

# The Away from Supervision/Runaway Event Survey

Youth's Name: \_\_\_\_\_ Date of Run: \_\_\_\_\_

We at \_\_\_\_\_ would really like for you to take a few moments to help us become more informed about why you decided to runaway and what situations or events occurred while you were away. We are very concerned when a youth decides to run away and we would like for you to help us understand why you made this decision, so we can look at ways to improve our program and your experience while in placement here. We are very happy that you have returned. Thank you very much for your assistance.

1. When did you first realize that you wanted to run away or leave the facility?

\_\_\_\_\_  
\_\_\_\_\_

2. Did you tell anyone that you were going to leave? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, who did you tell? \_\_\_\_\_ another resident \_\_\_\_\_ a staff \_\_\_\_\_ family \_\_\_\_\_ friend \_\_\_\_\_ other

3. If you left from a home visit, please answer the following questions:

a. Where were you before you left? \_\_\_\_\_ house \_\_\_\_\_ outside \_\_\_\_\_ friends \_\_\_\_\_ other

b. Who saw you leave? \_\_\_\_\_ another resident \_\_\_\_\_ teacher \_\_\_\_\_ friend/student \_\_\_\_\_ no one \_\_\_\_\_ other

c. Would you say it was? \_\_\_\_\_ easy to leave \_\_\_\_\_ somewhat difficult \_\_\_\_\_ very difficult

4. If you left from school, please answer the following questions:

a. Where did you leave from? \_\_\_\_\_ classroom \_\_\_\_\_ cafeteria \_\_\_\_\_ office \_\_\_\_\_ gym \_\_\_\_\_ other

b. Who saw you leave? \_\_\_\_\_ staff \_\_\_\_\_ family \_\_\_\_\_ friend \_\_\_\_\_ no one

c. Would you say it was? \_\_\_\_\_ easy to leave \_\_\_\_\_ somewhat difficult \_\_\_\_\_ very difficult

d. Why did you decide to leave from school?

\_\_\_\_\_  
\_\_\_\_\_

5. Where did you go when you ran?

\_\_\_\_\_  
\_\_\_\_\_

6. Who were you with while you were gone?

\_\_\_\_\_  
\_\_\_\_\_

7. While you were gone, did anyone or anything scare you or bother you? If yes, explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Did you engage in any sexual activity while you were gone? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please answer the following questions:

a. Did anyone force or threaten you into performing a sexual activity for money, food, drugs, shelter, clothes, etc..? \_\_\_\_\_ Yes \_\_\_\_\_ No

b. Did anyone give you anything (items listed above) to get you to perform a sexual activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

c. Did anyone else get something (items listed above) because you performed a sexual activity? \_\_\_\_\_ Yes \_\_\_\_\_ No

d. Did you have sex with anyone that you did not want to have sex with to receive items like money, food, clothing, shelter, drugs, etc..? \_\_\_\_ Yes \_\_\_\_ No

9. Did anyone force or bribe you into performing a work function for them while you were gone?  
\_\_\_\_ Yes \_\_\_\_ No

10. How comfortable were you with the choices you made?  
\_\_\_\_ not comfortable \_\_\_\_ so-so \_\_\_\_ OK \_\_\_\_ good \_\_\_\_ great

11. Is there something you wish you had done differently? If so, what?

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12. Did you try to follow your Runaway Contract? \_\_\_\_ Yes \_\_\_\_ No  
a. What part did you follow?

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13. What can we do to keep you or other youth from running in the future?

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14. Is there anything else you would like to share with us concerning your experience?

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Signatures:

Child: \_\_\_\_\_

Staff \_\_\_\_\_

**\*Reminder: Please contact local law enforcement and have the child removed from the NCIC registry.**