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**MATHEMATICA**  
Policy Research

# SRAE National Descriptive Study Early Implementation Study

## Grantee Survey

DRAFT

*April 2019*

### THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. The information collected will help ACF understand decisions grantees make regarding the design of their SRAE-funded programs and how the programs are being implemented. The collection of this information is voluntary and responses will be kept private to the extent allowed by law. The OMB number for this information collection is 0970-XXXX and the expiration date is XX/XX/XXXX.

## INTRODUCTION

Thank you for your help with the Sexual Risk Avoidance Education National Evaluation (SRAENE). SRAENE is a comprehensive and rigorous study that will yield important information on the design and implementation of SRAE programs, the effectiveness of program components, and the ways grantees can use data and evidence to improve SRAE programming.

As part of SRAENE, we are asking grantee administrators and program directors to complete a web survey. Responses to the web survey will help ACF understand decisions grantees make regarding the design of their SRAE-funded programs and how the programs are being implemented. [IF STATE/COMPETITIVE GRANTEE: As described in the Funding Opportunity Announcement, all State and Competitive grantees are required to respond to the survey]. [IF DEPARTMENTAL GRANTEE: Your participation in this evaluation is not required, but your input is highly valuable to ACF.]

We understand that your organization may have several officials overseeing SRAE program design and implementation decisions. You may designate another person to complete this survey on your behalf.

All of your responses will be kept private. In reporting the results from the survey, your name and the name of your grant will not be associated with any of your answers. Results will be reported in aggregate; for instance, 70% of grant administrators reported having more than one program provider. You may skip any questions you do not wish to answer, but we hope you will answer all of the questions as the information you provide is important.

The survey is designed so that you can break off at any point and come back to complete the survey at a later time. All of your previous responses will be saved.

Please contact the study team at [STUDY EMAIL] or XXXXXXXX (toll-free) if you have any questions. Thank you for your time and contribution to this important study.

## SECTION A – BACKGROUND

**A1. What is your job title?**

**A2. How many years have you been in this position?**

YEARS

IF GRANTEE = STATE, FILL = PUBLIC HEALTH. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ADOLESCENT PREGNANCY PREVENTION.

**A3. How many years have you worked in the field of [FILL]?**

YEARS

## SECTION B – CONTEXT

**B1.** In the geographic area(s) where youth will receive SRAE programming through your grant, how much of a problem is [FILL] among adolescents?

*SELECT ONE PER ROW*

	A large problem	Somewhat of a problem	Not really a problem
a. Teen sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Teen pregnancy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Teen STD/STI rates	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Behavioral and emotional health	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Marijuana use	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
f. Prescription drug use	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
g. Other drug use	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
h. Alcohol use	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
i. Cigarette smoking	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
j. Vaping	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
k. High school completion	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
l. Dating violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
m. Sexual coercion	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
n. Crime and/or gang violence	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
o. Healthy relationship formation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
p. Other ( <i>specify</i> )	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
<div style="border: 1px solid black; height: 20px; width: 300px;"></div>			

**B2. What issue(s) is your SRAE grant planning to address?**

	<i>SELECT ONE PER ROW</i>	
	Yes	No
a. Teen sex	1 <input type="radio"/>	0 <input type="radio"/>
b. Teen pregnancy	1 <input type="radio"/>	0 <input type="radio"/>
c. Teen STD/STI rates	1 <input type="radio"/>	0 <input type="radio"/>
d. Behavioral and emotional health	1 <input type="radio"/>	0 <input type="radio"/>
e. Marijuana use	1 <input type="radio"/>	0 <input type="radio"/>
f. Prescription drug use	1 <input type="radio"/>	0 <input type="radio"/>
g. Other drug use	1 <input type="radio"/>	0 <input type="radio"/>
h. Alcohol use	1 <input type="radio"/>	0 <input type="radio"/>
i. Cigarette smoking	1 <input type="radio"/>	0 <input type="radio"/>
j. Vaping	1 <input type="radio"/>	0 <input type="radio"/>
k. High school completion	1 <input type="radio"/>	0 <input type="radio"/>
l. Dating violence	1 <input type="radio"/>	0 <input type="radio"/>
m. Sexual coercion	1 <input type="radio"/>	0 <input type="radio"/>
n. Crime and/or gang violence	1 <input type="radio"/>	0 <input type="radio"/>
o. Healthy relationship formation	1 <input type="radio"/>	0 <input type="radio"/>
p. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>
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**B3. Which of the following statements is closest to the views of the teens in the geographic area(s) where youth will receive SRAE programming?**

- SELECT ONE ONLY*
- It is okay for teens to have sex if both people agree and use protection against pregnancy and STDs/STIs.....1
  - It is okay for teens to have sex if both people agree, even if they do not use protection against pregnancy and STDs/STIs.....2
  - It is not okay for teens to have sex.....3

**B4. Which of the following statements is closest to the views of the teens in the geographic area(s) where youth will receive SRAE programming?**

- SELECT ONE ONLY*
- It is okay for people to have sex before they are married.....1
  - Having sex is something only married people should do.....2

**B5. Which of the following statements is closest to the views of the adults in the geographic area(s) where youth will receive SRAE programming?**

*SELECT ONE ONLY*

- It is okay for teens to have sex if both people agree and use protection against pregnancy and STDs/STIs.....1
- It is okay for teens to have sex if both people agree, even if they do not use protection against pregnancy and STDs/STIs.....2
- It is not okay for teens to have sex.....3

**B6. Which of the following statements is closest to the views of the adults in the geographic area(s) where youth will receive SRAE programming?**

*SELECT ONE ONLY*

- It is okay for people to have sex before they are married.....1
- Having sex is something only married people should do.....2

IF GRANTEE = STATE, FILL = STATE. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = COMMUNITY.

**B7. Does your [state/community] have a law or requirement to teach any of the following as part of the general education or health curriculum in middle school?**

SELECT ONE PER ROW

	Yes	No	Don't know
a. Refraining from sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Refraining from sex until marriage	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Reproduction, pregnancy, and birth	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Types of contraception	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. The use of contraception to prevent pregnancy and STIs/STDs	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Risks of STIs/STDs and HIV	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Planning education and career goals	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Risks of alcohol and other drug use	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. How to resist pressure to use alcohol and other drugs	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
j. Self-regulation skills, such as how to manage your emotions in ways that are not harmful	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
k. Bullying awareness and prevention	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
l. How to identify healthy and unhealthy relationships	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
m. What makes a good romantic relationship and/or marriage	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
n. How to resist pressure to have sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
o. How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
p. How to avoid situations that could lead to sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
q. Sexting awareness and prevention	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
r. Ways to talk to a romantic partner about the decision to have sex	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

IF GRANTEE = STATE, FILL = STATE. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = COMMUNITY.

**B8. Does your [state/community] have a law or requirement to teach any of the following as part of the general education or health curriculum in high school?**

SELECT ONE PER ROW

	Yes	No	Don't know
a. Refraining from sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Refraining from sex until marriage	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. Reproduction, pregnancy, and birth	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. Types of contraception	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. The use of contraception to prevent pregnancy and STIs/STDs	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
f. Risks of STIs/STDs and HIV	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
g. Planning education and career goals	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
h. Risks of alcohol and other drug use	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
i. How to resist pressure to use alcohol and other drugs	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
j. Self-regulation skills, such as how to manage your emotions in ways that are not harmful	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
k. Bullying awareness and prevention	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
l. How to identify healthy and unhealthy relationships	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
m. What makes a good romantic relationship and/or marriage	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
n. How to resist pressure to have sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
o. How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
p. How to avoid situations that could lead to sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
q. Sexting awareness and prevention	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
r. Ways to talk to a romantic partner about the decision to have sex	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

DISPLAY ROWS IF B7= 1 OR B8 = 1

**B9. Have any of the laws or requirements related to [FILL] had an influence on your SRAE programming decisions?**

SELECT ONE PER ROW

	Yes	No
a. Refraining from sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>
b. Refraining from sex until marriage	1 <input type="radio"/>	0 <input type="radio"/>
c. Reproduction, pregnancy, and birth	1 <input type="radio"/>	0 <input type="radio"/>
d. Types of contraception	1 <input type="radio"/>	0 <input type="radio"/>
e. The use of contraception to prevent pregnancy and STIs/STDs	1 <input type="radio"/>	0 <input type="radio"/>
f. Risks of STIs/STDs and HIV	1 <input type="radio"/>	0 <input type="radio"/>
g. Planning education and career goals	1 <input type="radio"/>	0 <input type="radio"/>
h. Risks of alcohol and other drug use	1 <input type="radio"/>	0 <input type="radio"/>
i. How to resist pressure to use alcohol and other drugs	1 <input type="radio"/>	0 <input type="radio"/>
j. Self-regulation skills, such as how to manage your emotions in ways that are not harmful	1 <input type="radio"/>	0 <input type="radio"/>
k. Bullying awareness and prevention	1 <input type="radio"/>	0 <input type="radio"/>
l. How to identify healthy and unhealthy relationships	1 <input type="radio"/>	0 <input type="radio"/>
m. What makes a good romantic relationship and/or marriage	1 <input type="radio"/>	0 <input type="radio"/>
n. How to resist pressure to have sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>
o. How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 <input type="radio"/>	0 <input type="radio"/>
p. How to avoid situations that could lead to sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>
q. Sexting awareness and prevention	1 <input type="radio"/>	0 <input type="radio"/>
r. Ways to talk to a romantic partner about the decision to have sex	1 <input type="radio"/>	0 <input type="radio"/>

**B10. Which of these federal grant programs aimed at educating youth about avoiding sexual risk are currently operating in the specific geographic areas where youth will receive SRAE programming?**

SELECT ONE PER ROW

	Yes	No	Don't know
a. Another federally-funded SRAE program	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Another federally-funded teen pregnancy prevention program	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

IF B10b = 1

**B11. Please select the other federally-funded teen pregnancy prevention program that is currently operating in the specific geographic areas where youth will receive SRAE programming.**

*SELECT ONE PER ROW*

	Yes	No	Don't know
a. Personal Responsibility Education Program (PREP)	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. OAH Tier 1 Teen Pregnancy Prevention program	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
c. OAH Tier 2 Teen Pregnancy Prevention program	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
d. CDC Division of Adolescent and School Health (DASH) program	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
e. Another federally-funded teen pregnancy prevention program	1 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

DISPLAY ROWS IF B10=1

**B12. How much do you think these programs help youth to avoid sexual activity?**

*SELECT ONE PER ROW*

	A lot	Somewhat	Not at all	Don't know
a. Another federally-funded SRAE program	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>
b. Another federally-funded teen pregnancy prevention program, (such as the Personal Responsibility Education Program (PREP), and the OAH Teen Pregnancy Prevention (TPP) Programs)	1 <input type="radio"/>	2 <input type="radio"/>	0 <input type="radio"/>	d <input type="radio"/>

## SECTION C – PROGRAM PLANS

IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = PROPOSAL. IF GRANTEE = STATE, FILL = POST-AWARD STATE PLAN.

**C1. Did you receive assistance in developing your SRAE [proposal/post-award state plan]?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C1=1  
 IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = PROPOSAL. IF GRANTEE = STATE, FILL = POST-AWARD STATE PLAN.  
 IF GRANTEE = STATE DISPLAY OTHER AGENCY(IES) IN MY STATE FOR OPTION A. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, DISPLAY STATE AGENCY FOR OPTION A.

**C2. Which of the following entities assisted in developing your SRAE [proposal/post-award state plan]?**

SELECT ONE PER ROW

	Yes	No
a. State agency/Other agency in my state	1 <input type="radio"/>	0 <input type="radio"/>
b. Local service provider	1 <input type="radio"/>	0 <input type="radio"/>
c. University-based researcher	1 <input type="radio"/>	0 <input type="radio"/>
d. Private program developer	1 <input type="radio"/>	0 <input type="radio"/>
e. Private research firm or consultant	1 <input type="radio"/>	0 <input type="radio"/>
f. Local advocacy group	1 <input type="radio"/>	0 <input type="radio"/>
g. National advocacy group	1 <input type="radio"/>	0 <input type="radio"/>
h. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>

IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = FROM YOUR ORGANIZATION. IF GRANTEE = STATE, FILL = IN YOUR STATE. DISPLAY C3D IF GRANTEE = STATE OR COMPETITIVE.

**C3. In deciding upon the SRAE programming youth will receive [in your state/from your organization], to what extent did you [FILL]?**

	SELECT ONE PER ROW		
	A lot	Somewhat	Not much or not at all
a. Assess the current organizational infrastructure and capacity in your state/organization	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
b. Secure buy-in from key stakeholders, such as elected officials, community leaders, school district administrators, and parents	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
c. Consider the future sustainability of an SRAE program if federal funds do not continue	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>
d. Consider the Title V "A-F" requirements	3 <input type="radio"/>	2 <input type="radio"/>	1 <input type="radio"/>

IF GRANTEE = STATE, FILL = STATE AGENCY FUND. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION PROVIDE.

**C4. Prior to your SRAE grant award, did your [state agency fund/organization] provide [FILL]?**

	SELECT ONE PER ROW	
	Yes	No
a. Education on refraining from sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>
b. Education on the benefits of refraining from sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>
c. Education on refraining from sex until marriage	1 <input type="radio"/>	0 <input type="radio"/>
d. Education on the benefits of refraining from sex until marriage	1 <input type="radio"/>	0 <input type="radio"/>
e. Education on the risk of pregnancy and STDs/STIs and HIV	1 <input type="radio"/>	0 <input type="radio"/>
f. Education on use of contraception	1 <input type="radio"/>	0 <input type="radio"/>
g. Positive youth development programming	1 <input type="radio"/>	0 <input type="radio"/>
h. Behavioral and emotional health programming for youth	1 <input type="radio"/>	0 <input type="radio"/>
i. Education on the risks of alcohol and drugs for youth	1 <input type="radio"/>	0 <input type="radio"/>
j. Education on dating violence prevention for youth	1 <input type="radio"/>	0 <input type="radio"/>
k. Education on other violence prevention for youth	1 <input type="radio"/>	0 <input type="radio"/>
l. Education on healthy relationship formation	1 <input type="radio"/>	0 <input type="radio"/>
m. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/>		

IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C5. Did your [state agency/organization] conduct a needs assessment prior to creating your SRAE program plans?**

SELECT ONE ONLY

- Yes, my [state agency/organization] conducted one on our own.....1 GO TO C8
- Yes, my [state agency/organization] conducted one with assistance from other organizations.....2 GO TO C7
- No.....0 GO TO C6

IF C5 =0

**C6. Did your [state agency/organization] review a needs assessment conducted by another organization prior to creating your SRAE program plans?**

SELECT ONE ONLY

- Yes.....1
- No.....0

IF C5=2  
 IF GRANTEE = STATE DISPLAY OTHER AGENCY(IES) IN MY STATE FOR OPTION A. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, DISPLAY STATE AGENCY FOR OPTION A.

**C7. Which of the following entities assisted in your needs assessment?**

SELECT ONE PER ROW

	Yes	No
a. State agency/Other agency in my state	1 <input type="radio"/>	0 <input type="radio"/>
b. Local service provider	1 <input type="radio"/>	0 <input type="radio"/>
c. University-based researcher	1 <input type="radio"/>	0 <input type="radio"/>
d. Private program developer	1 <input type="radio"/>	0 <input type="radio"/>
e. Private research firm	1 <input type="radio"/>	0 <input type="radio"/>
f. Local advocacy group	1 <input type="radio"/>	0 <input type="radio"/>
g. National advocacy group	1 <input type="radio"/>	0 <input type="radio"/>
h. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>

IF C5=1 OR 2

**C8. What data did you collect for your needs assessment?**

SELECT ONE PER ROW

	Yes	No
a. Prevalence of risk behaviors	1 <input type="radio"/>	0 <input type="radio"/>
b. Surveys of school administrators or teachers	1 <input type="radio"/>	0 <input type="radio"/>
c. Surveys of youth	1 <input type="radio"/>	0 <input type="radio"/>
d. Surveys of providers	1 <input type="radio"/>	0 <input type="radio"/>
e. Interviews or focus groups with stakeholders	1 <input type="radio"/>	0 <input type="radio"/>
f. Interviews or focus groups with providers	1 <input type="radio"/>	0 <input type="radio"/>
g. Interviews or focus groups with local advocacy groups	1 <input type="radio"/>	0 <input type="radio"/>
h. Interviews or focus groups with youth	1 <input type="radio"/>	0 <input type="radio"/>
i. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/>		

IF C5=1 OR 2

**C9. To what extent did your needs assessment influence your SRAE program plans?**

SELECT ONE ONLY

- A lot..... 1
- Somewhat..... 2
- Not at all..... 0

IF C5=1 OR 2, FILL = REASSESS NEEDS AT LEAST ONCE MORE. IF C5=0 OR M, FILL = ASSESS NEEDS AT LEAST ONCE.

**C10. Do you plan to [reassess needs at least once more/assess needs at least once] during the grant period?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

**C11. To what extent did you use SMARTool to inform your program plans?**

SELECT ONE ONLY

- A lot..... 1
- Somewhat..... 2
- Not at all..... 0

IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C12. Will your [state agency/organization] use social media or social marketing in some capacity (for example, media or marketing campaigns designed to saturate an area and not specific program participants)?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C12=1  
IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C13. In what ways will your [state agency/organization] use social media or social marketing?**

SELECT ONE PER ROW

	Yes	No
a. Promoting greater acceptance of sexual risk avoidance behaviors	1 <input type="radio"/>	0 <input type="radio"/>
b. Sharing statistics about the prevalence of youth behaviors related to sexual risk avoidance	1 <input type="radio"/>	0 <input type="radio"/>
c. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/>		

IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C14. Will your [state agency/organization] directly deliver any SRAE programs to youth (in other words, will your [state agency/organization] act as a program provider)?**

SELECT ONE ONLY

- Yes..... 1 GO TO C15
- No..... 0 GO TO C19

IF C14=1  
 IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C15. Has your [state agency/organization] acted as a provider for similar programming directly to youth in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C14=1  
 IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C16. How many different SRAE programs will your [state agency/organization] deliver directly to youth?**

NUMBER

IF C14=1  
 IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C17. Grantees may deliver one or more programs and programs may use the same curriculum or different curricula. Which of the following curricula do you intend for your [state agency/organization] to use as the primary curricula?**

SELECT ONE PER ROW

	Yes	No
a. Aspire	1 <input type="radio"/>	0 <input type="radio"/>
b. Choosing the Best	1 <input type="radio"/>	0 <input type="radio"/>
c. Game Plan	1 <input type="radio"/>	0 <input type="radio"/>
d. Healthy Futures	1 <input type="radio"/>	0 <input type="radio"/>
e. Heritage Keepers	1 <input type="radio"/>	0 <input type="radio"/>
f. Positive Potential	1 <input type="radio"/>	0 <input type="radio"/>
g. Pure and Simple	1 <input type="radio"/>	0 <input type="radio"/>
h. REAL Essentials	1 <input type="radio"/>	0 <input type="radio"/>
i. Your Future on the Line	1 <input type="radio"/>	0 <input type="radio"/>
j. Other	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER DISPLAY BOX (NUM)

IF J IS SELECTED FROM OPTIONS ABOVE, DISPLAY THE LIST OF  
ADDITIONAL OPTIONS BELOW

<i>SELECT ONE PER ROW</i>		
	Yes	No
k. Be Proud Be Responsible	1 <input type="radio"/>	0 <input type="radio"/>
l. Families Talking Together	1 <input type="radio"/>	0 <input type="radio"/>
m. Love Notes (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
n. Love Notes (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
o. Making a Difference	1 <input type="radio"/>	0 <input type="radio"/>
p. Making Proud Choices	1 <input type="radio"/>	0 <input type="radio"/>
q. Project AIM (Adult Identity Mentoring)	1 <input type="radio"/>	0 <input type="radio"/>
r. Promoting Health Among Teens (Abstinence only)	1 <input type="radio"/>	0 <input type="radio"/>
s. Promoting Health Among Teens (Comprehensive)	1 <input type="radio"/>	0 <input type="radio"/>
t. Relationship Smarts Plus (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
u. Relationship Smarts Plus (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
v. Teen Outreach Program (TOP)	1 <input type="radio"/>	0 <input type="radio"/>
w. Wise Guys	1 <input type="radio"/>	0 <input type="radio"/>
x. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>
<div style="border: 1px solid black; width: 300px; height: 20px; margin-left: 20px;"></div>		

IF GRANTEE = FORMER TITLE V GRANTEE AND C15=1  
 IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION. DISPLAY ROWS IF C17=1.

**C18. Has your [state agency/organization] used [FILL] before?**

<i>SELECT ONE PER ROW</i>		
	Yes	No
a. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
b. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
c. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
d. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>

IF C18=1. FILL [CURRICULUM] WITH C17 CURRICULUM WHERE C18=1.

**C19. Under which grant program did you previously use [CURRICULUM]?**

	<i>SELECT ONE PER ROW</i>	
	Yes	No
a. Personal Responsibility Education Program (PREP)	1 <input type="radio"/>	0 <input type="radio"/>
b. OAH Tier 1 Teen Pregnancy Prevention program	1 <input type="radio"/>	0 <input type="radio"/>
c. OAH Tier 2 Teen Pregnancy Prevention program	1 <input type="radio"/>	0 <input type="radio"/>
d. CDC Division of Adolescent and School Health (DASH) program	1 <input type="radio"/>	0 <input type="radio"/>
e. Title V Abstinence	1 <input type="radio"/>	0 <input type="radio"/>
f. Community Based Abstinence Education (CBAE)	1 <input type="radio"/>	0 <input type="radio"/>
g. Another federally-funded teen pregnancy prevention program	1 <input type="radio"/>	0 <input type="radio"/>

LOOP OVER C19 FOR ALL CURRICULA SELECTED IN C18 (C18=1), THEN GO TO C20.

**C20. Will you use subawardees to deliver SRAE programming directly to youth?**

*SELECT ONE ONLY*

- Yes..... 1 GO TO C21
- No..... 0 GO TO C32

IF C20=1

**C21. Did you provide subawardees with a list of curricula to choose from for their SRAE programming?**

*SELECT ONE ONLY*

- Yes..... 1 GO TO C22
- No..... 0 GO TO C23

**C22. Which curricula were on the list provided to your subawardees?**

SELECT ONE PER ROW

	Yes	No
a. Aspire	1 <input type="radio"/>	0 <input type="radio"/>
b. Choosing the Best	1 <input type="radio"/>	0 <input type="radio"/>
c. Game Plan	1 <input type="radio"/>	0 <input type="radio"/>
d. Healthy Futures	1 <input type="radio"/>	0 <input type="radio"/>
e. Heritage Keepers	1 <input type="radio"/>	0 <input type="radio"/>
f. Positive Potential	1 <input type="radio"/>	0 <input type="radio"/>
g. Pure and Simple	1 <input type="radio"/>	0 <input type="radio"/>
h. REAL Essentials	1 <input type="radio"/>	0 <input type="radio"/>
i. Your Future on the Line	1 <input type="radio"/>	0 <input type="radio"/>
j. Other	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER DISPLAY BOX (NUM)

IF J IS SELECTED FROM OPTIONS ABOVE, DISPLAY THE LIST OF  
ADDITIONAL OPTIONS BELOW

SELECT ONE PER ROW

	Yes	No
k. Be Proud Be Responsible	1 <input type="radio"/>	0 <input type="radio"/>
l. Families Talking Together	1 <input type="radio"/>	0 <input type="radio"/>
m. Love Notes (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
n. Love Notes (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
o. Making a Difference	1 <input type="radio"/>	0 <input type="radio"/>
p. Making Proud Choices	1 <input type="radio"/>	0 <input type="radio"/>
q. Project AIM (Adult Identity Mentoring)	1 <input type="radio"/>	0 <input type="radio"/>
r. Promoting Health Among Teens (Abstinence only)	1 <input type="radio"/>	0 <input type="radio"/>
s. Promoting Health Among Teens (Comprehensive)	1 <input type="radio"/>	0 <input type="radio"/>
t. Relationship Smarts Plus (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
u. Relationship Smarts Plus (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
v. Teen Outreach Program (TOP)	1 <input type="radio"/>	0 <input type="radio"/>
w. Wise Guys	1 <input type="radio"/>	0 <input type="radio"/>
x. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>

IF C20=1

**C23. How many different subawardees do you anticipate working with to deliver programming to youth?**

NUMBER

IF C20=1  
IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C24. Among these, how many of these subawardees have delivered similar programming for your [state agency/organization] in the past?**

NUMBER

IF C20=1

**C25. Which types of organizations are eligible for subawards to deliver SRAE programming to youth?**

SELECT ONE PER ROW

	Yes	No
a. Schools	1 <input type="radio"/>	0 <input type="radio"/>
b. Community based organizations	1 <input type="radio"/>	0 <input type="radio"/>
c. Detention centers	1 <input type="radio"/>	0 <input type="radio"/>
d. Foster care providers	1 <input type="radio"/>	0 <input type="radio"/>
e. Institutions for youth with emotional or behavioral health needs	1 <input type="radio"/>	0 <input type="radio"/>
f. Faith-based institutions	1 <input type="radio"/>	0 <input type="radio"/>
g. Clinics/hospitals	1 <input type="radio"/>	0 <input type="radio"/>
h. Universities	1 <input type="radio"/>	0 <input type="radio"/>
i. Program developers	1 <input type="radio"/>	0 <input type="radio"/>
j. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>

IF C20=1  
NUMBER OF ROWS DISPLAYED = C23. IF C23=M, DISPLAY EIGHT ROWS.  
IF C23=1, FILL = THE. IF C23 > 1 OR M, FILL = EACH.

**C26. What is the name of [the/each] subawardee that will deliver programming to youth?**

- a. Provider A:
- b. Provider B:
- c. Provider C:
- d. Provider D:

IF C23=1, GO TO C28. ELSE GO TO C27.

IF C20=1 AND C23 >1 OR M

**C27. Will all subawardees deliver the same SRAE program components?**

SELECT ONE ONLY

- Yes.....1 GO TO C29
- No.....0 GO TO C28

IF C20=1 AND (C23=1 OR C27=0)  
IF C23=1 FILL = SUBAWARDEE. IF C23>1 FILL = SUBAWARDEES.

**C28. How many different SRAE programs will be provided by your [subawardees/subawardee]?**

NUMBER

IF C20=1

IF C23=1, FILL = DOES THE SUBAWARDEE. IF C23 > 1 OR M, FILL = DO THE SUBAWARDEES.

**C29. Providers/subawardees may deliver one or more programs and programs may use the same curriculum or different curricula. Which of the following curricula [does the subawardee/do the subawardees] intend to use as the primary curricula?**

SELECT ONE PER ROW

	Yes	No
a. Aspire	1 <input type="radio"/>	0 <input type="radio"/>
b. Choosing the Best	1 <input type="radio"/>	0 <input type="radio"/>
c. Game Plan	1 <input type="radio"/>	0 <input type="radio"/>
d. Healthy Futures	1 <input type="radio"/>	0 <input type="radio"/>
e. Heritage Keepers	1 <input type="radio"/>	0 <input type="radio"/>
f. Positive Potential	1 <input type="radio"/>	0 <input type="radio"/>
g. Pure and Simple	1 <input type="radio"/>	0 <input type="radio"/>
h. REAL Essentials	1 <input type="radio"/>	0 <input type="radio"/>
i. Your Future on the Line	1 <input type="radio"/>	0 <input type="radio"/>
j. Other	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER DISPLAY BOX (NUM)

IF J IS SELECTED FROM OPTIONS ABOVE, DISPLAY THE LIST OF ADDITIONAL OPTIONS BELOW

SELECT ONE PER ROW

	Yes	No
k. Be Proud Be Responsible	1 <input type="radio"/>	0 <input type="radio"/>
l. Families Talking Together	1 <input type="radio"/>	0 <input type="radio"/>
m. Love Notes (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
n. Love Notes (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
o. Making a Difference	1 <input type="radio"/>	0 <input type="radio"/>
p. Making Proud Choices	1 <input type="radio"/>	0 <input type="radio"/>
q. Project AIM (Adult Identity Mentoring)	1 <input type="radio"/>	0 <input type="radio"/>
r. Promoting Health Among Teens (Abstinence only)	1 <input type="radio"/>	0 <input type="radio"/>
s. Promoting Health Among Teens (Comprehensive)	1 <input type="radio"/>	0 <input type="radio"/>
t. Relationship Smarts Plus (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
u. Relationship Smarts Plus (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
v. Teen Outreach Program (TOP)	1 <input type="radio"/>	0 <input type="radio"/>
w. Wise Guys	1 <input type="radio"/>	0 <input type="radio"/>
x. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>

IF C24 ≥ 1

DISPLAY ROWS IF C29=1. IF C29AN=1 THEN FILL SPECIFIED CURRICULUM NAME. IF C29AN CURRICULUM NAME=M, FILL = OTHER CURRICULUM. IF GRANTEE = STATE, FILL = STATE AGENCY. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C30. Which of the following curricula have any subawardees delivered for your [state agency/organization] in the past?**

SELECT ONE PER ROW

	Yes	No
a. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
b. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
c. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
d. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>

IF C20=1 AND C23 > 1 AND C27=0

FILL CURRICULA FOR ALL C29=1. IF C29AN=1 THEN FILL SPECIFIED CURRICULUM NAME. IF C29AN CURRICULUM NAME=M, FILL = OTHER CURRICULUM. FILL PROVIDER NAMES FROM C26.

**C31. Which subawardee(s) intend to use [CURRICULUM]?**

SELECT ONE PER ROW

	Yes	No
a. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
b. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
c. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
d. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>

LOOP OVER C31 FOR ALL CURRICULA SELECTED IN C29, THEN GO TO C32.

CREATE VARIABLES FOR EACH PROVIDER-CURRICULUM COMBINATION REPORTED IN C17, C26 AND C31. SET A FLAG IF > 1 PROVIDER IS DELIVERING A CURRICULUM.

DISPLAY ROWS FOR C16+C28. DISPLAY FOUR ROWS FOR EITHER VARIABLE IF IT IS MISSING.  
IF C16+C28>1, THEN FILL1=EACH OF THE SRAE PROGRAMS AND FILL2=THE AND FILL3=THE.  
DISPLAY INSTRUCTIONS IN ITALICS. IF C16+C28 =1, THEN FILL1=THE SRAE PROGRAM AND  
FILL2=EACH AND FILL3=EACH. DO NOT DISPLAY THE INSTRUCTIONS IN ITALICS.

**C32. This survey has questions about [each of the SRAE programs/the SRAE program] that your grant funds. The survey will fill in these questions with [the/each] program name. What is the name of [the/each] program? [If you use the same name for each program, please give each one a different name in this survey to help distinguish the programs in later questions (for example, include a number with the program name, such as Program 1, Program 2, and so on).]**

- a. Program A:
- b. Program B:
- c. Program C:
- d. Program D:

IF GRANTEE = STATE, FILL = STATE. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = COMMUNITY.

**C33. Will your SRAE program(s) replace any existing sexual risk avoidance or sexual risk reduction programs in your [state/community]?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF GRANTEE = STATE, FILL = STATE. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = COMMUNITY.

**C34. Will your new SRAE grant funds be used to provide programming not previously available to youth?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C34=1  
 DISPLAY ROWS IF C17=1 OR C29=1.

**C35. For programs that were previously available to youth prior to the new SRAE grant, did they use any of the following curricula?**

<i>SELECT ONE PER ROW</i>		
	Yes	No
a. Aspire	1 <input type="radio"/>	0 <input type="radio"/>
b. Choosing the Best	1 <input type="radio"/>	0 <input type="radio"/>
c. Game Plan	1 <input type="radio"/>	0 <input type="radio"/>
d. Healthy Futures	1 <input type="radio"/>	0 <input type="radio"/>
e. Heritage Keepers	1 <input type="radio"/>	0 <input type="radio"/>
f. Positive Potential	1 <input type="radio"/>	0 <input type="radio"/>
g. Pure and Simple	1 <input type="radio"/>	0 <input type="radio"/>
h. REAL Essentials	1 <input type="radio"/>	0 <input type="radio"/>
i. Your Future on the Line	1 <input type="radio"/>	0 <input type="radio"/>
j. Other	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER DISPLAY BOX (NUM)

IF J IS SELECTED FROM OPTIONS ABOVE, DISPLAY THE LIST OF ADDITIONAL OPTIONS BELOW

<i>SELECT ONE PER ROW</i>		
	Yes	No
k. Be Proud Be Responsible	1 <input type="radio"/>	0 <input type="radio"/>
l. Families Talking Together	1 <input type="radio"/>	0 <input type="radio"/>
m. Love Notes (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
n. Love Notes (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
o. Making a Difference	1 <input type="radio"/>	0 <input type="radio"/>
p. Making Proud Choices	1 <input type="radio"/>	0 <input type="radio"/>
q. Project AIM (Adult Identity Mentoring)	1 <input type="radio"/>	0 <input type="radio"/>
r. Promoting Health Among Teens (Abstinence only)	1 <input type="radio"/>	0 <input type="radio"/>
s. Promoting Health Among Teens (Comprehensive)	1 <input type="radio"/>	0 <input type="radio"/>
t. Relationship Smarts Plus (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
u. Relationship Smarts Plus (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
v. Teen Outreach Program (TOP)	1 <input type="radio"/>	0 <input type="radio"/>
w. Wise Guys	1 <input type="radio"/>	0 <input type="radio"/>
x. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>

DISPLAY OPTION 2 IF C20=1

**C36. Which entity makes the final decision about the use of a curriculum?**

SELECT ONE ONLY

- Grantee..... 1
- Subawardee program providers..... 2
- Another entity..... 3

**C37. Did or do you intend to add supplemental content, such as lessons or activities, to the curricula to address the SRAE requirements?**

SELECT ONE ONLY

- Yes..... 1 GO TO C38
- No..... 0 GO TO C46

IF C37=1  
DISPLAY CURRICULA SELECTED IN C17 OR C29.

**C38. Which curricula were or will be supplemented to address the SRAE requirements?**

SELECT ONE PER ROW

	Yes	No
a. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
b. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
c. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>
d. [CURRICULUM]	1 <input type="radio"/>	0 <input type="radio"/>

IF >1 PROVIDER OF A CURRICULUM, GO TO C39.  
ELSE GO TO C40.

IF C37=1 AND > 1 PROVIDER OF A CURRICULUM  
FILL CURRICULUM FROM C17 OR C29.

- C39. Did or will all providers of [CURRICULUM] draw supplemental content from the same source(s)?**
- SELECT ONE ONLY*
- Yes.....1
  - No.....0

IF C37=1  
IF C39=1 THEN FILL = THE PROVIDERS. IF C39=0 OR CURRICULUM HAS ONLY 1 PROVIDER THEN FILL = PROVIDER NAME. FILL CURRICULUM FROM C17 OR C29.

- C40. Did or will [[PROVIDER]/the providers] incorporate supplemental lessons for [CURRICULUM]?**
- SELECT ONE ONLY*
- Yes.....1 GO TO C42
  - No.....0 GO TO C42 BOX

- C41. Are the supplemental lessons for [CURRICULUM] drawn from existing curricula or were they developed by you or in coordination with your grant partners for your SRAE grant?**
- SELECT ONE ONLY*
- From existing curricula.....1 GO TO C42
  - Developed ourselves for our SRAE grant.....0 GO TO C42 BOX

IF C41=1

IF C39=1 THEN FILL = THE PROVIDERS. IF C39=0 OR CURRICULUM HAS ONLY 1 PROVIDER THEN FILL = PROVIDER NAME. FILL CURRICULUM FROM C17 OR C29. IF CURRICULUM=M, FILL OTHER CURRICULUM. DO NOT DISPLAY THE ROW WITH THE CURRICULUM NAME THAT IS IN THE QUESTION.

**C42. From which curriculum did or will [[PROVIDER]/the providers] draw supplemental lessons for [CURRICULUM]?**

SELECT ONE PER ROW

	Yes	No
a. Aspire	1 <input type="radio"/>	0 <input type="radio"/>
b. Choosing the Best	1 <input type="radio"/>	0 <input type="radio"/>
c. Game Plan	1 <input type="radio"/>	0 <input type="radio"/>
d. Healthy Futures	1 <input type="radio"/>	0 <input type="radio"/>
e. Heritage Keepers	1 <input type="radio"/>	0 <input type="radio"/>
f. Positive Potential	1 <input type="radio"/>	0 <input type="radio"/>
g. Pure and Simple	1 <input type="radio"/>	0 <input type="radio"/>
h. REAL Essentials	1 <input type="radio"/>	0 <input type="radio"/>
i. Your Future on the Line	1 <input type="radio"/>	0 <input type="radio"/>
j. Other	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER DISPLAY BOX (NUM)

IF J IS SELECTED FROM OPTIONS ABOVE, DISPLAY THE LIST OF ADDITIONAL OPTIONS BELOW

SELECT ONE PER ROW

	Yes	No
k. Be Proud Be Responsible	1 <input type="radio"/>	0 <input type="radio"/>
l. Families Talking Together	1 <input type="radio"/>	0 <input type="radio"/>
m. Love Notes (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
n. Love Notes (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
o. Making a Difference	1 <input type="radio"/>	0 <input type="radio"/>
p. Making Proud Choices	1 <input type="radio"/>	0 <input type="radio"/>
q. Project AIM (Adult Identity Mentoring)	1 <input type="radio"/>	0 <input type="radio"/>
r. Promoting Health Among Teens (Abstinence only)	1 <input type="radio"/>	0 <input type="radio"/>
s. Promoting Health Among Teens (Comprehensive)	1 <input type="radio"/>	0 <input type="radio"/>
t. Relationship Smarts Plus (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
u. Relationship Smarts Plus (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
v. Teen Outreach Program (TOP)	1 <input type="radio"/>	0 <input type="radio"/>
w. Wise Guys	1 <input type="radio"/>	0 <input type="radio"/>
x. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>

LOOP OVER C39 THROUGH C42 FOR ALL CURRICULA WHERE C38=1. IF C39=0, LOOP OVER C40 AND C42 FOR EACH PROVIDER-CURRICULUM COMBINATION. THEN GO TO C43.

**C43. Did or will [[PROVIDER]/the providers] incorporate supplemental activities for [CURRICULUM]?**

*SELECT ONE ONLY*

- Yes.....1 GO TO C44
- No.....0 GO TO C45BOX

**C44. Are the supplemental activities for [CURRICULUM] drawn from existing curricula or were they developed by you or in coordination with your grant partners for your SRAE grant?**

*SELECT ONE ONLY*

- From existing curricula.....1 GO TO C45
- Developed ourselves for our SRAE grant.....0 GO TO C45 BOX

IF C44=1

IF C39=1 THEN FILL = THE PROVIDERS. IF C39=0 OR CURRICULUM HAS ONLY 1 PROVIDER THEN FILL = PROVIDER NAME. FILL CURRICULUM FROM C17 OR C29. IF CURRICULUM=M, FILL OTHER CURRICULUM. DO NOT DISPLAY THE ROW WITH THE CURRICULUM NAME THAT IS IN THE QUESTION.

**C45. From which curriculum did or will [[PROVIDER]/the providers] draw supplemental activities for [CURRICULUM]?**

SELECT ONE PER ROW

	Yes	No
a. Aspire	1 <input type="radio"/>	0 <input type="radio"/>
b. Choosing the Best	1 <input type="radio"/>	0 <input type="radio"/>
c. Game Plan	1 <input type="radio"/>	0 <input type="radio"/>
d. Healthy Futures	1 <input type="radio"/>	0 <input type="radio"/>
e. Heritage Keepers	1 <input type="radio"/>	0 <input type="radio"/>
f. Positive Potential	1 <input type="radio"/>	0 <input type="radio"/>
g. Pure and Simple	1 <input type="radio"/>	0 <input type="radio"/>
h. REAL Essentials	1 <input type="radio"/>	0 <input type="radio"/>
i. Your Future on the Line	1 <input type="radio"/>	0 <input type="radio"/>
j. Other	1 <input type="radio"/>	0 <input type="radio"/>

PROGRAMMER DISPLAY BOX (NUM)

IF J IS SELECTED FROM OPTIONS ABOVE, DISPLAY THE LIST OF ADDITIONAL OPTIONS BELOW

SELECT ONE PER ROW

	Yes	No
k. Be Proud Be Responsible	1 <input type="radio"/>	0 <input type="radio"/>
l. Families Talking Together	1 <input type="radio"/>	0 <input type="radio"/>
m. Love Notes (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
n. Love Notes (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
o. Making a Difference	1 <input type="radio"/>	0 <input type="radio"/>
p. Making Proud Choices	1 <input type="radio"/>	0 <input type="radio"/>
q. Project AIM (Adult Identity Mentoring)	1 <input type="radio"/>	0 <input type="radio"/>
r. Promoting Health Among Teens (Abstinence only)	1 <input type="radio"/>	0 <input type="radio"/>
s. Promoting Health Among Teens (Comprehensive)	1 <input type="radio"/>	0 <input type="radio"/>
t. Relationship Smarts Plus (Classic)	1 <input type="radio"/>	0 <input type="radio"/>
u. Relationship Smarts Plus (SRA)	1 <input type="radio"/>	0 <input type="radio"/>
v. Teen Outreach Program (TOP)	1 <input type="radio"/>	0 <input type="radio"/>
w. Wise Guys	1 <input type="radio"/>	0 <input type="radio"/>
x. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>

LOOP OVER C44 THROUGH C45 FOR ALL CURRICULA WHERE C38=1. IF C39=0, LOOP OVER C44 AND C45 FOR EACH PROVIDER-CURRICULUM COMBINATION. THEN GO TO C46.

DISPLAY OPTION 2 IF C20=1

**C46. Which entity makes the final decision about the addition of supplemental lessons?**

SELECT ONE ONLY

- Grantee.....1
- Subawardee program providers.....2
- Another grant partner.....3

DISPLAY OPTION 2 IF C20=1

**C47. Which entity makes the final decision about the addition of supplemental activities?**

SELECT ONE ONLY

- Grantee.....1
- Subawardee program providers.....2
- Another grant partner.....3

ALL

**C48. Will you require that the SRAE programming delivered to youth be monitored for quality of delivery and adherence to their program plans?**

SELECT ONE ONLY

- Yes.....1 GO TO C49
- No.....0 GO TO C52

IF C48=1  
 DISPLAY OPTION B IF C23 ≥ 1

**C49. Who will conduct monitoring activities?**

	SELECT ONE PER ROW	
	Yes	No
a. Our agency/organization (the grantee)	1 <input type="radio"/>	0 <input type="radio"/>
b. Each provider	1 <input type="radio"/>	0 <input type="radio"/>
c. Independent evaluator	1 <input type="radio"/>	0 <input type="radio"/>
d. The program developer	1 <input type="radio"/>	0 <input type="radio"/>
e. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

IF C49C=1

**C50. Have you worked with this independent evaluator in this capacity in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C49D=1

**C51. Have you worked with this program developer in this capacity in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

**C52. Will you collect data on adherence to the program?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C52=1

**C53. How often will you collect data on adherence to the program?**

SELECT ONE ONLY

- Once a month.....1
- Once a quarter.....2
- After every administration of the curriculum.....3
- Other (specify).....4

**C54. Will you collect data on the quality of program implementation?**

SELECT ONE ONLY

- Yes.....1
- No.....0

IF C54=1

**C55. How often will you collect data on the quality of program implementation?**

SELECT ONE ONLY

- Once a month.....1
- Once a quarter.....2
- After every administration of the curriculum.....3
- Other (specify).....4

**C56. Will you require that program facilitators receive training before they deliver your SRAE funded program?**

SELECT ONE ONLY

- Yes.....1 GO TO C57
- No.....0 GO TO C61

IF C56=1

**C57. On which of the following topics will you require program facilitators to receive training?**

SELECT ONE PER ROW

	Yes	No
a. The curriculum	1 <input type="radio"/>	0 <input type="radio"/>
b. Sexual Risk Avoidance Specialist certification (Ascend)	1 <input type="radio"/>	0 <input type="radio"/>
c. Classroom management	1 <input type="radio"/>	0 <input type="radio"/>
d. Positive Youth Development	1 <input type="radio"/>	0 <input type="radio"/>
e. Trauma competent caregiving	1 <input type="radio"/>	0 <input type="radio"/>
f. Mental health	1 <input type="radio"/>	0 <input type="radio"/>
g. Dating violence/consent	1 <input type="radio"/>	0 <input type="radio"/>
h. Suicide prevention	1 <input type="radio"/>	0 <input type="radio"/>
i. Child protection	1 <input type="radio"/>	0 <input type="radio"/>
j. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

IF C56=1

**C58. Who will conduct the trainings?**

SELECT ONE PER ROW

	Yes	No
a. Our agency/organization (the grantee)	1 <input type="radio"/>	0 <input type="radio"/>
b. Each provider	1 <input type="radio"/>	0 <input type="radio"/>
c. A training organization	1 <input type="radio"/>	0 <input type="radio"/>
d. The program developer	1 <input type="radio"/>	0 <input type="radio"/>
e. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

IF C58C=1

**C59. Have you worked with this training organization in this capacity in the past?**

SELECT ONE ONLY

- Yes.....1
- No.....0

IF C58D=1

**C60. Have you worked with this program developer in this capacity in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

**C61. Will you collect data on whether all facilitators received the required training?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

**C62. Will you require that program facilitators receive refresher trainings or technical assistance?**

SELECT ONE ONLY

- Yes..... 1 GO TO C63
- No..... 0 GO TO C66

IF C62=1

**C63. Who will provide the refresher trainings or technical assistance?**

SELECT ONE PER ROW

	Yes	No
a. Our agency/organization (the grantee)	1 <input type="radio"/>	0 <input type="radio"/>
b. Each provider	1 <input type="radio"/>	0 <input type="radio"/>
c. A training organization	1 <input type="radio"/>	0 <input type="radio"/>
d. The program developer	1 <input type="radio"/>	0 <input type="radio"/>
e. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

IF C63C=1

**C64. Have you worked with this training organization in this capacity in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C63D=1

**C65. Have you worked with this program developer in this capacity in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

**C66. Will you collect data to monitor the extent to which facilitators receive refresher training or technical assistance?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

**C67. Will you require that program facilitators are observed?**

SELECT ONE ONLY

- Yes..... 1 GO TO C69
- No..... 0 GO TO C73

IF C67=1

**C68. How often will you require that program facilitators are observed?**

SELECT ONE ONLY

- Once per program cycle..... 1
- Once per year (if there is more than one program cycle in a year) ..... 2
- Once per grant period..... 3
- Other (specify)..... 4

IF C67=1

**C69. Who will conduct the observations?**

SELECT ONE PER ROW

	Yes	No
a. Our agency/organization (the grantee)	1 <input type="radio"/>	0 <input type="radio"/>
b. Each provider	1 <input type="radio"/>	0 <input type="radio"/>
c. An independent evaluator	1 <input type="radio"/>	0 <input type="radio"/>
d. A training organization	1 <input type="radio"/>	0 <input type="radio"/>
e. The program developer	1 <input type="radio"/>	0 <input type="radio"/>
f. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

IF C69C=1

**C70. Have you worked with this independent evaluator in this capacity in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C69D=1

**C71. Have you worked with this training organization in this capacity in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C69E=1

**C72. Have you worked with this program developer in this capacity in the past?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

IF C67=1

**C73. Will you collect data to monitor the extent to which facilitators are observed?**

SELECT ONE ONLY

- Yes..... 1
- No..... 0

**C74. In the first year of your grant, what percentage of your grant dollars will be used for each of the following categories?**

	Percentage
a. Grant administration	<input type="text"/>
b. Provision of programming to youth (either directly or through subawards)	<input type="text"/>
c. Training providers	<input type="text"/>
d. Monitoring providers	<input type="text"/>
e. Observing facilitators	<input type="text"/>
f. Social media or social marketing	<input type="text"/>
g. Evaluation	<input type="text"/>
h. Other ( <i>specify</i> )	<input type="text"/>
<input type="text"/>	

SUM (hard check) 100

**C75. In the second year of your grant, what percentage of your grant dollars will be used for each of the following categories?**

	Percentage
a. Grant administration	<input type="text"/>
b. Provision of programming to youth (either directly or through subawards)	<input type="text"/>
c. Training providers	<input type="text"/>
d. Monitoring providers	<input type="text"/>
e. Observing facilitators	<input type="text"/>
f. Social media or social marketing	<input type="text"/>
g. Evaluation	<input type="text"/>
h. Other ( <i>specify</i> )	<input type="text"/>
<input style="width: 300px; height: 20px;" type="text"/>	

SUM (hard check) 100

IF GRANTEE = STATE, FILL = STATE. IF GRANTEE = COMPETITIVE OR DEPARTMENTAL, FILL = ORGANIZATION.

**C76. Did you develop a logic model for your overall [state/organization] SRAE program or for each individual program operated by each subawardee?**

*SELECT ONE ONLY*

- Yes..... 1
- No..... 0

**C77. In which settings do you plan to deliver SRAE programming over the first grant year?**

		SELECT ONE PER ROW	
		Yes	No
a.	Middle schools, during school	1 <input type="radio"/>	0 <input type="radio"/>
b.	Middle schools, after school	1 <input type="radio"/>	0 <input type="radio"/>
c.	High schools, during school	1 <input type="radio"/>	0 <input type="radio"/>
d.	High schools, after school	1 <input type="radio"/>	0 <input type="radio"/>
e.	Community based organizations out of school time	1 <input type="radio"/>	0 <input type="radio"/>
f.	Detention centers	1 <input type="radio"/>	0 <input type="radio"/>
g.	Foster care group homes	1 <input type="radio"/>	0 <input type="radio"/>
h.	Institutions for youth with emotional or behavioral health needs	1 <input type="radio"/>	0 <input type="radio"/>
i.	Faith-based institutions	1 <input type="radio"/>	0 <input type="radio"/>
j.	Clinics/hospitals	1 <input type="radio"/>	0 <input type="radio"/>
k.	Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>
	<input style="width: 300px; height: 20px;" type="text"/>		

DISPLAY ROWS IF C77=1. IF C77K=1 THEN FILL SETTING. IF C77K SETTING = M THEN FILL OTHER SETTING. FILL PROVIDER = GRANTEE NAME OR PROVIDER NAME IN C26. FILL PROGRAM NAME WITH C32.

**C78. For each setting, in how many total sites does [PROVIDER] plan to deliver [PROGRAM NAME] in the first grant year? If [PROVIDER] does not plan to deliver [PROGRAM NAME] in a setting in the first grant year, please enter "0."**

	Number of sites
a. Middle schools, during school	<input style="width: 100px; height: 20px;" type="text"/>
b. Middle schools, after school	<input style="width: 100px; height: 20px;" type="text"/>
c. High schools, during school	<input style="width: 100px; height: 20px;" type="text"/>
d. High schools, after school	<input style="width: 100px; height: 20px;" type="text"/>
e. Community based organizations out of school time	<input style="width: 100px; height: 20px;" type="text"/>
f. Detention centers	<input style="width: 100px; height: 20px;" type="text"/>
g. Foster care group homes	<input style="width: 100px; height: 20px;" type="text"/>
h. Institutions for youth with emotional or behavioral health needs	<input style="width: 100px; height: 20px;" type="text"/>
i. Faith-based institutions	<input style="width: 100px; height: 20px;" type="text"/>

Number of sites

j. Clinics/hospitals

k. [C77K FILL]

LOOP OVER C78 FOR ALL PROVIDER-PROGRAM COMBINATIONS. THEN GO TO C79.

**C79. Do you plan to add sites in subsequent grant years?**

SELECT ONE ONLY

- Yes.....1 GO TO C80
- No.....0 GO TO C83

IF C79=1

**C80. In which settings do you plan to add sites in subsequent grant years?**

SELECT ONE PER ROW

	Yes	No
a. Middle schools, during school	1 <input type="radio"/>	0 <input type="radio"/>
b. Middle schools, after school	1 <input type="radio"/>	0 <input type="radio"/>
c. High schools, during school	1 <input type="radio"/>	0 <input type="radio"/>
d. High schools, after school	1 <input type="radio"/>	0 <input type="radio"/>
e. Community based organizations out of school time	1 <input type="radio"/>	0 <input type="radio"/>
f. Detention centers	1 <input type="radio"/>	0 <input type="radio"/>
g. Foster care group homes	1 <input type="radio"/>	0 <input type="radio"/>
h. Institutions for youth with emotional or behavioral health needs	1 <input type="radio"/>	0 <input type="radio"/>
i. Faith-based institutions	1 <input type="radio"/>	0 <input type="radio"/>
j. Clinics/hospitals	1 <input type="radio"/>	0 <input type="radio"/>
k. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

IF C79=1  
 DISPLAY PROVIDER = GRANTEE NAME OR PROVIDER NAME IN C26.

**C81. Which providers of SRAE programming plan to add sites in subsequent grant years?**

SELECT ONE PER ROW		
	Yes	No
a. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
b. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
c. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
d. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>

IF C79=1  
 DISPLAY ROWS IF C80=1. IF C80K=1 THEN FILL SETTING. IF C80K SETTING = M THEN FILL OTHER SETTING  
 FILL PROVIDER = GRANTEE NAME OR PROVIDER NAME IN C26. FILL PROGRAM NAME WITH C32.

**C82. For each setting, in how many total sites does [PROVIDER] plan to deliver [PROGRAM NAME] in subsequent grant years? If [PROVIDER] does not plan to deliver [PROGRAM NAME] in a setting in subsequent grant years, please enter "0."**

	Number of sites	Don't know
a. Middle schools, during school	<input type="text"/>	d <input type="radio"/>
b. Middle schools, after school	<input type="text"/>	d <input type="radio"/>
c. High schools, during school	<input type="text"/>	d <input type="radio"/>
d. High schools, after school	<input type="text"/>	d <input type="radio"/>
e. Community based organizations out of school time	<input type="text"/>	d <input type="radio"/>
f. Detention centers	<input type="text"/>	d <input type="radio"/>
g. Foster care group homes	<input type="text"/>	d <input type="radio"/>
h. Institutions for youth with emotional or behavioral health needs	<input type="text"/>	d <input type="radio"/>
i. Faith-based institutions	<input type="text"/>	d <input type="radio"/>
j. Clinics/hospitals	<input type="text"/>	d <input type="radio"/>
k. [C78K FILL]	<input type="text"/>	d <input type="radio"/>

LOOP OVER C82 FOR ALL PROVIDER-PROGRAM COMBINATIONS WHERE C81=1. THEN GO TO C83 IF C78A-D ≥ 1 OR C80A-D ≥ 1. ELSE GO TO C84.

IF C78A-D ≥ 1 OR C80A-D ≥ 1  
FILL PROVIDER = GRANTEE NAME OR PROVIDER NAME IN C26. FILL PROGRAM NAME WITH C32. FILL SETTING WITH C78A-D ≥ 1 OR C80A-D ≥ 1.

**C83. What type of facilitator does [PROVIDER] plan to use to deliver [PROGRAM NAME] in [SETTING]?**

*Select all that apply*

- A school teacher (such as a health teacher, biology teacher or gym teacher).....1
- A school counselor or school nurse.....2
- A peer instructor.....3
- An outside facilitator (such as a health educator).....4

LOOP OVER C83 FOR ALL PROVIDER-PROGRAM COMBINATIONS WHERE (C77A ≥ 1 OR C80A ≥ 1) OR (C77B ≥ 1 OR C80B ≥ 1) OR (C77C ≥ 1 OR C80C ≥ 1) OR (C77D ≥ 1 OR C80D ≥ 1). THEN GO TO C84.

DISPLAY OPTION 2 IF C20=1

**C84. Which entity makes the final decision about the settings in which programs will be provided?**

*SELECT ONE ONLY*

- Grantee.....1
- Subawardee program providers.....2
- Another entity.....3

DISPLAY OPTION 2 IF C20=1

**C85. Which entity makes the final decision about the sites in which programs will be provided?**

*SELECT ONE ONLY*

- Grantee.....1
- Subawardee program providers.....2
- Another entity.....3

**C86. What specific populations are you targeting with your SRAE grant?**

SELECT ONE PER ROW

	Yes	No
a. Middle school-age youth	1 <input type="radio"/>	0 <input type="radio"/>
b. High school-age youth	1 <input type="radio"/>	0 <input type="radio"/>
c. Adjudicated youth	1 <input type="radio"/>	0 <input type="radio"/>
d. Youth from racial or ethnic minority groups	1 <input type="radio"/>	0 <input type="radio"/>
e. Youth in foster care	1 <input type="radio"/>	0 <input type="radio"/>
f. Youth with emotional or behavioral health needs	1 <input type="radio"/>	0 <input type="radio"/>
g. Homeless or runaway youth	1 <input type="radio"/>	0 <input type="radio"/>
h. Youth in high areas of poverty	1 <input type="radio"/>	0 <input type="radio"/>
i. Other (specify)	1 <input type="radio"/>	0 <input type="radio"/>
<input type="text"/>		

IF C86D=1

**C87. Which racial or ethnic minority groups will your SRAE grant target?**

SELECT ALL THAT APPLY

- Hispanic..... 1
- American Indian or Alaska Native..... 2
- Asian..... 3
- Black or African American..... 4
- Native Hawaiian or Pacific Islander..... 5
- Other (specify)..... 7

DISPLAY OPTION 2 IF C20=1

**C88. Which entity makes the final decision about the target populations?**

SELECT ONE ONLY

- Grantee..... 1
- Subawardee program providers..... 2
- Another entity..... 3

**C89. In which types of areas will you deliver SRAE programming?**

*SELECT ONE PER ROW*

	Yes	No
a. Rural	1 <input type="radio"/>	0 <input type="radio"/>
b. Urban	1 <input type="radio"/>	0 <input type="radio"/>
c. Suburban	1 <input type="radio"/>	0 <input type="radio"/>

**C90. In how many distinct geographic areas will you deliver SRAE programming?**

NUMBER

**C91. How many youth do you expect to serve during the first year of service delivery for your current grant?**

NUMBER

IF GRANTEE = STATE OR COMPETITIVE THEN FILL = BOTH. IF GRANTEE = DEPARTMENTAL THEN FILL = THE THREE.

**C92. How many youth do you expect to serve over [both/the three] years of the project period for your current grant?**

NUMBER

IF >1 PROVIDER IS DELIVERING A CURRICULUM

**C93. Will all providers offering the same curriculum deliver the same total hours of programming for each SRAE program you will offer?**

- Yes..... 1 GO TO C94
- No..... 0 GO TO C95

IF C93=1 OR ONLY ONE PROVIDER IS DELIVERING EACH CURRICULUM  
 DISPLAY ROWS IF C17=1 OR C29=1. IF CURRICULUM=M, FILL OTHER CURRICULUM.

**C94. How many total hours of programming will be delivered for each SRAE program you will offer?**

	Hours
a. [CURRICULUM]	<input type="text"/>
b. [CURRICULUM]	<input type="text"/>
c. [CURRICULUM]	<input type="text"/>
d. [CURRICULUM]	<input type="text"/>

IF C93=0 OR M  
 DISPLAY EACH PROVIDER-CURRICULUM COMBINATION CREATED IN THE PROGRAMMER BOX AFTER C31.

**C95. How many total hours of programming will each subawardee deliver for each SRAE program you will offer?**

	Hours
a. [PROVIDER]: [CURRICULUM]	<input type="text"/>
b. [PROVIDER]: [CURRICULUM]	<input type="text"/>
c. [PROVIDER]: [CURRICULUM]	<input type="text"/>
d. [PROVIDER]: [CURRICULUM]	<input type="text"/>

IF >1 PROVIDER IS DELIVERING A CURRICULUM

**C96. Will all providers offering the same curriculum deliver the programming over the same number of weeks?**

SELECT ONE ONLY

- Yes.....1 GO TO C97
- No.....0 GO TO C98

IF C96=1 OR ONLY 1 PROVIDER IS DELIVERING EACH CURRICULUM  
 DISPLAY ROWS IF C17=1 OR C29=1. IF CURRICULUM=M, FILL OTHER CURRICULUM.

**C97. Over how many weeks will the programming be delivered for each SRAE program you will offer?**

	Hours
a. [CURRICULUM]	<input type="text"/>
b. [CURRICULUM]	<input type="text"/>
c. [CURRICULUM]	<input type="text"/>
d. [CURRICULUM]	<input type="text"/>

IF C96=0 OR M  
 DISPLAY EACH PROVIDER-CURRICULUM COMBINATION CREATED IN THE PROGRAMMER BOX AFTER C31

**C98. Over how many weeks will each subawardee deliver each SRAE program you will offer?**

	Weeks
a. [PROVIDER]: [CURRICULUM]	<input type="text"/>
b. [PROVIDER]: [CURRICULUM]	<input type="text"/>
c. [PROVIDER]: [CURRICULUM]	<input type="text"/>
d. [PROVIDER]: [CURRICULUM]	<input type="text"/>

IF GRANTEE = STATE OR COMPETITIVE

FILL PROVIDER = GRANTEE NAME OR PROVIDER NAME IN C26. FILL NAME OF PROGRAM = C32.

**C99. For [PROVIDER], which components of the SRAE program, [NAME OF PROGRAM] address items a through f?**

SELECT ALL THAT APPLY PER ROW

	Curricula	Supplementary program lessons	Supplementary program activities	Facilitator personal characteristics	Social media	Not included in the program
a. The holistic and individual societal benefits associated with personal responsibility, self-regulation, goal setting, healthy decision-making, and a focus on the future	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b. The advantage of refraining from non-marital sexual activity in order to improve the future prospects and physical and emotional health of youth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c. The increased likelihood of avoiding poverty when you attain self-sufficiency and emotional maturity before engaging in sexual activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d. The foundational components of healthy relationships and their impact on the formation of healthy marriages and safe and stable families	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e. How other youth risk behaviors, such as drug and alcohol usage, increase the risk for teen sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f. How to resist and avoid, and receive help regarding, sexual coercion and dating violence, recognizing that even with consent teen sex remains a youth risk behavior	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

LOOP OVER C99 FOR ALL PROVIDER-PROGRAM COMBINATIONS. THEN GO TO C100.

FOR ANY PROVIDER WITH NO PROGRAM THAT ENDORSED SOCIAL MEDIA IN C99. FILL GRANTEE NAME OR PROVIDER NAMES FROM C26.

**C100. Which providers plan to use social media as part of their program plans?**

	SELECT ONE PER ROW	
	Yes	No
a. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
b. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
c. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
d. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>

FOR ALL WHO ENDORSED SOCIAL MEDIA IN C99 AND ANY PROVIDERS WHERE C100 = 1. FILL GRANTEE NAME OR PROVIDER NAMES FROM C26. FILL PROGRAM NAMES FROM C32.

**C101. In what ways will [PROVIDER] use social media for [PROGRAM]?**

	SELECT ONE PER ROW	
	Yes	No
a. Recruiting youth to participate in programming	1 <input type="radio"/>	0 <input type="radio"/>
b. Promoting greater acceptance of sexual risk avoidance behaviors	1 <input type="radio"/>	0 <input type="radio"/>
c. Sharing statistics about the prevalence of youth behaviors related to sexual risk avoidance	1 <input type="radio"/>	0 <input type="radio"/>
d. Other ( <i>specify</i> )	1 <input type="radio"/>	0 <input type="radio"/>
<input style="width: 300px; height: 20px;" type="text"/>		

LOOP OVER C101 FOR ALL FOR ALL WHO ENDORSED SOCIAL MEDIA IN C99 AND ANY PROVIDERS WHERE C100 = 1. THEN GO TO C102.

**C102. Will any of the SRAE programming include the option to offer information on contraception?**

- Yes.....1 GO TO C103
- No.....0 GO TO C105

IF C102 =1 AND > 1 PROVIDER  
 FILL GRANTEE NAME OR PROVIDER NAMES FROM C26.

**C103. Which providers plan to include information on contraception as part of their program plans?**

*SELECT ONE PER ROW*

	Yes	No
a. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
b. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
c. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
d. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>

IF ANY PROVIDERS WHERE C103=1 OFFER >1 PROGRAM  
 FILL GRANTEE NAME OR PROVIDER NAMES FROM C26. FILL PROGRAM NAMES FROM C32.

**C104. In which program does [PROVIDER] plan to include information on contraception as part of their program plans?**

*SELECT ONE PER ROW*

	Yes	No
a. [PROGRAM NAME]	1 <input type="radio"/>	0 <input type="radio"/>
b. [PROGRAM NAME]	1 <input type="radio"/>	0 <input type="radio"/>
c. [PROGRAM NAME]	1 <input type="radio"/>	0 <input type="radio"/>
d. [PROGRAM NAME]	1 <input type="radio"/>	0 <input type="radio"/>

LOOP OVER C104 FOR ALL C103=1. THEN GO TO C105.

DISPLAY OPTION 2 IF C20=1

**C105. Which entity makes the final decision about the option to provide information on contraception?**

- SELECT ONE ONLY*
- Grantee..... 1
  - Subawardee program providers..... 2
  - Another entity..... 3

**C106. Which entity is responsible for ensuring [FILL]?**

*SELECT ALL THAT APPLY*

	Grantee	Provider	Other Partner	No one yet identified
a. Programs contain substantial and unambiguous emphasis on avoiding non-marital sexual activity and that avoiding sex before marriage offers the best opportunity for optimal health	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
b. Programs are medically accurate and complete, meaning they are verified or supported by the weight of research conducted in compliance with accepted scientific methods	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
c. Programs are age appropriate, meaning suitable to the developmental and social maturity of the particular age group of youth based on developing cognitive, emotional, and behavioral capacity typical for the age group	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
d. Programs are based on adolescent learning and developmental theories for the age group	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
e. Programs are culturally appropriate, recognizing experiences of youth from diverse communities, backgrounds and experiences	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>

**C107. Which entity is responsible for ensuring [FILL]?**

SELECT ALL THAT APPLY

	Grantee	Provider	Other Partner	No one yet identified
a. Providing data that demonstrates how the curriculum applies key program elements found to be effective in positive youth behavior change (delaying initiation of sexual activity, returning to a lifestyle without sex, and refraining from non-marital sex)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
b. Participants are linked to services with local community partners and agencies that support the health, safety, and well-being of youth with a commitment to optimal health outcomes that do not normalize teen sexual activity	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
c. Formal training and continuing technical assistance is provided to program facilitators on the program model, elements of the program model, and youth risk and protective factors	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
d. Programs teach the benefits associated with self-regulation, success sequencing for poverty prevention, healthy relationships, goal setting, resisting sexual coercion and dating violence, and other youth risk behaviors without normalizing teen sexual activity	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>
e. Programs are inclusive of gender identity and sexual orientation	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	0 <input type="radio"/>

**C108. Will any of the SRAE programming you offer involve parents?**

SELECT ONE ONLY

- Yes.....1 GO TO C109
- No.....0 GO TO C111

IF C108=1 AND > 1 PROVIDER

FILL GRANTEE NAME OR PROVIDER NAMES FROM C26.

**C109. Which providers plan to involve parents in their SRAE programming?**

SELECT ONE PER ROW

	Yes	No
a. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
b. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
c. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>
d. [PROVIDER]	1 <input type="radio"/>	0 <input type="radio"/>

IF ANY PROVIDERS WHERE C109=1 OFFER >1 CURRICULUM

FILL GRANTEE NAME OR PROVIDER NAMES FROM C26. FILL PROGRAM NAMES FROM C32.

**C110. In which program does [PROVIDER] plan to involve parents in their SRAE programming?**

SELECT ONE PER ROW

	Yes	No
a. [PROGRAM NAME]	1 <input type="radio"/>	0 <input type="radio"/>
b. [PROGRAM NAME]	1 <input type="radio"/>	0 <input type="radio"/>
c. [PROGRAM NAME]	1 <input type="radio"/>	0 <input type="radio"/>
d. [PROGRAM NAME]	1 <input type="radio"/>	0 <input type="radio"/>

LOOP OVER C110 FOR ALL C109=1. THEN GO TO C111.

DISPLAY OPTION 2 IF C20=1

**C111. Which entity makes the final decision about how SRAE programming involves parents?**

*SELECT ONE ONLY*

- Grantee.....1
- Subawardee program providers.....2
- Another entity.....3

**THANK YOU FOR COMPLETING THE SURVEY!**