



YES You Can! HIGH SCHOOL EXIT 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
OMB Control No: 0970-0536
Expiration Date: 06/30/2026
Revised: 01/06/2022

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 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.

2. 1. How old are you?

10

11

12

13

14

15

16

17

18

19

20

3. 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

4. 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):

5. 4. Are you Hispanic or Latino?

Yes

No

6. 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):

7. 6. What is your sex?

Male

Female

8. 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
-

9. 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.”)

	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. make decisions to not smoke cigarettes or cigar products (cigars, cigarillos, or little cigars)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. make decisions to not use other tobacco products (such as chewing tobacco, snuff, dip, or snus)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. make decisions to not use marijuana (also called pot, weed, or cannabis)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. 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.")

	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. manage your emotions in healthy ways (for example, ways that are not hurtful to you or others)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. think about the consequences before making a decision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. talk with your parent, guardian, or caregiver about sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. 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.")

	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. care about doing well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. 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.")

	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. plan to delay having sexual intercourse until you graduate college or complete another education or training program	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. plan to delay having sexual intercourse until you are married	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. plan to be married before you have a child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. plan to have a steady full-time job before you get married	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. plan to have a steady full-time job before you have a child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

14. 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

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

	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.

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

	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.

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

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

17. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Sex is a big deal.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. There are emotional and physical benefits to not having sex as a teenager.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. I know how to recognize an unhealthy relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. I know how to end an unhealthy relationship.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

18. 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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My <u>friends will likely wait</u> until they're in an adult, committed relationship to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

19. How much do you agree or disagree with the following statements?

If I have sex before I'm in an adult, committed relationship...

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
it would make me feel good about myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I might get an STD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it would go against my religious beliefs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it would make my parents mad if they found out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it might hurt my reputation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it would gain the respect of my friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
it will give me sexual experience for when I get married	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I might get pregnant or get someone pregnant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text" value="Enter another option"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. 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"/>

21. When do you think you may engage in each of the following activities, in the future?

	Within the next 12 months	Before graduating high school	After graduating high school	After starting a career	After an adult committed relationship, like marriage, or never
Oral sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual intercourse	<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 previous survey you took before. They are only to match pairs of surveys that go together, NOT to identify you personally.

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



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

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



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

24. In what month were you born?



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

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

2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

Thanks for completing the survey!