



## EXIT SURVEY ID PAGE

### FOR USE with ALL PARTICIPANTS

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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 \_\_\_\_\_



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

# **MATHEMATICA** **Policy Research**

## **PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

### **PARTICIPANT EXIT 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 15 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 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

**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.**

8. 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!***



## **State PREP Evaluation EXIT Survey**

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

Please think about how the program that you just completed has affected you.

1. Even if your program didn't cover a topic, would you say that being in the program has 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. resist or say no to peer pressure? .....	<input type="checkbox"/>				
b. know how to manage stress? .....	<input type="checkbox"/>				
c. manage conflict without causing more conflict? .....	<input type="checkbox"/>				
d. form friendships that keep you out of trouble? .....	<input type="checkbox"/>				
e. be respectful toward others? .....	<input type="checkbox"/>				
f. make plans to reach your goals? .....	<input type="checkbox"/>				
g. care about doing well in school? .....	<input type="checkbox"/>				
h. get a steady job after you finish school? .....	<input type="checkbox"/>				
i. share ideas or talk about things that really matter with a parent/guardian? .....	<input type="checkbox"/>				
j. make healthy decisions about drugs and alcohol? .....	<input type="checkbox"/>				
k. get more education after high school? .....	<input type="checkbox"/>				
l. manage money carefully, such as making a budget, saving, or investing? .....	<input type="checkbox"/>				
m. be the best that you can be? .....	<input type="checkbox"/>				

2. **The next few questions refer to sexual intercourse and your risk of pregnancy and sexually transmitted diseases. Please respond, even if you are not planning on having sex in the next 6 months.**

**Would you say that being in the program has made you more likely, about the same, or less likely to...**

- a. have sexual intercourse in the next 6 months?**

*By sexual intercourse, we mean the act that makes babies.*

**MARK ONLY ONE ANSWER**

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

- b. use (or ask your partner to use) any of these methods of birth control, if you were to have sexual intercourse in the next 6 months?**

*By birth control, we mean using birth control pills, condoms, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), or implant (Implanon).*

**MARK ONLY ONE ANSWER**

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely
- I will abstain from sexual intercourse (choose not to have sex) in the next 6 months*

- c. use (or ask your partner to use) a condom if you were to have sexual intercourse in the next 6 months?**

**MARK ONLY ONE ANSWER**

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely
- I will abstain from sexual intercourse (choose not to have sex) in the next 6 months*

- d. abstain from sexual intercourse (choose not to have sex) in the next 6 months?**

**MARK ONLY ONE ANSWER**

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

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.

3. Now thinking about all youth in this program, how often...

MARK ONLY ONE ANSWER PER ROW

	All of the Time	Most of the Time	Some of the Time	None of the Time
a. were YOU picked on, teased, or bullied during this program <i>for any reason?</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. were OTHER youth in this program picked on, teased, or bullied <i>because</i> people thought they were lesbian, gay, bisexual, or transgender? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. were OTHER youth in this program picked on, teased, or bullied <i>because</i> of their race or ethnic background? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For the questions below, please mark only one answer:**

4. 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

5. 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

6. 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:**

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

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

9. You can tell if someone has an STD just by looking at them     True     False

**For the questions below, please mark only one answer:**

10. I have goals and plans for the future     Strongly Agree     Agree     Neutral     Disagree     Strongly Disagree

11. 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

12. 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!***