

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

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# **PARTICIPANT EXIT 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 7 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 07/31/2026.

# 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

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**

- 15th
- 26th
- 37th
- 48th
- 59th
- 6My school does not assign grade levels
- 7I 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**

- 1English
- 2Spanish
- 3Other (specify) \_\_\_\_\_

4.

**Are you Hispanic or Latino?**

**MARK ONLY ONE ANSWER**

- 1Yes
- 2No

5.

**What is your race?**

**MARK ALL THAT APPLY**

- <sup>1</sup>American Indian or Alaska Native
- <sup>2</sup>Asian
- <sup>3</sup>Black or African American
- <sup>4</sup>Native Hawaiian or Other Pacific Islander
- <sup>5</sup>White or Caucasian
- <sup>6</sup>Other (specify) \_\_\_\_\_

6.

**What is your sex?**

**MARK ONLY ONE ANSWER**

- <sup>1</sup>Male
- <sup>2</sup>Female

7.

**Are you currently...?**

**MARK ALL THAT APPLY**

- <sup>1</sup>Living with family [parent(s), guardian, grandparents, or other relatives]
- <sup>2</sup>In foster care, living with a family
- <sup>3</sup>In foster care, living in a group home
- <sup>4</sup>Couch surfing or moving from home to home
- <sup>5</sup>Living outside, in a tent city or homeless camp, in a car, in an abandoned vehicle or in an abandoned building
- <sup>6</sup>Staying in an emergency shelter or transitional living program
- <sup>7</sup>Staying in a hotel or motel
- <sup>8</sup>In juvenile detention center, juvenile group home, and/or under the supervision of a probation officer
- <sup>9</sup>None of the above

For questions 8-26, please think about how the program you just completed has affected you.

**● Even if your program didn't cover this topic would you say that 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 <sup>1</sup>	Somewhat more likely <sup>2</sup>	About the same <sup>3</sup>	Somewhat less likely <sup>4</sup>	Much less likely <sup>5</sup>
8. resist or say no to peer pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. 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"/>
10. make decisions to not use drugs and alcohol? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. think about the consequences before making a decision? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**● Even if your program didn't cover this topic would you say that 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 <sup>1</sup>	Somewhat more likely <sup>2</sup>	About the same <sup>3</sup>	Somewhat less likely <sup>4</sup>	Much less likely <sup>5</sup>
12. make plans to reach your goals?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. care about doing well in school? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. graduate high school or get your GED? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. get more education or training after high school or completing your GED? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. get a steady full-time job after school? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Even if your program didn't cover this topic would you say that 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 <sup>1</sup>	Somewhat more likely <sup>2</sup>	About the same <sup>3</sup>	Somewhat less likely <sup>4</sup>	Much less likely <sup>5</sup>
17. save money to get things you want .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. feel confident about how to open a bank account .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. feel confident about how to prepare a budget.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. feel confident about how to track your expenses .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. understand the costs associated with raising a child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Even if your program didn't cover this topic would you say that 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 <sup>1</sup>	Somewhat more likely <sup>2</sup>	About the same <sup>3</sup>	Somewhat less likely <sup>4</sup>	Much less likely <sup>5</sup>
22. talk with your parent, guardian, or caregiver about things going on in your life?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. talk with your parent, guardian, or caregiver about sex? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Even if your program didn't cover this topic would you say that 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 <sup>1</sup>	Somewhat more likely <sup>2</sup>	About the same <sup>3</sup>	Somewhat less likely <sup>4</sup>	Much less likely <sup>5</sup>
24. better understand what makes a relationship healthy?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. resist or say no to someone if they pressure you to participate in acts, such as kissing, touching private parts, or sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. 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"/>

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.



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 <sup>1</sup>	Most of the time <sup>2</sup>	Some of the time <sup>3</sup>	None of the time <sup>4</sup>
27. did you feel interested in program sessions and classes?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. did you feel the material presented was clear? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. did discussions or activities help you to learn program lessons? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. 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"/>
31. did you feel respected as a person?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Thinking about the program, how satisfied are you with...

MARK ONLY ONE ANSWER PER ROW

	Very satisfied <sup>1</sup>	Somewhat satisfied <sup>2</sup>	A little satisfied <sup>3</sup>	Not at all satisfied <sup>4</sup>
32. the amount of information you received about abstaining from sex (choosing to not have sex)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. the amount of information you received about condoms and birth control? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you for participating in this survey!**

DO NOT COPY



**FOR MATCHING SURVEYS ONLY:**

34. What is the **FIRST** letter of your **FIRST NAME**? (Please use Capital Letter) \_\_\_\_\_

35. What is the **FIRST** letter of your **LAST NAME**? (Please use Capital Letter) \_\_\_\_\_

36. What is the **MONTH** of your birth date?

- 1 \_\_\_\_\_ January
- 2 \_\_\_\_\_ February
- 3 \_\_\_\_\_ March
- 4 \_\_\_\_\_ April

- 5 \_\_\_\_\_ May
- 6 \_\_\_\_\_ June
- 7 \_\_\_\_\_ July
- 8 \_\_\_\_\_ August

- 9 \_\_\_\_\_ September
- 10 \_\_\_\_\_ October
- 11 \_\_\_\_\_ November
- 12 \_\_\_\_\_ December

37. What is the **SEQUID** (class sequence ID) assigned to you during the session? (by your teacher or PATH educator) Please ask your teacher OR PATH team member if it was not written on the board or given to you.

\_\_\_\_\_

38. What school do you attend? \_\_\_\_\_

39. Who is your classroom teacher for this class period? (Last Name only of your class teacher for this subject). (Please use all CAPITAL letters) This is NOT the PATH team member.

\_\_\_\_\_

40. Have you ever participated in any of PATH's other Programs?

- 1 \_\_\_\_\_ Yes    2 \_\_\_\_\_ No    3 \_\_\_\_\_ I'm not sure.

		Circle one answer		
41.	Making healthy choices means avoiding behaviors that are harmful or risky.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
42.	Making healthy choices means avoiding behaviors with my peers that are harmful or risky.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
43.	I am committed to always making healthy choices.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
44.	I think about the whole person and how my choices can help or harm my future.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
45.	I usually make choices about actions that help me reach my goals in my future.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
46.	I make healthy choices when I am with my friends after school.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
47.	I make healthy choices when I am with my friends on weekends.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
48.	The best way to avoid a sexually transmitted disease (STD) is not to have sex.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
49.	Sexual activity can cause many problems for teenagers.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
50.	The best way to avoid a pregnancy is to abstain from sex (abstain means not to have sex).	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
51.	I think it's okay for people my age to have sex with a steady boy/girlfriend or partner.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
52.	It's okay for two people to have sex before marriage.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree
53.	It's okay for two people to have sex before marriage if they are in love.	(1) No, I do not agree	(2) I don't Know, I am not sure	(3) Yes, I agree

54. Which statement is true about your parents or guardian? (Check only one.)

- 1  My parents/guardian believe I should NOT have sex before marriage
- 2  My parents/guardian believe it is OK to have sex before marriage
- 3  I really DON'T KNOW what my parents/guardian believe

55. How important is it for you to get good grades in high school?

- 1  Not important at all.
- 2  Not Very Important.
- 3  Important
- 4  Very Important.

56. How important is it for you to graduate from high school?

- 1  Not important at all.
- 2  Not Very Important.
- 3  Important
- 4  Very Important.

57. How important is it for you to get more education after finishing high school (such as going to college)?

- 1  Not important at all.
- 2  Not Very Important.
- 3  Important
- 4  Very Important.

58. How important is it for you to be successful in a job or a career?

- 1  Not important at all.
- 2  Not Very Important.
- 3  Important
- 4  Very Important.

59. How important is it for you to save money for the future?

- 1  Not important at all.
- 2  Not Very Important.
- 3  Important
- 4  Very Important.

These next questions are about things you may or may not do in the NEXT 6 MONTHS. For your answer, please circle Yes or No to the following questions: In the next 6 months, do you think you will...

60.	...electronically bully someone? (For example, bullying through texting, Instagram, Snap Chat or other social media)	(1) Yes	(2) No
61.	...physically bully someone?	(1) Yes	(2) No
62.	... use electronic vapor products (such as JUUL, Vuse, MarkTen, and blu, e-cigarettes, vapes, vape pens, ecigars, hookahs, hookah pens, or mods)	(1) Yes	(2) No
63.	...smoke cigarettes?	(1) Yes	(2) No
64.	... look at pornography or porn with your peers? (For example, nudity in magazines, movies or online)?	(1) Yes	(2) No
65.	... drink alcohol, such as beer, wine or other liquor, not counting just having a sip?	(1) Yes	(2) No
66.	... participate in one or more binge drinking (four or more drinks of alcohol in a row in a couple of hours)?	(1) Yes	(2) No
67.	... use marijuana, also called weed or pot?	(1) Yes	(2) No

68.	...use one or more drugs? ( <i>methamphetamine or meth, opioids, speed, smack, ecstasy or any form of cocaine, such as crack, hemp</i> )?	(1) Yes	(2) No
69.	... will take a prescription drug when it was not prescribed for you?	(1) Yes	(2) No
70.	... smoke cigars, cigarillos, or little cigars?	(1) Yes	(2) No
71.	... get into a physical fight?	(1) Yes	(2) No
72.	... get expelled from school?	(1) Yes	(2) No
73.	... will do sexting on your cell phone?	(1) Yes	(2) No
74.	... have an in-school or out-of-school suspension?	(1) Yes	(2) No
75.	... hurt someone in a fight?	(1) Yes	(2) No
76.	....look at pornography or porn while you are alone?	(1) Yes	(2) No

77.	I am able to avoid getting into a situation that might lead to sexual intercourse (like going to a bedroom together or drinking or doing drugs).	(1) No	(2) No, not always	(3) Yes, usually	(4) Yes, always
78.	I am able to say no when my girlfriend/boyfriend or partner wants me to have sexual intercourse.	(1) No	(2) No, not always	(3) Yes, usually	(4) Yes, always
79.	If I am in a relationship with a person who I really care about, it is ok for me to have unprotected sex.	(1) No	(2) No, not always	(3) Yes, usually	(4) Yes, always
80.	I know how to set boundaries in relationships so I am less vulnerable to someone who pressures me to have sex.	(1) No	(2) No, not always	(3) Yes, usually	(4) Yes, always
81.	When I have a steady partner, a boyfriend/girlfriend, I know I will be able to talk with them about using a condom if we have sex.	(1) No	(2) No, not always	(3) Yes, usually	(4) Yes, always
82.	I think it is ok to hook up for sex with someone at a party.	(1) No	(2) No, not always	(3) Yes, usually	(4) Yes, always
83.	I know how to avoid situations that put me at risk of sexual advances.	(1) No	(2) No, not always	(3) Yes, usually	(4) Yes, always
84.	If I thought I was at risk of having a Sexually Transmitted Disease (STD or STI) I would get tested.	(1) No	(2) No, not always	(3) Yes, usually	(4) Yes, always

The next few questions are about your opinions. Please answer the questions below and circle your response

85.	All STDs/STIs can be treated and cured.	(1) No, I do not agree.	(2) I don't know.	(3) Yes, I agree
86.	You can get pregnant the first time you have sexual intercourse.	(1) No, I do not agree.	(2) I don't know.	(3) Yes, I agree
87.	A person with an STD/STI always has symptoms.	(1) No, I do not agree.	(2) I don't know.	(3) Yes, I agree
88.	Using contraception (birth control) makes sex safe.	(1) No, I do not agree.	(2) I don't know.	(3) Yes, I agree
89.	Using a condom during sexual intercourse eliminates the risk of getting a sexual transmitted disease.	(1) No, I do not agree.	(2) I don't know.	(3) Yes, I agree
90.	You cannot get an STD from having oral sex.	(1) No, I do not agree.	(2) I don't know.	(3) Yes, I agree

The next questions are about sexual intercourse and different situations. You may not have thought about these situations before, but please try to answer the questions. Think about what you would do and answer as best as you can. Sexual intercourse is referred to as making love or going all the way. By sexual intercourse, we mean a male putting his penis into a female's vagina. Now please think about the future...

91. In the NEXT 3 months, do you think you will have sexual intercourse, even once? (1)\_\_\_Yes (2)\_\_\_No
92. In the NEXT 12 months, do you think you will have sexual intercourse, even once? (1)\_\_\_Yes (2)\_\_\_No
93. In the NEXT 12 months, do you think you will have sexual intercourse with more than one person? (1)\_\_\_Yes (2)\_\_\_No

94.	If you were to have sexual intercourse in the next year, do you think that you could tell your partner that it is important to use a condom and you want a condom to be used?	(1) Yes, definitely	(2) Yes, probably.	(3) No, probably not	(4) No, definitely not
95.	If you were to have sexual intercourse in the next year, do you intend that a condom is used?	(1) Yes, definitely	(2) Yes, probably.	(3) No, probably not	(4) No, definitely not
96.	If you were going to a party and saw that some were drinking alcohol, would you stay at the party?	(1) Yes, definitely	(2) Yes, probably.	(3) No, probably not	(4) No, definitely not
97.	If you were going to a party and saw that some were using drugs, would you stay at the party?	(1) Yes, definitely	(2) Yes, probably.	(3) No, probably not	(4) No, definitely not
98.	If you were going to a party and saw that some were "hooking up" would you stay at the party?	(1) Yes, definitely	(2) Yes, probably.	(3) No, probably not	(4) No, definitely not

In the NEXT 6 MONTHS do you think you will participate in any of the behaviors listed below?

99.	...holding hands?	(1) Yes	(2) No
100.	... hugging and kissing?	(1) Yes	(2) No
101.	... touching private parts above the waist (under clothes)?	(1) Yes	(2) No
102.	... touching private parts below the waist (under clothes)?	(1) Yes	(2) No
103.	... spending time alone and making out?	(1) Yes	(2) No
104.	... oral sex?	(1) Yes	(2) No
105.	...other sex?	(1) Yes	(2) No
106.	... sexual intercourse?	(1) Yes	(2) No

Use this scale for the questions on this page: SA=Strongly Agree A=Agree U=Uncertain D=Disagree SD=Strongly Disagree

107.	I know how to get out of a risky situation when I am at a party with boys and girls who are friends.	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree
108.	I know how to avoid situations that put me at risk of sexual advances.	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree
109.	I will be able to say no when my long-time high school girlfriend or boyfriend wants me to have sexual intercourse.	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree
110.	I am able to avoid getting into a situation that might lead to sexual intercourse (like going to a bedroom, drinking or doing drugs).	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree
111.	Having sexual intercourse should be treated as just a normal and expected part of teenage dating relationship.	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree
112.	Having sexual intercourse with my boyfriend or girlfriend is the best way to show that I really care about them.	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree
113.	I believe sexual intercourse before marriage is a risky behavior.	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree
114.	I believe that sexual intercourse before I finish high school is a risky behavior.	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree
115.	It is important for me to wait until marriage before having sexual intercourse.	(1) Strongly Agree	(2) Agree	(3) Uncertain	(4) Disagree	(5) Strongly Disagree

For each item below, please mark how true each statement is of you. **MARK ONLY ONE ANSWER.**

116.	I plan to delay having sexual intercourse until I graduate from high school or receive my GED.	(1) Not true at all	(2) Somewhat true of me	(3) Very true of me
117.	I plan to delay having sexual intercourse until I graduate college or complete another education or training program.	(1) Not true at all	(2) Somewhat true of me	(3) Very true of me
118.	I plan to delay having sexual intercourse until I am married.	(1) Not true at all	(2) Somewhat true of me	(3) Very true of me
119.	I plan to be married before I have a child.	(1) Not true at all	(2) Somewhat true of me	(3) Very true of me
120.	I plan to have a steady full-time job before I get married.	(1) Not true at all	(2) Somewhat true of me	(3) Very true of me
121.	I plan to have a steady full-time job before I have a child.	(1) Not true at all	(2) Somewhat true of me	(3) Very true of me

In the last 3 MONTHS, how many times have you talked with at least one of your parents or guardian? [SELECT ONE FOR EACH QUESTION]

122.	... about how things are going with schoolwork or with your grades?	(1) Never	(2) 1-2 times	(3) 3-9 times	(4) 10 or more times
123.	... about a personal problem you were having at school?	(1) Never	(2) 1-2 times	(3) 3-9 times	(4) 10 or more times
124.	... about how to have good romantic relationships?	(1) Never	(2) 1-2 times	(3) 3-9 times	(4) 10 or more times
125.	... about strategies for safe dating?	(1) Never	(2) 1-2 times	(3) 3-9 times	(4) 10 or more times
126.	... about how to resist pressures to have sex?	(1) Never	(2) 1-2 times	(3) 3-9 times	(4) 10 or more times
127.	... about avoiding drugs and alcohol?	(1) Never	(2) 1-2 times	(3) 3-9 times	(4) 10 or more times
128.	... about pregnancy or childbirth?	(1) Never	(2) 1-2 times	(3) 3-9 times	(4) 10 or more times
129.	... about sexually transmitted diseases (also known as STDs), HIV, or AIDS?	(1) Never	(2) 1-2 times	(3) 3-9 times	(4) 10 or more times

The next few questions are about how you feel about yourself. Please select your response.

130.	I am resilient. I stay with my plans.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
131.	I have healthy coping skills to overcome challenges to reach my goals.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
132.	I feel good about who I am.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
133.	I feel that I have control over the things that happen to me in my life.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
134.	I am motivated to do well in school.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
<b>If I go to a teen party or after a school event, I am able to set boundaries so I:</b>						
135.	... do not use alcohol.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
136.	... do not use illegal drugs.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
137.	... do not bully others.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
138.	... do not do sexting.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree
139.	... do not engage in sexual activity.	(1) Strongly Agree	(2) Agree	(3) Not Sure	(4) Disagree	(5) Strongly Disagree

140. What kind of grades will you get next year in school? (Choose only one).

- 1 \_\_\_\_\_ Mostly A's
- 2 \_\_\_\_\_ Mostly B's
- 3 \_\_\_\_\_ Mostly C's
- 4 \_\_\_\_\_ Mostly D's
- 5 \_\_\_\_\_ Most F's

141. From now on, I expect to study more on school nights.

- 1 \_\_\_\_\_ No, not really.
- 2 \_\_\_\_\_ I don't know, I am not sure.
- 3 \_\_\_\_\_ Yes, probably
- 4 \_\_\_\_\_ Yes, definitely

142. Have you ever had a steady boyfriend / girlfriend / partner relationship?

- (1) \_\_\_\_\_ Yes
- (2) \_\_\_\_\_ No

143. Do you NOW have a steady boyfriend / girlfriend / partner relationship?

- (1) \_\_\_\_\_ Yes
- (2) \_\_\_\_\_ No

144. In the last 12 months, how often did you attend religious services or religious activities? (Select one)

- 1 \_\_\_\_\_ Never.
- 2 \_\_\_\_\_ Less than once a month.
- 3 \_\_\_\_\_ 1-3 times per month
- 4 \_\_\_\_\_ Once a week
- 5 \_\_\_\_\_ More than once per week.

145. How important is religion in your life? Select One

- 1 \_\_\_\_\_ Not important.
- 2 \_\_\_\_\_ Somewhat important.
- 3 \_\_\_\_\_ Very important.

146. Do you participate in religious services social activities?

- (1) \_\_\_\_\_ Yes
- (2) \_\_\_\_\_ No

147. How truthfully have you answered the questions in this survey?

- 1 \_\_\_\_\_ Not truthfully at all.
- 2 \_\_\_\_\_ Somewhat truthfully.
- 3 \_\_\_\_\_ Mostly truthfully.
- 4 \_\_\_\_\_ Completely truthfully.

## Student Assessment of Educator

Please use the scale below to let us know your opinion about the Educators and the Sessions.

Select the appropriate response.

148.	The Educators helped me to participate and talk in class.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
149.	The Educators let me know that what I had to say matters.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
150.	The Educators were a positive influence on me.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
151.	Being in these sessions was helpful to me.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
152.	The Educators did not want us to talk or say what we think.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
153.	I talk to my parent(s) or another adult about the sessions and my future.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
154.	The sessions motivate me to stay out of trouble.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
155.	The sessions make me feel like I can succeed.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
156.	This program helped me think about making positive choices and setting goals in my life.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
157.	I want to work harder in school to improve my grades.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
158.	This program helped me to have healthy relationships.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree

159. What personal changes have you made because you participated in the Horizon Program?

Write about one personal Change.

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160. What attitudes or opinions about yourself or others have you changed because you participated in the Horizon Program? Write about one attitude or opinion.

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161. What behaviors do you now want to change because you participated in the Horizon Program? Write about one behavior.

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162.	It was difficult to understand what was taught during the classroom sessions.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
163.	I learned a lot during the classroom sessions...	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree
164.	I would do this program again and attend the classroom sessions.	(1) Strongly Agree	(2) Agree	(3) Disagree	(4) Strongly Disagree

***Thank you for taking our survey!!***