**Teen Sexual Health Survey**

**Conducted by**

**Comprehensive Strategy for Positive**

**Youth Development**

**This survey is about your sexual health habits. The answers you give will be kept private. Thank you for completing this short survey.**

1. How old are you? \_\_\_\_\_\_
2. Are you (Circle one)

Male Female

1. Where did you get your information about your body changes and growing up? (Circle all that apply)
   1. Parents/Guardian
   2. Brothers/Sisters
   3. Other students, peers
   4. Media, including social media
   5. Grandparent
   6. Other Relatives/Adults
   7. School teacher/counselor
   8. Medical professional-doctor/nurse
   9. Church
   10. Social Service Agencies
2. Who talked to you about sex? (Circle all that apply)
   1. Parents/Guardian
   2. Brothers/Sisters
   3. Other students, peers
   4. Media, including social media
   5. Grandparent
   6. Other Relatives/Adults
   7. School teacher/counselor
   8. Medical professional-doctor/nurse
   9. Church
   10. Social Service Agencies
3. Do you feel it is okay for teens to have sex?

Yes\_\_\_ No\_\_\_

If yes (check all that apply):

\_\_\_If they are in a committed relationship

\_\_\_If they use protection

\_\_\_If they only have one partner

\_\_\_If they want to

1. Do you have concerns about:
   1. Pregnancy? Yes\_\_\_ No\_\_\_
   2. Sexually Transmitted Infections?

Yes\_\_\_ No\_\_\_

* 1. AIDS/HIV? Yes\_\_\_ No\_\_\_

1. If you have had sex:
   1. \_\_\_ I have not had sex
   2. How old were you the first time?\_\_\_\_\_
   3. How old was your partner? \_\_\_\_\_
   4. Was alcohol involved? Yes\_\_\_ No\_\_\_
   5. How many different partners have you had sex with? \_\_\_\_\_
   6. Did it occur when parents were not home? Yes\_\_\_ No\_\_\_
   7. Did you use any method(s) to prevent pregnancy or sexually transmitted infections? Yes \_\_\_\_ No \_\_\_

If yes, what did you use? Please list:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Where do you get your information about sex?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. List any agencies you know of that provide

sexual health services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the location of your high school where you grew up?

City:

State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any comments that you may have about sexual health.

Thank you for taking this survey!