



Friendship and Dating Program

Facilitator-Led Entry 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?
MARK ALL THAT APPLY**

- 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
2	In the last three months, has anyone you know blamed you for things that you did not do?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
3	In the last three months, has anyone you know broken, burned, or destroyed things that belong to you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
4	In the last three months, has anyone you know taken your money or things you own without asking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> 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.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
7	In the last three months, has anyone you know told you who you can and cannot visit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
8	In the last three months, has anyone you know kept you from contacting or talking to other people?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
11	In the last three months, has anyone you know kept you from taking your medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
12	In the last three months, has anyone you know made you take too much medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
13	In the last three months, has anyone you know yelled at you in a loud voice or swore at you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
15	In the last three months, has anyone you know told you s/he would kill you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> Not Applicable
16	In the last three months, has anyone you know said s/he would hurt your children or pets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don’t know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Not Applicable
19	In the last three months, have you been hit, kicked, slapped, pushed, or choked by anyone you know?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Not Applicable
20	In the last three months, has anyone you know held or tied you down so you could not get away?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Not Applicable
21	In the last three months, have you gone to the doctor, clinic, or hospital because anyone you know hurt you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Not Applicable
22	In the last three months, were there things you were afraid to talk about with anyone you know?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Not Applicable
23	In the last three months, were you ever afraid to disagree with anyone you know?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Not Applicable
29	If you have a service animal, in the last three months, has anyone you know ever hurt the animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Not Applicable
30	If you have a service animal, in the last three months, has anyone you know kept you from the animal?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know	<input type="checkbox"/> Not Applicable

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	You can tell when someone is trying to keep you away from friends and family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	You can tell when someone is treating you unfairly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	You can tell when someone is pressuring you to do something you don't want to do.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e	You feel confident choosing who you want to spend time with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	You can manage your emotions in healthy ways (for example, ways that are not hurtful to yourself or others).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	You can talk to my parent, guardian, or caregiver about things going on in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 me if you don't want to have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes sex just happens, and you really can't control it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You could convince your girlfriend/boyfriend that we should use a condom even if she/he doesn't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You could refuse to have sex if the other person will not use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you had sexual intercourse, your friends would respect you more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you decided to have sexual intercourse, you could use a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this survey!