

## Completion and Follow Up Survey (12-month)

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Expect Respect Support Group Survey

**Form Approved**  
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### **Completion and Follow-Up Survey**

#### **Instructions**

We would like to ask you a few questions about your relationships. This is not a test, so there are no right or wrong answers.

Please read the directions and questions carefully and answer the questions as honestly as you can. The Expect Respect Facilitator will assist you if you need help.

Your answers are completely confidential. School personnel will not see your questionnaire. Your name will not appear on the survey.

By answering the questions you help us to understand what is important to teens like you and how we can improve programs for teens.

To be completed by SafePlace staff

**1. SafePlace ID**

**2. School Code**

**3. Facilitator Code**

**4. Date**

**5. Age** \_\_\_\_\_

**6. Post and Follow-up Survey**

<sub>1</sub> Post

<sub>2</sub> Follow-up 1

<sub>3</sub> Follow-up 2

**Part 1: Are the following statements true for you?**

7. I always speak out when someone is being harassed.

<sub>1</sub> False

<sub>2</sub> True

8. I sometimes feel upset when I don't get my way.

<sub>1</sub> False

<sub>2</sub> True

9. I like to gossip sometimes.

<sub>1</sub> False

<sub>2</sub> True

10. I'm always a good listener.

<sub>1</sub> False

<sub>2</sub> True

11. I'm always willing to admit it when I make a mistake.

<sub>1</sub> False

<sub>2</sub> True

12. I am always nice with people.

<sub>1</sub> False

<sub>2</sub> True

13. I have never hurt someone's feelings on purpose.

<sub>1</sub> False

<sub>2</sub> True

## Part 2: Dealing with Anger

Most of us feel angry sometimes. Do not spend a lot of time thinking about the questions – just give your first response.

In the <u>past 3 months</u> , how often have you ...	Never	Rarely	Sometimes	Often
14. Yelled at others when they annoyed you	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. Had fights with others to show who was on top	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. Reacted angrily when provoked by others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. Taken things from other students	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. Gotten angry when frustrated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. Damaged something for fun	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
20. Had temper tantrums	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
21. Damaged things because you felt mad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
22. Had a gang fight to be cool	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
23. Hurt others to win a game	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
24. Become angry or mad when you don't get your way	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
25. Used physical force to get others to do what you want	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
26. Gotten angry or mad when you lost a game	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
27. Gotten angry when others threatened you	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
28. Used force to obtain money or things from others	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
29. Felt better after hitting or yelling at someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
30. Threatened or bullied someone	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
31. Made obscene phone calls for fun	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
32. Hit others to defend yourself	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
33. Gotten others to gang up on someone else	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
34. Carried a weapon to use in a fight	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
35. Gotten angry or mad or hit others when teased	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
36. Yelled at others so they would do things for you	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

### Part 3: Your Opinion

Is it OKAY if you do these things in a dating relationship?	Definitely not okay	Probably not okay	Probably okay	Definitely okay
37. Take charge of everything that goes on.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
38. Tell your dating partner to spend all their time with you and drop other friends.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
39. Check up or spy on your dating partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
40. Put your partner down and call him/her mean names.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
41. Make your partner dress a certain way.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
42. Constantly send text messages.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
43. Ignore your partner when you are unhappy with him/her.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
44. Try to find out where your partner is every minute.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
45. Slap, push, or shove your partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
46. Forward private emails or photos to other people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
47. Act jealous if your partner talks to other people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
48. Kiss your partner when they say "No."	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
49. Tell your partner that to show their love they should have sex with you.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

How strongly do you agree or disagree with each statement?	Strongly agree	Agree somewhat	Disagree somewhat	Strongly disagree
50. It is OK for a boy to hit his girlfriend if she does something to make him mad.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
51. It is OK for a boy to hit his girlfriend if she insults him in front of friends.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
52. Girls sometimes deserve to be hit by the boys they date.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
53. A girl who makes her boyfriend jealous on purpose deserves to be hit.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
54. Boys sometimes deserve to be hit by the girls they date.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
55. Sometimes boys have to hit their girlfriends to get them to do what they want them to do.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
56. It is OK for a boy to hit a girl if she hits him first.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
57. It is OK for a girl to hit a boy if he hits her first.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## Part 4: Relationships

By **dating** we're talking about **having a boyfriend or a girlfriend, going out or hanging out in a romantic way, or hooking up with one person**. This can be a relationship of any length.

58. Have you dated in the <i>past 3 months</i> ? If NO, skip to question 132 (page 13). <b>If YES, continue with the next questions.</b>	<input type="checkbox"/> <sub>1</sub> Yes	<input type="checkbox"/> <sub>2</sub> No		
59. How <i>many</i> people have you dated <i>in the past 3 months</i> ?	<input type="checkbox"/> <sub>1</sub> 1	<input type="checkbox"/> <sub>2</sub> 2 - 3	<input type="checkbox"/> <sub>3</sub> 4 - 7	<input type="checkbox"/> <sub>4</sub> More than 7 people



**When you answer the following questions, please think about all the dating relationship(s) you've had in the past 3 months.**

**By dating partner we're talking about a boyfriend or girlfriend, someone you go out with or hang out with in a romantic way, or someone you hook up with.**

<b>In the <u>past 3 months</u>, how often did the following things happen in your dating relationship(s)?</b>	<b>Never</b>	<b>Rarely</b>	<b>Some- times</b>	<b>Often</b>
60. I let my partner know what was important to me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
61. I said "no" when I was uncomfortable with what was going on.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
62. I calmed myself down before talking when I was mad.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
63. I talked to my partner about how I really felt.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
64. I tried to keep my partner from spending time with other people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
65. My partner tried to keep me from spending time with other people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
66. I put my partner down.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
67. My partner put me down.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
68. I asked my partner what he/she was feeling.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
69. I offered a solution that would make us both happy.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
70. I scratched or slapped my partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
71. My partner scratched or slapped me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
72. I listened to my partner's side of the story.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
73. I called my partner bitch, slut, ho, player or gay.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
74. My partner called me bitch, slut, ho, player or gay.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
75. I made fun of my partner in front of others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
76. My partner made fun of me in front of others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
77. I checked where my partner was and who he/she was hanging out with.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
78. My partner checked where I was and who I was hanging out with.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
79. I let my partner know what I wanted.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
80. I did not let my partner do things with other people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
81. My partner did not let me do things with other people.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

<b>In the past 3 months, how often did the following things happen in your dating relationship(s)?</b>	<b>Never</b>	<b>Rarely</b>	<b>Some- times</b>	<b>Often</b>
82. I threatened to end the relationship if my partner didn't do what I wanted.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
83. My partner threatened to end the relationship if I didn't do what he/she wanted.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
84. I showed nude or almost nude pictures/ video of my partner to others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
85. My partner showed nude or almost nude pictures/ video of me to others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
86. I threatened to hurt or hit my partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
87. My partner threatened to hurt or hit me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
88. I told my partner when I was angry and why.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
89. I told my partner that he/she should touch me in a sexual way to prove their love.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
90. My partner told me that I should touch him/her in a sexual way to prove my love.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
91. I yelled and screamed at my partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
92. My partner yelled and screamed at me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
93. I spread sexual rumors about my partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
94. My partner spread sexual rumors about me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
95. I made nasty comments about my partner to others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
96. My partner made nasty comments about me to others.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
97. I hit my partner with a fist or a hard object.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
98. My partner hit me with a fist or a hard object.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
99. I pressured my partner to engage in a sexual act.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
100. My partner pressured me to engage in a sexual act.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
101. I showed up at my partner's home, school or work or waited for him/her even when my partner didn't want me to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
102. My partner showed up at my home, school or work or waited for me even when I didn't want him/her to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
103. I twisted my partner's arm or bent his/her fingers.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
104. My partner twisted my arm or bent my fingers.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

<b>In the past 3 months, how often did the following things happen in your dating relationship(s)?</b>	<b>Never</b>	<b>Rarely</b>	<b>Some- times</b>	<b>Often</b>
105. I grabbed or touched my partner's private parts without his/her consent.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
106. My partner grabbed or touched my private parts without my consent.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
107. I repeatedly used cell phone, text messaging, or e-mail to check up on my partner and to see where he/she was.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
108. My partner repeatedly used cell phone, text messaging, or e-mail to check up on me and to see where I was.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
109. I forced my partner to kiss me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
110. My partner forced me to kiss him/her.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
111. I pushed, shoved, or kicked my partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
112. My partner pushed, shoved or kicked me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
113. I got my partner drunk or high to get him/her to do something sexual.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
114. My partner got me drunk or high to get me to do something sexual.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
115. I used e-mails, text messaging, web chat, blog Facebook, MySpace or Twitter to spread rumors about my partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
116. My partner used e-mails, text messaging, web chat, blog Facebook, MySpace or Twitter to spread rumors about me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
117. I beat my partner up.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
118. My partner beat me up.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
119. I was afraid of my partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
120. My partner was afraid of me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
121. I used physical force to protect or defend myself.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
122. I had a bruise or small cut.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
123. My partner had a bruise or small cut.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
124. I felt physical pain that still hurt the next day.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
125. My partner felt physical pain that still hurt the next day.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

<b>In the past 3 months, how often did the following things happen in</b>	<b>Never</b>	<b>Rarely</b>	<b>Some- times</b>	<b>Often</b>
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<b>your dating relationship(s)?</b>				
126. I went to a doctor or nurse because of an injury.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
127. My partner went to a doctor or nurse because of an injury.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
128. I felt unsafe.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
129. My partner felt unsafe.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
130. I worried that I could get hurt physically.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
131. I worried that I could hurt my partner physically.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

## Part 5: About You

**132. What grade are you in?**

- <sub>1</sub> 6<sup>th</sup>       <sub>2</sub> 7<sup>th</sup>       <sub>3</sub> 8<sup>th</sup>       <sub>4</sub> 9<sup>th</sup>       <sub>5</sub> 10<sup>th</sup>       <sub>6</sub> 11<sup>th</sup>       <sub>7</sub> 12<sup>th</sup>

**133. Are you?**

- <sub>1</sub> Female       <sub>2</sub> Male       <sub>3</sub> Transgender

**134. What were your grades for the last semester or grading period you completed? (Mark one.)**

- <sub>1</sub> mostly A's  
 <sub>2</sub> mostly B's  
 <sub>3</sub> mostly C's  
 <sub>4</sub> mostly D's  
 <sub>5</sub> some A's, some B's and some C's

**135. Which of the following best describes you? (Mark one.)**

- |  |   |
|--|---|
| <input type="checkbox"/> <sub>1</sub> American Indian or Alaska Native | <input type="checkbox"/> <sub>5</sub> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> <sub>2</sub> Asian                            | <input type="checkbox"/> <sub>6</sub> White                                     |
| <input type="checkbox"/> <sub>3</sub> Black or African American        | <input type="checkbox"/> <sub>7</sub> Other                                     |
| <input type="checkbox"/> <sub>4</sub> Hispanic or Latino               | <input type="checkbox"/> <sub>8</sub> Multiracial                               |

**136. Have you participated in any of the following activities in the past 12 months? (Mark all that apply.)**

- <sub>1</sub> I have participated in Expect Respect Support Groups.  
 <sub>2</sub> I have participated in a leadership group to prevent bullying, sexual harassment and dating violence.  
 <sub>3</sub> I have participated in a poster, poetry or other contest about dating violence and healthy relationships.  
 <sub>4</sub> We have talked about dating violence and healthy relationships in class.  
 <sub>5</sub> We have talked about dating violence and healthy relationships in my after-school program.  
 <sub>6</sub> I have seen a theater performance about bullying, sexual harassment and dating violence.  
 <sub>7</sub> I have participated in an assembly about bullying, sexual harassment and dating violence.  
 <sub>8</sub> I have seen posters and handouts in my school about dating violence.  
 <sub>9</sub> I talk to my parents about how to have good relationships.  
 <sub>10</sub> I have talked to my friends about healthy relationships.  
 <sub>11</sub> I have gotten information about healthy relationships in other ways (please list):  
\_\_\_\_\_

How much has group helped you?	Not at all	Somewhat	Very much
1. Communicate your thoughts and feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Increase your personal safety	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Learn healthy ways to cope with problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Feel supported	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Stand up for yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Increase your understanding of abusive and respectful relationships	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Increase your skills for healthy relationships	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
8. Know how to help a friend in an abusive relationship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Feel more comfortable to discuss and report hurtful things that happen in your relationships, such as put downs or hitting.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
10. Become aware of abusive behaviors in others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
11. Speak up when you see abusive or harassing behavior in others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
12. Become aware of abusive behaviors that you may be using toward others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
13. Feel confident that you can have healthy relationships	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Think about what your dating relationships were like before you started this program and think about your dating relationships in the past 3 months.**

**Only answer these questions if you were dating before you started this program and if you were also dating in the past 3 months.**

<b>In the past 3 months, did these things happen more often, the same or less often than <u>before</u> you started Expect Respect.</b>	<b>More often than before</b>	<b>Same as before</b>	<b>Less often than before</b>	<b>Never happened in the past or now</b>
14. I put down, controlled or threatened a dating partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
15. My partner put me down, controlled or threatened me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
16. I scratched, slapped, kicked or otherwise physically hurt a dating partner.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
17. My partner scratched, slapped, kicked or otherwise physically hurt me.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
18. I pressured a dating partner to do something sexual when he/she didn't want to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
19. A dating partner pressured me to do something sexual when I didn't want to.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

**Thank you for your hard work in answering these questions.**