

29. Have you felt pressured to become more intimate than is comfortable in your relationships?

Yes No

30. Fear of contracting a sexually transmitted infection (STI) does not deter me from sexual activity.

False Probably False Probably True True I am not sexually active

31. Fear of pregnancy does not deter me from sexual activity.

False Probably False Probably True True I am not sexually active

32. Now that you have had time to think about it, do you look differently at some of the causes of stress in your life? (Please write your response in the space below.):

33. Do you prefer to get information through online media or videos, or classroom discussions and lectures? Why? (Please write your response in the space below.):

34. The most important thing I learned from this program was... (Please write your response in the space below.):

35. One way to improve this program is (please write your response in the space below):



HEALTH LITERACY  THROUGH TECHNOLOGY
Connect with Kids

Post-Program High School Student Survey

First initial of mother's first name:	<input type="text"/>
Day of the month you were born:	<input type="text"/>
Teacher's Name:	<input type="text"/>

E or C

This is a post-program survey regarding your current behaviors and attitudes about health-related topics including: making healthy choices; managing stress, depression and anxiety; use of alcohol, tobacco and other substances; online behavior; dating and relationships; nutrition; and physical fitness. We want to understand how the Health Literacy through Technology program is working, and your answers will help us make improvements.

IMPORTANT:

- Do not write your name on this survey.
- Your answers will be kept private.
- No one at home or at your school will ever see your individual responses.
- Please read each question carefully and complete all the items.
- If you have any questions, ask the person giving the survey.

Please provide the requested data and answer the following questions based upon your experiences.

1. **What is your sex?** Female Male
2. **What grade are you in?**
 9th 10th 11th 12th
3. **How do you describe yourself? (Select the group with which you most identify.)**
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian White
 Black or African American Multi-racial
 Hispanic or Latino Other
4. **It is difficult for me to find ways to have fun that don't involve drugs or alcohol.**
 False Probably False Probably True True I don't know
5. **When I feel stressed or anxious I think that there is something wrong with me.**
 False Probably False Probably True True I don't know
6. **I feel like I have the skills to handle day-to-day stress.**
 False Probably False Probably True True I don't know
7. **How much do your parents and family influence your decisions and choices that affect your health?**
 A lot Some Not much Not at all I don't know
8. **How much do your friends influence your decisions to use tobacco, alcohol or over-the-counter or prescription drugs?**
 A lot Some Not much Not at all I don't know
9. **What or who most influences your choices that affect your health, including food, exercise, and substance use/abuse?**
 Friends Parents/Teachers Media/TV/Internet My feelings
 Other (Explain)
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10. **When I am angry or stressed I am able to find someone to talk with who can help me deal positively with the stress before I become anxious or depressed.**
 False Probably False Probably True True I don't know
11. **I make healthy choices in my daily life and consider the risks and consequences of my decisions.**
 False Probably False Probably True True I don't know
12. **I make decisions affecting my health based on what all of my friends are doing.**
 False Probably False Probably True True I don't know
13. **I can think of healthy activities in my life to have fun besides drinking, smoking and using other substances.**
 False Probably False Probably True True I don't know

14. **I learn new things best when I can watch videos and practice with my peers rather than through reading or lectures.**
 False Probably False Probably True True I don't know
15. **In the past two months, I have refused to participate in bullying or making fun of someone online (on Facebook, Twitter, YouTube, etc.).**
 False Probably False Probably True True I don't know
16. **In the past two months, I have been bullied or made fun of by others online (on Facebook, Twitter, YouTube, etc.).**
 False Probably False Probably True True I don't know
17. **I understand the importance of maintaining my health.**
 False Probably False Probably True True I don't know
18. **I understand that the choices that I make now and in my teens will have a continued life-long affect on my health.**
 False Probably False Probably True True I don't know
19. **In the past two months, the amount of time that I have spent on social networks (like Facebook, YouTube, text messaging) each day is about:**
 Less than 1 hour 1-2 hours 3-4 hours More than 4 hours
20. **I am comfortable and happy with my physical appearance.**
 False Probably False Probably True True I don't know
21. **I'm aware of how messages in the media and online influence choices that might affect my health.**
 False Probably False Probably True True I don't know
22. **I would be willing to take someone else's prescription medicine if it would help me to do better.**
 False Probably False Probably True True I don't know
23. **How much do your friends influence your decisions of what you do (or don't do) for exercise?**
 A lot Some Not much Not at all I don't know
24. **Some of the images I see online, whether intentional or accidental, can be harmful to my health.**
 Very Some Not much Not at all I don't know
25. **I think that the choices that I make about eating and exercise as a teen impact my health as an adult.**
 False Probably False Probably True True I don't know
26. **Smoking even one cigarette can be harmful to your health and could lead to an addiction to nicotine.**
 Very Some Not much Not at all I don't know
27. **Have you gotten drunk in the past two months?** Yes No
28. **Have you used cigarettes, smokeless tobacco (chewing tobacco, snuff, etc.), cigars or little cigars in the past two months?** Yes No
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