

Appendix E: Perceived Impact Questions (PREIS Grantees Only)

PREIS Grantees Only	Construct	Question	Surveyed Population
		For the next few questions, please think about [NAME OF PROGRAM] and how it may have influenced you. You may not have thought about these situations before, but please still answer the questions. Thank about what you would do and answer as best you can.	
Perceived impact of program on sex**	% of youth who report that they are either less likely or much less likely to have sex in the next year	Would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to have sexual intercourse in the next year? Much more likely More likely About the same Less likely Much less likely	All youth
Perceived impact of program on condom use**	% of youth who report that they are either more likely or much more likely to use a condom	If you were to have sexual intercourse in the next year, would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to use (or ask your partner to use) a <u>condom</u> ? Much more likely More likely About the same Less likely Much less likely	All youth
Perceived impact of program on contraceptive	% of youth who report that they are either more likely or much more likely to use a	If you were to have sexual intercourse in the next year, would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to use (or ask your	All youth

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0392. The time required to complete this information collection is estimated to average 3 hours and 5minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer.

use**	contraceptive method	partner to use) any of these methods of <u>birth control</u> ? <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implant (Implanon) Much more likely More likely About the same Less likely Much less likely	
Perceived impact of program on abstinence [†]	% of youth who report that they are either more likely or much more likely to abstain from sex	Would you say that being in [NAME OF PROGRAM] has made you more likely or less likely to abstain from sexual intercourse in the next year (abstaining means choosing not to have sex)? <ul style="list-style-type: none"> Much more likely More likely About the same Less likely Much less likely 	All youth

** The first year of data collection will supply these baseline figures and remaining years will be reported as % of grantees that meet or exceed or that baseline level.

[†] The measure of perceived impact on abstinence is included as a check. Responses to this question will be compared the responses to the perceived impact on sex measure to assess the extent to which youth are reporting consistently.