

**SRAE TOP EXIT SURVEY**  
**MIDDLE SCHOOL**

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.*

Yes  No

Form approved  
OMB Control No: 0970-0536  
Expiration Date: 10/31/2023

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

**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**

- 5th
- 6th
- 7th
- 8th
- 9th
- My school does not assign grade levels
- I 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**

- English
- Spanish
- Other (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
- Other (specify): \_\_\_\_\_

**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 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 center, juvenile group home, and/or under the supervision of a probation officer
- None of the above

For questions 8 – 12, please think about how the program you just completed has affected you, even if your program did not cover the topic.

**8. Has 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	Somewhat more likely	About the same	Somewhat less likely	Much less likely
a.	make decisions to not drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	make decisions to not smoke cigarettes or cigar products (cigars, cigarillos, or little cigars)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	make decisions to not use other tobacco products (such as chewing tobacco, snuff, dip, or snus)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	make decisions to not use, electronic vapor products (such as JUUL, Vuse, MarkTen, and blu)? (Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, hookahs, hookah pens, and mods) .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	make decisions to not use marijuana (also called pot, weed, or cannabis)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	make decisions to not take prescription pain medicine without a doctor’s prescription or differently than how a doctor told you to use it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**9. Has 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	Somewhat more likely	About the same	Somewhat less likely	Much less likely
a.	resist or say no to peer pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	manage your emotions in healthy ways (for example, ways that are not hurtful to your others)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	think about the consequences before making a decision? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	talk with my parent, guardian, or caregiver about sex? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**10. Has 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	Somewhat more likely	About the same	Somewhat less likely	Much less likely
a.	make plans to reach your goals? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	care about doing well in school? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**11. Has 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	Somewhat more likely	About the same	Somewhat less likely	Much less likely
a.	better understand what makes a relationship healthy? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	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"/>
c.	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"/>

**12. Has being in the program 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.	plan to delay having sexual intercourse until you graduate high school or receive your GED? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	plan to delay having sexual intercourse until you graduate college or complete another education or training program? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	plan to delay having sexual intercourse until you are married? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	plan to be married before you have a child? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	plan to have a steady full-time job before you get married? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	plan to have a steady full-time job before you have a child? .....	<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.

13. 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 the 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 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"/>

The questions above are part of a national effort to measure whether programs meet their goals. The effort is sponsored by the U.S. Department of Health and Human Services. The next questions are not part of this effort.

The next questions ask about you and your beliefs.

14. Here are some ideas that young people sometimes have. How strongly do you agree or disagree?

MARK ONE ANSWER PER ROW		Strongly Agree	Somewhat Agree	Neither Agree or Disagree	Somewhat Disagree	Strongly Disagree
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"/>

15. 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 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"/>

16. Think back to when you <u>first started TOP this year.</u> How much did these statements apply to you <u>THEN?</u>		Not At All Like Me	A Little Like Me	Sort of Like Me	A Lot like Me	Very Much Like Me
a.	I knew how to make decisions that would keep me healthy and safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Once I got upset, I could usually get myself to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	When I had a problem, I came up with ways to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I knew how to set goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	It was important to me to understand how other people felt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I knew what I could do to help make my community a better place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I clearly communicated my ideas to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I could handle challenges that came my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	I believed in myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	I was hopeful about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. Now think about your <u>current experience in TOP.</u> How much do these statements apply to you <u>NOW?</u>		Not At All Like Me	A Little Like Me	Sort of Like Me	A Lot like Me	Very Much Like Me
a.	I know how to make decisions that will keep me healthy and safe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	Once I get upset, I can usually get myself to relax.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	When I have a problem, I come up with ways to solve it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I know how to set goals for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	It is important to me to understand how other people feel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I know what I can do to help make my community a better place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I clearly communicate my ideas to others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I can handle challenges that come my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	I believe in myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	I am hopeful about my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**18. Putting them all together, what were your grades like last school year?**

Mostly F's    Mostly D's    Mostly C's    Mostly B's    Mostly A's    Not Sure

**For the following questions, please select either Yes or No. If you aren't sure, give your best guess. (Questions 19-21)**

19. 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.

20. Have you ever...		Yes	No
a.	Been pregnant or gotten someone pregnant, even if no child was born?	<input type="checkbox"/>	<input type="checkbox"/>
b.	Given birth to a baby or fathered a baby?	<input type="checkbox"/>	<input type="checkbox"/>



**21. Will you be in school next year?** Mark only one answer.

- Yes:** I will be in the same grade I was in this year
- Yes:** I will be moving to the next grade level compared to the grade level I was in this year (ex. Moving from 7<sup>th</sup> to 8<sup>th</sup> grade)
- Yes:** I am graduating high school this year and will be going to college or vocational school next year
- No:** I am graduating high school this year not continuing in college or vocational school next year
- No:** I am not graduating high school and will not be in school next year

**Now tell us what you think about TOP...**

22. Because of participating in TOP this year, I got better at...		Yes	No
a.	Solving problems	<input type="checkbox"/>	<input type="checkbox"/>
b.	Making healthy decisions	<input type="checkbox"/>	<input type="checkbox"/>
c.	Setting goals for myself	<input type="checkbox"/>	<input type="checkbox"/>
d.	Working with others/teamwork	<input type="checkbox"/>	<input type="checkbox"/>
e.	Understanding things from other people's points of view	<input type="checkbox"/>	<input type="checkbox"/>
f.	Recognizing my emotions	<input type="checkbox"/>	<input type="checkbox"/>
g.	Identifying my skills	<input type="checkbox"/>	<input type="checkbox"/>

<b>23. How much do these statements describe how you feel about TOP?</b>		<b>Not At All</b>	<b>A Little</b>	<b>Sort of</b>	<b>A Lot</b>	<b>Very Much</b>
a.	TOP facilitators care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	TOP facilitators support me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	TOP facilitators help me learn new things.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	I feel like TOP is a safe place for me to say what I think.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	I feel safe (physically) during TOP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	I feel like I belong at TOP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	I learn how to deal with challenges during my Community Service (CSL) projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	I am able to make choices about my Community Service (CSL) projects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	Community Service (CSL) helps me make a positive difference in the lives of others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	I am glad I participate in TOP.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**24. What has been the best part about participating in TOP?**

**25. How do you think TOP could be improved?**

**26. Would you recommend TOP to a friend?**

Yes     No     Not Sure

**27. 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 the survey!**