

**EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES**

**PARTICIPANT SURVEY INSTRUMENT**

**PART A - PAGE 2**

**PART B1 - PAGE 19**

**PART B2 - PAGE 32**



## Evaluation of Adolescent Pregnancy Prevention Approaches

### QUESTIONNAIRE FOR OMB

December 11, 2009

### PART A

#### CONFIDENTIALITY

Thank you for your help with this important study. It will help us understand what things are like for people your age today. Your answers are confidential. Your name will not be on the questionnaire. Please answer all questions as well as you can.

We want you to know that:

1. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
2. The answers you give will never be identified as yours. Your responses will be combined with those of other people your age.

Mathematica Policy Research

#### THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

# GENERAL INSTRUCTIONS

1. PLEASE READ EACH QUESTION CAREFULLY. There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question. Here are some examples.

**EXAMPLE 1: MARK (X) ONE ANSWER**

What is the color of your eyes?

MARK (X) ONE

- 1  Brown  
2  Blue  
3  Green  
4  Another color

If the color of your eyes is brown, you would mark (X) the first box as shown.

2. **EXAMPLE 2: MARK (X) ONE ANSWER and FILL IN THE BLANK**

What is the color of your hair?

MARK (X) ONE

- 1  Brown  
2  Black  
3  Blond  
4  Red  
5  Some other color *PRINT OTHER COLOR*

If the color of your hair is purple, you would mark (X) the last box and write the word "purple" in the blank as shown.

3. **EXAMPLE 3: YOU MAY MARK (X) MORE THAN ONE ANSWER**

Do you plan to do any of the following next week?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- 1  Rent a movie  
2  Go to a baseball game  
3  Study at a friend's house

If you plan to rent a movie and go to a baseball game next week, you would mark (X) both boxes.

4. **EXAMPLE 4: QUESTION WITH A SKIP**

1. Do you ever eat chocolate?

MARK (X) ONE

- 1  Yes  
0  No → GO TO QUESTION 3

Because you answered “Yes,” you continue to question 2. After you answer question 2, you will answer question 3.

If you answered “No” to question 1, you would skip question 2 and go right to question 3.

2. Do you always brush your teeth after eating chocolate?

MARK (X) ONE

- 1  Yes  
0  No

3. Did you do any of the following last week?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- 1  Went to a play  
2  Went to a movie  
3  Attended a sporting event

5. **EXAMPLE 5: FILL IN THE BLANK**

What is the name of the school you are currently attending?

PRINT THE NAME OF YOUR SCHOOL

If a question has only a white space for you to write an answer, write your answer in the space provided.

## SECTION 1: YOU AND YOUR BACKGROUND

### 1.1. What is your date of birth?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> born	<u>Year</u> born
1 <input type="checkbox"/> January	1 <input type="checkbox"/> 2000
2 <input type="checkbox"/> February	2 <input type="checkbox"/> 1999
3 <input type="checkbox"/> March	3 <input type="checkbox"/> 1998
4 <input type="checkbox"/> April	4 <input type="checkbox"/> 1997
5 <input type="checkbox"/> May	5 <input type="checkbox"/> 1996
6 <input type="checkbox"/> June	6 <input type="checkbox"/> 1995
7 <input type="checkbox"/> July	7 <input type="checkbox"/> 1994
8 <input type="checkbox"/> August	8 <input type="checkbox"/> 1993
9 <input type="checkbox"/> September	9 <input type="checkbox"/> 1992
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 1991
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 1990
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 1989

### 1.2. What grade are you in?

MARK (X) ONE

- 1  7th
- 2  8th
- 3  9th
- 4  10th
- 5  11th
- 6  12th
- 7  Not currently in school

### 1.3. Are you male or female?

MARK (X) ONE

- 1  Male
- 2  Female

#### 1.4. Are you Hispanic or Latino?

MARK (X) ONE

- 1  Yes
- 0  No

#### 1.5. What is your race?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- 1  American Indian or Alaska Native
- 2  Asian
- 3  Black or African-American
- 4  Native Hawaiian or Other Pacific Islander
- 5  White

#### 1.6. When you are at home or with your family, what language or languages do you usually speak?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- 1  English
- 2  Spanish
- 3  Chinese language such as Mandarin or Cantonese
- 4  Other *PRINT OTHER LANGUAGES* \_\_\_\_\_

#### 1.7. In the last 12 months, how often did you attend religious services or activities?

MARK (X) ONE

- 1  More than once a week
- 2  Once a week
- 3  1-3 times per month
- 4  Less than once a month
- 5  Never

#### 1.8. How important is religion in your life?

MARK (X) ONE

- 1  Not at all important
- 2  Somewhat important
- 3  Very important

**1.9. In the last 12 months, have you had any classes, special programs, or instruction at school, church, a health clinic, a community center or some other place about each of the following?**

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. About relationships, dating, marriage, or family life?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. About abstinence from sex?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. About methods of birth control?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. About sexually transmitted diseases, also known as STDs?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. About alcohol or drug use?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. About physical development and reproduction?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. About refusal skills, such as how to say no to sex, or how to resist peer pressure?	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**1.10. In an average week last month, including weekends, about how many hours did you spend participating in each of the following?**

MARK (X) ONE FOR EACH QUESTION

	ZERO HOURS PER WEEK	LESS THAN 2 HOURS PER WEEK	2-5 HOURS PER WEEK	MORE THAN 5 HOURS PER WEEK
a. Sports-related clubs, teams, or organizations?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Lessons, clubs, or performances for art, music, or drama?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Other clubs, teams, and organizations, such as academic clubs, Scouts, chess clubs, or debating teams?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Services or programs at a church, temple, synagogue, mosque, or other place of worship?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Working at a paid job?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Volunteering?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**1.11. How likely is it that you will do each of the following things?**

MARK (X) ONE FOR EACH QUESTION

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHAT LIKELY	VERY LIKELY
a. Graduate from high school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Go to a technical or vocational school after high school?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Go to college?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Graduate from a 2-year or community college	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

program?

e. Graduate from a 4-year college program?

1

2

3

4



## SECTION 2: FAMILY

**2.1 The next question is about where you live and who lives with you.**

**Do you live in one home, place, or household all of the time or do you go back and forth between two or more different places?**

<p style="text-align: center;"><b>MARK (X) ONE</b></p> <p><input type="checkbox"/> <sup>1</sup> Live in one home - FILL OUT <u>ONLY</u> THE FIRST COLUMN BELOW</p>	<p><input type="checkbox"/> <sup>2</sup> Live in two or more homes - FILL OUT THESE <u>TWO</u> COLUMNS BELOW</p>
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<b>Live in <u>One</u> Home</b>	<b>Live in <u>Two</u> or <u>More</u> Homes</b>	
Mark (X) <u>all</u> the people who live with you in your home	Mark (X) <u>all</u> the people who live with you in your <b>MAIN</b> home	Mark (X) <u>all</u> the people who live with you in your <b>OTHER</b> home
<input type="checkbox"/> Your biological mother	<input type="checkbox"/> Your biological mother	<input type="checkbox"/> Your biological mother
<input type="checkbox"/> Your biological father	<input type="checkbox"/> Your biological father	<input type="checkbox"/> Your biological father
<input type="checkbox"/> A stepmother or adoptive mother	<input type="checkbox"/> A stepmother or adoptive mother	<input type="checkbox"/> A stepmother or adoptive mother
<input type="checkbox"/> A foster mother	<input type="checkbox"/> A foster mother	<input type="checkbox"/> A foster mother
<input type="checkbox"/> A stepfather or adoptive father	<input type="checkbox"/> A stepfather or adoptive father	<input type="checkbox"/> A stepfather or adoptive father
<input type="checkbox"/> A foster father	<input type="checkbox"/> A foster father	<input type="checkbox"/> A foster father
<input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend	<input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend	<input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend
<input type="checkbox"/> Any grandmothers	<input type="checkbox"/> Any grandmothers	<input type="checkbox"/> Any grandmothers
<input type="checkbox"/> Any grandfathers	<input type="checkbox"/> Any grandfathers	<input type="checkbox"/> Any grandfathers
<input type="checkbox"/> Any older brothers or sisters	<input type="checkbox"/> Any older brothers or sisters	<input type="checkbox"/> Any older brothers or sisters
<input type="checkbox"/> Any younger brothers or sisters	<input type="checkbox"/> Any younger brothers or sisters	<input type="checkbox"/> Any younger brothers or sisters
<input type="checkbox"/> Any aunts, uncles, or other relatives	<input type="checkbox"/> Any aunts, uncles, or other relatives	<input type="checkbox"/> Any aunts, uncles, or other relatives
<input type="checkbox"/> Any other people you are not related to	<input type="checkbox"/> Any other people you are not related to	<input type="checkbox"/> Any other people you are not related to
<input type="checkbox"/> You live by yourself	<input type="checkbox"/> You live by yourself	<input type="checkbox"/> You live by yourself

**2.2. Which of the following best describes your parents' living arrangement?**

**MARK (X) ONE**

- 1  Both of my parents live together in one household and they are married to each other
- 2  Both of my parents live together in one household and they are **not** married to each other
- 3  My parents live in different households and are married to each other
- 4  My parents live in different households and are **not** married to each other
- 5  I have only one living parent

-1  Don't know

**2.3. On how many days last week did all the family members who live in your household sit down together for a meal?**

MARK (X) ONE

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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**2.4. On how many days last week did you do something with at least one adult in your family like play a game, watch a movie, go to a sporting event, or work on something you enjoy doing together?**

MARK (X) ONE

<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7
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MOTHER

**2.5. Now we have some questions about your mother, or the person you think of as a mother. Is this person...**

MARK (X) ONE

- 1  Your biological mother, that is, the woman who gave birth to you
- 2  Your stepmother or adoptive mother
- 3  Your foster mother
- 4  Your grandmother
- 5  Your aunt
- 6  Some other adult
- 7  Don't have a mother or person I think of as a mother → **GO TO QUESTION 2.13**

**2.6. The following questions are about the person you marked above, that is, your mother or the person you think of as a mother.**

**Did she graduate from high school?**

MARK (X) ONE

- 1  Yes
- 0  No
- 1  Don't know

**2.7. Did she graduate from a 4-year college?**

MARK (X) ONE

- 1  Yes
- 0  No
- 1  Don't know

**2.8. Is she working now?**

MARK (X) ONE

- 1  She is not working at a paid job
- 2  Yes, she is working part-time or less than 30 hours a week
- 3  Yes, she is working full-time or at more than one job for 30 hours a week or more
- 1  Don't know

**2.9. How close do you feel to your mother or the person you think of as a mother?**

MARK (X) ONE

- 1  Not at all close
- 2  A little close
- 3  Somewhat close
- 4  Very close

**2.10. In general, how much do you think she cares about you?**

MARK (X) ONE

- 1  Does not care at all
- 2  Cares a little bit
- 3  Cares somewhat
- 4  Cares very much

**2.11. Whether you have done this or not, how would she feel about you having sex at this time in your life?**

MARK (X) ONE

Strongly approve 1 <input type="checkbox"/>	Approve 2 <input type="checkbox"/>	Neither approve nor disapprove 3 <input type="checkbox"/>	Disapprove 4 <input type="checkbox"/>	Strongly disapprove 5 <input type="checkbox"/>
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**2.12. How would she feel about you having a baby at this time in your life?**

MARK (X) ONE

Strongly approve 1 <input type="checkbox"/>	Approve 2 <input type="checkbox"/>	Neither approve nor disapprove 3 <input type="checkbox"/>	Disapprove 4 <input type="checkbox"/>	Strongly disapprove 5 <input type="checkbox"/>
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FATHER

**2.13. Next we have some questions about your father, or the person you think of as a father. Is this person...**

MARK (X) ONE

- 1  Your biological father, that is, the man who is genetically related to you
- 2  Your stepfather or adoptive father
- 3  Your foster father
- 4  Your grandfather
- 5  Your uncle
- 6  Some other adult
- 7  Don't have a father or person I think of as a father → GO TO 2.21

**2.14. The following questions are about the person you marked above, that is the person you think of as a father.**

**Did he graduate from high school?**

MARK (X) ONE

- 1  Yes
- 0  No
- 1  Don't know

**2.15. Did he graduate from a 4-year college?**

MARK (X) ONE

- 1  Yes
- 0  No
- 1  Don't know

### 2.16. Is he working now?

MARK (X) ONE

- 1  He is not working at a paid job
- 2  Yes, he is working part-time or less than 30 hours a week
- 3  Yes, he is working full-time or at more than one job for 30 hours a week or more
- 1  Don't know

### 2.17. How close do you feel to your father or the person you think of as your father?

MARK (X) ONE

- 1  Not at all close
- 2  A little close
- 3  Somewhat close
- 4  Very close

### 2.18. In general, how much do you think he cares about you?

MARK (X) ONE

- 1  Does not care at all
- 2  Cares a little bit
- 3  Cares somewhat
- 4  Cares very much

### 2.19. Whether you have done this or not, how would he feel about you having sex at this time in your life?

MARK (X) ONE

Strongly approve 1 <input type="checkbox"/>	Approve 2 <input type="checkbox"/>	Neither approve nor disapprove 3 <input type="checkbox"/>	Disapprove 4 <input type="checkbox"/>	Strongly disapprove 5 <input type="checkbox"/>
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### 2.20. How would he feel about you having a baby at this time in your life?

MARK (X) ONE

Strongly approve 1 <input type="checkbox"/>	Approve 2 <input type="checkbox"/>	Neither approve nor disapprove 3 <input type="checkbox"/>	Disapprove 4 <input type="checkbox"/>	Strongly disapprove 5 <input type="checkbox"/>
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PARENTS

**2.21. The next questions ask what your parents know about your activities.**

**Thinking about the last month, how often did your parents know where you were after school?**

MARK (X) ONE

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never

**2.22. Thinking about the last month, how often did your parents know who you were going to be with before you went out?**

MARK (X) ONE

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  You did not go out

**2.23. Thinking about the last month, how often did your parents know where you were when you went out at night?**

MARK (X) ONE

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  You did not go out at night

**2.24. If you were going to be home late, would your parents expect you to call?**

MARK (X) ONE

- 1  Yes
- 2  No

**2.25. In the last 12 months, how many times have you talked with at least one of your parents about . . .**

MARK (X) ONE FOR EACH QUESTION

	NEVER	1-2 TIMES	3-9 TIMES	10 OR MORE TIMES
a. How things are going with school work or with your grades?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. A personal problem you were having?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. How to have good romantic relationships?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Strategies for safe dating?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. How to resist pressures to have sex?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Avoiding drugs and alcohol?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Pregnancy or birth?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Sexually transmitted diseases, also called STDs, HIV, or AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



## SECTION 3: VIEWS AND PERCEPTIONS

**3.1. The next series of questions is about your views on sexual intercourse. By sexual intercourse, we mean when a male inserts his penis into a female's vagina. How strongly do you agree or disagree that . . .**

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Having sexual intercourse is a good thing for you to do at your age?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. At your age right now, having sexual intercourse would create problems?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. At your age right now, <b>not</b> having sexual intercourse is important for you to be safe and healthy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. It is against your values to have sexual intercourse before marriage?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

### 3.2. FOR GIRLS

**If you got pregnant now, how would you feel?**

MARK (X) ONE

Very upset 1 <input type="checkbox"/>	A little upset 2 <input type="checkbox"/>	Neither upset or pleased 3 <input type="checkbox"/>	A little pleased 4 <input type="checkbox"/>	Very pleased 5 <input type="checkbox"/>
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### 3.2. FOR BOYS

**If you got a female pregnant now, how would you feel?**

MARK (X) ONE

Very upset 1 <input type="checkbox"/>	A little upset 2 <input type="checkbox"/>	Neither upset or pleased 3 <input type="checkbox"/>	A little pleased 4 <input type="checkbox"/>	Very pleased 5 <input type="checkbox"/>
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**3.3. Imagine you are alone with someone you like very much. How likely is it that you could . . .**

MARK (X) ONE FOR EACH QUESTION

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHAT LIKELY	VERY LIKELY
a. Stop them if they wanted to touch your chest and you did not want them to do that?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Stop them if they wanted to touch your private parts below the waist, meaning the parts of the body covered by underwear, and you did not want them to do that?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Avoid having sexual intercourse if you didn't want to?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**3.4. The next series of questions is about condom use. How strongly do you agree or disagree that ...**

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Condoms should always be used if a person your age has sexual intercourse?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Condoms are a hassle to use?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. Condoms are important to make sex safer?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Using condoms means you don't trust your sexual partner?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**3.5. The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also called STDs.**

**If a condom is used correctly, how much can it decrease the risk of pregnancy?**

**MARK (X) ONE**

- 1  Not at all
- 2  A little
- 3  A lot
- 1  Don't know → **GO TO 3.6**

**3.5a. How confident are you that your answer is correct?**

**MARK (X) ONE**

- 1  Not at all confident
- 2  A little confident
- 3  Somewhat confident
- 4  Very confident

**3.6. If a condom is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?**

**MARK (X) ONE**

- 1  Not at all
- 2  A little
- 3  A lot
- 1  Don't know

**3.7. If a condom is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea?**

**MARK (X) ONE**

- 1  Not at all
- 2  A little
- 3  A lot
- 1  Don't know

**3.8. If birth control pills are used correctly, how much can they decrease the risk of pregnancy?**

MARK (X) ONE

- 1  Not at all
- 2  A little
- 3  A lot
- 1  Don't know → GO TO 3.9

**3.8a. How confident are you that your answer is correct?**

MARK (X) ONE

- 1  Not at all confident
- 2  A little confident
- 3  Somewhat confident
- 4  Very confident

**3.9. If birth control pills are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?**

MARK (X) ONE

- 1  Not at all
- 2  A little
- 3  A lot
- 1  Don't know

**3.10. If birth control pills are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?**

MARK (X) ONE

- 1  Not at all
- 2  A little
- 3  A lot
- 1  Don't know

### 3.11. Can you get a sexually transmitted disease, or STD, from having oral sex?

MARK (X) ONE

- 1  Yes  
0  No  
-1  Don't know → GO TO 3.12

#### 3.11a. How confident are you that your answer is correct?

MARK (X) ONE

- 1  Not at all confident  
2  A little confident  
3  Somewhat confident  
4  Very confident

### 3.12. Thinking about the future, which statement is most true for you?

MARK (X) ONE

- 1  You **will not** have sexual intercourse in the next year  
2  You probably **will not** have sexual intercourse in the next year  
3  You probably **will** have sexual intercourse in the next year  
4  You **will** have sexual intercourse in the next year

### 3.13. Thinking about the future, which statement is most true for you?

MARK (X) ONE

- 1  You **will not** have oral sex in the next year  
2  You probably **will not** have oral sex in the next year  
3  You probably **will** have oral sex in the next year  
4  You **will** have oral sex in the next year

### 3.14. Thinking about the future, which statement is most true for you?

MARK (X) ONE

- 1  You **will not** have sexual intercourse between now and when you get married  
2  You probably **will not** have sexual intercourse between now and when you get married  
3  You probably **will** have sexual intercourse between now and when you get married  
4  You **will** have sexual intercourse between now and when you get married

**3.15. In the last 3 months, how many times have you gone out on a date?**

o  Zero or None → **GO TO 3.17**

|\_\_|\_\_| NUMBER OF TIMES - Your best guess is fine.

**3.16. Thinking about these dates in the last 3 months, how many different people did you go out on a date with?**

o  Zero or None

|\_\_|\_\_| NUMBER OF PEOPLE - Your best guess is fine.

**3.17. Have you ever had sexual intercourse, oral sex, or anal sex?**

1  YES → PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND GO TO **PART B1**

0  NO → PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND GO TO **PART B2**

**Remember,  
Complete Part B1 or Part B2,  
But not both.**



## Evaluation of Adolescent Pregnancy Prevention Approaches

### QUESTIONNAIRE FOR OMB

December 11, 2009

#### ***PART B1***

**Please be sure that you have the correct Part B.**

**If you answered “Yes” to the last question of Part A, you have the correct version of Part B. If you answered “No,” please put this version back in your envelope and fill out Part B2 instead.**

**Thank you.**

**Mathematica Policy Research**

**THE PAPERWORK REDUCTION ACT OF 1995**

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## PART B

**4.1. The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Everything you say will be kept private.**

**Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?**

- 0  No → THIS IS THE WRONG PART B BOOKLET. PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND FILL OUT **PART B2**
- 1  Yes → **CONTINUE WITH THIS BOOKLET.**

**4.2 The first questions are about sexual intercourse. By sexual intercourse, we mean when a male puts his penis into a female's vagina.**

**Have you ever had sexual intercourse?**

MARK (X) ONE

- 1  Yes
- 0  No → **GO TO QUESTION 4.14**

**4.3 The very first time you had sexual intercourse, what month and year was it?**

MARK (X) ONE MONTH AND ONE YEAR

<b>Month of First Sexual Intercourse</b>	
1	<input type="checkbox"/> January
2	<input type="checkbox"/> February
3	<input type="checkbox"/> March
4	<input type="checkbox"/> April
5	<input type="checkbox"/> May
6	<input type="checkbox"/> June
7	<input type="checkbox"/> July
8	<input type="checkbox"/> August
9	<input type="checkbox"/> September
10	<input type="checkbox"/> October
11	<input type="checkbox"/> November
12	<input type="checkbox"/> December

<b>Year of First Sexual Intercourse</b>	
1	<input type="checkbox"/> 2010
2	<input type="checkbox"/> 2009
3	<input type="checkbox"/> 2008
4	<input type="checkbox"/> 2007
5	<input type="checkbox"/> 2006
6	<input type="checkbox"/> 2005
7	<input type="checkbox"/> 2004
8	<input type="checkbox"/> 2003
9	<input type="checkbox"/> 2002
10	<input type="checkbox"/> 2001
11	<input type="checkbox"/> 2000
12	<input type="checkbox"/> Before 2000



**4.4 The very first time you had sexual intercourse, how old were you?**

|\_|\_| NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.

**4.5 The very first time you had sexual intercourse, how old was your partner?**

MARK (X) ONE

- 1  The same age as you
- 2  A year or two younger than you
- 3  Three or more years younger than you
- 4  A year or two older than you
- 5  Three or more years older than you

**4.6 The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?**

MARK (X) ONE

- 1  Voluntary
- 2  Not voluntary

**4.7 Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also called STDs.**

**The first time you had sexual intercourse, did you or your partner use any type of birth control, including condoms?**

MARK (X) ONE

- 1  Yes
- 0  No → GO TO QUESTION 4.9

**4.8 The first time you had sexual intercourse, did you or your partner use ...**

MARK (X) ONE FOR EACH ITEM

	YES	NO
a. Condoms?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Birth control pills or the patch?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Depo-Provera or other injectable birth control?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Nuva ring or the ring?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Withdrawal or pulling out?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Another method? <i>PRINT OTHER METHOD USED</i> _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**4.9 Have you had sexual intercourse more than one time?**

MARK (X) ONE

- 1  Yes  
0  No → GO TO QUESTION 4.14
- 

**4.10 How many DIFFERENT PEOPLE have you ever had sexual intercourse with?**

|\_|\_| NUMBER OF PEOPLE - Your best guess is fine.

**4.11 Now please think about the last 3 months. In the last 3 months, how many TIMES have you had sexual intercourse?**

- o  None → GO TO QUESTION 4.14

|\_|\_| NUMBER OF TIMES - Your best guess is fine.

**4.12 In the last 3 months, how many TIMES did you or your partner use any type of birth control, including condoms, when you had sexual intercourse?**

- o  None → GO TO QUESTION 4.14

|\_|\_| NUMBER OF TIMES - Your best guess is fine.

**4.13 In the last 3 months, how many TIMES did you or your partner use a condom when you had sexual intercourse?**

- o  None

|\_|\_| NUMBER OF TIMES - Your best guess is fine.

**4.14 Oral sex is when someone puts his or her mouth on another person's penis or vagina, or lets someone else put his or her mouth on their penis or vagina.  
Have you ever had oral sex?**

MARK (X) ONE

- 1  Yes  
 0  No → GO TO QUESTION 4.19

**4.15 The very first time you had oral sex, what month and year was it?**

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of First Oral Sex	
1	<input type="checkbox"/> January
2	<input type="checkbox"/> February
3	<input type="checkbox"/> March
4	<input type="checkbox"/> April
5	<input type="checkbox"/> May
6	<input type="checkbox"/> June
7	<input type="checkbox"/> July
8	<input type="checkbox"/> August
9	<input type="checkbox"/> September
10	<input type="checkbox"/> October
11	<input type="checkbox"/> November
12	<input type="checkbox"/> December

<u>Year</u> of First Oral Sex	
1	<input type="checkbox"/> 2010
2	<input type="checkbox"/> 2009
3	<input type="checkbox"/> 2008
4	<input type="checkbox"/> 2007
5	<input type="checkbox"/> 2006
6	<input type="checkbox"/> 2005
7	<input type="checkbox"/> 2004
8	<input type="checkbox"/> 2003
9	<input type="checkbox"/> 2002
10	<input type="checkbox"/> 2001
11	<input type="checkbox"/> 2000
12	<input type="checkbox"/> Before 2000

**4.16 How many DIFFERENT PEOPLE have you ever had oral sex with, even if only one time?**

|\_\_|\_\_| NUMBER OF PEOPLE - Your best guess is fine.

**4.17 Now please think about the last 3 months.**

**In the last 3 months, how many TIMES have you had oral sex?**

- 0  None → GO TO QUESTION 4.19

|\_\_|\_\_| NUMBER OF TIMES - Your best guess is fine.

**4.18 In the last 3 months, how many TIMES did you or your partner use a condom when you had oral sex?**

None

|\_|\_| NUMBER OF TIMES - Your best guess is fine.

**4.19 Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt. Have you ever had anal sex?**

MARK (X) ONE

Yes

No → GO TO QUESTION 4.23

**4.20 How many DIFFERENT PEOPLE have you ever had anal sex with, even if only one time?**

MARK (X) ONE

|\_|\_| NUMBER OF PEOPLE - Your best guess is fine.

**4.21 Now please think about the last 3 months.**

**In the last 3 months, how many TIMES have you had anal sex?**

None → GO TO QUESTION 4.23

|\_|\_| NUMBER OF TIMES - Your best guess is fine.

**4.22 In the last 3 months, how many TIMES did you or your partner use a condom when you had anal sex?**

None

|\_|\_| NUMBER OF TIMES - Your best guess is fine.

**4.23 Have you ever had oral sex or anal sex with a person the same sex as you?**

MARK (X) ONE

Yes

No

#### 4.24 FOR GIRLS ONLY

a. Have you ever had your period, that is, your menstrual period?

MARK (X) ONE

- 1  Yes  
0  No → GO TO QUESTION 4.26

#### FOR GIRLS ONLY

b. How old were you when you had your first period, that is, your first menstrual period?

|\_|\_| NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.

#### FOR GIRLS ONLY

c. To the best of your knowledge, have you ever been pregnant, even if no child was born?

MARK (X) ONE

- 1  Yes → GO TO QUESTION 4.26  
0  No → GO TO QUESTION 4.26

#### 4.25 FOR BOYS ONLY

a. People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or the voice cracking or lowering. Which of the following best describes these changes for you?

MARK (X) ONE

- 1  These changes have not yet started  
2  These changes have barely started  
3  These changes are definitely underway  
4  These changes seem complete

#### FOR BOYS ONLY

b. To the best of your knowledge, have you ever gotten someone pregnant, even if no child was born?

MARK (X) ONE

- 1  Yes  
0  No

**4.26 In the last 12 months, have you spoken with a doctor or nurse about having sex, birth control or sexually transmitted diseases, also called STDs?**

MARK (X) ONE

1  Yes

0  No

**4.27 In the last 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease, or STD, like gonorrhea, Chlamydia, syphilis, or HIV?**

MARK (X) ONE

1  Yes

0  No

**4.28 In the last 12 months, have you been told by a doctor or other health professional that you had a sexually transmitted disease, or STD?**

MARK (X) ONE

1  Yes

0  No → GO TO QUESTION 4.30

-1  Don't know → GO TO QUESTION 4.30

**4.29 The next series of questions is about the types of sexually transmitted diseases or STDs you have had. Did you have...**

MARK (X) ONE FOR EACH QUESTION

	YES	NO	DON'T KNOW
a. Chlamydia?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
b. Gonorrhea?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
c. Genital herpes?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
d. Syphilis?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
e. HIV infection or AIDS?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
f. Human papilloma virus, also called HPV or genital warts?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
g. Trichomoniasis?	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>
h. Another sexually transmitted disease or STD? <i>PRINT OTHER STD</i> _____	1 <input type="checkbox"/>	0 <input type="checkbox"/>	d <input type="checkbox"/>

**4.30 Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?**

MARK (X) ONE

1  Yes

0  No

**4.31 Have you ever been fearful that someone you were dating or having sex with might physically hurt you?**

MARK (X) ONE

1  Yes

0  No

## SECTION 5: TOBACCO, ALCOHOL AND DRUG USE

**5.1** The next questions are about tobacco, alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.

**Have you ever smoked a cigarette?**

MARK (X) ONE

- 1  Yes  
0  No → GO TO QUESTION 5.4

**5.2** The very first time you smoked a cigarette, how old were you?

|\_\_|\_\_| NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.

**5.3** During the last 30 days, on how many days did you smoke one or more cigarettes?

MARK (X) ONE

- 1  More than 25 days  
2  5 to 25 days  
3  1 to 4 days  
4  0 (zero) days

**5.4** Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?

MARK (X) ONE

- 1  Yes  
0  No → GO TO QUESTION 5.8

**5.5** The very first time you had an alcoholic drink, how old were you?

|\_\_|\_\_| NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.

**5.6** During the last 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages?

MARK (X) ONE

- 1  More than 25 days  
2  5 to 25 days  
3  1 to 4 days  
4  0 (zero) days



**5.7 During the last 30 days, on how many days did you have 5 or more drinks in a row?**

MARK (X) ONE

- 1  More than 25 days
- 2  5 to 25 days
- 3  1 to 4 days
- 4  0 (zero) days

**5.8 Have you ever used marijuana, also called weed or pot?**

MARK (X) ONE

- 1  Yes
  - 0  No → GO TO QUESTION 5.10
- 

**5.9 During the last 30 days, on how many days did you use marijuana?**

MARK (X) ONE

- 1  More than 25 days
- 2  5 to 25 days
- 3  1 to 4 days
- 4  0 (zero) days

**5.10 Have you ever used any other type of illegal drug, for example Methamphetamine, speed, PCP, ecstasy or any form of cocaine, such as crack?**

MARK (X) ONE

- 1  Yes
- 0  No

**5.11 Have you ever used any prescription pills or other prescription drugs that were not prescribed for you?**

MARK (X) ONE

- 1  Yes
- 0  No

**5.12 Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents to get high?**

MARK (X) ONE

- 1  Yes
- 0  No

## SECTION 6: FRIENDS AND RELATIONSHIPS

### 6.1 How much do you feel that your friends care about you?

MARK (X) ONE

- 1  Do not care at all
- 2  Care a little bit
- 3  Care somewhat
- 4  Care very much

### 6.2 How many of your friends who are your age think the following things? Your best guess is fine.

MARK (X) ONE FOR EACH QUESTION

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Having sexual intercourse is a good thing for them to do at their age.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
d. They should wait until they are older to have sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
e. They should wait until marriage to have sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>

### 6.3 How many of your friends who are your age have done the following things?

MARK (X) ONE FOR EACH QUESTION

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Have had sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
b. Have had oral sex.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>

**6.4 In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?**

MARK (X) ONE

- 1  A lot of pressure
- 2  Some pressure
- 3  A little pressure
- 4  No pressure at all

**6.5 People are different in their sexual attraction to other people. Which of the following best describes your feelings?**

MARK (X) ONE

- 1  I am only attracted to males
- 2  I am attracted to both males and females
- 3  I am only attracted to females
- 4  I am not attracted to either males or females
- 5  I am not sure

**Thank you for completing this survey.**

**Please put all three parts of the survey back into the envelope and give the envelope back to the moderator.**



## Evaluation of Adolescent Pregnancy Prevention Approaches

### QUESTIONNAIRE FOR OMB

December 11, 2009

#### ***PART B2***

**Please be sure that you have the correct Part B.**

If you answered "No" to the last question of Part A, you have the correct version of Part B. If you answered "Yes," please put this version back in your envelope and fill out Part B1 instead.

Thank you.

Mathematica Policy Research

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## PART B

**4.1. This booklet is for youth who have not had sex. We want to be sure you are in the correct booklet. We know we asked this before but...**

**Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?**

1  Yes → THIS IS THE WRONG PART B BOOKLET. PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND FILL OUT **PART B1**

0  No → CONTINUE WITH THIS BOOKLET

**4.2 The first two questions in this booklet are about your schooling.**

**Do you expect that you will graduate from high school?**

MARK (X) ONE

1  Yes

2  I already graduated from high school

0  No → **GO TO QUESTION 4.4**

**4.3 In what month and year do you expect to graduate from high school? (If you already graduated, in what month and year did you graduate from high school?)**

MARK (X) ONE MONTH AND ONE YEAR

Month of Graduation	Year of Graduation
1 <input type="checkbox"/> January	1 <input type="checkbox"/> 2017
2 <input type="checkbox"/> February	2 <input type="checkbox"/> 2016
3 <input type="checkbox"/> March	3 <input type="checkbox"/> 2015
4 <input type="checkbox"/> April	4 <input type="checkbox"/> 2014
5 <input type="checkbox"/> May	5 <input type="checkbox"/> 2013
6 <input type="checkbox"/> June	6 <input type="checkbox"/> 2012
7 <input type="checkbox"/> July	7 <input type="checkbox"/> 2011
8 <input type="checkbox"/> August	8 <input type="checkbox"/> 2010
9 <input type="checkbox"/> September	9 <input type="checkbox"/> 2009
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 2008
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 2007
12 <input type="checkbox"/> December	12 <input type="checkbox"/> Before 2007

**4.4 The next questions are about where you live.**

**In the last 7 days, did you spend any nights somewhere like a shelter, someone else's home, in a car, on the street or in any other temporary housing because you did not have a regular place to stay?**

MARK (X) ONE

1  Yes → GO TO QUESTION 4.11

0  No

**4.5 In how many homes, places, or households do you live: one, two, or three or more?**

MARK (X) ONE

1  1 home → GO TO QUESTION 4.9

2  2 homes

3  3 or more homes

**4.6 Do you consider one of these homes to be your main home or are they pretty much equal?**

MARK (X) ONE

1  One is main home

0  Pretty much equal

**4.7 Thinking about the past 30 days, how many nights did you spend in each home?**

FILL IN TWO OR THREE NUMBERS

|\_|\_| Number of nights at home #1 – Your best guess is fine.

|\_|\_| Number of nights at home #2 – Your best guess is fine.

|\_|\_| Number of nights at another home or other homes – Your best guess is fine.

**4.8 Is there anyone who moves from home to home with you, like a brother or sister?**

MARK (X) ONE

1  Yes

0  No

**4.9 Is your home or any of your homes a group home or halfway house?**

1  Yes

0  No

**4.10** The next question is about who lives with you in your home. If you have more than one home, please think about your main home.

How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital?

|\_|\_| NUMBER OF PEOPLE

**4.11.** The next series of questions is about friends. How strongly do you agree or disagree that . . .

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. You have friends who will give you good advice?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. You have a friend who cares about you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. You have a friend you can talk to when you need to?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. You have someone who you can call your best friend?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**4.12.** The next series of questions is about effort. How strongly do you agree or disagree that . . .

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. When you start a project, you finish it?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. You only work as hard as you have to?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. You are someone people can count on?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. When you work, you do a good job?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**4.13 The next set of questions is about decision-making, development and behaviors.**

**Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to you?**

MARK (X) ONE FOR EACH QUESTION

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT AT ALL IMPORTANT
a. (GIRLS ONLY) I do not want to get pregnant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
a. (BOYS ONLY) I do not want to get a girl pregnant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. I don't want to get a sexually transmitted disease, that is, an STD	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. I don't want to disappoint my parents	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Having sex would interfere with my progress in school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. I am too young to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. My boyfriend or girlfriend doesn't want to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. I want to wait until I'm married	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. It is against my personal values	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. I haven't met the right person yet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. It would interfere with my future goals	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. I haven't had the chance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**4.14 FOR GIRLS ONLY**

**a. Have you ever had your period, that is, a menstrual period?**

MARK (X) ONE

1  Yes

0  No → **GO TO QUESTION 4.16**

**FOR GIRLS ONLY**

**b. How old were you when you had your first period, that is, your first menstrual period?**

|\_|\_| NUMBER OF YEARS OLD YOU WERE - Your best guess is fine. → **GO TO QUESTION 4.16**



#### 4.15 FOR BOYS ONLY

- a. People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or the voice cracking or lowering. Which of the following best describes these changes for you?

MARK (X) ONE

- 1  These changes have not yet started  
2  These changes have barely started  
3  These changes are definitely underway  
4  These changes seem complete

#### FOR BOYS ONLY

- b. How old were you when these changes started?

|\_\_|\_\_| NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.

- d  Don't know

#### 4.16 Have you ever done any of the following with a boy or girl?

	YES	NO
a. Kissed someone on the lips?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. French kissed, that is put your tongue in someone's mouth while kissing?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Touched another boy's or girl's private parts?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Let a boy or girl touch your private parts?	1 <input type="checkbox"/>	0 <input type="checkbox"/>

#### 4.17 Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?

MARK (X) ONE

- 1  Yes  
0  No

#### 4.18 Have you ever been fearful that someone you were dating might physically hurt you?

MARK (X) ONE

- 1  Yes  
0  No  
n  I have never dated anyone

**4.19 In the last 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also called STDs?**

**MARK (X) ONE**

- 1  Yes  
0  No

**4.20 If you decided to have sexual intercourse before marriage, how likely is it that you would use a condom?**

**MARK (X) ONE**

- 1  Not at all likely  
2  A little bit likely  
3  Somewhat likely  
4  Very likely  
5  Don't plan to have sexual intercourse before marriage

## SECTION 5: TOBACCO, ALCOHOL AND DRUG USE

**5.1** The next questions are about tobacco, alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.

**Have you ever smoked a cigarette?**

MARK (X) ONE

- 1  Yes  
0  No → GO TO QUESTION 5.4

**5.2** The very first time you smoked a cigarette, how old were you?

|\_|\_| NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.

**5.3** During the last 30 days, on how many days did you smoke one or more cigarettes?

MARK (X) ONE

- 1  More than 25 days  
2  5 to 25 days  
3  1 to 4 days  
4  0 (zero) days

**5.4** Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?

MARK (X) ONE

- 1  Yes  
0  No → GO TO QUESTION 5.8

**5.5** The very first time you had an alcoholic drink, how old were you?

|\_|\_| NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.

**5.6** During the last 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages?

MARK (X) ONE

- 1  More than 25 days  
2  5 to 25 days  
3  1 to 4 days  
4  0 (zero) days

**5.7 During the last 30 days, on how many days did you have 5 or more drinks in a row?**

MARK (X) ONE

- 1  More than 25 days
- 2  5 to 25 days
- 3  1 to 4 days
- 4  0 (zero) days

**5.8 Have you ever used marijuana, also called weed or pot?**

MARK (X) ONE

- 1  Yes
- 0  No → GO TO QUESTION 5.10

**5.9 During the last 30 days, on how many days did you use marijuana?**

MARK (X) ONE

- 1  More than 25 days
- 2  5 to 25 days
- 3  1 to 4 days
- 4  0 (zero) days

**5.10 Have you ever used any other type of illegal drug, for example Methamphetamine, speed, PCP, ecstasy or any form of cocaine, such as crack?**

MARK (X) ONE

- 1  Yes
- 0  No

**5.11 Have you ever used any prescription pills or other prescription drugs that were not prescribed for you?**

MARK (X) ONE

- 1  Yes
- 0  No

**5.12 Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents to get high?**

MARK (X) ONE

- 1  Yes
- 0  No

## SECTION 6: FRIENDS AND RELATIONSHIPS

### 6.1 How much do you feel that your friends care about you?

MARK (X) ONE

- 1  Do not care at all
- 2  Care a little bit
- 3  Care somewhat
- 4  Care very much

### 6.2 How many of your friends who are your age think the following things? Your best guess is fine.

MARK (X) ONE FOR EACH QUESTION

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Having sexual intercourse is a good thing for them to do at their age.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
d. They should wait until they are older to have sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
e. They should wait until marriage to have sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>

### 6.3 How many of your friends who are your age have done the following things?

MARK (X) ONE FOR EACH QUESTION

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Have had sexual intercourse.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>
b. Have had oral sex.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	-1 <input type="checkbox"/>

**6.4 In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?**

MARK (X) ONE

- 1  A lot of pressure
- 2  Some pressure
- 3  A little pressure
- 4  No pressure at all

**6.5 People are different in their sexual attraction to other people. Which of the following best describes your feelings?**

MARK (X) ONE

- 1  I am only attracted to males
- 2  I am attracted to both males and females
- 3  I am only attracted to females
- 4  I am not attracted to either males or females
- 5  I am not sure

**Thank you for completing this survey.**

**Please put all three parts of the survey back into the envelope and give the envelope back to the moderator.**