



# PREP FINAL EVALUATION REPORT

December 9, 2016

## **VOINOVICH SCHOOL OF LEADERSHIP AND PUBLIC AFFAIRS OHIO UNIVERSITY**

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## Acknowledgements

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Ohio University's Voinovich School of Leadership and Public Affairs leads the evaluation of the Ohio PREP program. OU's Voinovich School subcontracted with Cincinnati's Evaluation Services Center on evaluation components including one focus group, conducting specific quantitative analyses, and collaborating on program recommendations. Evaluation team members from the Voinovich School include Bridget Lair, MAIA, MA; Margaret Hutzel, MPA, MFA; Lesli Johnson, LISW-S, PhD; and the following student research assistants: Nikole Baker, Phoenix Crane, Molly Hajjar, and Aimee Townsend. Evaluation team members from the University of Cincinnati include Jacinda Dariotis, PhD; Imelda Castañeda-Emenaker, EdD; and student researchers Jiaqi Zhang, MA, and Audra Morrison, M.A., Assistant Director.

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Additional thanks are extended to the University of Cincinnati Evaluation Services team members who completed multilevel models of PREP program data. Their models, analyses, and discussion are available for reference.<sup>1</sup>

Most importantly, we offer our sincerest appreciation to the dedicated trainers and facilitators who implement this project with youth.

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<sup>1</sup> Dariotis, J.K., Zhang, J., Castañeda-Emenaker, I., & Morrison, A.B. (2016, November). *Quantitative Evaluation of Ohio's Personal Responsibility Education Program (PREP), Program Years: 2014-2016*. Cincinnati, Ohio: Evaluation Services Center, University of Cincinnati.

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# PREP Program Evaluation Executive Summary

To reduce Ohio's teen pregnancy and sexually transmitted infection (STI) rates among youth residing in foster care and the juvenile justice systems, the Ohio Department of Health (ODH) partners with the Ohio Department of Job and Family Services (ODJFS) and the Ohio Department of Youth Services (DYS) to train staff in evidence-based pregnancy prevention programming and sexual health education.

With the goal of providing health education and healthy lifestyle choices to a population comprised of youth and young adults, many of whom are statistically at high risk for early pregnancy and high rates of STIs, the comprehensive program includes pregnancy, STI, and HIV prevention, as well as select adulthood topics including healthy relationships, career and education planning, and financial literacy.

After three years of program implementation, Ohio PREP collected various data used to inform program performance and fidelity to evidence-based models. These data include youth entry and exit survey data, program fidelity and youth attendance records, focus group interviews, youth and agency staff open responses, and information collected from PREP trainers and staff in program meetings and symposia.

## **Program takeaways derived from current data sets indicate the following:**

1. Youth and agency staff are highly engaged in PREP and find the program's content, skills, and methods extremely valuable.
2. Agency facilitators gained sexual reproductive health knowledge and youth-specific knowledge in their PREP training workshop. Agency staff also consider Ohio PREP sub-grantee master trainers as supportive, knowledgeable, accessible, and quick to provide any technical assistance agencies require.
3. Youth and agency staff appreciate PREP's setting as a forum to expand relationships and executive skills as well as to access valuable, medically accurate, and age-appropriate information about sexual reproductive health.

## **Evaluation Team and Program Data**

ODH contracts with Ohio University's Voinovich School of Leadership and Public Affairs to be the external evaluator of the Ohio PREP Program. In collaboration with the University of Cincinnati Evaluation Services Center, the evaluation team developed a multilevel evaluation to assess implementation and short-term outcomes. All collected data is reported to multiple partners in addition to the federal government, such as PREP partners (ODJFS and DYS), sub-grantees, and public entities.

This report summarizes youth response data from the 2013-2016 program years. Attendance, fidelity, and some demographic data are also presented from program implementation in August 2013 to July 2016.

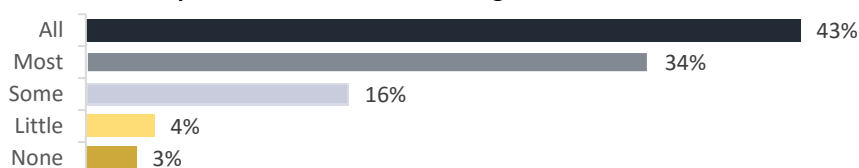
# Key Findings: PREP Program Measures and Potential Effects

Findings are based on 2014-2016 matched youth entry and exit surveys (n=901) and 2013-2016 participant attendance and program fidelity data (n=2,867).

## Youth and Staff Perceptions

1. **Youth and staff view Ohio PREP as positive and valuable.** Youth comments on exit surveys about what they learned, what they would like to have learned, and what they like best about the PREP program are positive. Most comments indicate participants learned something health-related, and few comments suggest changes or indicate youth liked something the least. Youth also positively described PREP in survey responses.
2. **Agency facilitator posttest data indicate staff are gaining health-specific and youth-specific knowledge and information in their facilitator training before they offer PREP programs in their agencies.** Facilitator scores increased almost 25% or 2.4 points on a ten-point, knowledge-based survey for 74 matched pre/post assessments.

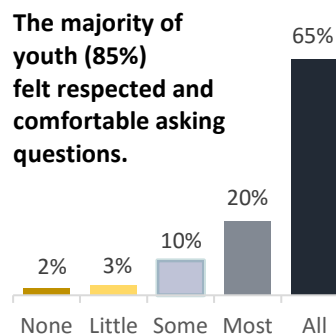
**Youth evaluated PREP as positive, informative, and organized most or all of the time.**



3. **Agency staff appreciate the train-the-trainer facilitator model and report PREP’s health educators provide quality training and high-level technical assistance.** In regional meetings, agency staff laud PREP’s regional sub-grantees’ support saying, in general, that sub-grantees assist with whatever staff need whenever they need it.

## Program Implementation

1. **Providers strive to achieve program fidelity and work to maintain compliance systems.** Most agency staff (96 percent) self-report delivering PREP to complete (100 percent) fidelity.
2. **Youth report they feel respected, free from gender or racial bias, and comfortable asking questions in PREP’s environment.**
3. **Agency facilitators report little to no variation in fidelity measures, which makes the current fidelity data a poor proxy for adherence to evidence-based programming.** Though health educator master trainers and agency facilitators implement systematic fidelity measures, guidelines defining deviation from fidelity versus adherence may help clarify the measures and improve the capture of actual program implementation variability. This change will increase statistical power to evaluate program effects.





## Key Findings: Continued

### Program Implementation

4. **Currently, youth program exposure, which is measured in hours of participation, inadequately captures variations in youth participation levels.** As of July 2016, youth matched entry and exit data indicate little variation in the number of sessions or amount of time youth participate in PREP programming (i.e., dosage).
5. **Agencies failed to reach fidelity to the evidence-based protocol for program duration.** Only half of youth in a matched-pair sample received PREP in the recommended period of two days to 30 days, and eight percent of youth received PREP over 100 days or more. These PREP programs ranged from two days to 211 days, and the median program length was 29 days.
6. **Extended program duration may account for some of the youth attrition in PREP.** Average<sup>2</sup> program duration varied between a matched-pair sample (n=901) and all youth with 2013-2016 start and end attendance data (n=2,217). Median values<sup>3</sup> for these sample groups are 29 days and 55 days, respectively. Thus, youth who participated throughout the program attended programs lasting approximately one month, whereas youth missing entry or exit surveys attended programs lasting approximately two months.

### Measurement Validity and Reliability

**Data reporting, collection, and entry procedures need systematic improvements to ensure a robust statistical analysis. To evaluate the effect of PREP programming on youths' future intentions for sexual activity, knowledge of sexual reproductive health, career planning, and adulthood readiness, retention of sample data is imperative.** Failure to match identification codes and link data across youth entry and exit surveys or link youth surveys to agency and/or facility characteristics results in tremendous data being lost.

More than 60 percent of existing Ohio PREP data is unusable or missing, reducing the effective sample size from potentially more than 2,000 records to 878. When large proportions of a sample are lost, validity and reliability, essential components of robust statistics, become compromised because it is unknown what characteristics impacted the loss or what sample characteristics are lost. The result is a strong potential for sampling bias; therefore, results of inferential analyses should be reviewed with substantial caution.

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<sup>2</sup> Programs in which youth completed entry and exit surveys ranged from two days to 211 days and lasted, on average, 40±38.7 days, while programs in which youth did not attend both entry and exit sessions ranged from two days to 376 days and lasted, on average, 65± 56.9 days.

<sup>3</sup> Median values, which help control for skew and kurtosis, better represent the central values for data with outliers.

## Youth Served and Program Completion: 2013 to 2016

1. In total, ODH reported 2,867 youth attended Ohio PREP from August 2013 to July 31, 2016. Of those youth, 1,848 (65 percent) completed at least 75 percent of PREP.
2. Two-thirds of the 901 participants who completed entry and exit surveys (paired data) completed 100 percent of PREP.
3. Attendance data show 85 percent of all participants completed entry surveys, and 65 percent completed exit surveys.
4. Paired data reflect a population comprised of 54 percent females and 46 percent males (n=485, n=413, respectively).
5. The gender ratio for all youth with attendance data indicates a youth population comprised of roughly 64 percent males and 36 percent females (n=1,897 and n=1,149 respectively).
6. Of youth with paired records, those in foster care comprise 34 percent, while those in the juvenile justice system comprise 66 percent (n=304, n=597, respectively).
7. Adjudicated youth comprise 71 percent of the 2013-2016 sample of all participants, while foster care youth comprise 29 percent (2,037 youth and 830 youth respectively). Thus, the matched-pair data slightly underrepresent adjudicated youth and overrepresent foster care youth.

*Ohio PREP offers evidence-based comprehensive abstinence and contraceptive education to at-risk youth in Ohio.*

*As of July 2016, 2,867 youth participated in PREP, and almost 65 percent of those participants completed more than 75 percent of the programming hours.*

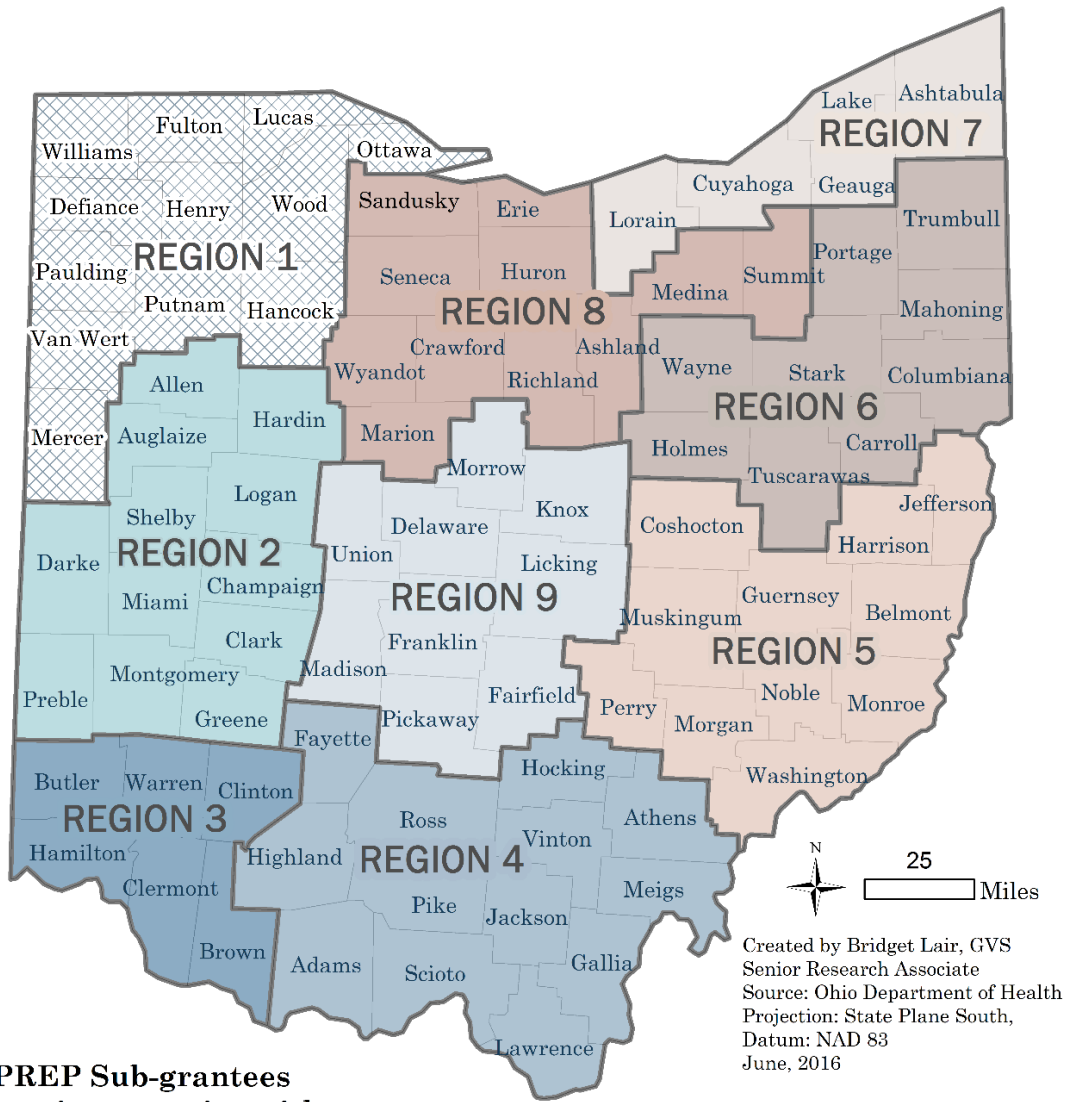
*More than two-thirds of youth who participated in entry and exit surveys completed 100 percent of PREP.*

## Training Indicators: Agencies Engaged and Facilitators Trained










1. More than 262 agency staff provided PREP programming across approximately 140 agencies<sup>4</sup> in Ohio between 2013 and 2016.
2. Since program inception, Ohio PREP delivered training and programming to 264 target agencies and 1,317 agency staff across Ohio's 88 counties.
3. More youth completed the program in 2014-2015 and 2015-2016 than in 2013 – thus facilitation and coordination of programming is improving over time.

<sup>4</sup> Agencies often overlap within systems so the count presented is an average of a conservative measure (all possible agency affiliations are condensed into a top-level identifier) and a liberal measure (agencies with affiliations defined as separate entities). Range =107 to 174 entities.

# Ohio Personal Responsibility Education Program Service Regions



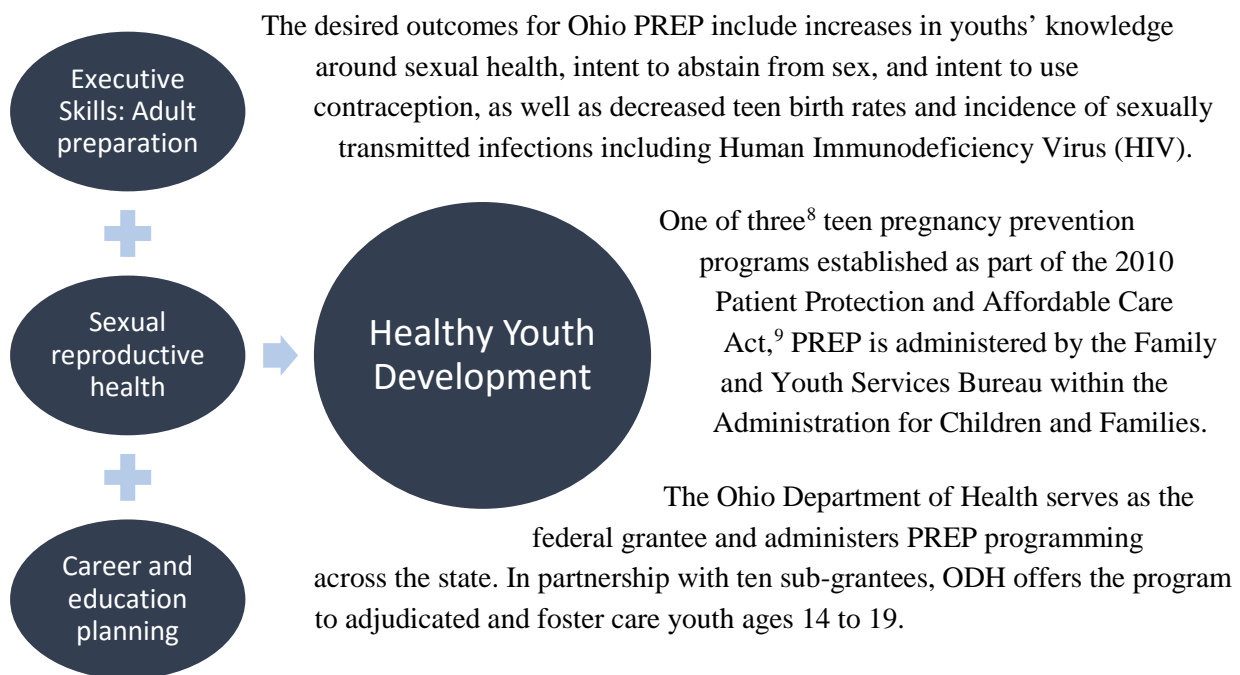
## PREP Sub-grantees serving agencies with staff training and support

-  Region 1 Lucas County Health Department
-  Region 2 Planned Parenthood of S.W. Ohio
-  Region 3 Planned Parenthood of S.W. Ohio
-  Region 4 Planned Parenthood of Greater Ohio
-  Region 5 Belmont, Noble and Perry County Health District/Dept.
-  Region 6 N.W. Canton City Health Dept.
-  Region 7 Cuyahoga County Board of Health
-  Region 8 Summit County Public Health
-  Region 9 Nationwide Children's Hospital

## PREP Program Concept and History

In 2012, the Ohio Department of Health, in collaboration with ten public and private health service organizations, began implementing the Ohio PREP program as part of a larger national initiative to decrease teen pregnancy rates and the spread of sexually transmitted infections.<sup>5</sup> At-risk youth in foster care and the adjudicated system are particularly susceptible to early pregnancy, homelessness, sexual violence, and slight economic viability.<sup>6</sup> With the goal of reducing potential hardship youth may encounter as they transition out of the state’s care, PREP offers youth life-skills training, and medically accurate,<sup>7</sup> age-appropriate, abstinence and contraception education.

PREP’s varied, evidence-based techniques are intended to engage youth and help them learn crucial skills necessary for a safe and healthy transition into adulthood. Ohio’s chosen curricula, *Reducing the Risk*, presents health knowledge specific to teen pregnancy prevention through abstinence or contraception. PREP facilitators provide youth facts about the human body, sexual activities, and HIV/AIDS while addressing mental health and social-environment factors that may influence youths’ thoughts and actions. Group discussions and activities consider healthy life choices, positive interpersonal communication, and possible negative consequences of unhealthy decisions. The program also introduces youth to career and education opportunities they may not have previously considered.



<sup>5</sup> Teen birth rates decreased in the last two decades; however, 249,067 babies were born to women aged 15–19 years in 2014. The U.S. has the highest rate among western industrialized nations. Centers for Disease Control and Prevention.

<sup>6</sup> Leslie, L.K., James, S., Monn, A., Kauten, M.C., Zhang, J., & Aarons, G. (2010). Health-Risk Behaviors in Young Adolescents in the Child Welfare System. *Journal of Adolescent Health*, 47, 26-34.

<sup>7</sup> [www.acf.hhs.gov/fysb/resource/app-fact-sheet](http://www.acf.hhs.gov/fysb/resource/app-fact-sheet).

<sup>8</sup> The state and competitive PREP programs, the Tribal PREP programs, and the PREP Innovation Strategies Program.

<sup>9</sup> On March 23, 2010, U.S. President Obama signed into law the Patient Protection and Affordable Care Act. The Act amended Title V of the Social Security Act to include PREP. The Administration on Children, Youth, and Families and FYSB jointly oversee PREP.

## PREP Structure, Goals, and Predicted Outcomes

Ohio PREP targets youth ages 14 to 19 who are in foster care or the juvenile justice system. Using a train-the-trainer model, Ohio PREP provides state-level trainings to regional sub-grantees, who then provide training to foster care and juvenile justice agency-level staff. The program uses a focused approach of reducing risk-taking behaviors by advocating for contraception use or delay of sexual contact to avoid HIV/STIs and pregnancy. The program consists of 16 course modules focused on sexual health and three additional modules addressing the topics mentioned for healthy relationships, career-building, and financial literacy. Programs are charged with delivering these modules over a minimum two-day and maximum 30-day period.

Specifically, ODH set the following four goals for PREP:

1. Reduce teen pregnancy and STI rates (including HIV/AIDS) in target populations,
2. Increase the number of youth in the target populations who successfully transition to adulthood,
3. Increase standardized in-service training for child welfare and juvenile justice professionals to promote delivery of evidence-based, competence-based teen pregnancy and STI prevention, and
4. Increase standardized in-service adulthood preparation training of youth in the target population.

## Robust Programming and Performance Evaluation

The competitive federal grant funding requires grantees to collect data and report program outcomes. Those state-level outcomes are then aggregated to provide a national snapshot of progress in teen pregnancy and HIV/STD prevention education.

At the federal level, to receive PREP funding, grantees must use curricula that meet the following criteria:

1. Be medically accurate and complete,<sup>10</sup>
2. Educate youth between ten and 20 years old,
3. Educate youth who are sexually active in both abstinence and the use of contraception,
4. Emphasize abstinence and contraception as methods to prevent pregnancy and STIs,
5. Provide age-appropriate information and activities, and
6. Be culturally sensitive.

Use of an evidence-based program model amplifies PREP's potential to impact participants and increase their knowledge and understanding of the subjects. Rigorous scientific research has previously demonstrated how the model and curricula can change youth behavior. Changed behaviors include delaying sexual activity, increasing condom or contraceptive use for sexually active youth, or reducing youth pregnancies.

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<sup>10</sup> Medically accurate and complete: "information is verified or supported by research conducted in compliance with accepted scientific methods and is published in peer-reviewed journals, where applicable, or contains information that leading professional organizations and agencies with relevant expertise in the field recognize as accurate, objective, and complete." [www.siecus.org/\\_data/global/images/PersonalResponsibilityEducationFactSheet.pdf](http://www.siecus.org/_data/global/images/PersonalResponsibilityEducationFactSheet.pdf). Sexuality information and education council of the United States.

Prior to the Affordable Care Act and creation of the PREP program, federal funding supported only abstinence-based sexual health education. PREP represents the first science-based sex education program to include information on abstinence and contraception.<sup>11</sup>

Beyond the science-based health information, PREP grantees must include three or more adult preparation subjects in the course curricula. Ohio PREP identified healthy relationships, financial literacy, and education and career success as the focal points of the adulthood preparation portion. Discussions within these modules include the following topics:

1. **Healthy relationships:** This module focuses on building youths' positive self-esteem and positive relationship dynamics across their private lives (friendships, dating, romantic involvement, marriage, and family interactions) and public lives (working relationships, community members, and educators). Foci include healthy attitudes and values about adolescent growth and development, body image, and cultural diversity.
2. **Financial literacy:** PREP's financial literacy module explores how obtaining and managing money affects youths' ability to function as adults. Topics include creating and managing comprehensive budgets based on real income and expense expectations including rent, food, healthcare, childcare, and other necessities.
3. **Education and career success:** The education and career success module introduces youth to topics such as preparing for employment and job seeking, independent living, appropriate communication and interpersonal skills, financial self-sufficiency, workplace productivity, setting goals, critical thinking and decision making, negotiation, and stress management.

## Evaluation of Ohio's Personal Responsibility Education Program (PREP)

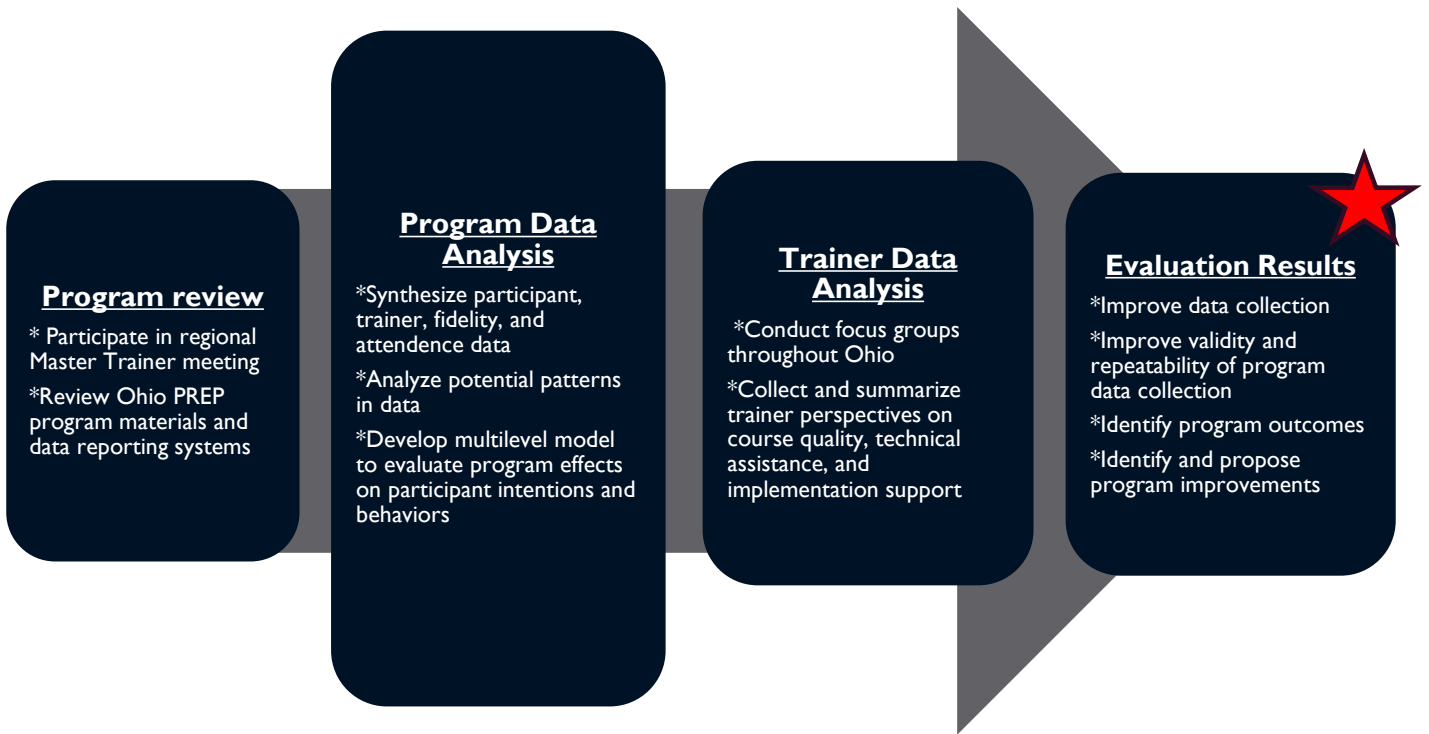
This evaluation assessed the effectiveness of Ohio's statewide implementation of a train-the-trainer model within the Personal Responsibility Education Program. The program is administered in nine regions via child welfare and juvenile justice agencies at the local level.

### Evaluation Overview

The Ohio University Voinovich School of Leadership and Public Affairs and the University of Cincinnati Evaluation Services Center (hereafter referred to as the evaluation team) serve as the external evaluator for Ohio PREP. The team designed a mixed-methods evaluation including quantitative review of PREP participant, trainer, and program fidelity data, as well as qualitative data from youth exit survey comments and focus groups with program trainers. Combined, the evaluation provides a thorough analysis of PREP implementation and program outcomes.

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<sup>11</sup> [www.advocatesforyouth.org/publications/publications-a-z/1742-personal-responsibility-education-program-prep](http://www.advocatesforyouth.org/publications/publications-a-z/1742-personal-responsibility-education-program-prep)



## Evaluation Team Key Activities

- 1) Create data summaries and reports for the federal PREP program and ODH.
- 2) Analyze program data to evaluate program effectiveness and participant knowledge.
- 3) Identify methods that enhance sustainability, validity, and replicability.
- 4) Present program findings to PREP sub-grantees, stakeholders, and the federal government

## Data Methods

Agency facilitators and regional PREP providers collect youth-, program- and agency-level data, which PREP staff at ODH compile. The evaluation team set parameters for data inclusion/exclusion based on predefined survey values and viable ranges of those values, considering program duration and youths' changing opinion through time. Data were cleaned and summary variables were created according to the decision rules developed.

Frequency tables display youth demographic data including age, gender, race and/or ethnicity, average grade, care type, sexual orientation, and previous sexual history including number of partners and number of pregnancies.

## Federal Reporting

Staff from the Voinovich School also summarized quarterly and semi-annual youth data required for federal PREP performance measures reports. Summaries of youth participants included age, gender, care type, race and/or ethnicity, and the amount of program hours participants completed.

## **Data Quality, Validity, and Reliability**

Uniform and complete sampling across the full range of youth characteristics is imperative to evaluate Ohio PREP programming's effect on participants' future intentions for sexual activity, knowledge of sexual reproductive health, career planning and adulthood readiness. Failure to match identification codes and link records across youth entry and exit surveys as well as youth surveys to agency or facility characteristics resulted in tremendous data loss between 2013 and 2016. More than 60 percent of those data were unusable or missing, which reduced the effective sample size from potentially more than 2,000 records to 878. Consequently, the evaluators encourage ODH to review inferential analyses of the existing data with caution.

Such degradation in sample range is highly likely to produce unreliable statistical analyses. The ability to detect effects with validity and reliability greatly declines when large proportions of a sample are lost. This concern stems from the inability to know whether data are missing completely at random or if there is a pattern behind the data loss such that access to a complete data set (i.e., no or few missing or unmatched-paired samples) may yield different results. Therefore, data reporting, collection and entry procedures need systematic improvements to ensure a robust statistical analysis.

Recognizing the limitations for evaluation of initial program outcomes, ODH PREP staff instituted additional protocols and reference materials that prompt agency staff and sub-grantees to crosscheck youth and instructor identification numbers, session dates, and course start and completion dates. Data from the 2015-2016 program year showed improvement from 2013-2014 and 2014-2015 data files.

## **Data Analysis**

### **Program Experiences**

#### **Facilitators' Impressions**

Three data sources provide information about program perceptions among the regional staff involved with PREP, including two focus groups with facilitators in May and June 2016 (one in northern Ohio and one in southern Ohio), facilitator survey responses about program implementation/fidelity, and observations of two statewide and one regional grantee meeting.

The staff facilitating PREP and the staff who serve as regional leads and train the facilitators have positive perceptions of the value of the program for the participating youth. Staff voiced positive program perceptions in the statewide meetings as well as the regional meeting. Further, focus group participants indicated PREP teaches fundamental life-skills specific to educating youth on personal responsibility, healthy relationships including sex and drugs, and independent living skills such as budgeting.

Many facilitators described the program as very beneficial to the target population since many youth are unaware of risks around certain behaviors. Participants believe PREP helps to develop and strengthen refusal skills while presenting alternatives. A frequently stated sentiment was that PREP is educational and allows for personal engagement, which highlights the value in bringing youth together for support.



“The benefit is having a group of kids who have similarities come together...the relationships they build inside the group is probably the biggest impact and definitely a benefit of doing the group.” Overall, PREP is deemed an effective and worthwhile program, and as one focus group participant stated, “I think PREP changes futures and changes lives.”

Participants view the PREP facilitator training as very good and report the experiential component that allowed them to practice teaching was crucial to prepare them adequately for the facilitator role. Regarding the training, one participant added, “It’s most successful when people get up and do it... if you just read from a curriculum it just doesn’t work. That feedback has to be there.” The feedback and coaching components were stated as valuable to the training process, and participants noted they learned new information from the trainings that prepared them to be effective facilitators.

One participant shared that s/he “learned a lot of new, detailed information from the trainings (with STDs and treatment) and felt more confident while presenting it because of my experience during the training, which in turn allowed my kids to trust me more.”

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***“I think PREP changes futures and changes lives.”***

*—PREP agency staff focus group participant*

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Focus group participants appreciated the assistance provided throughout the process and found it helpful to have trainings based at their facilities. “[Trainers would] come out and sit with me through the class and emphasize the points that I may have missed or those things that they felt needed more emphasis.” A common theme across focus groups was the desire for “refresher trainings” and access to updated content knowledge (e.g., health statistics and new forms of birth control).

PREP facilitators agree repetition of content throughout the curriculum offers an opportunity to reinforce lessons, although for some youth with learning disabilities the shifting nature of the curriculum created an added challenge. Several comments on this component included the following: “I like how it starts with Sex Ed and Healthy Relationships, then goes into the financial aspects, but then it returns to the Sex Ed. The repetition is nice,” and, “I like the flow of it, you know, I like the fact that it is getting kind of intense with the sex talk or the drug talk then they break away and do something like personal finance....”

## Sample Facilitator Comments

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“Were it not for the agencies that provide the books and background support, we probably wouldn’t do it in our county.”

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“I learned a lot of new, detailed information from the trainings (with STDs and treatment) and felt more confident while presenting it because of my experience during the training, which in turn allowed my kids to trust me more.”

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Facilitators also noted the use of role-playing as an effective tool for teaching, as described by one participant: “[Students] like the role-playing – I think they enjoy it, which surprised me.” Focus group participants report an overall genuine interest and excitement in material among the students and specifically emphasize the interactive nature of the program as a welcome change from traditional test-taking methods of teaching. The use of role-playing was thought to build a level of trust among youth and strengthen relationships between the facilitator and students. Use of humor has been identified as an effective strategy by facilitators when teaching heavy topics.

In survey responses, facilitators also remarked on the success of role-plays. Specifically, facilitators implementing sessions with participating youth complete a survey about implementation in order to track fidelity to the program design. There are two questions on the survey that are open responses regarding what worked well during the lesson and what challenges, if any, were experienced. The three strongest themes regarding what worked well are the role-plays, during which youth participants act out scenarios in which they may find themselves, group activities, and worksheets/handouts.

Interestingly, role-plays are also commonly noted as challenging on the fidelity surveys, yet three times as many facilitators say role-plays worked well than say they were challenging. Other responses regarding what was challenging include difficulties with the role-plays themselves; for example, facilitators commonly note the “role-plays are somewhat unrealistic,” “role-playing in smaller groups did not work,” “kids felt uncomfortable with the role-plays,” and “they don’t like [L]ee and [L]ee role-play.” Another theme for this question was the impact of student behavior, where facilitators remarked on “youth maturity levels,” “youth display[ing] some disruptive behavior,” and “students [being] a little talky” and “hard to motivate.” Regarding activities, there were requests for “more interactive activities,” as well as the following specific remarks: “signature sheet was difficult for youth,” “youth had a hard time identifying the past five items purchased,” and “individuals struggled to identify what their parents would say/think on the worksheet.”

## Sample Youth Comments

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"Learning about things I didn't know."

Another theme for this question was the impact of student behavior, where facilitators remarked on "youth maturity levels," "youth display[ing] some disruptive behavior," and "students [being] a little talky" and "hard to motivate." Regarding activities, there were requests for "more interactive activities," as well as the following specific remarks: "signature sheet was difficult for youth," "youth had a hard time identifying the past five items purchased," and "individuals struggled to identify what their parents would say/think on the worksheet."

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"What the types of STDs are."

Focus group participants suggested the use of multiple materials (i.e., books and workbooks) sometimes makes it difficult for students and facilitators to navigate the curriculum: "So you've got book, binder, box... It's all trying to help, but it's confusing to bounce back and forth." Additionally, multiple focus group participants indicated offering PREP sessions more than once a week would be beneficial.

It was strongly noted across focus groups that some of the curriculum, especially budgeting, is a challenge to teach and especially difficult for students with cognitive delays to understand. One group member stated, "Some of my kids struggle with the budgeting because sometimes I get a little lower functioning kids and it is difficult to get through the budgeting exercise when you have like 12-15 kids and I am by myself."

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"Use condom and birth control if [having] sex."

Focus group participants identified the two greatest organizational challenges around PREP as scheduling logistics and finding time for staff to plan and facilitate the program in addition to their regular job responsibilities. As noted by one participant, "I still have my job all day long. And then I have to figure out my schedule, and the kids' schedule, and the foster parents' schedule... this is a challenge."

Participants reported multiple vehicles for support, including regional PREP coordinators, direct support from judges, financial support from county commissioners and regions, as well as agency support through food, incentives, and scheduling time for staff.

It was also noted that additional supports are still required regarding financial resources needed to purchase curriculum supplies. Several statements of support included the following: “The ladies from Region 9 come out and meet with you before you do a group, just to go over things...they provide social support, materials, tests, and books.” And, “Were it not for the agencies that provide the books and background support, we probably wouldn’t do it in our county.”

Facilitators in the focus groups agree they do not modify or vary content and find it important to stick with the script for purposes of program fidelity. Suggestions for changes include keeping sessions to a maximum of 45 minutes as well as including content on “sexting,” homelessness, and how to access confidential resources such as hotlines because, as stated by one facilitator, many students “don’t even know what’s out there.”

Several focus group participants highlighted the need to differentiate how kids are grouped/paired as a modification to meet the specific needs and abilities of their students. Enhancing the ability of facilitators to skip or modify sections depending on the ability level of their students was a common theme throughout the focus groups, as supported by one commenter: “You stick with what the information is, but one day you might do a small group for this [content] because they’re not developmentally ‘there’ and do pairs for this group because that works better for that population.”

## **Youths’ Impressions**

According to questions on the exit exam across both years that have open response data, youth most commonly identify sex education, specifically contraception and protection, as the most important points they learned in PREP. Consider the following example responses to this question: “abstinence is safest,” “what the types of STDs are,” “how to prevent HIV/STDs,” “use condom and birth control if [having] sex,” and “wear protection.” Abstinence was a slightly more common response in the 2013-2014 data.

Regarding what youth liked best, sex education-related topics and learning new information are commonly indicated as themes; for example, “symptoms of different diseases,” “talking about sex,” and “learning about things I didn’t know.”

The exit survey includes a question about what youth liked least. In both the 2013-2014 and 2014-2015 data sets, the most common response is “nothing.” This is a possible indication of youth satisfaction with the programming. Relatedly, “nothing” is also the most common response from youth about what they would have wanted to learn in the program but did not. Lastly, few ideas were gathered regarding what would improve the program, but some youth note “more activities” and improving the role-plays.

In addition to these data, students from the 2015-2016 year report they were able to ask questions most or all of the time (86 percent), the activities generally helped them learn most or all of the time (82 percent), and the presented material was clear (81 percent). Sixty-eight percent of youth reported they were interested in the program most or all of the time.

## Program Fidelity

### Agency data 2013-2016

Most agency staff (96 percent) report delivering PREP to 100 percent fidelity. Of the remaining instructors, one percent report fidelity between 90-95 percent, one percent between 80-89 percent, one percent between 70-79 percent, and ODH staff never recorded one percent, possibly because the data were lost in transit. Only a trace report fidelity less than 69 percent. All youth in the matched-pair data have a measure of program length; however, almost one-quarter of youth who attended PREP but missed either entry or exit surveys have no measure of program duration.

Many agencies failed to reach fidelity relative to program duration. Only half of youth with paired sample data received PREP in the recommended period of two to 30 days, (median = 29 days), and eight percent of those youth received PREP over 100 days or more. For all youth with start- and end-date attendance data (n=2,217), only 36 percent completed PREP in fewer than 30 days and the range of duration spanned two days to 376 days, with a median of 55 days. Comparatively, youth who participated throughout the program attended programs lasting approximately one month, whereas youth missing entry or exit surveys attended programs lasting approximately two months.

Care system also may influence duration and fidelity. In the paired sample (n=901), foster care programs ranged from two to 169 days, and the median was 29 days.<sup>12</sup> Only five percent of youth in foster care received PREP over 100 or more days, yet nine percent of adjudicated youth received PREP over 100 days, twice that of youth in foster care. Juvenile justice programs ranged from three to 211 days, and the median was 34 days. Moreover, 2013-2016 data (n=2,867) indicate individuals in foster care tended to complete slightly more session hours (90 percent)<sup>13</sup> compared with adjudicated youth (88 percent).<sup>14</sup>

For the 2,217 youth whose attendance data included start and end dates, the median length of PREP programming in foster care was 49 days, and programs ranged between two days and 218 days (n=661). PREP offered in juvenile justice settings reached the greatest number of youth and lasted between three and 376 days (n=1,556). Moreover, 30 percent of youth in juvenile justice settings participated in programs that lasted 100 or more days, and only 32 percent of youth participated in PREP at the recommended period of fewer than 30 days.

### Program Improvements

In response to 2013-2016 duration rates, ODH implemented strict guidelines requiring program completion within 30 days, while offering additional technical assistance to sub-grantees to improve operations. For example, ODH PREP staff recently encouraged sub-grantees to cross-populate PREP courses across agencies and/or regions, to increase class size and facilitate course completion. ODH also fostered communication among regional coordinators to execute those new, shared courses.

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<sup>12</sup> Ibid.

<sup>13</sup> Median value.

<sup>14</sup> Ibid.

ODH PREP staff and regional coordinators also continue to refine and synchronize PREP delivery and materials, including the use of a comprehensive PREZI. The digital media tool helps engage youth through a familiar and accepted platform (internet and/or digital media communications), while supporting agency facilitators with comprehensive and standardized classroom guides. The PREZI contains the entire course content: videos, interactive lessons, worksheets and homework assignments in a streamlined and digestible format. The tool also prompts facilitators to maintain fidelity through checklists and talking points. ODH staff reported preliminary users of the standardized tool found it increased course efficiencies, and heightened program and duration fidelity.

Recent adjustments to facilitator and student instructions, data recording tools, and agency performance instruments have already improved data collection and data quality. With well-established training, presentation materials and improved data tools, ODH PREP staff consider themselves well positioned to reach program and duration fidelity in the next program year. Moreover, ODH PREP staff strategically planned to continue to engage juvenile justice stakeholders as well as other out-of-home care systems.

Through ad hoc discussion and formal training, ODH staff worked with sub-grantees and agency providers to elicit their comprehensive understanding of the potential effects of extending beyond the program's 30-day requirement. Other research discussed below provides additional clarity on the rationale for implementing PREP sessions over a shorter versus longer period. Extended duration (>30 days) could negatively affect course dynamics and implementation, including youths' content retention and/or adoption of PREP messages. It could also hinder the development of an environment of communication, trust and respect, or it could disrupt course continuity.

In other programs, PREP facilitators reported offering modules more frequently within a shortened period (twice weekly for five weeks) enabled staff to build rapport within the cohort, which positively affected youth engagement.<sup>15</sup> If programs offer PREP just once per week, linking concepts from one lesson to the next or through multiple lessons may be more difficult. Increased lesson review also results in less time focused on new topics or question and answer periods.

Programs focused specifically on youth in out-of-home care,<sup>16</sup> also stressed mutual trust and respect between agency staff and youth participants, as well as among participants as vital to youth program success. Long intervals between sessions could undermine communications as short and sporadic interactions rarely engender trust among individuals, especially when the relationship must bridge cultural differences and/or institutional roles.

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<sup>15</sup> Meckstroth, A., Barry, M., Keating, B., Kisker, E. & Andrews, K. 2014. *Addressing Teen Pregnancy Risks for Youth Living in Out-of-Home Care: Implementing POWER Through Choices*. Mathematica Policy Research Implementation Report. Princeton, NJ. p.34.

<sup>16</sup> Ibid.

## PREP Youth Demographics Matched-Pair Data (2014-2016)

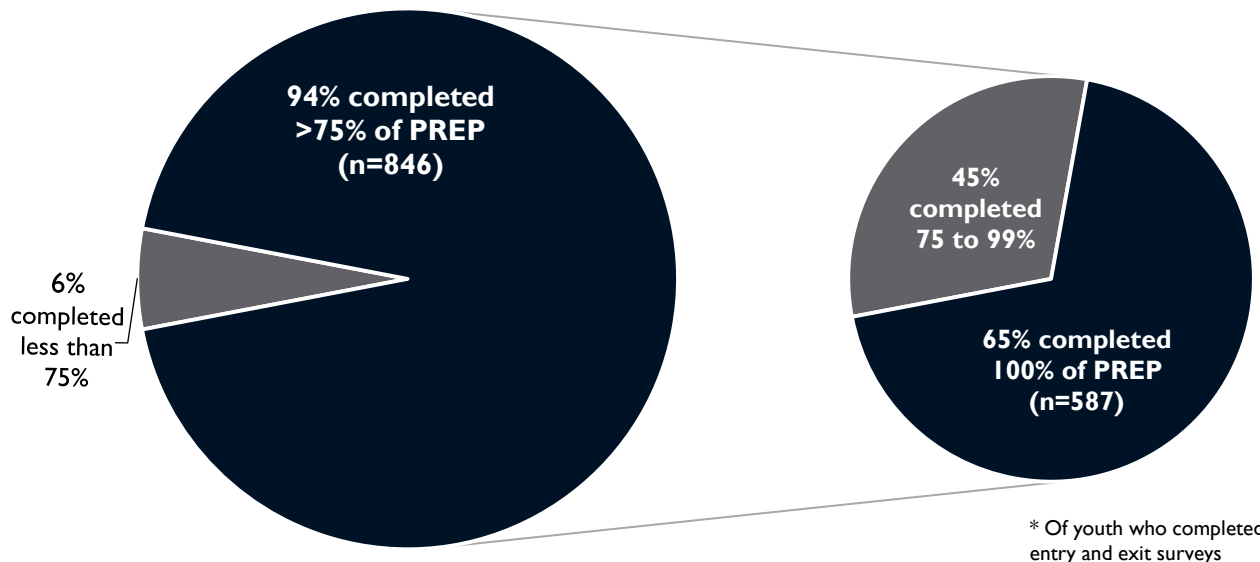
Demographic data for PREP youth are based on the information provided in the entrance survey and represents the 901 youth for whom matched survey data are available.

### Program Completion

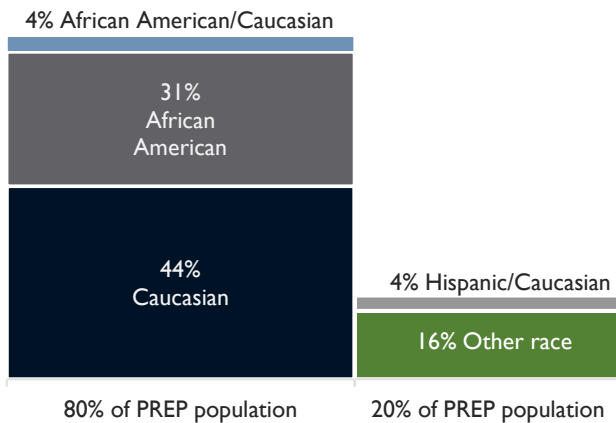
Completion rates for the matched youth data are impressive: 65 percent of participants attend 100 percent of the program hours, and 94 percent of youth who completed both entry and exit surveys completed more than 75 percent of PREP program sessions. Thus, almost all youth with matched entry and exit data completed the federal benchmark of 75 percent of PREP program hours, and almost three-quarters of that sample completed the program in its entirety.

The percentages reported for youth who complete the entry survey and the exit survey may be slightly biased because those youth are likely to attend more program sessions compared with youth who complete only an entry or exit survey or no survey. Completion rates for the entire PREP population who contributed any data are lower than those reported for youth with matched pairs.

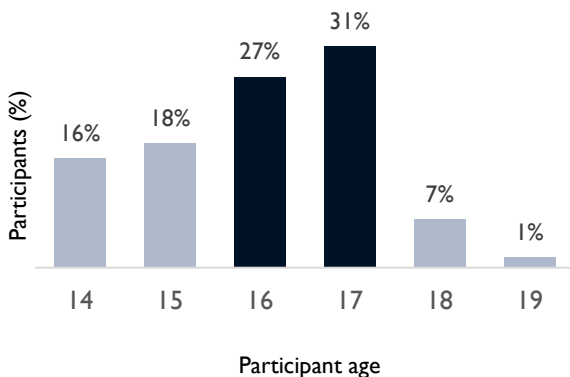
Almost **95% of PREP participants** who completed entry and exit surveys completed more than three-quarters of the program hours. Two-thirds of participants completed **100% of PREP program hours.\***



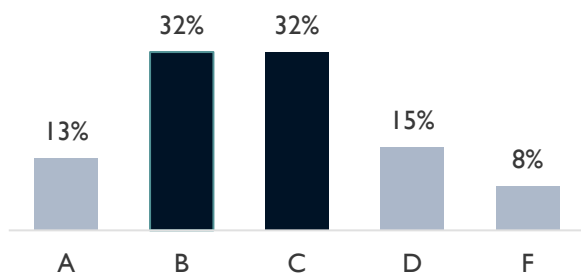
The majority of PREP youth are Caucasian and/or African American ( 80%).



More than half of PREP participants (58%) are 16 or 17 years old, and only 8% are 18 or older.



Most participants report grades of B's or C's.



## Race

The majority (82 percent) of PREP participants are either Caucasian (48 percent) or African American (35 percent). Participants who identify as a combination of ethnicities or races represent the next largest group (11 percent), although the percentage who identify as any particular combination is relatively small for all combinations.

## Gender

Gender is approximately the same for the 2014-2016 sample of youth who completed entry and exit surveys. Fifty-four percent of the sample are female. Across all years of data (n=3,059),<sup>17</sup> the population tends to have a slightly larger male representation with males accounting for 62 percent of the population and females comprising 38 percent.

## Age Distribution

The majority of PREP participants are 17 years old or younger. The average age for both males and females is 16. Almost two-thirds of youth are 16 (27 percent) or 17 (31 percent), while young adolescents aged 14 (16 percent) or 15 (18 percent) comprise more than one-third of participants. Fewer than eight percent are young adults ages 18 or 19. Thus, PREP primarily reached youth two or three years before they reach adulthood.

## School Achievement

More than half of youth (64 percent) report average to slightly above-average school achievement. Almost one-quarter of youth report less than average achievement, and 13 percent report they were A students.

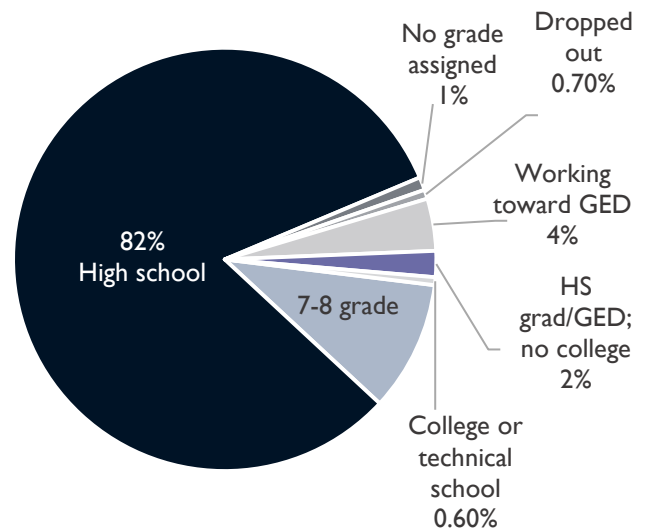
<sup>17</sup> Gender counts for 2013-2016 vary from the total reported elsewhere because gender is recorded in the entry and exit survey data. Because linking youth across the four data recording instruments is not possible for the current data set, the entry, exit, attendance, and fidelity totals are different.



## Average Grade

The majority (82 percent) of PREP youth attend grades nine to twelve. Middle-school-aged youth comprise ten percent of the sample. Approximately seven percent completed high school or high school equivalency. Less than one percent attend college or technical school; however, only eight percent of PREP youth would be of typical age to attend college or technical school.

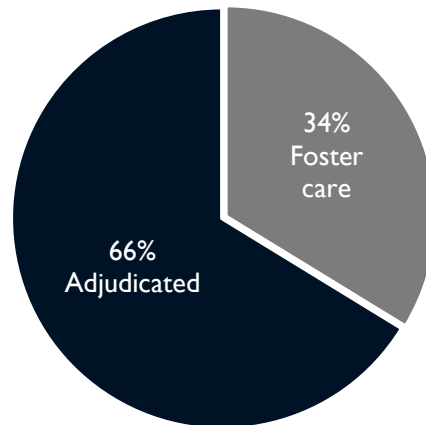
Most PREP youth are in **high school**.



## Public Care System

Juvenile justice-affiliated youth comprised 66 percent of the 2014-2016 PREP population, while foster care youth comprised 34 percent. The sample includes youth who participated in PREP between program years 2014 and 2016 and completed entry and exit data.

Adjudicated youth comprise 66 percent of the matched-pair sample.



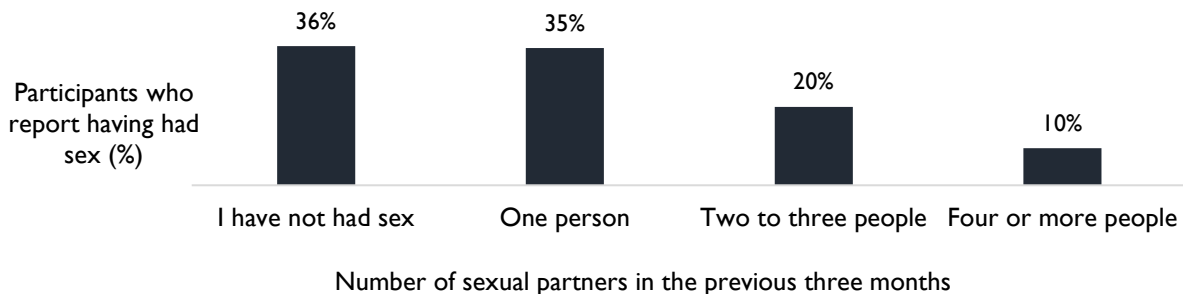
## Sexual Orientation

The majority (84 percent) of youth self-identify as straight, while 11 percent identify as bisexual. Youth identifying as gay or lesbian, transgender or undecided comprise five percent of participants.

## Sexual Partners

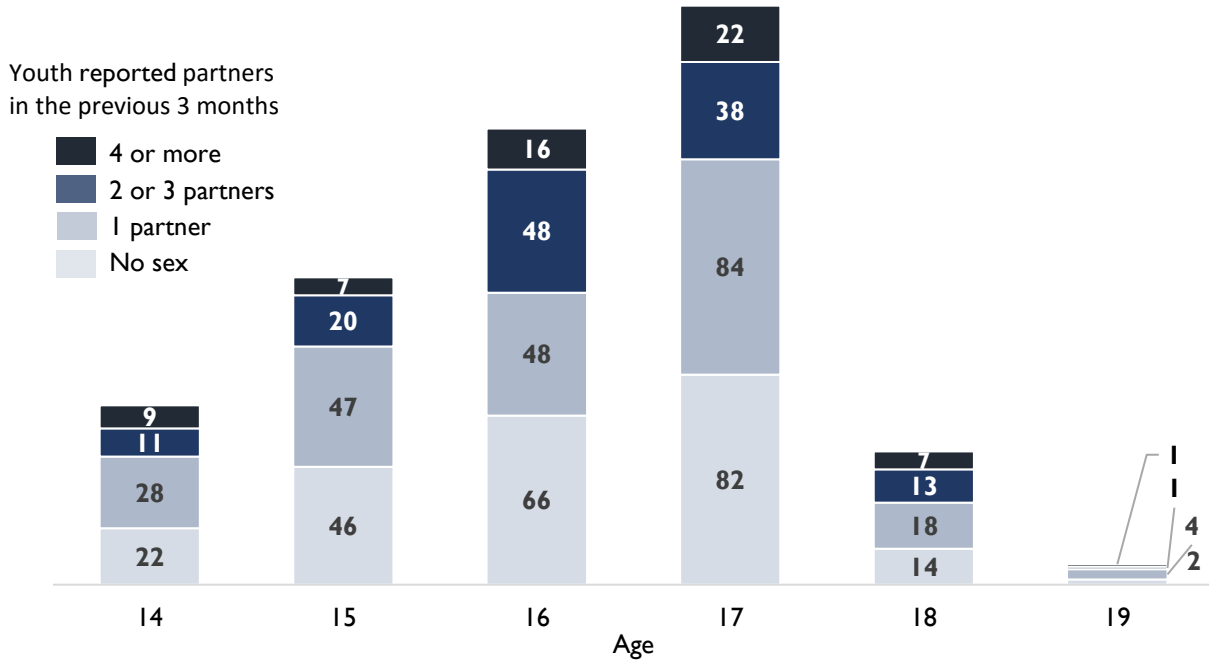
For youth who reported they have had sex at some time in the past (n=745), 65 percent reported having one or more sexual partners three months prior to participating in PREP. Thirty percent of those youth report having sex with two or more partners. This pattern is consistent across all age groups.

Sixty-five percent of participants report one or more sexual partners in the past three months. One-third of participants report more than two partners in three months.



## Sexual Partners by Youth Age

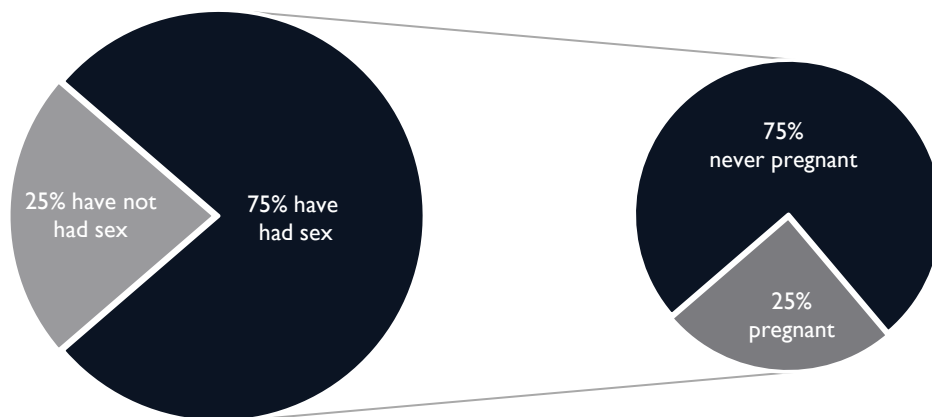
Between 62% and 83% of youth who reported sex prior to PREP reported at least one or more partners in the last 3 months.



## Youth-Reported Pregnancies

Seventy-five percent of 883 youth respondents reported they have had sex. Of those 741 youth answering the question, one-quarter (184 youth) report having been pregnant or having caused someone to become pregnant at least once.

75% of PREP youth have had sex, and a quarter of those youth have been pregnant or caused a pregnancy.

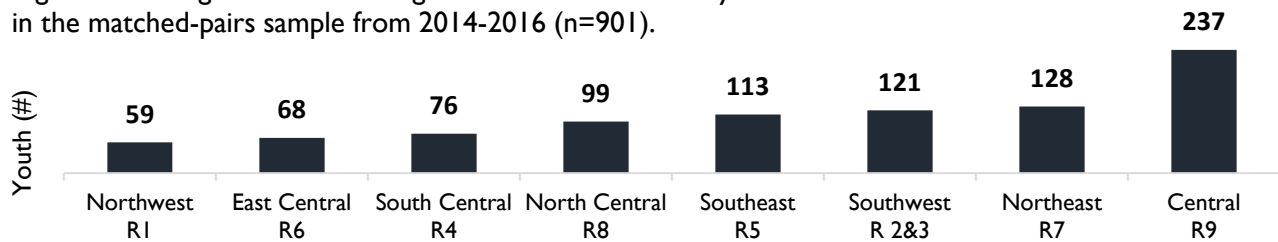


## Number of Youth Served by Region – Entry and Exit Data, 2014-2016 (n=901)

Youth-serving agencies located near major population centers in the state tend to serve the greatest number of youth, a finding that is not surprising given the larger population base and potential for more social services resources.

Agencies located in central Ohio, including the Columbus metro area (Region 9), provided PREP to one-quarter of youth who completed entry and exit surveys. Health educators from Nationwide Children’s Hospital provide PREP training and technical assistance in nine counties. Sub-grantees in the Northeast (R7), Southwest (R2&3) and Southeast (R5) regions of Ohio provide PREP training and assistance to the next largest percentages of youth agencies. Regions 2 and 3 encompass the greater Cincinnati area, and agencies in the area are served by Planned Parenthood of Southwest Ohio. The greater Cleveland area comprises Region 7, where youth agencies are served by the Cuyahoga County Board of Health. Areas of Ohio with lower population densities comprise the remaining PREP regions: Northwest (R1), North Central (R8) and South Central (R4).

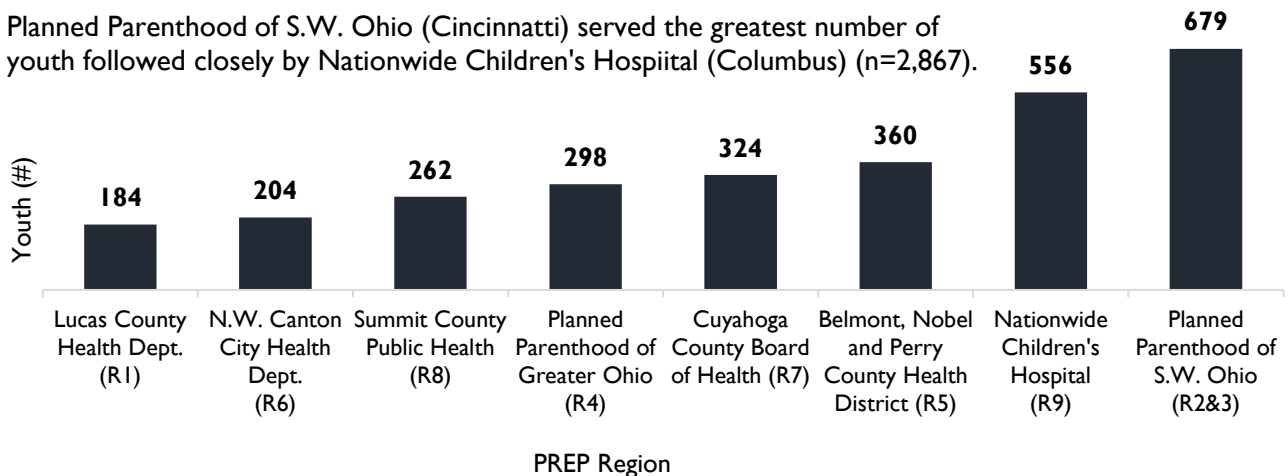
Region 9 and Region 7 served the greatest number of PREP youth in the matched-pairs sample from 2014-2016 (n=901).



## Youth Served by Region – All Participants, 2013 to 2016 (n=2,867)

Similar to the service pattern of the matched-pair sample (n=901), agencies in Regions 2 and 3 and Region 9 provided PREP programming to the greatest number of youth. In total, 2,867 youth participated in Ohio PREP between 2013 and 2016.

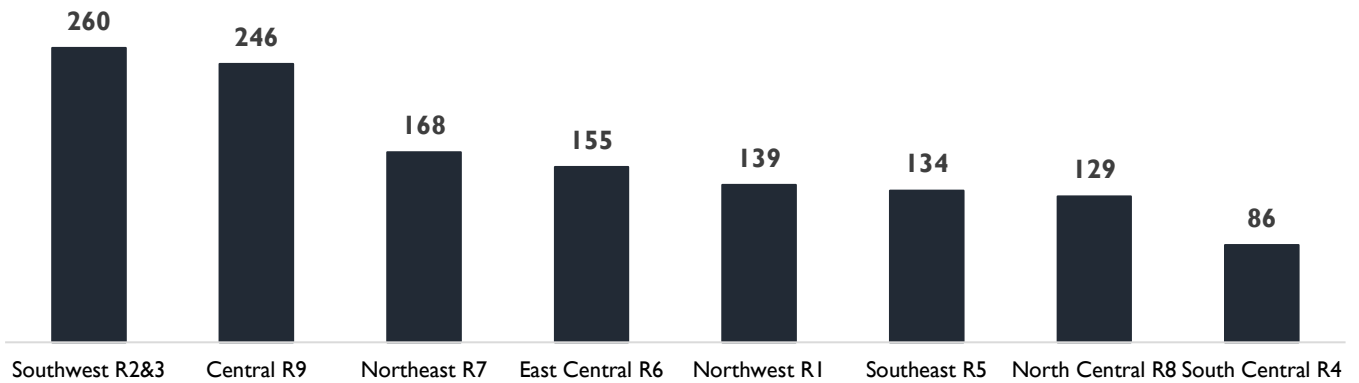
Planned Parenthood of S.W. Ohio (Cincinnati) served the greatest number of youth followed closely by Nationwide Children's Hospital (Columbus) (n=2,867).



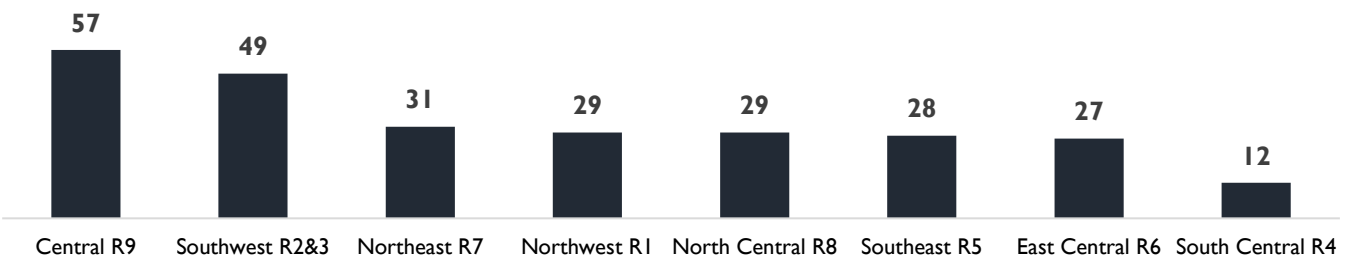
## Number of Facilitators Trained In and Implementing PREP

The Ohio PREP team and its sub-grantees train facilitators upon request from agencies or when staff identify additional agencies that would be successful hosts of the program. As of July 2016, Ohio PREP had trained 1,317 agency staff throughout Ohio's 88 counties. Not surprisingly, regions serving the greatest number of youth also trained the most facilitators and, in concert, more facilitators implemented PREP across program years.

Region 9 and Regions 2 and 3 trained the greatest number of PREP facilitators (n=1,317).



More agency facilitators in Region 9 and Regions 2 and 3 provided PREP as compared with other regions since program inception (2013-2016).



## Recommendations

- Provide formal in-person and written best practices guidance to assist sub-grantee and agency facilitators' provision of PREP to fidelity. Ensure the measure of program fidelity includes systematic and accurate records of environmental and instructional practice factors.
- Provide health education trainers and agency staff detailed guidelines with specific examples of activities and discussions that undermine fidelity, as well as the documentation required about changes to achieve a robust and accurate evaluation of program fidelity.
- Deliver formal follow-up and refresher training for agency staff to help them continue to deliver PREP consistently and accurately.
- Develop standardized observer data recording tools and protocols to enhance fidelity measurement and rigorously evaluate facility/session conditions and trainer characteristics.
- Administer standardized, online tools and protocols to improve fidelity and data capture quality.

## Repeatability and Validity – Instrument and Data Calibration

- Develop a required online data entry platform to establish permanent agency staff identification numbers directly linked to staff demographic characteristics and cohort dates, locations, and class lists including youth identification numbers. A web-based platform allows the Ohio Department of Health to set data controls that improve data quality. For attendance and fidelity data, important fields such as date and identification numbers can be preformatted in the correct data type and length so incorrect values are not allowed. If facilitators of sub-grantees enter erroneous values, web-based systems auto-prompt with instructions. If ODH opts to offer youth surveys online, in addition to quality controls, automatic survey skip patterns will reduce user errors.
- Ensure the online staff data system links to the youth data optical mark recognition (OMR) and/or online database, which will decrease data entry error and thus improve data modeling and accuracy. Alternatively, have facilitators record their demographic data on the program attendance record, at least once. Add fields to each session attendance record where facilitator(s) for the individual session record their name and identification number. Also, consider adding a notes option to record observer name and identification number if applicable.
- Provide facilitators with instructions prompting them to ask youth to complete demographic and environment data (date, instructor and youth identification numbers, gender, age, residence type, and other information), as well as to identify the skip pattern and ensure they follow it accurately. Instructions should also prompt facilitators to review youth data for accuracy across data recording tools (youth and instructor identification numbers, as well as date and residence type for entry surveys, exit surveys, attendance, and fidelity sheets).

## **Repeatability and Validity – Instrument and Data Calibration**

- Require facilitators verify matching identifiers for youth entry and exit data, and that youth surveys align appropriately with attendance and fidelity records prior to submitting data to ODH.
- Ensure facilitators, sub-grantees, and data management staff maintain the integrity of all data records (i.e., no individual other than the original data source should alter primary data with the exclusion of facilitators verifying accuracy of identification measures the day they are collected).
- Define decision rules for youth and facilitator data and apply them uniformly across all years of program data. Furthermore, ODH should develop clear decision rule guidelines for master trainers, agency staff, youth, and ODH data entry staff.
- Provide a comprehensive and standardized observer/trainer data sheet. The instrument should provide space for observer notes and prompt the observer to collect basic required measures such as their name, facilitator name, date, session, number of youth in session, amount of co-facilitation, and so on. The observation sheet also should prompt the observer to record their responses to three to five standard fidelity measures. The standardized responses allow for evaluation of environment, style, content, and experience for the session. Include prompts to observers to note facilitators' specific areas in need of improvement and areas of strength.

## **Program Implementation – Address Program Length and Delivery**

- Work directly with agency staff and sub-grantees to identify barriers to duration fidelity. Help facilitate combined classes for organizations in close proximity that serve youth with irregular entry or exit periods.
- Offer entry and exit surveys to all youth regardless of their entry or exit date. Also, consider offering a midterm, condensed survey that covers course information to that point.

## Conclusions

Overall, data indicate youth engage in Ohio PREP, and participants, facilitators, and master trainers report positively about the impact of the program. ODH, health education providers, youth agency staff, and youth participants tend to report strong affinity for the program and generally describe benefits for youth and agency staff because of PREP. However, increases in youth sexual reproductive health knowledge including information about pregnancy, abstinence, and pregnancy and HIV/AIDS prevention remains inconclusive as of this report. Data quality and high attrition rates prevented rigorous inferential analyses because the program's population is underrepresented in the existing sample data.

The development and execution of a lengthy, information-rich program across agency types throughout the entire state of Ohio presents a difficult challenge. The challenge is heightened by the program's charge to deliver sensitive, yet essential, knowledge and understanding to a potentially transient population of at-risk youth. Though conclusive evidence of Ohio PREP's success in meeting its prescribed outcomes remains unknown, it is clear the initial growth and development of Ohio's systems and providers has created a valued program that, thus far, appears driven to improve continually and achieve its mission.

This evaluation indicates Ohio's PREP grantee, sub-grantee, and agency facilitators would benefit from specific guidance and an improved systems framework that defines the components of program fidelity and utilizes digital or otherwise improved tools to record factors influencing PREP delivery and outcomes. Factors of immediate interest for future robust program evaluation include specific facility and facilitator characteristics, more comprehensive collection of youth survey responses, and more accurate and complete measures of program duration.

It is the opinion of the PREP evaluation team that Ohio PREP is capable of the required infrastructure improvements that will help achieve a thorough program evaluation. In fact, PREP's leadership and program providers have already made strides toward these ends by decreasing the length of youth surveys, initiating the development of best practices discussions and tool development, and improving facilitator, trainer, and youth identification protocols.

Date: \_\_\_\_\_

## • **General Instructions**

Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your answers and everything you say will be kept in private. Your name will not be on the survey. Please answer all questions as well as you can.

We want you to know that:

1. Your participation in this survey is voluntary.
2. Everything you say will be kept private and will not be shared with anyone outside of the study team.
3. The answers you give will be kept private. Your responses will be combined with those of other people your age.

**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.**

- **PLEASE MARK ALL ANSWERS WITHIN THE CIRCLES PROVIDED.**
- **USE A PEN OR PENCIL.**





Please answer the following questions to the best of your ability. This first set of questions has to do with you.

- 1. How old are you?**      **2. Who do you live with?**      **3. If you are not living at home**  
**MARK ONLY ONE ANSWER**      **MARK ALL THAT APPLY**      **WHERE DO YOU CURRENTLY LIVE?**

- |                          |  |   |
|--------------------------|--|---|
| <input type="radio"/> 14 | <input type="radio"/> Mother           | <input type="radio"/> Group Home                            |
| <input type="radio"/> 15 | <input type="radio"/> Father           | <input type="radio"/> Residential Facility                  |
| <input type="radio"/> 16 | <input type="radio"/> Stepparent(s)    | <input type="radio"/> DYS - Community Correctional Facility |
| <input type="radio"/> 17 | <input type="radio"/> Guardian(s)      | <input type="radio"/> Juvenile Detention Center             |
| <input type="radio"/> 18 | <input type="radio"/> Foster Parent(s) | <input type="radio"/> Foster Home                           |
| <input type="radio"/> 19 | <input type="radio"/> Other _____      | <input type="radio"/> Independent Apartment                 |
|                          |  | <input type="radio"/> Other _____                           |

**4. Are you Hispanic or Latino?**

**MARK YES OR NO**

- Yes
- No  → PLEASE GO TO Question 6

**5. Are you...?**

**MARK ONLY ONE ANSWER**

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

**6. 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

7. Are you male or female?

MARK ONLY ONE ANSWER

- Male
- Female

8. Do you consider yourself to be one or more of the following?

MARK ALL THAT APPLY

- Straight
- Gay or Lesbian
- Transgender
- Bisexual
- Something else/I have not decided

9. 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

- 7th
- 8th
- 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 towards a GED
- I have a high school diploma/GED but I am not currently enrolled in college/technical school
- I have a high school diploma/GED and I am currently enrolled in college/technical school

10. During the last 12 months, how would you describe your grades? Choose the ONE best response.

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's

**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. cared about doing well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. shared ideas or talked about things that really matter with a parent/guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. resisted or said no to peer pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. managed conflict without causing more conflict?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**12. If you have the chance, do you intend to have sexual intercourse in the next 6 months? *By sexual intercourse, we mean the act that makes babies.***

**MARK ONLY ONE ANSWER**

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

**13. Have you ever had sexual intercourse? *By sexual intercourse, we mean the act that makes babies.***

**MARK YES OR NO**

- Yes
- No  → PLEASE GO TO Question 19

**14. To the best of your knowledge, have you ever been pregnant or gotten someone else pregnant, even if no child was born?**

**MARK YES OR NO**

- Yes
- No


15. **To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?**

**MARK ONLY ONE ANSWER**

- 0, I have never been pregnant or gotten someone pregnant
- 1 pregnancy
- 2 pregnancies
- 3 or more pregnancies

16. **In the past 3 months, with how many people did you have sexual intercourse, even if only one time?**

**MARK ONLY ONE ANSWER**

- 0, I did not have sexual intercourse in the past 3 months  → PLEASE GO TO Question 19
- 1 person
- 2-3 people
- 4 or more people

17. **When you had sexual intercourse in the past 3 months, how often did you or a partner use birth control?**

*By birth control, we mean using birth control pills, condoms, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), or implant (Implanon).*

**MARK ONLY ONE ANSWER**

- All of the time
- Most of the time
- Some of the time
- None of the time

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

**MARK ONLY ONE ANSWER**

- All of the time
- Most of the time
- Some of the time
- None of the time

19. In the past 3 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. knew how to manage stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. managed money carefully?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. had friendships that kept you out of trouble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. were respectful towards others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**WHAT YOU KNOW**

Read each question carefully and mark the answer you think is the best response.

These words are used in this survey: **having sex**, **STD** and **HIV**. For this survey,

- **having sex** means vaginal sexual intercourse.

- **STD** stands for sexually transmitted disease or diseases.

Some examples of STD are herpes, gonorrhea, syphilis, chlamydia and genital warts. Sometimes these are referred to as sexually transmitted infections (STI).

- **HIV** stands for human immunodeficiency virus.

	True	False	Not Sure
20. Most high school students are having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. A woman is protected from pregnancy the day she begins taking the pill.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. All STDs can be cured by taking medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. A person with an STD who looks and feels healthy cannot transmit the infection to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
24. Some STDs put you at higher risk of getting infected with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. About 1 out of 4 sexually active teenagers get an STD each year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. The best way to use a condom is to leave some space at the tip for the sperm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. A condom should be completely unrolled before it is placed on the penis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
28. Most health clinics must have the permission of parents to test and treat people under 18 for an STD (including HIV).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

29. Can the following behaviors put you at risk for getting HIV?	Yes	No	Not Sure
a. Sharing needles for tattooing or piercing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Having sex without a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Donating blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Using the same condom twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hugging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

30. Which of the following methods are effective if used correctly to protect people from STD/HIV and pregnancy?	Protects from Pregnancy & STD/HIV	Protects from Pregnancy only	Protects from Neither
a. Choosing not to have sex (abstinence)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Using hormone based birth control (e.g., the pill, Depo-Provera shot, patch, vaginal ring)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Using latex condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Using withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Douching (washing out the vagina)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TALKING WITH PARENTS OR OTHER ADULTS IN YOUR FAMILY**

**Please fill in the answer for each question that best describes your conversations on the following topics with your parents or other adults with whom you live.**

	No	Yes, a little	Yes, a lot
31. Have you ever talked about <u>abstinence</u> (not <u>having sex</u> ) with your parents or other adults with whom you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. Have you ever talked about <u>condoms</u> with your parents or other adults with whom you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. Have you ever talked about <u>ways to protect yourself from getting HIV or an STD</u> with your parents or other adults with whom you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
34. Have you ever talked about <u>ways to prevent pregnancy</u> with your parents or other adults with whom you live?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**WHAT YOU BELIEVE**

Please fill in the answer for each question that best describes what you believe.

<b>35. I believe that.....</b>	<i>Definitely yes</i>	<i>Probably yes</i>	<i>Probably not</i>	<i>Definitely not</i>
a. People my age should wait until they are older before they have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is OK for people my age to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is OK for people my age to have sex with several different people in the same month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is OK for people my age to choose not to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Condoms should always be used if a person my age has sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Condoms should always be used if a person my age has sex <u>even if the girl uses hormone based birth control.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Condoms should always be used if a person my age has sex <u>even if the two people know each other very well.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>36. I think that.....</b>	<i>Definitely yes</i>	<i>Probably yes</i>	<i>Probably not</i>	<i>Definitely not</i>
a. I would be embarrassed to buy condoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel uncomfortable carrying condoms with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It would be wrong to carry a condom with me because it would mean that I'm planning to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Having to put on a condom before sex would be a hassle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Using a condom would be embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sex wouldn't feel as good if condoms were used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**WHAT YOUR FRIENDS BELIEVE**

The following questions ask you about your FRIENDS and what they believe. Even if you're not sure, mark the answer that is your best guess of what they think.

37. Most of my friends believe that...	<i>Definitely yes</i>	<i>Probably yes</i>	<i>Probably not</i>	<i>Definitely not</i>
a. People my age should wait until they are older to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is OK for people my age to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is OK for people my age to have sex with several different people in the same month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is OK for people my age to choose not to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Condoms should always be used if a person my age has sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Condoms should always be used if a person my age has sex, <u>even if the girl uses hormone based birth control.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Condoms should always be used if a person my age has sex, <u>even if the two people know each other very well.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**YOUR REASONS FOR NOT HAVING SEX IN THE FUTURE**

**Please mark the choices that best match how you feel.**

**38. Why would you choose NOT to have sex?**

**MARK ALL THAT APPLY**

- I think it's wrong to have sex before marriage.
- My religious/cultural beliefs say that it's wrong to have sex before marriage.
- I am not ready to have sex.
- I am not interested in having sex.
- I am waiting for the right person.
- I am waiting until I get married.
- I am waiting until I'm older.
- I don't want to get pregnant or get someone pregnant.
- I don't want to get a sexually transmitted disease (STD) or HIV.
- My friends think it is wrong to have sex at our age.
- My parents or foster parents would be upset if I had sex.
- I would be embarrassed to have sex.
- I do not have someone to have sex with.
- My boyfriend or girlfriend doesn't want to have sex.
- I do not know where to get birth control or STD protection.
- I would be embarrassed to get and use birth control or STD protection.
- I do not have enough money to buy birth control or STD protection.
- Other reason. Why? \_\_\_\_\_

**HOW SURE YOU ARE**

Please fill in the answer for each question that best describes how you feel.

**39. How sure are you that you could do what is described?**

*I'm sure  
I could not*

*I  
probably  
could not*

*I  
probably  
could*

*I'm  
sure I  
could*

a. Could you keep from having sex if your partner really wanted to, but you were not ready?





b. Could you keep from having sex if you just met someone you really liked and that person wanted to have sex, but you didn't?





c. Could you keep from having sex if you had strong sexual feelings for someone?





**40. If you were going to have sex:**

*I'm sure  
I could not*

*I  
probably  
could not*

*I  
probably  
could*

*I'm  
sure I  
could*

a. Could you buy a condom?





b. Could you talk about using condoms with your partner before having sex?





c. Could you insist on using a condom if your partner didn't want to use one?





d. Could you ask your partner to use condoms even if the two of you had sex before without using condoms?





e. Could you keep from having sex if neither you nor your partner had any form of birth control?





f. Could you use a condom without spoiling the mood?

**WHAT YOU THINK YOU MIGHT DO**

Please fill in the answer for each question that best describes what you think will happen.

	<i>I am sure I will</i>	<i>I probably will</i>	<i>I probably will not</i>	<i>I am sure I will not</i>
41. How likely do you think it is that you will have sex in the next 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. How likely do you think it is that you will have sex by the end of 12 <sup>th</sup> grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
43. How likely do you think it is that you will have sex without a condom by the end of 12 <sup>th</sup> grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TRANSITION TO ADULTHOOD**

Please answer all questions to the best of your ability:

44. I have completed a job application and resume  
**MARK YES OR NO**

Yes       No

45. I have participated in a job interview  
**MARK YES OR NO**

Yes       No

46. How important are each of the following?	<i>Not at all</i>	<i>Not much</i>	<i>A little</i>	<i>A lot</i>	<i>Extremely</i>
a. Doing well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Getting more education or training after high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Waiting until I am financially ready before having children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Having a plan for spending that includes both needs and wants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Learning how to make wise financial decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Saving my money regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

47. How confident are you that you ....	<i>Not at all likely</i>	<i>Not likely</i>	<i>Somewhat likely</i>	<i>Very likely</i>	<i>No change needed I'm already doing this</i>
a. Can do well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Will be getting more education or training after high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Will wait until I am financially ready before having children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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**48. How confident are you that you ....**

	<i>Not at all likely</i>	<i>Not likely</i>	<i>Somewhat likely</i>	<i>Very likely</i>	<i>No change needed. I'm already doing this</i>
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- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>a.</b> Will have a plan for spending that includes both <u>needs</u> and <u>wants</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>b.</b> Will learn how to make wise financial decisions                                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>c.</b> Will save your money regularly   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**49. How likely is it that you will make changes in these areas?**

	<i>Not at all likely</i>	<i>Not likely</i>	<i>Somewhat likely</i>	<i>Very likely</i>	<i>No change needed. I'm already doing this</i>
--	--------------------------	-------------------	------------------------	--------------------	---

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- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>a.</b> Doing well in school  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>b.</b> Getting more education or training after high school        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>c.</b> Waiting until I am financially ready before having children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

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**50. How likely is it that you will make changes in these areas?**

	<i>Not at all likely</i>	<i>Not likely</i>	<i>Somewhat likely</i>	<i>Very likely</i>	<i>No change needed. I'm already doing this</i>
--	--------------------------	-------------------	------------------------	--------------------	---

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- |   |                       |                       |                       |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>a.</b> Having a plan for spending that includes both <u>needs</u> and <u>wants</u> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>b.</b> Learning how to make sure all my basic needs are met                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| <b>c.</b> Saving my money regularly   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**51. Indicate whether you believe that the following characteristics are those of a healthy relationship or an unhealthy relationship:**

<p><b>a. Treat their partner with respect</b></p> <p style="text-align: center;"><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>b. Lack shared interests</b></p> <p style="text-align: center;"><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>c. Cheat on their partner</b></p> <p style="text-align: center;"><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>d. Share their feelings with one another</b></p> <p style="text-align: center;"><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p>	<p><b>e. Frequently fight</b></p> <p style="text-align: center;"><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>f. Have separate friends and interests as well as common friends and interests</b></p> <p style="text-align: center;"><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>g. Try to control their partner's time and interests</b></p> <p style="text-align: center;"><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>h. Blame their partner when things go wrong</b></p> <p style="text-align: center;"><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p>
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**52. Yes or no?**

<p><b>a. Effective communication involves listening to what others have to say</b></p> <p style="text-align: center;"><input type="radio"/> Yes      <input type="radio"/> No</p> <p><b>b. Good relationships involve trust, respect and communications</b></p> <p style="text-align: center;"><input type="radio"/> Yes      <input type="radio"/> No</p> <p><b>c. Calling a partner all the time to see where they are and who they are with is a form of abuse</b></p> <p style="text-align: center;"><input type="radio"/> Yes      <input type="radio"/> No</p>
--





Date: \_\_\_\_\_

**General Instructions**

Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your answers and everything you say will be kept in private. Your name will not be on the survey. Please answer all questions as well as you can.

We want you to know that:

1. Your participation in this survey is voluntary.
2. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
3. The answers you give will be kept private. Your responses will be combined with those of other people your age.

**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.**

- **PLEASE MARK ALL ANSWERS WITHIN THE CIRCLES PROVIDED.**
- **USE A PEN OR PENCIL.**



Please answer the following questions to the best of your ability. This first set of questions has to do with you.

1. How old are you?      2. Who do you live with?      3. If you are not living at home  
MARK ONLY ONE ANSWER      MARK ALL THAT APPLY      WHERE DO YOU CURRENTLY LIVE?

- |                          |  |   |
|--------------------------|--|---|
| <input type="radio"/> 14 | <input type="radio"/> Mother           | <input type="radio"/> Group Home                            |
| <input type="radio"/> 15 | <input type="radio"/> Father           | <input type="radio"/> Residential Facility                  |
| <input type="radio"/> 16 | <input type="radio"/> Stepparent(s)    | <input type="radio"/> DYS - Community Correctional Facility |
| <input type="radio"/> 17 | <input type="radio"/> Guardian(s)      | <input type="radio"/> Juvenile Detention Center             |
| <input type="radio"/> 18 | <input type="radio"/> Foster Parent(s) | <input type="radio"/> Foster Home                           |
| <input type="radio"/> 19 | <input type="radio"/> Other _____      | <input type="radio"/> Independent Apartment                 |
|                          |  | <input type="radio"/> Other _____                           |

4. Are you Hispanic or Latino?

MARK YES OR NO

- Yes
- No  → PLEASE GO TO Question 6

5. Are you...?

MARK ONLY ONE ANSWER

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a or Spanish origin

6. 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

7. Are you male or female?

MARK ONLY ONE ANSWER

- Male
- Female

8. Do you consider yourself to be one or more of the following?

MARK ALL THAT APPLY

- Straight
- Gay or Lesbian
- Transgender
- Bisexual
- Something else/I have not decided

9. 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

- 7th
- 8th
- 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 towards a GED
- I have a high school diploma/GED but I am not currently enrolled in college/technical school
- I have a high school diploma/GED and I am currently enrolled in college/technical school

10. During the last 12 months, how would you describe your grades? Choose the ONE best response.

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's

Please think about how the program that you just completed has affected you.

11. Even if your program didn't cover a topic, would you say that being in the program has 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. resist or say no to peer pressure?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. know how to manage stress?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. manage conflict without causing more conflict?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. form friendships that keep you out of trouble?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. be respectful toward others?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. make plans to reach your goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. care about doing well in school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. get a steady job after you finish school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. share ideas or talk about things that really matter with a parent/guardian?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. make healthy decisions about drugs and alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. get more education after high school?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. manage money carefully, such as making a budget, saving, or investing?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. be the best that you can be?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**12. The next few questions refer to sexual intercourse and your risk of pregnancy and sexually transmitted diseases. Please respond, even if you are not planning on having sex in the next 6 months.**

**Would you say that being in the program has made you more likely, about the same, or less likely to...**

**a. have sexual intercourse in the next 6 months?**

*By sexual intercourse, we mean the act that makes babies.*

**MARK ONLY ONE ANSWER**

<b>Much more likely</b>	<b>Somewhat more likely</b>	<b>About the same</b>	<b>Somewhat less likely</b>	<b>Much less likely</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**b. use (or ask your partner to use) any of these methods of birth control, if you were to have sexual intercourse in the next 6 months?**

*By birth control, we mean using birth control pills, condoms, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), or implant (Implanon).*

**MARK ONLY ONE ANSWER**

<b>Much more likely</b>	<b>Somewhat more likely</b>	<b>About the same</b>	<b>Somewhat less likely</b>	<b>Much less likely</b>	<i>I will abstain from sexual intercourse (choose not to have sex) in the next 6 months</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**c. use (or ask your partner to use) a condom if you were to have sexual intercourse in the next 6 months?**

**MARK ONLY ONE ANSWER**

<b>Much more likely</b>	<b>Somewhat more likely</b>	<b>About the same</b>	<b>Somewhat less likely</b>	<b>Much less likely</b>	<i>I will abstain from sexual intercourse (choose not to have sex) in the next 6 months</i>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**d. abstain from sexual intercourse (choose not to have sex) in the next 6 months?**

**MARK ONLY ONE ANSWER**

<b>Much more likely</b>	<b>Somewhat more likely</b>	<b>About the same</b>	<b>Somewhat less likely</b>	<b>Much less likely</b>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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**

	<b>All of the Time</b>	<b>Most of the Time</b>	<b>Some of the Time</b>	<b>A Little of the Time</b>	<b>None of the Time</b>
a. Did you feel interested in program sessions and classes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you feel the material presented was clear?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did discussions or activities help you to learn program lessons?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did you feel respected as a person?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Were you picked on, teased, or bullied in this program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Did you have a chance to ask questions about topics or issues that came up in the program?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**14. Now thinking about all youth in this program, how often...**

**MARK ONLY ONE ANSWER PER ROW**

	<b>Most of the Time</b>	<b>Some of the Time</b>	<b>A Little of the Time</b>	<b>None of the Time</b>
a. Were youth in this program picked on, teased, or bullied because people thought they were lesbian, gay, bisexual, or transgender?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Were youth in this program picked on, teased, or bullied because of their race or ethnic background?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**WHAT YOU KNOW**

**Read each question carefully and mark the answer you think is the best response.**

These words are used in this survey: **having sex, STD** and **HIV**. For this survey,

- **having sex** means vaginal sexual intercourse.
- **STD** stands for sexually transmitted disease or diseases. Some examples of STD are herpes, gonorrhea, syphilis, chlamydia and genital warts. Sometimes these are referred to as sexually transmitted infections (STI).
- **HIV** stands for human immunodeficiency virus.

	True	False	Not Sure
15. Most high school students are having sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. A woman is protected from pregnancy the day <b>she begins taking the pill.</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. All STDs can be cured by taking medicine.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. A person with an STD who looks and feels healthy cannot transmit the infection to others.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. Some STDs put you at higher risk of getting infected with HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. About 1 out of 4 sexually active teenagers get an STD each year.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. The best way to use a condom is to leave some space at the tip for the sperm.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. A condom should be completely unrolled before it is placed on the penis.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Most health clinics must have the permission of parents to test and treat people under 18 for an STD (including HIV).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>24. Can the following behaviors put you at risk for getting HIV?</b>	<b>Yes</b>	<b>No</b>	<b>Not Sure</b>
a. Sharing needles for tattooing or piercing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Having sex without a condom	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Donating blood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Using the same condom twice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Hugging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



25. Which of the following methods are **effective** if used correctly to protect people from STD/HIV and pregnancy?

*Protects from Pregnancy & STD/HIV*      *Protects from Pregnancy only*      *Protects from Neither*

- a. Choosing not to have sex (abstinence)
- b. Using hormone based birth control (e.g., the pill, Depo-Provera shot, patch, vaginal ring)
- c. Using latex condoms
- d. Using withdrawal
- e. Douching (washing out the vagina)

**TALKING WITH PARENTS OR OTHER ADULTS IN YOUR FAMILY**

Please fill in the answer for each question that best describes your conversations on the following topics with your parents or other adults with whom you live.

*No*      *Yes, a little*      *Yes, a lot*

- 26. Have you ever talked about abstinence (not having sex) with your parents or other adults with whom you live?
- 27. Have you ever talked about condoms with your parents or other adults with whom you live?
- 28. Have you ever talked about ways to protect yourself from getting HIV or an STD with your parents or other adults with whom you live?
- 29. Have you ever talked about ways to prevent pregnancy with your parents or other adults with whom you live?

**WHAT YOU BELIEVE**

Please fill in the answer for each question that best describes what you believe.

<b>30. I believe that.....</b>	<i>Definitely yes</i>	<i>Probably yes</i>	<i>Probably not</i>	<i>Definitely not</i>
a. People my age should wait until they are older before they have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is OK for people my age to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is OK for people my age to have sex with several different people in the same month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is OK for people my age to choose not to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Condoms should always be used if a person my age has sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Condoms should always be used if a person my age has sex <u>even if the girl uses hormone based birth control.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Condoms should always be used if a person my age has sex <u>even if the two people know each other very well.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>31. I think that.....</b>	<i>Definitely yes</i>	<i>Probably yes</i>	<i>Probably not</i>	<i>Definitely not</i>
a. I would be embarrassed to buy condoms.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. I would feel uncomfortable carrying condoms with me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It would be wrong to carry a condom with me because it would mean that I'm planning to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Having to put on a condom before sex would be a hassle.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Using a condom would be embarrassing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Sex wouldn't feel as good if condoms were used.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**WHAT YOUR FRIENDS BELIEVE**

The following questions ask you about your FRIENDS and what they believe. Even if you're not sure, mark the answer that is your best guess of what they think.

32. Most of my friends believe that...	<i>Definitely yes</i>	<i>Probably yes</i>	<i>Probably not</i>	<i>Definitely not</i>
a. People my age should wait until they are older to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is OK for people my age to have sex with a steady boyfriend or girlfriend.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. It is OK for people my age to have sex with several different people in the same month.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. It is OK for people my age to choose not to have sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Condoms should always be used if a person my age has sex.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Condoms should always be used if a person my age has sex, <u>even if the girl uses hormone based birth control.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Condoms should always be used if a person my age has sex, <u>even if the two people know each other very well.</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**YOUR REASONS FOR NOT HAVING SEX NOW OR IN THE FUTURE**

**Please mark the choices that best match how you feel.**

**33. Why would you choose NOT to have sex?**

**MARK ALL THAT APPLY**

- I think it's wrong to have sex before marriage.
- My religious/cultural beliefs say that it's wrong to have sex before marriage.
- I am not ready to have sex.
- I am not interested in having sex.
- I am waiting for the right person.
- I am waiting until I get married.
- I am waiting until I'm older.
- I don't want to get pregnant or get someone pregnant.
- I don't want to get a sexually transmitted disease (STD) or HIV.
- My friends think it is wrong to have sex at our age.
- My parents or foster parents would be upset if I had sex.
- I would be embarrassed to have sex.
- I do not have someone to have sex with.
- My boyfriend or girlfriend doesn't want to have sex.
- I do not know where to get birth control or STD protection.
- I would be embarrassed to get and use birth control or STD protection.
- I do not have enough money to buy birth control or STD protection.
- Other reason. Why? \_\_\_\_\_

**HOW SURE YOU ARE**

Please fill in the answer for each question that best describes how you feel.

<b>34. How sure are you that you could do what is described?</b>	<i>I'm sure I could <u>not</u></i>	<i>I probably could <u>not</u></i>	<i>I probably could</i>	<i>I'm sure I could</i>
a. Could you keep from having sex if your partner really wanted to, but you were not ready?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Could you keep from having sex if you just met someone you really liked and that person wanted to have sex, but you didn't?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Could you keep from having sex if you had strong sexual feelings for someone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>35. If you were going to have sex:</b>	<i>I'm sure I could <u>not</u></i>	<i>I probably could <u>not</u></i>	<i>I probably could</i>	<i>I'm sure I could</i>
a. Could you buy a condom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Could you talk about using condoms with your partner before having sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Could you insist on using a condom if your partner didn't want to use one?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Could you ask your partner to use condoms even if the two of you had sex before without using condoms?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Could you keep from having sex if neither you nor your partner had any form of birth control?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Could you use a condom without spoiling the mood?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**WHAT YOU THINK YOU MIGHT DO**

**Please fill in the answer for each question that best describes what you think will happen.**

	<i>I am sure I will</i>	<i>I probably will</i>	<i>I probably will not</i>	<i>I am sure I will not</i>
36. How likely do you think it is that you will have sex in the next 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. How likely do you think it is that you will have sex by the end of 12 <sup>th</sup> grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
38. How likely do you think it is that you will have sex without a condom by the end of 12 <sup>th</sup> grade?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**TRANSITION TO ADULTHOOD**

**Please answer all questions to the best of your ability:**

39. I have completed a job application and resume.

**MARK YES OR NO**

Yes       No

40. I have had a job interview.

**MARK YES OR NO**

Yes       No

**41. How important are each of the following?**

*Not at all      Not much      A little      A lot      Extremely*

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Doing well in school  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Getting more education or training after high school          | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Waiting until I am financially ready before having children   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Having a plan for spending that includes both needs and wants | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Learning how to make wise financial decisions                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Saving my money regularly                                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**42. How confident are you that you ....**

*Not at all likely      Not likely      Somewhat likely      Very likely      No change needed. I'm already doing this*

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Can do well in school   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Will be getting more education or training after high school  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Will wait until I am financially ready before having children | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

<b>43. How confident are you that you ....</b>	<i>Not at all likely</i>	<i>Not likely</i>	<i>Somewhat likely</i>	<i>Very likely</i>	<i>No change needed. I'm already doing this</i>
a. Will have a plan for spending that includes both <u>needs</u> and <u>wants</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Will learn how to make wise financial decisions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Will save your money regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>44. How likely is it that you will make changes in these areas?</b>	<i>Not at all likely</i>	<i>Not likely</i>	<i>Somewhat likely</i>	<i>Very likely</i>	<i>No change needed. I'm already doing this</i>
a. Doing well in school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Getting more education or training after high school	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Waiting until I am financially ready before having children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

<b>45. How likely is it that you will make changes in these areas?</b>	<i>Not at all likely</i>	<i>Not likely</i>	<i>Somewhat likely</i>	<i>Very likely</i>	<i>No change needed. I'm already doing this</i>
a. Having a plan for spending that includes both <u>needs</u> and <u>wants</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Learning how to make sure all my basic needs are met	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Saving my money regularly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



**46. Indicate whether you believe that the following characteristics are those of a healthy relationship or an unhealthy relationship:**

<p><b>a. Treat their partner with respect</b></p> <p><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>b. Lack shared interests</b></p> <p><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>c. Cheat on their partner</b></p> <p><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>d. Share their feelings with one another</b></p> <p><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p>	<p><b>e. Frequently fight</b></p> <p><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>f. Have separate friends and interests as well as common friends and interests</b></p> <p><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>g. Try to control their partner's time and interests</b></p> <p><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p> <p><b>h. Blame their partner when things go wrong</b></p> <p><input type="radio"/> Healthy      <input type="radio"/> Unhealthy</p>
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**47. Yes or no?**

<p><b>a. Effective communication involves listening to what others have to say</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No</p> <p><b>b. Good relationships involve trust, respect and communications</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No</p> <p><b>c. Calling a partner all the time to see where they are and who they are with is a form of abuse</b></p> <p><input type="radio"/> Yes      <input type="radio"/> No</p>
--

**48. What are the three most important points that you learned from this program?**

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

**49. What did you like the most about this program?**

\_\_\_\_\_

\_\_\_\_\_

**50. What did you like least about this program?**

\_\_\_\_\_

\_\_\_\_\_

**51. What would you have wanted to learn in this program that you didn't?**

\_\_\_\_\_

\_\_\_\_\_

**52. Are there any other thoughts or ideas you have that could make this program better?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Thank you for participating in this survey!*