

**INSTRUMENT #5**

**PREP STUDIES OF PERFORMANCE MEASURES  
AND ADULTS PREPARATION SUBJECTS**

**CORE MEASURES FOR PREIS GRANTEES' LOCAL  
EVALUATIONS**

Form approved  
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## CORE MEASURES SURVEY

THE PAPERWORK REDUCTION ACT OF 1995

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# Instructions to Evaluator

**This document contains eight survey questions to be asked of study participants as part of your impact evaluation. These questions are selected from the broader set of performance measures for the Personal Responsibility Education Program (PREP). These eight questions are to be measured as part of all impact evaluations of teen pregnancy prevention programs funded by the Family Youth Services Board of the Administration of Children & Families. The eight selected questions ask about youth sexual behaviors and protective factors.**

**Grantees are to collect youth responses on these measures at four survey waves: baseline, immediate post-program, short-term follow-up, and long-term follow-up. These measures will be part of the PREP performance measures entry (baseline) survey and will be administered to youth as part of that instrument. However, they must be added to the local evaluation's three post-intervention surveys (immediate post-program, short-term follow-up, and long-term follow-up) using the exact wording below. In addition to the language for the eight questions, this document also contains suggested language for instructions to youth that can be incorporated into local survey instruments.**

**While the wording of each item must be preserved, you can insert each question into the survey in a way that best maintains the flow of the rest of the local survey. The questions as presented below include skip logic to direct youth to answer only those questions that are appropriate given their reported sexual experience. When inserting these items into your local evaluation surveys, you should adjust the skip logic to maintain the intended references.**

## General Instructions

Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your answers and everything you say will be kept private. Your name will not be on the survey. Please answer all questions as well as you can.

We want you to know that:

1. Your participation in this survey is voluntary.
2. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
3. The answers you give will be kept private. Your responses will be combined with those of other people your age.

**PLEASE READ EACH QUESTION CAREFULLY:** There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question.

- PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED.
- USE A PEN OR PENCIL.

The next questions ask about sex and your risk of pregnancy and sexually transmitted diseases. Remember, all of your responses will be kept private.

1. **Have you ever had vaginal sex?** *Vaginal sex is when a penis is put in a vagina.*


MARK ONLY ONE ANSWER

Yes

No  → PLEASE GO TO Q.3 (PAGE 3)

a. **In the past 3 months, how many times did you have vaginal sex?** *Vaginal sex is when a penis is put in a vagina.*

I have never had sex

I have had sex, but not in the past 3 months  → PLEASE GO TO Q.2 (PAGE 3)

Once

2-3 times

4 or more times

b. **When you had vaginal sex in the past 3 months, how often did you or a partner use a condom?** *Vaginal sex is when a penis is put in a vagina*

MARK ONLY ONE ANSWER

All of the time

Some of the time

None of the time

c. **When you had vaginal sex in the past 3 months, how often did you or a partner use birth control?** *By birth control, we mean using birth control pills, the shot, the patch, the ring, IUD, or implant.*

MARK ONLY ONE ANSWER

All of the time

Some of the time

None of the time

d. **When you had vaginal sex in the past 3 months, how often did you and your partner have sex without a condom or birth control?** *By birth control, we mean using birth control pills, the shot, the patch, the ring, IUD, or implant.*

MARK ONLY ONE ANSWER

All of the time

Some of the time

None of the time

2. To the best of your knowledge, have you ever been pregnant or gotten someone else pregnant, even if no child was born?

MARK ONLY ONE ANSWER

- Yes
- No

The next question is about oral sex. Oral sex is when a mouth is put on a penis or vagina.

3. In the past 3 months, how many times did you have oral sex? Oral sex is when a mouth is put on a penis or vagina.

MARK ONLY ONE ANSWER

- I have never had oral sex
- I have had oral sex, but not in the past 3 months
- Once
- 2-3 times
- 4 or more times

4. In the past three months, how often would you say you...

MARK ONLY ONE ANSWER PER ROW

	All of the Time	Some of the Time	None of the Time
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- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| a. talked about things that really matter with a parent or adults? ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

*Thank you for participating in this survey!*