**Post-Test Administration Guidelines**

**Program Facilitators:** The purpose of the post-test is togather information regarding student knowledge, beliefs, and intentions regarding sexual behavior. Comparing the scores from the pre-test to the post-test helps to describe any changes that might have occurred in student knowledge, beliefs, and intentions after the program was implemented and whether program objectives were met. Therefore, it is important to administer **both** pre- and post-tests as indicated. For help analyzing and understanding your pre- and post-test data, refer to the iCHAMPSS[**Process Data Tutorials**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/maintenance/maintain/helpful-links/process-data-tutorials) and[**Interpreting Finding for Success**](https://sph.uth.edu/research/centers/chppr/ichampss/tools/maintenance/maintain/facts-tips/MAINTAIN-FT-InterpretingFindings-FINAL.pdf) tools.

Please be sure to administer a post-test survey to all students who have just finished participating in the program. Administer the survey immediately after students complete the last program lesson or soon thereafter.

The post-test may take 20-30 minutes to complete. **Read the survey instructions to students before administration.** Allow students sufficient time to answer each question.

Return completed surveys to your program coordinator.

For questions regarding pre- and post-test administration, contact:

**[Insert Program Coordinator Name, Contact Information]**

**Guidance on Survey Design**

**Program Facilitators:** While it is recommended to administer the survey as designed, you may select or eliminate sections of the survey to suit your district’s needs and concerns. Your pre- and post-survey should reflect the exact same questions except for the acceptability questions in the post-survey. See Table 1 (below) for a list of sections and corresponding question numbers. Please note that if you eliminate sections of the survey, you must account for the changes in numbering.

|  |  |  |
| --- | --- | --- |
| Table 1. Pre- and Post-Test Measures | | |
| **Construct** | **Number of Items** | **Question Numbers** |
| **Demographics** |  |  |
| Age | 1 | 1 |
| Gender | 1 | 2 |
| Grade | 1 | 3 |
| Ethnicity | 1 | 4 |
| Race | 1 | 5 |
| Household | 1 | 6 |
| **Knowledge** |  |  |
| STD/HIV/AIDS knowledge | 5 | 7-11 |
| Condom knowledge | 6 | 12-17 |
| **Attitudes** |  |  |
| Abstinence attitudes | 5 | 18-22 |
| Condom attitudes | 3 | 23-25 |
| **Peer Norms** |  |  |
| Abstinence peer norms | 3 | 16-28 |
| Condom use peer norms | 3 | 29-31 |
| **Self-Efficacy** |  |  |
| Boundary self-efficacy | 4 | 32-35 |
| Condom use self-efficacy | 5 | 36-40 |
| **Intentions** | 4 | 41-44 |
| **Parent/ guardian communication** | 7 | 45-51 |
| **Risk reduction** |  |  |
| Past 3 months | 5 | 52-56 |
| Past 12 months | 1 | 57 |
| **Acceptability\*** |  |  |
| General | 4 | 58-61 |
| Comments | 1 | 62 |

\*Post-test only

**Student Knowledge, Attitudes, and Beliefs Post Survey**

Thank you for participating in our survey. Your participation is very important. You will be asked to take this survey two times. The information you give will be used to develop better sexual health education programs for teens.

Please answer the questions honestly and based on what you really think. There are no right or wrong answers.

DO NOT write your name on this survey. The survey that you are filling out will be kept in a safe and secure place. No one will know what you write. Your teachers, parents, or other students will not know your answers. The information you provide will not be used to find your name.

Completing this survey is not required. Whether or not you answer the questions will not affect your grades in this class. If you are not comfortable answering a question, just leave it blank.

Make sure to read every question and circle your answers. When you are finished, follow the instructions of your teacher.

Please feel free to ask your teacher any questions that you may have about this survey.

**THANK YOU VERY MUCH FOR YOUR HELP!**

**Student Knowledge, Attitudes, and Beliefs Post Survey**

*These first questions ask about you and your background.*

1. How old are you?

A. 10 years old or younger

B. 11 years old

C. 12 years old

D. 13 years old

E. 14 years old

F. 15 years old

G. 16 years old or older

1. What is your gender?

A. Female

B. Male

C. Something else: \_\_\_\_\_\_\_\_\_\_\_

1. In what grade are you?
2. 5th grade
3. 6th grade
4. 7th grade
5. 8th grade
6. 9th grade
7. 10th grade
8. 11th grade
9. 12th grade
10. Are you Hispanic or Latino?

A. Yes

B. No

1. What is your race? Choose all that apply.
2. American Indian or Alaska Native
3. Asian
4. Black or African American
5. Native Hawaiian or Other Pacific Islander
6. White
7. Other
8. Who do you live with in your household? (Please choose all that apply)
9. Biological mother (person who gave birth to you)
10. Biological father (male parent you are genetically related to)
11. Stepmother
12. Stepfather
13. Foster mother
14. Foster father
15. Adoptive mother
16. Adoptive father
17. Parent’s partner, boyfriend, or girlfriend
18. Brother or sister
19. Grandparent
20. Aunt or uncle
21. Other relative
22. Other

***Knowledge***

*The following questions ask about what you know about sexually transmitted diseases (STDs) and HIV/AIDS.*

|  |  |  |  |
| --- | --- | --- | --- |
| Read each statement carefully and then mark if you think it is True, False, or if you are Not Sure. | True | False | Not Sure |
| 1. You cannot get an STD from having oral sex. | A | B | C |
| 1. One of the best ways to not get HIV, AIDS, or another STD is to not have sex. | A | B | C |
| 1. Some STDs put you at higher risk of getting infected with HIV. | A | B | C |
| 1. You can tell if a person has HIV or AIDS just by looking at them. | A | B | C |

1. Mark if you think the following are common signs of having an STD (not including HIV/AIDS). Please choose all that apply.
2. Throwing up or vomiting
3. Discharge, liquid, or pus from penis or vagina
4. A headache
5. A blister or sore on the penis or vagina
6. Pain or burning when urinating (going to the bathroom)
7. Irritation or itching on the penis or vagina
8. Some STDs have no symptoms at all

*The following questions ask about what you know about condoms.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Read each statement carefully and then mark if you think it is True, False, or if you are Not Sure.** | **True** | **False** | **Not Sure** |
| 1. Condoms help a person keep from getting HIV, the virus that causes AIDS. | A | B | C |
| 1. Condoms help a person keep from getting pregnant. | A | B | C |
| 1. Condoms help a person keep from getting some sexually transmitted diseases (STDs). | A | B | C |
| 1. When a condom is placed on the penis, it should be rolled down all the way to the base of the penis. | A | B | C |
| 1. Condoms can be punctured if sharp objects like scissors are used to open the package. | A | B | C |
| 1. Vaseline can cause condoms to break. | A | B | C |

***Attitudes***

*The following questions ask about your beliefs regarding abstinence. Please be honest and remember that all your answers are kept private.*

| **Mark how much you agree or disagree with the following statements.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| --- | --- | --- | --- | --- |
| 1. I believe people my age should wait until they are older to have sex. | A | B | C | D |
| 1. I believe it is okay for people my age to have sex with a steady boyfriend, girlfriend, or dating partner. | A | B | C | D |
| 1. I believe it is okay for people my age to have sex with a friend. | A | B | C | D |
| 1. Most teens who have had sex wish they had waited until they were older. | A | B | C | D |
| 1. Most teens are having sex. | A | B | C | D |

*The following questions ask about your beliefs regarding condom use. Please be honest and remember that all your answers are kept private.*

| **Mark how much you agree or disagree with the following statements.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| --- | --- | --- | --- | --- |
| 1. I believe condoms should always be used if a person my age has sex. | A | B | C | D |
| 1. I believe condoms should always be used if a person my age has sex, even if the girl uses another effective birth control method. | A | B | C | D |
| 1. I believe condoms should always be used if a person my age has sex, even if the two people know each other very well. | A | B | C | D |

***Peer Norms***

*The following questions ask about what you think your friends’ beliefs are regarding abstinence. Please be honest and remember that all your answers are kept private.*

| **Mark how much you agree or disagree with the following statements.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| --- | --- | --- | --- | --- |
| 1. Most of my friends believe people my age should wait until they are older before they have sex. | A | B | C | D |
| 1. Most of my friends believe it is okay for people my age to have sex with a steady boyfriend, girlfriend, or dating partner. | A | B | C | D |
| 1. Most of my friends believe it is okay for people my age to have sex with a friend. | A | B | C | D |

*The following questions ask about what you think your friends’ beliefs are regarding condom use. Please be honest and remember that all your answers are kept private.*

| **Mark how much you agree or disagree with the following statements.** | **Strongly Disagree** | **Disagree** | **Agree** | **Strongly Agree** |
| --- | --- | --- | --- | --- |
| 1. Most of my friends believe condoms should always be used if a person my age has sex. | A | B | C | D |
| 1. Most of my friends believe condoms should always be used if a person my age has sex, even if the girl uses another effective birth control method, for example, birth control pills, the shot, or the patch. | A | B | C | D |
| 1. Most of my friends believe condoms should always be used if a person my age has sex, even if the two people know each other very well. | A | B | C | D |

***Self-Efficacy***

*The following questions tell us how confident you are that you can do what is described.*

| **Mark how confident you are that you could perform the following actions.** | **I definitely could not stop them** | **I probably could not stop them** | **I probably could stop them** | **I definitely could stop them** |
| --- | --- | --- | --- | --- |
| 1. Imagine you are alone with someone you like very much. Could you stop them if they wanted to kiss you on the lips, but you did not want them to do that? | A | B | C | D |
| 1. Imagine you are alone with someone you like very much. Could you stop them if they wanted to touch your chest or breasts, but you did not want them to? | A | B | C | D |
| 1. Imagine you are alone with someone you like very much. Could you stop them if they wanted to touch your private parts below the waist, but you did not want them to? | A | B | C | D |
| 1. Imagine you are along with someone you like very much. Could you stop them if they wanted to have sex with you, but you did not want them to? | A | B | C | D |

*The following questions tell us how confident you are that you can do what is described regarding condoms.*

| **Mark how confident you are that you could perform the following actions.** | **I definitely could not stop them** | **I probably could not stop them** | **I probably could stop them** | **I definitely could stop them** |
| --- | --- | --- | --- | --- |
| 1. Imagine that you and your boyfriend or girlfriend 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 partner you want to start using condoms? | A | B | C | D |
| 1. 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. | A | B | C | D |
| 1. How sure are you that you could use a condom correctly or explain to your partner how to use a condom correctly? | A | B | C | D |
| 1. If you wanted to get a condom, how sure are you that you could go to the store and buy one? | A | B | C | D |
| 1. If you decided to have sex, how sure are you that you could have a condom with you when you needed it? | A | B | C | D |

***Intentions***

*Now thinking about the future, how likely are the following things to happen?*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mark how much you agree or disagree with the likelihood of the following statements occurring | Yes, definitely | Yes, probably | No, probably not | No, definitely not |
| 1. Do you intend to have sex in the next year, if you have the chance? | A | B | C | D |
| 1. Do you intend to be sexually abstinent (that is, not have sex) from now until the end of high school? | A | B | C | D |
| 1. Do you intend to be sexually abstinent (that is, not have sex) from now until marriage? | A | B | C | D |
| 1. If you were to have sex in the next year, do you intend to use (or have your partner use) a condom? | A | B | C | D |

***Parent/Guardian Communication***

*Next, you will be asked whether you and your parents/guardians have ever talked about different things. For these questions the term “parents/guardians” means the adult(s) you live with most of the time. They could be your biological parents, other adult family members, or legal guardians. Some of the questions are very personal. Remember, your answers will be kept private.*

|  |  |  |  |
| --- | --- | --- | --- |
| Mark how often you’ve discussed the following topics. | We’ve never talked about it | We’ve talked about it once or twice | We’ve talked about it lots of times |
| 1. How many times has your parent/guardian ever talked to you about going out with someone you are attracted to? | A | B | C |
| 1. How many times has your parent/guardian ever talked to you about how your body will change when you grow up or get older? | A | B | C |
| 1. How many times has your parent/guardian ever talked to you about waiting to have sex until you are older? | A | B | C |
| 1. How many times has your parent/guardian ever talked to you about waiting to have sex until you are married? | A | B | C |
| 1. How many times has your parent/guardian ever talked to you about peer pressure? | A | B | C |
| 1. How many times has your parent/guardian ever talked to you about HIV, AIDS or other sexually transmitted diseases? | A | B | C |
| 1. How many times has your parent ever talked to you about condoms? | A | B | C |

***Risk Reduction***

*The next questions are about experiences you may have had in the past. The questions are very personal. Remember all of your answers are kept private.*

| **In the past 3 months….** | **Never** | **1 or 2 times** | **3 to 5 times** | **6 times or more** |
| --- | --- | --- | --- | --- |
| 1. How often have you gone to a party where alcohol was being used? | A | B | C | D |
| 1. How often have you gone to someone’s house when an adult was not there? | A | B | C | D |
| 1. How often have you invited a boyfriend or girlfriend to your home when an adult was not home? | A | B | C | D |
| 1. How often have you been alone with someone you are very attracted to? | A | B | C | D |
| 1. How often have you laid down alone with someone you really like? | A | B | C | D |

1. During the past 12 months**,** how often did you drink alcohol (beer, wine, or liquor)?
   1. Never
   2. 1 or 2 days in the past 12 months
   3. Once a month or less (3-12 times in the past 12 months)
   4. 2 or 3 days a month
   5. 1 or 2 days a week
   6. 3 to 5 days a week
   7. Every day

***Acceptability***

*The following questions ask about the program you just finished in your school or after-school program. Remember all of your answers will be private.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Mark how much do you agree or disagree with the statements below. | Strongly disagree | Disagree | Agree | Strongly agree |
| 1. I feel the program was useful for me. | A | B | C | D |
| 1. The activities in the program were fun. | A | B | C | D |
| 1. I felt the teacher(s) was respectful towards everyone during the program. | A | B | C | D |
| 1. I would recommend this program to my friends. | A | B | C | D |

1. We want to know more about how you feel about the program. Do you have any comments, questions, or concerns? Please write your response in the space provided below.