

**Attachment C.1**  
**Post-Screener Questions**

## Demographic Questions

*(These items will be asked at the end of the first randomized screening interaction, whether that is Instrument 1, 2, or 3.)*

1. **What sex were you assigned at birth, on your original birth certificate?**
  - Male
  - Female
  - Don't know
  - Prefer not to answer
  
2. **Do you currently describe yourself as male, female or transgender?**
  - Male
  - Female
  - Transgender
  - None of these
  - Prefer not to answer
  
3. IF R INDICATES MALE IN ITEM 1 AND FEMALE IN ITEM 2, OR FEMALE IN ITEM 1 AND MALE IN ITEM 2, ASK: **Just to confirm, you were assigned {FILL ITEM 1 RESPONSE} at birth and now describe yourself as {FILL ITEM 2 RESPONSE}. Is that correct?**
  - Yes
  - No
  - Don't know
  - Prefer not to answer
  
2. **Which of the following terms best represents how you think of yourself?**
  - IF R SELF REPORTS AS ANYTHING OTHER THAN MALE IN ITEM 1 OR IF ITEM 1 IS MISSING, FILL: Lesbian or gay / IF R SELF REPORTS AS MALE IN ITEM 1, FILL: Gay
  
  - Straight (that is, not IF R SELF REPORTS AS ANYTHING OTHER THAN MALE IN ITEM 1 OR IF ITEM 1 IS MISSING, FILL: lesbian or gay / IF R SELF REPORTS AS MALE IN ITEM 1: gay)

- Bisexual
- Something else
- Don't know
- Prefer not to answer

## Supplemental Module

*(These items will be asked at the end of the third randomized screening interaction, whether that is Instrument 1, 2, or 3.)*

**For adult participants [for staff to read aloud]:** Next, we are interested in your opinions about [IF MODULE FOLLOWS INSTRUMENT 3: this conversation / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: answering these questions] and your interactions with the *[healthy relationship program]* staff today. I will give you this tablet so you can privately answer a short set of multiple choice questions. You can touch “submit” when you are finished. The *[healthy relationship program]* staff, including me, will not see how you answer these questions, so please feel free to be honest. This information will help us improve and inform how we [IF MODULE FOLLOWS INSTRUMENT 3: have these conversations in the future / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: ask these questions in the future]. Do you have any questions before I turn the tablet over to you? **[Answer any questions, then touch Next and give tablet to participant.]**

**For youth participants who complete instruments 1 or 2 [to be displayed on their screen]:** Next, we are interested in your opinions about the questions you just answered and the *[healthy relationship program]* staff. *[Healthy relationship program]* staff will not see how you answer these questions, so please be honest. This information will help us improve questions like the ones you just answered.

**For youth participants who complete instrument 3 [for staff to read aloud]:** Next, we are interested in your opinions about this conversation and your interactions with *[healthy relationship program]* staff today. I will give you this tablet so you can privately answer a short set of multiple choice questions. You can touch “submit” when you are finished. The *[healthy relationship program]* staff, including me, will not see how you answer these questions, so please feel free to be honest. This information will help us improve the way we have conversations about healthy relationships with other youth in the future. Do you have any questions before I turn the tablet over to you? **[Answer any questions, then touch Next and give tablet to participant.]**

1. Overall, how clear [IF MODULE FOLLOWS INSTRUMENT 3: was the conversation / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: were the questions]?
  - a. Very clear
  - b. Somewhat clear
  - c. Not at all clear
2. How comfortable were you with the [IF MODULE FOLLOWS INSTRUMENT 3: conversation / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: questions]?
  - a. Very comfortable
  - b. Pretty comfortable
  - c. Not very comfortable
3. Did you [IF MODULE FOLLOWS INSTRUMENT 3: talk with the staff person / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: answer the questions] ...
  - a. Very openly
  - b. Somewhat openly

- c. Not at all openly
4. Would you prefer to [IF MODULE FOLLOWS INSTRUMENT 3: have conversations / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: answer questions] like these...
- a. On an iPad or tablet?
  - b. On a smartphone?
  - c. On a laptop or desktop computer?
  - d. Talking to a *[healthy relationship program]* staff member in person, one on one?
  - e. Talking to a *[healthy relationship program]* staff member over the phone?
5. How much of the time were you concerned that someone else might see or hear [IF MODULE FOLLOWS INSTRUMENT 3: the conversation / IF MODULE FOLLOWS INSTRUMENT 1 OR 2: you answering the questions]?
- a. All of the time
  - b. Most of the time
  - c. Some of the time
  - d. A little of the time
  - e. None of the time
  - f. Don't know

Next, we'd like your impressions of your interactions with *[healthy relationship program]* staff today.

6. *[healthy relationship program]* staff respect my privacy.
- a. Not at all true
  - b. A little true
  - c. Somewhat true
  - d. Very true
  - e. I don't know
7. In this program, I can share things about my life on my own terms and at my own pace.
- a. Not at all true
  - b. A little true
  - c. Somewhat true
  - d. Very true
  - e. I don't know
8. I can trust *[healthy relationship program]* staff.
- a. Not at all true
  - b. A little true
  - c. Somewhat true
  - d. Very true
  - e. I don't know
9. I feel respected by staff in *[healthy relationship program]*.
- a. Not at all true
  - b. A little true
  - c. Somewhat true

- d. Very true
- e. I don't know

Please indicate how much you agree or disagree.

10. I am comfortable talking about any challenges I am having in an intimate relationship (e.g. with my dating partner, girlfriend/boyfriend, hook-ups, spouse, or domestic partner) with a [*healthy relationship program*] staff member.
- a. Strongly agree
  - b. Agree
  - c. Neither agree nor disagree
  - d. Disagree
  - e. Strongly disagree

Finally, we have a few questions for you about safety. Different people may face a variety of different challenges to safety. When we use the word *safety* here, we mean safety from physical or emotional abuse by another person.

11. I feel comfortable asking for help to keep safe.
- a. Not at all true
  - b. A little true
  - c. Somewhat true
  - d. Very true
  - e. I don't know

12. [FOR YOUTH ONLY] Please mark which safety-related programs or services, if any, you know how to access:
- a. A national hotline for young people who are being abused by a dating partner
  - b. Online chat for young people who are being abused by a dating partner
  - c. A suicide prevention hotline
  - d. A runaway youth hotline
  - e. A hotline for survivors of rape, incest, and abuse
  - f. None of the above

13. [FOR ADULTS ONLY] Please mark which safety-related programs or services, if any, you know how to access:
- a. A local organization that offers domestic violence services
  - b. A national hotline for adults who are being abused by a dating partner or spouse
  - c. A hotline for survivors of rape, incest, and abuse
  - d. None of the above

14. How likely are you to share information about these types of programs or services with someone you know?

0	1	2	3	4	5
Not Likely					Very Likely

15. Do you know your options for keeping yourself safe?

- a. Yes
- b. No
- c. Unsure

[ROUTE TO END-OF-TOOL THANK YOU SCREEN.]