



ENTRY Survey ID PAGE

FOR USE with ALL ENTRY Surveys

Please begin by filling out the information below:

Facilitator or Teacher Name _____

What organization is implementing this program (For example, if it is your school, please provide the name of the school, if it is a community organization, name the organization) _____

Will you receive your program:

- Face to face at school
- Face to face at another location (church, community center, etc.)
- Virtually and live (such as at home on your computer)
- Virtually and pre-recorded (such as at home on your computer)
- Other _____

Select Program

- Be Proud Be Responsible
- Making Proud Choices
- Safer Choices 1
- Safer Choices 2
- 17 Days
- Reducing the Risk
- Becoming a Responsible Teen
- Making a Difference
- Sharp
- NU-Culture 6th Grade
- NU-Culture 7th Grade
- Nu- Culture 8th Grade
- Other _____

What is the Date ? _____

What is the Time? _____

COHORT ID: Your Facilitator will give you this. It is [Facilitator Initials/Date Program Started /Sequence Letter] *EXAMPLE: MM060517A* _____

Form approved
OMB Control No: 0970-0497
Expiration Date: 06/30/2023

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

PARTICIPANT ENTRY SURVEY HIGH SCHOOL AND OLDER

Thank you for your help with this important study. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your name will not be on the survey and your responses will remain private to the extent permitted by law. We want you to know that:

1. Your participation in this survey is voluntary.
2. We hope that you will answer all of the questions, but you may skip any questions you do not wish to answer.
3. The answers you give will be kept private to the extent permitted by law.

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 9 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information collected will help policy makers, program providers and other stakeholders understand the experiences of youth today and identify ways to reduce risky behaviors. This information will also inform programs on how best to serve their participants. The collection of this information is voluntary and responses will be kept private to the extent allowed by law. The OMB number for this information collection is 0970-0497 and the expiration date is 06/30/2023.

General Instructions

PLEASE READ EACH QUESTION CAREFULLY: There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question. Here are some examples.

- PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED.
- USE A PEN OR PENCIL.

1. EXAMPLE 1: MARK ONLY ONE ANSWER

What is the color of your eyes?

MARK ONLY ONE ANSWER

- Brown
- Blue
- Green
- Another color

If the color of your eyes is brown, you would mark (X) the first box as shown.

2. EXAMPLE 2: MARK ALL THAT APPLY

Do you plan to do any of the following next week?

MARK ALL THAT APPLY

- Watch a movie
- Go to a baseball game
- Study at a friend's house

If you plan to watch a movie and go to a baseball game next week, you would mark (X) both boxes.

Please answer the following questions as best you can. This first set of questions are about you.

1.

How old are you?

MARK ONLY ONE ANSWER

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20 or older

2.

What grade are you in? (If you are currently on vacation or in summer school, indicate the grade you will be in when you go back to school.)

MARK ONLY ONE ANSWER

- 9th
- 10th
- 11th
- 12th
- My school does not assign grade levels
- I dropped out of school, and I am not working on getting a high school diploma or GED
- I am working toward a GED
- I have a high school diploma or GED but I am not currently enrolled in college or technical school
- I have a high school diploma or GED and I am currently enrolled in college or technical school

3.

When you are at home or with your family, what language or languages do you usually speak?

MARK ALL THAT APPLY

- English
- Spanish
- Other (please specify) _____

4.

Are you Hispanic or Latino?

MARK ONLY ONE ANSWER

- Yes
- No

5.

What is your race?

MARK ALL THAT APPLY

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

6.

What is your sex?

MARK ONLY ONE ANSWER

- Male
- Female

7.

Are you currently...?

MARK ALL THAT APPLY

- Living with family [parent(s), guardian, grandparents, or other relatives]
- In foster care, living with a family
- In foster care, living in a group home
- Couch surfing or moving from home to home
- Living in a place not meant to be a residence, such as outside, in a tent city or homeless camp, in a car, in an abandoned vehicle or in an abandoned building
- Staying in an emergency shelter or transitional living program
- Staying in a hotel or motel
- In juvenile detention, jail, prison or another correctional facility, or under the supervision of a probation officer
- None of the above

8.

In the past three months, how often would you say you...

MARK ONLY ONE ANSWER PER ROW

	All of the Time	Most of the Time	Some of the Time	None of the Time
a. resisted or said no to peer pressure..... ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. managed your emotions in healthy ways (for example, ways that are not hurtful to you or others)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. worked together to find a solution when you disagreed with a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. chose to spend time with friends that keep you out of trouble?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. made decisions to not use drugs and alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. were respectful of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. thought about the consequences before making a decision?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.

For each of the items below, please mark how true each statement is of you.

MARK ONLY ONE ANSWER PER ROW

	Not true at all	Somewhat true of me	Very true of me
a. I make plans to reach my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I care about doing well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I plan to graduate high school or get my GED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I plan to get more education and/or training after high school or completing my GED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I plan to get a steady full-time job after school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I feel comfortable talking to my parent, guardian, or caregiver about sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I would speak up or ask for help if I was being bullied in person or online, via text, while gaming, or through other social media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I would speak up or ask for help if others were being bullied in person or online, via text, while gaming, or through other social media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. For each of the items below, please mark how true each statement is of you.

MARK ONLY ONE ANSWER PER ROW

	Not true at all	Somewhat true of me	Very true of me
a. I save money to get things I want.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel confident about how to open a bank account	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel confident about how to prepare a budget.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I feel confident about how to track my expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I understand the costs associated with raising a child ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. In the past three months, how often would you say you...

MARK ONLY ONE ANSWER PER ROW

	All of the time	Most of the time	Some of the time	None of the time
a. talked with your parent, guardian, or caregiver about things going on in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. talked with your parent, guardian, or caregiver about sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.

The next few questions are about relationships and dating. Please answer the questions below even if you are not currently dating or going out with someone.

For each of the items below, please mark how true each statement is of you.

MARK ONLY ONE ANSWER PER ROW

	Not true at all	Somewhat true of me	Very true of me
a. I understand what makes a relationship healthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I look for information and resources about dating violence (for example, websites, social media, hotlines, organizations, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would be able to resist or say no to someone I am dating or going out with if they pressured me to participate in sexual acts, such as kissing, touching private parts, or sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would talk to a friend if someone I am dating or going out with makes me uncomfortable, hurts me, or pressures me to do things I don't want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would talk to a trusted adult (for example, a family member, teacher, counselor, coach, etc.) if someone I am dating or going out with makes me uncomfortable, hurts me, or pressures me to do things I don't want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I would talk to a trusted adult if someone <i>other than</i> the person I am dating or going out with makes me uncomfortable, hurts me, or pressures me to do things I don't want to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about sexual intercourse and your risk of pregnancy and sexually transmitted infections. Remember, all of your responses will be kept private.

13. Have you ever had sexual intercourse?

MARK ONLY ONE ANSWER

- Yes
- No

14. During the past 3 months, with how many people did you have sexual intercourse?

MARK ONLY ONE ANSWER

- I have never had sexual intercourse
- I have had sexual intercourse, but not in the past 3 months
- 1 person
- 2-3 people
- 4 or more people

15. If you had sexual intercourse in the past 3 months, how often did you or a partner use a condom?

MARK ONLY ONE ANSWER

- I have never had sexual intercourse
- I have had sexual intercourse, but not in the past 3 months
- All of the time
- Most of the time
- Some of the time
- None of the time

16. If you had sexual intercourse in the past 3 months, how often did you or a partner use birth control OTHER than condoms? *By birth control, we mean methods that can prevent pregnancy, like using birth control pills, the shot, the patch, the ring, IUD, or implant.*

MARK ONLY ONE ANSWER

- I have never had sexual intercourse
- I have had sexual intercourse, but not in the past 3 months
- All of the time
- Most of the time
- Some of the time
- None of the time

17.

To the best of your knowledge, have you ever been pregnant or gotten someone else pregnant?

MARK ONLY ONE ANSWER

- I have never had sexual intercourse
- Yes
- No
- Not sure

18.

Have you ever been told by a doctor or other medical provider that you had a sexually transmitted infection (STI)?

MARK ONLY ONE ANSWER

- Yes
- No

19..

For each of the items below, please mark how true each statement is of you.

MARK ONLY ONE ANSWER PER ROW

	Not true at all	Somewhat true of me	Very true of me
a. I plan to delay having sexual intercourse until I graduate high school or receive my GED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I plan to delay having sexual intercourse until I graduate college or complete another education or training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I plan to delay having sexual intercourse until I am married.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I plan to be married before I have a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I plan to have a steady full-time job before I get married.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I plan to have a steady full-time job before I have a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this survey!



State PREP Evaluation ENTRY Survey

The questions above are part of a national effort to measure whether programs meet their goals. It is sponsored by the U.S. Department of Health and Human Services. The next questions are not part of this national effort.

For the questions below, please mark only one answer:

1. Imagine that you met someone at a party. He or she wants to have sex with you. Even though you are very attracted to each other, you are not ready to have sex, how sure are you that you could keep from having sex?

- Completely Sure Very Sure Kind of Sure Somewhat Sure Not Sure at all

2. Imagine you and your partner decide to have sex, but he or she will not use a condom. You do not want to have sex without a condom. How sure are you that you could keep from having sex until your partner agrees to use a condom?

- Completely Sure Very Sure Kind of Sure Somewhat Sure Not Sure at all

3. If a boy/girl puts pressure on you to be involved sexually, and you don't want to be involved, how often would you say "no"?

- Always Almost Always Sometimes Never

For the questions below, please mark only one answer:

4. Having sex with more than one partner can increase a person's chance of getting infected with an STD True False

5. You can get an STD if you only have sex once or twice without a condom True False

6. You can tell if someone has an STD just by looking at them True False

Thank you for participating in this survey!