

Form approved

OMB Control No: 0970-0497 Expiration Date: XX/XX/XXXX

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

PARTICIPANT ENTRY 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.
- 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

MARK ONLY ONE ANSWER	
Blue Green	If the color of your eyes is brown, you would mark (X) the first box as shown.
Another color	
EXAMPLE 2: MARK ALL T	HAT APPLY
EXAMPLE 2: MARK ALL T Do you plan to do any of th	
Do you plan to do any of th	

	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 (specify)
	Are you Hispanic or Latino?
	MARK ONLY ONE ANSWER
	☐ Yes
	□ No

	at is your race?
	RK ALL THAT APPLY
	American Indian or Alaska Native
	Asian
	Black or African American
	Native Hawaiian or Other Pacific Islander
	White or Caucasian
	Other (specify)
Wh	at is your sex?
MAI	RK ONLY ONE ANSWER
	Male
	Female
Are	e you currently?
MAI	RK ALL THAT APPLY
	Living with family [parent(s), guardian, grandparents, or other relatives]
	Living with family [parent(s), guardian, grandparents, or other relatives] In foster care, living with a family
_	
	In foster care, living with a family
	In foster care, living with a family In foster care, living in a group home
	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
	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
	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

In the past three months, how often would you say you... MARK ONLY ONE ANSWER **PER ROW** М S Ν Α 0 0 0 s m n t е е 0 0 o f f f f t t t h h h h е е t t t t m m m m е a. resisted or said no to peer pressure?..... \square managed your emotions in healthy ways (for example, ways that are not hurtful to you or others)?..... c. made decisions to not use drugs and alcohol?... thought about the consequences before making a decision?..... For each of the items below, please mark how true each statement is of you. MARK ONLY ONE ANSWER PER ROW

		a I I	e o f m e	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 of you.			
MARK ONLY ONE ANSWER PER ROW			
	N o t t r u e a t a l l	Some What true of me	
a	I save money to get	things I	Г
Want		Ш	L
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 MARK ONLY ONE ANSWER PER ROW	you say you		

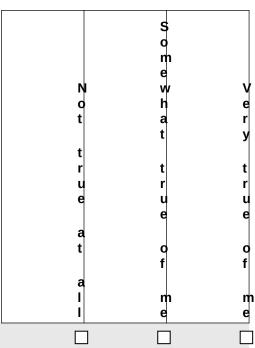
		of th e ti m e	of th e ti m e	m e of th e ti m e	ne of th e ti m
a.	talked with your parent, guardian, or caregiver about things going on in your life?				
b.	talked with your parent, guardian, or caregiver about sex?				

12.

The next few questions are about relationships and dating. Please answer the questions below even if you are not currently dating or going out with someone.

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

MARK ONLY ONE ANSWER PER ROW



- 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 family member, teacher, counselor, coach, etc.) if someone makes me uncomfortable, hurts me, or pressures me do things I don't want to do......

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Thank you for participating in this survey!