

Form approved

OMB Control No: 0970-0497 Expiration Date: xx/xx/xxxx

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

PARTICIPANT ENTRY SURVEY PREIS/TRIBAL PREP

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

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 8 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 XX/XX/XXXX.

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?
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MARK ONLY ONE ANSWER

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

2. EXAMPLE 2: MARK ALL THAT APPLY

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

MARK ALL THAT APPLY

X Watch a movie
X 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.
H	ow old are you?
M	ARK ONLY ONE ANSWER
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
	21
	dicate the grade you will be in when you go back to school.) ARK ONLY ONE ANSWER
	5th
	7th
	8th
	9th
	9th 10th
	10th
	10th 11th
	10th 11th 12th
	10th 11th 12th My school does not assign grade levels
	10th 11th 12th My school does not assign grade levels I dropped out of school, and I am not working on getting a high school diploma or GED

□ English □ Spanish □ Other (specify) □ Are you Hispanic or Latino? MARK ONLY ONE ANSWER □ Yes □ No 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 □ Other (specify)	English Spanish Other (specify) Are you Hispanic or Latino? MARK ONLY ONE ANSWER Yes No 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 Other (specify) What is your sex? MARK ONLY ONE ANSWER MARK ONLY ONE ANSWER	When you are at home or usually speak?	with your family, what language or languages do y
□ Spanish □ Other (specify) □ Are you Hispanic or Latino? MARK ONLY ONE ANSWER □ Yes □ No 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 □ Other (specify) What is your sex? MARK ONLY ONE ANSWER □ Male	□ Spanish □ Other (specify) Are you Hispanic or Latino? MARK ONLY ONE ANSWER □ Yes □ No 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 □ Other (specify) What is your sex? MARK ONLY ONE ANSWER □ Male	MARK ALL THAT APPLY	
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☐ Other (specify) What is your sex? MARK ONLY ONE ANSWER ☐ Male	Other (specify) What is your sex? MARK ONLY ONE ANSWER Male		Pacific Islander
What is your sex? MARK ONLY ONE ANSWER □ Male	What is your sex? MARK ONLY ONE ANSWER ☐ Male		
MARK ONLY ONE ANSWER Male	MARK ONLY ONE ANSWER Male	☐ Other (specify)	
□ Male	☐ Male	What is your sex?	
□ Female	Female		
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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 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 hotel or motel In juvenile detention center, juvenile group home, and/or under the supervision of a probation officer None of the above

Thank you for participating in this survey!