

**EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES
SUMMARY TABLE, SITE- SPECIFIC BASELINE SURVEY, AND CONSENT FORM:
CHILDREN'S HOSPITAL LOS ANGELES (CHLA)**

The CHLA survey instrument is for adolescent mothers and therefore is not divided into separate parts for sexually active and non-sexually active youth.

SUMMARY OF DIFFERENCES BETWEEN THE BASELINE CONCORDANCE INSTRUMENT AND THE CHILDREN’S HOSPITAL LOS ANGELES (CHLA) BASELINE SURVEY

Items are listed in the order in which they appear on the CHLA baseline instrument. The number for the corresponding baseline concordance item is listed in the “Concordance #” column. The CHLA instrument will be administered to adolescent mothers so, there are no separate sections for sexually active and non-sexually active respondents. Items found on the concordance instrument that are not on the CHLA instrument are listed at the bottom of the table.

- Modifications to an existing baseline concordance item are listed in the “Modifications” column; otherwise, the question text on the CHLA instrument is the same as that on the baseline concordance instrument.
- If an item is specific to the CHLA instrument, it is indicated by an “N/A” in the “Concordance #” column and the question text is noted in the “Modifications” column.

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
1.1	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	
1.2	1.2	What grade are you in? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school	What is the last grade you completed? MARK (X) ONE <input type="checkbox"/> Less than 6th grade <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Completed GED pretest <input type="checkbox"/> Completed GED <input type="checkbox"/> Some school after high school

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
1.3	N/A		<p>What is your current school status?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Enrolled in public or private middle or high school</p> <p><input type="checkbox"/> Enrolled in a continuation/alternative school or court/community school</p> <p><input type="checkbox"/> Enrolled in adult education classes</p> <p><input type="checkbox"/> Enrolled in technical or vocation school</p> <p><input type="checkbox"/> Enrolled in 2-year college</p> <p><input type="checkbox"/> Enrolled in 4-year college or university</p> <p><input type="checkbox"/> Not currently enrolled in any school or classes</p>
1.4	1.11	<p>How likely is it that you will do each of the following things?</p> <p>MARK (X) ONE</p> <p>Not at all likely, A little bit likely, Somewhat likely, Very likely</p> <p>a. Graduate from high school</p> <p>b. Go to a technical or vocational school after high school</p> <p>c. Go to college</p> <p>d. Graduate from a 2-year or community college program</p> <p>e. Graduate from a 4-year college program</p>	<p>What is the highest level of education you <u>would like</u> to complete?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Graduate from high school or obtain a GED</p> <p><input type="checkbox"/> Attend technical or vocational school</p> <p><input type="checkbox"/> Graduate from a 2-year community college (Associate’s degree)</p> <p><input type="checkbox"/> Graduate from a 4-year college (Bachelor’s degree)</p> <p><input type="checkbox"/> Obtain a graduate degree (Masters, PhD, MD, etc.)</p>
1.5	N/A		<p>Are you currently working?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes – full-time</p> <p><input type="checkbox"/> Yes – part-time</p> <p><input type="checkbox"/> No – but currently looking for a job</p> <p><input type="checkbox"/> No – and not currently looking for a job</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
1.6	1.4	Are you Hispanic/Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.7	1.5	What is your race? YOU MAY MARK (X) MORE THAN ONE ANSWER <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race <i>PRINT OTHER RACE</i>	
1.8	N/A		Are you... MARK (X) ONE <input type="checkbox"/> Not currently seeing anyone <input type="checkbox"/> Casually dating <input type="checkbox"/> Seriously dating <input type="checkbox"/> Engaged <input type="checkbox"/> Married

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
1.9	6.2	<p>How many of your friends who are your age have done the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <p>a. Had sexual intercourse b. Had oral sex</p>	<p>How many of your friends who are your age have done the following things?</p> <p>MARK (X) ONE FOR EACH None, Some, Half, Most, All, Don't Know</p> <p>a. Had sexual intercourse b. Been pregnant c. Been a teen parent</p>
1.10	N/A		<p>Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate response.</p> <p>MARK (X) ONE FOR EACH</p> <ul style="list-style-type: none"> - Rarely or none of the time (Less than 1 day) - Some of or a little of the time (1-2 days) - Occasionally or a moderate amount of the time (3-4 days) - Most or all of the time (5-7 days) <p>a. I felt depressed b. I felt lonely c. I had crying spells d. I felt sad</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
2.1	2.6	<p>Now we have some questions about your mother, or the person you think of as your mother. Is this person...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a mother or person I think of as a mother GO TO 2.3 	<p>Added "Please specify" after "some other adult"</p>
2.2	N/A		<p>Please answer the questions below about your mother or the person you think of as your mother that you identified in the previous question.</p> <p>How much do you agree with the following statements about your mother or the person you think of as your mother?</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly disagree, Disagree, Neither disagree or agree, Agree, Strongly agree</p> <ul style="list-style-type: none"> a. My mother supports me to be a good parent b. My mother's help with the baby is just about right c. My mother criticizes the way I take care of my baby d. My mother gives me too much help with my baby

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2.3	N/A		<p>Were any of the following members of your family teen mothers?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Mother b. Grandmother c. Sister
2.4	2.1a	<p>The next questions are about where you live and who lives with you.</p> <p>Which of the following best describes where you live?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You live in one home– GO TO 2.2 <input type="checkbox"/> You live in two or more homes and go back and forth– GO TO 2.3 <input type="checkbox"/> You are homeless (living on the street, in a car or shelter, staying with friends/relatives) – GO TO 2.4 	<p>Added the response option:</p> <p><input type="checkbox"/> You live in a residential program GO TO 2.7</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
2.5	2.2	<p>Who lives with you in your home?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	<p>Modified the response categories:</p> <p>MARK (X) ALL THE PEOPLE WHO LIVE WITH YOU</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your mother, or the person you think of as your mother <input type="checkbox"/> Your father, or the person you think of as your father <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Your baby <input type="checkbox"/> The father of your baby <input type="checkbox"/> The parent(s) of the father of your baby <input type="checkbox"/> Your current boyfriend/ partner who is not the father of your baby <input type="checkbox"/> Friends or roommates <input type="checkbox"/> You live by yourself

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
2.6	2.3	<p>Who lives with you in each of your homes?</p> <p>Mark (X) all of the people who live with you in your MAIN home, and then mark (X) all of the people who live with you in your OTHER homes.</p> <p>MARK ALL THAT APPLY (List appears for both the MAIN home and the OTHER home(s))</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	<p>Modified the response categories:</p> <p>MARK ALL THAT APPLY (List appears for both the MAIN home and the OTHER home(s))</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your mother, or the person you think of as your mother <input type="checkbox"/> Your father, or the person you think of as your father <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Your baby <input type="checkbox"/> The father of your baby <input type="checkbox"/> The parent(s) of the father of your baby <input type="checkbox"/> Your current boyfriend/partner who is not the father of your baby <input type="checkbox"/> Friends or roommates <input type="checkbox"/> You live by yourself
2.7	N/A		<p>How many times have you moved in the past 6 months?</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
3.1	4.3 Part B1	The very <u>first</u> time you had sexual intercourse, what month and year was it? MARK (X) ONE MONTH AND ONE YEAR	Added introduction: The next questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.
3.2	4.4 Part B1	The very first time you had sexual intercourse, how old were you? __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.	
3.3	4.10 Part B1	How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time? __ __ NUMBER OF PEOPLE - Your best guess is fine.	
3.4	N/A		Now please think about the past 4 weeks. Have you had sexual intercourse in the past 4 weeks? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 3.10
3.5	4.11 Part B1	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse? <input type="checkbox"/> None GO TO 4.14 __ __ NUMBER OF TIMES - Your best guess is fine.	Modified the reference period to past 4 weeks: In the past 4 weeks, how many TIMES have you had sexual intercourse? __ __ NUMBER OF TIMES - Your best guess is fine.

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
3.6	N/A		<p>In the past 4 weeks, have you used any of the following methods of birth control?</p> <p>MARK (X) ONE FOR EACH Yes, No</p> <ul style="list-style-type: none"> a. Condoms b. Birth control pills c. The shot (Depo-Provera) d. The patch e. The ring (NuvaRing) f. IUD (Mirena or Paragard) g. Implants (Implanon) h. Emergency contraception (Plan B) i. Other (<i>Please specify</i>)
3.7	4.12 Part B1	<p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified the reference period to past 4 weeks:</p> <p>In the past 4 weeks, how many TIMES have you had sexual intercourse <u>without</u> using a condom?</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
3.8	4.13 Part B1	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified the reference period to past 4 weeks:</p> <p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> a. Condoms b. Birth control pills c. The shot (Depo-Provera) d. The patch e. The ring (NuvaRing) f. IUD (Mirena or Paragard) g. Implant (Implanon) <p>In the past 4 weeks, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>
3.9	N/A		<p><u>Only ask if said “Yes” to having sex in last 4 weeks AND “No” to using any birth control during last 4 weeks.</u></p> <p>There are different reasons people give for not using contraception. Please mark ALL of the reasons that are true for you.</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> I just haven’t gotten around to getting anything yet <input type="checkbox"/> I don’t think I can get pregnant right now <input type="checkbox"/> My partner doesn’t want me to use contraception <input type="checkbox"/> I don’t use it because of the side effects for me or my baby <input type="checkbox"/> Other (please specify):

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
3.10	6.3	<p>In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure 	<p>Modified question to ask about pressure from boyfriend/partner to have sex without birth control:</p> <p>In general, how much pressure, if any, do you feel from your boyfriend/partner to have sex without birth control?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure <input type="checkbox"/> I do not have a boyfriend/partner
3.11	3.16	<p>Do you intend to have sexual intercourse in the next year?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not GO TO 3.19 	
3.12	3.17	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
3.13	3.18	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo-Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
3.14	N/A		<p>Which of the following do you plan on using? (Only ask if answered Yes to previous question)</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Condoms <input type="checkbox"/> Oral Contraceptives/birth control pill <input type="checkbox"/> The shot (Depo-Provera) <input type="checkbox"/> The patch <input type="checkbox"/> The ring (NuvaRing) <input type="checkbox"/> IUD (Mirena or Paragard) <input type="checkbox"/> Implants (Implanon) <input type="checkbox"/> Other (<i>Please specify</i>)
3.15	3.8	<p>The next series of questions is about methods of birth control, NOT including condoms. How strongly do you agree or disagree that...?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Birth control should always be used if a person your age has sexual intercourse b. Birth control is a hassle to use c. Birth control is pretty easy to get d. Birth control is important to make sex safer e. Birth control has too many negative side effects f. Using birth control is morally wrong 	

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3.16	4.14 Part B1	<p>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.</p> <p>Have you ever had oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.19</p>	
3.17	4.16 Part B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	
3.18	4.17 Part B1	<p>Now please think about the past 3 months.</p> <p>In the past 3 months, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None GO TO 4.19</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified reference period to past 4 weeks:</p> <p>Now please think about the past 4 weeks. In the past 4 weeks, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None GO TO 3.21</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
3.19	4.18 Part B1	<p>In the past 3 months, how many TIMES have you had oral sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified reference period to past 4 weeks:</p> <p>In the past 4 weeks, how many TIMES have you had oral sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
3.20	4.19 Part B1	<p>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.</p> <p>Have you <u>ever</u> had anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.23</p>	
3.21	4.20 Part B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had anal sex with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	
3.22	4.22 Part B1	<p>In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified reference period to past 4 weeks:</p> <p>Now please think about the past 4 weeks. In the past 4 weeks, how many TIMES did you have anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
3.23	4.29 Part B1	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Added introductory statement: These next questions ask about sexually transmitted diseases, or STDs.</p>
3.24	4.30 Part B1	<p>The next series of questions is about the types of sexually transmitted diseases or STDs you have had. In the past 12 months, did you have...?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No, Don't know</p> <p>a. Chlamydia</p> <p>b. Gonorrhea</p> <p>c. Genital herpes</p> <p>d. Syphilis</p> <p>e. HIV infection or AIDS</p> <p>f. Human Papilloma virus, also known as HPV or genital warts</p> <p>g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD:</i></p>	
4.1	4.26b	<p>To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant, even if no child was born?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES</p>	<p>To the best of your knowledge, how many times have you been pregnant, even if no child was born?</p> <p> __ __ NUMBER OF TIMES – Your best guess is fine</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
4.2	N/A		<p>When you got pregnant with your baby, were you trying to get pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.3	N/A		<p>How likely do you think it is that you will be pregnant again before your child turns two?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I am sure I will</p> <p><input type="checkbox"/> I probably will</p> <p><input type="checkbox"/> There is a 50/50 chance I will</p> <p><input type="checkbox"/> I probably will not</p> <p><input type="checkbox"/> I am sure I will not</p>
4.4	N/A		<p>Ideally, when would you want to get pregnant again?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Before my baby is 1 year old</p> <p><input type="checkbox"/> When my baby is between 1 and 2 years old</p> <p><input type="checkbox"/> When my baby is between 2 and 3 years old</p> <p><input type="checkbox"/> When my baby is over three years old</p> <p><input type="checkbox"/> I don't know if I want to get pregnant again</p> <p><input type="checkbox"/> Unsure</p>
4.5	N/A		<p>How old is your baby's father?</p> <p> _ _ YEARS OLD</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
4.6	N/A		<p>What was your relationship with your baby's father when you got pregnant?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Did not know him well or at all <input type="checkbox"/> Just friends, not dating <input type="checkbox"/> Casually dating <input type="checkbox"/> Seriously dating <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Other (<i>Please specify</i>)
4.7	N/A		<p>What is your relationship with your baby's father now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> No contact <input type="checkbox"/> Have contact but don't get along <input type="checkbox"/> Just friends, not dating <input type="checkbox"/> Casually dating <input type="checkbox"/> Seriously dating <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Other (<i>Please specify</i>)
4.8	N/A		<p>Has your baby's father had any contact with your child since birth?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No – GO TO 4.10

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
4.9	N/A		<p>In the past month, how often has your baby's father spent one or more hours with your child?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Every day <input type="checkbox"/> Almost every day <input type="checkbox"/> A few times a week <input type="checkbox"/> About once a week <input type="checkbox"/> Once or twice <input type="checkbox"/> Never
4.10	N/A		<p>Do you currently use child care services other than your family or friends?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes – Full-time <input type="checkbox"/> Yes – Part-time <input type="checkbox"/> No

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
4.11	N/A		<p>In a typical week, how often do each of the following people provide you with physical support (e.g., childcare, feeding, changing diapers, bathing) to care for your baby?</p> <p>MARK (X) ONE FOR EACH</p> <p>6-7 times a week, 4-5 times a week, 2-3 times a week, 1 day a week, Rarely or never, Not applicable</p> <ul style="list-style-type: none"> a. Baby's father b. Your boyfriend or partner who is not the baby's father c. Your parent(s) d. Your baby's father's parent(s) e. Another relative from your family f. Another relative from your baby's father's family g. A friend h. Other (<i>Please specify</i>)

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
5.1	N/A		<p>Please rate yourself on this set of statements, using the 9 point scale below: (Scale: 1 = Not at all true to 9 =Very true)</p> <p>MARK (X) ONE FOR EACH</p> <ul style="list-style-type: none"> a. In general, I am focused on preventing negative events in my life b. I am anxious that I will fall short of my responsibilities and obligations c. I frequently imagine how I will achieve my hopes and aspirations d. I often think about the person I am afraid I might become in the future e. I often think about the person I would ideally like to be in the future f. I typically focus on the success I hope to achieve in the future g. I often imagine myself experiencing bad things that I fear might happen to me h. I frequently think about how I can prevent failures in my life i. I see myself as someone who is primarily striving to reach my “ideal self” – to fulfill my hopes, wishes, and aspirations j. I see myself as someone who is primarily striving to become the self I “ought” to be – to fulfill my duties, responsibilities, and obligations k. In general, I am focused on achieving positive outcomes in my life l. I often imagine myself experiencing good things that I hope will happen to me m. Getting pregnant before my baby is 2 will lower my chances of getting the future I want for myself and my family n. Contraception is an important way that I can be a responsible parent o. Focusing on my education and work experience now will help me achieve a successful future p. Having another baby too soon may make it much harder on myself and my family q. I plan to put extra effort into my education or experience to get a (better) job r. I plan to stop doing things that interfere with my job preparation

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
5.2	N/A		<p>For the following statements, indicate to what degree the statement reflects your own thoughts and feelings using the numbers 1 through 6, with 1 being STRONGLY AGREE and 6 being STRONGLY DISAGREE. If a statement has more than one part, please indicate your reaction to the whole statement.</p> <ul style="list-style-type: none"> a. I just can't decide what to do as a parent, there are so many possibilities. b. I've thought a lot about the kind of mother I want to be, but there's no question that I will follow what my "mother" says to do. c. My "mom" tells me how to be a parent to my child, and that's what I do. d. I haven't really decided what kind of mother I want to be. I'm just taking it day by day. e. I'm sure it will be pretty easy to change the kind of mother I am when I'm ready. f. It took me a while to figure it out, but now I know for sure what direction to move in as a parent. g. It took me a while to figure it out, but now I know what kind of mother I want to be. h. I'm still trying to decide how capable I am as a person and what kind of parenting is right for me. i. I just can't decide what to do for a career. There are so many possibilities. j. I might have thought about a lot of different jobs, but there's really never been any question since my parents said what they wanted. k. My parents decided a long time ago what I should go into for employment and I am following through with their plans. l. It took me awhile to figure it out, but now I know for sure what direction to move in for a career. m. I'm still trying to decide how capable I am as a person and what jobs will be right for me. n. It took me awhile to figure it out, but now I really know what I want for a career. o. When I'm ready, I'm sure it'll be pretty easy to change or get the kind of job that's right for me. p. I haven't chosen the occupation I really want to get into, and I'm just working at what is available until something better comes along.

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
5.3a	N/A		<p>Who will you be in fifteen years? Each of us has some image or picture of what we will be like and what we want to avoid being like in the future. Think about 15 years from now—imagine what you'll be like, and what you'll be doing.</p> <p>In the lines below, write what you expect you will be like and what you expect to be doing.</p> <ul style="list-style-type: none"> • In the space next to each expected goal, mark No (X) if you are not currently working on that goal or expectation and mark Yes(X) if you are currently doing something to get to that expectation or goal. • For each expected goal that you marked Yes, use the space to the right to write what you are doing this year to attain that goal. <p>1a. In 15 years, I expect to be</p> <p>_____</p> <p>1b . Am I doing something to be that way?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>1c. (IF YES) What I am doing now to be that way in 15 years? _____</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
5.3b	N/A		<p>In addition to expectations and expected goals, we all have images or pictures of what we don't want to be like; what we don't want to do or want to avoid being. First, think a minute about ways you would <u>not</u> like to be in 15 years—<i>things you are concerned about</i> or want to avoid being like.</p> <p>Write those concerns or selves to-be-avoided in the lines below. Next to each concern or to-be-avoided self, mark No (X) if you are not currently working on avoiding that concern or to-be-avoided self and mark Yes (X) if you are currently doing something <u>so this will not happen</u> in 15 years.</p> <p>For each concern or to-be-avoided self that you marked Yes, use the space at the end of each line to write <u>what you are doing this year to reduce the chances that this will describe you in 15 years</u>.</p> <p>1a. In 15 years, I want to avoid _____</p> <p>1b. Am I doing something to avoid this? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1c. (IF YES) What I am doing now to avoid being that way in 15 years? _____</p>

CHLA #	Concordance #	Baseline Concordance Question Text	Modifications for CHLA
5.4	N/A		<p>For each sentence, please think about how you are in most situations. Rate each statement in a way that describes YOU the best.</p> <p>Scale: 0-5 (None of the time – All of the time)</p> <ul style="list-style-type: none"> a. I can do what it takes to get the specific work I choose b. I know how to prepare for the kind of work I want to do c. When I look into the future, I have a clear picture if what my work life will be like d. I have a difficult time identifying my own goals for the next five years.

DROPPED: The questions listed below are part of the baseline concordance instrument, but are not part of this site-specific baseline instrument.

N/A	1.2	<p>What grade are you in?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school 	
N/A	1.3	<p>Are you male or female?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Male <input type="checkbox"/> Female 	
N/A	1.6	<p>When you are at home or with your family, what language or languages do you usually speak?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE(S)</i> <p>_____</p>	
N/A	1.6a	<p>What is the main language you speak at home?</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE(S)</i> <p>_____</p>	

N/A	1.7	<p>In the past 12 months, how often did you attend religious services or activities?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times per month <input type="checkbox"/> Once a week <input type="checkbox"/> More than once a week 	
N/A	1.8	<p>How important is religion in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Very important 	
N/A	1.9	<p>In the past 12 months, have you received information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex h. How babies are made 	

N/A	1.10	<p>In an average week last month, including weekends, about how many hours did you spend participating in each of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Zero Hours Per Week, More Than Zero but Less Than 2 Hours Per Week, 2-5 Hours Per Week, More Than 5 Hours Per Week</p> <ul style="list-style-type: none"> a. Sports-related clubs, teams, or organizations b. Lessons, clubs, or performances for art, music, or drama c. Other clubs, teams, and organizations, such as academic clubs, Scouts, chess clubs, or debating teams d. Services or programs at a church, temple, synagogue, mosque, or other place of worship e. Working at a paid job f. Volunteering 	
N/A	2.4	<p>On how many days last week did all the family members who live in your household sit down together for a meal?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <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 	
N/A	2.5	<p>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?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <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 	

N/A	2.7	<p>The following questions are about the person you marked above, that is, your mother or the person you think of as a mother.</p> <p>Did she graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
N/A	2.8	<p>Did she graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
N/A	2.9	<p>Is she working now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> She is not working at a paid job</p> <p><input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week</p> <p><input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more</p> <p><input type="checkbox"/> Yes, she works, but I don't know how many hours</p> <p><input type="checkbox"/> Don't know if she is working</p>	
N/A	2.10	<p>How close do you feel to your mother or the person you think of as a mother?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all close</p> <p><input type="checkbox"/> A little close</p> <p><input type="checkbox"/> Somewhat close</p> <p><input type="checkbox"/> Very close</p>	
N/A	2.11	<p>In general, how much do you think she cares about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Does not care at all</p> <p><input type="checkbox"/> Cares a little bit</p> <p><input type="checkbox"/> Cares somewhat</p> <p><input type="checkbox"/> Cares very much</p>	

N/A	2.12	<p>Whether you have done this or not, how would she feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
N/A	2.13	<p>How would she feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
N/A	2.14	<p>Next we have some questions about your father, or the person you think of as a father. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological father, that is, the man who is genetically related to you <input type="checkbox"/> Your stepfather or adoptive father <input type="checkbox"/> Your foster father <input type="checkbox"/> Your grandfather <input type="checkbox"/> Your uncle or your older brother <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a father or person I think of as a father GO TO 2.22a 	
N/A	2.15	<p>The following questions are about the person you marked above, that is the person you think of as a father.</p> <p>Did he graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	

N/A	2.16	<p>Did he graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
N/A	2.17	<p>Is he working now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> He is not working at a paid job</p> <p><input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week</p> <p><input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more</p> <p><input type="checkbox"/> Yes, he works, but I don't know how many hours</p> <p><input type="checkbox"/> Don't know if he is working</p>	
N/A	2.18	<p>How close do you feel to your father or the person you think of as your father?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all close</p> <p><input type="checkbox"/> A little close</p> <p><input type="checkbox"/> Somewhat close</p> <p><input type="checkbox"/> Very close</p>	
N/A	2.19	<p>In general, how much do you think he cares about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Does not care at all</p> <p><input type="checkbox"/> Cares a little bit</p> <p><input type="checkbox"/> Cares somewhat</p> <p><input type="checkbox"/> Cares very much</p>	
N/A	2.20	<p>Whether you have done this or not, how would he feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly approve</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Neither approve nor disapprove</p> <p><input type="checkbox"/> Disapprove</p> <p><input type="checkbox"/> Strongly disapprove</p>	

N/A	2.21	<p>How would he feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly approve</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Neither approve nor disapprove</p> <p><input type="checkbox"/> Disapprove</p> <p><input type="checkbox"/> Strongly disapprove</p>	
N/A	2.22a	<p>Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have passed away, please answer about their relationship when both were alive.</p> <p>MARK (X) ONE</p> <p><input type="radio"/> They are married to each other</p> <p><input type="radio"/> They used to be married to each other, but are now separated</p> <p><input type="radio"/> They used to be married to each other, but are now divorced</p> <p><input type="radio"/> They have never been married to each other</p> <p><input type="radio"/> I don't know</p>	
N/A	2.22b	<p>Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> One or both of my biological parents have passed away</p> <p><input type="radio"/> I don't know</p>	
N/A	2.23	<p>The next questions ask about what your parents know about your activities. By parents, we mean the parents or guardians you live with <u>most</u> of the time. Thinking about the past month, how often did your parents know where you were after school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p>	

N/A	2.24	<p>Thinking about the past month, how often did your parents know who you were going to be with before you went out?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out 	
N/A	2.25	<p>Thinking about the past month, how often did your parents know where you were when you went out at night?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out at night 	
N/A	2.26	<p>If you were going to be home late, would your parents expect you to call?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
N/A	2.27	<p>In the past 12 months, how many times have you talked with at least one of your parents about . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-2 Times, 3-9 Times, 10 or more times</p> <ul style="list-style-type: none"> a. How things are going with school work or with your grades b. A personal problem you were having c. How to have good romantic relationships d. Strategies for safe dating e. How to resist pressures to have sex f. Avoiding drugs and alcohol g. Pregnancy or birth h. Sexually transmitted diseases (also called STDs), HIV, or AIDS 	

N/A	3.1	<p>The next series of questions is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse we mean a male putting his penis into a female’s vagina. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <p>a. Having sexual intercourse is a good thing for you to do at your age b. At your age right now, having sexual intercourse would create problems c. At your age right now, not having sexual intercourse is important for you to be safe and healthy d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom e. It is against your values to have sexual intercourse before marriage</p>	
N/A	3.2	<p>FOR GIRLS</p> <p>If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither upset nor happy <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset</p>	
N/A	3.2	<p>FOR BOYS</p> <p>If you got a female pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither upset nor happy <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset</p>	

N/A	3.3	<p>Imagine you are alone with someone you like very much. How likely is it that you could . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all Likely, a Little likely, Somewhat Likely, Very Likely</p> <p>a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS)</p> <p>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</p> <p>c. Avoid having sexual intercourse if you didn't want to</p>	
N/A	3.4	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly approve, Approve, Neither approve nor disapprove, Disapprove, Strongly disapprove</p> <p>a. Condoms should always be used if a person your age has sexual intercourse</p> <p>b. Condoms are a hassle to use</p> <p>c. Condoms are pretty easy to get</p> <p>d. Condoms are important to make sex safer</p> <p>e. Using condoms means you don't trust your sexual partner</p> <p>f. Using condoms is morally wrong</p> <p>g. Condoms decrease sexual pleasure</p>	
N/A	3.5	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of pregnancy</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Don't know GO TO 3.6</p>	

N/A	3.5a	How confident are you that your answer is correct? MARK (X) ONE <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident	
N/A	3.6	If a <u>condom</u> is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS? MARK (X) ONE <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know	
N/A	3.7	If a <u>condom</u> is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea? MARK (X) ONE <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know	
N/A	3.9	If <u>birth control pills</u> are used correctly, how much can they decrease the risk of pregnancy? MARK (X) ONE <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.10	
N/A	3.9a	How confident are you that your answer is correct? MARK (X) ONE <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident	

N/A	3.10	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Don't know</p>	
N/A	3.11	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Don't know</p>	
N/A	3.12	<p>Can you get a sexually transmitted disease, or STD, from having oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know GO TO 3.12</p>	
N/A	3.12a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all confident</p> <p><input type="checkbox"/> A little confident</p> <p><input type="checkbox"/> Somewhat confident</p> <p><input type="checkbox"/> Very confident</p>	
N/A	3.13	<p>In the past 3 months, how many TIMES have you gone out on a date?</p> <p><input type="checkbox"/> Zero or None GO TO 3.15</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	
N/A	3.14	<p>Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?</p> <p><input type="checkbox"/> Zero or None</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	

N/A	3.15	<p>Do you intend to have oral sex in the next year?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	
N/A	3.19	<p>Do you intend to have sexual intercourse without being married?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	
N/A	3.20	<p>Have you ever had sexual intercourse, oral sex, or anal sex?</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE <input type="checkbox"/> NO: GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE 	
N/A	4.1 Part B1	<p>The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential and everything you say will be kept private.</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <ul style="list-style-type: none"> <input type="checkbox"/> No STOP AND GO TO PART B2 <input type="checkbox"/> Yes CONTINUE WITH THIS BOOKLET. 	
N/A	4.2 Part B1	<p>The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.15 	

N/A	4.5 Part B1	<p>The very first time you had sexual intercourse, how old was your partner?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A year or two younger than you <input type="checkbox"/> Three or more years younger than you <input type="checkbox"/> The same age as you <input type="checkbox"/> A year or two older than you <input type="checkbox"/> Three or more years older than you 	
N/A	4.6 Part B1	<p>The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Voluntary <input type="checkbox"/> Not voluntary 	
N/A	4.7 Part B1	<p>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.</p> <p>The first time you had sexual intercourse, did you or your partner use any type of birth control, including condoms or any other method?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.9 	
N/A	4.8 Part B1	<p>The first time you had sexual intercourse, did you or your partner use ...</p> <p>MARK (X) ONE FOR EACH ITEM</p> <p>YES, NO</p> <ol style="list-style-type: none"> a. Condoms b. Birth control pills or the patch c. Depo-Provera, the shot, or other injectable birth control d. Nuva ring or the ring e. Withdrawal or pulling out f. Another method (<i>PRINT OTHER METHOD USED</i>): 	

N/A	4.9 Part B1	Have you had sexual intercourse more than one time? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.14	
N/A	4.15 Part B1	The very <u>first</u> time you had oral sex, what month and year was it? MARK (X) ONE MONTH AND ONE YEAR	
N/A	4.21 Part B1	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had anal sex? <input type="checkbox"/> None GO TO 4.23 __ __ NUMBER OF TIMES - Your best guess is fine.	
N/A	4.23 Part B1	Have you ever had oral sex or anal sex with a person the same sex as you? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
N/A	4.24a Part B1	FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.27	
N/A	4.24b Part B1	FOR GIRLS ONLY- 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.	

N/A	4.25a Part B1	<p>FOR BOYS ONLY</p> <p>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 <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> These changes have not yet started</p> <p><input type="checkbox"/> These changes have barely started</p> <p><input type="checkbox"/> These changes are definitely underway</p> <p><input type="checkbox"/> These changes seem complete</p>	
N/A	4.25b Part B1	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE</p>	
N/A	4.26a	<p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.27</p>	
N/A	4.26c	<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
N/A	4.27 Part B1	<p>In the past 12 months, have you spoken with a doctor or nurse about having sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

N/A	4.28 Part B1	<p>In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (STD), like gonorrhea, Chlamydia, syphilis, or HIV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	4.31 Part B1	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	4.32 Part B1	<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	4.1 Part B2	<p>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...</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes STOP AND GO TO PART B1</p> <p><input type="checkbox"/> No CONTINUE WITH THIS BOOKLET</p>	

N/A	4.2 Part B2	<p>The first two questions in this booklet are about your schooling.</p> <p>Do you expect that you will graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I already graduated from high school</p> <p><input type="checkbox"/> No GO TO 4.4</p>	
N/A	4.3 Part B2	<p>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?)</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
N/A	4.4 Part B2	<p>The next questions are about where you live.</p> <p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes GO TO 4.11</p> <p><input type="checkbox"/> No</p>	
N/A	4.5 Part B2	<p>In how many homes, places, or households do you live: one, two, or three or more?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 1 home GO TO 4.9</p> <p><input type="checkbox"/> 2 homes</p> <p><input type="checkbox"/> 3 or more homes</p>	
N/A	4.6 Part B2	<p>Do you consider one of these homes to be your main home?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

N/A	4.7 Part B2	<p>Thinking about the past 30 days, how many nights did you spend in each home?</p> <p>FILL IN TWO OR THREE NUMBERS</p> <p> __ __ Number of nights at home #1 – Your best guess is fine.</p> <p> __ __ Number of nights at home #2 – Your best guess is fine.</p> <p> __ __ Number of nights at another home or other homes – Your best guess is fine.</p>	
N/A	4.8 Part B2	<p>Is there anyone who moves with you from home to home?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	4.9 Part B2	<p>Is your home or any of your homes a group home or halfway house?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	4.10 Part B2	<p>This question is about who lives with you in your home. If you have more than one home, please think about your <u>main</u> home.</p> <p>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?</p> <p> __ __ NUMBER OF PEOPLE</p>	

N/A	4.11 Part B2	<p>These next few questions are about you and your friends. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. You have friends who will give you good advice b. You have a friend who cares about you c. You have a friend you can talk to when you need to d. You have someone who you can call your best friend 	
N/A	4.12 Part B2	<p>The next series of questions is about effort. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. When you start a project, you finish it b. You only work as hard as you have to c. You are someone people can count on d. When you work, you do a good job 	
N/A	4.13 Part B2	<p>Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION Very Important, Somewhat Important, Not Too Important, Not At All Important</p> <ul style="list-style-type: none"> a. I don't want to get a sexually transmitted disease, also known as an STD b. I don't want to disappoint my parents c. I am too young to have sex d. My boyfriend or girlfriend doesn't want to have sex e. I want to wait until I'm married f. It is against my personal values g. I haven't met the right person yet h. I haven't had the chance i. I don't want to j. FOR GIRLS: I do not want to get pregnant k. FOR BOYS: I do not want to get a girl pregnant 	

N/A	4.14 a Part B2	FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.27	
N/A	4.14b Part B2	FOR GIRLS ONLY- 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.	
N/A	4.15a Part B2	FOR BOYS ONLY 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 <u>best</u> describes these changes for you? MARK (X) ONE <input type="checkbox"/> These changes have not yet started <input type="checkbox"/> These changes have barely started <input type="checkbox"/> These changes are definitely underway <input type="checkbox"/> These changes seem complete	
N/A	4.15b Part B2	FOR BOYS: How old were you when these changes started? __ __ NUMBER OF YEARS OLD YOU WERE	
N/A	4.16 Part B2	Have you ever done any of the following with a boy or girl? Yes, No a. Kissed someone on the lips b. French kissed, that is put your tongue in someone's mouth while kissing c. Touched another person's private parts d. Let someone touch your private parts	

N/A	4.17 Part B2	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
N/A	4.18 Part B2	<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
N/A	4.19 Part B2	<p>In the past 12 months, have you spoken with a doctor or nurse about having sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
N/A	4.20 Part B2	<p>If you decided to have sexual intercourse outside of marriage, how likely is it you would use a condom or other contraceptive method?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely <input type="checkbox"/> A little bit likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely <input type="checkbox"/> Don't plan to have sexual intercourse outside of marriage</p>	
N/A	5.1	<p>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.</p> <p>Have you ever smoked a cigarette?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 5.4</p>	

N/A	5.2	<p>The very first time you smoked a cigarette, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
N/A	5.3	<p>During the past 30 days, on how many days did you smoke one or more cigarettes?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	
N/A	5.4	<p>Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.8</p>	
N/A	5.5	<p>The very first time you had an alcoholic drink, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
N/A	5.6	<p>During the past 30 days, on how many days did you have one or more alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	

N/A	5.7	<p>During the past 30 days, on how many days did you have 5 or more drinks in a row?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	
N/A	5.8	<p>Have you ever used marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.10</p>	
N/A	5.9	<p>During the past 30 days, on how many days did you use marijuana?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	
N/A	5.10	<p>Have you ever used any other type of illegal drug, for example Methamphetamine, speed, PCP, ecstasy, or any form of cocaine, such as crack?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	5.11	<p>Have you ever used any prescription pills or other prescription drugs that were not prescribed for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

N/A	5.12	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	6.1	<p>How many of your friends who are your age think the following things? Your best guess is fine</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <p>a. Having sexual intercourse is a good thing for them to do at their age.</p> <p>b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.</p> <p>c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time</p> <p>d. They should wait until they are older to have sexual intercourse.</p> <p>e. They should wait until marriage to have sexual intercourse.</p>	
N/A	6.4	<p>People are different in their sexual attraction to other people. Which of the following best describes you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I am only attracted to males</p> <p><input type="checkbox"/> I am attracted to both males and females</p> <p><input type="checkbox"/> I am only attracted to females</p> <p><input type="checkbox"/> I am not attracted to either males or females</p> <p><input type="checkbox"/> I am not sure</p>	
N/A	6.5	<p>How much do you feel that your friends care about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Do not care at all</p> <p><input type="checkbox"/> Care a little bit</p> <p><input type="checkbox"/> Care somewhat</p> <p><input type="checkbox"/> Care very much</p>	

OMB Control No:
Expiration Date:

MATHEMATICA
Policy Research



Evaluation of Adolescent Pregnancy Prevention Approaches

BASELINE QUESTIONNAIRE

CHLA

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 and everything you say will be kept private. 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 MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED! USE A PEN OR PENCIL.

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

- Brown
 Blue
 Green
 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

- Brown
 Black
 Blond
 Red
 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. BE SURE TO WRITE CLEARLY.

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

- Rent a movie
 Go to a baseball game
 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.

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

In the last seven (7) days, how many chocolate bars have you eaten?

0	2
---	---

NUMBER OF CHOCOLATE BARS – Your best guess is fine.

Fill in the boxes with the correct number. For any number less than 10, put a zero (0) in the first box. For example, if you had eaten 2 chocolate bars in the last 7 days, you would write “0” in the first box and “2” in the second box. If you had eaten 15 chocolate bars, you would write “1” in the first box and “5” in the second box.

6. **EXAMPLE 6: MARK (X) ONE ANSWER FOR EACH QUESTION**

In the last 12 months, have you done any of the following?

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. Walked a dog on a leash	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Played Frisbee	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Weeded a garden	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Eaten a piece of fresh fruit.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Played a piano	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Watched a movie	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Mark (x) either “yes” or “no” for each of the six (6) questions (a–f) by marking (x) one of the of two boxes in each row.

7. **EXAMPLE 7: MARK (X) ONE MONTH AND ONE YEAR**

In what month and year did you finish elementary school?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> finished	<u>Year</u> finished
<input type="checkbox"/> January	<input type="checkbox"/> 2010
<input type="checkbox"/> February	<input checked="" type="checkbox"/> 2009
<input type="checkbox"/> March	<input type="checkbox"/> 2008
<input type="checkbox"/> April	<input type="checkbox"/> 2007
<input type="checkbox"/> May	<input type="checkbox"/> 2006
<input checked="" type="checkbox"/> June	<input type="checkbox"/> 2005
<input type="checkbox"/> July	<input type="checkbox"/> 2004
<input type="checkbox"/> August	<input type="checkbox"/> 2003
<input type="checkbox"/> September	<input type="checkbox"/> 2002
<input type="checkbox"/> October	<input type="checkbox"/> 2001
<input type="checkbox"/> November	<input type="checkbox"/> 2000
<input type="checkbox"/> December	<input type="checkbox"/> 1999

If you finished elementary school in June of 2009, you would mark (X) the box next to June and mark (X) the box next to 2009.

START HERE!

SECTION 1: YOU AND YOUR BACKGROUND

1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

Month born

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Year born

- 2002
- 2001
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991

1.2. What is the last grade you completed?

MARK (X) ONE

- Less than 6th grade
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Completed GED pretest
- Completed GED
- Some school after high school

1.3. What is your current school status?

MARK (X) ONE

- Enrolled in public or private middle or high school
- Enrolled in a continuation/alternative school or court/community school
- Enrolled in adult education classes
- Enrolled in technical or vocation school
- Enrolled in 2-year college
- Enrolled in 4-year college or university
- Not currently enrolled in any school or classes

1.4. What is the highest level of education you would like to complete?

MARK (X) ONE

- Graduate from high school or obtain a GED
- Attend technical or vocational school
- Graduate from a 2-year community college (Associate's degree)
- Graduate from a 4-year college (Bachelor's degree)
- Obtain a graduate degree (Masters, PhD, MD, etc.)

1.5. Are you currently working?

MARK (X) ONE

- Yes – full-time
- Yes – part-time
- No – but currently looking for a job
- No – and not currently looking for a job

1.6. Are you Hispanic/Latino?

MARK (X) ONE

- Yes
- No

1.7. What is your race?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Some other race (*PRINT OTHER RACE*)

1.8. Are you...?

MARK (X) ONE

- Not currently seeing anyone
- Casually dating
- Seriously dating
- Engaged
- Married

1.9. How many of your friends who are your age have done the following things?

MARK (X) ONE FOR EACH

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Had sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Been pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Been a teen parent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.10. Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate response.

MARK (X) ONE FOR EACH

	RARELY OR NONE OF THE TIME (LESS THAN 1 DAY)	SOME OF OR A LITTLE OF THE TIME (1-2 DAYS)	OCCASIONALLY OR A MODERATE AMOUNT OF THE TIME (3-4 DAYS)	MOST OR ALL OF THE TIME (5-7 DAYS)
a. I felt depressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I felt lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I had crying spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I felt sad.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: FAMILY

2.1. Now we have some questions about your mother, or the person you think of as your mother. Is this person...?

MARK (X) ONE

- Your biological mother, that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult (*Please specify*)
- Don't have a mother or person I think of as my mother → GO TO 2.3

Please answer the questions below about your mother or the person you think of as your mother that you identified in the previous question.

2.2. How much do you agree with the following statements about your mother or the person you think of as your mother?

MARK (X) ONE FOR EACH

- | | Strongly Disagree | Disagree | Neither Disagree or Agree | Agree | Strongly Agree |
|---|--------------------------|--------------------------|---------------------------|--------------------------|--------------------------|
| a. My mother supports me to be a good parent..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My mother's help with the baby is just about right..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My mother criticizes the way I take care of my baby..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My mother gives me too much help with my baby..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2.3. Were any of the following members of your family teen mothers?

MARK (X) ONE FOR EACH

- | | YES | NO |
|---------------------|--------------------------|--------------------------|
| a. Mother..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Grandmother..... | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sister..... | <input type="checkbox"/> | <input type="checkbox"/> |

The next questions are about where you live and who lives with you.

2.4 Which of the following best describes where you live?

MARK (X) ONE

- You live in one home → **GO TO 2.5**
- You live in two or more homes, and go back and forth → **GO TO 2.6**
- You live in a residential program → **GO TO 2.7**
- You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) → **GO TO 2.7**

2.5 Who lives with you in your home?

MARK (X) ALL THE PEOPLE WHO LIVE WITH YOU

- Your mother, or the person you think of as your mother
- Your father, or the person you think of as your father
- Any grandmothers
- Any grandfathers
- Any brothers or sisters
- Any aunts, uncles, or other relatives
- Your baby
- The father of your baby
- The parent(s) of the father of your baby
- Your current boyfriend/partner who is not the father of your baby
- Friends or roommates
- You live by yourself

AFTER ANSWERING GO TO 2.7

2.6 Who lives with you in each of your homes?

MARK (X) ALL THAT APPLY

MAIN HOME	OTHER HOME(S)
<p>Mark (X) <u>all</u> the people who live with you in your MAIN home</p> <p><input type="checkbox"/> Your mother, or the person you think of as your mother</p> <p><input type="checkbox"/> Your father, or the person you think of as your father</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Your baby</p> <p><input type="checkbox"/> The father of your baby</p> <p><input type="checkbox"/> The parent(s) of the father of your baby</p> <p><input type="checkbox"/> Your current boyfriend/partner who is not the father of your baby</p> <p><input type="checkbox"/> Friends or roommates</p> <p><input type="checkbox"/> You live by yourself</p>	<p>Mark (X) <u>all</u> the people who live with you in your OTHER home(s)</p> <p><input type="checkbox"/> Your mother, or the person you think of as your mother</p> <p><input type="checkbox"/> Your father, or the person you think of as your father</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Your baby</p> <p><input type="checkbox"/> The father of your baby</p> <p><input type="checkbox"/> The parent(s) of the father of your baby</p> <p><input type="checkbox"/> Your current boyfriend/partner who is not the father of your baby</p> <p><input type="checkbox"/> Friends or roommates</p> <p><input type="checkbox"/> You live by yourself</p>

2.7. How many times have you moved in the past 6 months?

None

NUMBER OF TIMES – Your best guess is fine.

SECTION 3: BEHAVIORS

3.1. The next questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.

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

MARK (X) ONE MONTH AND ONE YEAR

Month of First Sexual Intercourse	Year of First Sexual Intercourse
<input type="checkbox"/> January	<input type="checkbox"/> 2011
<input type="checkbox"/> February	<input type="checkbox"/> 2010
<input type="checkbox"/> March	<input type="checkbox"/> 2009
<input type="checkbox"/> April	<input type="checkbox"/> 2008
<input type="checkbox"/> May	<input type="checkbox"/> 2007
<input type="checkbox"/> June	<input type="checkbox"/> 2006
<input type="checkbox"/> July	<input type="checkbox"/> 2005
<input type="checkbox"/> August	<input type="checkbox"/> 2004
<input type="checkbox"/> September	<input type="checkbox"/> 2003
<input type="checkbox"/> October	<input type="checkbox"/> 2002
<input type="checkbox"/> November	<input type="checkbox"/> 2001
<input type="checkbox"/> December	<input type="checkbox"/> 2000 or earlier

3.2. The very first time you had sexual intercourse, how old were you?

NUMBER OF YEARS OLD YOU WERE – Your best guess is fine.

3.3. How many DIFFERENT PEOPLE have you ever had sexual intercourse with, even if only one time?

NUMBER OF PEOPLE – Your best guess is fine.

3.4. Now please think about the past 4 weeks. Have you had sexual intercourse in the past 4 weeks?

MARK (X) ONE

Yes

No → GO TO 3.10

3.5. In the past 4 weeks, how many TIMES have you had sexual intercourse?

None

NUMBER OF TIMES – Your best guess is fine.

3.6. In the past 4 weeks, have you used any of the following methods of birth control?

MARK (X) ONE FOR EACH

	Yes	No
a. Condoms.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control pills	<input type="checkbox"/>	<input type="checkbox"/>
c. The shot (Depo-Provera).....	<input type="checkbox"/>	<input type="checkbox"/>
d. The patch.....	<input type="checkbox"/>	<input type="checkbox"/>
e. The ring (NuvaRing)	<input type="checkbox"/>	<input type="checkbox"/>
f. IUD (Mirena or Paragard)	<input type="checkbox"/>	<input type="checkbox"/>
g. Implant (Implanon).....	<input type="checkbox"/>	<input type="checkbox"/>
h. Emergency contraception (Plan B).....	<input type="checkbox"/>	<input type="checkbox"/>
i. Other (<i>Please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>

3.7. In the past 4 weeks, how many TIMES have you had sexual intercourse without using a condom?

NUMBER OF TIMES – Your best guess is fine.

3.8. The next question is about your use of the following methods of birth control:

- Condoms
- Birth control pills
- The shot (Depo-Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implant (Implanon)

In the past 4 weeks, how many **TIMES** have you had sexual intercourse without using any of these methods of birth control?

NUMBER OF TIMES – Your best guess is fine.

Only ask if said “Yes” to having sex in last 4 weeks AND “No” to using any birth control during last 4 weeks.

3.9. There are different reasons people give for not using contraception. Please mark ALL of the reasons that are true for you.

MARK (X) ALL THAT APPLY

- I just haven't gotten around to getting anything yet
- I don't think I can get pregnant right now
- My partner doesn't want me to use contraception
- I don't use it because of the side effects for me or my baby
- Other (*Please specify*)

3.10. In general, how much pressure, if any, do you feel from your boyfriend/partner to have sex without birth control?

MARK (X) ONE

- A lot of pressure
- Some pressure
- A little pressure
- No pressure
- I do not have a boyfriend/partner

3.11. Do you intend to have sexual intercourse in the next year?

MARK (X) ONE

- Yes, definitely
 Yes, probably
 No, probably not
 No, definitely not → **GO TO 3.15**

3.12. If you have sexual intercourse in the next year, do you intend to use a condom?

MARK (X) ONE

- Yes, definitely
 Yes, probably
 No, probably not
 No, definitely not

3.13. The next question is about your intention to use other methods of birth control, NOT including condoms:

- Birth control pills
- The shot (Depo-Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implant (Implanon)

If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?

MARK (X) ONE

- Yes, definitely
 Yes, probably
 No, probably not
 No, definitely not

3.14. Which of the following do you plan on using? (Only ask if answered Yes to previous question.)

MARK (X) ALL THAT APPLY

- Condoms
- Oral Contraceptives/birth control pill
- The shot (Depo-Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implants (Implanon)
- Other (*Please specify*)

3.15. The next question is about methods of birth control, NOT including condoms. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Birth control should always be used if a person your age has sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control is a hassle to use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Birth control is pretty easy to get.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Birth control is important to make sex safer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Birth control has too many negative side effects.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using birth control is morally wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.16. 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

- Yes
- No → GO TO 3.20



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

NUMBER OF PEOPLE – Your best guess is fine.

3.18. Now please think about the past 4 weeks. In the past 4 weeks, how many TIMES have you had oral sex?

None → GO TO 3.21

NUMBER OF TIMES – Your best guess is fine.

3.19. In the past 4 weeks, how many TIMES did you have oral sex without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.

3.20. 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 3.23

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

NUMBER OF TIMES – Your best guess is fine.

3.22. Now please think about the past 4 weeks. In the past 4 weeks, how many TIMES did you have anal sex without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.

3.23. These next questions ask about sexually transmitted diseases, or STDs. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?

MARK (X) ONE

Yes

No

3.24. In the past 12 months, did you have...?

MARK (X) ONE FOR EACH QUESTION

	YES	NO	DON'T KNOW
a. Chlamydia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gonorrhea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Syphilis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. HIV infection or AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Human Papilloma virus, also known as HPV or genital warts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD</i> ↘.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: PREGNANCY AND RELATIONSHIP WITH BABY'S FATHER

The next questions ask about your pregnancy and your relationship with your baby's father.

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

NUMBER OF TIMES – Your best guess is fine.

4.2. When you got pregnant with your baby, were you trying to get pregnant?

MARK (X) ONE

Yes

No

4.3. How likely do you think it is that you will be pregnant again before your child turns two?

MARK (X) ONE

I am sure I will

I probably will

There is a 50/50 chance I will

I probably will not

I am sure I will not

4.4. Ideally, when would you want to get pregnant again?

MARK (X) ONE

Before my baby is 1 year old

When my baby is between 1 and 2 years old

When my baby is between 2 and 3 years old

When my baby is over three years old

I don't know if I want to get pregnant again

Unsure

4.5. How old is your baby's father?

YEARS OLD

4.6. What was your relationship with your baby's father when you got pregnant?

MARK (X) ONE

- Did not know him well or at all
- Just friends, not dating
- Casually dating
- Seriously dating
- Engaged
- Married
- Other (*Please specify*)

4.7. What is your relationship with your baby's father now?

MARK (X) ONE

- No contact
- Have contact but don't get along
- Just friends, not dating
- Casually dating
- Seriously dating
- Engaged
- Married
- Other (*Please specify*)

4.8. Has your baby's father had any contact with your child since birth?

MARK (X) ONE

- Yes
- No → **GO TO 4.10**

4.9. In the past month, how often has your baby's father spent one or more hours with your child?

MARK (X) ONE

- Every day
- Almost every day
- A few times a week
- About once a week
- Once or twice
- Never

4.10. Do you currently use child care services other than your family or friends?

MARK (X) ONE

- Yes – Full-time
- Yes – Part-time
- No

4.11. In a typical week, how often do each of the following people provide you with physical support (e.g., childcare, feeding, changing diapers, bathing) to care for your baby?

MARK (X) ONE FOR EACH

	6-7 times a week	4-5 times a week	2-3 times a week	1 day a week	Rarely or never	Not Applicable
a. Baby's father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Your boyfriend or partner who is not the baby's father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Your parent(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your baby's father's parent(s).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Another relative from your family.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Another relative from your baby's father's family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. A friend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other (<i>Please specify</i>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: ATTITUDES

5.1. Please rate yourself on this set of statements, using the 9 point scale below.

MARK (X) ONE FOR EACH

	Not at All True	1	2	3	4	5	6	7	8	Very True 9
a. In general, I am focused on preventing negative events in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am anxious that I will fall short of my responsibilities and obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I frequently imagine how I will achieve my hopes and aspirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I often think about the person I am afraid I might become in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I often think about the person I would ideally like to be in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I typically focus on the success I hope to achieve in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I often imagine myself experiencing bad things that I fear might happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I frequently think about how I can prevent failures in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I see myself as someone who is primarily striving to reach my "ideal self"—to fulfill my hopes, wishes, and aspirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I see myself as someone who is primarily striving to become the self I "ought" to be – to fulfill my duties, responsibilities, and obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. In general, I am focused on achieving positive outcomes in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I often imagine myself experiencing good things that I hope will happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Getting pregnant before my baby is 2 will lower my chances of getting the future I want for myself and my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Contraception is an important way that I can be a responsible parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Focusing on my education and work experience now will help me achieve a successful future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Having another baby too soon may make it much harder on myself and my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I plan to put extra effort into my education or experience to get a (better) job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I plan to stop doing things that interfere with my job preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2. For the following statements, indicate to what degree the statement reflects your own thoughts and feelings using the numbers 1 through 6, with 1 being STRONGLY AGREE and 6 being STRONGLY DISAGREE. If a statement has more than one part, please indicate your reaction to the whole statement.

MARK (X) ONE FOR EACH

	STRONGLY AGREE						STRONGLY DISAGREE
	1	2	3	4	5	6	
a. I just can't decide what to do as a parent, there are so many possibilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've thought a lot about the kind of mother I want to be, but there's no question that I will follow what my "mother" says to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My "mom" tells me how to be a parent to my child, and that's what I do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I haven't really decided what kind of mother I want to be. I'm just taking it day by day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I'm sure it will be pretty easy to change the kind of mother I am when I'm ready	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It took me awhile to figure it out, but now I know for sure what direction to move in as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It took me a while to figure it out, but now I know what kind of mother I want to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I'm still trying to decide how capable I am as a person and what kind of parenting is right for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I just can't decide what to do for a career. There are so many possibilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I might have thought about a lot of different jobs, but there's really never been any question since my parents said what they wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My parents decided a long time ago what I should go into for employment and I am following through with their plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It took me a while to figure it out, but now I know for sure what direction to move in for a career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I'm still trying to decide how capable I am as a person and what jobs will be right for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. It took me a while to figure it out, but now I really know what I want for a career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. When I'm ready, I'm sure it'll be pretty easy to change or get the kind of job that's right for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I haven't chosen the occupation I really want to get into, and I'm just working at what is available until something better comes along.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.3a. Who will you be in fifteen years? Each of us has some image or picture of what we will be like and what we want to avoid being like in the future. Think about 15 years from now—imagine what you'll be like, and what you'll be doing.

Possible Selves Questionnaire

- In the lines below, write what you expect you will be like and what you expect to be doing.
- In the space next to each expected goal, mark No (X) if you are not currently working on that goal or expectation and mark Yes (X) if you are currently doing something to get to that expectation or goal.
- For each expected goal that you marked Yes, use the space to the right to write what you are doing this year to attain that goal.

EXAMPLE:

In 15 years, I expect to be...	Am I am doing something now about this?		What I am doing now is...
	No	Yes	
(P1) <u>a cosmetologist</u>		<input checked="" type="checkbox"/>	(s1) <u>practice hair braiding on my friends and little sister</u>
(P2) <u>a home owner</u>		<input checked="" type="checkbox"/>	(s2) <u>getting my GED</u>

1. In 15 years, I expect to be...	Am I doing something to be that way?		(IF YES) What I am doing now to be that way <u>in 15 years</u> ?
	Yes	No	
(P1)	<input type="checkbox"/>	<input type="checkbox"/>	(s1)
(P2)	<input type="checkbox"/>	<input type="checkbox"/>	(s2)
(P3)	<input type="checkbox"/>	<input type="checkbox"/>	(s3)
(P4)	<input type="checkbox"/>	<input type="checkbox"/>	(s4)

5.3b. In addition to expectations and expected goals, we all have images or pictures of what we don't want to be like; what we don't want to do or want to avoid being. First, think a minute about ways you would not like to be in 15 years—things you are concerned about or want to avoid being like.

- Write those concerns or selves to-be-avoided in the lines below.
- Next to each concern or to-be-avoided self, mark No (X) if you are not currently working on avoiding that concern or to-be-avoided self and mark Yes (X) if you are currently doing something so this will not happen in 15 years.
- For each concern or to-be-avoided self that you marked Yes, use the space at the end of each line to write what you are doing this year to reduce the chances that this will describe you in 15 years.

EXAMPLE:

Next year, I want to avoid...	Am I doing something to avoid this?		(IF YES) What I am doing now to avoid being that way next year?
	No	Yes	
(P5) <u>Unemployed</u>		<input checked="" type="checkbox"/>	(s5) <u>finding out how to get some part time job experience</u>
(P6) <u>In debt</u>	<input checked="" type="checkbox"/>		(s6) _____

1. In 15 years, I want to avoid...	Am I doing something to avoid this?		(IF YES) What I am doing now to avoid being that way in 15 years?
	Yes	No	
(P5)	<input type="checkbox"/>	<input type="checkbox"/>	(s5)
(P6)	<input type="checkbox"/>	<input type="checkbox"/>	(s6)
(P7)	<input type="checkbox"/>	<input type="checkbox"/>	(s7)
(P8)	<input type="checkbox"/>	<input type="checkbox"/>	(s8)

5.4. For each sentence, please think about how you are in most situations. Rate each statement in a way that describes YOU the best.

MARK (X) ONE FOR EACH

	None of the Time 0	1	2	3	4	All of the Time 5
a. I can do what it takes to get the specific work I choose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know how to prepare for the kind of work I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I look into the future, I have a clear picture if what my work life will be like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have a difficult time identifying my own goals for the next five years.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Children's Hospital Los Angeles
CONSENT/ASSENT TO PARTICIPATE IN A RESEARCH STUDY

AIM (Adult Identity Mentoring) for Teen Moms
Funded by the Office of Adolescent Health (OAH), U.S. Department of Health and
Human Services

Teen Participant Form-DRAFT

Subject's Name: _____
CHLA#: _____ Birth Date: _____

INTRODUCTION

Children's Hospital Los Angeles, Mathematica Policy Research, and ETR Associates are conducting an important study on behalf of the U.S. Department of Health and Human Services (DHHS) on ways to reduce teen pregnancy and sexually transmitted diseases. *The Evaluation of Adolescent Pregnancy Prevention Approaches (PPA)* will provide communities like yours with clear information on program effectiveness. You are being asked to take part in this study because you are a teen parent between 15 and 19 years old. If you agree to take part in this study, you would work with a case manager to complete a computer survey three times over the next 2 years, and possibly participate in the *AIM for Teen Moms* program. You may also be invited to participate in a focus group discussion about your experience with *AIM for Teen Moms*. About 1400 teen mothers will be part of this study. Participants will be selected at random to either attend the *AIM for Teen Moms* sessions or to continue receiving their existing services as usual. Taking part in this study is completely voluntary. Please read the information below and ask us any questions before you decide if you will participate.

PURPOSE OF THE STUDY

The purpose of this study is to understand if a special program, *AIM for Teen Moms*, can help teen parents avoid getting pregnant again. We want to understand how teen parents can be motivated and confident for their future.

PROCEDURES

If you agree to take part in this study, we will ask you to do the following things:

First, we will ask you to complete a survey on the computer about teen parenting. The survey asks questions about yourself, your activities, your thoughts about the future, and pregnancy prevention.

Second, you will be randomly assigned to either receive the *AIM for Teen Moms* program along with other services you may be receiving, or have your usual case management sessions (if applicable).

Third, your case manager will ask you to take a survey on the computer two more times over the next two years. This will happen after 12 months and 24 months. If you are not meeting with your case manager when it is time for a survey, we will contact you. Your case manager will find a time to give you the survey in your home or another place you pick. If this is not possible, we may have you complete the survey online on a computer, over the phone, or on paper.

POTENTIAL RISK AND DISCOMFORTS

You may feel uncomfortable answering some of the questions on the survey. You can refuse to answer any questions.

ANTICIPATED BENEFITS TO SUBJECTS

You may not personally benefit from taking part in this study. However, taking part will help us understand the needs of teen parents.

EXPECTED BENEFITS TO SOCIETY

The results of the study may help health educators understand how to provide services for pregnant and parenting teens.

ALTERNATIVES TO PARTICIPATION

If you decide not to be part of the study you can still receive case management from Project NATEEN or El Nido Family Centers. You may decide at any time not to take part in this study and still receive your services.

PAYMENT FOR PARTICIPATION

You will get a \$20 gift card for finishing the first and second surveys. You will get a \$25 gift card for the third survey.

FINANCIAL OBLIGATION

The surveys will take place during your regular case management time (if you are currently receiving case management services) or at a prescheduled time of your convenience. You are responsible for the normal costs of these visits, such as time off from work, bus fare, and babysitter fees. There will be no other costs to you to take part in this study. If you need to complete the survey online, over the telephone, or on paper, we will give you toll-free access and/or postage-paid mailing.

EMERGENCY CARE AND COMPENSATION FOR INJURY

The researchers and CHLA cannot give financial compensation or pay for treatment if you are injured as a result of taking part in research.

PRIVACY AND CONFIDENTIALITY

Members of the research team and your case manager will know that you are in the study. All the results will be confidential. Your name will not be attached to your answers on the survey and none of the information you provide during the research will be shared with others without your written permission. The only exception is to protect your rights or welfare (for example, if you are injured and need emergency care) or if required by law (for example, child abuse).

PARTICIPATION AND WITHDRAWAL

Taking part in this research is VOLUNTARY. Your decision to take part or not take part will have no affect on your services from AFLP, Cal Learn, Project NATEEN, and/or El Nido Family Centers. If you decide to take part, but later decide to stop, there will be no affect on your services.

IDENTIFICATION OF INVESTIGATORS

If you have a research related injury, please immediately contact one of the people listed below. If questions are not an emergency, you can get better information by calling Mona Desai than by calling Adolescent Medicine.

Daytime; Monday through Friday, 8:00 am until 4:30 pm call Mona Desai at (323) 361-2390.

Evenings, nights, weekends, or holidays call the hospital number (323) 660-2450 and ask for the Adolescent Medicine service doctor on call.

If you have questions about your rights as a research subject in this study, you can call the Committee on Clinical Investigations (I.R.B.: Institutional Review Board) at (323) 361-2265.

FINANCIAL INTEREST OF THE INVESTIGATOR

If your health care provider is working on this study she/he is interested in both your health care and this research. You do not have to take part in a research study led by your health care provider.

RIGHTS OF RESEARCH SUBJECTS

You may stop being part of this study at any time without penalty. You are not giving up any legal claims or rights by being part of this research study. If you have questions about your rights as a research subject, you may contact the CHLA Office for Protection of Human Subjects at (323) 361-2265. You may also contact Jennifer Stavrakos at Public/Private Ventures, toll-free at 1-800-755-4778.

If you have questions about the study, please call Melissa Thomas, toll-free at Mathematica at 1-888-864-6416 between the hours of 9 a.m and 5 p.m., eastern time, Monday through Friday.

SIGNATURE OF PARTICIPANT

Your signature(s) below means:

- You have read this document and understand what it means;
- You have had a chance to ask questions and have had these questions answered to your satisfaction;
- You consent to take part in this study; and
- You will be given a copy of the signed permission form and of the *Experimental Subject's Bill of Rights*.

Name of Participant

Signature of Participant

Date

SIGNATURE OF CONSENTER

I have explained the study to the participant and have answered all of their questions. I believe that they understand all of the information described in this document and freely give assent/consent/permission to participate.

Name of Consenter

Signature of Consenter

Date (must be the same as participant)

CHECK THAT THE BILL OF RIGHTS AND SIGNED HIPAA AUTHORIZATION IS OBTAINED.

SIGNATURE OF WITNESS (if applicable)

My signature as witness indicates that the participant voluntarily signed this consent form in my presence.

Name of Witness

Signature of Witness

Date (must be the same date as participant)

SIGNATURE OF INTERPRETER (if applicable)

Name of Interpreter

Signature of Interpreter

Date (must be the same date as participant)

Routing of signed copies of the consent/permission form:

- 1) Place in the teen's Project NATEEN, or El Nido Family Centers case management record
- 2) Place in the Principal Investigator's research file (original)

CHLA

CONTACT INFORMATION FORM

The following information will be used to contact you in the future and locate records regarding your participation in this study. We will ask you for updated information should anything change for you during the study.

1. What is your name?

First	Middle	Last
-------	--------	------

2. What is your date of birth?

Month	Day	Year
-------	-----	------

3. How old are you? _____

4. What is your social security number? _____ - _____ - _____ (optional)

5. What is your address?

Street	Apt.
--------	------

City

State	Zip
-------	-----

6a. What is your main phone number? _____

6b. What type of phone is that? ___ Cell ___ Home ___ Work

7a. What other phone number can you be reached at? _____

7b. What type of phone is that? ___ Cell ___ Home ___ Work

8. What is your main email address? _____

10. What is the name of someone who will know how we can contact you if we cannot reach you? _____

11. What is the relationship between you and the person you named above? _____

12. What is that person's address?

Street Apt.

City

State Zip

14a. What is this person's main phone number? _____

14b. What type of phone is that? ___Cell ___Home ___Work

15a. What other phone number can this person be reached at? _____

15b. What type of phone is that? ___Cell ___Home ___Work