

Please note that CCS Policy 4720 offers parents the opportunity to review surveys such as this one. The formatting may be different when the students take the survey but the content of the items will be the same.

USER ID: _____ PASSWORD: _____

If you would like to take the survey in English, please click here (Si desea participar en la encuesta en inglés, por favor haga clic aquí)

If you would rather take the survey in Spanish, please click here (Si prefieres participar en la encuesta en español, por favor haga clic aquí)

TRAIL/OAH SURVEY

INSTRUCTIONS:

*READ THE INFORMATION BELOW AND WHETHER OR NOT TO PARTICIPATE AT END OF **PAGE 2**.*

Assent

Lynne Messer at Portland State University in Portland, OR is doing a research study on attitudes and behaviors around teenage pregnancy.

What Will I Have To Do?

If you decide to take part in this project, we will ask you to complete a survey

Are There Any Risks?

There are minimal risks to completing this survey and you do not have to take part in this study. If you do agree to take part, some of the questions might make you feel uncomfortable because they ask about sexual attitudes and behaviors. You don't have to answer any questions you don't want to. And

if you don't want to go on, you can stop. If you are upset after the study and need to talk with someone, you can call Lynne Messer in the School of Community Health; she is the person leading the project in Portland. The evaluation team helping with the survey can also provide you with a list of places to go if you need to talk with someone.

What Will I Get In Return?

You will get a movie gift card as compensation for participating. You will receive the movie gift card after completing the survey. It is our way of saying "Thank you for your time." Even if you choose not take the survey, you will get the movie gift card after you complete an alternate online health activity.

Knowing you are helping others. Many people feel good about helping others. We can learn so much from you about teenage attitudes about sexual behavior.

What Are You Doing To Protect Me?

Your privacy is very important to us. We have done many things to protect you:

We won't tell anyone if you take part in this study or not.^{[[SEP]]} When we talk to you, it will be in a private place. This means no one will be able to overhear what you tell us.^{[[SEP]]} Your name and what you tell us will be kept confidential to the extent allowed by law. (By "kept confidential" we mean that the names of people who take part in the study will not be given to anyone else. And it means that we will only reveal what you say in a way that no one could ever guess or know it was you who said it.) If, in the course of the study, you disclose that you are, or are intending to, harm yourself or others, we are ethically and legally required to notify the appropriate authorities.^{[[SEP]]} Only staff from the research project will know what you say. No one from the school will know what you say.^{[[SEP]]} Your name and other personal information, which we need in order to keep track of who we talk to, will be kept in a locked file cabinet or in a locked file on the computer so that no one other than the research staff will be able to see it.

When we write or talk about what we learned in this study, we will leave things out so no one will be able to tell who we are talking about.

Any Questions?

If you have any questions about this study, this form, or the study, you can talk to the person leading the project in Portland, Lynne Messer, (503) 7255182. You can also contact the Office of Research Integrity of Portland State University about your rights as a research participant (someone who takes part in a study). Hours are 9:00 a.m. to 5:00 p.m. The office is located at Portland State University, Market Center Building, Ste. 620, Portland, OR 97201. The telephone number is (503) 7252227.

Your parent(s) have said that it is okay for you to be in this research study. You do not have to participate in this study if you do not want. You can change your mind at anytime by telling your

teacher or the person conducting this study that you do not wish to participate.

If I check and sign by “I agree to participate”, what does it mean? This is a consent form. Checking “I agree” means that:

You have read and understand what this form says. You are willing to take part in the study. You know that you do not have to take part in this study. And even if you agree, you can change your mind and stop at any time. No problem. If you found out about this study at school, you know that taking part in this study has nothing to do with the education you get there. If you agree to take part or if you say no, they won't know and it won't matter. They will treat you the same. You will get a copy of this form to keep for yourself.

If I check and sign by “I choose not to participate”, what does it mean? This is a consent form. Checking “I choose not to participate” means that:

You are not willing to take part in the study. You will be directed to an online health activity that you can work on while your classmates finish the survey. You will still receive the movie pass for completing the alternate health activity.

ONLY CHOOSE 1 OPTION:

- Yes; I choose to participate

Name

Signature

Date

OR

- No; I choose not to participate

Name

Signature

Date

You have decided not to participate. You will be directed to an online health website to complete activities until your peers are finished with the survey. Thank

you!

I choose not to participate, take me to the online health activity.

I choose to participate, take to me back to the survey.

-

SURVEY INSTRUCTIONS:

- **BE HONEST:** For the following items, please be honest in your answers. Remember that your guardians, teachers, friends, and school staff will NEVER have access to your answers.
- **CHOOSE ONE ANSWER:** Select the 1 answer choice that best fits your response. If you do not want to answer an item, leave it blank, but please try to answer all items as best you can.

SECTION 1

1. Below are statements about how some people feel about certain behaviors. Mark what YOU think about each statement:

I think parent opinions about dating are important.	Definitely True	True	Don't Know	False	Definitely False
I think it is important to discuss dating and sex with parents	Definitely True	True	Don't Know	False	Definitely False
I think it is okay for students in my grade to have sexual intercourse.	Definitely True	True	Don't Know	False	Definitely False

1. Below are the same statements about how some people feel about certain behaviors. This time mark how you think MOST OF THE STUDENTS IN YOUR GRADE will mark each statement:

Others my age think parent opinions about dating are important.	Definitely True	True	Don't Know	False	Definitely False
Others my age think it is important to discuss dating and sex with parents	Definitely True	True	Don't Know	False	Definitely False
Others my age think it is okay for students in my grade to have sexual intercourse.	Definitely True	True	Don't Know	False	Definitely False

1. How many students your age do you think have talked with their parents about sex?

Choose a percentage that best fits the question.

0% or no one does this	25% or a few do this	50% or about half does this	75% or most do this	90% or almost all do this
---------------------------------------	---------------------------------	--	--------------------------------	--

1. How many students your age do you think have ever had a sexual relationship?

Choose a percentage that best fits the question.

0% or no one does this	25% or a few do this	50% or about half does this	75% or most do this	90% or almost all do this
---------------------------------------	---------------------------------	--	--------------------------------	--

SECTION 2

Below is a list of positive things that you might have in yourself, your family, friends, neighborhood, school, and community. For each item that describes you now or within the past 3 months, check if the item is true.

**Not At All or Rarely
Almost Always**

Somewhat or Sometimes

Very or Often

Extremely or

Not At All
or
Rarely

Somewhat
or
Sometimes

Very
or
Often

Extremely
or
Almost Always

Note: The term "Parent(s)" means 1 or more adults who are responsible for raising you.

I...

1. Ask for advice from my parents.
2. Feel safe and secure at home.
3. Feel valued and appreciated by others.

Not At All
or
Rarely

Somewhat
or
Sometimes

Very
or
Often

Extremely
or
Almost Always

I AM...

- 4. Encouraged to try things that might be good for me.
- 5. Included in family tasks and decisions.
- 6. Spending quality time at home with my parent(s).

I HAVE...

or

them.

neighbors or
out for me.

things.

7. Parents(s) who try to help me succeed.
8. Community members (such as coaches, neighbors
pastors) who care about me.
9. A school that cares about kids and encourages
10. Teachers who urge me to develop and achieve.
11. Support from adults other than my parents.
12. Parent(s) who urge me to do well in school.
13. A family that gives me love and support.
14. Community members (such as coaches,
pastors) who help watch
15. Parent(s) who are good at talking with me about

Please select whether you agree or disagree with the following statements about your guardians and your school. If you do not want to answer an item, leave it blank, but please try to answer all items as best you can.

1. In the past 3 months, I have spoken to at least one of my guardians about dating or relationships.

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

I Don't Want to Answer This Question

2. I feel safe in my school.

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

I Don't Want to Answer This Question

3. There are staff members at my school (for example teachers, counselors, nurses, or administrators) that care about my success.

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

I Don't Want to Answer This Question

1. How much do you agree or disagree with the following statement:

The media, like TV, movies, internet, magazines, Facebook, Instagram, and other social media, influences my behavior?

Strongly Agree

Agree

Neither Agree nor Disagree

Disagree

Strongly Disagree

I Don't Want to Answer This Question

SECTION 3

*Next we would like to ask you a few personal questions about some of your experiences so we can learn about the health and behavior of young people today. This will include questions about sexual experiences. **Remember to be honest and that your answers will remain confidential.** This means no one other than the researchers will have this information. If you do not want to answer an item, leave it blank, but please try to answer all items as best you can.*

1. Have you ever touched someone's private parts? Private parts are the parts of the body covered by underwear or a bra.

YES

NO

Don't know

I Don't Want to Answer This Question

2. Have you ever let someone touch your private parts?

YES

NO

Don't know

I Don't Want to Answer This Question

The next questions are about vaginal sex. By vaginal sex, we mean a penis inserted into a vagina. Please do not report on episodes of oral or anal sex in this section.

1. Have you ever had vaginal sex?

YES

NO Skip to **Question 11** after **Question 4**

Don't know

I Don't Want to Answer This Question

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

YES

- NO → Skip to **Question 7**
- Don't know
- I Don't Want to Answer This Question
-

1. To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant? [L] [SEP]

1. Now please think about the past 3 months. In the past 3 months, have you had vaginal sex, even once?

YES

NO → Skip to **Question 11**

Don't know

I Don't Want to Answer This Question

1. In the past 3 months, how many times have you had vaginal sex? _____

1. In the past 3 months, have you had vaginal intercourse without you or your partner using any method of birth control listed below? [L] [SEP]

- Birth control pills

- The shot (Depo Provera)
- The patch
- The ring (NuvaRing)
- IUD (Intrauterine Device: Mirena, Skyla, or Paragard)
- Implant (Implanon or Nexplanon)
- Condom

YES

NO Skip to **Question 11**

Don't know

I Don't Want to Answer This Question

1. In the past 3 months, how many times have you had vaginal intercourse without you or your partner using any method of birth control listed above? SEP _____

1. Do you intend (plan) to have vaginal sex in the next year, if you have the chance?

Yes, definitely

Yes, probably

No, probably not

No, definitely not

Don't know

I Don't Want to Answer This Question

1. If you were to have vaginal intercourse in the next year, do you intend (plan) to use (or have your partner use) any of these methods of birth control?

- Birth control pills
- The shot (Depo Provera)
- The patch
- The ring (NuvaRing)
- IUD (Intrauterine Device: Mirena, Skyla, or Paragard)
- Implant (Implanon or Nexplanon)
- Condom

Yes, definitely

Yes, probably

No, probably not

No, definitely not

Don't know

SECTION 4

-

1. Have you ever had an in-school suspension?

YES

NO

Don't know

I Don't Want to Answer This Question

2. Have you ever had an out-of-school suspension?

YES

NO

Don't know

I Don't Want to Answer This Question

1. Have you ever used drugs or alcohol?

YES

NO → Skip to **Section 6**

Don't know

I Don't Want to Answer This Question

1. In the past 3 months, have you used drugs or alcohol?

YES

NO Skip to **Section 6**

Don't know

I Don't Want to Answer This Question

1. In the past 3 months, how many times have you used drugs or alcohol? _____

SECTION 5

-

1. What is your age?

12

13

14

15

16

Not listed (please enter): _____

1. What grade are you in?

8th

9th

10th

1. What is your ethnicity?

Don't know

Non-Hispanic/Latino

Hispanic or Latino

I don't want to answer this question

1. What is your race? Even if you selected Hispanic or Latino as your ethnicity, please choose which race group you most closely identify with.

White

Black or African American

Asian

American Indian or Alaskan Native

Pacific Islander or Native Hawaiian

More than one race

Other race

Don't know

I don't want to answer this question

1. Which of the following best describes you?

Female

Male

Transgender

Other

Unknown

I Don't Want to Answer This Question

1. People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

Only attracted to females ISEP

Mostly attracted to females ISEP

Equally attracted to both females and males ISEP

Mostly attracted to males ISEP

Only attracted to males ISEP

Questioning/not sure ISEP

I Don't Want to Answer This Question

7. During your life, with whom have you chosen to have sexual contact? By sexual contact, we mean touching private parts or having oral, anal, or vaginal sex.

I have never had sexual contact

Females

Males

Females and Males

Don't know

I Don't Want to Answer This Question

8. Have you ever been pressured to have sexual contact?

YES

NO

Don't know

I Don't Want to Answer This Question

9.What school do you currently attend?

Thank you for participating in this survey! Your answers will help us to better understand the health behaviors and attitudes of young people. We appreciate your time and honesty.

Last Modified about 36 minutes ago

