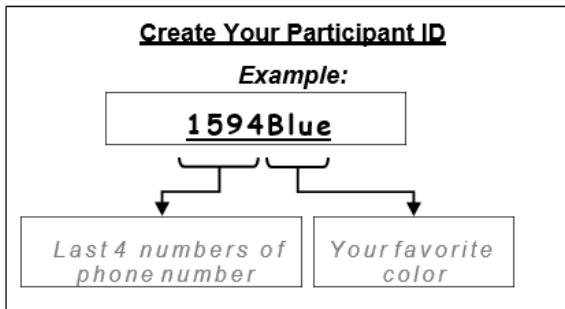


**P.I.C.K. ("Avoid Jerks") Pre-Program Survey: Relationship Skills-High Schools v11.11.2021**



1. What is your Participant ID? \_\_\_\_\_
2. Age (Circle one): 14    15    16    17    18    19 +
3. Gender:     Male             Female             Other
4. Race:     White             Black             Asian/Pacific Islander  
                    Native American             Other
5. Ethnicity: Hispanic/Latino(a)?  Yes                     No

6. Roughly, what is your overall GPA? Select the closest option:  
 A average     B average     C average     D average     F average

7. I primarily live with:  
 One parent     Both parents     Parent and a stepparent     Grandparents     Other

8. My family gets the things that it needs (like food, clothes, housing, transportation) . . .  
 Very easily     Somewhat easily     With some difficulty     With a lot of difficulty

10. Which of the following best describes your current view towards relationships?  
 I am not interested in romantic relationships or dating right now.  
 I am interested in casual dating, but I am not currently looking for a romantic relationship.  
 Having a romantic relationship is currently important to me, but it is secondary to other pursuits (e.g. to school, work, athletics, etc.).  
 Being in a romantic relationship is currently a top priority for me.

14. How much do you expect to learn in this course?  
 Not much     Some     A lot

**Over the last two weeks, how often has the following been true?**

	AT NO TIME	SOME OF THE TIME	LESS THAN HALF THE TIME	MORE THAN HALF THE TIME	MOST OF THE TIME	ALL OF THE TIME
15. I have felt cheerful and in good spirits	①	②	③	④	⑤	⑥
16. I have felt calm and relaxed	①	②	③	④	⑤	⑥
17. I have felt active and vigorous	①	②	③	④	⑤	⑥
18. I woke up feeling refreshed and rested	①	②	③	④	⑤	⑥
19. My daily life has been filled with things that interest me.	①	②	③	④	⑤	⑥

**How often in the past few months have you . . .**

	NEVER	SELDOM	SOMETIMES	OFTEN	ALMOST ALWAYS
20. . . . lost your temper?	①	②	③	④	⑤
21. . . . felt angry?	①	②	③	④	⑤
22. . . . yelled at people?	①	②	③	④	⑤
23. . . . gotten into fights or arguments?	①	②	③	④	⑤

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**How much do you agree or disagree with each statement below?**

	STRONGLY DISAGREE	DISAGREE	SOMEWHAT DISAGREE	NEITHER AGREE NOR DISAGREE	SOMEWHAT AGREE	AGREE	STRONGLY AGREE
24. I have good examples of healthy, happy relationships in my life.	①	②	③	④	⑤	⑥	⑦
25. Relationships are either compatible or they are not.	①	②	③	④	⑤	⑥	⑦
26. A good relationship means finding a compatible partner right from the start.	①	②	③	④	⑤	⑥	⑦
27. Relationship partners are either destined to get along or they are not.	①	②	③	④	⑤	⑥	⑦
28. Relationships that do not start off well will fail.	①	②	③	④	⑤	⑥	⑦
29. The ideal relationship grows slowly over time.	①	②	③	④	⑤	⑥	⑦
30. Challenges and hard things in a relationship can make love even stronger.	①	②	③	④	⑤	⑥	⑦
31. A good relationship means learning to solve conflicts with a partner.	①	②	③	④	⑤	⑥	⑦
32. A good relationship grows out of hard work and fixing problems.	①	②	③	④	⑤	⑥	⑦

**The questions below ask about your relationships with three people. Please answer the question for each person, using the scale below. If you do not have a girl/boyfriend, leave those answers blank.**

- 
- 1 = Never or hardly at all
  - 2 = Seldom or not too much
  - 3 = Sometimes or somewhat
  - 4 = often or very much
  - 5 = **ALWAYS** or **EXTREMELY** much
- 

	<b>Best Friend</b>	<b>Girl/boy Friend</b>	<b>Parent/Guardian</b>
33. How often do you tell this person things that you don't want others to know?	_____	_____	_____
34. How often do you turn to this person for support with personal problems?	_____	_____	_____
35. How often do you tell this person everything that you are going through?	_____	_____	_____
36. How often do you depend on this person for help, advice, or sympathy?	_____	_____	_____
37. How often do you share secrets and private feelings with this person?	_____	_____	_____
38. When you are feeling down or upset, how often do you depend on this person to cheer things up?	_____	_____	_____

**Office Use Only. Course ID: \_\_\_\_\_ Facilitator: \_\_\_\_\_ Entered: \_\_\_\_\_**