

High School Exit Survey

You are invited to participate in a national research study. Your parents said you could, and if you are willing, we would like you to:

- **Enter a code** so we know which class is taking the surveys.
- **Complete a survey (Part 1)** sponsored by the U.S. Department of Health and Human Services.
- **Complete a short survey (Part 2)** from the program evaluator.

* What is your class code?

Part 1: Complete the Health and Human Services survey.

SEXUAL RISK AVOIDANCE EDUCATION PROGRAM (SRAE)

PARTICIPANT EXIT SURVEY HIGH SCHOOL AND OLDER

Thank you for your help with this important study. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your name will not be on the survey and your responses will remain private to the extent permitted by law. We want you to know that:

- 1. Your participation in this survey is voluntary.**
- 2. We hope that you will answer all of the questions, but you may skip any questions you do not wish to answer.**
- 3. 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 8 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information collected will help policy makers, program providers and other stakeholders understand the experiences of youth today and identify ways to reduce risky behaviors. This information will also inform programs on how best to serve their participants. The collection of this information is voluntary and responses will be kept private to the extent allowed by law. The OMB number for this information collection is 0970-0536 and the expiration date is 10/31/2022.

General Instructions

PLEASE READ EACH QUESTION CAREFULLY: There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question.

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

1. How old are you?

MARK ONLY ONE ANSWER

- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17
- 18
- 19
- 20

2. What grade are you in? (If you are currently on vacation or in summer school, indicate the grade you will be in when you go back to school.)

MARK ONLY ONE ANSWER

- 9th
- 10th
- 11th
- 12th
- My school does not assign grade levels
- I dropped out of school, and I am not working on getting a high school diploma or GED
- I am working toward a GED
- I have a high school diploma or GED but I am not currently enrolled in college or technical school
- I have a high school diploma or GED and I am currently enrolled in college or technical school

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

MARK ALL THAT APPLY

- English
- Spanish
- Other (specify):

4. Are you Hispanic or Latino?

MARK ONLY ONE ANSWER

- Yes
- No

5. What is your race?

MARK ALL THAT APPLY

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other (specify):

6. What is your sex?

MARK ONLY ONE ANSWER

- Male
- Female

7. Are you currently...?

MARK ALL THAT APPLY

- Living with family [parent(s), guardian, grandparents, or other relatives]
- In foster care, living with a family
- In foster care, living in a group home
- Couch surfing or moving from home to home
- Living outside, in a tent city or homeless camp, in a car, in an abandoned vehicle or in an abandoned building
- Staying in an emergency shelter or transitional living program
- Staying in a hotel or motel
- In a juvenile detention center, juvenile group home, and/or under the supervision of a probation officer
- None of the above

For questions 8 – 12, please think about how the program you just completed has affected you, even if your program did not cover the topic.

8. Has being in the program made you more likely, about the same, or less likely to... *(Note: If the program has not affected your likelihood to do any of the following, choose "About the same.")*

MARK ONLY ONE ANSWER PER ROW

| | Much more likely | Somewhat more likely | About the same | Somewhat less likely | Much less likely |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. make decisions to not drink alcohol? | <input type="radio"/> |
| b. make decisions to not smoke cigarettes or cigar products (cigars, cigarillos, or little cigars)? | <input type="radio"/> |
| c. make decisions to not use other tobacco products (such as chewing tobacco, snuff, dip, or snus)? | <input type="radio"/> |
| d. make decisions to not use electronic vapor products (such as JUUL, Vuse, MarkTen, and blu)? (electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, hookahs, hookah pens, and mods) | <input type="radio"/> |
| e. make decisions to not use marijuana (also called pot, weed, or cannabis)? | <input type="radio"/> |
| f. make decisions to not take prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it? | <input type="radio"/> |

9. Has being in the program made you more likely, about the same, or less likely to... (Note: If the program has not affected your likelihood to do the following, choose "About the same.")

MARK ONLY ONE ANSWER PER ROW

| | Much more likely | Somewhat more likely | About the same | Somewhat less likely | Much less likely |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. resist or say no to peer pressure? | <input type="radio"/> |
| b. manage your emotions in healthy ways (for example, ways that are not hurtful to you or others)? | <input type="radio"/> |
| c. think about the consequences before making a decision? | <input type="radio"/> |
| d. talked with your parent, guardian, or caregiver about sex? | <input type="radio"/> |

10. Has being in the program made you more likely, about the same, or less likely to... (Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

| | Much more likely | Somewhat more likely | About the same | Somewhat less likely | Much less likely |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. make plans to reach your goals? | <input type="radio"/> |
| b. care about doing well in school? | <input type="radio"/> |

11. Has being in the program made you more likely, about the same, or less likely to... (Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

| | Much more likely | Somewhat more likely | About the same | Somewhat less likely | Much less likely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. better understand what makes a relationship healthy? | <input type="radio"/> |
| b. resist or say no to someone if they pressure you to participate in sexual acts, such as kissing, touching private parts, or sex? | <input type="radio"/> |
| c. talk to a trusted person/adult (for example, a family member, teacher, counselor, coach, etc.) if someone makes you uncomfortable, hurts you, or pressures you to do things you don't want to do? | <input type="radio"/> |

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

MARK ONLY ONE ANSWER PER ROW

| | Much more likely | Somewhat more likely | About the same | Somewhat less likely | Much less likely |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. plan to delay having sexual intercourse until you graduate high school or receive your GED. | <input type="radio"/> |
| b. plan to delay having sexual intercourse until you graduate college or complete another education or training program. | <input type="radio"/> |
| c. plan to delay having sexual intercourse until you are married. | <input type="radio"/> |
| d. plan to be married before you have a child. | <input type="radio"/> |
| e. plan to have a steady full-time job before you get married. | <input type="radio"/> |
| f. plan to have a steady full-time job before you have a child. | <input type="radio"/> |

The next questions ask about some personal behaviors, including sex and pregnancy. Remember, all of your responses will be kept private.

13. As a result of being in the program, are you planning to abstain from sexual intercourse (choose to not have sexual intercourse)?

- Yes
- No
- Not sure

14. How important are each of these reasons in your decision to not have sexual intercourse?

MARK ONLY ONE ANSWER PER ROW

| | Not at all important | Not too important | Somewhat important | Very important |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. how it might affect your plans for the future | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. the possible emotional and social consequences (for example, feeling sadness or regret, disappointing your parent(s) or guardian(s), and/or negative reactions from your peers) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. the risk of getting a sexually transmitted infection (STI) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. the risk of getting pregnant or getting someone pregnant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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.

15. Even if you didn't attend all of the sessions or classes in this program, how often *in this program...*

MARK ONLY ONE ANSWER PER ROW

| | All of the Time | Most of the Time | Some of the Time | None of the Time |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. did you feel interested in program sessions and classes? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. did you feel the material presented was clear? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. did discussions or activities help you to learn program lessons? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. did you have a chance to ask questions about topics or issues that came up in the program? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. did you feel respected as a person? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The questions above are part of a national effort to measure whether programs meet their goals. It is sponsored by the U.S. Department of Health and Human Services. The next questions are not part of this national effort.

Almost finished!

Part 2: Complete the following short survey from the program evaluator.

Note:

- Your participation in this survey is voluntary.
- We hope that you will answer all of the questions, but you may skip any questions you do not wish to answer.
- Your individual answers will be kept confidential and never shared with anyone.
- This is for a study conducted by our evaluator Matt Evans, PhD. If you have questions about the study you can contact him at matt@evansevaluation.com.

1. For each item below, please mark how much you agree or disagree.

| | Strong Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I would like to be happily married someday. | <input type="radio"/> |
| b. Sex is a big deal. | <input type="radio"/> |
| c. If teens have already had sex they can still stop now and wait until marriage to start again. | <input type="radio"/> |
| d. There are emotional and physical benefits to not having sex as a teenager. | <input type="radio"/> |
| e. I know how to recognize an unhealthy relationship. | <input type="radio"/> |
| f. I know how to end an unhealthy relationship. | <input type="radio"/> |
| g. I often think about my future and my goals. | <input type="radio"/> |

Please answer the following questions about voluntary sexual intercourse before marriage (should you choose to be married some day).

2. For each item below, please mark how much you agree or disagree.

| | Strong Disagree | Disagree | Neutral | Agree | Strongly Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Waiting until I'm an adult in a committed relationship to have sex <u>will help me achieve my personal goals.</u> | <input type="radio"/> |
| b. It's <u>important to me</u> to wait until I'm an adult in a committed relationship to have sex. | <input type="radio"/> |
| c. Waiting until I'm an adult in a committed relationship to have sex would be <u>easy</u> for me. | <input type="radio"/> |
| d. I <u>feel motivated</u> to wait until I'm an adult in a committed relationship to have sex. | <input type="radio"/> |
| e. I <u>intend to wait</u> until I'm an adult in a committed relationship to have sex. | <input type="radio"/> |
| f. It would be <u>challenging</u> for me to wait until I'm an adult in a committed relationship to have sex. | <input type="radio"/> |
| g. Having sex before I'm an adult in a committed relationship is <u>against my values.</u> | <input type="radio"/> |
| h. <u>I'm going to wait</u> until I'm an adult in a committed relationship to have sex. | <input type="radio"/> |

3.

| | Definitely will not | Probably will not | Uncertain | Probably will | Definitely will |
|---|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Starting today, do you think you will have sexual intercourse in the next 12 months? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Do you think you will have sexual intercourse before high school graduation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Do you think you will have sexual intercourse before you are in an adult-committed relationship, including marriage? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4.

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Most people around my age have had sexual intercourse. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The majority of my closest friends have had sexual intercourse. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Most of my friends think I should have sexual intercourse in the next 12 months. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. The friends that care about me the most, think I should wait at least until after high school before having sexual intercourse. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Really, only a small percentage of people I know are having sex. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The final questions help the survey company know which answers on this survey go with answers on an initial survey you took previously. They are only to match pairs of surveys that go together, NOT to identify you personally.

What is the first letter of your first name?

What is the first letter of your mom's first name?

In what month were you born?

On what day were you born?

Thank you! You're done!