

Date:

ID:

Youth Questionnaire



You are being asked to participate in a survey that is being conducted by the Oregon Health & Science University. The information you provide will help us better understand what teens learn and experience during the Native STAND Program.

The survey will take about 20 minutes to complete. Your answers will be kept confidential. Your name will not be on the survey and no one will be able to connect your responses to you.

Your completion of this survey serves as your voluntary agreement to participate. You may choose not to take the survey. You may also choose to skip questions that you do not want to answer. You may stop answering at any point in the survey.

This survey has been reviewed and approved by the Institutional Review Board of the Portland Area Indian Health Service. This committee is responsible for protecting the rights and welfare of research participants and tribal members. If you have any questions about your rights in this study, you may contact the IRB Coordinator, Clarice Charging, at telephone (503) 416-3256 or email ccharging@npaihb.org.

When you see a box, please indicate your answer with an "X" or check mark.

Example: Do you like ice cream?

- No
- Yes

When you see box, please circle the answer that best fits how you feel.

I like chocolate ice cream.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
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The first set of questions are about how you feel.

Please indicate the extent to which you agree or disagree with the following statements. We are interested in learning about how you feel in general (most of the time).

I smile and laugh a lot.	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I adjust well to new situations and challenges.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Sometimes I think I am no good at all.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I try to do my best.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I feel that I am a failure.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I am optimistic about my future.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I have a sense of what life is calling me to do.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
Being Native American is a major part of my identity.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I have spent time trying to find out more about the history, traditions, and customs of Native people.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I do a pretty good job dealing with obstacles and challenges.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I believe that I have many strengths because I am a Native American.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

Questions about your friends, family and community

Please indicate the extent to which you agree or disagree with the following statements. We are interested in learning about how you feel in general (most of the time).

I have friends who support me.	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
I can talk about my problems with my friends.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
If I had to move, I would miss the community I now live in.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I feel safe in my community or neighborhood.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I can share my thoughts and feelings with someone in my family.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
If I had a personal problem, I could ask someone in my family for help.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
I feel safe at home.	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree

Questions about your personal behavior

The next section asks about your use of alcohol, drugs, and sexual activity.

Please remember that your answers will be kept strictly confidential and private — they will not be shared with your teachers, school officials, or anyone else. Even the data analysts will not know your name. We appreciate your honest responses.

In the **past year**, have you had a serious conversation about sex with your friends?

No

Yes

Decline to answer

↓ Answer questions in the box.

In the conversation, did you **think about things** that you learned in Native STAND?

I haven't talked to my friends about sex in a serious way

No

Yes

In the conversation, did you **share any information** that you learned in Native STAND?

I haven't talked to my friends about sex in a serious way

No

Yes

↓
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Have you ever, even once in your lifetime, done any of these things? For those that you answer “yes,” please indicate the last time you did it.

Have you ever, even once . . .

drank alcohol to get drunk?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago
tried smoking cigarettes?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago
used marijuana?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago
used methamphetamine, LSD, cocaine, heroin, bath salts or other illegal drugs? (examples include: meth, crystal meth, ice, or crank)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago
used over-the-counter drugs for the feeling it caused? “Over-the-counter” drugs can be bought in drug stores or grocery stores without a doctor’s prescription. (examples include: diet pills, pep pills like No-Doz, and cold or cough medicine that says DM or Tuss on the bottle)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago
used prescription drugs without a doctor's orders for the feeling it caused? (ex: Vicodin, OxyContin, Tylox, Xanax, Valium, Ritalin or Ambien)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago
sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Within the past month <input type="checkbox"/> Within the past year <input type="checkbox"/> Over a year ago

Have you **ever** had **oral** sex? By oral sex, we mean when someone puts his or her mouth on their partner's penis or vagina, or lets their partner put his or her mouth on his penis or her vagina.

- No
- Yes
- Decline to answer

If yes, how old were you when you had oral sex for the first time? __ __ years old

Have you **ever** had **vaginal** sex? By vaginal sex, we mean when a boy puts his penis inside a girl's vagina. Some people call this "having sex" or "doing it."

- No
- Yes
- Decline to answer

↓ Answer questions in the box.

If yes, how old were you when you had vaginal sex for the first time? __ __ years old

During the **last year**, have you had vaginal sex?

- No
- Yes
- Decline to answer

During the **last month**, have you had vaginal sex?

- No
- Yes
- Decline to answer

During the **last month**, have you had vaginal sex WITHOUT using an effective birth control method, even once?

- No
- Yes
- Not sure
- Decline to answer

Did you or your partner use a condom **the last time** you had vaginal sex?

- No
- Yes
- Decline to answer

How often do you use a condom when you have vaginal sex?

- Never
- Sometimes
- Always
- Decline to answer

Have you **ever** had **anal** sex? By anal sex, we mean when someone puts his penis on or into his partner's anus (the opening where fecal matter leaves the digestive tract).

No

Yes

Decline to answer

↓ Answer questions in the box.

If yes, how old were you when you had anal sex for the first time? __ __ years old

During the **last year**, have you had anal sex?

No

Yes

Decline to answer

During the **last month**, have you had anal sex?

No

Yes

Decline to answer

Did you or your partner use a condom **the last time** you had anal sex?

No

Yes

Decline to answer

How often do you use a condom when you have anal sex?

Never

Sometimes

Always

Decline to answer

↓ Skip to next question.

If you are female, what forms of **birth control** do you use?

I do not use birth control

Oral contraceptives (the pill)

Condoms (either male or female)

the shot (Depo-provera)

the patch (Ortho Evra)

the ring (NuvaRing)

IUD or intrauterine device (Mirena or Paragard)

an implant (Implanon)

Morning-after pill (emergency contraception)

Other _____

Have you **ever** been pregnant or gotten someone pregnant? (Include any abortions or miscarriages.)

- No
- Yes
- Don't know
- Decline to answer

During the **last year**, have you been pregnant or gotten someone pregnant?
(Include any abortions or miscarriages.)

- No
- Yes
- Don't know
- Decline to answer

Have you **ever** been tested for a sexually transmitted disease or infection (STD or STI)?
(like chlamydia, herpes, genital warts, HPV, gonorrhea, syphilis, or HIV)

- No
- Yes
- Don't know
- Decline to answer

Answer questions in the box.

In the **last year** have you been tested for a STD or STI?

- No
- Yes
- Don't know
- Decline to answer

Have you **ever** tested **positive** for an STD or STI?

- No
- Yes
- Don't know
- Decline to answer

In the **past year**, have you tested **positive** for an STD or STI?

- No
- Yes
- Don't know
- Decline to answer

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The questions are about your beliefs about sex. Remember that your answers are **CONFIDENTIAL** and that they will be kept **PRIVATE**.

Please indicate the extent to which you agree or disagree with the following statements.

I believe people my age should wait until they are older to have sex.	Strongly Disagree	Disagree	Agree	Strongly Agree	Decline to Answer
I believe that it is okay for people my age to have sex as long as they use a condom.	Strongly Disagree	Disagree	Agree	Strongly Agree	Decline to Answer
I believe that it is okay for people my age to have sex with a steady boyfriend or girlfriend.	Strongly Disagree	Disagree	Agree	Strongly Agree	Decline to Answer
I believe condoms should always be used if a person my age has sex, even if the girl uses another effective birth control method.	Strongly Disagree	Disagree	Agree	Strongly Agree	Decline to Answer

Imagine that you and your boyfriend/girlfriend or partner have been having sex but have not used condoms. You really want to start using condoms. How sure are you that you could tell your this person that **you want to start** using condoms?

- Not sure at all
- Kind of sure
- Definitely sure
- Decline to answer

Imagine that you are going to have sex with someone you just met. You feel it is important to use condoms. How sure are you that you could tell that person that **you want to use condoms**?

- Not sure at all
- Kind of sure
- Definitely sure
- Decline to answer

How sure are you that you **could use a condom correctly** or explain to your boyfriend/girlfriend or partner how to use a condom correctly?

- Not sure at all
- Kind of sure
- Definitely sure
- Decline to answer

If you wanted to **get a condom**, how sure are you that you could get one?

- Not sure at all
- Kind of sure
- Definitely sure
- Decline to answer

Please answer the following questions honestly. Remember that your answers are **CONFIDENTIAL** and that they will be kept **PRIVATE**.

In the **past year**, have you been bullied? (*Bullying is when someone teases, threatens, harasses, spreads rumors about, hits, shoves, or hurts another person over and over again.*)

- No
- Yes
- Decline to answer

In the **past year**, have you been hit, slapped, or physically hurt on purpose by an intimate partner (like a boyfriend, girlfriend, hook-up, or someone you were dating)?

- No
- Yes
- Decline to answer

In the **past year**, have you been emotionally abused by an intimate partner (like a boyfriend, girlfriend, hook-up, or someone you were dating)?

- No
- Yes
- Decline to answer

In the **past year**, have you had a period of time lasting 1 week or longer when most of the day you felt sad, lost, hopeless, lonely or depressed?

- No
- Yes
- Decline to answer

Have you **ever** thought about committing suicide or trying to kill yourself?

- No
- Yes
- Decline to answer

Have you **ever** made a suicide attempt or tried to kill yourself?

- No
- Yes
- Decline to answer

During the **last year**, have you made a suicide attempt or tried to kill yourself?

- No
- Yes
- Decline to answer

The last set of questions are about you.

I am...

- Female
- Male
- Transgender/other: _____

How do you describe your sexual orientation?

- Straight or heterosexual (attracted to the opposite sex)
- LGBT = Lesbian (you are a woman attracted to other women), Gay (attracted to the same sex), Bi-sexual (*attracted to both* men and women), Pansexual (identify with all types of sexuality), or Two-Spirit (identify with both male and female genders)
- Unsure/Don't know

I am... (please check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or other Pacific Islander
- White
- Hispanic
- Other: _____

How old are you? __ __ years old

What was the last grade you completed? __ __ grade (please give a number, like 10th)

That's it! You're done.
Thank you very much.