



Comments:

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8. Where did you stay when you were gone? *Check all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> Friends place               | <input type="checkbox"/> Other youth's place                    |
| <input type="checkbox"/> Streets                     | <input type="checkbox"/> Stranger's place                       |
| <input type="checkbox"/> Shelter/hostel              | <input type="checkbox"/> Another adult's place                  |
| <input type="checkbox"/> Parent's place              | <input type="checkbox"/> Girlfriend/boyfriend's/partner's place |
| <input type="checkbox"/> Other family member's place | <input type="checkbox"/> Past caregiver's place                 |
| <input type="checkbox"/> Other                       |   |

Comments

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9. What activities did you engage in while on the run? *Check all that apply.*

- |   |  |
|---|--|
| <input type="checkbox"/> Did drugs/drank alcohol          | <input type="checkbox"/> Left the state to see family/friend |
| <input type="checkbox"/> Hung out on the streets          | <input type="checkbox"/> Engaged in sexual activities        |
| <input type="checkbox"/> Saw my parents                   | <input type="checkbox"/> Saw my girlfriend/boyfriend/partner |
| <input type="checkbox"/> Involved in crimes (theft, etc.) | <input type="checkbox"/> Saw other family                    |
| <input type="checkbox"/> Other                            |  |

Comments

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10. How did you get food and/or money while on the run? *Check all that apply.*

- |   |   |
|---|---|
| <input type="checkbox"/> Friends                      | <input type="checkbox"/> Steal/shoplift               |
| <input type="checkbox"/> Girlfriend/boyfriend/partner | <input type="checkbox"/> Sold drugs                   |
| <input type="checkbox"/> Parents                      | <input type="checkbox"/> Worked                       |
| <input type="checkbox"/> Other family                 | <input type="checkbox"/> Sex for money, food, shelter |
| <input type="checkbox"/> Other                        |   |

Comments

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11. Were you involved in anything that put you at risk?

- Yes     No

Comments:

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12. What made you decide to leave? *Check all that apply.*

- |  |   |
|--|---|
| <input type="checkbox"/> To be with friends                  | <input type="checkbox"/> Conflict with program                |
| <input type="checkbox"/> To see parents                      | <input type="checkbox"/> Didn't mean to run, got mad and left |
| <input type="checkbox"/> To live with parent/other family    | <input type="checkbox"/> School problems                      |
| <input type="checkbox"/> To see other family members         | <input type="checkbox"/> To get high/to drink                 |
| <input type="checkbox"/> To see girlfriend/boyfriend/partner | <input type="checkbox"/> To have some excitement              |
| <input type="checkbox"/> Not feeling safe in placement       | <input type="checkbox"/> To avoid arrest                      |
| <input type="checkbox"/> To get away from caregiver          | <input type="checkbox"/> To avoid detention                   |
| <input type="checkbox"/> Other                               |   |

Comments:

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13. Did you have a plan about how to take care of yourself and did it work out? *Check all that apply.*

- Yes, I had a plan and it worked out.  
 Yes, I had a plan and it did not work out.  
 No

Other

Comments:

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14. What did you hope would happen when you left? *Check all that apply.*

Visit family

Change in placement

Visit friends

Nothing

Use drugs/drink alcohol

Not be in foster care anymore

Other

Comments:

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15. What made you decide to return? *Check all that apply.*

Got picked up by law enforcement

Needed assistance

Family

Caseworker

Friends

Attorney

Tired of running

CSEC Advocate-Mentor

Other

Comments:

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16. Is there anything or anyone that would have prevented you from running away? *Check all that apply.*

Change in placement

Family visits

Listen to me

Sibling visits

Listen to music

More time with caseworker/staff

Other

Comments:

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