

Form approved  
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## PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

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### PARTICIPANT ENTRY SURVEY MIDDLE SCHOOL

**Thank you for your help with this important study. This survey includes questions about your family, friends, school, and also your attitudes and behaviors. Your name will not be on the survey and your responses will remain private to the extent permitted by law. We want you to know that:**

- 1. Your participation in this survey is voluntary.**
- 2. We hope that you will answer all of the questions, but you may skip any questions you do not wish to answer.**
- 3. The answers you give will be kept private to the extent permitted by law.**

#### THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 9 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The information collected will help policy makers, program providers and other stakeholders understand the experiences of youth today and identify ways to reduce risky behaviors. This information will also inform programs on how best to serve their participants. The collection of this information is voluntary and responses will be kept private to the extent allowed by law. The OMB number for this information collection is 0970-0497 and the expiration date is 06/30/2023.

# General Instructions

**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. Here are some examples.

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

## 1. EXAMPLE 1: MARK ONLY ONE ANSWER

**What is the color of your eyes?**

MARK ONLY ONE ANSWER

- ☒ Brown  
☐ Blue  
☐ Green  
☐ Another color

If the color of your eyes is brown, you would mark (X) the first box as shown.

## 2. EXAMPLE 2: MARK ALL THAT APPLY

**Do you plan to do any of the following next week?**

MARK ALL THAT APPLY

- ☒ Watch a movie  
☒ Go to a baseball game  
☐ Study at a friend's house

If you plan watch a movie and go to a baseball game next week, you would mark (X) both boxes.

8.

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

MARK ONLY ONE ANSWER PER ROW

	All of the Time	Most of the Time	Some of the Time	None of the Time
a. resisted or said no to peer pressure? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. managed your emotions in healthy ways (for example, ways that are not hurtful to you or others)? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. worked together to find a solution when you disagreed with a friend? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. chose to spend time with friends that keep you out of trouble? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. made decisions to not use drugs and alcohol? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. were respectful of others? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. thought about the consequences before making a decision? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9.

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

MARK ONLY ONE ANSWER PER ROW

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

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

MARK ONLY ONE ANSWER PER ROW

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

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

MARK ONLY ONE ANSWER PER ROW

	All of the time	Most of the time	Some of the time	None of the time
a. talked with your parent, guardian, or caregiver about things going on in your life? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. talked with your parent, guardian, or caregiver about sex? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12.

The next few questions are about relationships and dating. Please answer the questions below even if you are not currently dating or going out with someone.

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

MARK ONLY ONE ANSWER PER ROW

	Not true at all	Somewhat true of me	Very true of me
a. I understand what makes a relationship healthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I look for information and resources about dating violence (for example, websites, social media, hotlines, organizations, etc.). .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would be able to resist or say no to someone I am dating or going out with if they pressured me to participate in sexual acts, such as kissing, touching private parts, or sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would talk to a friend if someone I am dating or going out with makes me uncomfortable, hurts me, or pressures me to do things I don't want to do. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I would talk to a trusted adult (for example, a family member, teacher, counselor, coach, etc.) if someone I am dating or going out with makes me uncomfortable, hurts me, or pressures me to do things I don't want to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I would talk to a trusted adult if someone <b>other than</b> the person I am dating or going out with makes me uncomfortable, hurts me, or pressures me to do things I don't want to do. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you for participating in this survey!*