



SRAE TOP ENTRY 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.

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
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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

8. In the past three months, have you...

MARK ONLY ONE ANSWER PER ROW		Yes	No
a.	drunk alcohol (more than a few sips, including beer, wine, and liquor)?	☐	☐
b.	smoked cigarettes or cigar products (cigars, cigarillos, or little cigars)?	☐	☐
c.	used other tobacco products (such as chewing tobacco, snuff, dip, or snus)?	☐	☐
d.	used electronic vapor products (such as JUUL, Vuse, MarkTen, and blue)? (Electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, hookahs, hookah pens, and mods)	☐	☐
e.	used marijuana (also called pot, weed, or cannabis)?	☐	☐
f.	taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?	☐	☐

9. 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.	resisted or said no to peer pressure?	☐	☐	☐	☐
b.	managed your emotions in healthy ways (for example, ways that are not hurtful to you or others)?	☐	☐	☐	☐
c.	thought about the consequences before making a decision?	☐	☐	☐	☐
d.	Talked with my parent, guardian, or caregiver about sex.....	☐	☐	☐	☐

10. 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 make plans to reach my goals.....	☐	☐	☐
b.	I care about doing well in school.....	☐	☐	☐
c.	I save money to get something I want.....	☐	☐	☐
d.	I would speak up or ask for help if I am being bullied in person or online, via text, while gaming, or through other social media.....	☐	☐	☐
e.	I would speak up or ask for help if others are being bullied in person or online, via text, while gaming, or through other social media.....	☐	☐	☐

11. 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.....	☐	☐	☐
b.	I would be able to resist or say no to someone if they pressured me to participate in acts, such as kissing, touching private parts, or sex.....	☐	☐	☐
c.	I would talk to a trusted person/adult (for example, a family member, teacher, counselor, coach, etc.) if someone made me uncomfortable, hurts me, or pressures me to do things I don't want to do.....	☐	☐	☐

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.

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

MARK ONLY 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.	☐	☐	☐	☐	☐
b.	Sometimes sex just happens, and you really can't control it.	☐	☐	☐	☐	☐
c.	I could convince my girlfriend/boyfriend that we should use a condom even if she/he doesn't want to.	☐	☐	☐	☐	☐
d.	I could refuse to have sex if the other person will not use a condom.	☐	☐	☐	☐	☐
e.	I could get condoms.	☐	☐	☐	☐	☐
f.	If you had sexual intercourse, your friends would respect you more.	☐	☐	☐	☐	☐
g.	If I decided to have sexual intercourse, I could use a condom.	☐	☐	☐	☐	☐

13. 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.	☐	☐	☐
b.	Having sex with someone who has an STI (sexually transmitted infection) is one way of getting an STI.	☐	☐	☐
c.	Most people who have HIV know they have it.	☐	☐	☐
d.	Using a condom during sex can lower the risk of getting HIV.	☐	☐	☐
e.	A person can get HIV in one sexual contact.	☐	☐	☐
f.	Proper use of latex condoms helps to protect people from STI's.	☐	☐	☐
g.	When a woman has sexual intercourse, almost all sperm will die inside her body after about six hours.	☐	☐	☐
h.	A woman cannot get pregnant the first time she has sex.	☐	☐	☐
i.	All STI's can be cured.	☐	☐	☐
j.	Abstaining from sex is the most effective way to prevent pregnancy.	☐	☐	☐

14. 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.

15. 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?	☐	☐	
b.	Skip or "cut" any classes without permission?	☐	☐	
c.	Get any in-school suspensions (ISS)?	☐	☐	→ If YES, how many times? _____ times.
d.	Get any out of school suspensions (OSS)?	☐	☐	→ If YES, how many times? _____ times.

16. Have you <u>ever</u> ...		Yes	No
a.	Been pregnant or gotten someone pregnant, even if no child was born?	☐	☐
b.	Given birth to a baby or fathered a baby?	☐	☐

17. Think about the one parent or guardian you spend the most time with. How far did they go in school?		Yes	No	I don't know
a.	Graduated from high school	☐	☐	☐
b.	Graduated from college	☐	☐	☐

18. Is this your first time participating in TOP?

- ☐ Yes
- ☐ No, I've participated in TOP before
- ☐ Not sure

19. 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!