



ENTRY SURVEY ID PAGE

FOR USE with ALL PARTICIPANTS

Please begin by filling out the information below:

Facilitator or Teacher Name _____

Current Location _____

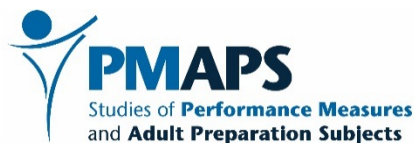
What is the Date? _____

What is the Time? _____

COHORT ID: Your Facilitator will give you this. It is
[Facilitator Initials/Date Program Started /Sequence
Letter] *EXAMPLE: MM060517A* _____

Select Program

- Be Proud Be Responsible
- Making Proud Choices
- Safer Choices 1
- Safer Choices 2
- 17 Days
- Reducing the Risk
- Becoming a Responsible Teen
- Making a Difference
- Sharp
- NU-Culture 6th Grade
- NU-Culture 7th Grade
- Nu- Culture 8th Grade
- Other _____



MATHEMATICA Policy Research

Form approved
OMB Control No: 0970-0497
Expiration Date: 04/30/20

PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

PARTICIPANT ENTRY SURVEY

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 0970-0497 and the expiration date is 04/30/2020.

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.

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

Based on your response to some of the questions, you may be instructed to skip over other questions:

EXAMPLE: QUESTION WITH A SKIP

1. Do you ever eat chocolate?

MARK (X) ONE

Yes

No  **GO TO QUESTION 3**

- Because you answered “Yes” to question 1, you would continue to question 2 and then question 3.
- If you answered “No” to question 1, you would skip question 2 and go right to question 3.

2. Do you always brush your teeth after eating chocolate?

MARK (X) ONE

Yes

No

3. Did you do any of the following last week?

YOU MAY MARK (X) MORE THAN ONE ANSWER

Went to a play

Went to a movie

Attended a sporting event

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
- 21 or older

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

- 4th
- 5th
- 6th
- 7th
- 8th
- 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 (please specify) _____

4. 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

5. Are you Hispanic or Latino?

MARK YES OR NO

- Yes
- No

6. What is the sex were you assigned at birth, on your original birth certificate?

- Male
- Female

7. Are you currently...?

MARK ALL THAT APPLY

- In foster care, living with a family
- In foster care, living in a group home
- Couch surfing or moving from house to house
- 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, transitional living program, or motel
- In juvenile detention, jail, prison or another correctional facility, or under the supervision of a probation officer
- None of the above

Thank you for participating in this survey!



State PREP Evaluation ENTRY Survey

The following questions are for the state level evaluation of outcomes. These questions will not be part of federal reporting.

For the questions below, please mark only one answer:

1. Imagine that you met someone at a party. He or she wants to have sex with you. Even though you are very attracted to each other, you are not ready to have sex, how sure are you that you could keep from having sex?

- Completely Sure Very Sure Kind of Sure Somewhat Sure Not Sure at all

2. Imagine you and your partner decide to have sex, but he or she will not use a condom. You do not want to have sex without a condom. How sure are you that you could keep from having sex until your partner agrees to use a condom?

- Completely Sure Very Sure Kind of Sure Somewhat Sure Not Sure at all

3. If a boy/girl puts pressure on you to be involved sexually, and you don't want to be involved, how often would you say "no"?

- Always Almost Always Sometimes Never

For the questions below, please mark only one answer:

4. Having sex with more than one partner can increase a person's chance of getting infected with an STD

- True False

5. You can get an STD if you only have sex once or twice without a condom

- True False

6. You can tell if someone has an STD just by looking at them

- True False

For the questions below, please mark only one answer:

7. I have goals and plans for the future

- Strongly Agree Agree Neutral Disagree Strongly Disagree

8. I think having a baby (now or as a teenager) would make it harder for me to reach my future goals

- Strongly Agree Agree Neutral Disagree Strongly Disagree

9. To make a good decision, it is important to think about what could happen (consequences).

- Strongly Agree Agree Neutral Disagree Strongly Disagree

Thank you for participating in this survey!