

Parental Permission Form

Students from Oregon Health & Science University School of Nursing will be conducting a survey to gather information on sexual activity of high school students at Sheridan High School. The survey will ask about their sexually activity and whether they use protection. Students and their responses will remain anonymous.

•	eturn the form to the school no later than [Date].		
Child's name:	Grade:		
I have read this form and know what the survey is	s about.		
[] My child may not take part in this survey.			
Parent's signature:			

1.	What Grade are you in?		
	A. 9 th		
	B. 10 th		
	C. 11 th		
	D. 12 th		
2	WI 4 C 1 4 4 C 14 0		
2.	What Gender to you identify with?		
	A. Male B. Female		
	C. Other		
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3.	Where does most of your knowledge about sex come from? (select top 2)		
	A. Parent/Guardian		
	B. Sibling(s)		
	C. Friends		
	D. School		
	E. TV		
	F. Internet		
	G. Nobody		
1	Have you give had gay? Salast all that apply		
4.	Have you ever had sex? Select all that apply		
	A. Vaginal B. Oral		
	C. Anal		
	D. Never		
	E. Other (please specify)		
	E. Other (please specify)		
5.	Do you use anything to protect against pregnancy or sexually transmitted disease (STD)?		
	A. Always		
	B. Most of the time		
	C. Sometimes		
	D. Rarely		
	E. Never		
	F. I have never had sex		

	C. Sometimes
	D. Rarely
	E. Never
	F. I have never had sex
7.	What type of protection do you use most frequently?
	A. Condoms
	B. Birth control pill or other prescribed method
	C. Withdrawal (pull out method)
	D. None
	E. I don't have sex (abstinence)
	F. Other (please specify)
8.	Have you ever thought you or your partner may be pregnant"
	A. Yes, myself
	B. Yes, my partner
	C. No
	D. I have never had sex
9.	Have you ever thought you might have an STD?
	A. Yes
	B. No.

6. Are you able to get protection (such as condoms) if you need them?

A. Always

B. Most of the time