

INSTRUMENT 2a
PREP PARTICIPANT EXIT SURVEY
MIDDLE SCHOOL

Form approved
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PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

PARTICIPANT EXIT SURVEY MIDDLE SCHOOL

Thank you for your help with this important study. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your name will not be on the survey and your responses will remain private to the extent permitted by law. We want you to know that:

1. Your participation in this survey is voluntary.

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 15 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 policy makers, program providers and other stakeholders understand the experiences of youth today and identify ways to reduce risky behaviors. This information will also inform programs on how best to serve their participants. 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 0970-0497 and the expiration date is 04/30/2020.

2. We hope that you will answer all of the questions, but you may skip any questions you do not wish to answer.

3. The answers you give will be kept private to the extent permitted by law.

General Instructions

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. Here are some examples.

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

1. EXAMPLE 1: MARK ONLY ONE ANSWER

What is the color of your eyes?

MARK ONLY ONE ANSWER

- Brown
- Blue
- Green
- Another color

If the color of your eyes is brown, you would mark (X) the first box as shown.

2. EXAMPLE 2: MARK ALL THAT APPLY

Do you plan to do any of the following next week?

MARK ALL THAT APPLY

- Watch a movie
- Go to a baseball game
- Study at a friend's house

If you plan to watch a movie and go to a baseball game next week, you would mark (X) both boxes.

Please answer the following questions as best you can. This first set of questions are about you.

1.

How old are you?

MARK ONLY ONE ANSWER

- 10
- 11
- 12
- 13
- 14
- 15
- 16

2.

What grade are you in? (If you are currently on vacation or in summer school, indicate the grade you will be in when you go back to school.)

MARK ONLY ONE ANSWER

- 5th
- 6th
- 7th
- 8th
- 9th
- My school does not assign grade levels
- I am not currently enrolled in school

3.

When you are at home or with your family, what language or languages do you usually speak?

MARK ALL THAT APPLY

- English
- Spanish
- Other (please specify) _____

4.

Are you Hispanic or Latino?

MARK YES OR NO

- Yes
- No

5.

What is your race?

MARK ALL THAT APPLY

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

6.

What is your sex?

MARK ONLY ONE ANSWER

- Male
- Female

7.

Are you currently...?

MARK ALL THAT APPLY

- Living with family (parent(s), guardian, grandparents, or other relatives)
- In foster care, living with a family
- In foster care, living in a group home
- Couch surfing or moving from home to home
- Living in a place not meant to be a residence, such as outside, in a tent city or homeless camp, in a car, in an abandoned vehicle or in an abandoned building
- Staying in an emergency shelter or transitional living program
- Staying in a motel or hotel
- In juvenile detention, jail, prison or another correctional facility, or under the supervision of a probation officer
- None of the above

For questions 8-12, please think about how the program you just completed has affected you, even if your program did not cover the topic.

8. Has being in the program made you more likely, about the same, or less likely to...
 (Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. resist or say no to peer pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. manage your emotions in healthy ways (for example, ways that are not hurtful to you or others)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. work together to find a solution when you disagree with a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. choose to spend time with friends that keep you out of trouble?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. make decisions to not use drugs and alcohol?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. be respectful of others?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. think about the consequences before making a decision?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.

Has being in the program made you more likely, about the same, or less likely to...
(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. make plans to reach your goals?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. care about doing well in school?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. graduate high school or get your GED?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. get more education or training after high school or completing your GED?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. get a steady full-time job after school?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10.

Has being in the program made you more likely, about the same, or less likely to...
(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less likely	Much less likely
a. save money to get things you want.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. feel confident about how to open a bank account.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. feel confident about how to prepare a budget.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. feel confident about how to track your expenses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. understand the costs associated with raising a child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11.

Has being in the program made you more likely, about the same, or less likely to...
(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. talk with your parent, guardian, or caregiver about things going on in your life?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. talk with your parent, guardian, or caregiver about sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. feel comfortable talking with your parent, guardian, or caregiver about sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. speak up or ask for help if you are being bullied in person or online, via text, while gaming, or through other social media?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. speak up or ask for help if others are being bullied in person or online, via text, while gaming, or through other social media?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.

Has being in the program made you more likely, about the same, or less likely to...
(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. better understand what makes a relationship healthy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. look for information and resources about dating violence (for example, websites, social media, hotlines, organizations, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. resist or say no to someone you are dating or going out with if they pressure you to participate in sexual acts, such as kissing, touching private parts, or sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. talk to a friend if someone you are dating or going out with makes you uncomfortable, hurts you or pressures you to do things you don't want to do?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. talk to a trusted adult (for example, a family member, teacher, counselor, coach, etc.) if someone you are dating or going out with makes you uncomfortable, hurts you, or pressures you to do things you don't want to do?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. talk to a trusted adult if someone other than the person you are dating or going out with makes you uncomfortable, hurts you or pressures you to do things you don't want to do?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For each of the items below, please mark how true each statement is of you.

MARK ONLY ONE ANSWER PER ROW

	Not true at all	Somewhat true of me	Very true of me
a. I plan to delay having sexual intercourse until I graduate high school or receive my GED.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I plan to delay having sexual intercourse until I graduate college or complete another education or training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I plan to delay having sexual intercourse until I am married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I plan to be married before I have a child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I plan to have a steady full-time job before I get married.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I plan to have a steady full-time job before I have a child....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask you about your experiences in the program that you just completed. Think about all of the sessions or classes of the program that you attended.

14. Even if you didn't attend all of the sessions or classes in this program, how often *in this program...*

MARK ONLY ONE ANSWER PER ROW

	All of the Time	Most of the Time	Some of the Time	None of the Time
a. did you feel interested in program sessions and classes?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. did you feel the material presented was clear?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. did discussions or activities help you to learn program lessons?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. did you have a chance to ask questions about topics or issues that came up in the program?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. did you feel respected as a person?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. were you picked on, teased, or bullied in this program?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. Now thinking about all youth in this program, how often...

MARK ONLY ONE ANSWER PER ROW

	All of the Time	Most of the Time	Some of the Time	None of the Time
a. were any youth in this program picked on, teased, or bullied?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16.

Thinking about the program, how satisfied are you with...

MARK ONLY ONE ANSWER PER ROW

	Very satisfied	Somewhat satisfied	A little satisfied	Not at all satisfied
a. the amount of information you received about abstaining from sex (choosing to not have sex)?....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. the amount of information you received about condoms and birth control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this survey!