

Form approved

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PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

PARTICIPANT ENTRY SURVEY HIGH SCHOOL AND OLDER

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. I	EXAMF	PLE 1:	MARK	ONLY	ONE ANSW	'ER

What is the color of your eyes?

MARK ONLY ONE ANSWER	
△ Brown	
□ Blue	If the color of your eyes is brown, you would mark
☐ Green	(X) the first box as shown.
\square 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

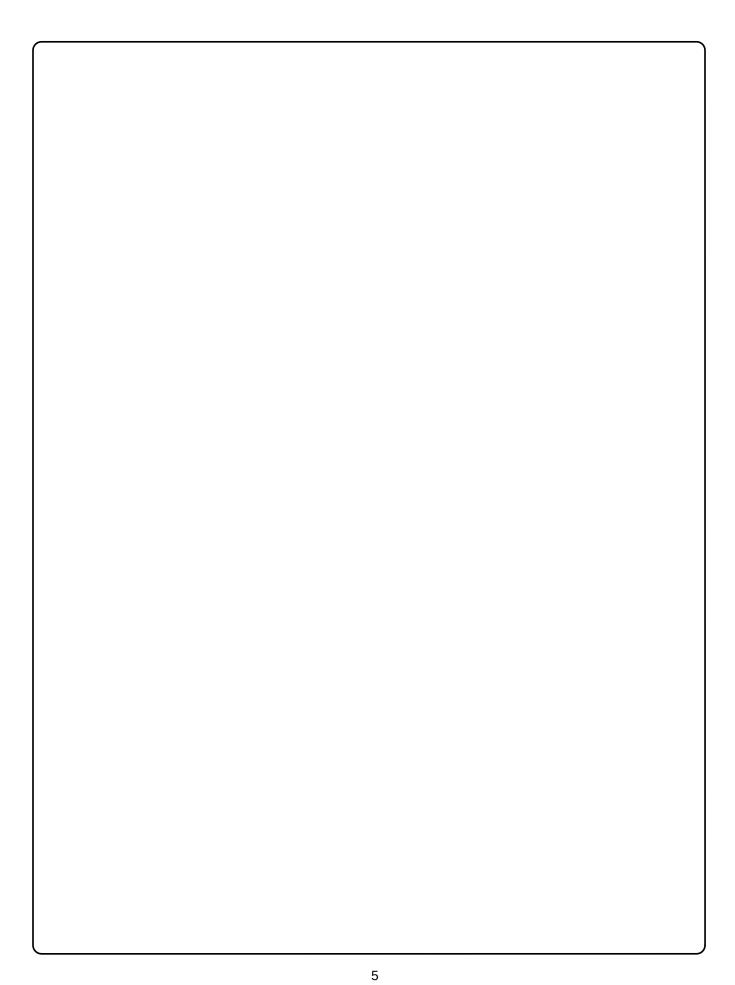
☐ Study at a friend's house

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

Ho	ow old are you?
MA	RK ONLY ONE ANSWER
	10
	11
	12
	13
	14
	15
	16
	17
	18
	19
	20
П	
V su	Vhat grade are you in? (If you are currently on vacation or in mmer school, indicate the grade you will be in when you go back school.)
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MARK ALL THAT APP	LY	
□English		
□Spanish		
⊔ Other (please sp	ecify)	
Are you Hispanic	or Latino?	
MARK ONLY ONE AN	SWER	
Yes		
∐ No		
What is your race		
MARK ALL THAT APE		
☐ American Indian	or Alaska Native	
☐ Asian		
☐ Black or African		
_	or Other Pacific Islander	
White or Caucas		
☐ Otner (specify) _		
What is your sex?		
MARK ONLY ONE AN	SWER	
☐ Male		
☐ Female		

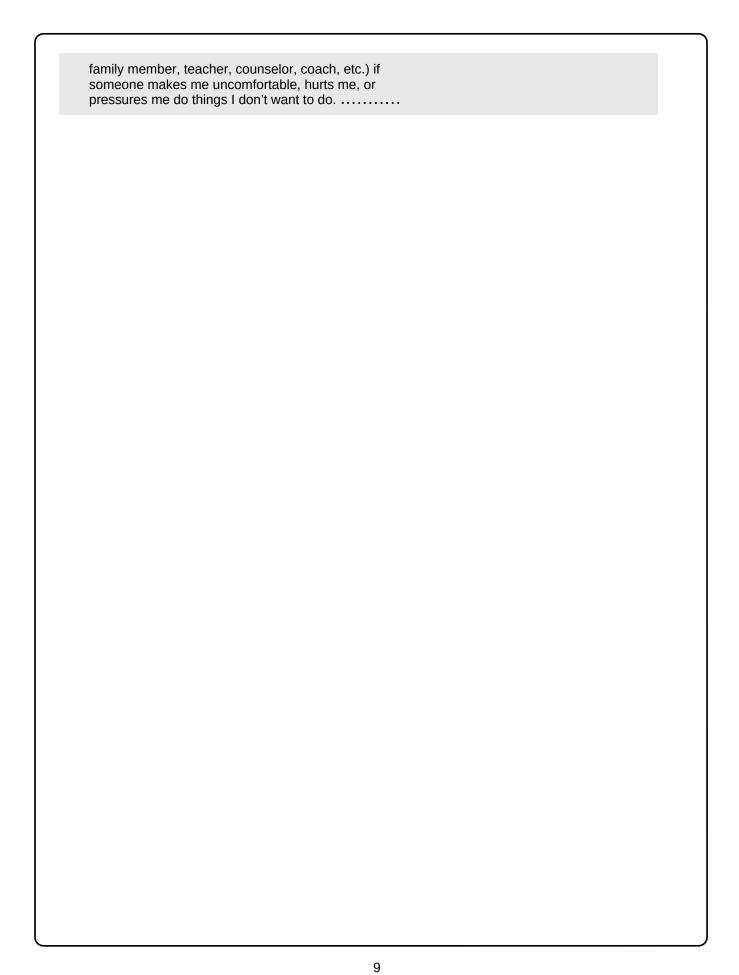
7.				
Are you currently?				
MARK ALL THAT APPLY				
Living with family [parent(s), guard	lian, grandpar	ents, or other	relatives]	
\Box In foster care, living with a family				
\Box In foster care, living in a group hor	ne			
☐ Couch surfing or moving from hom	ne to home			
Living outside, in a tent city or hom vehicle or in an abandoned buildin	•	n a car, in an	abandoned	
\square Staying in an emergency shelter o	r transitional l	iving program		
\square Staying in a hotel or motel				
 In juvenile detention center, juveni supervision of a probation officer 	le group home	e, and/or unde	er the	
\square None of the above				
	A I I O f t h e t i m e	M o s t o f t h e t i m e	S o m e o f t h e t i m e	N o n e o f t h e t i m e
a. resisted or said no to peer pressure?				
b. managed your emotions in healthy ways example, ways that are not hurtful to you others)?	or _			
c. made decisions to not use drugs and alcohol?				
d. thought about the consequences before making a decision?				



9.	For each of the items below, please mark how	true each state	ment is	
of y	MARK ONLY ONE ANSWER PER ROW	N o t t r u e a t a l	Some What true of me	V e r y t r u e o f m e
a.	I make plans to reach my goals			
b.	I care about doing well in school			
C.	I plan to graduate high school or get my GED			
d.	I plan to get more education and/or training after high school or completing my GED			
e.	I plan to get a steady full-time job after school			
f.	I would speak up or ask for help if I was being bullied in person or online, via text, while gaming, through oth social media			
g.	I would speak up or ask for help if others were being bullied in person or online, via text, while gaming, or through other social media			

For each of the items below, please mark ho	ow true each state	ement is	
MARK ONLY ONE ANSWER PER ROW	Not true at all	Some What true of me	V e r y t r u e o f m e
a	I save money to ge	t things I want	
I feel confident about how to open a bank account			
c. I feel confident about how to prepare a budget	🗆		
I feel confident about how to track my expenses.			
e. I understand the costs associated with raising a child	🗆		
In the past three months, how often would y MARK ONLY ONE ANSWER PER ROW	ou say you	M S	N o

	of th e ti m e	of th e ti m e	m e of th e ti m	ne of th e ti m
a. talked with your parent, guardian, or caregiver about things going on in your life?				
b. talked with your parent, guardian, or caregiver about sex?				
the questions below even if you are not currently of someone. 12. For each of the items below, please mark he of you. MARK ONLY ONE ANSWER PER ROW				
	N o t t r u e a t a l l	e What true of me		Very true of me
a. I understand what makes a relationship healthy				
b. I would be able to resist or say no to someone if they pressured me to participate in sexual acts, such as kissing, touching private parts, or sexual intercourse				
c. I would talk to a trusted person/adult (for example, a				Ш



pregn	next questions ask about sexual intercourse and your risk of nancy and sexually transmitted infections. Remember, all of your onses will be kept private.
13.	Have you ever had sexual intercourse?
	MARK ONLY ONE ANSWER
	☐ Yes
	□ No
14.	During the past 3 months, with how many <u>people</u> did you have sexual intercourse?
	MARK ONLY ONE ANSWER
	☐ I have never had sexual intercourse
	☐ I have had sexual intercourse, but not in the past 3 months
	☐ 1 person
	☐ 2-3 people
	☐ 4 or more people
15.	If you had sexual intercourse in the past 3 months, how often did you or a partner use a condom?
	MARK ONLY ONE ANSWER
	☐ I have never had sexual intercourse
	$\ \square$ I have had sexual intercourse, but not in the past 3 months
	☐ All of the time
	☐ Most of the time
	☐ Some of the time
	☐ None of the time
16.	If you had sexual intercourse in the past 3 months, how often did you or a partner use birth control <u>OTHER</u> than condoms? 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
	☐ I have never had sexual intercourse
	\square I have had sexual intercourse, but not in the past 3 months
	☐ All of the time
	☐ Most of the time
	☐ Some of the time

177	☐ None of the time
17.	To the best of your knowledge, have you ever been pregnant or gotten someone else pregnant?
	MARK ONLY ONE ANSWER
	☐ I have never had sexual intercourse
	☐ Yes
	□ No
	☐ Not sure
18.	Have you ever been told by a doctor or other medical provider that you had a sexually transmitted infection (STI)?
	MARK ONLY ONE ANSWER
	☐ Yes
	∐ No
	Thank you for participating in this survey!