You are being asked to participate in a survey that is being conducted by the Oregon Health & Science University. The information you provide will help us better understand what teens learn and experience during the Native STAND Program.

The survey will take about 20 minutes to complete. Your answers will be kept confidential. Your name will not be on the survey and no one will be able to connect your responses to you.

Your completion of this survey serves as your voluntary agreement to participate. You may choose not to take the survey. You may also choose to skip questions that you do not want to answer. You may stop answering at any point in the survey.

This survey has been reviewed and approved by the Institutional Review Board of the Portland Area Indian Health Service. This committee is responsible for protecting the rights and welfare of research participants and tribal members. If you have any questions about your rights in this study, you may contact the IRB Coordinator, Clarice Charging, at telephone (503) 416-3256 or email ccharging@npaihb.org.

**When you see a box, please indicate your answer with an “X” or check mark.**

Example: Do you like ice cream?
- [ ] No
- [X] Yes

**When you see box, please circle the answer that best fits how you feel.**

<table>
<thead>
<tr>
<th>I like chocolate ice cream.</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>

1
The first set of questions are about how you feel.

Please indicate the extent to which you agree or disagree with the following statements. We are interested in learning about how you feel in general (most of the time).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I smile and laugh a lot.</td>
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<tr>
<td>I adjust well to new situations and challenges.</td>
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<tr>
<td>Sometimes I think I am no good at all.</td>
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<tr>
<td>I try to do my best.</td>
<td></td>
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<tr>
<td>I feel that I am a failure.</td>
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<tr>
<td>I am optimistic about my future.</td>
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<tr>
<td>I have a sense of what life is calling me to do.</td>
<td></td>
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<tr>
<td>Being Native American is a major part of my identity.</td>
<td></td>
<td></td>
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<tr>
<td>I have spent time trying to find out more about the history, traditions, and customs of Native people.</td>
<td></td>
<td></td>
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<tr>
<td>I do a pretty good job dealing with obstacles and challenges.</td>
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<tr>
<td>I believe that I have many strengths because I am a Native American.</td>
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</tr>
</tbody>
</table>
### Questions about your friends, family and community

Please indicate the extent to which you agree or disagree with the following statements. We are interested in learning about how you feel in general (most of the time).

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I have friends who support me.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I can talk about my problems with my friends.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>If I had to move, I would miss the community I now live in.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I feel safe in my community or neighborhood.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I can share my thoughts and feelings with someone in my family.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>If I had a personal problem, I could ask someone in my family for help.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
<tr>
<td>I feel safe at home.</td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Neither</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>
Questions about your personal behavior

The next section asks about your use of alcohol, drugs, and sexual activity.

Please remember that your answers will be kept strictly confidential and private — they will not be shared with your teachers, school officials, or anyone else. Even the data analysts will not know your name. We appreciate your honest responses.

In the past year, have you had a serious conversation about sex with your friends?

☐ No  ☐ Yes  ☐ Decline to answer

Answer questions in the box.

In the conversation, did you think about things that you learned in Native STAND?

☐ I haven’t talked to my friends about sex in a serious way
☐ No  ☐ Yes

In the conversation, did you share any information that you learned in Native STAND?

☐ I haven’t talked to my friends about sex in a serious way
☐ No  ☐ Yes
Have you ever, even once in your lifetime, done any of these things? For those that you answer “yes,” please indicate the last time you did it.

**Have you ever, even once...**

<table>
<thead>
<tr>
<th>Activity</th>
<th>No</th>
<th>Yes</th>
<th>Within the past month</th>
<th>Within the past year</th>
<th>Over a year ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>drank alcohol to get drunk?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>tried smoking cigarettes?</td>
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<tr>
<td>used marijuana?</td>
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<tr>
<td>used methamphetamine, LSD, cocaine, heroin, bath salts or other illegal drugs? (examples include: meth, crystal meth, ice, or crank)</td>
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</tr>
<tr>
<td>used over-the-counter drugs for the feeling it caused?</td>
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</tr>
<tr>
<td>“Over-the-counter” drugs can be bought in drug stores or grocery stores without a doctor’s prescription. (examples include: diet pills, pep pills like No-Doz, and cold or cough medicine that says DM or Tuss on the bottle)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>used prescription drugs without a doctor’s orders for the feeling it caused? (ex: Vicodin, OxyContin, Tylox, Xanax, Valium, Ritalin or Ambien)</td>
<td></td>
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</tr>
<tr>
<td>sniffed glue, breathed the contents of aerosol spray cans, or inhaled any paints or sprays to get high?</td>
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</tr>
</tbody>
</table>
Remember that your answers are CONFIDENTIAL and that they will be kept PRIVATE.

Have you ever had oral sex? By oral sex, we mean when someone puts his or her mouth on their partner’s penis or vagina, or lets their partner put his or her mouth on his penis or her vagina.

☐ No
☐ Yes
☐ Decline to answer

If yes, how old were you when you had oral sex for the first time? __ __ years old

Have you ever had vaginal sex? By vaginal sex, we mean when a boy puts his penis inside a girl’s vagina. Some people call this “having sex” or “doing it.”

☐ No
☐ Yes
☐ Decline to answer

Answer questions in the box.

If yes, how old were you when you had vaginal sex for the first time? __ __ years old

During the last year, have you had vaginal sex?

☐ No
☐ Yes
☐ Decline to answer

During the last month, have you had vaginal sex?

☐ No
☐ Yes
☐ Decline to answer

During the last month, have you had vaginal sex WITHOUT using an effective birth control method, even once?

☐ No
☐ Yes
☐ Not sure
☐ Decline to answer

Did you or your partner use a condom the last time you had vaginal sex?

☐ No
☐ Yes
☐ Decline to answer

How often do you use a condom when you have vaginal sex?

☐ Never
☐ Sometimes
☐ Always
☐ Decline to answer

Skip to page 7.
Have you ever had anal sex? By anal sex, we mean when someone puts his penis on or into his partner’s anus (the opening where fecal matter leaves the digestive tract).

☐ No  ☐ Yes  ☐ Decline to answer

Answer questions in the box.

If yes, how old were you when you had anal sex for the first time? __ __ years old

During the last year, have you had anal sex?
☐ No  ☐ Yes  ☐ Decline to answer

During the last month, have you had anal sex?
☐ No  ☐ Yes  ☐ Decline to answer

Did you or your partner use a condom the last time you had anal sex?
☐ No  ☐ Yes  ☐ Decline to answer

How often do you use a condom when you have anal sex?
☐ Never  ☐ Sometimes  ☐ Always  ☐ Decline to answer

Skip to next question.

If you are female, what forms of birth control do you use?
☐ I do not use birth control
☐ Oral contraceptives (the pill)
☐ Condoms (either male or female)
☐ the shot (Depo-provera)
☐ the patch (Ortho Evra)
☐ the ring (NuvaRing)
☐ IUD or intrauterine device (Mirena or Paragard)
☐ an implant (Implanon)
☐ Morning-after pill (emergency contraception)
☐ Other _________________________
Have you ever been pregnant or gotten someone pregnant? (Include any abortions or miscarriages.)
- No
- Yes
- Don’t know
- Decline to answer

During the last year, have you been pregnant or gotten someone pregnant? (Include any abortions or miscarriages.)
- No
- Yes
- Don’t know
- Decline to answer

Have you ever been tested for a sexually transmitted disease or infection (STD or STI)? (like chlamydia, herpes, genital warts, HPV, gonorrhea, syphilis, or HIV)
- No
- Yes
- Don’t know
- Decline to answer

Answer questions in the box.

In the last year have you been tested for a STD or STI?
- No
- Yes
- Don’t know
- Decline to answer

Have you ever tested positive for an STD or STI?
- No
- Yes
- Don’t know
- Decline to answer

In the past year, have you tested positive for an STD or STI?
- No
- Yes
- Don’t know
- Decline to answer

Skip to page 9.
The questions are about your beliefs about sex. Remember that your answers are CONFIDENTIAL and that they will be kept PRIVATE.

Please indicate the extent to which you agree or disagree with the following statements.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
<th>Decline to Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>I believe people my age should wait until they are older to have sex.</td>
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<tr>
<td>I believe that it is okay for people my age to have sex as long as they use a condom.</td>
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<tr>
<td>I believe that it is okay for people my age to have sex with a steady boyfriend or girlfriend.</td>
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</tr>
<tr>
<td>I believe condoms should always be used if a person my age has sex, even if the girl uses another effective birth control method.</td>
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</tbody>
</table>

Imagine that you and your boyfriend/girlfriend or partner 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 this person that **you want to start** using condoms?

- [ ] Not sure at all
- [ ] Kind of sure
- [ ] Definitely sure
- [ ] Decline to answer

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**?

- [ ] Not sure at all
- [ ] Kind of sure
- [ ] Definitely sure
- [ ] Decline to answer

How sure are you that you **could use a condom correctly** or explain to your boyfriend/girlfriend or partner how to use a condom correctly?

- [ ] Not sure at all
- [ ] Kind of sure
- [ ] Definitely sure
- [ ] Decline to answer
If you wanted to get a condom, how sure are you that you could get one?
- Not sure at all
- Kind of sure
- Definitely sure
- Decline to answer

Please answer the following questions honestly. Remember that your answers are CONFIDENTIAL and that they will be kept PRIVATE.

In the past year, have you been bullied? (Bullying is when someone teases, threatens, harasses, spreads rumors about, hits, shoves, or hurts another person over and over again.)
- No
- Yes
- Decline to answer

In the past year, have you been hit, slapped, or physically hurt on purpose by an intimate partner (like a boyfriend, girlfriend, hook-up, or someone you were dating)?
- No
- Yes
- Decline to answer

In the past year, have you been emotionally abused by an intimate partner (like a boyfriend, girlfriend, hook-up, or someone you were dating)?
- No
- Yes
- Decline to answer

In the past year, have you had a period of time lasting 1 week or longer when most of the day you felt sad, lost, hopeless, lonely or depressed?
- No
- Yes
- Decline to answer

Have you ever thought about committing suicide or trying to kill yourself?
- No
- Yes
- Decline to answer

Have you ever made a suicide attempt or tried to kill yourself?
- No
- Yes
- Decline to answer

During the last year, have you made a suicide attempt or tried to kill yourself?
- No
- Yes
- Decline to answer
The last set of questions are about you.

I am...

- [ ] Female
- [ ] Male
- [ ] Transgender/other: ________________________________

How do you describe your sexual orientation?

- [ ] Straight or heterosexual (attracted to the opposite sex)
- [ ] LGBT = Lesbian (you are a woman attracted to other women), Gay (attracted to the same sex), Bisexual (attracted to both men and women), Pansexual (identify with all types of sexuality), or Two-Spirit (identify with both male and female genders)
- [ ] Unsure/Don’t know

I am... (please check all that apply)

- [ ] American Indian or Alaska Native
- [ ] Asian
- [ ] Black or African American
- [ ] Native Hawaiian or other Pacific Islander
- [ ] White
- [ ] Hispanic
- [ ] Other: ________________________________

How old are you? ___ ___ years old

What was the last grade you completed? ___ ___ grade (please give a number, like 10th)

That’s it! You’re done.
Thank you very much.