



YES You Can!

HIGH SCHOOL ENTRY SURVEY

Thanks for taking this survey!

- First, you will **enter a class code**. The person administering the survey will give you this code.
- Next, you will **complete a survey** required by the U.S. Department of Health and Human Services (HHS).
- Last, you will **complete our short survey** to help us evaluate this program.

1. First, what is your class code? *

Thanks! Next, complete the Health and Human Services (HHS) survey.

Form approved
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SEXUAL RISK AVOIDANCE EDUCATION PROGRAM (SRAE)

PARTICIPANT ENTRY 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 12/31/2023.

General Instructions

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

1. EXAMPLE 1: MARK ONLY ONE ANSWER

What is the color of your eyes?

- Brown
- Blue
- Green
- Another color

2. EXAMPLE 2: MARK ALL THAT APPLY

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

MARK ALL THAT APPLY

If you plan to watch a movie and go to a baseball game next week, you would mark (X) both boxes.

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

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

1. How old are you?

- 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.)

- 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?

- 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?

- 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 in a place not meant to be a residence, such as 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 juvenile detention, jail, prison, or another correctional facility, or under the supervision of a probation officer
- None of the above

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.

Thanks for completing the Health and Human Services (HHS) survey!

Last, complete our short survey to help us evaluate this program.

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

	Strongly 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 a future life-long committed relationship 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"/>				

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

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Most <u>youth who are like me</u> will probably wait until they're in an adult, committed relationship to have sex.	<input type="radio"/>				
It is <u>expected of me</u> that I wait until I'm in an adult, committed relationship to have sex.	<input type="radio"/>				
My <u>friends will likely wait</u> until they're in an adult, committed relationship to have sex.	<input type="radio"/>				
Most <u>people who are important to me</u> think I should wait until I'm in an adult, committed relationship to have sex.	<input type="radio"/>				
It's <u>important for me</u> to wait until I'm in an adult, committed relationship before having sex.	<input type="radio"/>				
It would be a <u>good idea</u> for me to wait until I'm in an adult, committed relationship to have sex.	<input type="radio"/>				

How CONFIDENT (or NOT CONFIDENT) are you that you could do each of the following?

	Not at all confident	A little confident	Somewhat confident	Confident	Completely confident
Wait until you are ready to have sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid situations that could lead to unwanted sexual activity (like being alone with someone in a bedroom).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Firmly say “no” to sexual activity, even if someone is pressuring you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Avoid people who make you feel pressured to have sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Firmly say “no” to your partner if you do not want to have sexual intercourse.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
End a relationship with someone pressuring you to have sexual intercourse when you do not want to.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These final questions help the survey company know which answers on this survey go with answers on a final survey you will take later. They are only to match pairs of surveys that go together, NOT to identify you personally.

13. What is the first letter of your first name?

A	
B	
C	
D	
E	
F	
G	
H	
I	
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L	
M	
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O	
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Q	
R	
S	
T	
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V	
W	
X	
Y	
Z	

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

A
B
C
D
E
F
G
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K
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M
N
O
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Q
R
S
T
U
V
W
X
Y
Z

15. In what month were you born?

January
February
March
April
May
June
July
August
September
October
November
December

16. On what day of the month were you born?

1
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Thank You!

Thanks for completing the survey!