MU **Institute of Public Policy**
University of Missouri

_____
10 digit participant ID number

_____
Club Name

_____
Today's Date (Month/Day/Year

# Friendship and Dating Program

# Facilitator-Led Exit Survey

The program you are facilitating is reviewed by evaluators at the University of Missouri. They need you to ask some questions of your students with intellectual and/or developmental disabilities taking the friendship and dating program (FDP). This survey will ask questions about:

- Students' ethnicity, sex, and age

- The size of students' social networks

- Students' experiences with interpersonal violence

- Students' perception about sexual activities

- Students experience in the program and their abilities to use the skills developed during the program

**We are asking you to read questions to each one of your students individually and select answers for them.** You should read questions 1-6 to students and mark or help them mark their responses. For question 7, make sure to read the explanations of the questions before reading them to students. For question 8,9, 10 and 11 read the instructions, then read the statement in the instructions to students, then read each statement to students and mark or help them mark their responses.

**DO NOT ANSWER ANY QUESTION FOR STUDENTS BASED ON YOUR BEST GUESS, ONLY PROVIDE STUDENTS' RESPONSES. If a student does not understand a question, explain it the best that you can, and if they still do not understand it is okay to move on to the next question.** We understand that these questions are personal and if they or their guardians do not want them to take this survey, they do not have to. You may also skip questions they do not want to answer and move on to the next question.

If you have questions or concerns about the survey, please email the Missouri Teen Pregnancy Prevention Program Evaluation Team at the University of Missouri at motppevaluation@missouri.edu

**Participant Assent to Participate in Friendship and Dating Program**

***Begin reading to the student here***: *Do you agree to participate in this evaluation of the Friendship and Dating Program? Some questions may be personal and if you do not want to answer a question, you may skip it. This survey is confidential, but members of the University of Missouri evaluation team will be able to see the survey responses.*

□ Yes  □ No

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

**1.     How many years old are you? (for example, 18, 28, 38, 48, etc.)**

_____

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

☐     English

☐     Spanish

☐     Other (specify)

_____

**3.     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.   INSTRUCTIONS: Verbally ask each student the question "If you were to do something fun, who would you do it with?" After they respond, ask them "Who else could you do something fun with." When the student cannot name any more names, write down the total number of people the student listed in the space below.**

Number of names mentioned: _____

8. **INSTRUCTIONS:** Tell students "I will ask you a series of questions and you tell me if you have had the experience I am asking about. You can respond yes, no, I don't know, or not applicable." Then, mark or help them mark their response. If a question is not applicable to a student, mark or help them mark the not applicable response: For example, the last two questions ask about service animals. If the individual student taking this does not have a service animal, the response to that question should be marked "Not Applicable."

| | Statement | Response – Yes | Response – No | Response – I don't know | Response – Not Applicable |
|---|---|---|---|---|---|
| 1 | In the last three months, has anyone you know made you feel unsafe? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 2 | In the last three months, has anyone you know blamed you for things that you did not do? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 3 | In the last three months, has anyone you know broken, burned, or destroyed things that belong to you? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 4 | In the last three months, has anyone you know taken your money or things you own without asking? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 5 | In the last three months, has anyone you know kept you from going where you needed to go? For example, by taking your bus pass away or by not giving you a ride. | □ Yes | □ No | □I don't know | □ Not Applicable |
| 6 | In the last three months, has anyone you know kept you from using assistive equipment? For example, a communication device, wheelchair, cane, glasses, hearing aid, or other devices. | □ Yes | □ No | □I don't know | □ Not Applicable |
| 7 | In the last three months, has anyone you know told you who you can and cannot visit? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 8 | In the last three months, has anyone you know kept you from contacting or talking to other people? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 9 | In the last three months, has anyone you know not let you have water, food, clothing, or other important things that you needed? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 10 | In the last three months, has anyone you know refused to help you with your personal needs such as, using the toilet, bathing, getting out of bed? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 11 | In the last three months, has anyone you know kept you from taking your medication? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 12 | In the last three months, has anyone you know made you take too much medication? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 13 | In the last three months, has anyone you know yelled at you in a loud voice or swore at you? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 14 | In the last three months, has anyone you know hurt your feelings? For example, made fun of you, or called you names? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 15 | In the last three months, has anyone you know told you s/he would kill you? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 16 | In the last three months, has anyone you know said s/he would hurt your children or pets? | □ Yes | □ No | □I don't know | □ Not Applicable |

| Statement | | Response – Yes | Response – No | Response – I don't know | Response – Not Applicable |
|---|---|---|---|---|---|
| 17 | In the last three months, has anyone you know hurt or punished you for something that happened which was an accident? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 18 | In the last three months, has anyone you know threatened to hurt you? For example, by hitting, kicking, slapping, pushing, or choking you? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 19 | In the last three months, have you been hit, kicked, slapped, pushed, or choked by anyone you know? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 20 | In the last three months, has anyone you know held or tied you down so you could not get away? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 21 | In the last three months, have you gone to the doctor, clinic, or hospital because anyone you know hurt you? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 22 | In the last three months, were there things you were afraid to talk about with anyone you know? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 23 | In the last three months, were you ever afraid to disagree with anyone you know? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 24 | In the last three months, has anyone you know touched you in a sexual way that you did not want? For example, grabbed or rubbed your penis, breasts, or vagina? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 25 | In the last three months, has anyone you know made you have sex with her/him when you did not want to? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 26 | In the last three months, has anyone you know made you have sex with someone else when you did not want to? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 27 | In the last three months, if you have had sex has anyone tried to stop you from using a condom during sex? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 28 | If you have a service animal, in the last three months, has anyone you know ever said they would hurt the animal? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 29 | If you have a service animal, in the last three months, has anyone you know ever hurt the animal? | □ Yes | □ No | □I don't know | □ Not Applicable |
| 30 | If you have a service animal, in the last three months, has anyone you know kept you from the animal? | □ Yes | □ No | □I don't know | □ Not Applicable |

**For questions 9-11, please think about how the program you just completed has affected you, even if your program did not cover the topic.**

9. **The next few questions are about participants understanding healthy relationships. Please read the following questions to them and select or help them select the response according to how true that statement is for them.**

| Mark only one answer per row | Not true at all | Somewhat true of me | Very true of me |
|---|---|---|---|
| a | You understand what makes a healthy relationship. | □ | □ | □ |
| b | You can tell when someone is trying to keep you away from friends and family. | □ | □ | □ |
| c | You can tell when someone is treating you unfairly. | □ | □ | □ |
| d | You can tell when someone is pressuring you to do something you don't want to do. | □ | □ | □ |
| e | You feel confident choosing who you want to spend time with. | □ | □ | □ |

10. **These questions are about how participants handle different relationships. Please read the following questions to them and select or help them select the response according to how true that statement is for them.**

| Mark only one answer per row | Not true at all | Somewhat true of me | Very true of me |
|---|---|---|---|
| a | You can tell when someone is kind and respectful to you. | □ | □ | □ |
| b | You can talk to a trusted person/adult (for example, a family member, teacher, counselor, coach, etc.) if someone makes you uncomfortable, hurts you, or pressures you to do things you don't want to do. | □ | □ | □ |
| c | You can manage your emotions in healthy ways (for example, ways that are not hurtful to myself or others). | □ | □ | □ |
| d | You can talk to your parent, guardian, or caregiver about things going on in your life. | □ | □ | □ |

11. **The next questions ask about participants' beliefs. Here are some ideas that young people sometimes have. Please read the following questions to them and select or help them select the response according to how they agree or disagree with these statements.**

| Mark only one answer per row | Strongly Agree | Somewhat Agree | Neither Agree nor Disagree | Somewhat Disagree | Strongly Disagree |
|---|---|---|---|---|---|
| You can say no to the person going out with you if you don't want to have sex. | □ | □ | □ | □ | □ |
| Sometimes sex just happens, and you really can't control it. | □ | □ | □ | □ | □ |
| You could convince your girlfriend/boyfriend that they should use a condom even if she/he doesn't want to. | □ | □ | □ | □ | □ |
| You could refuse to have sex if the other person will not use a condom. | □ | □ | □ | □ | □ |
| If you had sexual intercourse, your friends would respect you more. | □ | □ | □ | □ | □ |
| If you decided to have sexual intercourse, you could use a condom. | □ | □ | □ | □ | □ |

**Thank you for completing this survey!**