



Club Name \_\_\_\_\_ Today's Date (month/day/year) \_\_\_\_\_

### TEEN OUTREACH PROGRAM® PRE SURVEY

Participant ID \_\_\_\_\_

1. Gender:  Male  Female  Transgender  I prefer not to answer

#### 2. What grade are you in school this year?

6th grade  7th grade  8th grade  9th grade  10th grade  11th grade  12th grade

#### 3. What is your race or ethnicity?

Black or African-American  Asian or Pacific Islander  Native American / Alaskan Native  
 White, non-Hispanic  Multi-ethnic  I prefer not to answer  
 Hispanic / Latino  Other: \_\_\_\_\_

#### 4. During most of the time you were growing up, with whom did you live?

Mother and father  Father only  Guardian  
 Mother and stepfather  Mother only  Other: \_\_\_\_\_  
 Father and stepmother

#### 5. What is the highest grade that each of your parents completed? (Give your best guess if you are not sure.)

**Mother:**  Less than high school  High school graduate  Some college  College graduate or higher  I don't know  
**Father:**  Less than high school  High school graduate  Some college  College graduate or higher  I don't know

#### 6. Here are some things young people do...

Please select either **Yes** or **No**. If the answer to a question is yes, please answer how many.

Example: if you were suspended from school twice last year, select **Yes** and type **2** for "How many times?".

#### During the last school year, did you...

	Yes	No	If yes, how many times?
a. Fail any courses for the whole year?	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Get any failing grades on your report card?	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Get suspended from school?	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Cut classes without permission?	<input type="checkbox"/>	<input type="checkbox"/>	_____

#### Have you ever...

	Yes	No	If yes, how many times?
e. Been pregnant or caused a pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Had a baby or fathered a baby?	<input type="checkbox"/>	<input type="checkbox"/>	_____

7. Please tell us how you feel about each of the following...How much do you agree with these statements as they apply to you personally?

	NO!, Not At All!	No, not too much	Yes, somewhat	YES! Very Much!
a. I can work out my problems if I try hard enough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It's easy for me to stick to my plans and accomplish my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I can usually handle whatever comes my way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I like to see other people happy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Most people can be trusted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. There is some good in everybody.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Thank you for participating in TOP® and for completing this survey.*