

Attachment L

Student Effectiveness Baseline Survey

Youth Dating Survey

ID: _____

School: _____

Public Reporting burden of this collection of information is estimated at 35 minutes per response, including the time

General Instructions

- Read all the answers before marking your choice. If none of the printed answers exactly applies to you, black out the box beside the answer that best fits.
- Use a pencil to complete the survey.
- Completely black out in the box beside your answer choice.

INCORRECT



CORRECT



- If you make an error, erase it cleanly and then mark the box beside your correct answer choice.
- Do not make any stray marks.
- **PLEASE READ EACH QUESTION CAREFULLY.**

Follow the directions for responding to each kind of question. These are:

1. MARK ONE

What is the color of your eyes?

Mark one

- ☐ 1 Brown
- ☐ 2 Blue
- ☒ 3 Green
- ☐ 4 Another color

If the color of your eyes is green, you would mark the third box as shown.

2. MARK ONE

What is the color of your hair?

Mark one

Brown
Black
Blonde

If your hair is purple, you would mark "Some other

Red
Some other color (Describe) Purple

color.” Then you would write “purple” in the blank.

3. MARK ONE OR MORE

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

Mark one or more

Rent a video

Go to a baseball game

Study at a friend's house

If you plan to rent a video and go to a baseball game, you mark both.

General Instructions (*continued*)

4. MARK ONE FOR EACH TIME PERIOD

How often have you done one of the following things? Mark how often each thing has **ever** happened, and then mark how often each thing happened **during the last 6 months**. Even if you mark “Never” for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

MARK ONE ANSWER FOR EACH TIME PERIOD

	Ever				During the last 6 months			
	Very often	Sometimes	Not very often	Never	Very often	Sometimes	Not very often	Never
a.a. Rode a bicycle	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₀
b.b. Swam in a pool	<input checked="" type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input checked="" type="checkbox"/> ₀

If you have never ridden a bicycle, you would mark “Never” for the **Ever** time period and “Never” for the **During the last 6 months** time period.

If you have been swimming in a pool very often, but not during the last 6 months, you would mark “Very often” for the **Ever** time period and “Never” for the **During the last 6 months** time period.

5. QUESTION WITH A SKIP

1. Do you ever eat chocolate?

Mark one

☒₁ Yes

☐₀ No → GO to 3

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

Mark one

☐₁ Yes

☒₀ No

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

If you answered “Yes,” you go to Question 2. After you answer Question 2, you go to Question 3.

If you answered “No” to Question 1, you skip Question 2. Then you go to Question 3.

Mark one or more

₁ ☐ Saw a play

₂ ☒ Went to a movie

₃ ☒ Attended a sporting event

ID: _____

School: _____

Youth Dating Survey

INSTRUCTIONS: Please mark one answer for each question.

The first few questions are about dating. Teens have told us they think of two different kinds of dating: Group dating is when teens go out in groups but there is some pairing up, and solo dating is when a couple goes out alone.

1. Do your parents or guardian allow you to group date?

☐₁ Yes

☐₂ No

2. Do your parents or guardian allow you to solo date?

☐₁ Yes

☐₂ No

Here are some dating rules other parents have set for their teens. For each one, please mark whether you have actually been told the rule out loud by an adult family member.

3. Have you actually been told by a parent or guardian. . .

Yes No

MARK ONE ANSWER FOR EACH

a.a. The time you need to be home from a date?..... ☐₁ ☐₂

b.b. That they need to meet the person before you go out?..... ☐₁ ☐₂

c.c. That you cannot go to certain places on a date?..... ☐₁ ☐₂

d.d. That you need to tell them where you are going on the date? ☐₁ ☐₂

e.e. That you should call them if something goes wrong on the date? ☐₁ ☐₂

f. f. That you should not be physically violent to dates?..... ☐₁ ☐₂

f. g. That you should tell them if a date hits you?..... ☐₁ ☐₂

4. Here are some opinions that teens may have about males and females. How strongly do you agree or disagree with the following statements?

<u>MARK ONE ANSWER FOR EACH</u>	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
b.a. In a dating relationship the boy should be smarter than the girl.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.b. Girls are always trying to manipulate boys.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.c. In a dating relationship, the boy and girl should have about equal power.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.d. Swearing is worse for a girl than for a boy.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. e. On a date, the boy should be expected to pay all expenses.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. It is all right for a girl to ask a boy out on a date.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. It is more important for boys than girls to do well in school.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Girls should have the same freedom as boys.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
a.i. Most women can't be trusted.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. j. In general, the father should have greater authority than the mother in making family decisions.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. If both husband and wife have jobs, the husband should do a share of the house-work such as washing dishes and doing the laundry.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

5. The next questions are about dating relationships. How strongly do you agree or disagree with the following statements?

<u>MARK ONE ANSWER FOR EACH</u>	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
a.a. It is OK for a boy to hit his girlfriend if she did something to make him mad.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.b. It is OK for a boy to hit his girlfriend if she insulted him in front of friends.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.c. It is OK for a boy to force a girl to have sex if he paid for all the expenses of a date.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.d. Girls sometimes deserve to be hit by the boys they date.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. e. A girl who makes her boyfriend jealous on purpose deserves to be hit.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Forcing a dating partner to have sex is never OK.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. Boys sometimes deserve to be hit by the girls they date.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Sometimes boys have to hit their girlfriends to get them back under control.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. It is OK for a boy to hit a girl if she hit him first.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. It is OK for a boy to force a girl to have sex if she got him sexually excited.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. It is OK for a girl to hit a boy if he hit her first.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. Teens who are victims of dating violence need to get help from others.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. Violence between dating partners is a personal matter, and people should not interfere.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
n. Teens who are violent to their dates need to get help from others.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
o. It is important to try to help a friend who is being abused by a dating partner.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

6. The next questions are about how you have handled disagreements with people. **During the last 6 months**, when you had a disagreement with someone, how much of the time did you do the following things?

<u>MARK ONE ANSWER FOR EACH</u>	Most of the time	Some of the time	Not much of the time	Never
a.a. Told the person how I felt.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Hung-up the phone on them.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. Tried to calm down before I talked to them.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. Refused to talk to them about the problem.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. Asked lots of questions so that I could get the whole story.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Gave them the silent treatment.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. Asked them what they were feeling.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Let them know what was important to me.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Tried to find a solution that suited both of us.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. Stomped off during arguments.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. Listened to their side of the story.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. Acted like nothing was wrong.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. Physically hurt them.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

7. These questions are about what happens when you get mad. **During the last 6 months**, when you were angry at someone, how often did you do or feel the following things?

MARK ONE ANSWER FOR EACH

	Very often	Sometime s	Not very often	Never
a.a. I threw something at the person I was mad at.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. I asked someone for advice on how to handle it.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. I hit the person I was mad at.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. I yelled and screamed insults at the person I was mad at.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. I told the person why I was angry.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. I made nasty comments about the person to others.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. I tried to mess up something the person was trying to do	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. I had a discussion with the person about it.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. I damaged something that belonged to the person. .	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. I had thoughts about telling the person off.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. I tried to calm myself down before I talked to the person.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. I had thoughts about hurting the person.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. I kept it inside.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

8. Next, think about what would happen if violence occurred in a dating relationship you were in. How strongly do you agree or disagree with the following statements?

MARK ONE ANSWER FOR EACH

	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
a.a. If I hit a dating partner, they would break up with me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.b. If I hit a dating partner, I would be arrested.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c. If I hit a dating partner, my friends would think I was cool.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d. If I forced a dating partner to have sex, I would be arrested	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e. I would feel ashamed if I used violence against someone I was dating.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. If I used violence against a dating partner, he/she would do exactly what I wanted.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
g. My friends would be very angry with me if I hit someone I was dating.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. I would feel proud if I used violence against someone I was dating.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. If I frequently hit the person I was dating, I would feel powerful.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.j. When girls say “no” to sex they usually really mean “yes”.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.k. Girls who get drunk at parties or on a date deserve whatever happens to them.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.l. Bad things happen to people who are violent to their dating partners.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. m. It is never the girl’s fault if she is raped.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. n. A girl who wears sexy clothes is asking to be raped.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
o. Hitting a dating partner is not that big a deal.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
p. Violence between dating partners improves the relationship.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
q. When a girl wears sexy clothes on a date, it means she wants to have sex.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
r. If a girl agrees to go into a bedroom with a boy she is on a date with, it means she wants to have sex.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

9. Are there any services in your county for helping teenagers who are victims in abusive and violent dating relationships?

- ☐₁ Yes
- ☐₂ No
- ☐₉₈ I don't know

10. Are there any services in your county for helping teenagers who are abusive and violent toward the people they date?

- ☐₁ Yes
- ☐₂ No
- ☐₉₈ I don't know

The next questions are about things that may have happened with someone you were dating or on a date with. For these questions, a "date" includes informal activities like meeting someone at the mall, a park, or at a basketball game, as well as more formal activities like going out to eat or to a movie together.

11. Have you ever been on a date?

- ☐₁ Yes
- ☐₂ No → **GO TO QUESTION 27 ON PAGE 22**

12. About how many different people have you been on a date with?

MARK ONE

- ☐₁ 1 person
- ☐₂ 2 to 3 different people
- ☐₃ 4 to 9 different people
- ☐₄ 10 or more different people

13. How often has anyone who you have been on a date with done the following things to you? Mark how often each thing has **ever** happened, and then mark how often each thing happened **during the last 6 months**. Even if you mark “Never” for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

<u>MARK ONE ANSWER FOR EACH</u> <u>TIME PERIOD</u>	Ever				During the last 6 months			
	Very often	Sometime	Not very often	Never	Very often	Sometime	Not very often	Never
a.a. Damaged something that belonged to me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Said things to hurt my feelings on purpose.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. Insulted me in front of others.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. Threw something at me but missed.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. Would not let me do things with other people.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Threatened to start dating someone else.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. Told me I could not talk to someone of the opposite sex	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Started to hit me but stopped	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Did something just to make me jealous.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. Blamed me for bad things they did.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. Threatened to hurt me.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. Made me describe where I was every minute of the day.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. Brought up something from the past to hurt me.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
n. Put down my looks.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
o. Shared private or embarrassing pictures of me.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

14. How often has anyone who you have been on a date with done the following things to you? Mark how often each thing has **ever** happened, and then mark how often each thing happened **during the last 6 months**. Even if you mark “Never” for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

<u>MARK ONE ANSWER FOR EACH</u> <u>TIME PERIOD</u>	Ever				During the last 6 months			
	Very often	Sometimes	Not very often	Never	Very often	Sometimes	Not very often	Never
a.a. Called me names, put me down, or said really mean things to me using a cellphone, email, IM, text, Web chat, or a blog	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Called my cellphone or sent emails, or text messages when I didn't want them to just to make me mad.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. Asked me via cellphone, email, IM, text, or chat to have sex or engage in sexual acts when I didn't want to	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. Spread rumors about me using a cellphone, email, IM, text, web chat, a blog, or a networking site like MySpace or Facebook.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. Used information posted on a networking site like MySpace or Facebook against me (to harass, put me down, etc.)	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Made me afraid to not respond to a cellphone call, email, IM, or text because of what they might do	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. Shared private or embarrassing pictures/video of me using a cellphone, email, IM, chat, a blog, or a networking site like MySpace or Facebook	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Used a cellphone, email, text messages, or chat to threaten to hurt me physically	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

15. How often have you done the following things to someone you have ever had a date with? Mark how often you have **ever** done this, and then mark how often you have done this **during the last 6 months**. Even if you mark “Never” for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

<u>MARK ONE ANSWER FOR EACH</u> <u>TIME PERIOD</u>	Ever				During the last 6 months			
	Very often	Sometime	Not very often	Never	Very often	Sometime	Not very often	Never
a.a. Damaged something that belonged to them	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Said things to hurt their feelings on purpose.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. Insulted them in front of others.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. Threw something at them but missed.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. Would not let them do things with other people.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Threatened to start dating someone else.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. Told them they could not talk to someone of the opposite sex.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Started to hit them but stopped	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Did something just to make them jealous.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. Blamed them for bad things I did.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. Threatened to hurt them.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. Made them describe where they were every minute of the day.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. Brought up something from the past to hurt them.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
n. Put down their looks.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
o. Shared private or embarrassing pictures of them.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

16. How often have you done the following things to someone you have ever had a date with? Mark how often you have **ever** done this, and then mark how often you have done this **during the last 6 months**. Even if you mark "Never" for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

<u>MARK ONE ANSWER FOR EACH</u> <u>TIME PERIOD</u>	Ever				During the last 6 months			
	Very often	Sometimes	Not very often	Never	Very often	Sometimes	Not very often	Never
a.a. Called them names, put them down, or said really mean things to them using a cellphone, email, IM, text, Web chat, or a blog	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Called their cellphone or sent emails, or text messages when they didn't want them to just to make them mad.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. Asked them via cell phone, email, IM, text, or chat to have sex or engage in sexual acts when they didn't want to.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. Spread rumors about them using a cellphone, email, IM, text, web chat, a blog, or a networking site like MySpace or Facebook	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. Used information posted on a networking site like MySpace or Facebook against them (to harass, put them down, etc.)	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Made them afraid to not respond to a cellphone call, email, IM, or text because of what I might do	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. Shared private or embarrassing pictures/video of them using a cellphone, email, IM, chat, a blog, or a networking site like MySpace or Facebook	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Used a cellphone, email, text messages, or chat to threaten to hurt them physically	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

17. How often has anyone you have been on a date with done the following things to you? Mark how often each thing **ever** happened, and then mark how often each thing happened **during the last 6 months**. Even if you mark "Never" for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

<u>MARK ONE ANSWER FOR EACH TIME PERIOD</u>	Ever			During the last 6 months		
	Yes, on more than one occasion	Yes, on one occasion	N o	Yes, on more than one occasion	Yes, on one occasion	N o
a.a. Followed or spied on you.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Sent you letters or something written that you did not ask for.	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. Made phone calls to you that you did not ask for	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. Stood outside your home, school, or workplace.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. Showed up at places you were even though they had no business being there.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Left unwanted items for you to find.	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. Tried to communicate in other ways against your will.....	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Destroyed or messed up your property on purpose or destroyed something you loved	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

18. If you answered yes to any of the above, how frightened were you by these things the person did to you? (If you answered no to all of the above, go to **Question 20 on page 17.**)

MARK ONE ANSWER FOR EACH TIME PERIOD

Ever				During the last 6 months			
Very frightened	Somewhat frightened	Just a little frightened	Not really frightened	Very frightened	Somewhat frightened	Just a little frightened	Not really frightened
<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

19. Did you ever believe you or someone close to you would be seriously harmed when the person was following or harassing you?

MARK ONE ANSWER FOR EACH TIME PERIOD

Ever
Yes No
☐₁ ☐₂

During the last 6 months
Yes No
☐₁ ☐₂

20. Below is a list of things that some other boys and girls have reported doing to a dating partner. Mark how often you have **ever** done each thing to someone you have ever had a date with, and then mark how often you have done each thing **during the last 6 months**. Even if you mark “Never” for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

<u>MARK ONE ANSWER FOR EACH</u> <u>TIME PERIOD</u>	Ever			During the last 6 months		
	More than once	Once	Never	More than once	Once	Never
a.a. Spied on them.....	<input type="checkbox"/> 2...	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
b. Followed them	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
d.c. Showed up at all of the places that they tended to go.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
e.d. Went by their house and took something to remember them by.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. e. Wrote, called, or e-mailed to them after being asked not to	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
f. Stood close to them and touched them without being asked to.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
g. Tried to scare them into being with you.....	<input type="checkbox"/> 2...	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
h. Made specific threats to hurt their friends if they did not stop seeing them.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
i. Made specific threats to damage their property if they did not be with you.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
j. Made specific threats to harm their pet if they did not be with you.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
k. Made specific threats to harm their family if they did not be with you.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
l. Took them someplace against their will so that I could talk to them.....	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0
m. Broke into their house/apartment.....	<input type="checkbox"/> 2...	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 0

21. How many times has **any person who you have been on a date with** done the following things to you? Only include it when the dating partner **did it to you first**. In other words, don't count it if they did it to you in self-defense. Mark how often each thing **ever** happened, and then mark how often each thing happened **during the last 6 months**. Even if you mark "Never" for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

<u>MARK ONE ANSWER FOR EACH</u> <u>TIME PERIOD</u>	Ever				During the last 6 months			
	10 or more times	4 to 9 times	1 to 3 times	Never	10 or more times	4 to 9 times	1 to 3 times	Never
a.a. Scratched me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Slapped me.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. Physically twisted my arm.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. Slammed me or held me against a wall	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. Kicked me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Bent my fingers	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. Bit me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Tried to choke me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Pushed, grabbed, or shoved me.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. Dumped me out of a car.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. Threw something at me that hit me	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. Forced me to have sex. .	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. Forced me to do other sexual things that I did not want to do	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
n. Burned me.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
o. Hit me with a fist	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
p. Hit me with something hard besides a fist.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
q. Beat me up	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
r. Assaulted me with a knife or gun.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

If all of your answers to Question 21 were never, go to **Question 24 on page 20**. Otherwise, continue with the next questions.

22. Of all the incidents that you marked on Question 21, during how many of these incidents was the other person using alcohol or other drugs when the incident occurred?

MARK ONE

- ☐₁ All of the times
- ☐₂ Most of the times
- ☐₃ Some of the times
- ☐₄ None of the times

23. How many of the times were you using alcohol or other drugs when the incidents occurred?

MARK ONE

- ☐₁ All of the times
- ☐₂ Most of the times
- ☐₃ Some of the times
- ☐₄ None of the times

24. How many times have you done the following things to a person who you have been on a date with? Only include when **you did it to him/her first**. In other words, don't count it if you did it in self-defense. Mark how often each thing **ever** happened, and then mark how often each thing happened **during the last 6 months**. Even if you mark "Never" for the **Ever** time period, you will need to mark an answer for the **During the last 6 months** time period as well.

<u>MARK ONE ANSWER FOR EACH TIME PERIOD</u>	Ever				During the last 6 months			
	10 or more time s	4 to 9 times	1 to 3 time s	Never	10 or more time s	4 to 9 times	1 to 3 time s	Never
a.a. Scratched them	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Slapped them.	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. Physically twisted their arm	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. Slammed or held them against a wall	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. Kicked them	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. Bent their fingers	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. Bit them	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. Tried to choke them	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. Pushed, grabbed, or shoved them	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. Dumped them out of a car	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. Threw something at them that hit them	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
l. Forced them to have sex	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
m. Forced them to do other sexual things that they did not want to do	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
n. Burned them	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
o. Hit them with a fist	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
p. Hit them with something hard besides a fist	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
q. Beat them up	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
r. Assaulted them with a knife or gun	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

If all of your answers to Question 24 were **NEVER**, skip to **Question 27 on page 22**. Otherwise, continue with Question 25 below.

25. How many different dating partners have you done any of the things you marked on Question 24 to **during the last 6 months?**

MARK ONE

- ☐₁ 1
- ☐₂ 2 to 3
- ☐₃ 4 to 9
- ☐₄ 10 to 14
- ☐₅ 15 to 19
- ☐₆ 20 or more

26. Of all the times you have done the things you marked on Question 24 to a dating partner, during how many of the times were you using alcohol or other drugs?

MARK ONE

- ☐₁ All of the times
- ☐₂ Most of the times
- ☐₃ Some of the times
- ☐₄ None of the times

27. Mark each of the following things you have had at school.

MARK ALL THAT YOU HAVE HAD AT SCHOOL

- ☐₁ A play about dating violence
- ☐₂ A poster contest about dating violence
- ☐₃ A teacher talking about what dating violence is
- ☐₄ Someone talking about good ways to resolve conflicts
- ☐₅ Instructions on where I can go for help if I am involved in a violent dating relationship
- ☐₆ Something called the Safe Dates curriculum
- ☐₇ More than 5 class sessions during which dating violence was discussed
- ☐₈ None of the above

28. Have you ever participated in any other dating violence prevention program **in school**, where you learn about dating violence and what to do about it?

- ☐₁ Yes
- ☐₂ No

29. Have you ever participated in a dating violence prevention program **outside of school**, where you learn about dating violence and what to do about it?

- ☐₁ Yes
- ☐₂ No

The next questions are about your health.

30. In general, would you say your health is excellent, very good, good, fair, or poor?

MARK ONE

- ☐₁ Excellent
- ☐₂ Very good
- ☐₃ Good
- ☐₄ Fair
- ☐₅ Poor

31. The next items are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much?

<u>MMARK ONE ANSWER FOR EACH</u>	Limite d a lot	Limite d a little	Not limited at all
a.a. First, moderate activities such as moving a table, pushing a vacuum cleaner, or going for a brisk walk.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e.b. Climbing a flight of stairs.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

32. During the past 4 weeks. . . .

<u>MMARK ONE ANSWER FOR EACH</u>	Yes	No
a.a. Have you accomplished less than you would like as a result of your physical health?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e.b. Were you limited in the regular activities you do as a result of your physical health?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Have you accomplished less than you would like to as a result of any emotional problems, such as feeling depressed or anxious?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

33. During the past 4 weeks, how much did pain interfere with your normal daily activities? Did it interfere not at all, slightly, moderately, quite a bit, or extremely?

MARK ONE

- ☐₁ Not at all
- ☐₂ Slightly
- ☐₃ Moderately
- ☐₄ Quite a bit
- ☐₅ Extremely

34. The next questions ask about how you feel and how things have been with you during the past 4 weeks. For each question, please give one answer that comes closest to the way you have been feeling. How much time during the past 4 weeks. . . .

MARK ONE ANSWER FOR EACH

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	Non e of the time
a.a. Have you felt calm and peaceful?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
b.b. Did you have a lot of energy?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
c.c. Have you felt down?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
d.d. Has your physical health or emotional problems interfered with your social activities like visiting with friends, relatives etc?.....	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

35. How tall are you? _____feet _____inches

36. How much do you weigh? _____pounds

37. How do you describe your weight?

MARK ONE

- ☐₁ Very underweight
- ☐₂ Underweight
- ☐₃ About the right weight
- ☐₄ Overweight
- ☐₅ Very overweight-

38. How strongly do you agree or disagree with each of the following statements?

MARK ONE ANSWER FOR EACH

	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
a.a. I am satisfied with my weight	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
b.b. Most of the time, I am happy with the way I look.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
c.c. In the past year, I have been very worried about my health.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
d.d. I wish that I were in better physical condition.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
e.e. I am uncomfortable with the way my body is developing.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. f. I am proud of my body.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
f. g. I am satisfied with my height.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
h. I frequently feel ugly and unattractive.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
i. When others look at me, they must think that I am poorly developed	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
j. My body is growing about as quickly as I would like it to.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀
k. I feel strong and healthy.....	<input type="checkbox"/> ₃	<input type="checkbox"/> ₂	<input type="checkbox"/> ₁	<input type="checkbox"/> ₀

39. How old are you?

- ☐₁ 11 years old
- ☐₂ 12 years old
- ☐₃ 13 years old
- ☐₄ 14 years old
- ☐₅ 15 years old
- ☐₆ 16 years old
- ☐₇ 17 years old
- ☐₈ 18 years old
- ☐₉ 19 years old

40. What is your sex?

- ☐₁ Female
- ☐₂ Male

41. Are you Hispanic or Latino?

- ☐₁ Yes
- ☐₂ No

42. What is your race?

MARK ONE OR MORE

- ☐₁ White
- ☐₂ Black or African American
- ☐₃ Asian
- ☐₄ Native Hawaiian or Other Pacific Islander
- ☐₅ American Indian or Alaska Native
- ☐₆ Other (Describe _____)

43. Does your mother, or a woman like a mother, live in your home?

- ☐₁ Yes
- ☐₂ No → **GO TO 45**

44. How far in school has she gone?

MARK ONE

- ☐₁ Didn't graduate from high school
- ☐₂ Graduated from high school
- ☐₃ Vocational or business school
- ☐₄ Some college
- ☐₅ Graduated from college
- ☐₆ More than 4 years of college
- ☐₉₈ Don't know

45. Does your father, or a man like a father, live in your home?

- ☐₁ Yes
- ☐₂ No → **Go to page 27**

46. How far in school has he gone?

MARK ONE

- ☐₁ Didn't graduate from high school
- ☐₂ Graduated from high school
- ☐₃ Vocational or business school
- ☐₄ Some college
- ☐₅ Graduated from college
- ☐₆ More than 4 years of college
- ☐₉₈ Don't know

You have completed the Youth Dating Survey.

Thank you for your participation.