

OPA TPP Entry Survey

Please answer the following questions as best you can. Remember that you may skip any questions that make you feel uncomfortable. This first set of questions are about you.

1. How old are you?

MARK ONLY ONE ANSWER

- 13
- 14
- 15
- 16
- 17
- 18
- 19 or older

2. What grade are you in?

MARK ONLY ONE ANSWER

- 8th
- 9th
- 10th
- 11th
- 12th

3. Are you Hispanic or Latino?

MARK YES OR NO

- Yes
- No

4. 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

5. What is your gender?

MARK ONLY ONE ANSWER

- Male
- Female

- Transgender
- Other _____

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

MARK ONLY ONE ANSWER

- Heterosexual/straight (not gay or lesbian)
- Gay or lesbian
- Bisexual
- Something else (specify) _____
- Not sure
- I choose not to answer this question

7. Who do you live with MOST OF THE TIME?

MARK ONLY ONE ANSWER

- Both parents
- Parent and step parent
- Mother only
- Father only
- Split time between parents
- Other adult relative (e.g. aunt, grandparents)
- Legal guardian
- Foster parent
- Group home or residential care
- Homeless Shelter
- Other (specify) _____

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 to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. thought about the consequences before making a decision?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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"/>
b. I care about doing well in school.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I plan to graduate from high school or get my GED.....		<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"/>
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"/>
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"/>
i. I would speak up or ask for help if I was being hurt or bullied by my dating partner in person or online, via text, while gaming, or through other social media.....			
j. I would speak up or ask for help if others were being hurt or bullied by their dating partner in person or online, via text, while gaming, or through other social media			

10. 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"/>
c. talked with your parent, guardian, or caregiver about things going on with your dating partner (or potential dating partner)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. talked with a trusted adult other than your parent, guardian, or caregiver about things going on in your life?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. talked with a trusted adult other than your parent, guardian, or caregiver about sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. talked with a trusted adult other than your parent, guardian, or caregiver things going on with your dating partner (or potential dating partner)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

11. 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"/>
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"/>
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"/>
f. I would talk to a trusted adult if someone other than the person I am dating or going out with makes me uncomfortable, hurts me, or pressures me to do things I don't want to do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next questions ask about sexual intercourse and your risk of pregnancy and sexually transmitted infections. (By sexual intercourse, we mean oral, vaginal, and anal sex.) Remember, all of your responses will be kept private.

12. Have you ever had sexual intercourse?

MARK ONLY ONE ANSWER

- Yes
- No

13. Have you ever had unprotected sexual intercourse?

MARK ONLY ONE ANSWER

- I have never had sexual intercourse
- Yes
- No

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

MARK ONLY ONE ANSWER

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

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

MARK ONLY ONE ANSWER

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

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

MARK ONLY ONE ANSWER

- I have never had sexual intercourse
- I have had sexual intercourse, but not in the past 3 months
- All of the time
- Most of the time
- Some of the time

None of the time

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

MARK ONLY ONE ANSWER

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

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

MARK ONLY ONE ANSWER

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

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

MARK ONLY ONE ANSWER

- Yes
- No

20. How important are each of these reasons to stop you from having intercourse?

MARK ONLY ONE ANSWER PER ROW

	Not at all important	Not too important	Somewhat important	Very important
a. how it might affect your plans for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. the possible emotional consequences (for example, feeling sadness or regret)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. the possible social consequences (for example, get a bad reputation or have rumors spread about you, have to deal with drama, make your relationship with someone you are dating or going out with worse, or get in trouble with your parents).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. the risk of getting a sexually transmitted infection (STI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. the risk of getting pregnant or getting someone pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. 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 plan to delay having sexual intercourse until I graduate from high school or receive my GED.....		<input type="checkbox"/>	<input type="checkbox"/>
b. I plan to delay having sexual intercourse until I graduate from college or complete another education or training program.....		<input type="checkbox"/>	<input type="checkbox"/>
c. I plan to delay having sexual intercourse until I am married.....		<input type="checkbox"/>	<input type="checkbox"/>
d. I plan to be married before I have a child		<input type="checkbox"/>	<input type="checkbox"/>
e. I plan to have a steady full-time job before I get married.....		<input type="checkbox"/>	<input type="checkbox"/>
f. I plan to have a steady full-time job before I have a child.		<input type="checkbox"/>	<input type="checkbox"/>
g. I understand the costs associated with raising a child ..			

The next questions ask access to information, resources, and supports.

22. Have you ever been referred to.....

MARK ALL THAT APPLY

- Sexual health services (STI, STD, Pregnancy, etc.)
- Substance abuse services
- Behavioral/Mental health services

23. Do you have access to a referral guide or website that offers youth related social services?

MARK ONLY ONE ANSWER

- Yes
- No

24. Do you know how to access an agency that provides STI testing programs or sexual health services?

MARK ONLY ONE ANSWER

- Yes
- No

25. Are there any STI testing programs or sexual health services close enough for you to access?

MARK ONLY ONE ANSWER

- Yes
- No
- Don't know

26. Are there any places you can get free condoms that are close enough for you to access?

MARK ONLY ONE ANSWER

- Yes
- No
- I don't know

27. If you wanted information about pregnancy or STIs, mark all that you would ask or use:

MARK ALL THAT APPLY

- Boyfriend/girlfriend
- Friend
- Trusted adult, non-relative
- Mother
- Father
- Other relative
- Online
- Health Department
- School Officials (teachers, counselors, staff)
- Do not need this information

Thank you for participating in this survey!