Assessment Instruments for Measuring Student Outcomes

Grades 5-7

BOOKLET 5

DIVISION OF ADOLESCENT AND SCHOOL HEALTH
NATIONAL CENTER FOR CHRONIC DISEASE PREVENTION AND HEALTH PROMOTION
CENTERS FOR DISEASE CONTROL

Assessment Instruments for Measuring Student Outcomes

Grades 5-7

W. James Popham
Elizabeth A. Hall
Douglas Tonks
Molly A. Hetrick
Dahlia Grossman

This booklet was prepared by IOX Assessment Associates under Contract No. 200-88-0683 with the Division of Adolescent and School Health, Centers for Disease Control. Preliminary draft: May 1992.

TABLE OF CONTENTS

Page

INTRODUCTION 1
- Developmental History 1
- Organizational Preview 2
- Securing Permission to Gather Data 2
- Using the Assessment Instruments 3

KNOWING ABOUT HIV AND AIDS 5
(Assessment Focus: HIV and AIDS knowledge related to HIV-risk behaviors)
- General Description 5
- Rationale 5
- Scoring Procedures 5
- Administration Directions 9
- The Instrument: Form A 11
- The Instrument: Form B 15

HOW WOULD YOU FEEL? 19
(Assessment Focus: Attitudes toward people with AIDS)
- General Description 19
- Rationale 19
- Scoring Procedures 19
- Administration Directions 21
- The Instrument 23

YOUR ATTITUDES 27
(Assessment Focus: Three attitudinal dimensions related to HIV-risk behaviors)
- General Description 27
- Rationale 27
- Scoring Procedures 27
- Administration Directions 29
- The Instrument 31

HOW SURE ARE YOU? 37
(Assessment Focus: Confidence in one's ability to resist peer pressures)
- General Description 37
- Rationale 37
- Scoring Procedures 37
- Administration Directions 39
- The Instrument 41

Introduction

This booklet contains a set of assessment instruments specifically developed to assist those who wish to evaluate an HIV education program. The instruments are designed to assess knowledge, attitudes, and behaviors that frequently serve as instructional targets of HIV education. The instruments are provided to offer a range of options that evaluators may wish to consider. The instruments may be used as is or may be modified to become more consistent with a particular program's instructional emphases.

The assessment instruments in this booklet were designed for students in grades 5 through 7. A companion booklet provides instruments for students in grades 7 through 12. It should be noted that at grade 7—the division point between the two sets of assessment instruments—a choice must be made between the instrument sets. Because there are substantial variations in the maturity and achievement levels of students in different locales, if the instruments are to be used with students in grades 6, 7, or 8, both sets of instruments should be reviewed to identify those appropriate for a particular group of students.

The absence of assessment instruments for lower grades does not imply that HIV-relevant instruction should not be provided in those grades. However, because instruction in lower grades tends to deal with more general objectives such as health promotion and self-esteem, no separate set of assessment instruments was developed for those grade levels.

Developmental History

The assessment devices in this booklet were prepared as part of a project supported by the Division of Adolescent and School Health, Centers for Disease Control (CDC). During 1989-1992, these assessment instruments were developed by IOX Assessment Associates with the continuing collaboration of CDC personnel. The instruments were field-tested with small groups of students, then revised on the basis of students' reactions to directions, items, and vocabulary. The revised instruments were field-tested again, revised, and reviewed by individuals engaged in the evaluation of HIV education programs.

In June 1991, the contents of this booklet were reviewed by the project's national Developmental Review Panel. Modifications were made in the instruments based on the panelists' recommendations. (See the Acknowledgments in the handbook's introduction for a list of the members of the Developmental Review Panel.)

Also in June 1991, the assessment instruments were reviewed by an existing group, the national Advisory Panel convened for the broader purpose of helping CDC plan HIV evaluation activities. Appropriate modifications were made on the basis of panelists' suggestions. (See the Acknowledgments in the introduction to this handbook for a list of the members of the national Advisory Panel.)

The materials in this booklet benefitted substantially from the suggestions supplied by numerous professionals who reviewed various versions of the assessment instruments and their accompanying materials. Results should be cautiously interpreted until adequate psychometric analyses have been conducted to assess the reliability and validity of the instruments.

Organizational Preview

Each assessment instrument is preceded by important information regarding that instrument. First, a short *General Description* supplies the assessment focus of the instrument. Second, a brief *Rationale* underlying the instrument's creation is presented. Third, *Scoring Procedures* for the instrument are given. A separate one-page section entitled *Administrative Directions* provides step-by-step directions that are readily reproducible for distribution to those individuals (e.g., teachers or counselors) who will be administering the assessment instrument. Finally, there is the *assessment instrument* itself, which is also reproducible.

Securing Permission to Gather Data

Before using these instruments for evaluation purposes, you will need to obtain approval from appropriate school district authorities. A local review group consisting of educators, parents, and other citizens will often have been established to judge the acceptability of HIV education materials and instruments.

Some districts require that either *active informed consent* or *passive informed consent* be secured from parents or guardians of students prior to the administration of such assessment devices. With active informed consent, a letter is sent to a student's parents or guardians describing the general nature of the intended data gathering and asking permission for the student to complete the assessment instruments described. This letter must be signed by parents or guardians, indicating their permission to have the instruments administered to the student. With passive informed consent, a similar descriptive letter is sent to the student's parents or guard-

ians. They are required to sign and return it, however, only if they do *not* wish the student to complete the assessment instruments. Most school districts already have policies in place regarding whether active or passive informed consent is required for data gathering.

Using the Assessment Instruments

These instruments represent a menu of assessment alternatives from which evaluators may choose. The specific timing for assessing students will depend on the particular data-gathering design employed in the evaluation study. Advice on using these instruments is provided in the handbook's first booklet, *Evaluating HIV Education Programs.*

Although the assessment instruments in this booklet were designed for use with students in grades 5-7, the vocabulary and content of each instrument may not be suitable for the students in a particular locality. If an instrument's reading level—established as late grade 5 or early grade 6—is too high for some students, it should be adjusted downward or the instrument should not be used at that grade level.

These assessment instruments were developed to supply information about HIV education programs, *not about individual students.* Therefore, the instruments in this booklet should not be used to draw inferences about a specific student's risk status. Group scores should be considered in aggregate (e.g., group means or medians).

To enhance the truthfulness of students' responses, the assessment instruments in this booklet are to be administered anonymously. However, the instruments can often yield more useful evaluative insights if two or more instruments completed by the same person can be compared. To preserve students' anonymity and, at the same time, to permit between-instrument analyses, two or more instruments can be placed in a single test-administration package.

Knowing About HIV and AIDS

Assessment Focus: HIV and AIDS knowledge related to HIV-risk behaviors

General Description

This 15-item instrument measures functional knowledge about HIV and AIDS. It can be used to measure the accuracy of students' knowledge about HIV and AIDS, or it can be used to measure students' confidence in their knowledge of HIV and AIDS.

Rationale

Functional knowledge about AIDS and HIV is knowledge that is necessary to reduce the risk of HIV transmission. Items regarding more general knowledge about HIV and AIDS, such as items about how HIV affects the immune system, were not included because of the unclear relationship of such knowledge to someone's risk behaviors.

The test is offered in two versions that have comparable content. Either form may be used for a pretest, leaving the other for a posttest.

This assessment device contains a number of items that accentuate the difference between HIV and AIDS. The emphasis on this distinction was deliberately adopted on the grounds that an effective HIV education program will, among other outcomes, help students understand the difference between AIDS and HIV infection.

Scoring Procedures

This instrument can be scored either for knowledge or for confidence in one's knowledge. Descriptions of the two methods are provided below.

Method 1

To score this instrument for *knowledge*, consider only whether the participants indicate that an item is true, false, or that they do not know whether it is true or false. The confidence of a respondent is ignored for the purposes of obtaining a knowledge

score. Each correct answer receives one point (regardless of degree of confidence). For example, a false statement would be scored as correct (and the student given one point) if the student answered either "I think it's false," or "I am sure it's false." Incorrect/or "don't know" answers do not receive points.

If a statement is true, points are assigned to responses as follows (for false statements, the points are reversed, with "I don't know" remaining at 0):

1 point – I am sure it's true.
1 point – I think it's true.
0 points – I don't know.
0 points – I think it's false.
0 points – I am sure it's false.

Total scores can range from 0 points (no items correct) to 15 points (all items correct).

Scoring Key

Form A:

True:	2, 3, 4, 8, 9, 10, 12
False:	1, 5, 6, 7, 11, 13, 14, 15

Form B:

True:	3, 4, 7, 9, 10, 12, 15
False:	1, 2, 5, 6, 8, 11, 13, 14

An item-by-item analysis of the group's responses can help identify those content areas that may require targeted instruction.

Method 2

To score this instrument for *confidence* in correctly held knowledge about HIV and AIDS, assign 1 to 5 points for each item. The highest number of points possible is assigned to an item that an individual answers correctly and with a high degree of confi-

dence. Responses indicating a lower degree of confidence in a correct answer, "don't knows," and incorrect answers receive a lower number of points.

If a statement is true, points are assigned to responses as follows (for false statements, the points are reversed):

5 points – I am sure it's true.
4 points – I think it's true.
3 points – I don't know.
2 points – I think it's false.
1 point – I am sure it's false.

"Don't know" responses receive more points than incorrect answers because incorrect knowledge is potentially more damaging than uncertainty regarding the correct answer. Further, individuals with confidence in an incorrect answer may be more likely to act on their erroneous information than others who have little confidence or do not know the correct answer.

Total scores for confidence in correctly held knowledge can range from 15 points (all answers incorrect, with a high degree of confidence) to 75 points (all answers correct, with a high degree of confidence). Please refer to the scoring key on the previous page for the true and false answer key. A comparison of the group's mean total score can be used to determine changes in confidence in correctly held knowledge from pretest to posttest. In addition, an item-by-item analysis of the group's responses can help identify those content areas that may require targeted instruction.

If the instrument is scored with this method, it is important to clearly indicate this fact in reports that are produced. Otherwise, reported results may be misinterpreted. When presenting results, use phrasing similar to the following:

> Besides being scored for AIDS and HIV knowledge, the instrument was also scored to determine respondents' confidence in correctly held knowledge. Items answered correctly and with a high degree of confidence received the most points (5), and items answered incorrectly and with a high degree of confidence received the lowest number of points (1).

Knowing About HIV and AIDS

Administration Directions

Note to users of the *Knowing About HIV and AIDS* test:

Please carefully follow the administrative directions below. These directions contain information essential to the accurate completion of the survey. Thank you for your cooperation.

Directions:

1. Remind students that they are *not* to write their names on the survey. Explain that the survey is anonymous.

2. Distribute surveys to students.

3. *Read aloud* to students the directions from the front page of the survey and tell students to follow along as you read.

4. Inform students that to increase their privacy, you will not be walking around the room while they complete their surveys.

5. Tell students to place their completed surveys in a large manila envelope or box *when everyone has finished.*

6. Ask if students have any questions about how to complete the survey. Answer these questions, then have students complete the survey.

7. When students are finished, make sure they place their anonymous surveys in the container you have provided for that purpose.

8. Because students may believe that some of the false statements are, in fact, true, some educators suggest that the correct answers be discussed with students as soon as possible following the instrument's completion.

KNOWING ABOUT HIV AND AIDS

DO NOT put your name on this survey. Your answers will be kept secret. No one will know how you answered these questions.

DIRECTIONS: Read each question. Carefully check the one answer that fits best.

	I am sure it's true.	I think it's true.	I don't know.	I think it's false.	I am sure it's false.
1. Hugging a person with AIDS is a way to get HIV.	( )	( )	( )	( )	( )
2. The virus that causes AIDS is found in blood.	( )	( )	( )	( )	( )
3. You <u>do</u> <u>not</u> get HIV by using a public sink to wash your hands.	( )	( )	( )	( )	( )
4. Teenagers can get AIDS.	( )	( )	( )	( )	( )
5. Eating food made by a person with AIDS can give you HIV.	( )	( )	( )	( )	( )
6. You can get HIV by using the same telephone as a person with AIDS.	( )	( )	( )	( )	( )
7. You can tell whether people are infected with HIV by looking at them.	( )	( )	( )	( )	( )
8. Having sexual intercourse is a way to get HIV.	( )	( )	( )	( )	( )

(Form A)

Please go on to the next page. ➡

	I am sure it's true.	I think it's true.	I don't know.	I think it's false.	I am sure it's false.
9. You **do** **not** get HIV by swimming in a public swimming pool.	( )	( )	( )	( )	( )
10. Sharing needles to take steroids is one way to get HIV.	( )	( )	( )	( )	( )
11. Only boys and men get HIV.	( )	( )	( )	( )	( )
12. HIV is **not** spread by fleabites.	( )	( )	( )	( )	( )
13. Dancing with a person who has AIDS is a way to get HIV.	( )	( )	( )	( )	( )
14. As soon as people get HIV, they begin to feel sick.	( )	( )	( )	( )	( )
15. Condoms are 100% effective in preventing HIV.	( )	( )	( )	( )	( )

(Form A)

KNOWING ABOUT HIV AND AIDS

DO NOT put your name on this survey. Your answers will be kept secret. No one will know how you answered these questions.

DIRECTIONS: Read each question. Carefully check the one answer that fits best.

	I am sure it's true.	I think it's true.	I don't know.	I think it's false.	I am sure it's false.
1. You can get HIV from sitting next to a person with AIDS.	( )	( )	( )	( )	( )
2. People who have HIV usually look very thin and sickly.	( )	( )	( )	( )	( )
3. A person can get HIV by sharing drug needles.	( )	( )	( )	( )	( )
4. No one has ever gotten HIV by shaking hands with a person who has AIDS.	( )	( )	( )	( )	( )
5. Girls and women <u>do</u> <u>not</u> get HIV.	( )	( )	( )	( )	( )
6. A person can get HIV by using a public toilet.	( )	( )	( )	( )	( )
7. A person can have HIV and feel healthy.	( )	( )	( )	( )	( )
8. You can get HIV by drinking from a water fountain.	( )	( )	( )	( )	( )

(Form B)

Please go on to the next page. ➡

	I am sure it's true.	I think it's true.	I don't know.	I think it's false.	I am sure it's false.
9. Using condoms helps protect against HIV.	( )	( )	( )	( )	( )
10. No matter how old people are, they can get HIV.	( )	( )	( )	( )	( )
11. Sharing a soft drink with a person who has AIDS is one way to get HIV.	( )	( )	( )	( )	( )
12. At this time, there is no cure for AIDS.	( )	( )	( )	( )	( )
13. If you touch a person with AIDS, you can get HIV.	( )	( )	( )	( )	( )
14. You can get HIV if a person with AIDS sneezes on you.	( )	( )	( )	( )	( )
15. Children can be born with HIV if their mothers have HIV.	( )	( )	( )	( )	( )

(Form B)

How Would You Feel?

Assessment Focus: Attitudes toward people with AIDS

General Description

This 10-item instrument measures students' acceptance of, and attitudes toward, people who have AIDS. Students are asked to respond to each statement on a 5-point "comfort" scale.

Rationale

In recent years, people who have AIDS or are infected with HIV have often been stigmatized by mainstream society. Intolerant attitudes toward these people often lead to intolerant behaviors toward them. Changing such attitudes is thus a key objective in many HIV education programs.

All items use the term "AIDS" rather than "HIV" because the instrument will often be used as a pretest, prior to an instructional program in which the distinction between AIDS and HIV is explained to students. It was feared that references to people "infected with HIV" might be misunderstood by respondents and that, as a consequence, their responses to the statements might lead to inaccurate pretest-to-posttest comparisons.

Scoring Procedures

To obtain a total score, add points across all responses. Total scores can range from 30 points (indicating high acceptance of people with AIDS) to 10 points (indicating low acceptance of people with AIDS). The higher the scores, the more accepting students' attitudes are toward persons who have AIDS. Points are assigned to response options as follows:

Completely Comfortable	3 points
Somewhat Comfortable	2 points
Not at All Comfortable	1 points

How Would You Feel?

Administration Directions

Note to users of the *How Would You Feel?* survey:

Please carefully follow the administrative directions below. These directions contain information essential to the accurate completion of the survey. Thank you for your cooperation.

Directions:

1. Remind students that they are *not* to write their names on the surveys. Explain that the survey is anonymous.

2. Distribute surveys to students.

3. *Read aloud* to students the directions from the front page of the survey and tell students to follow along as you read.

4. Show students how the "Not at All Comfortable" and "Completely Comfortable" responses in the examples have been circled.

5. Inform students that to increase their privacy, you will not be walking around the room while they complete their surveys.

6. Tell students to place their completed surveys in a large manila envelope or box *when everyone has finished.*

7. Ask if students have any questions about how to complete the survey. Answer these questions, then have students complete the survey.

8. When students are finished, make sure they place their anonymous surveys in the container you have provided for that purpose.

HOW WOULD YOU FEEL?

DO NOT put your name on this survey. Your responses will be kept secret. No one will know how you answered these questions.

DIRECTIONS: These questions ask you about how comfortable you would feel in a situation. Read each question. Circle the answer that shows how you would feel.

Examples:

		Completely Comfortable C	*Somewhat Comfortable* S	*Not at All Comfortable* N
1.	How comfortable would you feel giving a speech in class?	C	S	(N)
2.	How comfortable would you feel hugging a friend of yours who was feeling sad?	(C)	S	N

Please go on to the next page. ➡

		Completely Comfortable C	*Somewhat Comfortable* S	*Not at All Comfortable* N
1.	How comfortable would you feel being in the same classroom with someone who has AIDS?	C	S	N
2.	How comfortable would you feel eating in the same lunchroom with someone who has AIDS?	C	S	N
3.	How comfortable would you feel hugging a close friend who has AIDS?	C	S	N
4.	How comfortable would you feel swimming in a pool with someone who has AIDS?	C	S	N
5.	How comfortable would you feel being around a classmate who you think might have AIDS?	C	S	N
6.	How comfortable would you feel staying friends with someone who has AIDS?	C	S	N
7.	How comfortable would you feel kissing a good friend or relative who has AIDS?	C	S	N
8.	How comfortable would you feel having a teacher who has AIDS?	C	S	N
9.	How comfortable would you feel making friends with someone who has AIDS?	C	S	N
10.	How comfortable would you feel playing sports with someone who has AIDS?	C	S	N

Your Attitudes

Assessment Focus: Three attitudinal dimensions related to HIV-risk behaviors

General Description

This 15-item instrument measures students' attitudes across three dimensions that are potentially related to whether a student might engage in HIV-risk behaviors. Students will indicate their degree of agreement or disagreement with each statement on a 5-point scale. The three dimensions addressed in the instrument are (1) attitudes about peer pressure, (2) attitudes about abstinence, and (3) attitudes about condom use.

Rationale

It has been well established in a variety of behavioral arenas that people's attitudes influence their behavior. In many HIV education programs, therefore, substantial energy is devoted to nurturing student attitudes that will disincline students to engage in high-risk behaviors.

Scoring Procedures

This instrument will yield a total score and a subscore for each of the three dimensions. The total score ranges from 15 points to 75 points. The scores on each dimension range from 5 points to 25 points. Higher scores reflect attitudes generally sought in HIV education programs.

Each dimension is assessed with the following items:

Dimension	Items
Attitudes about Peer Pressure	1, 4, 7, 10, 13
Attitudes about Abstinence	2, 5, 8, 11, 14
Attitudes about Condom Use	3, 6, 9, 12, 15

Scoring Key

The scale of Strongly Agree = 5, Agree = 4, Not Sure = 3, Disagree = 2, and Strongly Disagree = 1 should be used to score the following items:

1, 3, 5, 7, 8, 11, 13, 15

The scale of Strongly Agree = 1, Agree = 2, Not Sure = 3, Disagree = 4, and Strongly Disagree = 5 should be used to score the following items:

2, 4, 6, 9, 10, 12, 14

Your Attitudes

Administration Directions

Note to users of the *Your Attitudes* survey:

Please carefully follow the administrative directions below. These directions contain information essential to the accurate completion of the survey. Thank you for your cooperation.

Directions:

1. Remind students that they are *not* to write their names on the survey. Explain that the survey is anonymous.

2. Distribute surveys to students.

3. *Read aloud* to students the directions from the front page of the survey and tell students to follow along as you read.

4. Show students how the "Agree" and "Strongly Disagree" responses have been circled in the examples.

5. Inform students that to increase their privacy, you will not be walking around the room while they complete their surveys.

6. Tell students to place their completed surveys in a large manila envelope or box *when everyone has finished.*

7. Ask if students have any questions about how to complete the survey. Answer these questions, then have students complete the survey.

8. When students are finished, make sure they place their anonymous surveys in the container you have provided for that purpose.

YOUR ATTITUDES

DO NOT put your name on this survey. Your responses will be kept secret. No one will know how you answered these questions.

DIRECTIONS: This survey asks you to say whether you agree or disagree with a set of statements. Please read each statement, then indicate whether you Strongly Agree (SA), Agree (A), are Not Sure (NS), Disagree (D), or Strongly Disagree (SD) by circling the letters you want. There are no right or wrong answers. We want to know how you truly feel.

Examples:

		Strongly Agree SA	*Agree* A	*Not Sure* NS	*Disagree* D	*Strongly Disagree* SD
1.	Teenagers should eat three balanced meals each day.	SA	(A)	NS	D	SD
2.	Teenagers should watch less television.	SA	A	NS	D	(SD)

BEFORE STARTING, PLEASE READ THIS: Some of the statements in this survey say "having sex." This means having sexual intercourse.

Please go on to the next page. ➡

		Strongly Agree SA	*Agree* A	*Not Sure* NS	*Disagree* D	*Strongly Disagree* SD
1.	If your friends want you to do something that you think isn't safe, you should refuse.	SA	A	NS	D	SD
2.	People who don't have sex before they get married are strange.	SA	A	NS	D	SD
3.	It is really stupid for teenagers to have sex without using a condom.	SA	A	NS	D	SD
4.	To keep your friends, you should go along with most things your friends want you to do.	SA	A	NS	D	SD
5.	It's okay not to have sex while you are a teenager.	SA	A	NS	D	SD
6.	People who use condoms during sex don't trust the person they're with.	SA	A	NS	D	SD
7.	Teenagers should learn how to resist pressures from their friends.	SA	A	NS	D	SD
8.	Having sex when you are a teenager could be a big mistake.	SA	A	NS	D	SD
9.	It's okay for a teenager to have sex without a condom if the teenager knows his/her partner well.	SA	A	NS	D	SD
10.	It may be worth doing some dangerous things in order to be popular.	SA	A	NS	D	SD
11.	It's a good idea for teenagers to choose not to have sex.	SA	A	NS	D	SD

Please go on to the next page. ➡

		Strongly Agree SA	*Agree* A	*Not Sure* NS	*Disagree* D	*Strongly Disagree* SD
12.	It's embarrassing to talk about condoms.	SA	A	NS	D	SD
13.	Teenagers should resist pressure from their friends to have sex.	SA	A	NS	D	SD
14.	Teenagers who don't have sex are wasting their teen years.	SA	A	NS	D	SD
15.	If people think they might have sex during a date, they should carry a condom.	SA	A	NS	D	SD

How Sure Are You?

Assessment Focus: Confidence in one's ability to resist peer pressures

General Description

This 10-item instrument measures students' confidence in their ability to resist peer pressures. The instrument attempts to assess students' refusal skills in age-appropriate social situations.

Rationale

Peer expectations influence the decisions that people make in social situations. Resisting pressure from friends and acquaintances can play an important part in avoiding an uncomfortable or risky situation. In many HIV education programs, students are taught to use refusal skills to avoid situations that put them at risk for HIV infection.

This instrument measures how sure students are that they could refuse their friends in order to avoid an uncomfortable or risky situation. Experience in resisting peer pressure in situations such as these may later help students avoid situations that place them at risk of HIV infection. The focus on students' confidence (how sure they are) was employed in this instrument because research suggests that confidence in one's ability to use a skill (for example, a refusal skill) may be a particularly important factor contributing to one's actual use of that skill.

Scoring Procedures

Points are assigned to response options as follows:

Completely Sure	3 points
Somewhat Sure	2 points
Not at All Sure	1 point

Total scores can range from 30 points (indicating a high degree of confidence) to 10 points (indicating a low degree of confidence). An item-by-item analysis of a groups' responses to this survey may reveal the types of social settings that should be addressed instructionally to help students resist peer pressures.

How Sure Are You?

Administration Directions

Note to users of the *How Sure Are You?* survey:

Please carefully follow the administrative directions below. These directions contain information essential to the accurate completion of the survey. Thank you for your cooperation.

Directions:

1. Remind students that they are *not* to write their names on the survey. Explain that the survey is anonymous.

2. Distribute surveys to students.

3. *Read aloud* to students the directions from the front page of the survey and tell students to follow along as you read.

4. Show students how the "Completely Sure" and "Not at All Sure" responses have been circled in the examples.

5. Inform students that to increase their privacy, you will not be walking around the room while they complete their surveys.

6. Tell students to place their completed surveys in a large manila envelope or box *when everyone has finished.*

7. Ask if students have any questions about how to complete the survey. Answer these questions, then have students complete the survey.

8. When students are finished, make sure they place their anonymous surveys in the container you have provided for that purpose.

HOW SURE ARE YOU?

DO NOT put your name on this survey. Your answers will be kept secret. No one will know how you answered these questions.

DIRECTIONS: Read each situation. *Try to imagine yourself in the situation.* Circle the answer that fits best.

Examples:

		Completely Sure C	*Somewhat Sure* S	*Not at All Sure* N
1.	Some boys and girls in your school want you to help them spray-paint the sidewalks around school tonight. *If you didn't want to help them spray-paint*, how sure are you that you could refuse?	C	S	(N)
2.	Your friends have asked you to leave the school grounds at noontime even though it's against school rules. *If you didn't want to go with them*, how sure are you that you could refuse?	(C)	S	N

Please go on to the next page. ➡

		Completely Sure C	*Somewhat Sure* S	*Not at All Sure* N
1.	A group of your friends are going to a scary movie and invite you to come. You don't like scary movies. Your friends make fun of you. *If you didn't want to go to the movie with your friends*, how sure are you that you could refuse?	C	S	N
2.	You are with a group of your friends at a mall one day after school. One of your friends has some marijuana and suggests that you all find somewhere to smoke it together. You've never tried marijuana before. Everyone else smokes some and they dare you to try it. *If you didn't want to try the marijuana*, how sure are you that you could refuse?	C	S	N
3.	Your parents have gone out for the evening and have told you to stay at home. A good friend calls you and asks you to come over. Your parents let you go to this friend's house at other times, but you know you'll be in trouble if you go tonight. Your friend insists that your parents will never find out. *If you didn't want to go to your friend's house*, how sure are you that you could refuse?	C	S	N
4.	While walking home from school one afternoon, you see a friend you've had a crush on for a while. The two of you talk alone for a few minutes, and your friend tries to kiss you. You don't feel ready to kiss your friend yet. *If you didn't want to kiss your friend*, how sure are you that you could refuse?	C	S	N

Please go on to the next page. ➡

		Completely Sure C	*Somewhat Sure* S	*Not at All Sure* N
5.	You are walking home after a very long day at school. Your best friend suggests you go to the store and get a soft drink together, but your parents told you to come straight home. You know your friend will get mad if you don't go. *If you decided not to go with your friend*, how sure are you that you could refuse?	C	S	N
6.	You are at a party at a friend's house. Your friend's parents aren't home. Someone finds a can of beer, opens it, takes a drink, and passes it around. Everyone has some. You're afraid that your friends will think you're scared. *If you didn't want to have any beer*, how sure are you that you could refuse?	C	S	N
7.	You are shopping at a store with some friends who pick up candy bars and hide them in their pockets. They say it's fun and want you to take something, too. You don't think you should, but you want to be part of the group. *If you didn't want to take anything from the store*, how sure are you that you could refuse?	C	S	N
8.	You are at a party at the house of a friend whose parents aren't home. Someone suggests a game where a boy and girl go into a dark "kissing closet" together for five minutes. You aren't comfortable with this game, but you don't want your friends to think you're scared. *If you didn't want to play this game*, how sure are you that you could refuse?	C	S	N

Please go on to the next page. ➡

		Completely Sure C	*Somewhat Sure* S	*Not at All Sure* N
9.	You have a lot of homework to do, but your friends want you to go to a movie with them. You want to go, but you really need to do your homework. You know that if they see the movie, none of them will want to go to the movie with you later in the week. *If you decided not to go with your friends*, how sure are you that you could refuse?	C	S	N
10.	A friend whom you've had a crush on calls you and asks you to come over. Your friend's parents aren't home, and you think the friend might want to make out with you. *If you didn't want to go to this friend's house*, how sure are you that you could refuse?	C	S	N