

Time signaled: _____ Time filled out: _____

1. Where were you?

2a. Were you at an **after-school program**? Yes No

2b. Name of the program:

3. What was the **main** thing you were doing?

4. What else were you doing?

5. Who was **doing** this activity with you? Circle **all** that apply.

No one	Other adults I know
Mom/stepmom	1 friend
Dad/stepdad	2 or more friends
Brother/sister Age _____	Other kids
Adult relative	Boyfriend/girlfriend
Child relative Age _____	Anyone else? Who?
Teacher(s)	_____
Program staff	_____

6. Who else was around but doing something else?

No one	Other adults I know
Mom/stepmom	1 friend
Dad/stepdad	2 or more friends
Brother/sister Age _____	Other kids
Adult relative	Boyfriend/girlfriend
Child relative Age _____	Adults I don't know
Teacher(s)	Anyone else? Who?
Program staff	_____

7. Circle an answer for **each** question about what you were doing.

Not at all Some what Pretty much Very much

a. How much choice did you have about this activity?	1	2	3	4
b. How important was this activity to you?	1	2	3	4
c. Was it interesting?	1	2	3	4
d. Was it challenging?	1	2	3	4
e. Did you enjoy what you were doing?	1	2	3	4
f. How hard were you concentrating?	1	2	3	4
g. Were you using your skills?	1	2	3	4
h. Did you wish you were doing something else?	1	2	3	4

8. How were you feeling when you were signaled? Circle an answer for **each** feeling.

Not at all A little Some what Very much

Lonely	1	2	3	4
Happy	1	2	3	4
Angry	1	2	3	4
Stressed	1	2	3	4
Excited	1	2	3	4
Bored	1	2	3	4
Scared	1	2	3	4
Sad	1	2	3	4
Relaxed	1	2	3	4
Proud	1	2	3	4
Worried	1	2	3	4

Saturday



Sunday

SCHOOL: _____

NAME: _____

DATE: _____