

INSTRUMENT 2B

PREP PARTICIPANT EXIT SURVEY  
HIGH SCHOOL AND OLDER

PREIS/TRIBAL PREP

OCTOBER 2021

Form approved  
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## PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

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### PARTICIPANT EXIT 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.**

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 7 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.

- 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.

## 3. EXAMPLE 3: QUESTION WITH A SKIP

1. Do you ever eat chocolate?

MARK ONLY ONE ANSWER

Yes → GO TO QUESTION 2

No → GO TO QUESTION 3

- Because you answered "Yes" to question 1, you would continue to question 2 and then question 3.
- If you answered "No" to question 1, you would skip question 2 and go right to question 3.

2. Do you always brush your teeth after eating chocolate?

MARK ONLY ONE ANSWER

Yes

No

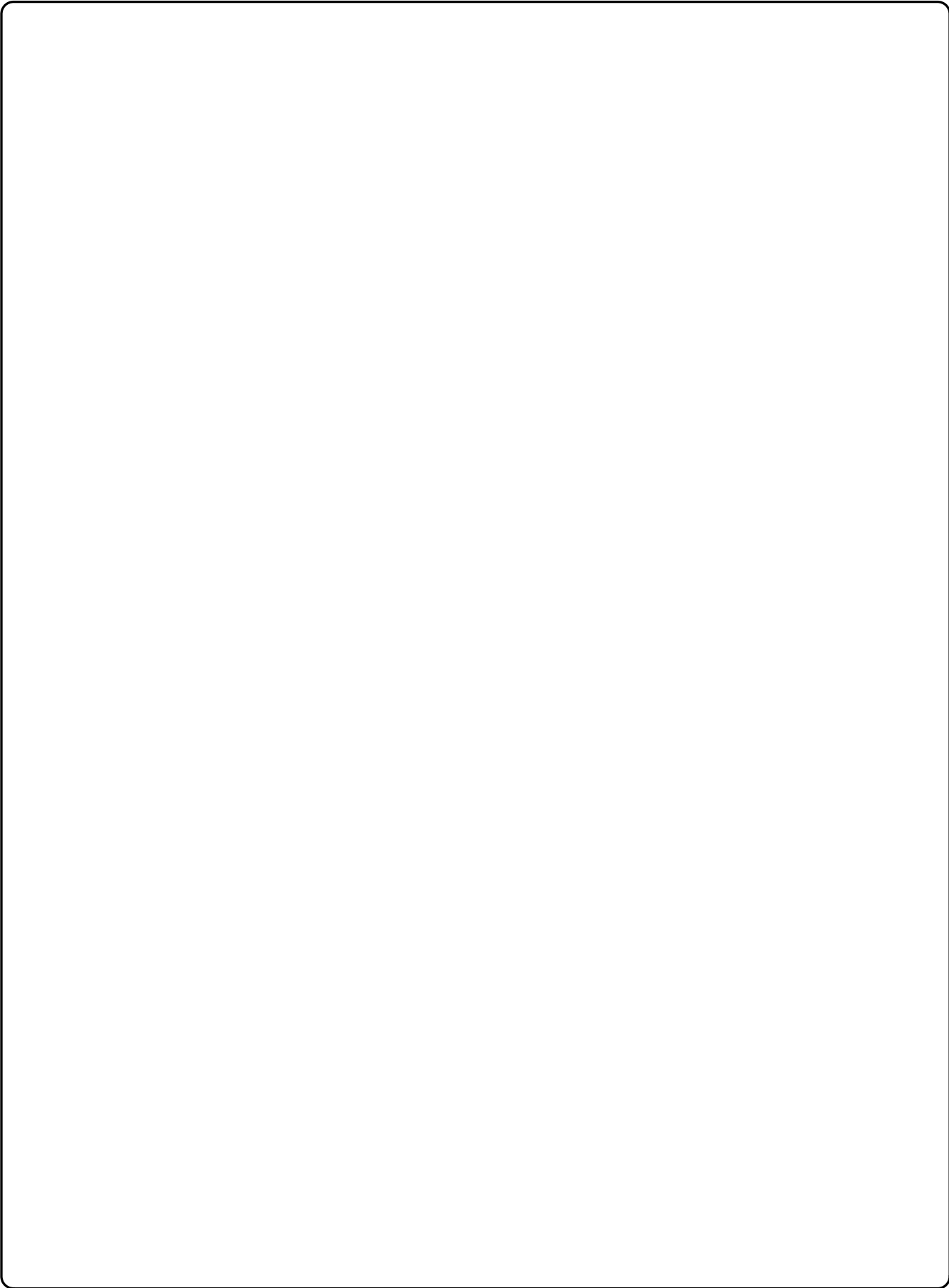
3. Did you do any of the following last week?

MARK ALL THAT APPLY

Went to a play

Went to a movie

Attended a sporting event



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
- 17
- 18
- 19
- 20
- 21

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
- 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
- I am working toward a GED
- I have a high school diploma or GED but I am not currently enrolled in college or technical school
- I have a high school diploma or GED and I am currently enrolled in college or technical 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 (specify) \_\_\_\_\_

4.

**Are you Hispanic or Latino?**

**MARK ONLY ONE ANSWER**

- 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
- Other (specify) \_\_\_\_\_

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 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

The next questions ask about sexual intercourse.

8.

**As a result of being in the program, are you planning to abstain from sexual intercourse (choose to not have sexual intercourse) for at least the next 3 months?**

- Yes → **GO TO QUESTION 9**
- No → **GO TO QUESTION 10, NEXT PAGE**
- Not sure → **GO TO QUESTION 10, NEXT PAGE**

9.

**How important are each of these reasons in your decision to not have sexual intercourse for at least the next 3 months?** (Note: Do not answer this question if you responded "No" or "Not sure" to question 8.)

**MARK ONLY ONE ANSWER PER ROW**

	Not at all important	Not too important	Somewhat important	Very important
a. how it might affect your plans for the future.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. the possible emotional and social consequences (for example, feeling sadness or regret, disappointing your parent(s) or guardian(s), and/or negative reactions from your peers).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. the risk of getting a sexually transmitted infection (STI).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. the risk of getting pregnant or getting someone pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**IF YOU ANSWERED “YES” TO QUESTION 8, GO TO QUESTION 11  
IF YOU ANSWERED “NO” OR “NOT SURE” TO QUESTION 8: SKIP  
QUESTION 9 AND GO TO QUESTION 10 ON THE NEXT PAGE**

The next few questions refer to sexual intercourse and your risk of pregnancy and sexually transmitted infections (STIs). Remember, all of your responses will be kept private. (*Note: Do not answer this question if you responded “Yes” to question 8.*)

**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”.)**

**a. have sexual intercourse in the next 3 months?**

**MARK ONLY ONE ANSWER**

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

**b. use (or ask your partner to use) a condom if you were to have sexual  
intercourse in the next 3 months?**

**MARK ONLY ONE ANSWER**

- This question does not apply to me because I choose to not have sexual intercourse in the next 3 months
- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

**c. use (or ask your partner to use) birth control OTHER than condoms if you  
were to have sexual intercourse in the next 3 months? *By birth control, we mean  
methods that can prevent pregnancy, like using birth control pills, the shot, the patch, the  
ring, IUD, or implant.***

**MARK ONLY ONE ANSWER**

- This question does not apply to me because I choose to not have sexual intercourse in the next 3 months
- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely



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.

**11.** 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"/>

**12.** 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!*