

Date _____ School/ _____
 Program _____

Date of Birth			Initials	
MM	DD	YY	First	Last

Pre-Survey: A Healthy Look at Sexuality

Circle one answer for each statement below.

1. I know where to get or buy condoms.	Yes	No
2. I know how to use a condom correctly.	Yes	No
3. I know where I could get other birth control methods besides condoms.	Yes	No

4. I think that abstaining from sex for now would _____ me in reaching my future goals.			
Help	Not affect	Delay	Stop
5. I think that being a teen parent would _____ me in reaching my future goals.			
Help	Not affect	Delay	Stop
6. I think that getting HIV would _____ me in reaching my future goals.			
Help	Not affect	Delay	Stop
7. If I had unprotected intercourse, it is _____ likely that I (or my partner) would get pregnant.			
Very	Somewhat	A little bit	Not at all
8. If I had unprotected sex (vaginal, oral or anal), it is _____ likely that I would get an STI.			
Very	Somewhat	A little bit	Not at all
9. If I had sex (vaginal, oral or anal) and used a condom correctly, it is _____ likely that I (or my partner) would get pregnant or get an STI.			
Very	Somewhat	A little bit	Not at all
10. I feel _____ motivated to take action to avoid pregnancy at this time in my life.			
Very	Somewhat	A little bit	Not at all
11. I feel _____ motivated to take action to avoid getting or spreading an STI.			
Very	Somewhat	A little bit	Not at all

12. I think it would be _____ to tell a partner that I don't want to have sex.				
Very hard	Hard	Neutral	Easy	Very Easy
13. I think it would be _____ to use condoms if or when I have sex.				
Very hard	Hard	Neutral	Easy	Very Easy
14. I think it would be _____ to get and use another birth control method besides condoms if I (or my partner) needed one.				
Very hard	Hard	Neutral	Easy	Very Easy
15. I think it would be _____ to talk to my parent(s) or another trusted adult about sex.				
Very hard	Hard	Neutral	Easy	Very Easy

Please read each question below. Check the box next to the answer that best describes you, and/or write in the information requested.

16. What is your gender? Female Male Other _____

17. How old are you? _____ years

18. What race/ethnicity do you primarily identify with? (Mark one answer)

- Black/African American Hispanic/Latino White Asian
 Native American Native Hawaiian/Pacific Islander Other _____

19. Have you ever been pregnant or caused a pregnancy? Yes No

THANK YOU!