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10 Digit Participant ID Number

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Club Name

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Today's Date (Month/Day/Year)

**PREP BART/MPC ENTRY SURVEY  
HIGH SCHOOL AND OLDER**

The program you are participating in is being reviewed by evaluators at the University of Missouri and they would like to ask you some questions that will help decide how well the program is working. This survey will ask you questions about:

- Your ethnicity, sex, who you live with, and your parents' education levels
- Whether or not you plan to continue schooling, to engage in sexual activity, and to use protection
- Your school attendance, grade level, suspension, and course failure
- Your health information about pregnancy, parenting, and sexual activity
- Your experience in the program and your abilities to use the skills developed during the program

**Your individual responses to the questions in the survey will be kept private.** We understand that these questions are personal and if you do not want to take this survey, you do not have to. You may also skip questions you do not want to answer and move on to the next question.

By taking this survey, you are telling the University that you agree to take the survey, answer questions that you feel comfortable answering, and that the University can use your responses to help decide how well the program is working. If you have questions or concerns about the survey, please call the Missouri Teen Pregnancy Prevention Program Evaluation Team at the University of Missouri at 573-882-1739.

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**Participant Assent to Participate in the Missouri Teen Pregnancy Prevention Program**

*I agree to participate in this anonymous evaluation of the Missouri Teen Pregnancy Prevention Program. I understand that some questions may be personal and that if I do not want to answer a question I may skip it. I understand that this survey is confidential and that members of the University of Missouri evaluation team will be able to see the anonymous surveys.*

Check the box if you have read the information above. By checking the box, you agree to participate in the study and have received answers to questions you may have.

Form Approved  
OMB Control No: 0970-0497  
Expiration Date: 06/30/2023

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 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**

- 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. 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

**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 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 or transitional living program
- Staying in a hotel or motel
- In juvenile detention, jail, prison or another correctional facility, or under the supervision of a probation officer
- None of the above

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

<b>MARK ONLY ONE ANSWER PER ROW</b>		<b>All of the Time</b>	<b>Most of the Time</b>	<b>Some of the Time</b>	<b>None of the Time</b>
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.	worked together to find a solution when you disagreed with a friend? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	chose to spend time with friends that keep you out of trouble? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	made decisions to not use drugs and alcohol? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	were respectful to others? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	thought about the consequences before making a decision? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

<b>MARK ONLY ONE ANSWER PER ROW</b>		<b>Not true at all</b>	<b>Somewhat true of me</b>	<b>Very true of me</b>
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 plan to graduate high school or get my GED. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I plan to get more education and/or training after high school or completing my GED. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I plan to get a steady full-time job after school. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I feel comfortable talking to my parent, guardian, or caregiver about sex. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I would speak up or ask for help if I was being bullied in person or online, via text, while gaming, or through other social media. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I would speak up or ask for help if others were being bullied in person or online, via text, while gaming, or through other social media. ....	<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.**

<b>MARK ONLY ONE ANSWER PER ROW</b>		<b>Not true at all</b>	<b>Somewhat true of me</b>	<b>Very true of me</b>
a.	I save money to get things I want. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I feel confident about how to open a bank account. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I feel confident about how to prepare a budget. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I feel confident about how to track my expenses. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I understand the costs associated with raising a child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. 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.	talked 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"/>
b.	talked with your parent, guardian, or caregiver about sex? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**12. 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 look for information and resources about dating violence (for example, websites, social media, hotlines, organizations, etc.). ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I would be able to resist or say no to someone I am dating or going out with if they pressured me to participate in sexual acts, such as kissing, touching private parts, or sexual intercourse. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I would talk to a friend if someone I am dating or going out with 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"/>
e.	I would talk to a trusted adult (for example, a family member, teacher, counselor, coach, etc.) if someone I am dating or going out with 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"/>
f.	I would talk to a trusted adult if someone <i>other than</i> the person I am dating or going out with 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"/>

The next questions ask about sexual intercourse and your risk of pregnancy and sexually transmitted infections. Remember, all of your responses will be kept private.

**13. Have you ever had sexual intercourse?**

**MARK ONLY ONE ANSWER**

- Yes
- No

**14. During the past 3 months, with how many people did you have sexual intercourse?**

**MARK ONLY ONE ANSWER**

- I have never had sexual intercourse
- I have had sexual intercourse, but not in the past 3 months
- 1 person
- 2-3 people
- 4 or more people

**15. If you had sexual intercourse in the past 3 months, how often did you or a partner use a condom?**

**MARK ONLY ONE ANSWER**

- I have never had sexual intercourse
- I have had sexual intercourse, but not in the past 3 months
- All of the time
- Most of the time
- Some of the time
- None of the time

**16. If you had sexual intercourse in the past 3 months, how often did you or a partner use birth control OTHER than condoms? *By birth control, we mean methods that can prevent pregnancy, like using birth control pills, the shot, the patch, the ring, IUD, or implant.***

**MARK ONLY ONE ANSWER**

- I have never had sexual intercourse
- I have had sexual intercourse, but not in the past 3 months
- All of the time
- Most of the time
- Some of the time
- None of the time

**17. To the best of your knowledge, have you ever been pregnant or gotten someone else pregnant?**

**MARK ONLY ONE ANSWER**

- I have never had sexual intercourse
- Yes
- No
- Not sure

**18. Have you ever been told by a doctor or other medical provider that you had a sexually transmitted infection (STI)?**

**MARK ONLY ONE ANSWER**

Yes

No

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

<b>MARK ONLY ONE ANSWER PER ROW</b>		<b>Not true at all</b>	<b>Somewhat true of me</b>	<b>Very true of me</b>
a.	I plan to delay having sexual intercourse until I graduate high school or receive my GED. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	I plan to delay having sexual intercourse until I graduate college or complete another education or training program. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I plan to delay having sexual intercourse until I am married. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I plan to be married before I have a child. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I plan to have a steady full-time job before I get married.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I plan to have a steady full-time job before I have a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The next questions ask about you and your beliefs.**

**20. Here are some ideas that young people sometimes have. Do you agree or disagree?**

<b>MARK ONLY ONE ANSWER PER ROW</b>		<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Neither Agree or Disagree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>
a.	I can say no to the person going out with me if I don't want to have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Sometimes sex just happens, and you really can't control it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	I could convince my girlfriend/boyfriend that we should use a condom even if she/he doesn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I could refuse to have sex if the other person will not use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I could get condoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	If you had sexual intercourse, your friends would respect you more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	If I decided to have sexual intercourse, I could use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**21. These are some statements about pregnancy and HIV. Please tell us if you think that the statements are true, false, or if you don't know.**

MARK ONLY ONE ANSWER PER ROW		True	False	Don't know
a.	Even if the man pulls out before he ejaculates, in other words, even if ejaculation occurs outside of a woman's body, it is still possible for the woman to become pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Having sex with someone who has an STI (sexually transmitted infection) is one way of getting an STI.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	Most people who have HIV know they have it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	Using a condom during sex can lower the risk of getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	A person can get HIV in one sexual contact.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Proper use of latex condoms helps to protect people from STI's.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	When a woman has sexual intercourse, almost all sperm will die inside her body after about six hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	A woman cannot get pregnant the first time she has sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	All STI's can be cured.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	Abstaining from sex is the most effective way to prevent pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**22. Which of the following best represents how you think of yourself?**

**MARK ONLY ONE ANSWER**

- Straight, that is not gay or lesbian
- Gay or lesbian
- Bisexual
- Something else (specify) \_\_\_\_\_
- Not sure
- I choose not to answer this question



For the following questions, please select either Yes or No. If you aren't sure, give your best guess.

23. During the last school year, did you...		Yes	No	
a.	Get a failing grade in any class on your report card at the end of the year?	<input type="checkbox"/>	<input type="checkbox"/>	
b.	Skip or "cut" any classes without permission?	<input type="checkbox"/>	<input type="checkbox"/>	
c.	Get any in-school suspensions (ISS)?	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES, how many times? _____ times.
d.	Get any out of school suspensions (OSS)?	<input type="checkbox"/>	<input type="checkbox"/>	→ If YES, how many times? _____ times.

24. Have you ever...	Yes	No
Given birth to a baby or fathered a baby?	<input type="checkbox"/>	<input type="checkbox"/>

25. Overall, how honest would you say you were in answering this survey?

**MARK ONLY ONE ANSWER**

- Not honest at all
- Not very honest
- Fairly honest
- Very honest
- Completely honest

**Thank you for completing this survey!**