

Sexual Attitudes Questions

Your responses to this questionnaire are 100% confidential.
If you would like to discuss your answers with a counselor, please contact the Wellness Center.

Please Respond to the Following Statements.

1. "I feel I have a good understanding about my body and my sexual development."
Strongly Agree Somewhat Agree Somewhat Disagree Disagree
2. "When I have a question or concern about sex or want to talk about a sexual experience, I talk to **my parents or another adult in my family.**"
All the time Most of the time Some of the time None of the time
3. "When I have a question or concern about sex or want to talk about a sexual experience, I talk to **an adult at school.**"
All the time Most of the time Some of the time None of the time
4. "If I have a confidential question or concern about sex or sexual health, I speak to **an intern or staff member at the Wellness Center.**"
All the time Most of the time Some of the time None of the time
5. "If I have a confidential question or concern sex or sexual health, I speak to **a school nurse.**"
All the time Most of the time Some of the time None of the time
6. "If I choose to abstain from sex, I feel my choice is respected by my peers."
All the time Most of the time Some of the time None of the time
7. "When it comes to decisions about sex, I feel in control."
All the time Most of the time Some of the time None of the time
8. "I believe sexually explicit material, such as pornography, can influence the way I think and feel about sex and relationships."
Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree
9. "I personally need to be committed to someone before having sex."
Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree
10. "I believe that condoms should be made available for students at school."
Strongly Agree Somewhat Agree Somewhat Disagree Strongly Disagree

Sexual Behavior Questions

Your responses to this questionnaire are 100% confidential.
If you would like to discuss your answers with a counselor, please contact the Wellness Center.

1. Have you ever felt pressured to take and/or share a photo of yourself (or a part of your body) that was sexual in nature?

Yes No I'm not sure

2. Have you ever sent someone a photo of yourself (or a part of your body) that was sexual in nature?

Yes No I'm not sure

3. Have you ever accidentally or intentionally viewed sexually explicit material online?

Yes No

4. Have you ever been sexually active? To be sexually active means a person has engaged in oral, vaginal, or rectal sex one or more times.

Yes No

5. If you have been sexually active, how old were you the first time you were sexually active?

I have not been sexually active 13 or under 14 15 16 17 18 or older

6. If you engage in sexual activity that puts either you or a partner at risk of pregnancy, do you use protection (e.g., a condom/barrier or a combination of a condom and other birth control methods)?

I am not sexually active Yes No

7. If you are sexually active, do you use protection against sexually transmitted diseases/infections (e.g., a condom/barrier)?

I am not sexually active Yes No

8. If you have been sexually active, did you ever use alcohol or drugs beforehand?

I have not been sexually active Yes No

9. Have you ever felt coerced into having vaginal, rectal, or oral sex when you did not want to?

Yes No I'm not sure

10. How comfortable did you feel taking this survey about your sexual attitudes and behavior?

Very Comfortable Somewhat Comfortable Somewhat Uncomfortable Very Uncomfortable