

OPA TPP Exit 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. Has being in the program made you more likely, about the same, or less likely to...
(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. resist or say no to peer pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. manage your emotions in healthy ways (for example, ways that are not hurtful to you or others)?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. work together to find a solution when you disagree with a friend?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. choose to spend time with friends that keep you out of trouble?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. make decisions to not use drugs and alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. be respectful toward others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. think about the consequences before making a decision?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Has being in the program made you more likely, about the same, or less likely to...

(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less likely	Much less likely
a. make plans to reach your goals?	<input type="checkbox"/>				
b. care about doing well in school?	<input type="checkbox"/>				
c. graduate from high school or get your GED?...	<input type="checkbox"/>				
d. get more education or training after high school or completing your GED?.....	<input type="checkbox"/>				
e. get a steady full-time job after school?	<input type="checkbox"/>				
f. speak up or ask for help if I am being bullied in person or online, via text, while gaming, or through other social media?	<input type="checkbox"/>				
g. speak up or ask for help if others are being bullied in person or online, via text, while gaming, or through other social media?	<input type="checkbox"/>				
h. 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.....	<input type="checkbox"/>				
i. 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.....	<input type="checkbox"/>				

10. Has being in the program made you more likely, about the same, or less likely to...

(Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. talk with your parent, guardian, or caregiver about things going on in your life?	<input type="checkbox"/>				
b. talk with your parent, guardian, or caregiver about sex?	<input type="checkbox"/>				
c. feel comfortable talking with your parent, guardian, or caregiver about sex?	<input type="checkbox"/>				
d. talk with your parent, guardian, or caregiver about things going on with your dating partner (or potential dating partner)?....	<input type="checkbox"/>				
e. talk with a trusted adult other than your parent, guardian, or caregiver about things going on in your life?	<input type="checkbox"/>				
f. talk with a trusted adult other than your parent, guardian, or caregiver about sex?	<input type="checkbox"/>				
g. feel comfortable talking with a trusted adult about sex?	<input type="checkbox"/>				
h. talk 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"/>				

11. Has being in the program made you more likely, about the same, or less likely to...
 (Note: If the program has not affected your likelihood to do the following, choose "About the same".)

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less Likely	Much less likely
a. better understand what makes a relationship healthy?.....	<input type="checkbox"/>				
b. look for information and resources about dating violence (for example, websites, social media, hotlines, organizations, etc.)?	<input type="checkbox"/>				
c. resist or say no to someone you are dating or going out with if they pressure you to participate in sexual acts, such as kissing, touching private parts, or sex?	<input type="checkbox"/>				
d. talk to a friend if someone you are dating or going out with makes you uncomfortable, hurts you or pressures you to do things you don't want to do?	<input type="checkbox"/>				
e. talk to a trusted adult (for example, a family member, teacher, counselor, coach, etc.) if someone you are dating or going out with makes you uncomfortable, hurts you, or pressures you to do things you don't want to do?	<input type="checkbox"/>				
f. talk to a trusted adult if someone other than the person you are dating or going out with makes you uncomfortable, hurts you or pressures you to do things you don't want to do?....	<input type="checkbox"/>				

12. 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"/>	<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"/>	<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"/>	<input type="checkbox"/>
g. I understand the costs associated with raising a child			

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

13. As a result of being in the program, are you planning to abstain from sexual intercourse (i.e., choose to not have sexual intercourse) for at least the next 3 months?

- Yes **GO TO QUESTION 14**
- No **GO TO QUESTION 15, NEXT PAGE**
- Not sure **GO TO QUESTION 15, NEXT PAGE**

14. How important are each of these reasons in your decision to not have sexual intercourse for at least the next 3 months? (Note: Do not answer this question if you responded “No” or “Not sure” to question 13.)

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"/>

IF YOU ANSWERED QUESTION 14, GO TO QUESTION 16

IF YOU ANSWERED “NO” OR “NOT SURE” TO QUESTION 13: SKIP QUESTION 14 AND GO TO QUESTION 15 ON THE NEXT PAGE

15. Has being in the program made you more likely, about the same, or less likely to... (Note: If the program has not affected your likelihood to do the following, choose "About the same".)

a. have sexual intercourse in the next 3 months?

MARK ONLY ONE ANSWER

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

b. use (or ask your partner to use) a condom if you were to have sexual intercourse in the next 3 months?

MARK ONLY ONE ANSWER

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

c. use (or ask your partner to use) birth control OTHER than condoms if you were to have sexual intercourse in the next 3 months? *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

- Much more likely
- Somewhat more likely
- About the same
- Somewhat less likely
- Much less likely

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.

16. How often in this program...

MARK ONLY ONE ANSWER PER ROW

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

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

MARK ONLY ONE ANSWER PER ROW

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

18. Thinking about the program, how satisfied are you with...

MARK ONLY ONE ANSWER PER ROW

	Very satisfied	Somewhat satisfied	A little satisfied	Not at all satisfied
a. the information you received about abstaining from sex (choosing to not have sex)? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. the information you received about condoms and birth control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK ONLY ONE ANSWER

- Yes
- No

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

MARK ONLY ONE ANSWER

- Yes
- No

21. 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

22. 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

23. 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!