know (7)
 - Decline to respond (8)
-

Please list the last three jobs in chronological order (starting with your most current position):

	Employer (1)	Position/Title (2)	Do you manage others? (Yes/No) (3)	Wage (hourly or salary) (4)	Duration of Employment (6)
Most current job (1)					
Previous job (2)					
Previous job (3)					

Do you consider yourself to be or have been a leader (regardless of your title) at any of these three organizations? Please answer Yes or No, and explain:

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Has COVID-19 impacted your employment in any of the following ways? *(Check all that apply)*

- Increased wages (1)
 - Increased hours/workload (2)
 - Reduced wages (3)
 - Reduced hours/workload (4)
 - Furloughed (5)
 - Unemployed (6)
 - Other. Please specify: (8)
-

- No changes (9)
-

Are you currently receiving any of the following public services? *(Check all that apply)*

- Medicaid (QUEST) (1)
 - SNAP (2)
 - Unemployment benefits (3)
 - I am not receiving any of these (4)
-

How long is your commute to work? (one way)

- Less than 15 minutes (1)
- 15-30 minutes (2)
- 31-60 minutes (3)
- 61-90 minutes (4)
- 90 minutes 2 hrs (5)
- 2 -3 hours (6)
- More than 3 hours (7)
- I am currently unemployed (8)

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Is there another space outside of work (e.g. volunteering) where you find purpose or meaning?
Please answer Yes or No, and explain:

Page Break

Please indicate the following regarding your finances:

	Never (1)	Sometimes (2)	Often (3)	Usually (4)	Always (5)
I keep track of my expenses on a regular basis (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I put money aside for savings, future purchases, or emergencies (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I pay my credit card bills on time each month and am almost never later (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I prepare a budget every month (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I make goals about how to spend money (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I discuss financial goals with my family (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I comparison-shop or buy things on sale (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel secure in my current financial situation (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Have any of your friends or family members experienced incarceration (gone to prison or jail)?
(Check all that apply).

- Parent (1)
 - Other caregiver (2)
 - Other relative (e.g. sibling, cousin) (3)
 - Friend (4)
 - No or don't know (5)
-

Has your parent or other caregiver been convicted of a felony? (Check all that apply)

- Yes (1)
 - No (2)
 - Not sure (3)
-

Have you been arrested and/or gone to prison or jail since leaving the YLT? (Check all that apply)

- Arrested (1)
- Was in prison (2)
- Convicted of felony (3)
- Convicted of a misdemeanor (4)
- Was in jail (5)
- Decline to answer (6)
- I have not been arrested and/or incarcerated since leaving the YLT (7)

End of Block: Socioeconomic status

Start of Block: Health Status

Health Status

Please recall that all information provide will be kept strictly confidential. The results will only be shared in aggregate and your name will not be associated with your answers.

Please rank the sources of your/your family's food from most to least amount (1 being the most amount and 7 being the least amount)

- _____ Grocery store (1)
- _____ Farmer's Market or CSA (2)
- _____ Fast food restaurants (3)
- _____ Sit-down restaurants (4)
- _____ Foodbank or other service provider (5)
- _____ Food that you, your family, or friends grow/harvest (6)
- _____ Other: (7)

"The food that we bought just didn't last, and we didn't have money to get more." Was that often, sometimes, or never true for your household in the last 12 months?

- Often true (1)
 - Sometimes true (2)
 - Never true (3)
 - I don't know (4)
-

"In the last 12 months we couldn't afford to eat balanced meals." Was that often, sometimes, or never true for your household in the last 12 months?

- Often true (1)
 - Sometimes true (2)
 - Never true (3)
 - I don't know (4)
-

In the last 12 months, did you/you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Yes (1)
 - No (2)
 - I don't know (3)
-

In the last twelve months, how often did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- Almost every month (1)
 - Some months but not every month (2)
 - Only 1 or 2 months (3)
 - I don't know (4)
-

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food?

- Yes (1)
 - No (2)
 - I don't know (3)
-

In the last 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes (1)
 - No (2)
 - I don't know (3)
-

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If there are any barriers to you and your family having enough safe, nutritious, and healthy food, what are they? (check all that apply)

Income (1)

Affordability (2)

Transportation (3)

Location - healthy food is more than 10 miles away (4)

Other (5) _____

None (6)



In the following ways, how strongly do you connect to the 'āina?

	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)
I think or I feel that 'āina (land) and wai (water) are important community assets (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I value local, organic, and/or sustainable agriculture (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I know and eat fruits and vegetables (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat foods that are locally produced and/or naturally/organically grown (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I choose foods that are healthy and nutritious (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I grow our own fruits and vegetables (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hunt and/or fish for our own meat/fish (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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MA'O values ola (holistic health) in all aspects, including mental health. The following questions will ask about your feelings, including those of sadness and depression.

How often do you feel depressed or sad?

- Every day (1)
 - A few times a week (2)
 - A few times a month (3)
 - About once a month (4)
 - Less than once a month (5)
 - Decline to answer (6)
-

Who do/can you talk to when you are depressed or feeling sad?

Spouse/partner (1)

Friend (2)

Parent (3)

Sibling (4)

Mental health provider (e.g. psychiatrist, clinical psychologist) (5)

Work or school staff (6)

I don't have anybody I can talk to when feeling sad or depressed (7)

Other (8) _____

Decline to answer (9)

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Indicate your agreement with the statements, referring to your feelings over the past year, before COVID-19 (March 2020):

	Decline to Answer (5)	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I feel that I'm a person of worth, at least on an equal plane with others. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude toward myself. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I am satisfied with myself. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

At times I
think I am not
good at all.
(10)



Indicate your agreement with the statements, referring to your feelings since the pandemic began in March 2020

	Decline to Answer (5)	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
I feel that I'm a person of worth, at least on an equal plane with others. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I have a number of good qualities. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
All in all, I am inclined to feel that I am a failure. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am able to do things as well as most other people. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I do not have much to be proud of. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I take a positive attitude toward myself. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On the whole, I am satisfied with myself. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I could have more respect for myself. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I certainly feel useless at times. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

At times I think I am not good at all. (10)

If your feelings about yourself have changed in the past six months or so, what do you think caused this change? (check all that apply)

Fear and anxiety driven by COVID-19 (1)

Health issues (2)

Relocating (3)

Loss of a loved one (4)

Loss of employment (5)

Got a new job (6)

New relationship or got married (7)

Had a baby (8)

Uncertainty about the future (9)

Other. Please describe: (10)

My feelings have not changed over the past six months (11)

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Especially in this time of increased stress and uncertainty, the MA'O 'ohana extends our care and concern for your mental health. Should you or your loved ones need support, we encourage you to utilize these resources:



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For the past month, about how often have you taken part in moderate physical activity (such as bowling, golf, light sports or physical exercise, gardening, long walks)

- More than 4 times a week (1)
 - 2-4 times a week (2)
 - About once a week (3)
 - 2-3 times over the month (4)
 - Rarely or never (5)
-

For the past month, about how often have you taken part in vigorous physical activity (such as jogging, running, swimming, aerobics, or strenuous sports)

- More than 4 times a week (1)
 - 2-4 times a week (2)
 - About once a week (3)
 - 2-3 times over the month (4)
 - Rarely or never (5)
-

During the past month, have you smoked cigarettes, chewing tobacco?

- Never (1)
 - Once or twice (2)
 - More than 3 times (3)
-

During the past month, have you used electronic cigarettes (e-cigarettes, vape pens, and other vaping devices)?

- Never (1)
 - Once or twice (2)
 - More than 3 times (3)
-

How often do you consume alcohol in a month?

- Never (1)
 - 1-2 times a month (2)
 - 3-4 times a month (3)
 - More than 4 times a month (4)
-

During the past month, have you been drunk?

- Never (1)
 - Once or twice (2)
 - More than 3 times (3)
-

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Body Mass Index

What is your height (feet, inches)? (1)

What is your weight? (pounds) (2)

Please select all illness(es) that apply for you and for your family:

	Myself (8)	Mother (1)	Father (2)	Sibling (3)	Aunt/Uncle (4)	Cousin (5)	Other (6)	None (7)
Asthma (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Type I (3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes Type II (4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating disorder (Bulimia, Anorexia or Binge Eating) (5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High Cholesterol (6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure) (7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other chronic illness (8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have health insurance?

- Yes, provided at work or by family member (1)
- Yes, provided by government (e.g., MedQuest or Medicaid) (2)
- Yes, private insurance (3)
- No, I do not have health insurance (4)
- Other (5) _____

Where do you go for medical care?

- I don't have any place to go (1)
- Private Doctor's Office (2)
- Wai'anae Coast Comprehensive Health Center (3)
- Kaiser Permanente clinic (4)
- Queen's Medical Center (5)
- Emergency Department (6)
- Other clinic (7) _____
- Other (8) _____

How often do you go to your doctor (primary care physician)

- I never go to the doctor/I don't have a doctor (1)
 - I go every year for a Physical Exam and when I'm sick (2)
 - I only go when I'm sick (3)
-

Do you have trouble getting to your doctor's (primary care) appointments? Why? (Select all that apply)

- I never go to the doctor/I don't have a doctor (1)
 - Doctor's hours are not convenient to me or my family (2)
 - Doctor's office is far and there are few transportation options (3)
 - Doctor's office has a long waiting list; appointments have to be made weeks in advance (4)
 - I don't have any trouble getting to a doctor's appointment (5)
-

How many days of work or school did you miss for doctor's (primary care) appointments in the past year?

- I didn't have to miss school/work to go to a doctor's appointment in the past year (1)
 - I didn't go to the doctor last year (2)
 - 1 or 2 days (3)
 - 3 days or more (4)
-

How many days of work or school did you miss in the past year due to illness (e.g., you were at the hospital or at home)?

- 0 (1)
 - 1 or 2 days (2)
 - 3 to 6 days (3)
 - 7 days or more (4)
 - I don't know (5)
-

In the past year, have you had a regular checkup or physical exam?

- Yes (1)
 - No (2)
-

This section asked about your physical and mental health. Health can also be understood more holistically to include your broader well-being. What does well-being mean to you?

End of Block: Health Status

Start of Block: Eating Habits

Eating Habits

These next questions ask you about the foods you ate over the PAST MONTH

	Never (1)	Sometimes (2)	Often (3)	Always (4)
How often did you eat fish? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat broiled or baked fish? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat fried fish? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat chicken? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat broiled or baked chicken? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat fried chicken? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you take off the chicken skin? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat spaghetti or pasta? (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat a meatless tomato sauce? (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat red meat? (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat red meat only small portions? (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you remove the visible fat in red meat? (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often did you have a vegetarian dinner? (13)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat fish or chicken instead of red meat? (14)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you drink milk or use milk on cereal? (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often was it very low (1%) or non-fat skim milk? (16)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat cheese (include sandwiches or in cooking)? (17)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often was it specially made, low-fat (diet) cheese? (18)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat frozen desserts (ice cream, sherbet, etc.)? (19)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you choose frozen yogurt, sherbet, or non-fat ice cream instead of regular ice cream? (20)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often did you eat cooked vegetables? (21)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often did you put butter or margarine on the vegetables? (22)

How often did you eat rice or potatoes? (23)

How often did you eat fried rice or fried potatoes? (24)

How often did you eat bake/steam potatoes or steam rice? (25)

How often did you eat potatoes with butter, margarine, or sour cream? (26)

How often did you eat green salads? (27)

How often did you use no dressing? (28)

How often did you use low-calorie, diet dressing? (29)

How often did you eat organic food? (30)

How often did you eat beans, peas, or lentils as a vegetable or main course? (31)

How often did you eat at least two vegetables (not a green salad) at dinner? (32)

How often did you eat a vegetable (not green salad) at lunch? (33)

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How important is it for you to eat organic food?

- It's a must. I do not eat unless it is organic. (1)
- Very important. I eat when organic is an option regardless of the price. (2)
- Sometimes. I try to eat organic when available if the price is not too high. (3)
- Never (4)

These next questions ask your consumption of non-alcoholic drinks

	Two or more times a day (1)	About once a day (2)	Only a few days a week (3)	A few days a month (less than 2 times a week but more than once) (4)	Almost never (1 or less than one day a week) (5)
How often do you consume sodas (Coke, Pepsi, Sprite, etc) or other bottled drinks? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you have a diet or sugar-free version of soda? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you consume coffee or tea? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How often do you consume juices (orange, apple, mango, etc)? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Social networks

Please answer these questions based on interaction between **you and your family (relatives)**

	None (1)	One or two (2)	Three or four (3)	Five to eight (4)	Nine or more (5)
How many relatives do you see or hear from at least once a month (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many relatives do you feel at ease with that you can talk about private matters (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many relatives do you feel close to such that you could call on them for help (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reflect on your relatives...Please evaluate **how influential your relatives** are in the following categories

	N/A or does not influence me (0%) (6)	Slightly Influential (1%-10%) (5)	Mildly Influential (11%-25%) (4)	Influential (25%-50%) (3)	Very Influential (51-75%) (2)	Highly influential (over 75% of the decisions) (1)
Eating (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking (non-alcoholic) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcoholic drinks (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking/chewing tobacco/vaping (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using recreational drugs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercising (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selecting recreational activity (beach, party, TV, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving everyday life advice (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving work/academic advice (e.g., job search, going to college) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Please answer these questions based on interaction between **you and your friends (non-relatives)**

	None (1)	One or two (2)	Three or four (3)	Five to eight (4)	Nine or more (5)
How many friends do you see or hear from at least once a month (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many friends do you feel at ease with that you can talk about private matters (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How many friends do you feel close to such that you could call on them for help (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Reflect on your friends (non-relatives)...Please evaluate **how influential your friends** are in the following categories

	N/A or does not influence me (0%) (6)	Slightly Influential (1%-10%) (5)	Mildly Influential (11%-25%) (4)	Influential (26%-50%) (3)	Very Influential (51-75%) (2)	Highly influential (over 75% of the decisions) (1)
Eating (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking (non-alcoholic) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Drinking alcoholic drinks (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoking/chewing tobacco (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using recreational drugs (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Exercising (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Selecting recreational activity (beach, party, TV, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving everyday life advice (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Receiving work/academic advice (e.g., job search, going to college) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Social networks

Start of Block: Community Orientation

Community Connectedness

Do you feel connected with the community where you live?

Yes. Please tell us what is your community: (1)

No (2)

Do you feel connected with a community *other* than where you live (can be another place or a non-place based community like an organization or group of people)?

Yes. Please tell us what is your community: (1)

No (2)

Please answer the following questions with regards to the community that you feel connected to.

How important is it to you to feel a sense of community with other community members?

- Not Important at All (1)
- Not Very Important (2)
- Somewhat Important (3)
- Important (4)
- Very Important (5)
- Prefer Not to be Part of This Community (6)

Page Break

Please answer the following questions with regards to the community you feel connected to currently.

How well do each of the following statements represent how you feel about your community?

	Not at All (1)	Somewhat (2)	Mostly (3)	Completely (4)
I get important needs of mine met because I am part of this community. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community members and I value the same things. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
This community has been successful in getting the needs of its members met. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being a member of this community makes me feel good. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I have a problem, I can talk about it with members of this community. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
People in this community have similar needs, priorities, and goals. (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can trust people in this community. (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I can recognize most of the members of this community. (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most community members know me. (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This community has symbols and expressions of membership such as clothes, signs, art, architecture, logos, landmarks, and flags that people can recognize. (10)

I put a lot of time and effort into being part of this community. (11)

Being a member of this community is a part of my identity. (12)

Fitting into this community is important to me. (13)

This community can influence other communities. (14)

I care about what other community members think of me. (15)

I have influence over what this community is like. (16)

If there is a problem in this community, members can get it solved. (17)

This community has good leaders. (18)

It is very important to me to be a part of this community. (19)

I am with other community members a lot and enjoy being with them. (20)

I expect to be a part of this community for a long time. (21)

Members of this community have shared important events together, such as holidays, celebrations, or disasters. (22)

I feel hopeful about the future of this community. (23)

Members of this community care about each other. (24)

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If you do not feel connected to community now, did you feel connected to community in the past? How or why has this changed?

Please describe your current or desired community connection:

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Do you identify with any of the following? (check all that apply for you and for your family)

	Me (1)	My Family (2)
I/my family feel that our social and cultural narratives are valuable (1)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family appreciate the history of our community (2)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family use storytelling to educate, to preserve culture, to teach values, and to entertain (3)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family value stories that are locally researched and produced (4)	<input type="checkbox"/>	<input type="checkbox"/>

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Do you identify with any of the following? (check all that apply for you and for your family)

	Myself (1)	My family (2)
I/my family participates in Hawaiian activities offered in the community (ho'ike, ho'olaule'a) (1)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family has interest in/speaks Hawaiian language- 'olelo (2)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family advocates for issues that affect the Hawaiian community (sovereignty, Mauna Kea) (3)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family appreciates the Hawaiian culture and its values (malama 'aina, kukulu kumuhana) (4)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family perpetuates the Hawaiian culture through practice (hula, farming, paddling) (5)	<input type="checkbox"/>	<input type="checkbox"/>
None of the above (6)	<input type="checkbox"/>	<input type="checkbox"/>

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Do you identify with any of the following? (check all that apply for you and for your family)

	Myself (1)	My Family (2)
I/my family participates in cultural activities offered in the community (festivals, etc.) (1)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family has interest in/speaks a language other than English or Hawaiian (2)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family advocates for issues that affect our community well-being (3)	<input type="checkbox"/>	<input type="checkbox"/>
I/my family perpetuates our ancestral family culture through practice (dance, music, food) (4)	<input type="checkbox"/>	<input type="checkbox"/>
None of the above (5)	<input type="checkbox"/>	<input type="checkbox"/>

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How often do you participate in any of the following

	Decline to respond (6)	Never or almost never (5)	Less than once a month (4)	1-3 times a month (3)	Once a week (2)	More than once a week (1)
Volunteer/Kōkua (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aloha 'āina/malama 'āina (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn your language (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn your culture and/or traditional practices (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work in your community (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family events (e.g., prepare meals together) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community events and/or organizing (such as beach cleaning or food drive) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Religious meetings or services (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-help groups (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups (11)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provide written or in person testimony to elected officials (neighborhood board, legislature, etc.) (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Participate in sign waving or marches for political, cultural or social causes (15)

Make financial or in kind donations to political, cultural or social causes (16)

How likely are you to vote in the coming elections?

- Certain to vote (1)
- Most likely to vote (2)
- Probably won't vote (3)
- Don't know (4)
- I won't vote (5)

End of Block: Community Orientation

Start of Block: Experience within the YLT

Experience within the YLT

In this final section we ask you to reflect on how your participation in the YLT has impacted your life.

Did you change your college major while or after you participated in the Youth Leadership Training Program? If so, why?

Did you change your career pathway while or after you participated in the Youth Leadership Training Program? If so, why?

How did these aspects of your character change as a result of participating in the YLT program?

	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)
Confidence (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self determination (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Life, work, school balance (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hope about future and goals (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-care (i.e., sufficient sleep, relaxing activities, exercise, eating well) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial responsibility (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Did your pursuit of the following activities change as a result of participating in the YLT program?

	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)
Volunteer/kokua (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aloha 'āina/malama 'āina (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Further education (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learn your language and culture and/or practice (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Advocate for your education (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Work in your community (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal development opportunities (such as hula or sports activity) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer social events (such as study sessions, movie nights) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family events (such as making dinner and helping at home) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community events (such as beach clean up and food drive) (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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As a result of being a part of the YLT program, what did you learn about yourself as a person?

Which workplace related skills, if any, did you develop while you were in the YLT program?
(check all that apply)

- Attendance (1)
 - Accountability (2)
 - Communication (3)
 - Critical thinking (4)
 - Teamwork (5)
 - Mentorship (6)
 - Leadership (7)
 - Entrepreneurship (8)
 - Other. Please describe: (9)
-
- None or prefer not to respond (10)

Which skills did you develop while you were a part of the YLT program? (check all that apply)

Cultural/place based knowledge and skills (1)

Farming knowledge and skills (2)

Digital media knowledge and skills (3)

Navigation of college (4)

Other. Please describe: (6)

None of the above (7)

Page Break

Did you change as an individual in these areas as a result of participating in the YLT program?

	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)
School attendance and academic performance (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Critical thinking, problem solving skills, and academic performance (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal and interpersonal relationships (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to speak publically, to work in teams, and to manage my finances (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Personal capacities (self-identity, self-esteem, and self efficacy) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assess risk, manage results, and learn from outcomes (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After your experience in the YLT program, would you consider being an entrepreneur and going into business for yourself instead of working for someone else?

- Yes (1)
- No (2)
- I did already (3)

Page Break

Did your or your family connection to 'āina change as a result of participating in the YLT program?

(Please select a response for yourself and a response for your family)

	Myself					My family				
	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)

I/my family feels that 'āina (land) and wai (water) are important community assets (1)

((

I/my family values local, organic, and/or sustainable agriculture (2)

((

I/my family knows and eats more types of fruits and vegetables (3)

((

I/my family eats more foods that are locally produced and/or naturally/or organically grown (4)

((

I/my family chooses foods that are healthier or more nutritious (5)

((

I/my family grows our own fruits and vegetables (or other food) (6)

((

Page Break

Did your and your family connection to communication and storytelling change as a result of participating in the YLT program? (Please select a response for yourself and a response for your family)

	Myself					My family				
	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)

I/my family believes that social and cultural narratives are valuable (1)

((

I/my family appreciates the rich history of our community (2)

((

I/my family uses storytelling to educate, to preserve culture, to teach values, and to entertain (3)

((

I/my
family
values
stories
that
are
locally
researched
and
produced (4)



Page Break

How did you and your family change during your time as a part of the YLT program?

	My Family				
	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)
My family spent time together (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family prepared and ate meals together (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family communicated and supported one another (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family engaged in community activities together (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

As a result of your time in the YLT, how did you and your family's perspective on the community change?

(Please select a response for yourself and a response for your family)

	Myself					My family				
	Decreased significantly (1)	Decreased some what (2)	Increased some what (3)	Increased significantly (4)	None (5)	Decreased significantly (1)	Decreased some what (2)	Increased some what (3)	Increased significantly (4)	None (5)
I/my family wanted to create a better future for our community (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I/my family wanted better education and work opportunities for our community (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

In the YLT program, did you experience changes in the following?

	Decreased significantly (1)	Decreased somewhat (2)	Increased somewhat (3)	Increased significantly (4)	None (5)
Safe space to learn and grow (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Guidance and mentorship (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friendship and a trusted peer group (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trusted relationship with elders (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Academic support (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A professional network (college and workforce) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



As a result of your time in the YLT program, how did your awareness, knowledge, and understanding of Hawaiian culture change?

Decreased significantly (1)

Decreased somewhat (2)

Increase somewhat (3)

Decreased significantly (4)

None (5)

Page Break

In what ways did your awareness, knowledge, and understanding of Hawaiian culture change during your time as a part of the YLT program? (Please select a response for yourself and a response for your family)

	Myself					My family				
	Decreased significantly (1)	Decreased some what (2)	Increased some what (3)	Increased significantly (4)	None (5)	Decreased significantly (1)	Decreased some what (2)	Increased some what (3)	Increased significantly (4)	None (5)

I/my family participated in more Hawaiian activities offered in the community (ho'ike, ho'olaul e'a) (1)

((

I/my family had more interest in Hawaiian language and 'olelo (immersion and charter schools) (2)

((

I/my family advocated in issues that affect the Hawaiian community (sovereignty, Mauna Kea) (3)

((

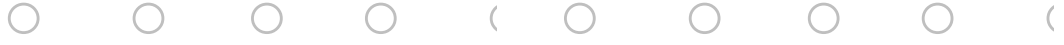
I/my family appreciated the Hawaiian culture and its values (malam a 'āina, kukulu kumuh ana) (4)

((

I/my family perpetuated the Hawaiian culture through practice (hula, farming, paddling) (5)

((

Other
(6)



Page Break _____

Did your appreciation for the 'āina change as a result of participating in the YLT program?

- Decreased significantly (1)
 - Decreased somewhat (2)
 - Increased somewhat (3)
 - Increased significantly (4)
 - None (5)
-

During your time in the YLT program, what were the ways in which you needed more support?
(check all that apply)

- Car/transportation (1)
- Phone/communication (2)
- Housing (3)
- Food access (4)
- Spending money (5)
- Childcare support (6)
- Tuition support (7)
- Academic support (8)
- Career planning (9)
- Other (10) _____
- I did not have the need of more support (11)

Please provide any additional feedback about the YLT experience and how it has impacted you:

Page Break

Please take this opportunity to share any additional final thoughts prompted by the survey and/or feedback about the YLT experience:

End of Block: Experience within the YLT

Start of Block: Block 10

Mahalo for completing the questionnaire portion of the alumni survey project. You will receive \$15 for your time. Please indicate the best method of payment:

- \$15 paypal transfer to my email (1)
- \$15 Long's e-gift card sent to my email (2)
- \$15 MA'O Produce certificate to use at farmers' markets (3)

End of Block: Block 10

Start of Block: Block 9

Health Metrics

Mahalo for your time completing the questionnaire portion of this study. There is one remaining part of the evaluation: health metrics collected through:

(1) a simple finger prick diabetes test that you can self-administer at your home (or come to our location in Wai'anae where our staff can do this for you), and

(2) a gut microbiome composition analysis that can be completed at your home and mailed to our laboratory.

As with the questionnaire responses, the results of your tests will be kept strictly confidential. Your name will not be associated with your answers. Results will only be shared in aggregate.

Upon completion of the health metrics, you will receive an additional **\$50** in compensation. You will also receive your personal test results for free. Please watch a short 2-minute video to see the importance and experience of the interns with this part of the study:

We are learning through a separate study (the Maui Ola study, ongoing since 2017) that the physical health of many interns improves while they are in the YLT. We are interested in whether these health outcomes persist after the internship. Your participation would be very valuable for MA'O and the community at large as we work to improve health outcomes in Wai'anae and beyond. Mahalo in advance for your participation in this part of the study.

Page Break

Would you be interested in participating in the Health Metrics part of the study and receive an additional \$50?

- Yes, please mail the instructions and materials to my home (1)
- Yes, I can collect the instructions and materials at your location in Wai'anae (2)
- I need more information before I can make a decision, please call or email me at: (3)

- I definitely do not want to participate in this part of the MA'O Alumni Survey Project (4)

End of Block: Block 9
