Please circle timeframe for survey:

1st semester

2nd Semester

end of summer

Name/Part. ID#:

|  |  |
| --- | --- |
| **Question 1.**  **Have you become pregnant (females) or caused a pregnancy (males) within the last 3 months?** | **YES**  **NO** |
| **Question 2.**  **During the past 30 days, did you have 1 or more drinks of alcohol?** | **YES**  **NO** |
| **Question 3.**  **During the past 30 days, did you use drugs, -- not including alcohol -- other than those prescribed to you by a doctor?** | **YES**  **NO** |

Youth Signature Date

Staff Signature Date