

## INSTRUMENT 1. YOUTH SURVEY

### THE PAPERWORK REDUCTION ACT OF 1995

This 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 [20/15] 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 Jennifer Walzer at [JWalzer@mathematica-mpr.com](mailto:JWalzer@mathematica-mpr.com).

## INTRODUCTION

Thank you for your help with this important study. The purpose of this study is to understand how well youth programs work in your community. 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 and sexual activity, and your behaviors. Your name will not be on the survey. Your responses will remain private. We want you to know that:

1. Your participation in this survey is voluntary.
2. The survey will take about [20/15] 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.

## How to complete the survey

|                                          |
|------------------------------------------|
| Pre & immediate post only (Paper survey) |
|------------------------------------------|

### **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.

- Please mark all answers within the boxes provided.
- Please use a pen or a pencil.

## Section A. Background

Pre survey only

### 1. How old are you?

Pre survey only

### 2. What grade did you finish in the [FILL PAST SCHOOL YEAR]?

- m 7th.....1
- m 8th.....2
- m 9th.....3
- m 10th.....4
- m 11th.....5
- m 12th.....6
- m Not enrolled in any school/home-schooled .....7
- m Some college .....8

Pre survey, Immediate post survey, 6mo post survey

### 3. 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 m               | 2 m             | 3 m         | 4 m      |
| b. Obtain a vocational certificate or vocational license (this could be related to a professional trade/business such as construction, carpentry, welding, plumbing). .... | 1 m               | 2 m             | 3 m         | 4 m      |
| c. Complete some college.....                                                                                                                                              | 1 m               | 2 m             | 3 m         | 4 m      |
| d. Obtain an Associate's degree.....                                                                                                                                       | 1 m               | 2 m             | 3 m         | 4 m      |
| e. Obtain a Bachelor's degree.....                                                                                                                                         | 1 m               | 2 m             | 3 m         | 4 m      |
| f. Obtain a graduate degree.....                                                                                                                                           | 1 m               | 2 m             | 3 m         | 4 m      |
| g. Start your own business at a flea market or farmer's market.                                                                                                            | 1 m               | 2 m             | 3 m         | 4 m      |

Pre survey, Immediate post survey, 6mo post survey

4. Below are questions about ways people may feel or act. There are no right or wrong answers. Please do your best to answer honestly.

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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>      | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. Find a way to stick with my goals, even when it's tough.....           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>      | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. Consider all the positives and negatives before making a decision..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>      | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey, Immediate post survey, 6mo post survey

5. 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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. I believe I will be okay even when bad things happen.....             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. I do a good job of handling problems in my life...                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. I try new things even if they are hard.....                           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. When I have a problem, I come up with ways to solve it.....           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. I give up when things get hard.....                                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| g. I deal with my problems in a positive way (like asking for help)..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| h. I keep trying to solve problems even when things don't go my way..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| i. Failure just makes me try harder.....                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| j. No matter how bad things get, I know the future will be better.....   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey & 6mo post survey

**6. In the last 6 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).                                          | 1 <input type="radio"/> | 2 <input type="radio"/> |
| b. Out of school sports (ex. Martial arts, baseball, basketball, disc golf, golf, running, walking groups, hiking, pickleball, swimming, Zumba, spin class).....               | 1 <input type="radio"/> | 2 <input type="radio"/> |
| c. Arts (ex. band, theatre, dance, choir).....                                                                                                                                 | 1 <input type="radio"/> | 2 <input type="radio"/> |
| d. Leadership (ex. National Honor Society, Student Council, Future Farmers of America, Robotics, Debate, United National Indian Tribal Youth, JROTC, Gifted and Talented)..... | 1 <input type="radio"/> | 2 <input type="radio"/> |
| e. Volunteer (ex. Big Brothers Big Sisters, Awareness Walks, Earth Day Trash Pick-Up, High School Concession Volunteer, Community Service Learning Projects).....              | 1 <input type="radio"/> | 2 <input type="radio"/> |
| f. Faith-based (ex. religious/church groups)...                                                                                                                                | 1 <input type="radio"/> | 2 <input type="radio"/> |
| g. Traditional (ex. Weaving, cultural ceremonies, beading, sash belt making, pow wows, male sweats, female sweats, song and dance, winter shoe games, basket weaving)          | 1 <input type="radio"/> | 2 <input type="radio"/> |

## Section B. Peer relationships and support networks

Pre survey, 6mo post survey

7. For the following statements, think about the person you live with that is the main person who takes care of you. That can be a parent, grandparent, auntie/uncle, cousin, older sibling, etc. For these questions we are calling this person a parent/caregiver/trusted adult. 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/trusted adult shows me they are proud of me.....                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. My parent/caregiver/trusted adult takes an interest in my activities.....             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. My parent/caregiver/trusted adult listens to me when I talk to them.....              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. I can count on my parent/caregiver/trusted adult to be there when I need them.....    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. My parent/caregiver/trusted adult and I talk about the things that really matter..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey, Immediate post survey, 6mo post survey

8. 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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. My friends think I am a positive person.....    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. My friends are people who I can trust.....      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. My friends do nice things for other people..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey, 6mo post survey

9. 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
- ☐ All of the time..... 4

Pre survey, 6mo post survey

10. 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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. It would be okay for them to have sex if they were dating the same person for a long time..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. They should wait until they are older to have sex.....                                         | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. They should wait until marriage to have sex.....                                               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey, 6mo post survey

11. 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

Pre survey, 6mo post survey

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

- ☐ Almost never..... 1
- ☐ Some of the time..... 2
- ☐ Usually..... 3
- ☐ Almost always..... 4

Pre survey, 6mo post survey

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

- ☐ Almost never..... 1
- ☐ Some of the time..... 2
- ☐ Usually..... 3
- ☐ Almost always..... 4

Pre survey, 6mo post survey

**14. Are most of your friends responsible?**

- ☐ Almost never..... 1
- ☐ Some of the time..... 2
- ☐ Usually..... 3
- ☐ Almost always..... 4

## Section C. Native identity

The next questions ask about Native American identity and customs.

Pre survey, Immediate post survey, 6mo post survey

15. I plan on trying to find out more about my Native American culture, such as its history, my Tribal Identity, traditions, customs, arts and language.

- ☐ Yes..... 1  
☐ No..... 0

Pre survey, Immediate post survey, 6mo post survey

16. 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. I have spent time trying to find out more about being Native American, such as my Tribe's history, Tribal Identity, traditions, customs, arts and language.....            | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. I have a strong sense of belonging to my Native American family, community, Tribe, or Nation.....                                                                          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. I have done things that will help me understand my Native American background better.....                                                                                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. I have talked to community members or other people in order to learn more about being Native American.....                                                                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. When I learn something about my Native American culture, history or ceremonies, I will ask someone, research it, look it up, or find resources to learn more about it..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. I feel a strong attachment towards my Native American community or Tribe.....                                                                                              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| g. If a traditional person, counselor or Elder who is knowledgeable about my culture spoke to me about being Native American, I would listen to them carefully.....           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| h. I feel a strong connection to my ancestors and those who came before me.....                                                                                               | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |

**SELECT ONE ONLY PER ROW**

|                                                                                                        | Strongly disagree       | Disagree                | Neither agree nor disagree | Agree                   | Strongly agree          |
|--------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|----------------------------|-------------------------|-------------------------|
| i. Being Native American means I sometimes have a different perception or way of looking at the world. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| j. It is important to me that I know my Native American or Tribal language(s).....                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |

## Section D. Romantic relationships

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

Pre survey, 6mo post survey

### 17. 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

Pre survey, Immediate post survey, 6mo post survey

### 18. 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/boyfriend/girlfriend who listens when you share your thoughts.....                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. you can trust a partner/boyfriend/girlfriend.....                                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. you can talk about your future dreams and goals with a partner/boyfriend/girlfriend.....             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. you and a partner/boyfriend/girlfriend have shared values.....                                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. you and a partner/boyfriend/girlfriend have similar interests or like to do the same activities..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. your friends like your partner/boyfriend/girlfriend.....                                             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| g. your family likes your partner/boyfriend/girlfriend.....                                             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| h. you give each other gifts.....                                                                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| i. you encourage each other when life is hard.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| j. you do not cheat on each other.....                                                                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| k. you do not call each other names.....                                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| l. you do not push, shove, hit, slap, or grab each other.....                                           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey, Immediate post survey, 6mo post survey

**19. 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 partners/boyfriends/girlfriends can improve the relationship.....                         | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. There are times when violence between partners/boyfriends/girlfriends is ok.....                           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. It's okay to stay in a relationship even if you're afraid of your partner/boyfriend/girlfriend.....        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. Sometimes violence is the only way to express your feelings.....                                           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. Some couples must use violence to solve their problems.....                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. Violence between partners/boyfriends/girlfriends is a personal matter and people should not interfere..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey, Immediate post survey, 6mo post survey

**20. 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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. I know what to do when I recognize the warning signs in a bad relationship..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |

## Section E. Attitudes, opinions and knowledge related to sexual activity

The next series of questions ask your attitudes and opinions about sexual activity. Remember, this survey is private and there are no right or wrong answers. Please do your best to answer honestly.

The first set of questions are about sexual consent. Sexual consent means that a person agrees to a sexual activity.

Pre survey, Immediate post survey, 6mo post survey

### 21. 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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. When initiating sexual activity, one should always assume they do not have sexual consent. ....                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. Sexual consent should be asked before any kind of sexual behavior, including kissing or touching. ....             | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. Not asking for sexual consent some of the time is okay. ....                                                       | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/>    | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey, Immediate post survey, 6mo post survey

### 22. 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...?

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 m                  | 2 m                | 3 m                | 4 m       | 5 m            |
| b. think carefully before making a decision about sex.                                              | 1 m                  | 2 m                | 3 m                | 4 m       | 5 m            |
| c. stop yourself from acting on your feelings when it comes to decisions about sex.....             | 1 m                  | 2 m                | 3 m                | 4 m       | 5 m            |
| d. tell your partner/boyfriend/girlfriend what you do and do not want to do sexually.....           | 1 m                  | 2 m                | 3 m                | 4 m       | 5 m            |

**SELECT ONE ONLY PER ROW**

|                                                                        | Not at all confident | A little confident | Somewhat confident | Confident | Very confident |
|------------------------------------------------------------------------|----------------------|--------------------|--------------------|-----------|----------------|
| e. know what you are feeling when faced with a decision about sex..... | 1 m                  | 2 m                | 3 m                | 4 m       | 5 m            |

Pre survey, Immediate post survey, 6mo post survey

**23. 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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. With someone you have dated for a long time.....                        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. With someone with whom you have already had sex.....                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. With someone who is pushing you to have sex.....                        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. With someone who does not want to use a condom.....                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. If your partner/boyfriend/girlfriend wanted to have sex but you didn't. | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Pre survey, Immediate post survey, 6mo post survey

**24. 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 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| b. Condoms have an expiration date.....                                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| c. When putting on a condom, it is important to leave a space at the tip....                 | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| d. When using a condom, it is important for the man to pull out right after ejaculation..... | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| e. Wearing two latex condoms will provide extra protection.....                              | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |

OMB Control No: XXXX-XXXX  
Expiration Date: XX/XX/20XX

Pre survey, Immediate post survey, 6mo post survey

- 25. 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 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| b. You can have an STD and feel healthy.....                                                                         | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| c. A person with HIV can give it to other people only if they look or feel sick.                                     | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| 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 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| e. The HIV virus is present in blood, semen, and vaginal fluid.....                                                  | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| f. You can get an STD from having oral sex.....                                                                      | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |

Pre survey, Immediate post survey, 6mo post survey

- 26. 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 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| b. During a woman's monthly cycle, there are certain days when she is more likely to become pregnant if she has sex. .... | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| c. Pregnancy is much less likely to occur if a couple has sex standing up. ...                                            | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |
| d. The only way to completely prevent pregnancy is by not having sex. ....                                                | 1 <input type="radio"/> | 2 <input type="radio"/> | d <input type="radio"/> |

## Section F. Sexual behaviors

[For entire section] Pre survey, 6mo post survey

The next questions are about your sexual behaviors. Please be as honest as possible. Your answers will be kept private.

27. In the past 3 months have you hung out alone with someone you were attracted to?

- ☐ Yes..... 1  
☐ No..... 0

28. In the past 3 months have you laid down alone with someone you were attracted to?

- ☐ Yes..... 1  
☐ No..... 0

29. In the past 3 months have you kissed someone you were attracted to on the mouth?

- ☐ Yes..... 1  
☐ No..... 0

30. In the past 3 months have you tongue kissed or French kissed someone?

- ☐ Yes..... 1  
☐ No..... 0

31. 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

32. Other than a doctor or a nurse, in the past 3 months have you let someone touch your private parts?

- ☐ Yes..... 1  
☐ No..... 0

33. 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

34. Have you ever had sex?

- ☐ Yes..... 1  
☐ No.....0

35. In the past 6 months, have you had sex?

- ☐ Yes..... 1  
☐ No.....0

36. In the past 6 months, how many times have you had sex? Please answer "0" if you have not had sex in the past 6 months.

# of times you have had sex

(RANGE 0-100)

37. **If yes to ever sex:** 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

38. **If yes to ever sex:** 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

## Section G. Drug & alcohol use

The next items are about drug and alcohol use.

Pre survey, Immediate post survey, 6mo post survey

39. How confident are you that you could say "no" to drinking or using drugs when you don't want to?

- m Not at all confident..... 1
- m A little confident..... 2
- m Confident..... 3
- m Very confident..... 4
- m Completely confident..... 5

Pre survey, Immediate post survey, 6mo post survey

40. 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 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. How it might affect your future.....                                           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| c. How it might affect your ability to make decisions in the moment.....          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. How it might affect your physical health.....                                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. How it might affect your ability to make decisions around sexual activity..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| f. How it might affect relationships with family and friends.....                 | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

**[For remaining items in this section]** Pre survey, 6mo post survey

**41. 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

**42. 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

**43. 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

44. 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

## H. Program experience

Pre survey, 6mo post survey

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

45. In the past 6 months did you have any classes or sessions on romantic relationships, dating, or marriage?

m Yes..... 1

m No..... 0

46. In the past 6 months, did you have any classes or sessions on the benefits of waiting to have sex until marriage?

m Yes..... 1

m No..... 0

47. In the past 6 months, did you have any classes or sessions on the use of condoms?

m Yes..... 1

m No..... 0

48. In the past 6 months, did you have any classes or sessions on sexually transmitted diseases, also known as STDs or STIs?

m Yes..... 1

m No..... 0

Immediate post survey

49. The questions on this survey are about your experiences with the [SRAE PROGRAM NAME /CONTROL PROGRAM NAME] program.

Even if you didn't attend all of the sessions or activities in this program, how often during [SRAE PROGRAM NAME /CONTROL 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 content and activities..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| b. | did you feel the material presented was clear....              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

|                                                                                                   | 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         |
| c. did discussions or activities help you to learn program content.....                           | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| d. did you have a chance to ask questions about topics or issues that came up in the program..... | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |
| e. did you feel respected as a person.....                                                        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> | 5 <input type="radio"/> |

Immediate post survey

50. The next questions are about your experiences with the person or persons teaching you the [FILL NAME] program. We refer to this person as the facilitator. How strongly do you agree with the following statements about the facilitator or facilitators?

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

## Section I. Demographics

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

Pre survey only

**51. What is your sex?**

*Select only one*

- m Female..... 1  
m Male..... 2  
m I prefer not to answer..... n

**THANK YOU FOR TAKING TIME TO COMPLETE THIS SURVEY!**

Thank you for your time in completing the survey!

**Only at 6-month post:** As a thank you for your participation, you will receive a \$40 token of appreciation. Please enter your email or phone number below to receive information for accessing the token of appreciation. We will only use this to send you the information to access the token of appreciation, and not for any other purpose.

You should receive an email with instructions on how to access the token of appreciation within the next week. If you do not receive the instructions, please reach out to Mathematica at **TOLL FREE # or PROJECT@mathematica-mpr.com**.