

# PONO CHOICES

## Student Survey



Thank you for completing this survey. Your answers to these questions will be used for research purposes only. Your name will never be associated with your answers, and no parent, teacher, or principal will ever see your answers to these questions. This is strictly confidential (private), and it is very important that you answer the questions truthfully. This survey is voluntary, and you are not required to answer if you don't want to. Some of the questions may feel quite personal, but please be honest, try to answer everything, and remember that your answers are completely confidential.

ID Number

0	0	0	0	0	0	0
1	1	1	1	1	1	1
2	2	2	2	2	2	2
3	3	3	3	3	3	3
4	4	4	4	4	4	4
5	5	5	5	5	5	5
6	6	6	6	6	6	6
7	7	7	7	7	7	7
8	8	8	8	8	8	8
9	9	9	9	9	9	9

Fill in the Bubbles Completely	Correct ● ● ●	Incorrect ⊗ ⊙ ⊖
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### A. ABOUT YOU

These questions/items ask about you and your family.

1. What is your birth date?

MONTH:

- |                                |                                 |
|--------------------------------|---------------------------------|
| <input type="radio"/> January  | <input type="radio"/> July      |
| <input type="radio"/> February | <input type="radio"/> August    |
| <input type="radio"/> March    | <input type="radio"/> September |
| <input type="radio"/> April    | <input type="radio"/> October   |
| <input type="radio"/> May      | <input type="radio"/> November  |
| <input type="radio"/> June     | <input type="radio"/> December  |

DAY:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

YEAR:

- 1997
- 1998
- 1999
- 2000
- 2001
- 2002

2. Are you Hispanic or Latino?

- Yes     No

3. What is your race? (MARK ALL THAT APPLY.)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="radio"/> African American</li> <li><input type="radio"/> American Indian or Alaskan Native</li> <li>- Asian                             <ul style="list-style-type: none"> <li><input type="radio"/> Chinese</li> <li><input type="radio"/> Filipino</li> <li><input type="radio"/> Japanese</li> <li><input type="radio"/> Korean</li> <li><input type="radio"/> Vietnamese</li> <li><input type="radio"/> Other Asian:</li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>- Pacific Islander                             <ul style="list-style-type: none"> <li><input type="radio"/> Micronesian</li> <li><input type="radio"/> Native Hawaiian</li> <li><input type="radio"/> Samoan</li> <li><input type="radio"/> Tongan</li> <li><input type="radio"/> Other Pacific Islander:</li> </ul> </li> <li><input type="radio"/> White</li> <li><input type="radio"/> Other Race(s):</li> </ul> |
|---|--|

5. When you are at home with your family, what language(s) do you usually speak? (MARK ALL THAT APPLY.)

- English
- Chinese (Mandarin or Cantonese)
- Hawaiian
- Ilocano
- Japanese
- Spanish
- Tagalog
- Other: \_\_\_\_\_

6. Do your parents (or guardians) speak English?

- Yes
- No

7. What grade are you in at school?

- 6th Grade
- 7th Grade
- 8th Grade

8. What grades do you usually get in school? (mark only one)

- Mostly As
- Mostly Bs
- Mostly Cs
- Mostly Ds
- Mostly Fs

9. What is your sex/gender?

- Boy
- Girl

10. Which of the following best describes you?

- Heterosexual (attracted to the opposite sex)
- Bisexual (attracted to both same and opposite sex)
- Homosexual (Gay or Lesbian - attracted to same sex)
- Not sure

## B. KNOWLEDGE

This section asks about your knowledge about pregnancy and STI (sexually transmitted infection) prevention.

**MARK ONLY ONE RESPONSE FOR EACH QUESTION.**

1. What is the only 100% effective way to prevent pregnancy? (mark only one)

- Condoms
- Not having sex
- Birth control pills

2. You are at high risk of getting HIV from: (mark only one)
- Vaginal sex with a condom
  - Using unsterilized needles during tattooing
  - Sitting on a toilet seat in a public bathroom
3. Which of the following is a viral STI (sexually transmitted infection)? (mark only one)
- Chlamydia
  - HIV
  - Syphilis
4. You can usually tell when a person has an STI by: (mark only one)
- Their reputation
  - The way they look
  - You can't tell without a test
5. A pregnancy can occur as a result of: (mark only one)
- Unprotected vaginal sex
  - Oral sex
  - Abstaining from sex
6. Which of these can help prevent the spread of STIs? (mark only one)
- Birth control pills
  - Condoms, dental dams, and gloves
  - Spermicides and diaphragms
7. In order to use a condom effectively, you have to: (mark only one)
- Check the expiration date
  - Buy the right brand
  - Unroll it prior to putting it on
8. Refusal skills to help you negotiate a pressure situation include: (mark only one)
- Identify, redevelop, and redefine the situation
  - Stop talking to the person altogether and ignore them
  - Refuse the pressure, provide a reason, and offer an alternative
9. Which bodily fluid can transmit HIV? (mark only one)
- Urine
  - Saliva
  - Semen
10. What type of birth control method prevents the female's ovaries from releasing eggs? (mark only one)
- Hormonal methods
  - Barrier methods
  - Abstinence

### C. ATTITUDES

This section asks how important you think certain behaviors or activities are.

**MARK ONLY ONE RESPONSE FOR EACH QUESTION.**

	Not Important	Slightly Important	Important	Very Important
1. Not having sex until I am ready	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Avoiding risky sexual behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Preventing unwanted sex as a teenager	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Knowing what kind of birth control methods I can use to prevent an unwanted pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Taking personal responsibility for my sexual health	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Communicating openly about sexual intent with my partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Knowing multiple ways to prevent STIs and HIV	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Using condoms to prevent STIs and unwanted pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Using alternative ways to show affection other than having sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Understanding changes that happen during puberty	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### D. SKILLS

This section asks about difficulty in having a healthy relationship and making good choices about sexual activity.

**MARK ONLY ONE RESPONSE FOR EACH QUESTION.**

	Very Difficult	Difficult	Easy	Very Easy
1. Effectively communicating with my partner about my intentions and wishes about sexual activity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Refusing unwanted and/or unprotected sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Identifying a healthy, unhealthy, or abusive relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Being able to follow the steps for correct condom use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Being able to get/buy condoms or other birth control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### E. INTENTIONS

This section asks you to rate the likelihood of you doing certain behaviors, now or in the future.

**MARK ONLY ONE RESPONSE FOR EACH QUESTION.**

	Yes, Definitely	Yes, Probably	No, Probably Not	No, Definitely Not
1. Abstain from vaginal sex to prevent unintended pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Abstain from oral, anal, and vaginal sex to prevent STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use effective birth control methods to prevent unintended pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Use barriers (condoms, dental dams, and/or gloves) to protect against STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Refuse unwanted sexual pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Get tested for STIs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## F. PERSONAL EXPERIENCE

|\_|\_|\_|\_|\_|\_|\_|\_|\_|

This section asks about any experience you may have had with sexual intercourse (which means a male putting his penis into a female's vagina).

1. Have you ever had sexual intercourse?

- Yes   ➡ **ANSWER ALL QUESTIONS BELOW**  
 No   ➡ **SKIP TO QUESTION 14 ON THE NEXT PAGE**

2. How old were you when you first had sexual intercourse?

\_\_\_\_\_ years old

3. Have you been pregnant or gotten someone else pregnant (even if no child was born)?

- Yes                       No

4. If yes, how many times have you been pregnant or gotten someone else pregnant?

\_\_\_\_\_ times

5. Have you ever had sexual intercourse without using an effective method of birth control - including condoms, birth control pills, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), implant (Implanon)?

- Yes                       No

6. Now think about the past 3 months. In the past 3 months, have you had sexual intercourse even once?

- Yes                       No

7. If yes, how many times have you had sexual intercourse in the past 3 months?

\_\_\_\_\_ times

8. In the past 3 months, have you had sexual intercourse without you or your partner using a condom?

- Yes                       No

9. If yes, how many times have you had sexual intercourse without using a condom in the past 3 months?

\_\_\_\_\_ times

10. In the past 3 months, have you had sexual intercourse without you or your partner using an effective method of birth control - including condoms, birth control pills, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), implant (Implanon)?

- Yes                       No

11. If yes, how many times have you had sexual intercourse without using effective methods of birth control in the past 3 months?

\_\_\_\_\_ times

12. Have you ever been tested for STIs (sexually transmitted infections)?

- Yes                       No

13. Have you ever been treated for an STI (including HIV)?

- Yes                       No

**LAST PAGE!** 

- |   | Yes,<br>Definitely    | Yes,<br>Probably      | No,<br>Probably<br>Not | No,<br>Definitely<br>Not |
|---|-----------------------|-----------------------|------------------------|--------------------------|
| 14. Do you intend to have sexual intercourse in the next year, if you have the chance? (mark only one)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>    |
| 15. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom? (mark only one)  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>    |
| 16. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these methods of birth control: birth control pills, the shot (Depo Provero), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), implant (Implanon)? (mark only one) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/>    |



**THANK YOU!**