

Public Reporting burden of this collection of information is estimated at 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NW, MS D-24, Atlanta, GA 30333; Attn: PRA (0920-XXXX).

# Attachment E:

## Student Outcome Survey Follow-Up

---

### ***Dating Matters: Strategies to Promote Healthy Teen Relationships™ Initiative***

Division of Violence Prevention  
National Center for Injury Prevention and Control  
Centers for Disease Control and Prevention

Student name:	_____
Student ID number:	_____
Classroom ID number:	_____
School ID number:	_____
Program Year:	_____
Survey Iteration:	_____
Survey Date:	_____

**Evaluation of CDC’s Dating Matters: Strategies to Promote Healthy Teen Relationships™ Initiative**

**Student Survey (Follow-up)**

**Instructions**

- Use a pencil or blue or black pen.
- Fill bubbles completely. Like this:
- Do not mark answers with x’s or ✓’s.

1. **Birth date:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

2. **Sex:**  
 Male  
 Female

3. **What is your current grade?**  
 6<sup>th</sup>  
 7<sup>th</sup>  
 8<sup>th</sup>

4. **What is your race? You may mark one or more races, as appropriate:**  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or other Pacific Islander  
 White

5. **Are you Hispanic or Latino?**  
 Yes  
 No

6. **Think about the grown-ups that live in your house. Mark the circle for each grown-up that lives in your house.**

<input type="radio"/> Mother	<input type="radio"/> Foster Mother/Guardian	<input type="radio"/> Aunt
<input type="radio"/> Father	<input type="radio"/> Foster Father/Guardian	<input type="radio"/> Uncle
<input type="radio"/> Stepmother/Father's Girlfriend	<input type="radio"/> Grandmother	<input type="radio"/> Other relatives or friends
<input type="radio"/> Stepfather/Mother's Boyfriend	<input type="radio"/> Grandfather	

**Strengths and Difficulties Questionnaire (Prosocial and Emotional Symptoms Subscales)**

For each item, please mark the circle for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of how things have been for you in the last six months.

	Not True	Somewhat True	Certainly True
a. I try to be nice to other people. I care about their feelings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I get a lot of headaches, stomach-aches, or sickness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. I usually share with others, for example, CD's, games, food	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. I worry a lot	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. I am helpful if someone is hurt, upset, or feeling ill	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. I am often unhappy, depressed, or tearful	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. I am nervous in new situations. I easily lose confidence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. I am kind to younger children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
q. I often offer to help others (parents, teachers, children)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
t. I have many fears; I am easily scared	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Resilience Factors (Adapted from LONGSCAN)**

The next few questions are about whether or not you have adults you can count on – to encourage you, or help you with any serious problems that come up.

**2a. Could you go to a parent or to another relative (not a parent) with a serious problem?**

- No
- Yes

**Dating History Questionnaire (Furman & Wehner, 1992)**

The next questions ask about "dating." By "dating," we mean spending time with someone you are seeing or going out with. Examples of this might include hanging out at the mall, in the neighborhood, or at home or going somewhere together like the movies, a game, or a party. It doesn't have to be a formal date or something you planned in advance and it may be with a small group. The term "date" includes both one-time dates and time together as part of long-term relationships.

- 1. Have you ever DATED someone, including, for example, someone you spent time with or someone you are/were seeing or going out with?**
  - No
  - Yes
  
- 2. Do your parents allow you to date?**
  - No
  - Yes
  
- 3. Do your parents know where you are when you are out on a date?**
  - No
  - Yes
  
- 4. What was the length of your longest dating relationship?**
  - 1 date
  - 1 week
  - More than 1 week and less than one month
  - 1 to 6 months
  - More than 6 months and less than a year
  - 1 year or more
  
- 5. Have you ever dated someone who is a different age than yourself?**
  - 1-year difference
  - 2-year difference
  - More than 3 years difference in age

**\*\* If you haven't started dating, go on to page <# (conflict resolution style items)> \*\***  
**(If you have started dating, please complete this page)**

10. How many different people have you dated or been seeing since you began dating?

<input type="radio"/> 0	<input type="radio"/> 4	<input type="radio"/> 8
<input type="radio"/> 1	<input type="radio"/> 5	<input type="radio"/> 9
<input type="radio"/> 2	<input type="radio"/> 6	<input type="radio"/> 10 or more
<input type="radio"/> 3	<input type="radio"/> 7	

## The Conflict in Adolescent Dating Relationships Inventory (Modified)

The following questions ask you about things that may have happened with a boyfriend/girlfriend (past or present).

If you haven't started dating, fill in this bubble  and move onto the next page.

If you have started dating (even one date), fill in the bubbles below that are your best estimates of how often these things have ever happened with someone you were dating. As a guide, use the following scale:

**Never:** this has never happened in your relationships

**Seldom:** this has happened only 1-2 times in your relationships

**Sometimes:** this has happened about 3-5 times in your relationships

**Often:** this has happened 6 times or more in your relationships

	Never	Seldom	Sometimes	Often
1. I touched him/her sexually when he/she didn't want me to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she touched me sexually when I didn't want him/her to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I tried to turn his/her friends against him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she tried to turn my friends against me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I did something to make him/her feel jealous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she did something to make me feel jealous.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I destroyed or threatened to destroy something he/she valued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she destroyed or threatened to destroy something I valued.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Seldom	Sometimes	Often
5. I brought up something bad he/she had done in the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she brought up something bad I had done in the past.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. I threw something at him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she threw something at me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I said things just to make him/her angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she said things just to make me angry.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. I spoke to him/her in a hostile or mean tone of voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she spoke to me in a hostile or mean tone of voice.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I forced him/her to have sex when he/she didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she forced me to have sex when I didn't want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Never	Seldom	Sometimes	Often
10. I threatened him/her in an attempt to have sex with him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she threatened me in an attempt to have sex with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. I insulted him/her with put-downs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she insulted me with put-downs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. I kissed him/her when he/she didn't want me to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she kissed me when I didn't want him/her to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. I said things to his/her friends about him/her/her to turn them against him/her/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
He/she said things to my friends about me to turn them against me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

		Neve r	Seldo m	Sometime s	Ofte n
15.	I ridiculed or made fun of him/her/her in front of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she ridiculed or made fun of me in front of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16.	I kept track of who he/she was with and where he/she was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she kept track of who I was with and where I was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	I blamed him/her/her for the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she blamed me for the problem.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18.	I kicked, hit, or punched him/her/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she kicked, hit, or punched me	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19.	I accused him/her of flirting with another girl/guy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she accused me of flirting with another girl/guy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20.	I deliberately tried to frighten him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she deliberately tried to frighten me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Neve r	Seldo m	Sometime s	Ofte n
21.	I ridiculed or made fun of him/her/her in front of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she ridiculed or made fun of me in front of others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22.	I slapped him/her or pulled his/her hair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she slapped me or pulled my hair.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23.	I threatened to hurt him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she threatened to hurt me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I threatened to end the relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she threatened to end the relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I threatened to hit him/her or throw something at him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she threatened to hit me or throw something at me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Neve r	Seldo m	Sometime s	Ofte n
27.	I pushed, shoved, or shook him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she pushed, shoved, or shook me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	I spread rumors about him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she spread rumors about me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24.	I threatened him/her with a knife or gun (including waving or pointing a knife).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she threatened me with a knife or gun (including waving or pointing a knife).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	I choked him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she choked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	I used a knife or fired a gun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she used a knife or fired a gun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Neve r	Seldo m	Sometime s	Ofte n
30.	I scratched him/her and/or bent his/her fingers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she scratched me and/or bent my fingers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
31.	I burned him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she burned me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32.	I bit him/her.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	He/she bit me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



[following source: Supporting Healthy Marriage Study]

---

<b>Please indicate how often each of the following statements was true of you in the last month. Would you say never, sometimes, usually, or always?</b>		<b>Never</b>	<b>Sometimes</b>	<b>Usually</b>	<b>Always</b>
<b>1.</b>	<b>My {boyfriend/girlfriend} is honest and truthful with me.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>2.</b>	<b>My {boyfriend/girlfriend} and I are good at working out our differences.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>3.</b>	<b>When I have a serious disagreement with my {boyfriend/girlfriend}, we discuss it respectfully.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>4.</b>	<b>My {boyfriend/girlfriend} and I work as a team.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>5.</b>	<b>I enjoy spending time with my {boyfriend/girlfriend}.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

---

**Conflict Resolution Styles Inventory** (Kurdek, 1994)

The following questions refer to times when you and the person you are dating have disagreements. *We want you to answer these questions about a dating partner if you have one now or have had one in the last 4 months.* But if you do not have a current or recent (in the last 4 months) boyfriend or girlfriend, please think about a close friend, either a boy or a girl.

Please remember that by "dating," we mean spending time with someone you are seeing or going out with. Examples of this might include hanging out at the mall, in the neighborhood, or at home or going somewhere together like the movies, a game, or a party. It doesn't have to be a formal date or something you planned in advance and it may be with a small group. The term "date" includes both one-time dates and time together as part of long-term relationships.

The person I am thinking about when filling out this questionnaire has these initials: \_\_\_\_\_ and was born in this month: \_\_\_\_\_. This person is:

- a current or recent (in the last 4 months) boy/girlfriend  
(***please select if you have dated anyone in the last 4 months***)

**OR**

- a close friend (***only if you have not dated anyone in the last 4 months***)

**Using the scale below, rate how frequently you use each of the styles to deal with arguments or disagreements with the person you are thinking about.**

	1 Never	2	3	4	5 Always
<b>How often do YOU use these styles...</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
1. Launching personal attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Focusing on the problem at hand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Remaining silent for long periods of time	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Not being willing to stick up for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Exploding and getting out of control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Sitting down and discussing differences constructively.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Reaching a limit, shutting down, and refusing to talk any further.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Being too compliant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Getting carried away and saying things that aren't meant.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Finding alternatives that are acceptable to each of us.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Tuning the other person out.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Not defending my position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Throwing insults and digs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Negotiating and compromising.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How often do YOU use these styles...	1	2	3	4	5
15. Withdrawing, acting distant, and not interested.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Giving in with little attempt to present my side of the issue.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Alabama Parenting Questionnaire (APQ; Child Form)

From the list below, choose the adult in your home who is the main person who takes care of you.

- Mom
- Dad
- Grandmother
- Grandfather
- Step-mom
- Step-dad
- Older sister
- Older brother
- Aunt
- Uncle
- Foster mom
- Foster dad
- Other adult

The statements below are about this person who mainly takes care of you. (In the statements, to keep things simple, we call this person you selected above “parent” even though they may have a different relationship to you.)

Please rate each item as to how often it TYPICALLY occurs in your home.	Never	Almost Never	Sometimes	Often	Always
2. Your parent tells you that you are doing a good job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. You fail to leave a note or to let your parent know where you are going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. You stay out in the evening past the time you are supposed to be home.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. You have a boy/girlfriend and your parent doesn't know it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Your parent compliments you when you have done something well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Your parent asks you what your plans are for the coming day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Your parent praises you for behaving well.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Your parent does not know the friends you are with.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Your parent does not know the people you date.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. Your parent talks to you about your friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Your parent talks to you about your boyfriends/girlfriends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your parent asks you about your day in school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. In a typical week, how many days from 0 - 7 do you eat a meal with your family?

- 0       1-2       3-4       5-7

**Delinquency Scale (Adapted from Add Health and NLSY97)**

The next few questions are about vandalism, violence, and weapons.

		Never	1 or 2 times	3 or 4 times	5 or more times	Don't know
<b>In the past 12 months, how often did you:</b>						
1.	deliberately damage property that didn't belong to you (including painting graffiti or signs)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	get into a serious physical fight?					
3.	run away from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	drive a car without its owner's permission?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	steal something worth more than \$50?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	sell marijuana or other drugs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	steal something worth less than \$50?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	get attacked by someone who seemed to want to seriously hurt you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	attack someone with the idea of seriously hurting them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**10. Have you ever been initiated into a named gang?**

- No
- Yes
- Don't know

## JVQ-R2, Reduced Item Version, Youth Lifetime Form

Now we are going to ask you about some things that might have happened in your life.

- 1. During the past 30 days, on how many days did you carry a weapon such as a gun, knife, or club?**
  - 0 days
  - 1 day
  - 2 or 3 days
  - 4 or 5 days
  - 6 or more days
  
- 10. At any time in your life, did you SEE a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?**
  - Yes
  - No
  
- 11. At any time in your life, did you HEAR a parent get pushed, slapped, hit, punched, or beat up by another parent, or their boyfriend or girlfriend?**
  - Yes
  - No
  
- 12. At any time in your life, in real life, did you SEE anyone get attacked on purpose with a stick, rock, gun, knife, or other thing that would hurt? Somewhere like: at home, at school, at a store, in a car, on the street, or anywhere else?**
  - Yes
  - No
  
- 13. At any time in your life, were you in any place in real life where you could see or hear people being shot, bombs going off, or street riots?**
  - Yes
  - No

{SOURCE: [http://www.cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2011\\_ms\\_questionnaire.pdf](http://www.cdc.gov/healthyyouth/yrbs/pdf/questionnaire/2011_ms_questionnaire.pdf)}

The next 4 questions ask about sexual intercourse.

**1. Have you ever had sexual intercourse?**

- Yes
- No

**2. How old were you when you had sexual intercourse for the first time?**

- I have never had sexual intercourse
- 8 years old or younger
- 9 years old
- 10 years old
- 11 years old
- 12 years old
- 13 years old or older 8 2011 middle school YRBS

**3. With how many people have you ever had sexual intercourse?**

- I have never had sexual intercourse
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

**4. The last time you had sexual intercourse, did you or your partner use a condom?**

- I have never had sexual intercourse
- Yes
- No

{SOURCE: following is question 8 from the ASES }

**5. If you did NOT WANT TO have sex, how sure are you that you could keep from having sex?**

- Very sure I could keep from having sex
- Sort of sure I could keep from having sex
- Not too sure I could keep from having sex
- I probably couldn't keep from having sex

**School Climate (YRBSS)**

**1. Is there at least one teacher or other adult in this/her school that you can talk to if you have a problem?**

- Yes
- No
- Not sure

		Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree
2.	Do you agree or disagree that your school has clear rules and consequences for behavior?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	Do you agree or disagree that harassment and bullying by other students is a problem at your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Do you agree or disagree that illegal drugs are a problem at your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Do you agree or disagree that violence is a problem at your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	Do you agree or disagree that students help decide what goes on in your school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**AAVW Sexual Harassment Survey (new version)**

<b>1. In your lifetime, has anyone you know done the following to you IN PERSON?</b>	Never	1-3	4-9	10 or more
a. Made unwelcome sexual comments, jokes or gestures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Called you gay or lesbian in a negative way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Touched you in an unwelcome sexual way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Showed you sexy or sexual pictures that you didn't want to see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physically intimidated you in a sexual way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Forced you to do something sexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>2. In your lifetime, have you done the following to someone else IN PERSON?</b>	Never	1-3	4-9	10 or more
a. Made unwelcome sexual comments, jokes or gestures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Called you gay or lesbian in a negative way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Touched you in an unwelcome sexual way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Showed you sexy or sexual pictures that you didn't want to see	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Physically intimidated you in a sexual way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Forced you to do something sexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**Technology-Based Bullying and Sexual Harassment Perpetration and Victimization**

1. In the past 4 months, how often, if at all, did someone do the following things to you?	Never	1-3 times	4-9 times	10 or more times
a. Someone made a rude or mean comment to me online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Someone spread rumors about me online, whether they were true or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Someone made a threatening or aggressive comment to me online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Someone tried to get me to talk about sex online <u>when I did not want to</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Someone online asked me for sexual information about myself <u>when I did not want to</u> tell the person, e.g., really personal questions, like what my body looks like or sexual things I have done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Someone asked me to <u>do</u> something sexual when I was online <u>that I did not want to do</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2. In your lifetime, how often, if at all, did you do the following to others?	Never	1-3 times	4-9 times	10 or more times
a. Made rude or mean comments to anyone online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Spread rumors about someone online, whether they were true or not.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Made aggressive or threatening comments to anyone online.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Tried to get someone else to talk about sex online <u>when they did not want to</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.				
f. Asked someone to <u>do</u> something sexual online <u>when the other person did not want to do it</u> .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Sent a text message that said rude or mean things.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Sent a <u>picture</u> text message that was sexual in any way when that person did not want to receive it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Adolescent Substance Involvement (Modified from LONGSCAN)**

<b>In the past 4 months, how many times have you...</b>	<b>1 or 2 times</b>	<b>3 to 5 times</b>	<b>6 to 9 times</b>	<b>10 or more times</b>	<b>Never times</b>
a. Drank beer (more than a sip or taste)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Drank wine or wine coolers (more than a sip or taste)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Smoked cigarettes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Been drunk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Drank liquor (like whiskey or gin)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Used marijuana or weed (pot, hash, reefer)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Used inhalants?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Used other drugs (nonprescription)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Used a prescription drug when it was not prescribed for you or that you took only for the experience or feeling it caused?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Prescribed Dating Abuse Norms**

1. These statements are about hitting in situations in which boys and girls are dating. How strongly do you agree or disagree with each statement?

<i>MARK ONE ANSWER FOR EACH</i>	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
a. It is OK for a girl to hit her boyfriend if he did something to make her mad.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
b. It is OK for a girl to hit her boyfriend if he insulted her in front of friends.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
c. Boys sometimes deserve to be hit by the girls they date.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
d. A boy who makes his girlfriend jealous on purpose deserves to be hit.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
e. It is OK for a girl to hit a boy if he hit her first.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

2. These statements are about hitting in situations in which boys and girls are dating. How strongly do you agree or disagree with each statement?

<i>MARK ONE ANSWER FOR EACH</i>	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
a. It is OK for a boy to hit his girlfriend if she did something to make him mad.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
b. It is OK for a boy to hit his girlfriend if she insulted him in front of friends.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
c. Girls sometimes deserve to be hit by the boys they date.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
d. A girl who makes her boyfriend jealous on purpose deserves to be hit.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
e. It is OK for a boy to hit a girl if she hit him first.	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>

**Awareness of Community Services; Knowledge regarding available resources**

1. **Are there any services in [INSERT COMMUNITY NAME] for helping teenagers who are victims in abusive and violent dating relationships?**
  - Yes
  - No
  - I don't know
  
2. **Are there any websites or telephone hotlines for helping teenagers who are victims in abusive and violent dating relationships?**
  - Yes
  - No
  - I don't know

**Knowledge about TDV**

Please indicate whether you think the following statements are true or false.		TRUE	FALSE
1.	Boys are the victims of dating abuse about as often as girls.	<input type="radio"/>	<input type="radio"/>
2.	I can name at least two S.A.F.E. skills that help me communicate in a healthy way in my relationships.	<input type="radio"/>	<input type="radio"/>
3.	The majority of teens in abusive dating relationships have witnessed abuse between their parents.	<input type="radio"/>	<input type="radio"/>
4.	Dating violence only affects students in high school and college.	<input type="radio"/>	<input type="radio"/>
5.	Most teen rapes are by someone the teen does <u>not</u> know.	<input type="radio"/>	<input type="radio"/>
6.	Dating violence refers to only those behaviors that cause physical injury (e.g., bruises, cuts).	<input type="radio"/>	<input type="radio"/>
7.	I can name at least three local or national organizations/resources that can help teens who are in unhealthy or unsafe relationships.	<input type="radio"/>	<input type="radio"/>

**Gender Roles/Stereotypes****1. How strongly do you agree or disagree with the following statements?**

Please choose one answer for each line.

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

**Illinois Bully Scale (Modified)**

For each of the following questions, choose how many times you did this activity or how many times these things happened to you in the LAST 30 DAYS.

In the past 12 months, how often did you:		Never	1 or 2 times	3 or 4 times	5 or more times
1.	I upset other students for the fun of it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	In a group I teased other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4.	Other students made fun of me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	Other students called me names.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	I helped harass other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	I spread rumors about other students.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	I started (instigated) arguments or conflicts.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	I excluded other students from my clique of friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Stalking (Modified from NSVISS)**

<b>Has someone you were dating, or used to date, ever.....</b>	<b>No</b>	<b>Yes</b>
1. Repeatedly followed, harassed, and contacted you when you didn't want to be (and in a way that felt uncomfortable, scary or threatening to you)?	<input type="radio"/>	<input type="radio"/>
2. Made unwanted phone calls or left you voice messages (hang-ups, text, voicemails) AND/OR Sent you unwanted emails, instant messages, or messages through websites like Facebook & MySpace?	<input type="radio"/>	<input type="radio"/>
<b>Have you ever done the following to someone you were dating or used to date...</b>	<b>No</b>	<b>Yes</b>
1. Repeatedly followed, harassed, and contacted them when they didn't want to be (and in a way that felt uncomfortable, scary or threatening to them)?	<input type="radio"/>	<input type="radio"/>
2. Made unwanted phone calls or left them voice messages (hang-ups, text, voicemails) AND/OR Sent them unwanted emails, instant messages, or messages through websites like Facebook & MySpace?	<input type="radio"/>	<input type="radio"/>

**Communications Campaign Awareness**

- 1. Have you seen, read, or heard about any campaigns (on Facebook, in your school, advertisements, [insert other descriptive vehicles to help students understand the term campaign]) that talk about or focus on young people and healthy dating relationships?**
  - Yes
  - No
  - Not sure
  
- 2. Have you heard of [CAMPAIGN NAME]?**
  - Yes
  - No
  - Not sure
  
- 3. Which of the following is the [CAMPAIGN NAME] slogan?**
  - Being bullied? Use your voice. Be heard.
  - XX.
  - Think it's important? Say so.
  - I don't know
  
- 4. Which of the following have you seen or heard about?**
  - [CAMPAIGN NAME] Brand Ambassadors
  - [CAMPAIGN NAME] Facebook Page
  - [CAMPAIGN NAME] Healthy Relationships Texts
  - [CAMPAIGN NAME] posters, flyers, or postcards
  - I haven't seen or heard about any of these.
  
- 5. Have you participated in any [CAMPAIGN NAME] activities?**
  - Yes
  - No

**5a. If yes, which ones?** (Select all that apply.)

  - [CAMPAIGN NAME] event
  - Read or posted on the [CAMPAIGN NAME] facebook page
  - Received an [CAMPAIGN NAME] relationship text
  - Received an [CAMPAIGN NAME] poster, flyer or post card
  - Talked with an [CAMPAIGN NAME] brand ambassador
  - Other activity (\_\_\_\_\_)
  - Other activity (\_\_\_\_\_)