



Federally Required
Entry & Exit Surveys

Fall 2020



NYS SRAE is
part of a federal
initiative

Performance
measures
(including
surveys) data
collection is
required for all
grantees

Overview

- **Why?** Federal funder: Monitor & improve program efficiency & effectiveness
- **Who?** All youth participants
- **Where?** Through online survey links (which will be provided)
- **When?**
 - **Entry:** Before SRAE EBP programming (about 8 minutes)
 - **Exit:** After SRAE EBP programming (about 16 minutes)



What?

Entry survey:

- Demographics: Age, grade, language, race/ethnicity, living situation
- Tobacco and other substance use
- Healthy relationships
- Coping
- Future orientation
- Self-efficacy

What?

Exit survey:

- Demographics
 - Perceived effect of program on:
 - Healthy decision-making
 - Resisting peer pressure
 - Coping
 - Future orientation
 - Self-efficacy
 - Healthy relationships
 - Delaying sex, marriage, and child-bearing
 - Program satisfaction
-

The next questions ask about alcohol, tobacco, and other substance use. Remember, all of your responses will be kept private.

8. In the past three months, have you ...

MARK ONLY ONE ANSWER PER ROW

	Yes	No
a. drunk alcohol (more than a few sips, including beer, wine, and liquor)?	<input type="checkbox"/>	<input type="checkbox"/>
b. smoked cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>
c. smoked cigars, cigarillos, or little cigars?	<input type="checkbox"/>	<input type="checkbox"/>
d. used other tobacco products (such as chewing tobacco, snuff, dip, or snus)?	<input type="checkbox"/>	<input type="checkbox"/>
e. used electronic vapor products (such as JUUL, Vuse, MarkTen, and blu)? (electronic vapor products include e-cigarettes, vapes, vape pens, e-cigars, hookahs, hookah pens, and mods)	<input type="checkbox"/>	<input type="checkbox"/>
f. used marijuana (also called pot, weed, or cannabis)?	<input type="checkbox"/>	<input type="checkbox"/>
g. taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?	<input type="checkbox"/>	<input type="checkbox"/>

- 11. Has being in the program made you more likely, about the same, or less likely to...**
(Note: If the program has not affected your likelihood to do the following, choose "About the same.")

MARK ONLY ONE ANSWER PER ROW

	Much more likely	Somewhat more likely	About the same	Somewhat less likely	Much less likely
a. better understand what makes a relationship healthy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. look for information and resources about dating violence (for example, websites, social media, hotlines, organizations, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. resist or say no to someone you are dating or going out with if they pressure you to participate in sexual acts, such as kissing, touching private parts, or sexual intercourse? ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. talk to a friend if someone you are dating or going out with 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"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. talk to a trusted adult (for example, a family member, teacher, counselor					

In the past three months, have you ...

	Yes	No
drunk alcohol (more than a few sips, including beer, wine, and liquor)?	<input type="radio"/>	<input type="radio"/>
smoked cigarettes?	<input type="radio"/>	<input type="radio"/>
smoked cigars, cigarillos, or little cigars?	<input type="radio"/>	<input type="radio"/>
used other tobacco products (such as chewing tobacco, snuff, dip, or snus)?	<input type="radio"/>	<input type="radio"/>
used electronic vapor products (such as JUUL, Vuse, MarkTen, and blu)? (electronic vapor products include e-cigarettes, vapes, vape pens, e- cigars, hookahs, hookah pens, and mods)?	<input type="radio"/>	<input type="radio"/>
used marijuana (also called pot, weed, or cannabis)?	<input type="radio"/>	<input type="radio"/>
taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?	<input type="radio"/>	<input type="radio"/>

12:29

In the past three months, have you ...

drunk alcohol (more than a few sips, including beer, wine, and liquor)?

Yes

No

smoked cigarettes?

smoked cigars, cigarillos, or little cigars?

used other tobacco products

The image shows a smartphone mockup of the survey interface. At the top, the time is 12:29. The survey title is 'In the past three months, have you ...'. The first question is 'drunk alcohol (more than a few sips, including beer, wine, and liquor)?' with two radio button options: 'Yes' and 'No'. Below this are three more questions, each with a downward arrow indicating a dropdown menu: 'smoked cigarettes?', 'smoked cigars, cigarillos, or little cigars?', and 'used other tobacco products'. The interface is clean and modern, with a white background and dark text.



Survey Administration Procedures

- Informing sites: Need approval from site administrators
- Informing parents: Parents can opt-out
- Informing youth: Youth can opt-out
- Answering questions from youth
- Distributing surveys

Organizational Benefits

- Data for continuous quality improvement:
 - Program satisfaction from youth participants
 - Perceived impact from youth participants

Program Experiences Exit Surveys

How often in this program...	% of Youth		
	ALL or MOST of the time	SOME of the time	LITTLE or NONE of the time
did you feel interested in program sessions and classes	73	16	8
did you feel the material presented was clear	85	8	4
did discussion or activities help you to learn program lessons	83	9	4
did you feel respected as a person	85	7	3
were you picked on, teased, or bullied in this program	10	4	81
did you have a chance to ask questions about topics or issues that came up in the program	75	12	9

Program Experiences Exit Surveys

Would you say being in the program has made you more likely, about the same, or less likely to...	% of Youth		
	More likely	The same	Less likely
Resist or say no to peer pressure	70	18	9
Know how to manage stress	61	26	11
Manage conflict without causing more conflict	58	28	11
Form friendships that keep you out of trouble	65	25	9
Be respectful towards others	70	24	5
Make plans to reach your goals	78	17	3
Care about doing well in school	77	18	3

Organizational Benefits

- Data to share with stakeholders:
 - Your larger organization
 - Schools, parents
 - Other funders



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Program Resources

SRAE Initiative

SRAE Overview

Component 1: EBPs

[Making a Difference](#)

[Project AIM](#)

[Teen Outreach Program](#)

[EBP: Observation Tools](#)

Component 2: Activities

Component 3: Parenting Education

[SRAE Shared Resources](#)

[SRAE Webinars](#)

[Blog: The Commons](#)

[SRAE Online Reporting System](#)

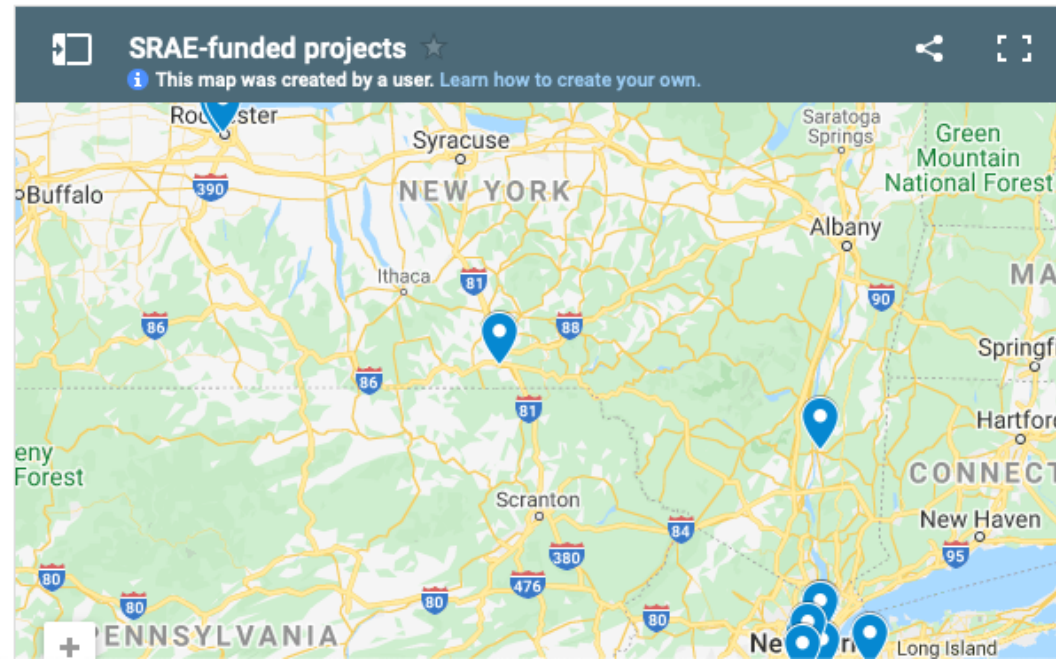
[SRAE Calendar](#)

[Online Reporting System](#)

Sexual Risk Avoidance Education Initiative

printer-friendly

This section provides an overview and resources for SRAE providers in New York State.





Questions?

Your Evaluation Team Contact

or

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