

## Teen Survival Guide - Feedback Survey

**Thank you** for taking the time to complete this Survey for the **Teen Survival Guide (The Guide)**. All of your survey answers are **anonymous** and will help improve future materials for other teens like **you!**

**Before you get started, please ask your mom or dad to read and sign below.**

### PARENTAL CONSENT

*I understand that responses are completely private and that names will not be linked to answers in any way. The purpose of this survey is to gather information that will enable the Office of Women's Health (OWH) to improve its Women's Health publications.*

*By signing below, I am expressing my willingness for \_\_\_\_\_ (name of teen participant) to participate in a survey that will last approximately 15 minutes. I understand that she will be asked her opinions about the format and content of a specific health communication material. The survey will determine how she used the material and the materials potential capacity to impact changes in her knowledge, attitude and behavior around health issues.*

*I further understand that all paper surveys will be kept under lock and key and all electronic data will be protected by the use of passwords that only the principal investigator and project manager have access to. Identifying information will be kept separate from data. When data is no longer needed, it will be destroyed.*

While she may derive some personal benefit from completing the survey, I recognize that this study is not designed to help her personally, but to help the investigator learn more about these materials. I am free to ask questions or have her withdraw from participating at any time and without penalty.

NAME OF TEEN PARTICIPANT: \_\_\_\_\_

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

E-MAIL OF PARENT/GUARDIAN: \_\_\_\_\_

ADDRESS OF PARENT/GUARDIAN: \_\_\_\_\_

\_\_\_\_\_

**NOTE: IN AN EFFORT TO FURTHER PROTECT YOUR CHILD, PLEASE EXPECT TO RECEIVE A POSTCARD CONFIRMING YOUR CONSENT.**

## Teen Survival Guide - Feedback Survey

**Thank you** for taking the time to complete this Survey for the **Teen Survival Guide (The Guide)**. Your survey answers will help improve future materials for other teens like **you!**

Please answer the following questions about the <i>Teen Survival Guide</i> :	
1.	How did you receive a copy of the Guide? <input type="checkbox"/> School <input type="checkbox"/> Doctor <input type="checkbox"/> Nurse <input type="checkbox"/> Community health fair <input type="checkbox"/> Workshop <input type="checkbox"/> Peer Counselor <input type="checkbox"/> National Women's Health Information Center <input type="checkbox"/> Other (please specify): _____
2.	How much of the Guide did you read? <input type="checkbox"/> Little or none <input type="checkbox"/> Less than half <input type="checkbox"/> More than half <input type="checkbox"/> Almost all or all
3.	How much did you like the Guide? <input type="checkbox"/> Not at all <input type="checkbox"/> Not very much <input type="checkbox"/> Somewhat <input type="checkbox"/> Very much
4.	How attractive was the format or design of the Guide ( <i>i.e. color, pictures, font</i> )? <input type="checkbox"/> Not at all attractive <input type="checkbox"/> Not very attractive <input type="checkbox"/> Somewhat attractive <input type="checkbox"/> Very attractive
5.	How useful was the Guide? <input type="checkbox"/> Not at all useful <input type="checkbox"/> Not very useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful
6.	How does the Guide compare to other health information materials you have read? <input type="checkbox"/> It's not as good <input type="checkbox"/> It's about the same <input type="checkbox"/> It's better than most <input type="checkbox"/> I don't remember <input type="checkbox"/> I have not received any other teen health information
7.	Would you recommend the Guide to a friend or family member? <input type="checkbox"/> No, definitely not <input type="checkbox"/> No, probably not <input type="checkbox"/> Yes, probably <input type="checkbox"/> Yes, definitely
8.	I chose to read the Guide because ( <i>check <u>all</u> that apply</i> ): <input type="checkbox"/> I had specific questions about my health <input type="checkbox"/> I wanted to learn more about my health in general <input type="checkbox"/> An adult at school ( <i>teacher, school nurse, counselor, etc.</i> ) recommended it <input type="checkbox"/> A health care provider ( <i>doctor, nurse, etc.</i> ) recommended it <input type="checkbox"/> A friend or family member recommended it <input type="checkbox"/> Other: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average ( hours)(minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/ocio/PRA, 200 Independence Ave., S.W., Suite 531-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer. Alice Bettencourt

Please circle the answer to the questions below that best matches your response. When responding to each item, use a scale from 1 (*No, Not At All*) to 4 (*Yes, Definitely*).

Did The Guide encourage you to...	No, Not At All				Yes, Definitely			
	1	2	3	4	1	2	3	4
9. Think more about your health in general.	1	2	3	4	1	2	3	4
10. Understand better the importance of your health.	1	2	3	4	1	2	3	4
11. Understand better how to take care of yourself.	1	2	3	4	1	2	3	4
12. Understand better where you can get health information.	1	2	3	4	1	2	3	4

How much do you agree or disagree with the following statements about the <i>Teen Survival Guide</i> ? Circle the number that best matches your answer.	No, Not at all				Yes, Definitely			
	1	2	3	4	1	2	3	4
13. I was able to find information quickly.	1	2	3	4	1	2	3	4
14. The "Questions From Teens" were helpful.	1	2	3	4	1	2	3	4
15. The "Teen Tips" were helpful.	1	2	3	4	1	2	3	4
16. The "To Do" activities were helpful.	1	2	3	4	1	2	3	4
17. The "Pop Quizzes" were helpful.	1	2	3	4	1	2	3	4
18. The Guide influenced me to make healthy choices.	1	2	3	4	1	2	3	4

Please answer the following questions about the specific topic areas in the *Teen Survival Guide*. If you check (✓) the box in column A, please answer column B. If you do not place a check (✓) in Column A, please move on to the next topic (question).

Topic	A. Check (✓) the box if you read about any part of this topic	B. Did you learn something NEW?
19. <b>Reproductive Health</b> (your period, sexually transmitted diseases, and getting general and gynecological health care)	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
20. <b>General Health</b> (taking care of your hair and skin, sleep needs, being active, nutrition, and eating right)	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
21. <b>Risky Behaviors</b> (staying tobacco free, alcohol and drugs, living with a substance user, and how to handle the "what-if" situations (personal safety)	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes
22. <b>Emotional Health</b> (self-esteem, body image, emotional ups and	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

downs, relationships, stress, peer pressure, and bullies)		
23. <b>Your Future</b> (career and college planning)	<input type="checkbox"/>	<input type="checkbox"/> No <input type="checkbox"/> Yes

In the Teen Survival Guide, there were “To Do” Activities and Pop Quizzes. Which of the following activities did you do?	I did this activity	I did <u>not</u> do this activity
24. Went online to learn how to perform a breast self-exam.	<input type="checkbox"/>	<input type="checkbox"/>
25. Started a menstrual calendar to keep track of my period.	<input type="checkbox"/>	<input type="checkbox"/>
26. I printed and kept a copy of the online interactive MyPyramid Plan.	<input type="checkbox"/>	<input type="checkbox"/>
27. I went to a website to find out what’s inside a cigarette.	<input type="checkbox"/>	<input type="checkbox"/>
28. I read tips on how to say “no” and deal with peer pressure.	<input type="checkbox"/>	<input type="checkbox"/>
29. I went online and created a Just4Me log.	<input type="checkbox"/>	<input type="checkbox"/>
30. I wrote down the things I am grateful for, the people who care about me, and my hopes for the future.	<input type="checkbox"/>	<input type="checkbox"/>
31. I wrote about when I gave into peer pressure.	<input type="checkbox"/>	<input type="checkbox"/>
32. I signed a pledge not to bully and to help others who are bullied.	<input type="checkbox"/>	<input type="checkbox"/>
33. I wrote down the names and numbers of three people who I can call for help or if I feel like talking.	<input type="checkbox"/>	<input type="checkbox"/>
34. I went online to find out how to get experience in career fields that interest me.	<input type="checkbox"/>	<input type="checkbox"/>
35. I took one or more of the Pop Quizzes.	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments
36. Please provide additional comments about the Teen Survival Guide below.

Please answer the following questions about you:

**A. How often do you go to the doctor for a physical exam?**

- More than once each year       Every 4-5 years  
 Once a year       I do not regularly visit a doctor  
 Every 2-3 years

**B. How old are you?**

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

**C. Are you Hispanic or Latino?**

- Yes  
 No

**D. What is your race? (Check all that apply.)**

- Black/African American  
 White  
 American Indian or Alaska Native  
 Native Hawaiian or other Pacific Islander  
 Asian

**E. Who do you live with? (Check all that apply.)**

- Mother/Stepmother  
 Father/Stepfather  
 Brother(s) and/or sister(s)  
 Grandparent(s)  
 Other relatives or guardian  
 Other (specify): \_\_\_\_\_

**F. In what city and state do you live?**

\_\_\_\_\_ City \_\_\_\_\_ State

***Thank you for taking the time to complete this survey.***