

Form approved
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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 10 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 12/31/2025.

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.

- PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED.
- USE A PEN OR PENCIL.

1. EXAMPLE 1: MARK ONLY ONE ANSWER

What is the color of your eyes?

MARK ONLY ONE ANSWER

- Brown
- Blue
- Green
- Another color

If the color of your eyes is brown, you would mark (X) the first box as shown.

2. EXAMPLE 2: MARK ALL THAT APPLY

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

MARK ALL THAT APPLY

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

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

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

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

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

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

The next questions ask about some personal behaviors, including sexual intercourse 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 → GO TO QUESTION 14
- No → GO TO QUESTION 15, NEXT PAGE
- Not sure → GO TO QUESTION 15, NEXT PAGE

14. How important are each of these reasons in your decision to not have sexual intercourse? (Note: Do not answer this question if you responded “No” or “Not sure” to question 13.)

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. the risk of getting a sexually transmitted infection (STI).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. the risk of getting pregnant or getting someone pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. did you feel the material presented was clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. did discussions or activities help you to learn program lessons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. did you have a chance to ask questions about topics or issues that came up in the program?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. did you feel respected as a person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this survey!

TELL US WHAT YOU THINK

A. Please answer the following:

The HIV virus can be transmitted by blood, semen, and vaginal fluid. True False

Please circle to indicate your response to each of the following statements below:

ABOUT THE PROGRAM STAFF...	Strongly Agree	Agree	In the middle	Disagree	Strongly Disagree
Please circle to indicate your honest response:					
16. The program staff listened to everyone in the class.	5	4	3	2	1
17. The program staff knew a lot about the topics taught.	5	4	3	2	1
18. The program staff made the program fun and interesting.	5	4	3	2	1
19. The program staff made me feel comfortable speaking out in class.	5	4	3	2	1
20. The program staff were prepared and organized.	5	4	3	2	1
ABOUT THE PROGRAM...	Strongly Agree	Agree	In the middle	Disagree	Strongly Disagree
Please circle to indicate your honest response:					
21. The lesson activities were fun and engaging.	5	4	3	2	1
22. The lessons were easy to understand.	5	4	3	2	1
23. I enjoyed participating in the activities.	5	4	3	2	1
24. My questions were always answered.	5	4	3	2	1
25. The lessons I received were important and helpful to me.	5	4	3	2	1
26. I have improved my relationship skills.	5	4	3	2	1

Thank you for participating in this survey!

OMB No.: 0970-0355
Expiration Date: 10/31/2027



Instrument 3. SRAENE Co-Regulation Measures Pilot Study: Youth Self- Assessment Survey-Phase 3

Winter 2024

How I Feel and What I Do

We invite you to participate in a test of a new survey. The purpose of this short survey is to learn about how you think and feel about the things that happen around you and how you act in different situations. We want to learn how well these survey questions capture the experiences and opinions of youth in grades 9-12. If you agree to participate, you will take a 10-minute web survey. The information collected will help us better understand how the survey works for youth in grades 9-12.

Mathematica, an independent research firm, is conducting this survey testing for the Administration for Children and Families (ACF). ACF is an agency in the federal government within the U.S. Department of Health and Human Services that supports the health and well-being of people.

The study team will be the only ones who use the data. The Health Media Lab Institutional Review Board has approved this work. If you have any questions or concerns, please contact Melissa Thomas, mthomas@mathematica-mpr.com.

If you are under 18, your parents have given permission for you to take this survey, and no matter what your age is, it's your choice whether to do so. There are no risks or benefits associated with the survey, which should take about 10 minutes. We hope you answer all questions, but you may skip any question you do not want to answer. We do not ask for any personal information, such as your name, email, or phone number, and your answers will be kept confidential; we have created procedures to prevent parents, teachers, staff, or peers from seeing your responses. As required by law, we will only share information if there is a risk of harm to yourself or others.

By completing this survey, you are agreeing to participate in this research study.

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 the development of a survey of self- and co-regulation in the area of adolescent pregnancy prevention. Public reporting burden for this collection of information is estimated to average 10 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 #: 0970-0355, Exp: 10/31/2027. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Heather Zaveri at hzaveri@mathematica-mpr.com.

- 1. You will be asked to take this survey twice, once before the program begins and once after the program ends. In order to protect your privacy, we will not collect any identifying information on this survey. Instead, your answers to the following 5 questions will be used to connect your pre-program survey responses to your post-program survey responses without us needing your name. It is important that the answers to these 5 questions stay the same between surveys.**

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

A	1	<input type="radio"/>	F	6	<input type="radio"/>	K	11	<input type="radio"/>	P	16	<input type="radio"/>	U	21	<input type="radio"/>	Z	26	<input type="radio"/>
B	2	<input type="radio"/>	G	7	<input type="radio"/>	L	12	<input type="radio"/>	Q	17	<input type="radio"/>	V	22	<input type="radio"/>			
C	3	<input type="radio"/>	H	8	<input type="radio"/>	M	13	<input type="radio"/>	R	18	<input type="radio"/>	W	23	<input type="radio"/>			
D	4	<input type="radio"/>	I	9	<input type="radio"/>	N	14	<input type="radio"/>	S	19	<input type="radio"/>	X	24	<input type="radio"/>			
E	5	<input type="radio"/>	J	10	<input type="radio"/>	O	15	<input type="radio"/>	T	20	<input type="radio"/>	Y	25	<input type="radio"/>			

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

1	1	<input type="radio"/>	6	6	<input type="radio"/>	11	11	<input type="radio"/>	16	16	<input type="radio"/>	21	21	<input type="radio"/>	26	26	<input type="radio"/>	31	31	<input type="radio"/>
2	2	<input type="radio"/>	7	7	<input type="radio"/>	12	12	<input type="radio"/>	17	17	<input type="radio"/>	22	22	<input type="radio"/>	27	27	<input type="radio"/>			
3	3	<input type="radio"/>	8	8	<input type="radio"/>	13	13	<input type="radio"/>	18	18	<input type="radio"/>	23	23	<input type="radio"/>	28	28	<input type="radio"/>			
4	4	<input type="radio"/>	9	9	<input type="radio"/>	14	14	<input type="radio"/>	19	19	<input type="radio"/>	24	24	<input type="radio"/>	29	29	<input type="radio"/>			
5	5	<input type="radio"/>	10	10	<input type="radio"/>	15	15	<input type="radio"/>	20	20	<input type="radio"/>	25	25	<input type="radio"/>	30	30	<input type="radio"/>			

c. What is the second letter of your last name?

A	1	<input type="radio"/>	F	6	<input type="radio"/>	K	11	<input type="radio"/>	P	16	<input type="radio"/>	U	21	<input type="radio"/>	Z	26	<input type="radio"/>
B	2	<input type="radio"/>	G	7	<input type="radio"/>	L	12	<input type="radio"/>	Q	17	<input type="radio"/>	V	22	<input type="radio"/>			
C	3	<input type="radio"/>	H	8	<input type="radio"/>	M	13	<input type="radio"/>	R	18	<input type="radio"/>	W	23	<input type="radio"/>			
D	4	<input type="radio"/>	I	9	<input type="radio"/>	N	14	<input type="radio"/>	S	19	<input type="radio"/>	X	24	<input type="radio"/>			
E	5	<input type="radio"/>	J	10	<input type="radio"/>	O	15	<input type="radio"/>	T	20	<input type="radio"/>	Y	25	<input type="radio"/>			

d. What is the first letter of the name of the street where you live?

A	1	<input type="radio"/>	F	6	<input type="radio"/>	K	11	<input type="radio"/>	P	16	<input type="radio"/>	U	21	<input type="radio"/>	Z	26	<input type="radio"/>
B	2	<input type="radio"/>	G	7	<input type="radio"/>	L	12	<input type="radio"/>	Q	17	<input type="radio"/>	V	22	<input type="radio"/>	Prefer not to say/unknown	27	<input type="radio"/>
C	3	<input type="radio"/>	H	8	<input type="radio"/>	M	13	<input type="radio"/>	R	18	<input type="radio"/>	W	23	<input type="radio"/>			
D	4	<input type="radio"/>	I	9	<input type="radio"/>	N	14	<input type="radio"/>	S	19	<input type="radio"/>	X	24	<input type="radio"/>			
E	5	<input type="radio"/>	J	10	<input type="radio"/>	O	15	<input type="radio"/>	T	20	<input type="radio"/>	Y	25	<input type="radio"/>			

e. What is the first letter of your mother's first name?

A	1	<input type="radio"/>	F	6	<input type="radio"/>	K	11	<input type="radio"/>	P	16	<input type="radio"/>	U	21	<input type="radio"/>	Z	26	<input type="radio"/>
B	2	<input type="radio"/>	G	7	<input type="radio"/>	L	12	<input type="radio"/>	Q	17	<input type="radio"/>	V	22	<input type="radio"/>			
C	3	<input type="radio"/>	H	8	<input type="radio"/>	M	13	<input type="radio"/>	R	18	<input type="radio"/>	W	23	<input type="radio"/>			
D	4	<input type="radio"/>	I	9	<input type="radio"/>	N	14	<input type="radio"/>	S	19	<input type="radio"/>	X	24	<input type="radio"/>			
E	5	<input type="radio"/>	J	10	<input type="radio"/>	O	15	<input type="radio"/>	T	20	<input type="radio"/>	Y	25	<input type="radio"/>			

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

How easy or hard is it to...

	Very hard	Hard	A little hard, a little easy	Easy	Very easy
a. Set goals for myself.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b. Find a way to stick with my goals, even when it's tough.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c. Keep track of everything going on around me, even when I'm feeling stressed.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d. Resist getting involved in other people's drama.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
e. Focus when I'm excited about something else.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
f. Stop myself from acting on my feelings without thinking first.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
g. Consider all the positives and negatives before making a decision.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
h. Resist doing something when I know I shouldn't.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
i. Wait for what I want.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
j. Remain calm when things go wrong for me.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
k. Resist saying something that I know I will later regret.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
l. Think carefully before making a decision.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
m. Stay away from situations that could bring trouble.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
n. Calm myself down when I'm stressed.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
o. Know what I'm feeling.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
p. Find ways to make myself study even when I want to do other things.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
q. Talk calmly with someone I disagree with.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
r. Know when I start to feel frustrated.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
s. Keep my reactions in check when I'm upset.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
t. To be a good friend, even when I'm in a bad mood....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

3. The following question asks about things people may do to manage their feelings. It is okay if you have not used any of these strategies in the past.

Please rate how often you do the following:

	Never	Rarely	Sometimes	Often	Almost always
a. When I'm having a hard time paying attention, I take a few deep breaths to refocus.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
b. I notice what my body is telling me when I am feeling stressed.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
c. When I'm in the middle of an argument with someone I care about, I take a break to calm myself down.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
d. When I'm feeling overwhelmed, I can calm myself down.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
e. I can name the emotions I'm feeling.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5
f. Naming my emotions helps me figure out what matters to me.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5

4. In the past month, how often did you feel like you could share your thoughts and feelings with your parent(s) or caregivers?

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Almost always

5. The following item is about experiences you may have at school. How much do you agree or disagree with these statements?

	Strongly disagree	Disagree	Agree	Strongly agree
a. There are adults at this school I could talk with if I had a personal problem.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
b. If I tell a teacher that someone is bullying me, the teacher will do something to help.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
c. I am comfortable asking my teachers for help with my schoolwork.....	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4
d. There is at least one teacher or other adult at this school who really wants me to do well.	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4

14. **POST SURVEY ONLY:** The next questions are about your experiences with the person teaching you the [FILL] class. We refer to this person as the facilitator. How much do you agree with the following statements about the facilitator?

SELECT ONE ONLY

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. The facilitator 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 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 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 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 was enthusiastic about teaching the class	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. The facilitator 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 welcomed all student 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 treated students fairly.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. The facilitator 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 discussed for this course.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

The next questions ask about your opinions about sexual activity, drugs, and alcohol. This survey is private and there are no right or wrong answers. Please do your best to answer honestly.

6. 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...

	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.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
b. Think carefully before making a decision about sex.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
c. Stop yourself from acting on your feelings when it comes to decisions about sex	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
d. Tell your partner what you do and do not want to do sexually	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
e. Know what you are feeling when faced with a decision about sex.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

7. How strongly do you agree or disagree with each of the following statements?

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a. At your age right now, having sex could create problems.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
c. A person should only have sex if they are married.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
d. It is okay to have sex if you are dating the same person for a long time.....	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅
e. Teens should wait to have sex until they are out of high school.	<input type="radio"/> O ₁	<input type="radio"/> O ₂	<input type="radio"/> O ₃	<input type="radio"/> O ₄	<input type="radio"/> O ₅

8. How **comfortable** are you talking to your parents/caregivers about your decisions related to having sex? Please answer about the parent/caregiver you feel most comfortable talking to.

- 1 Not at all comfortable
- 2 Not too comfortable
- 3 Somewhat comfortable
- 4 Comfortable
- 5 Very comfortable

9. How **important** is it to you to talk to your parents/caregivers about your decisions related to having sex?

Please answer about the parent/caregiver you feel most comfortable talking to.

- 1 Not at all important
- 2 Not too important
- 3 Somewhat important
- 4 Important
- 5 Very important

10. How **likely** is it that you would start a conversation with your parents/caregivers about your decisions related to having sex? Please answer about the parent/caregiver you feel most comfortable talking to.

- 1 Not at all likely
- 2 Not too likely
- 3 Somewhat likely
- 4 Likely
- 5 Very likely

11. In general, how much pressure, if any, do you feel from your friends to have sex?

- 1 No pressure
- 2 A little pressure
- 3 Some pressure
- 4 A lot of pressure

12. How confident are you that you could say "no" if your dating partner wanted to have sex but you didn't?

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

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

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