



EXIT Survey ID PAGE

FOR USE with ALL EXIT Surveys

Please begin by filling out the information below:

Facilitator or Teacher Name _____

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

Did 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 EXIT 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 8 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.

3. EXAMPLE 3: QUESTION WITH A SKIP

1. Do you ever eat chocolate?

MARK ONLY ONE ANSWER

- Yes → GO TO QUESTION 2
- No → GO TO QUESTION 3

- Because you answered "Yes" to question 1, you would continue to question 2 and then question 3.
- If you answered "No" to question 1, you would skip question 2 and go right to question 3.

2. Do you always brush your teeth after eating chocolate?

MARK ONLY ONE ANSWER

- Yes
- No

3. Did you do any of the following last week?

MARK ALL THAT APPLY

- Went to a play
- Went to a movie
- Attended a sporting event

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

For questions 8-12, please think about how the program you just completed has affected you, even if your program did not cover the topic.

8.

Has being in the program made you more likely, about the same, or less likely to...

(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. resist or say no to peer pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. manage 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"/>	<input type="checkbox"/>
c. work together to find a solution when you disagree with a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. choose to spend time with friends that keep you out of trouble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. make decisions to not use drugs and alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. be respectful of others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. think about the consequences before making a decision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Has being in the program made you more likely, about the same, or less likely to... (Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. make plans to reach your goals?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. care about doing well in school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. graduate high school or get your GED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. get more education or training after high school or completing your GED?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. get a steady full-time job after school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Has being in the program made you more likely, about the same, or less likely to... (Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less likely	Much less likely
a. save money to get things you want	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. feel confident about how to open a bank account.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. feel confident about how to prepare a budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. feel confident about how to track your expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. understand the costs associated with raising a child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.

Has being in the program made you more likely, about the same, or less likely to...
(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. talk 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"/>	<input type="checkbox"/>
b. talk with your parent, guardian, or caregiver about sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. feel comfortable talking with your parent, guardian, or caregiver about sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. speak up or ask for help if you are being bullied in person or online, via text, while gaming, or through other social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. speak up or ask for help if others are being bullied in person or online, via text, while gaming, or through other social media?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.

Has being in the program made you more likely, about the same, or less likely to...
(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. better understand what makes a relationship healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. resist or say no to someone you are dating or going out with if they pressure you to participate in sexual acts, such as kissing, touching private parts, or sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. talk to a friend if someone you are dating or going out with makes you uncomfortable, hurts you or pressures you to do things you don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. talk to a trusted adult (for example, a family member, teacher, counselor, coach, etc.) if someone you are dating or going out with makes you uncomfortable, hurts you, or pressures you to do things you don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. talk to a trusted adult if someone other than the person you are dating or going out with makes you uncomfortable, hurts you or pressures you to do things you don't want to do?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13.

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"/>

The next questions ask about sexual intercourse.

14. As a result of being in the program, are you planning to abstain from sexual intercourse (choose to not have sexual intercourse) for at least the next 3 months?

- Yes → GO TO QUESTION 15
- No → GO TO QUESTION 16, NEXT PAGE
- Not sure → GO TO QUESTION 16, NEXT PAGE

15. How important are each of these reasons in your decision to not have sexual intercourse for at least the next 3 months? (Note: Do not answer this question if you responded “No” or “Not sure” to question 14.)

MARK ONLY ONE ANSWER PER ROW

	Not at all important	Not too important	Somewhat important	Very important
a. how it might affect your plans for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. the possible emotional consequences (for example, feeling sadness or regret)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. the possible social consequences (for example, get a bad reputation or have rumors spread about you, have to deal with drama, make your relationship with someone you are dating or going out with worse, or get in trouble with your parents)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. the risk of getting a sexually transmitted infection (STI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. the risk of getting pregnant or getting someone pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



IF YOU ANSWERED QUESTION 15, GO TO QUESTION 17
IF YOU ANSWERED “NO” OR “NOT SURE” TO QUESTION 14: SKIP QUESTION 15 AND GO TO QUESTION 16 ON THE NEXT PAGE

16.

The next few questions refer to sexual intercourse and your risk of pregnancy and sexually transmitted infections (STIs). Remember, all of your responses will be kept private. (Note: Do not answer this question if you responded “Yes” to question 14.)

Has being in the program made you more likely, about the same, or less likely to... (Note: If the program has not affected your likelihood to do the following, choose “About the same”.)

a. have sexual intercourse in the next 3 months?

MARK ONLY ONE ANSWER

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

b. use (or ask your partner to use) a condom if you were to have sexual intercourse in the next 3 months?

MARK ONLY ONE ANSWER

- This question does not apply to me because I choose to not have sexual intercourse in the next 3 months
- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

c. use (or ask your partner to use) birth control OTHER than condoms if you were to have sexual intercourse in the next 3 months? *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

- This question does not apply to me because I choose to not have sexual intercourse in the next 3 months
- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

The next questions ask you about your experiences in the program that you just completed. Think about all of the sessions or classes of the program that you attended.

17. Even if you didn't attend all of the sessions or classes in this program, how often *in this program...*

MARK ONLY ONE ANSWER PER ROW

	All of the Time	Most of the Time	Some of the Time	None of the Time
a. did you feel interested in program sessions and classes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. did you feel the material presented was clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. did discussions or activities help you to learn program lessons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. did you have a chance to ask questions about topics or issues that came up in the program?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. did you feel respected as a person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. were you picked on, teased, or bullied in this program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. Now thinking about all youth in this program, how often...

MARK ONLY ONE ANSWER

	All of the Time	Most of the Time	Some of the Time	None of the Time
a. were any youth in this program picked on, teased, or bullied?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19.

Thinking about the program, how satisfied are you with...

MARK ONLY ONE ANSWER PER ROW

	Very satisfied	Somewhat satisfied	A little satisfied	Not at all satisfied
a. the amount of information you received about abstaining from sex (choosing to not have sex)? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. the amount of information you received about condoms and birth control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this survey!



State PREP Evaluation Exit 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!