

Form approved
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SEXUAL RISK AVOIDANCE EDUCATION PROGRAM (SRAE)

PARTICIPANT ENTRY SURVEY MIDDLE SCHOOL

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 1/31/2025.

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

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

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

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

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

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

MARK ONLY ONE ANSWER PER ROW

	Yes	No
a. drunk alcohol (more than a few sips, including beer, wine, and liquor)?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked cigarettes or cigar products (cigars, cigarillos, or little cigars)?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. used other tobacco products (such as chewing tobacco, snuff, dip, or snus)?.....	<input type="checkbox"/>	<input type="checkbox"/>
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).....	<input type="checkbox"/>	<input type="checkbox"/>
e. used marijuana (also called pot, weed, or cannabis)?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. taken 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"/>

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

MARK ONLY ONE ANSWER PER ROW

	All of the time	Most of the time	Some of the time	None of the time
a. resisted or said no to peer pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. managed 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"/>
c. thought about the consequences before making a decision?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. talked with your parent, guardian, or caregiver about sex?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK ONLY ONE ANSWER PER ROW

	Not true at all	Somewhat true of me	Very true of me
a. I make plans to reach my goals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I care about doing well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I save money to get things I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. 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.

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

MARK ONLY ONE ANSWER PER ROW

	Not true at all	Somewhat true of me	Very true of me
a. I understand what makes a relationship healthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would talk to a trusted person/adult (for example, a family member, teacher, counselor, coach, etc.) if someone makes me uncomfortable, hurts me, or pressures me to do things I don't want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this survey!

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. The following questions should take you about 5 minutes to complete.

1. How do you describe your sexual orientation?

- Straight (heterosexual)
- Asexual
- Bisexual
- Gay or Lesbian
- Questioning/Not sure
- Pansexual
- Queer
- I am not sure what this question means
- I don't describe myself in any of these ways

2. What is your gender identity? (Mark all that apply)

- Agender
- Boy/Man (**cisgender**, which means your gender identity matches your sex assigned at birth)
- Boy/Man (**transgender**, which means your gender identity does **not** match your sex assigned at birth)
- Genderfluid, gender non-conforming, or genderqueer
- Girl/Woman (**cisgender**, which means your gender identity matches your sex assigned at birth)
- Girl/Woman (**transgender**, which means your gender identity does **not** match your sex assigned at birth)
- Nonbinary
- Two Spirit
- Questioning/Unsure
- Identity not listed

3.

	Not at all	Some	Very Much
How much do you feel your parents care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you feel other adult relatives care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you feel teachers at school care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much do you feel adults in your community care about you?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of survey – thank you!