

Form approved

OMB Control No: 0970-0536

Expiration Date: XX/XX/XXXX

**FOR ADMINISTRATOR USE ONLY:**

**A1. Survey**

**A2. Survey**

**A3. Survey**

**version:**

**mode:**

**participant's**

SELECT ONLY ONE  
ANSWER

SELECT ONLY ONE  
ANSWER

**U.S. state or**

Middle school

Online

**territory:**

**SEXUAL RISK AVOIDANCE EDUCATION PROGRAM (SRAE)**

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**PARTICIPANT EXIT 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.**
- 1. The answers you give will be kept private to the extent permitted by law.**

**THE PAPERWORK REDUCTION ACT OF 1995**

Public reporting burden for this collection of information is estimated to average 10 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 0970-0536 and the expiration date is XX/XX/XXXX.

**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 SELECT ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED.
- USE A PEN OR PENCIL.

1. **EXAMPLE 1: SELECT ONLY ONE ANSWER**

**What is the color of your eyes?**

SELECT ONLY ONE ANSWER

- Brown
- Blue
- Green
- Another color

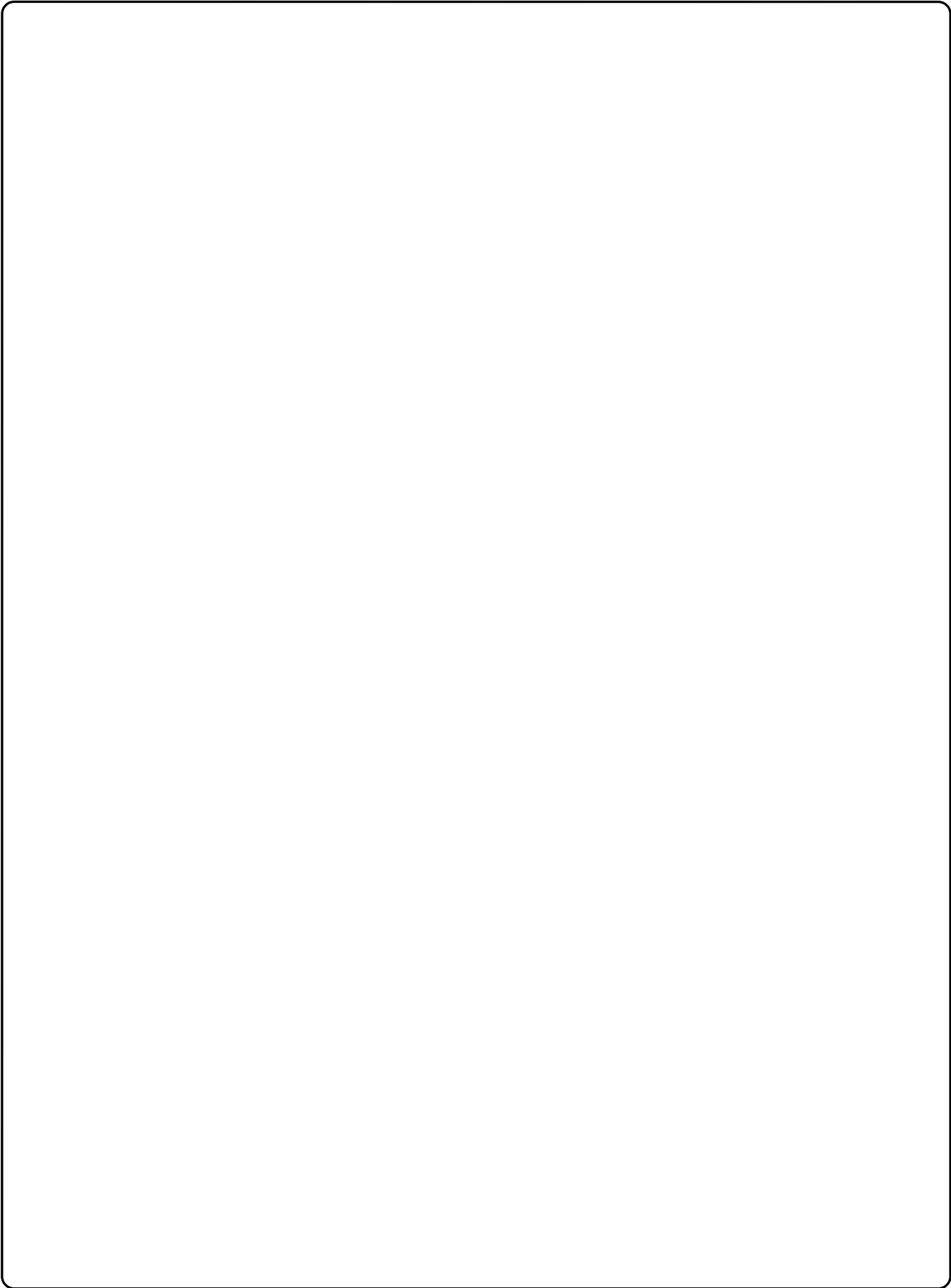
2. **EXAMPLE 2: SELECT ALL THAT APPLY**

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

SELECT ALL THAT APPLY

- Watch a movie
- Go to a baseball game
- Study at a friend's house

# General Instructions



Please answer the following questions as best you can. This first set of questions are about you.

**1. What age are you today?**

**SELECT ONLY ONE ANSWER**

- 10 years
- 11 years
- 12 years
- 13 years
- 14 years
- 15 years
- 16 years

**2. When you are at home or with your family, what language or languages do you usually speak?**

**SELECT ALL THAT APPLY**

- English
- Spanish
- Other (specify): \_\_\_\_\_

**3. What is your race?**

**SELECT ALL THAT APPLY**

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Middle Eastern or North African
- Native Hawaiian or Other Pacific Islander
- White

**4. What is your sex?**

**SELECT ONLY ONE ANSWER**

- Male
- Female

**5. Are you currently ...?**

**SELECT ALL THAT APPLY**

- In foster care
- Unstably housed (moving from place to place), living outside (in a tent or in a car), in a hotel, or in an emergency shelter
- In juvenile detention center, juvenile group home, and/or under the supervision of a probation officer
- None of the above

**For questions 6 – 8, please think about how the program you just completed has affected you, even if your program did not cover the topic. (Note: If the program has not affected your likelihood to do any of the following, choose “About the same.”)**

**6. Has being in the program made you more likely, about the same, or less likely to...**

**SELECT ONLY ONE ANSWER PER ROW**

	More likely	About the same	Less likely
a. avoid drinking alcohol (more than a few sips) including beer, wine, and liquor)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. avoid smoking cigarettes or using other tobacco products? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. avoid using electronic vapor products (such as JUUL, Vuse, MarkTen, and blu)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. avoid using marijuana (also called pot or weed)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. avoid using any other drugs that you didn't get from a doctor?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**7. Has being in the program made you more likely, about the same, or less likely to...**

**SELECT ONLY ONE ANSWER PER ROW**

	More likely	About the same	Less likely
a. do harmful things because your friends want you to? ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. handle your feelings in ways that are not hurtful to yourself or others)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. think about what might happen before making a decision? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. talk with your parent, guardian, or caregiver about things going on in your life? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. talk with your parent, guardian, or caregiver about sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8. Has being in the program made you more likely, about the same, or less likely to...**

**SELECT ONLY ONE ANSWER PER ROW**

	More likely	About the same	Less likely
a. plan to delay having sexual intercourse until you are married?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. plan to be married before you have a child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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.**

**9. How often *in this program*...**

**SELECT ONLY ONE ANSWER PER ROW**

	Most of the time	Some of the time	None of the time
a. did you feel the information for the program was clear?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. did discussions or activities help you to learn program lessons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. did you feel respected by the facilitator?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Did you get enough information about abstaining from sex (choosing not to have sex)?**

**SELECT ONLY ONE ANSWER**

- Yes
- No

*Thank you for participating in this survey!*