

Student Survey

Teen Pregnancy Prevention Program

Section I - Tell Us About Yourself

The first questions ask about your background.

1. Please write and fill in the three-digit code that your instructor provides.

EXAMPLE:

0	3	2
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0 0
 1 1 1
 2 2
 3 3

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0 0 0
 1 1 1
 2 2 2
 3 3 3
 4 4 4
 5 5 5
 6 6 6
 7 7 7
 8 8 8
 9 9 9

2. Please write and fill in your birth date with the month, day and year. (Example: if you were born August 3, 1990, please enter 08 for the month, 03 for the day, and 1990 for the year.)

Month	Day	Year
<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 1
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 9
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 0
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 0
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 0
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 0
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 0
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 0
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 0
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 0

3. Please write and fill in the first three letters of your first name.

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A A A
 B B B
 C C C
 D D D
 E E E
 F F F
 G G G
 H H H
 I I I
 J J J
 K K K
 L L L
 M M M
 N N N
 O O O
 P P P
 Q Q Q
 R R R
 S S S
 T T T
 U U U
 V V V
 W W W
 X X X
 Y Y Y
 Z Z Z

4. What is your sex?

- Male
 Female

5. Do you have any children?

- Yes
 No
 Don't know

INSTRUCTIONS

- Use #2 pencil or blue or black pen
- Make heavy, dark marks that completely fill bubbles
- Do not make any stray marks on this form



6. What grade are you in?

- 6th grade or below
 7th grade
 8th grade
 9th grade
 10th grade
 11th grade or higher

7. How would you describe yourself?

- Black (African-American)
 Hispanic/Latino
 White
 Other (write in below)

8. Why are you participating in this program?

(Choose all that apply)

- I wanted to
 My parents wanted me to
 My teacher wanted me to
 Nothing else to do
 Don't know

9. Are your mother and father married to each other?

- Yes
 No

10. If you live with only one of your parents, how often do you see the other parent?

- I live with both parents
 Everyday
 1 - 3 time per week
 Twice a month
 Once a month
 A couple of times a year
 Never

11. Do you have a brother or sister who is a teen parent?

- Yes
 No

Please continue
on the next side



Section II - Tell Us About Your Activities

The second set of questions asks about your activities.

12. In school, what grades do you mostly receive?

- (Choose only one answer)*
- Mostly As
 - Mostly Bs
 - Mostly Cs
 - Mostly Ds
 - Mostly Fs
 - Not sure
 - I am not attending school right now

13. Do you do any of the following after school or on the weekends:

(Choose all that apply)

- Team sports (such as baseball, basketball, football or volleyball)
- School clubs, theatre or dance classes
- After-school programs or volunteer activities
- Church or youth group activities
- Work at a job
- Get help with my homework
- Take care of a younger brother or sister
- Hang out with friends

14. Have you, one of your friends, or a member of your family ever been arrested by the police?

- Yes No

15. Do you drink alcohol (beer, wine, vodka, gin or whiskey), smoke marijuana, or use other drugs?

- I do not do any of these things
 Only 1 or 2 times ever
 1 or 2 times a month
 1 or 2 times a week

16. Have you ever skipped school?

- I have never skipped school
 Only 1 or 2 times ever
 1 or 2 times a month
 1 or 2 times a week

Section III - Sex Education and Knowledge

The next set of questions ask about sex education you've had.

17. Which of the following have you learned about?

(Choose all that apply)

- AIDS
- HIV infection
- Other sexually transmitted diseases (STDs)
- Ways to prevent pregnancy
- None of the above

18. Where did you learn about AIDS, HIV infection, other (STDs) or ways to prevent pregnancy?

(Choose all that apply)

- Parents
- Grandparents
- Brother/Sister
- Other adults in my family
- School
- A teen pregnancy prevention program
- Friends

The next set of questions ask about your knowledge and opinions about sexual health. Please choose the answer that you think is best.

19. A person can have an STD and not even know about it.

- True False Don't know

20. A person who is successfully treated for an STD does not have to worry about getting it again.

- True False Don't know

21. Pulling out (withdrawal) is a good method of birth control.

- True False Don't know

22. Using a condom can prevent pregnancy and STDs.

- True False Don't know

23. If your condom breaks there is nothing you can do to reduce the risk of pregnancy.

- True False Don't know

24. You can get HIV or other STDs from oral sex.

- True False Don't know

25. There are new drugs that can cure AIDS.

- True False Don't know

26. Not having sex is the only 100% way to prevent pregnancy.

- True False Don't know

27. About how many kids in your school have had sex?

- Almost none
 About half
 Almost everyone
 Don't know

28. How much do you think parents spend on diapers, bottles, and baby wipes each month?

- About \$25 per month
 About \$75 per month
 About \$200 per month
 Don't know

Section IV - Your Experiences

The next questions are about your life experiences and sexual activity.

29. Have you ever had sex? No ➔ If **No**, SKIP the rest of this page and continue with question 37 on the NEXT PAGE.

Yes ➔ If **Yes**, answer the rest of the questions on the survey beginning below with question 30.

30. How old were you when you first had sex?

- 12 or younger 14 - 15 over 17
 13 16 - 17

32. Do you wish you had waited to have sex?

- Yes No

33. How many times did you have sex in the last six months?

- I haven't had sex in the last six months
 Once
 2 - 5 times
 More than 5 times

35. Do you always use protection when you have sex?

- Yes No

36. When you have sex, do you feel comfortable discussing birth control and contraception with your boyfriend/girlfriend?

- Yes No

31. Why did you decide to have sex for the first time? *(Choose all that apply)*

- I was in love with my boyfriend/girlfriend
 I felt pressured by my boyfriend/girlfriend
 I felt pressured by friends
 I was curious
 I wanted to
 I was under the influence of drugs/alcohol
 I thought it would make my relationship better
 I felt like everybody else was doing it
 I was forced
 None of the above

34. The last time you had sex, did you use . . .
(Choose all that apply)

- A condom
 Pill, shot or patch
 The withdrawal method
 Foams or spermicide
 Any other form of protection (please specify):

- None of the above

Please continue
on the next side



Section V - Your Attitudes and Opinions

The questions below ask about your opinions on issues about sex

37. Why did you delay or decide to not have sex?

(Choose all that apply)

- I have already had sex
- Fear of HIV/AIDS or STDs
- Don't want to get pregnant or get someone else pregnant
- Waiting for the right person
- Waiting until I reach the right age
- Not ready
- Parents would be upset
- Boyfriend/girlfriend doesn't want to
- Sex before marriage is wrong
- Too young to have sex
- Other

38. Pick the number one reason why you decided to delay or not have sex? *(Choose only ONE)*

- I have already had sex
- Fear of HIV/AIDS or STDs
- Don't want to get pregnant or get someone else pregnant
- Waiting for the right person
- Waiting until I reach the right age
- Not ready
- Parents would be upset
- Boyfriend/girlfriend doesn't want to
- Sex before marriage is wrong
- Too young to have sex
- Other

39. When it comes to decisions about sex, who or what influences you the most?

(Choose only ONE)

- Parents or guardians
- Friends
- Religion/Pastor/Priest
- T.V., movies, musicians
- A brother/sister
- Teachers
- My boyfriend or girlfriend
- Someone else
- Don't know

40. What makes it hard for parents and kids to talk about sex and relationships?

(Choose all that apply)

- It is not difficult
- Parents don't want to talk with their kids about sex
- Parents don't know that much about sex and relationships
- Teens are uncomfortable or nervous talking with their parents about sex
- Most teens know about sex already
- Parents are too strict
- Don't know

41. Teens should not be sexually active because . . .

(Choose all that apply)

- It is okay for teens to be sexually active
- Sex before marriage is not okay
- Religion or the church says it is wrong
- Teens are too young
- Teens should not risk getting AIDS/HIV or STDs
- Teens should not risk getting pregnant

42. It is okay for teens to be sexually active if . . .

(Choose all that apply)

- It is never okay for teens to be sexually active
- They are in a committed long-term relationship
- They use birth control
- Their friends are having sex
- They really love their boyfriend/girlfriend
- They are married

43. Do you think it is embarrassing for teens to admit they are virgins?

- Yes
- No

44. Do you think someone is still a virgin if he or she only had oral sex?

- Yes
- No

45. Do you think it is okay to have children if you are not married?

- Yes
- No

46. Which of the following topics would you like to learn more about? *(Choose all that apply)*

- Ways to prevent pregnancy
- Ways to say no
- Ways to resist peer pressure
- Boy/girl relationships
- My body and how it works

Thank you for your participation!