



PARTICIPANT ENTRY SURVEY MIDDLE SCHOOL

Please follow these instructions carefully:

- * Use only black lead pencil or black pen (no gel pens please).**
- * Make heavy black marks inside the circles.**
- * Erase evenly any answer you wish to change.**

This kind of mark will work:

Correct Mark



These kinds of marks will NOT work:

Incorrect Marks



Please answer the following questions as best you can. This first set of questions are about you.

1.

How old are you?

MARK ONLY ONE ANSWER

- 10
- 11
- 12
- 13
- 14
- 15
- 16

2.

What grade are you in? (If you are currently on vacation or in summer school, indicate the grade you will be in when you go back to school.)

MARK ONLY ONE ANSWER

- 5th
- 6th
- 7th
- 8th
- 9th
- My school does not assign grade levels
- I am not currently enrolled in school

3.

When you are at home or with your family, what language or languages do you usually speak?

MARK ALL THAT APPLY

- English
- Spanish
- Other (specify) _____

4.

Are you Hispanic or Latino?

MARK ONLY ONE ANSWER

- Yes
- No

5.

What is your race?

MARK ALL THAT APPLY

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian
- Other (specify) _____

6.

What is your sex?

MARK ONLY ONE ANSWER

- Male
- Female

7.

Are you currently...?

MARK ALL THAT APPLY

- Living with family [parent(s), guardian, grandparents, or other relatives]
- In foster care, living with a family
- In foster care, living in a group home
- Couch surfing or moving from home to home
- Living outside, in a tent city or homeless camp, in a car, in an abandoned vehicle or in an abandoned building
- Staying in an emergency shelter or transitional living program
- Staying in a hotel or motel
- In juvenile detention center, juvenile group home, and/or under the supervision of a probation officer
- None of the above

8. In the past three months, 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. made decisions to not use drugs and alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. 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 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"/>
g. 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 would be able to resist or say no to someone if they pressured me to participate in acts, such as kissing, touching private parts, or sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would talk to a trusted person/adult (for example, a family member, teacher, counselor, coach, etc.) if someone makes me uncomfortable, hurts me, or pressures me do things I don't want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for participating in this survey!