

Character Classes Entry Survey-Middle School-Sexual Risk Avoidance Education(SRAE-5)-2024-25

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.

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

*1. What is your school's name?

- Alcorn Career and Technical Center Alcorn Central Middle School Blue Mountain School
- Chalybeate School
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2. How old are you?

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

3. 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.)

- 5th
- 6th
- 7th
- 8th
- 9th
- My school does not assign grade levels
- I am not currently enrolled in school
-

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

MARK ALL THAT APPLY.

English Spanish

Other (Please specify)

5. Are you Hispanic or Latino?

Yes No

6. 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 (Please specify)

7. What is your sex?

Male Female

8. Are you currently...?

MARK ALL THAT APPLY

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

The next questions ask about alcohol, tobacco, and other substance use. Remember, all of your responses will be kept private.

9. In the past three months, have you...

a. drunk alcohol (more than a few sips, including beer, wine, and liquor)?

Yes No

b. smoked cigarettes or cigar products (cigars, cigarillos, or little cigars)?

Yes No

c. used other tobacco products (such as chewing tobacco, snuff, dip, or snus)?

Yes No

d. used 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)

Yes No

e. used marijuana (also called pot, weed, or cannabis)?

Yes No

f. taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?

Yes

No

10. In the past three months, how often would you say you...

a. resisted or said no to peer pressure?

- All of the Time
- Most of the Time
- Some of the Time
- None of the Time

b. managed your emotions in healthy ways (for example, ways that are not hurtful to you or others)?

- All of the Time
- Most of the Time
- Some of the Time
- None of the Time

c. thought about the consequences before making a decision?

- All of the Time
- Most of the Time
- Some of the Time
- None of the Time

11. For each of the items below, please mark how true each statement is of you.

a. I make plans to reach my goals.

- Not true at all
- Somewhat true of me
- Very true of me

b. I care about doing well in school.

- Not true at all
- Somewhat true of me
- Very true of me

c. I save money to get things I want.

- Not true at all
- Somewhat true of me
- Very true of me

d. I would speak up or ask for help if I am being bullied in person or online, via text, while gaming, or through other social media.

- Not true at all
- Somewhat true of me
- Very true of me

e. I would speak up or ask for help if others are being bullied in person or online, via text, while gaming, or through other social media.

- Not true at all
- Somewhat true of me
- Very true of me

The next few questions are about relationships and dating. Please answer the questions below even if you are not currently dating or going out with someone.

12. For each of the items below, please mark how true each statement is of you.

a. I understand what makes a relationship healthy.

- Not true at all
- Somewhat true of me
- Very true of me

b. I would be able to resist or say no to someone if they pressured me to participate in acts, such as kissing, touching private parts, or sex.

- Not true at all
- Somewhat true of me
- Very true of me