

## Healthy Adolescent Sexuality Education Survey

St. Cloud State Nursing in Collaboration with Kandiyohi Public Health & the Coalition for Healthy Adolescent Sexuality request your assistance with this survey so that we may better understand how we can more positively impact the sexual health of youth in this county.

1.) **As a teenager how comfortable were you talking to your parents about healthy sexuality?**

Very Uncomfortable       Uncomfortable       Neutral       Comfortable       Very Comfortable

2.) **How helpful was the sexuality information you received from your parents?**

I didn't receive any       Not at all helpful       Somewhat helpful       Very helpful

3.) **How helpful was the sexuality information you received from your friends/peers?**

I didn't receive any       Not at all helpful       Somewhat helpful       Very helpful

4.) **How helpful was the sexuality information you received from your media (internet, tv, movies, etc.)?**

I didn't receive any       Not at all helpful       Somewhat helpful       Very helpful

5.) **How helpful was the sexuality information you received from your school?**

I didn't receive any       Not at all helpful       Somewhat helpful       Very helpful

6.) **I wish as a teenager I would have received more information about (please check all that apply)**

Abstinence       Sexual Transmitted Infections (Ex: HIV, chlamydia, gonorrhea, etc.)  
 Birth Control/Condoms       Pregnancy  
 Puberty       GLBT(Gay Lesbian Bisexual Transexual)/Sexual Orientation

7.) **I received the MOST helpful info about healthy sexuality from :**      (*Check one*)

Parents/Caregiver       School  
 Peers/Friends       Church  
 Media (internet, tv, movies, etc.)       Health Care Providers

8.) **I received the LEAST helpful information about healthy sexuality from**      (*check one*)

Parents/Caregiver       School  
 Peers/Friends       Church  
 Media (internet, tv, movies, etc.)       Health Care Providers

**(OVER  
PLEASE)**

9.) **I wish as a teenager I would have received information regarding healthy sexuality from:**

*Please rank your 1st, 2nd, and 3rd Choices*

- |   |  |
|---|--|
| <input type="checkbox"/> Parents/Caregiver                  | <input type="checkbox"/> School                |
| <input type="checkbox"/> Peers/Friends                      | <input type="checkbox"/> Church                |
| <input type="checkbox"/> Media (internet, tv, movies, etc.) | <input type="checkbox"/> Health Care Providers |
| <input type="checkbox"/> Other _____                        |  |

10.) **With the sexuality information/education I received as a teen, it:** *(Check all that apply.)*

- Helped me to delay initiation of sexual activity.
- Helped prepare me with adequate knowledge of the physical/biological aspects of sexuality.
- Helped prepare me emotionally.
- Helped prepared me for the responsibilities associated with being sexually active  
(avoid pregnancy, STD's, and the impact my actions have on others.)
- Helped prepare me to recognize healthy vs. unhealthy relationships.

11.) **If you became pregnant or impregnated someone as a teen, was it planned?**

- Does not apply to me.       Yes       No

12.) **If you didn't always use protection/birth control as a sexually active teen, what was the main reason?**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> This question does not apply to me. |  |   |
| <input type="checkbox"/> Too Expensive                       | <input type="checkbox"/> Forgot                        | <input type="checkbox"/> Side Effects   |
| <input type="checkbox"/> Unavailable                         | <input type="checkbox"/> Planned Pregnancy             | <input type="checkbox"/> Didn't Want to |
| <input type="checkbox"/> Partner Refused                     | <input type="checkbox"/> Afraid parents would find out | <input type="checkbox"/> Other _____    |

13.) **What have your experiences taught you that you could pass on to teens?**

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14.) **What is your gender?**     Male     Female

15.) **What is your race/ethnicity?**

- |   |                                       |                                   |   |
|---|---------------------------------------|-----------------------------------|---|
| <input type="checkbox"/> Non-Hispanic/Caucasian | <input type="checkbox"/> East African | <input type="checkbox"/> Hispanic | <input type="checkbox"/> African American |
| <input type="checkbox"/> American Indian        | <input type="checkbox"/> Other _____  |                                   |   |

16.) **What is your current age?**

- 18-19 yrs.       20-21 yrs.       22-23 yrs.       23+ yrs.

17.) **In which county did you attend middleschool/high school?**

- Kandiyohi     Meeker     Stearns     Renville     Other \_\_\_\_\_

**THANK YOU FOR YOUR TIME!**



