INSTRUMENT 1. YOUTH SURVEY

|  |
| --- |
| THE PAPERWORK REDUCTION ACT OF 1995This collection of information is voluntary and will be used to provide the Administration for Children and Families with information to help refine and guide SRAE program development. Public reporting burden for the collection of information is estimated to average XX 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 OMB number and expiration date for this collection are OMB #: XXXX-XXXX, Exp: XX/XX/20XX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Melissa Thomas at mthomas@mathematica-mpr.com. |

How to complete the survey

* You may complete the survey all at once or save your responses and return at a later time.
* Please use the buttons and links on each page to move through the survey. Using “Enter” or your browser’s “Back” function may cause errors.
* If you have trouble accessing the survey, or if you have questions, please contact us at [STUDYADDRESS]@mathematica-mpr.com or [study toll-free telephone number].

INTRODUCTION

Thank you for your help with this important study. The purpose of this study is to [FILL STUDY PURPOSE]. The study is being conducted by the Administration for Children and Families in the U.S. Department of Health and Human Services. This survey includes questions about your background, your attitudes towards relationships, your social and emotional wellbeing, and your behaviors. Your name will not be on the questionnaire. We want you to know that:

1. Your participation in this survey is voluntary.
2. The survey will take about XX minutes to complete.
3. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.

4. Your responses will be combined with other people your age

1. Healthy individual functioning and well-being

1. Below are questions about ways people may feel or act. There are no right or wrong answers. Please do your best to answer honestly. *[SRAENE Co-Reg Pilot Measure]*

|  |  |
| --- | --- |
|  | **SELECT ONE ONLY PER ROW** |
| How easy or hard is it to… | Very hard | Hard | A little hard, a little easy | Easy | Very easy |
| a. Set goals for myself.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. Find a way to stick with my goals, even when it’s tough.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Keep track of everything going on around me, even when I’m feeling stressed.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Resist getting involved in other people’s drama.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Focus when I’m excited about something else.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Stop myself from acting on my feelings without thinking first.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. Consider all the positives and negatives before making a decision.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. Resist doing something when I know I shouldn’t.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. Wait for what I want.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. Remain calm when things go wrong for me.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| k. Resist saying something that I know I will later regret.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| l. Think carefully before making a decision.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| m. Stay away from situations that could bring trouble.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| n. Calm myself down when I’m stressed.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. Know what I’m feeling.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| p. Find ways to make myself study even when I want to do other things  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| q. Talk calmly with someone I disagree with.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| r. Know when I start to feel frustrated.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| s. Keep my reactions in check when I’m upset.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| t. To be a good friend, even when I’m in a bad mood.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

2. The following question asks about things people may do to manage their feelings. It is okay if you have not used any of these strategies in the past. *[SRAENE Co-Reg Pilot Measure]*

 Please rate how often you do the following:

|  |  |
| --- | --- |
|  | **SELECT ONE ONLY PER ROW** |
|  | Never | Rarely | Sometimes | Often | Almost always |
| a. When I’m having a hard time paying attention, I take a few deep breaths to refocus.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I notice what my body is telling me when I am feeling stressed.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. When I’m in the middle of an argument with someone I care about, I take a break to calm myself down.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. When I’m feeling overwhelmed, I can calm myself down.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. I can name the emotions I’m feeling.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. Naming my emotions helps me figure out what matters to me.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

3. The next questions ask how you feel about your life today. For each statement, please indicate how often you feel this way:

|  |  |
| --- | --- |
|  | **SELECT ONE ONLY PER ROW** |
|  | Never | Rarely | Sometimes | Often | Almost always |
| a. I focus on the good things in life, not just the problems.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I make changes in my life so I can live successfully with my emotional or mental health challenges.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. I worry that difficulties related to my mental health or emotions will keep me from having a good life.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. I know how to take care of my mental or emotional health.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. I feel my life is under control.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

4. The following questions are about your attitudes and feelings. For each statement, please indicate how much or how little each statement feels like you.

|  |  |
| --- | --- |
|  | **SELECT ONE ONLY PER ROW** |
|  | Not at all like me | A little like me | Sort of like me | A lot like me | Very much like me |
| a. I learn from my mistakes.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I believe I will be okay even when bad things happen.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. I do a good job of handling problems in my life.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. I try new things even if they are hard.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. When I have a problem, I come up with ways to solve it.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. I give up when things get hard.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. I deal with my problems in a positive way (like asking for help).  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. I keep trying to solve problems even when things don’t go my way.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. Failure just makes me try harder.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. No matter how bad things get, I know the future will be better.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

5. How strongly do you agree or disagree with the following statements?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. I can pretty much determine what will happen in my life.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. People have more power if they join together as a group.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Getting angry about something never helps.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. I have a positive attitude toward myself.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. I am usually confident about the decisions I make.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. People have no right to get angry just because they don’t like something.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. Most of the misfortunes in my life were due to bad luck.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. I see myself as a capable person.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. Speaking up for myself or others never gets me anywhere.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. People working together can have an effect on their community.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| k. I am often able to overcome barriers.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| l. I am generally optimistic about the future.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| m. When I make plans‚ I am almost certain to make them work.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| n. I feel alone most of the time.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| o. Experts are in the best position to decide what people should do or learn.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| p. I am able to do things as well as most other people.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| q. I generally accomplish what I set out to do.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| r. People should try to live their lives the way they want to.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| s. I feel powerless most of the time.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| t. When I am unsure about something‚ I usually go along with the rest of the group.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| u. I feel I am a person of worth‚ at least on an equal basis with others.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| v. People have the right to make their own decisions‚ even if they are bad ones.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| w. I feel I have many good qualities.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| x. Very often, a problem can be solved by taking action. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| y. Working with others in my community can help to change things for the better.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

6. How strongly do you agree or disagree with each of the following statements?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. You feel like you are doing everything just about right.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. You have a lot of good qualities.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. You have a lot to be proud of.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. You like yourself just the way you are.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. You feel loved and wanted.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. You feel socially accepted.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

The next questions ask your opinions about sexual activity. This survey is private and there are no right or wrong answers. Please do your best to answer honestly.

7. Many people find it difficult to make decisions about sex. Whether you have or have not had sex, how confident are you that you could…?*[SRAENE Co-Reg Pilot Measure]*

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Not at all confident | A little confident | Somewhat confident | Confident | Very confident |
| a. consider all the positives and negatives before making a decision about whether to have sex.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. think carefully before making a decision about sex.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. stop yourself from acting on your feelings when it comes to decisions about sex.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. tell your partner what you do and do not want to do sexually.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. know what you are feeling when faced with a decision about sex.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

8. How confident are you that you could say "no" to having sex in the following situations?

|  |  |
| --- | --- |
|  | **SELECT ONE ONLY PER ROW** |
|  | Not at all confident | A little confident | Somewhat confident | Confident | Very confident |
| a. With someone you have known for a few days or less.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. With someone you have dated for a long time.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. With someone with whom you have already had sex.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. With someone who is pushing you to have sex.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. With someone who does not want to use a condom.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. If your dating partner wanted to have sex but you didn’t. ***[SRAENE Co-Reg Pilot Measure]*** | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

9. Overall, how satisfied are you with life as a whole these days? Please rate how satisfied you are with your life on a scale from 0 (not satisfied at all) to 10 (completely satisfied).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Not satisfied at all |  |  |  |  |  |  |  |  |  | Completely satisfied |
| 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔾 |

10. In general, how happy or unhappy do you usually feel? Please rate how happy you are with your life on a scale from 0 (extremely unhappy) to 10 (extremely happy).

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Extremely unhappy |  |  |  |  |  |  |  |  |  | Extremely happy |
| 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 | 6 🔾 | 7 🔾 | 8 🔾 | 9 🔾 | 10 🔾 |

11. In the last [x months] have you participated in any of the following extracurricular activities?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Yes | No |
| a. School sports (ex. Volleyball, football, soccer, cross country, basketball, wrestling, softball, baseball, golf, track and field, FILL RELEVANT EXAMPLES).  | 1 🔾 | 2 🔾 |
| b. Out of school sports (ex. Martial arts, baseball, basketball, disc golf, golf, running, walking groups, hiking, pickleball, swimming, Zumba, spin class, FILL RELEVANT EXAMPLES).  | 1 🔾 | 2 🔾 |
| c. Arts (ex. band, theatre, dance, choir, FILL RELEVANT EXAMPLES)  | 1 🔾 | 2 🔾 |
| d. Leadership (ex. National Honor Society, Student Council, Future Farmers of America, Robotics, Debate, United National Indian Tribal Youth, JROTC, Gifted and Talented, FILL RELEVANT EXAMPLES).  | 1 🔾 | 2 🔾 |
| e. Volunteer (ex. Big Brothers Big Sisters, Awareness Walks, Earth Day Trash Pick-Up, High School Concession Volunteer, Community Service Learning Projects, FILL RELEVANT EXAMPLES).  | 1 🔾 | 2 🔾 |
| f. Faith-based (ex. religious/church groups, FILL RELEVANT EXAMPLES).  | 1 🔾 | 2 🔾 |

B. Future aspirations and intentions

12. How likely do you think it is that you will do the following before you turn 25?

|  |  |
| --- | --- |
|  | **SELECT ONE ONLY PER ROW** |
|  | Not at all likely | Somewhat likely | Very likely | Not sure |
| a. Obtain a GED or high school diploma.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. Obtain a vocational certificate or vocational license (this could be related to a professional trade/business such as construction, carpentry, welding, plumbing).  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. Some college  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. Obtain an Associate’s degree.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| e. Obtain a Bachelor’s degree.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| f. Obtain a graduate degree.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

13. How strongly do you agree or disagree with the following statements?

|  |  |
| --- | --- |
|  | **SELECT ONE ONLY PER ROW** |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. I have specific goals for my future career. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I have a plan for reaching my future career goals.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Planning a career is not worth the effort.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. I haven’t thought much about my future career.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. If I have a career, I won’t be able to enjoy other things in life.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

14. At this time in your life, how strongly do you agree or disagree with each of the following statements about you?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. I plan on delaying future sexual activity until I graduate high school or receive my GED.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I plan on delaying future sexual activity until I graduate college or complete another education or training program.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. I plan on delaying future sexual activity until I am married.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. I plan to be married before I have a child.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. I plan to have a steady full-time job before I get married.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. I plan to have a steady full-time job before I have a child.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**15.**  **How strongly do you agree or disagree with each of the following statements?** ***[SRAENE Co-Reg Pilot Measure]***

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. At your age right now, having sex could create problems.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. A person should only have sex if they are married. . | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. At your age right now, it is okay to have sex if you are dating the same person for a long time. ……….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Sex before marriage can sidetrack me from reaching my goals. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Sex before marriage can lead to emotional strain. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

C. Healthy relationships and communication

**16. This question is related to your relationships with your peers and friends. Please mark how strongly you agree or disagree about each sentence.**

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. My friends support and care about me.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. My friends think I am a positive person.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. My friends are people who I can trust.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. My friends do nice things for other people.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

17. Now we want you to think about the past 3 months. In the past 3 months, how often would you say you talked about things that really matter with a peer or a friend?

🔾 None of the time 1

🔾 Some of the time 2

🔾 Most of the time 3

m All of the time 4

18. Do most of your friends follow the rules their parents make for them?

🔾 Almost never 1

🔾 Some of the time 2

🔾 Usually 3

🔾 Almost always 4

19. Do most of your friends stay out of trouble?

🔾 Almost never 1

🔾 Some of the time 2

🔾 Usually 3

🔾 Almost always 4

20. Do most of your friends choose healthy behaviors or activities?

🔾 Almost never 1

🔾 Some of the time 2

🔾 Usually 3

🔾 Almost always 4

21. Are most of your friends responsible?

🔾 Almost never 1

🔾 Some of the time 2

🔾 Usually 3

🔾 Almost always 4

The next series of questions asks about your parent(s)/caregiver(s).

22. For each of the following statements, please answer how often this happens.

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Never  | Rarely  | Sometimes  | Often  | Almost always  |
| a. My parent/caregiver shows me they are proud of me.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. My parent/caregiver takes an interest in my activities.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. My parent/caregiver listens to me when I talk to them. . | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. I can count on my parent/caregiver to be there when I need them.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. My parent/caregiver and I talk about the things that really matter.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

23. Please read the following statements and tell us how often this happens.

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Never | Rarely | Sometimes  | Often  | Almost always |
| a. My parent(s)/caregiver(s) know where I am after school.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. If I am going to be home late, I am expected to call my parent(s)/caregiver(s) to let them know.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. I tell my parent(s)/caregiver(s) whom I’m going to be with before I go out.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. When I go out at night, my parent(s)/caregiver(s) know where I am.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. My parent(s)/caregiver(s) know the parents/caregivers of my friends.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. My parent(s)/caregiver(s) know what I watch on television.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. My parent(s)/caregiver(s) know what I am posting on social media such as Instagram, Facebook, Twitter, or Snapchat.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. My parent(s)/caregiver(s) know who I am messaging on social media such as Instagram, Facebook, Twitter, or Snapchat.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

24. In general, how close do you feel to your parent(s)/caregiver(s)?

🔾 Not at all close 1

🔾 A little close 2

🔾 Close 3

m Very close 4

25. Now we want you to think about the past month. In the past month, how often did you feel like you could share your thoughts and feelings with your parent(s) or caregiver(s)? Please answer about the parent/caregiver you feel most comfortable talking to. *[SRAENE Co-Reg Pilot Measure]*

🔾 None of the time 1

🔾 Some of the time 2

🔾 Most of the time 3

m All of the time 4

26. In the past month, how often did you feel like you could talk with parent(s) or caregiver(s) about things that really matter? Please answer about the parent/caregiver you feel most comfortable talking to.

🔾 None of the time 1

🔾 Some of the time 2

🔾 Most of the time 3

m All of the time 4

27. In the past month, how often did you feel like you could count on at least one of your parent(s) or caregiver(s) to be there when you needed them? Please answer about the parent/caregiver you feel most comfortable talking to.

🔾 None of the time 1

🔾 Some of the time 2

🔾 Most of the time 3

m All of the time 4

28. Have you ever discussed the following with your parent(s) or caregiver(s)?

|  |  |
| --- | --- |
|  | **SELECT ONE ONLY** |
|  | Yes | No |
| a. School work or grades | 1 🔾 | 0 🔾 |
| b. Shows or videos you watch on TV or online | 1 🔾 | 0 🔾 |
| c. Video games or games you play on your phone | 1 🔾 | 0 🔾 |
| d. Your social media or internet use | 1 🔾 | 0 🔾 |
| e. What you do with friends | 1 🔾 | 0 🔾 |
| f. Who you are dating  | 1 🔾 | 0 🔾 |
| g. Your education and career goals | 1 🔾 | 0 🔾 |
| h. Risks of alcohol, tobacco, vaping, or other drug use | 1 🔾 | 0 🔾 |
| i. How to resist pressure to use alcohol, tobacco, vaping products, or other drugs | 1 🔾 | 0 🔾 |
| j. What makes a healthy relationship or marriage  | 1 🔾 | 0 🔾 |
| k. How to resist pressure to have sex as a teen | 1 🔾 | 0 🔾 |
| l. Understanding reproduction, pregnancy, and birth | 1 🔾 | 0 🔾 |
| m. Sexually transmitted diseases (STDs) or infections (STIs) | 1 🔾 | 0 🔾 |
| n. Ways to have a healthy relationship without having sex | 1 🔾 | 0 🔾 |
| o. Reasons for waiting to have sex | 1 🔾 | 0 🔾 |
| p. How to talk to your partner about whether to have sex | 1 🔾 | 0 🔾 |
| q. Sexual violence, assault, stalking, or harassment | 1 🔾 | 0 🔾 |

29. How comfortable are you talking to your parents/caregivers about your decisions related to having sex? Please answer about the parent/caregiver you feel most comfortable talking to. *[SRAENE Co-Reg Pilot Measure]*

🔾 Not at all comfortable 1

🔾 Not too comfortable 2

🔾 Somewhat comfortable 3

🔾 Comfortable 4

m Very comfortable 5

30. How important is it to you to talk to your parents/caregivers about your decisions related to having sex? Please answer about the parent/caregiver you feel most comfortable talking to. *[SRAENE Co-Reg Pilot Measure]*

🔾 Not at all important 1

🔾 Not too important 2

🔾 Somewhat important 3

🔾 Important 4

🔾 Very important 5

31. How likely is it that you would start a conversation with your parents/caregivers about your decisions related to having sex? Please answer about the parent/caregiver you feel most comfortable talking to. *[SRAENE Co-Reg Pilot Measure]*

🔾 Not at all likely 1

🔾 Not too likely 2

🔾 Somewhat likely 3

🔾 Likely 4

🔾 Very likely 5

D. Reduced risk factors

The next questions are about romantic relationships. Please answer the questions below even if you are not currently in a romantic relationship.

32. How would you define your current romantic relationship status?

m Seriously dating 1

m Casually dating 2

m Not currently in a relationship or dating 3

33. In healthy romantic relationships, how important is it that…?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Not at all important | Not too important | Somewhat important | Important | Very important |
| a. you have a partner who listens when you share your thoughts.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. you can trust a partner.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. you can talk about your future dreams and goals with a partner.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. you and a partner have shared values.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. you and a partner have similar interests or like to do the same activities.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. your friends like your partner.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. your family likes your partner.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. you give each other gifts.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. you encourage each other when life is hard.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. you do not cheat on each other.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| k. you do not call each other names.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| l. you do not push, shove, hit, slap, or grab each other.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

34. How strongly do you agree or disagree with the following statements?

SELECT ONE ONLY

|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| --- | --- | --- | --- | --- | --- |
| a. Violence between dating partners can improve the relationship.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. There are times when violence between dating partners is ok.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| c. It’s okay to stay in a relationship even if you’re afraid of your dating partner.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| d. Sometimes violence is the only way to express your feelings.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| e. Some couples must use violence to solve their problems.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| f. Violence between dating partners is a personal matter and people should not interfere.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |

35. Whether or not you’ve dated, how confident are you that you could...?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Not at all confident | Not too confident | Somewhat confident | Confident | Very confident |
| a. say no to a date.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. break up with someone you no longer like.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| c. tell your partner how you want to be treated.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| d. talk out a disagreement with your partner.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |

36. How strongly do you agree or disagree with the following statements?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. I believe I can deal with conflicts that arise in my romantic relationships.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I feel good about my ability to make a romantic relationship last.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| c. I am very confident when I think of having a stable, long-term relationship.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| d. I have the skills needed for a lasting, stable romantic relationship. . | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |

37. If you were to go on a date, how confident are you that you could…?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Not at all confident | Not too confident | Somewhat confident | Confident | Very confident |
| a. set physical intimacy boundaries for yourself **before** the date.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. resist or say no to your partner if they want to move beyond your physical intimacy boundaries.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| c. avoid drinking alcohol or using drugs.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |
| d. come up with creative and healthy date ideas.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |

38. How strongly do you agree or disagree with the following statements?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. I am able to recognize the warning signs in a bad relationship early on.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I know what to do when I recognize the warning signs in a bad relationship.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |

39. In general, how much pressure, if any, do you feel from your friends to have sex? *[SRAENE Co-Reg Pilot Measure]*

m No pressure 1

m A little pressure 2

m Some pressure 3

m A lot of pressure 4

40. How many of your friends who are your age think the following things?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | None  | Some  | Half  | Most  | All  |
| a. Having sex is a good thing for them to do at their age.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. It would be okay for them to have sex if they were dating the same person for a long time.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. They should wait until they are older to have sex.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. They should wait until marriage to have sex.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5🔾 |

The next questions are about sexual consent. Sexual consent means that a person agrees to a sexual activity.

41. How strongly do you agree or disagree with each of the following statements?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. It is important to ask for sexual consent in all relationships whether or not each person has had sex before. ………………………………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. When initiating sexual activity, one should always assume they do not have sexual consent. ………………………………………... | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. Sexual consent should be asked before any kind of sexual behavior, including kissing or touching. ……………………………………….. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. Not asking for sexual consent some of the time is okay. …………………………………… | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

***Only asked of high school students:* The next items ask about things you may have done in the past. Please be as honest as possible. Your answers will be kept private.**

**42. *Only asked of high school students:* [Have you ever/In the past 3 months have you] hung out alone with someone you were attracted to?**

🔾 Yes 1

🔾 No 0

**43. *Only asked of high school students:* [Have you ever/In the past 3 months have you] laid down alone with someone you were attracted to?**

🔾 Yes 1

🔾 No 0

**44. *Only asked of high school students:* [Have you ever/In the past 3 months have you] kissed someone you were attracted to on the mouth?**

🔾 Yes 1

🔾 No 0

**45. *Only asked of high school students:* [Have you ever/In the past 3 months have you] tongue kissed or French kissed someone?**

🔾 Yes 1

🔾 No 0

**46. *Only asked of high school students:* [Have you ever/In the past 3 months have you]** **touched someone’s private parts?**

 ***Private parts are the parts of the body covered by underwear or a bra.***

🔾 Yes 1

🔾 No 0

**47. *Only asked of high school students:* Other than a doctor or a nurse, [have you ever/in the past 3 months have you] let someone touch your private parts?**

🔾 Yes 1

🔾 No 0

**48. *Only asked of high school students:* Do you intend to have sex (this includes vaginal, oral, or anal sex) in the next 3 months, if you have the chance?**

🔾 Yes, definitely 1

🔾 Yes, probably 2

🔾 No, probably not 3

🔾 No, definitely not 4

**49. *Only asked of high school students:* If you were to have sex in the next 3 months, do you intend to use or have your partner use a condom?**

🔾 Yes, definitely 1

🔾 Yes, probably 2

🔾 No, probably not 3

🔾 No, definitely not 4

The next items are about drug and alcohol use.

50. How confident are you that you could say "no" to drinking or using drugs when you don’t want to? *[SRAENE Co-Reg Pilot Measure]*

m Not at all confident 1

m A little confident 2

m Confident 3

m Very confident 4

m Completely confident 5

51. When making decisions about using drugs or alcohol, how important are the following?

SELECT ONE ONLY

|  | Not at all important | Not too important | Somewhat important | Important | Very important |
| --- | --- | --- | --- | --- | --- |
| a. How it might affect your schoolwork.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. How it might affect your future.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. How it might affect your ability to make decisions in the moment.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. How it might affect your physical health.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. How it might affect your ability to make decisions around sexual activity.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. How it might affect relationships with family and friends.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

52. During the past 30 days, on how many days did you smoke cigarettes?

m 0 days 1

m 1-2 days 2

m 3-5 days 3

m 6-9 days 4

m 10-19 days 5

m 20-29 days 6

m All 30 days 7

53. Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, e-hookahs, hookah pens, and mods.

 During the past 30 days, on how many days did you use electronic vapor product?

m 0 days 1

m 1-2 days 2

m 3-5 days 3

m 6-9 days 4

m 10-19 days 5

m 20-29 days 6

m All 30 days 7

54. During the past 30 days, on how many days did you have at least one drink of alcohol?

m 0 days 1

m 1-2 days 2

m 3-5 days 3

m 6-9 days 4

m 10-19 days 5

m 20-29 days 6

m All 30 days 7

55. During the past 30 days, on how many days did you have 4 or more drinks of alcohol in a row, that is, within a couple of hours?

m 0 days 1

m 1-2 days 2

m 3-5 days 3

m 6-9 days 4

m 10-19 days 5

m 20-29 days 6

m All 30 days 7

56. During the past 30 days, on how many times did you use marijuana?

m 0 days 1

m 1-2 days 2

m 3-5 days 3

m 6-9 days 4

m 10-19 days 5

m 20-29 days 6

m All 30 days 7

57. The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.

 During your life, how many times have you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

m 0 times 1

m 1-2 times 2

m 3-9 times 3

m 10-19 times 4

m 20-39 times 5

m 40 or more times 6

The next questions are about online activities and sending messages.

58. How strongly do you agree or disagree with each of the following statements?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. Anything you text, send or post online will never truly go away.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. No one can see my social media activity unless I give them permission.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. I sometimes decide not to post something online because I am concerned that it might reflect badly on me in the future.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. It is safe to share your location on social media posts.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. Even if someone only knows you by screen name, online profile, phone number or email address, they can probably find you if they try hard enough.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

**59. Now think about the past 3 months.**

 In the past 3 months, have you done any of the following?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Yes | No |
| a. Sent a text message that you later regretted sending.  | 1 🔾 | 0 🔾 |
| b. Posted something on social media that you later regretted.  | 1 🔾 | 0 🔾 |
| c. Shared personal information with someone you only know online or virtually.  | 1 🔾 | 0 🔾 |
| d. Sent or shared sexually suggestive content with friends or romantic partners.  | 1 🔾 | 0 🔾 |
| e. Sent or shared sexually suggestive content with someone you only know online.  | 1 🔾 | 0 🔾 |

**The next questions ask about your mental health.**

**60.** **Please indicate how often, in general, each is true:**

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Not at all | A little | Moderately | Very much so |
| a. I feel agonized over my problems.  | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| b. I feel like I'm missing out on things because I can't make up my mind soon enough.  | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| c. I picture some future misfortune.  | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |
| d. I keep busy to avoid uncomfortable thoughts.  | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 |

61. Now we want you to think about the past 30 days. During the past 30 days, how often have you felt...?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Never | Rarely | Sometimes | Often  | Almost always |
| a. you were unable to control the important things in your life.  | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. confident about your ability to handle your personal problems.  | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. that things were going your way.  | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. difficulties were piling up so high that you could not overcome them.  | 0 🔾 | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

62. During the past 30 days, how often was your mental health not good? (Poor mental health includes stress, anxiety, and depression.)

m Never 0

m Rarely 1

m Sometimes 2

m Often 3

m Almost always 4

**63. Now we want you to think about the past 12 months. During the past 12 months, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?**

🔾 Yes 1

🔾 No 0

E. Improved outcomes related to sexual risk avoidance

64. The following statements are about sexually transmitted diseases or infections (STDs or STIs) and HIV, the virus that can lead to AIDS. Please select whether you think each statement is true, false, or you don’t know.

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | True | False | Don’t know |
| a. If you have an STD your sexual partner probably has it too.  | 1 🔾 | 2 🔾 | d 🔾 |
| b. You can have an STD and feel healthy.  | 1 🔾 | 2 🔾 | d 🔾 |
| c. A person with HIV can give it to other people only if they look or feel sick. | 1 🔾 | 2 🔾 | d 🔾 |
| d. There is a good chance you will get HIV if you share a sink, shower, or toilet seat with someone who has HIV.  | 1 🔾 | 2 🔾 | d 🔾 |
| e. The HIV virus is present in blood, semen, and vaginal fluid.  | 1 🔾 | 2 🔾 | d 🔾 |
| f. You can get an STD from having oral sex.  | 1 🔾 | 2 🔾 | d 🔾 |

65. The following statements are about condoms. Please select whether you think each statement is true, false, or you don’t know.

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | True | False | Don’t know |
| a. It is okay to use the same condom more than once.  | 1 🔾 | 2 🔾 | d 🔾 |
| b. Condoms have an expiration date.  | 1 🔾 | 2 🔾 | d 🔾 |
| c. When putting on a condom, it is important to leave a space at the tip.  | 1 🔾 | 2 🔾 | d 🔾 |
| d. When using a condom, it is important for the man to pull out right after ejaculation.  | 1 🔾 | 2 🔾 | d 🔾 |
| e. Wearing two latex condoms will provide extra protection.  | 1 🔾 | 2 🔾 | d 🔾 |

66. The following statements are about pregnancy. Please select whether you think each statement is true, false, or you don’t know.

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | True | False | Don’t know |
| a. The very first time a woman has sex, she cannot get pregnant. …………. | 1 🔾 | 2 🔾 | d 🔾 |
| b. During a woman’s monthly cycle, there are certain days when she is more likely to become pregnant if she has sex. ……………………………. | 1 🔾 | 2 🔾 | d 🔾 |
| c. Pregnancy is much less likely to occur if a couple has sex standing up. ... | 1 🔾 | 2 🔾 | d 🔾 |
| d. The only way to completely prevent pregnancy is by not having sex. …… | 1 🔾 | 2 🔾 | d 🔾 |

67. *Only asked of high school students:* The next questions are about your sexual behaviors. Please be as honest as possible. Your answers will be kept private.

 [In the past FILL RECALL PERIOD,] (H/h)ave you [ever] had sex?

🔾 Yes 1

🔾 No 0 GO TO 72

68. *Only asked of high school students, with Q61 =Yes:* In the past [FILL RECALL PERIOD] months, how many times have you had sex? Please answer "0" if you have not had sex in the past [FILL RECALL PERIOD] months.

 # of times you have had sex

 (RANGE 0-100)

69. *Only asked of high school students with Q61 =Yes:* In the past [FILL RECALL PERIOD] months, how many times have you had sex without using a condom? Please answer "0" if you wore a condom every time.

 # of times you have had sex without a condom

 (RANGE 0-100)

70. *Only asked of high school students with Q61 =Yes:* Have you ever been told by a doctor, nurse, or some other health professional that you had a sexually transmitted diseases (STDs or STIs) like gonorrhea, Chlamydia, syphilis, genital herpes, human papilloma virus (HPV) or HIV?

🔾 Yes 1

🔾 No 0

71. *Only asked of high school students with Q61 =Yes:* To the best of your knowledge, are you currently or have you ever been pregnant, or have you ever gotten someone pregnant?

🔾 Yes 1

🔾 No 0

🔾 Don’t know D

F. Program experience (follow up surveys only)

72. POST SURVEY ONLY. The next questions are about your experiences with the [FILL NAME] program. Even if you didn’t attend all of the sessions or classes in this program, how often during [FILL PROGRAM NAME]…?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | None of the time | Some of the time | Half of the time | Most of the time | All of the time |
| a. did you feel interested in program sessions and classes.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. did you feel the material presented was clear.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. did discussions or activities help you to learn program lessons.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. did you have a chance to ask questions about topics or issues that came up in the program.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. did you feel respected as a person.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

73. POST SURVEY ONLY: The next questions are about your experiences with the person teaching you the [FILL PROGRAM] class. We refer to this person as the facilitator. How strongly do you agree with the following statements about the facilitator? *[SRAENE Co-Reg Pilot Measure]*

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. The facilitator knows my name.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. The facilitator and I connected.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. The facilitator and I formed a good relationship.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. The facilitator genuinely cares about me.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. The facilitator was enthusiastic about teaching the class.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| f. The facilitator knows a lot about what they are teaching.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| g. The facilitator welcomed all student input and feedback.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| h. The facilitator treated students fairly.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| i. The facilitator responded to questions without judgement.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| j. I wanted to learn about the topics that the facilitator discussed for this course.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

G. School involvement

74. The following item is about experiences you may have at school. How strongly do you agree or disagree with these statements? *[SRAENE Co-Reg Pilot Measure]*

|  | SELECT ONE ONLY PER ROW |
| --- | --- |
|  | Strongly disagree | Disagree | Agree | Strongly agree |
| a. There are adults at this school I could talk with if I had a personal problem.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| b. If I tell a teacher that someone is bullying me, the teacher will do something to help.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| c. I am comfortable asking my teachers for help with my schoolwork.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |
| d. There is at least one teacher or other adult at this school who really wants me to do well.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 |

75. How strongly do you agree or disagree with the following statements about your school?

|  | **SELECT ONE ONLY PER ROW** |
| --- | --- |
|  | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
| a. I feel proud of belonging to my school.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| b. I am treated with as much respect as other students.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| c. I feel very different from most other students. | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| d. The teachers respect me.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |
| e. There’s at least one teacher or other adult in my school I can talk to if I have a problem.  | 1 🔾 | 2 🔾 | 3 🔾 | 4 🔾 | 5 🔾 |

76. How often would you say you skip school?

🔾 Never or almost never 1

🔾 Sometimes, but less than once a week 2

🔾 Not every day, but at least once a week 3

🔾 Daily or almost every day 4

77. How many times have you been suspended or expelled from school?

*Select one only*

🔾 Never 1

🔾 Once 2

🔾 More than once 3

The next questions are about all of your classes in school.

78. How much effort do you put into getting involved in discussions during class?

🔾 Almost no effort 1

🔾 A little bit of effort 2

🔾 Some effort 3

🔾 Quite a bit of effort 4

🔾 A great deal of effort 5

79. When your teacher is speaking, how much effort do you put into trying to pay attention?

🔾 Almost no effort 1

🔾 A little bit of effort 2

🔾 Some effort 3

🔾 Quite a bit of effort 4

🔾 A great deal of effort 5

80. How much effort do you put into your homework for your classes?

🔾 Almost no effort 1

🔾 A little bit of effort 2

🔾 Some effort 3

🔾 Quite a bit of effort 4

🔾 A great deal of effort 5

81. Overall, how much effort do you put forth during your classes?

🔾 Almost no effort 1

🔾 A little bit of effort 2

🔾 Some effort 3

🔾 Quite a bit of effort 4

🔾 A great deal of effort 5

82. How much effort do you put into learning all the material for your classes?

🔾 Almost no effort 1

🔾 A little bit of effort 2

🔾 Some effort 3

🔾 Quite a bit of effort 4

🔾 A great deal of effort 5

H. Information and opinions

The next few questions are about things you may have learned in school.

83. In the past 12 months, did you have any classes or sessions on romantic relationships, dating, or marriage?

m Yes 1

m No 0

84. In the past 12 months, did you have any classes or sessions on the benefits of waiting to have sex until marriage?

m Yes 1

m No 0

85. In the past 12 months, did you have any classes or sessions on the use of condoms.?

m Yes 1

m No 0

86. In the past 12 months, did you have any classes or sessions on where to get condoms?

m Yes 1

m No 0

87. In the past 12 months, did you have any classes or sessions on sexually transmitted diseases, also known as STDs or STIs?

m Yes 1

m No 0

88. In the past 12 months, did you have any classes or sessions on career planning or job readiness?

m Yes 1

m No 0

89. In the past 12 months, did you have any classes or sessions on dating violence?

m Yes 1

m No 0

I. Demographics

The next questions are going to ask some questions about you.

**90.** **How old are you?**

**91.** **What is your race and/or ethnicity?**

*Select all that apply*

□ American Indian or Alaska Native 1

*For example, Navajo Nation, Blackfeet Tribe of the Blackfeet Indian Reservation of Montana, Native Village of Barrow Inupiat Traditional Government, Nome Eskimo Community, Aztec, Maya, etc.*

□ Asian 2

*For example, Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, etc.*

□ Black or African American 3

*For example, African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, etc.*

□ Hispanic or Latino 4

*For example, Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, etc.*

□ Middle Eastern or North African 5

*For example, Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, etc.*

□ Native Hawaiian or other Pacific Islander 6

*For example, Native Hawaiian, Samoan, Chamorro, Tongan, Fijan, Marshallese, etc.*

□ White 7

*For example, English, German, Irish, Italian, Polish, Scottish, etc.*

92. What is your sex?

*Select only one*

□ Female 1

□ Male 2

m I prefer not to answer n

93. What grade are you in?

m 5th 1

m 6th 2

m 7th 3

m 8th 4

m 9th 5

m 10th 6

m 11th 7

m 12th 8

m Not enrolled in any school/home-schooled 9

94. Who lives with you in your home?

Select one or more

🞏 Your biological mother 1

🞏 Your biological father 2

🞏 An adoptive mother 3

🞏 A stepmother 4

🞏 A foster mother 5

🞏 A second mother 6

🞏 An adoptive father 7

🞏 A stepfather 8

🞏 A foster father 9

🞏 A second father 10

🞏 Your parent’s romantic partner, boyfriend, or girlfriend 11

🞏 Any grandmothers 12

🞏 Any grandfathers 13

🞏 Any brothers or sisters 14

🞏 Any aunts, uncles, or other relatives 15

🞏 Your spouse 16

🞏 Your romantic partner, boyfriend, or girlfriend 17

🞏 Your children or your partner’s children 18

🞏 Any other people you are not related to 19

🞏 No one else lives with me 20

95. Which of the following best describes the relationship between your biological mother and biological father?

Select one only

🔾 They are married to each other 1

🔾 They were married to each other but are now separated or divorced 2

🔾 They were never married to each other 3

🔾 They were married to each other but one or both of my biological parents has died 4

🔾 I don’t know 5

THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY!