

**EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES
SUMMARY TABLE, SITE-SPECIFIC BASELINE SURVEY, AND CONSENT FORM:
OKLAHOMA INSTITUTE FOR CHILD ADVOCACY (OICA)**

The OICA survey instrument is for foster care youth and is not divided into separate parts for sexually active and non-sexually active youth.

SUMMARY OF DIFFERENCES BETWEEN THE BASELINE CONCORDANCE INSTRUMENT AND THE OICA BASELINE SURVEY

Items are listed in the order in which they appear on the OICA baseline instrument. The number for the corresponding baseline concordance item is listed in the “Concordance #” column. The OICA instrument will be read aloud to youth in foster care homes. There are no separate sections for sexually active and non-sexually active respondents. Items found on the concordance instrument that are not on the OICA 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 OICA instrument is the same as that on the baseline concordance instrument.
- If an item is specific to the OICA instrument, it is indicated by an “N/A” in the “Concordance #” column and the question text is noted on the “Modifications” column.

OICA #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
1.1	1.3	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	
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"/> 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

OICA #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
1.3	N/A		<p>How old were you when you entered the foster care system? MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> <1 year old <input type="checkbox"/> 1 year old <input type="checkbox"/> 2 years old <input type="checkbox"/> 3 years old <input type="checkbox"/> 4 years old <input type="checkbox"/> 5 years old <input type="checkbox"/> 6 years old <input type="checkbox"/> 7 years old <input type="checkbox"/> 8 years old <input type="checkbox"/> 9 years old <input type="checkbox"/> 10 years old <input type="checkbox"/> 11 years old <input type="checkbox"/> 12 years old <input type="checkbox"/> 13 years old <input type="checkbox"/> 14 years old <input type="checkbox"/> 15 years old <input type="checkbox"/> 16 years old <input type="checkbox"/> 17 years old <input type="checkbox"/> 18 years old
1.4	N/A		<p>In what month and year did you start living in <u>this</u> group home? MARK (X) ONE MONTH AND ONE YEAR</p>
1.5	1.4	<p>Are you Hispanic/Latino?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

OICA #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
1.6	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>	
1.7	N/A		What is the <u>second</u> letter of your first name? MARK (X) ONE
1.8	N/A		What is the <u>last</u> letter of your first name? MARK (X) ONE
1.9	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	In which month were you born? MARK (X) ONE
1.10	N/A		On which day were you born? MARK (X) ONE

OICA #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
1.11	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	In which year were you born? MARK (X) ONE
1.12	1.11	How likely is it that you will do each of the following things? MARK (X) ONE Not at all likely, A little bit likely, Somewhat likely, Very likely a. Graduate from high school b. Go to a technical or vocational school after high school c. Go to college d. Graduate from a 2-year or community college program e. Graduate from a 4-year college program	
1.13	1.9	In the past 12 months, have you received any information or learned about any of the following? MARK (X) ONE FOR EACH QUESTION Yes, No 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	Refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.

OICA #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
2.1	N/A		<p>The next questions ask about the body, sexually transmitted infections (STIs), and methods of protection.</p> <p>The body part of the female body where a baby grows during pregnancy is the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cervix <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Ovary
2.2	N/A		<p>The part of the male's body that produces sperm is the:</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Testicles <input type="checkbox"/> Urethra <input type="checkbox"/> Penis <input type="checkbox"/> Prostate
2.3	N/A		<p>When is it possible for a female to become pregnant?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> The first time she has sex <input type="checkbox"/> When she is ovulating <input type="checkbox"/> When her partner withdraws (pulls out) before ejaculating <input type="checkbox"/> All of the above

OICA #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
2.4	N/A		<p>Of the following statements about methods of protection, which one is <u>false</u>?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You can get them with a prescription from a doctor <input type="checkbox"/> You can buy them at a local store in the drug or pharmacy section <input type="checkbox"/> Some require a prescription and others do not, depending on the type of method <input type="checkbox"/> You must have your parent's/guardian's permission to get them if you are under age 18

OICA #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
2.5	N/A		<p>Please mark whether each statement is true, false, or you don't know.</p> <p>MARK (X) ONE FOR EACH QUESTION True, False, Don't Know</p> <ul style="list-style-type: none"> a. A sexually active girl can become pregnant if she forgets to take her birth control pills for several days in a row b. Using a condom can help prevent HIV c. A condom can be used more than once d. If a condom is used, a young man should be careful how he pulls out e. If a young couple has had unprotected sex a few times and a pregnancy did not occur, then they do not have to worry about her getting pregnant f. HIV destroys the immune system's ability to fight off infections and diseases g. You cannot tell if a person has HIV by looking at them h. HIV is the only sexually transmitted infection that is incurable i. All sexually active individuals are at risk for getting HIV j. Latex condoms are 100% effective in preventing pregnancy and STIs (including HIV) k. All sexually transmitted infections (STIs) can be cured l. You can get the same sexually transmitted infection (STI) twice m. You can get a sexually transmitted infection (STI) from having oral sex

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
2.6	N/A		<p>Which of the following methods of protection offers the <u>most</u> protection against HIV and other STIs?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depo-Provera (the shot) <input type="checkbox"/> Vaginal film <input type="checkbox"/> Condom (rubber) <input type="checkbox"/> Birth control pill
2.7	N/A		<p>What is the safest and most effective method for avoiding pregnancy and sexually transmitted infections (STIs)?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth control pill <input type="checkbox"/> Condom (rubber) <input type="checkbox"/> Depo-Provera (the shot) <input type="checkbox"/> Abstinence (not having sex)
2.8	N/A		<p>Which one of the following methods listed below do you think is <u>most</u> effective for preventing pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Condom (rubber) <input type="checkbox"/> Depo-Provera (the shot) <input type="checkbox"/> Rhythm (safe period by calendar) <input type="checkbox"/> Patch (Ortho evra) <input type="checkbox"/> Birth control pill <input type="checkbox"/> Withdrawal method

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
2.9	N/A		<p>Which one of the following methods listed below do you think is <u>least</u> effective for preventing pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Condom (rubber) <input type="checkbox"/> Depo-Provera (the shot) <input type="checkbox"/> Rhythm (safe period by calendar) <input type="checkbox"/> Patch (Ortho evra) <input type="checkbox"/> Birth control pill <input type="checkbox"/> Withdrawal method
3.1	N/A		<p>The following questions are about your views on sex and protection.</p> <p>Two people having vaginal intercourse should use some method of protection if they are not ready for a child.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree
3.2	N/A		<p>Using a method of protection is very important.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
3.3	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 agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Condoms should always be used if a person your age has sexual intercourse b. Condoms are a hassle to use c. Condoms are pretty easy to get d. Condoms are important to make sex safer e. Using condoms means you don't trust your partner f. Using condoms is morally wrong g. Condoms decrease sexual pleasure 	<p>Added:</p> <ul style="list-style-type: none"> h. Condoms make sex less exciting

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
3.4	3.8	<p>The next series of questions is about other 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 	

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
3.5	N/A		<p>Please tell us how sure or unsure you are that you could do the following things:</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <ul style="list-style-type: none"> a. Find a place in your community to obtain methods of protection b. Tell your partner your feelings about what you do and do not want to do sexually c. Say “no” if your partner puts pressure on you to be involved sexually, and you do not want that d. Talk with your partner about methods of protection if you have sex with him/her e. Insist on using a method of protection if you have sex and want to use a method of protection f. Stop and use a method of protection once you are turned on g. Plan ahead to have some method of protection available h. Resist having sex with your partner if he/she did not want to use a method of protection

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
3.6	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> <ul style="list-style-type: none"> 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 	
4.1	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 	
4.2	4.9 Part B1	<p>Have you had sexual intercourse more than one time?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.14 	<p>Added the option:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have never had sexual intercourse

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.3	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.	Added the option: <input type="checkbox"/> I have never had sexual intercourse
4.4	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.	These next few questions ask about the first time you had sexual intercourse. The very <u>first</u> time you had sexual intercourse, how old were you? <input type="checkbox"/> I have never had sexual intercourse <input type="checkbox"/> 9 years old <input type="checkbox"/> 10 years old <input type="checkbox"/> 11 years old <input type="checkbox"/> 12 years old <input type="checkbox"/> 13 years old <input type="checkbox"/> 14 years old <input type="checkbox"/> 15 years old <input type="checkbox"/> 16 years old <input type="checkbox"/> 17 years old <input type="checkbox"/> 18 years old

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.5	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> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.9</p>	<p>Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p> <p>Added the option:</p> <p><input type="checkbox"/> I have never had sexual intercourse</p>
4.6	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> <p>a. Condoms</p> <p>b. Birth control pills or the patch</p> <p>c. Depo-Provera, the shot, or other injectable birth control</p> <p>d. Nuva ring or the ring</p> <p>e. Withdrawal or pulling out</p> <p>f. Another method (<i>PRINT OTHER METHOD USED</i>):</p>	<p>Added the option:</p> <p><input type="checkbox"/> I have never had sexual intercourse</p>
4.7	4.11 Part B1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.8	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>	
4.9	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</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.10	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 	

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.11	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 	
4.12	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> <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 	

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.13	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</p>	<p>Added: Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.</p>
4.14	N/A		<p>Have you been pregnant or gotten someone pregnant during the <u>past 3 months</u>? Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.15	4.26b	<p>To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES</p>	
4.16	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>	<p>Added the option:</p> <p><input type="checkbox"/> I have never been pregnant or gotten anyone pregnant</p>

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.17	N/A		<p>When you or your partner got pregnant, were you trying to become pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never been pregnant or gotten anyone pregnant</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.18	3.2 for girls; 3.2 for boys	<p>FOR GIRLS If you got pregnant now, how would you feel?</p> <p>FOR BOYS If you got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very happy</p> <p><input type="checkbox"/> A little happy</p> <p><input type="checkbox"/> Neither happy nor upset</p> <p><input type="checkbox"/> A little upset</p> <p><input type="checkbox"/> Very upset</p>	<p>If you got pregnant now or got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very happy</p> <p><input type="checkbox"/> A little happy</p> <p><input type="checkbox"/> Neither upset nor happy</p> <p><input type="checkbox"/> A little upset</p> <p><input type="checkbox"/> Very upset</p>

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.19	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</p>	
4.20	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>	<p>Added the option:</p> <p><input type="checkbox"/> I have never had oral sex</p>

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.21	4.15 Part B1	<p>The very <u>first</u> time you had oral sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	<p>Now think about the <u>first</u> time you had oral sex. The very <u>first</u> time you had oral sex, how old were you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> have never had oral sex</p> <p><input type="checkbox"/> 9 years old</p> <p><input type="checkbox"/> 10 years old</p> <p><input type="checkbox"/> 11 years old</p> <p><input type="checkbox"/> 12 years old</p> <p><input type="checkbox"/> 13 years old</p> <p><input type="checkbox"/> 14 years old</p> <p><input type="checkbox"/> 15 years old</p> <p><input type="checkbox"/> 16 years old</p> <p><input type="checkbox"/> 17 years old</p> <p><input type="checkbox"/> 18 years old</p>
4.22	4.17 Part B1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.23	3.15	<p>Do you intend to have oral sex in the next year?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, probably</p> <p><input type="radio"/> No, probably not</p> <p><input type="radio"/> No, definitely not</p>	

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.24	3.20	<p>Have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>	<p>Added the following as introduction:</p> <p>The next few questions ask about sex. By sex, we mean ALL types of sex – including vaginal, oral, and anal sex.</p>
4.25	N/A		<p>These next few questions ask about the last time you had sex (sexual intercourse, oral sex or anal sex). The <u>last</u> time you had sex did you or your partner use a method of protection?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never had sex</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.26	N/A		<p>The <u>last</u> time you had sex did you or your partner use a condom?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never had sex</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.27	N/A		<p>The <u>last</u> time you had sex, did you or your partner use the following methods to prevent pregnancy or STIs?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p><input type="checkbox"/> I have never had sex</p> <p>a. Condoms</p> <p>b. Birth control pills or the patch</p> <p>c. Depo-Provera, the shot, or other injectable birth control</p> <p>d. NuvaRing or the ring</p> <p>e. Withdrawal or pulling out</p> <p>f. Not sure</p> <p>g. Another method (<i>PRINT OTHER METHOD USED</i>):</p>
4.28	N/A		<p>Which one of these statements best describes you now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have not had sex and am not even thinking about having sex</p> <p><input type="checkbox"/> I have not had sex, however I am thinking about having sex</p> <p><input type="checkbox"/> I have not had sex, but I am seriously thinking about having sex in the near future</p> <p><input type="checkbox"/> I have had sex in the past but I am not having sex now</p> <p><input type="checkbox"/> I am currently having sex</p>

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.29	N/A		<p>Which of the following categories best describes your use of methods of protection now? Please choose just one category.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not use any methods of protection because I am not sexually active <input type="checkbox"/> I do not use a method of protection <input type="checkbox"/> I do not use any methods of protection, but am considering using a method of protection <input type="checkbox"/> I use a method of protection sometimes, but I am thinking about using a method of protection every time I have sex <input type="checkbox"/> I use a method of protection every time, but it has been less than 6 months since I started using a method of protection every time <input type="checkbox"/> I use a method of protection every time, and it has been more than 6 months since I started using a method of protection every time
4.30	4.27 Part B1	<p>In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p>

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.31	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>	Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.
4.32	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><input type="checkbox"/> Don't know</p>	Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.
4.33	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>Yes, No, Don't know</p> <ol style="list-style-type: none"> a. Chlamydia b. Gonorrhea c. Genital herpes d. Syphilis e. HIV infection or AIDS f. Human papilloma virus, also called HPV or genital warts g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD:</i> 	<p>Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p> <p>Added the option:</p> <p><input type="checkbox"/> I have not had an STI in the past 12 months</p>

OICA Baseline #	Concordance #	Baseline Concordance Question Text	Modifications for OICA
4.34	N/A		<p>Were you in the <i>POWER Through Choices</i> program at any previous time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

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

N/A	1.6	<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> _____ 	
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> _____ 	
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	1.10	<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	2.1	<p>The next question is about where you live and who lives with you.</p> <p>Which of the following best describes where you live?</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 	
N/A	2.2	<p>Who lives with you in your home?</p> <p>MARK 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	
N/A	2.3	<p>Who lives with you in each of your homes?</p> <p>Mark all of the people who live with you in your MAIN home, and then mark 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> <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	
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> <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> <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	2.6	<p>Now we have some questions about your mother, or the person you think of as a mother. Is this person...</p> <p>MARK (X) ONE</p> <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 2.14	
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> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
N/A	2.8	<p>Did she graduate from a 4-year college?</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	2.9	<p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don't know how many hours <input type="checkbox"/> Don't know if she is working 	
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> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close 	
N/A	2.11	<p>In general, how much do you think she cares about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much 	

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> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	
N/A	2.17	<p>Is he working now?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> He is not working at a paid job <input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, he works, but I don't know how many hours <input type="checkbox"/> Don't know if he is working	
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> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close	
N/A	2.19	<p>In general, how much do you think he cares about you?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much	
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> <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	2.21	<p>How would he feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <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	2.22 a	<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> <ul style="list-style-type: none"> <input type="radio"/> They are married to each other <input type="radio"/> They used to be married to each other, but are now separated <input type="radio"/> They used to be married to each other, but are now divorced <input type="radio"/> They have never been married to each other <input type="radio"/> I don't know 	
N/A	2.22 b	<p>Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> One or both of my biological parents have passed away <input type="radio"/> I don't know 	
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> <input type="checkbox"/> Always	

		<input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never	
N/A	2.24	Thinking about the past month, how often did your parents know who you were going to be with before you went out? MARK (X) ONE <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	Thinking about the past month, how often did your parents know where you were when you went out at night? MARK (X) ONE <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	If you were going to be home late, would your parents expect you to call? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
N/A	2.27	In the past 12 months, how many times have you talked with at least one of your parents about . . . MARK (X) ONE FOR EACH QUESTION Never, 1-2 Times, 3-9 Times, 10 or more times a. How things are going with school work or with your grades 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	

		<p>f. Avoiding drugs and alcohol</p> <p>g. Pregnancy or birth</p> <p>h. Sexually transmitted diseases (also called STDs), HIV, or AIDS</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	3.5	<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	<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	3.6	<p>If a <u>condom</u> is used correctly, how much can it 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	3.7	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p>	

		<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	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <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	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <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> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know	
N/A	3.11	<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> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know	
N/A	3.12	<p>Can you get a sexually transmitted disease, or STD, from having oral sex?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know GO TO 3.12	

N/A	3.12 a	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	3.13	In the past 3 months, how many TIMES_have you gone out on a date? <input type="checkbox"/> Zero or None GO TO 3.15 __ __ NUMBER OF TIMES - Your best guess is fine	
N/A	3.14	Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE_did you go out on a date with? <input type="checkbox"/> Zero or None __ __ NUMBER OF PEOPLE - Your best guess is fine.	
N/A	3.19	Do you intend to have sexual intercourse without being married? <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	Have you ever had sexual intercourse, oral sex, or anal sex? <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	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. Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex? <input type="checkbox"/> No STOP AND GO TO PART B2 <input type="checkbox"/> Yes CONTINUE WITH THIS BOOKLET.	

N/A	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	
N/A	4.5 Part B1	The very first time you had sexual intercourse, how old was your partner? MARK (X) ONE <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	The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary? MARK (X) ONE 1 <input type="checkbox"/> Voluntary 2 <input type="checkbox"/> Not voluntary	
N/A	4.18 Part B1	In the past 3 months, how many TIMES have you had oral sex <u>without</u> using a condom? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.	
N/A	4.19 Part B1	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 <u>ever</u> had anal sex? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.23	
N/A	4.20 Part B1	How many DIFFERENT PEOPLE have you <u>ever</u> had anal sex with, even if only one time? __ __ NUMBER OF PEOPLE - Your best guess is fine.	
N/A	4.21 Part	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had anal sex?	

	B1	<input type="checkbox"/> None GO TO 4.23 __ __ NUMBER OF TIMES - Your best guess is fine.	
N/A	4.22 Part B1	In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom? <input type="checkbox"/> None __ __ 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	4.24 a 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	4.24 b 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	4.25 Part B1	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	4.25 b Part	FOR BOYS: How old were you when these changes started? __ __ NUMBER OF YEARS OLD YOU WERE	

	B1		
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 <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 <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 <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 <input type="checkbox"/> I already graduated from high school <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</p>	

		<p>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	<p>Is your home or any of your homes a group home or halfway house?</p>	

	B2	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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> <p>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</p>	
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> <p>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</p>	
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> <p>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</p>	

		<p>g. I haven't met the right person yet</p> <p>h. I haven't had the chance</p> <p>i. I don't want to</p> <p>j. FOR GIRLS: I do not want to get pregnant</p> <p>k. FOR BOYS: I do not want to get a girl pregnant</p>	
N/A	4.14 a Part B2	<p>FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.27</p>	
N/A	4.14 b Part B2	<p>FOR GIRLS ONLY- How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
N/A	4.15 Part B2	<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	4.15 b Part B2	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE</p>	
N/A	4.16 Part B2	<p>Have you ever done any of the following with a boy or girl?</p> <p>Yes, No</p> <p>a. Kissed someone on the lips</p> <p>b. French kissed, that is put your tongue in someone's mouth while kissing</p> <p>c. Touched another person's private parts</p> <p>d. Let someone touch your private parts</p>	

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>	

		__ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.	
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	6.2	<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. Have had sexual intercourse.</p> <p>b. Have had oral sex.</p>	
N/A	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> <p><input type="checkbox"/> A lot of pressure</p> <p><input type="checkbox"/> Some pressure</p> <p><input type="checkbox"/> A little pressure</p> <p><input type="checkbox"/> No pressure</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>	

		<input type="checkbox"/> I am not sure	
N/A	6.5	How much do you feel that your friends care about you? MARK (X) ONE <input type="checkbox"/> Do not care at all <input type="checkbox"/> Care a little bit <input type="checkbox"/> Care somewhat <input type="checkbox"/> Care very much	



Evaluation of Adolescent Pregnancy Prevention Approaches

BASELINE QUESTIONNAIRE

OICA

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.

START HERE!

SECTION 1: DEMOGRAPHICS

1.1. Are you male or female?

MARK (X) ONE

- Male
 Female

1.2. What is the last grade you completed?

MARK (X) ONE

- 6th
 7th
 8th
 9th
 10th
 11th
 12th

1.3. How old were you when you entered the foster care system?

MARK (X) ONE

- | | |
|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> <1 year old | <input type="checkbox"/> 9 years old |
| <input type="checkbox"/> 1 year old | <input type="checkbox"/> 10 years old |
| <input type="checkbox"/> 2 years old | <input type="checkbox"/> 11 years old |
| <input type="checkbox"/> 3 years old | <input type="checkbox"/> 12 years old |
| <input type="checkbox"/> 4 years old | <input type="checkbox"/> 13 years old |
| <input type="checkbox"/> 5 years old | <input type="checkbox"/> 14 years old |
| <input type="checkbox"/> 6 years old | <input type="checkbox"/> 15 years old |
| <input type="checkbox"/> 7 years old | <input type="checkbox"/> 16 years old |
| <input type="checkbox"/> 8 years old | <input type="checkbox"/> 17 years old |
| | <input type="checkbox"/> 18 years old |

1.4. In what month and year did you start living in this group home?

MARK (X) ONE MONTH AND ONE YEAR

Month started living in this group home

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

Year started living in this group home

- 2008
- 2009
- 2010
- 2011
- 2012
- 2013
- 2014

1.5. Are you Hispanic/Latino?

MARK (X) ONE

- Yes
- No

1.6 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 or Caucasian
- Some other race (*Print other race*)

1.7. What is the <u>second</u> letter of your first name? <i>MARK (X) ONE</i>		1.8. What is the <u>last</u> letter of your first name? <i>MARK (X) ONE</i>	
<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M	<input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> F <input type="checkbox"/> G <input type="checkbox"/> H <input type="checkbox"/> I <input type="checkbox"/> J <input type="checkbox"/> K <input type="checkbox"/> L <input type="checkbox"/> M	<input type="checkbox"/> N <input type="checkbox"/> O <input type="checkbox"/> P <input type="checkbox"/> Q <input type="checkbox"/> R <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> U <input type="checkbox"/> V <input type="checkbox"/> W <input type="checkbox"/> X <input type="checkbox"/> Y <input type="checkbox"/> Z

1.9. In which month were you born? <i>MARK (X) ONE</i>	1.10. On which day were you born? <i>MARK (X) ONE</i>	1.11. In which year were you born? <i>MARK (X) ONE</i>
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	<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 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31	<input type="checkbox"/> 1991 <input type="checkbox"/> 1992 <input type="checkbox"/> 1993 <input type="checkbox"/> 1994 <input type="checkbox"/> 1995 <input type="checkbox"/> 1996 <input type="checkbox"/> 1997 <input type="checkbox"/> 1998 <input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001

1.12. How likely is it that you will do each of the following?

MARK (X) ONE FOR EACH QUESTION

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

1.13. In the past 12 months, have you received any information or learned about any of the following?

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. Relationships, dating, marriage, or family life	<input type="checkbox"/>	<input type="checkbox"/>
b. Abstinence from sex	<input type="checkbox"/>	<input type="checkbox"/>
c. Methods of birth control	<input type="checkbox"/>	<input type="checkbox"/>
d. Where to get birth control	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexually transmitted infections, also known as STIs.....	<input type="checkbox"/>	<input type="checkbox"/>
f. How to talk to your partner about whether to have sex or whether to use birth control	<input type="checkbox"/>	<input type="checkbox"/>
g. How to say no to sex.....	<input type="checkbox"/>	<input type="checkbox"/>
h. How babies are made	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: KNOWLEDGE

These next questions ask about the body, sexually transmitted infections (STIs), and methods of protection.

2.1. The body part of the female body where a baby grows during pregnancy is the:

MARK (X) ONE

- Cervix
- Uterus
- Vagina
- Ovary

2.2. The part of the male's body that produces sperm is the:

MARK (X) ONE

- Testicles
- Urethra
- Penis
- Prostate

2.3. When is it possible for a female to become pregnant?

MARK (X) ONE

- The first time she has sex
- When she is ovulating
- When her partner withdraws (pulls out) before ejaculating
- All of the above

2.4. Of the following statements about methods of protection, which one is false?

MARK (X) ONE

- You can get them with a prescription from a doctor
- You can buy them at a local store in the drug or pharmacy section
- Some require a prescription and others do not, depending on the type of method
- You must have your parent's/guardian's permission to get them if you are under age 18

2.5. Please mark whether each statement is true, false, or you don't know.

MARK (X) ONE FOR EACH QUESTION

	TRUE	FALSE	DON'T KNOW
a. A sexually active girl can become pregnant if she forgets to take her birth control pills for several days in a row	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using a condom can help prevent HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A condom can be used more than once	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If a condom is used, a young man should be careful how he pulls out.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If a young couple has had unprotected sex a few times and a pregnancy did not occur, then they do not have to worry about her getting pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. HIV destroys the immune system's ability to fight off infections and diseases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You cannot tell if a person has HIV by looking at them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. HIV is the only sexually transmitted infection that is incurable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. All sexually active individuals are at risk for getting HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Latex condoms are 100% effective in preventing pregnancy and STIs (including HIV).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. All sexually transmitted infections (STIs) can be cured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. You can get the same sexually transmitted infection (STI) twice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. You can get a sexually transmitted infection (STI) from having oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.6. Which of the following methods of protection offers the most protection against HIV and other STIs?

MARK (X) ONE

- Depo-Provera (the shot)
- Vaginal film
- Condom (rubber)
- Birth control pill

2.7. What is the safest and most effective method for avoiding pregnancy and sexually transmitted infections (STIs)?

MARK (X) ONE

- Birth control pill
- Condom (rubber)
- Depo-Provera (the shot)
- Abstinence (not having sex)

2.8. Which one of the following methods listed below do you think is most effective for preventing pregnancy?

MARK (X) ONE

- Condom (rubber)
- Depo-Provera (the shot)
- Rhythm (safe period by calendar)
- Patch (Ortho evra)
- Birth control pill
- Withdrawal method

2.9. Which one of the following methods listed below do you think is least effective for preventing pregnancy?

MARK (X) ONE

- Condom (rubber)
- Depo-Provera (the shot)
- Rhythm (safe period by calendar)
- Patch (Ortho evra)
- Birth control pill
- Withdrawal method

SECTION 3: ATTITUDES AND SELF-EFFICACY

The following questions are about your views on sex and protection.

3.1. Two people having vaginal intercourse should use some method of protection if they are not ready for a child.

MARK (X) ONE

- Strongly agree
- Agree
- Disagree
- Strongly disagree

3.2. Using a method of protection is very important.

MARK (X) ONE

- Strongly agree
- Agree
- Disagree
- Strongly disagree

3.3. The next questions are about condom use. How strongly do you agree or disagree that...

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Condoms should always be used if a person your age has sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Condoms are a hassle to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Condoms are pretty easy to get.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condoms are important to make sex safer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using condoms means you don't trust your partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Condoms are morally wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Condoms decrease sexual pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Condoms make sex less exciting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4. The next questions are about other 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"/>

3.5. Please tell us how sure or unsure you are that you could do the following things:

MARK (X) ONE FOR EACH QUESTION

	VERY SURE	SOMEWHAT SURE	SOMEWHAT UNSURE	VERY UNSURE
a. Find a place in your community to obtain methods of protection from pregnancy and STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tell your partner your feelings about what you do and do not want to do sexually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Say "no" if your partner puts pressure on you to be involved sexually, and you do not want to be involved sexually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk with your partner about methods of protection if you have sex with him/her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Insist on using a method of protection if you have sex and want to use a method of protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Stop and use a method of protection once you are turned on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Plan ahead to have some method of protection available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Resist having sex with your partner if he/she did not want to use a method of protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6. The next questions are 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...

MARK (X) ONE FOR EACH QUESTION

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

SECTION 4: BEHAVIOR AND INTENTIONS

NOTE: The following questions are about behaviors. *Questions on this survey only mean behaviors that you choose to participate in - do not count behaviors you were forced to do against your will.*

SEXUAL INTERCOURSE

4.1. These first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.

Have you ever had sexual intercourse?

MARK (X) ONE

- Yes
 No

4.2. Have you had sexual intercourse more than one time?

MARK (X) ONE

- I have never had sexual intercourse
 Yes
 No

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

- I have never had sexual intercourse
 NUMBER OF PEOPLE – Your best guess is fine.

4.4. These next few questions ask about the first time you had sexual intercourse. The very first time you had sexual intercourse, how old were you?

- I have never had sexual intercourse
 9 years old
 10 years old
 11 years old
 12 years old
 13 years old
 14 years old
 15 years old
 16 years old
 17 years old
 18 years old

4.5. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted infections, also known as STIs.

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

MARK (X) ONE

- I have never had sexual intercourse
- Yes
- No

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

MARK (X) ONE FOR EACH QUESTION

- I have never had sexual intercourse

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

4.7. Now please think about the past 3 months.

In the past 3 months, how many **TIMES** have you had sexual intercourse?

- None
- NUMBER OF TIMES – Your best guess is fine.

4.8. In the past 3 months, how many **TIMES** have you had sexual intercourse without using a condom?

- None
- NUMBER OF TIMES – Your best guess is fine.

4.9. 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 3 months, how many TIMES have you had sexual intercourse without using any of these methods of birth control?

None

NUMBER OF TIMES – Your best guess is fine.

4.10. The next few questions are about your intentions for the next year.

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

MARK (X) ONE

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

4.11. 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

4.12. 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)
- Implants (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

PREGNANCY

4.13. To the best of your knowledge, have you ever been pregnant or gotten anyone pregnant, even if no child was born? Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.

MARK (X) ONE

- Yes
- No

4.14. Have you been pregnant or gotten someone pregnant during the past 3 months? Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.

MARK (X) ONE

- Yes
- No

4.15. To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?

None

NUMBER OF TIMES PREGNANT

4.16. Have you ever had a baby or has anyone you got pregnant had the baby?

MARK (X) ONE

I have never been pregnant or gotten anyone pregnant

Yes

No

Don't know

4.17. When you or your partner got pregnant, were you trying to become pregnant?

MARK (X) ONE

I have never been pregnant or gotten anyone pregnant

Yes

No

4.18. If you got pregnant now or got someone pregnant now, how would you feel?

MARK (X) ONE

Very happy

A little happy

Neither happy nor upset

A little upset

Very upset

ORAL SEX

4.19. The next questions are about oral sex. 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

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

I have never had oral sex

NUMBER OF PEOPLE – Your best guess is fine.

4.21. Now think about the first time you had oral sex. The very first time you had oral sex, how old were you?

MARK (X) ONE

I have never had oral sex

9 years old

10 years old

11 years old

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old

4.22. Now please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex?

None

NUMBER OF TIMES – Your best guess is fine.

4.23. Do you intend to have oral sex in the next year?

MARK (X) ONE

Yes, definitely

Yes, probably

No, probably not

No, definitely not

SEX – VAGINAL, ORAL, AND ANAL SEX

The next few questions ask about sex. By sex, we mean ALL types of sex – including vaginal, oral, and anal sex.

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

MARK (X) ONE

- Yes
 No

4.25. These next few questions ask about the last time you had sex (sexual intercourse, oral sex or anal sex). The last time you had sex did you or your partner use a method of protection?

MARK (X) ONE

- I have never had sex
 Yes
 No

4.26. The last time you had sex did you or your partner use a condom?

MARK (X) ONE

- I have never had sex
 Yes
 No

4.27. The last time you had sex, did you or your partner use the following methods to prevent pregnancy or STIs?

MARK (X) ONE FOR EACH QUESTION

- I have never had sex

	YES	NO
a. Condoms.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control pills or the patch	<input type="checkbox"/>	<input type="checkbox"/>
c. Depo-Provera or other injectable birth control.....	<input type="checkbox"/>	<input type="checkbox"/>
d. NuvaRing or the ring.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Withdrawal or pulling out	<input type="checkbox"/>	<input type="checkbox"/>
f. Not sure	<input type="checkbox"/>	<input type="checkbox"/>
g. Another method <i>PRINT OTHER METHOD USED</i> ↘	<input type="checkbox"/>	<input type="checkbox"/>

4.28. Which one of these statements best describes you now?

MARK (X) ONE

- I have not had sex and am not even thinking about having sex
- I have not had sex, however I am thinking about having sex
- I have not had sex, but I am seriously thinking about having sex in the near future
- I have had sex in the past but I am not having sex now
- I am currently having sex

4.29. Which of the following categories best describes your use of methods of protection now? Please choose just one category.

MARK (X) ONE

- I do not use any methods of protection because I am not sexually active
- I do not use a method of protection
- I do not use any methods of protection, but am considering using a method of protection
- I use a method of protection sometimes, but I am thinking about using a method of protection every time I have sex
- I use a method of protection every time, but it has been less than 6 months since I started using a method of protection every time
- I use a method of protection every time, and it has been more than 6 months since I started using a method of protection every time

SEXUALLY TRANSMITTED INFECTIONS (STIs)

The next questions ask about sexually transmitted infections (STIs.)

4.30. In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted infections, also known as STIs?

MARK (X) ONE

Yes

No

4.31. In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted infection (STI), like gonorrhea, Chlamydia, syphilis, or HIV?

MARK (X) ONE

Yes

No

4.32. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted infection (STI)?

MARK (X) ONE

Yes

No

4.33. This question is about the types of sexually transmitted infections (STIs) you have had. In the past 12 months, did you have...?

MARK (X) ONE FOR EACH QUESTION

I have not had an STI in the last 12 months

	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 infection (STI) <i>PRINT OTHER STI</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.34. Were you in the *POWER Through Choices* program at any previous time?

MARK (X) ONE

Yes

No

1 *Consent Version, Date*

IRB No: _____

2
3 **Consent Form**

4
5 **University of Oklahoma Health Sciences Center (OUHSC)**
6 **Oklahoma (Tulsa/Oklahoma counties)**
7 **California (Bakersfield/Kern counties)**
8 **Illinois (Chicago metro area/Cook county)**
9 **Maryland (Baltimore/Montgomery counties)**

10
11 **For the Evaluation of the Power Through Choices Project.**
12 as part of the national *Evaluation of Adolescent Pregnancy Prevention Approaches*
13 (PPA). Conducted by Mathematica Policy Research, Inc.
14 Sponsored by the U.S. Department of Health and Human Services (DHHS)

15
16 **Roy F. Oman, Ph.D., Principal Investigator**

17
18
19 If you are a Legally Authorized Representative consenting for a minor child, all
20 references to “you” are applicable to the minor child.

21
22 This is a research study. Research studies involve only individuals who choose to
23 participate. Please take your time to make your decision. Discuss this with your family
24 and friends.

25
26 **Why Have I Been Asked To Participate In This Study?** You are being asked to take
27 part in this trial/study because you live in a group care foster home and you are 14 to 18
28 years of age.

29
30 **Why Is This Study Being Done?** The purpose of this study is to determine if the Powers
31 Through Choices program is effective in protecting youth who live in a group care foster
32 home from pregnancy and sexually transmitted infections

33
34 **How Many People Will Take Part In The Study?** About 1600 people will take part in
35 this study nationwide. About 6 to 20 of these individuals will participate at this location.

36
37 **What Is Involved In The Study?** The foster care group home that you live in will be
38 randomized to receive either the Powers Through Choices curriculum or to usual care.
39 Randomization means that you are put in a group by chance. Your foster care home has
40 an equal or 50/50 chance, like the flip of a coin, of being assigned to the group that
41 receives the Powers Through Choices curriculum or to usual care. A computer program at
42 the study sponsor will make this random assignment.

43
44 If your foster care group home is assigned to the Powers Through Choices intervention
45 you will be expected to participate in ten instructional sessions that teach youth how to
46 avoid sexual risk behaviors, pregnancy, and sexually transmitted infections. Each

47 instructional session lasts about 1 1/2 hours and the entire 10 sessions will be completed
48 in about 2 1/2 months or earlier. The instructional sessions are about topics such as human
49 anatomy/reproductive health, increasing communication skills, avoiding sexually
50 transmitted infections/HIV, and preventing pregnancy through the use of contraception.

51
52 If your foster care group home is assigned to usual care then you will not be asked to
53 participate in an intervention that is part of the study. You are able to participate in any
54 program or instruction that might be offered to you.

55
56 All youth in the study, regardless if they are in a group care home randomized to the
57 Powers Through Choices program or to usual care, will be asked to a complete
58 questionnaire at the beginning of the study; and also complete a questionnaire at three,
59 six, and 12 months after the Powers Through Choices program is over.

60
61 Completing the questionnaire will take about one hour. The questionnaire has questions
62 to determine your age, sex, and race. Other questions will ask about your attitudes,
63 knowledge, intentions, and behavior regarding sexual activity, STIs, contraceptive use,
64 and abstaining from sexual activity. You will answer the questions by filling in bubbles
65 on a paper form. No one will know how you answered the questions because you will not
66 put your name on the answer sheet. Instead you will put a code name on the answer sheet.

67
68 If you are in a group home assigned to the Power Through Choices Program, you may
69 also be invited to participate in a short focus group discussion about your experience with
70 the intervention.

71
72 **How Long Will I Be In The Study?** You will be in the study for about one year. You
73 can stop participating in this study at any time. However, if you decide to stop
74 participating in the study, we encourage you to talk to the researcher and your regular
75 doctor first.

76
77 **What Are The Risks of The Study?** You may feel embarrassed or uncomfortable when
78 answering very personal questions. If at any time during this study we are informed of any sexual
79 or child abuse, we will be required by law to report it.

80
81 **Are There Benefits to Taking Part in The Study?** If you are in a foster care group
82 home that receives the Powers Through Choices program you will learn how to protect
83 yourself from pregnancy or from getting someone pregnant and you will learn how to
84 protect yourself from sexually transmitted infections.

85
86 **What Other Options Are There?** You may choose not to participate in the study.

87
88 **What About Confidentiality?** Efforts will be made to keep your personal information
89 confidential. You will not be identifiable by name or description in any reports or
90 publications about this study. We cannot guarantee absolute confidentiality. Your
91 personal information may be disclosed if required by law. You will be asked to sign a
92 separate authorization form for use or sharing of your protected health information.

93

94 There are organizations that may inspect and/or copy your research records for quality
95 assurance and data analysis. These organizations include our partners and sponsors: the
96 US Department of Health and Human Services (DHHS), Mathematica Policy Research,
97 and the OUHSC Institutional Review Board. A Certificate of Confidentiality from the
98 National Institutes of Health provides a strong guarantee that information about your
99 child will not be released to anyone outside the study.

100

101 **What Are the Costs?** There is no cost to you for participating in this study.

102

103 **Will I Be Paid For Participating in This Study?** You will be paid up to \$100 for
104 participating in the study.

105

106 **What Are My Rights As a Participant?** Taking part in this study is voluntary. You may
107 choose not to participate. Refusal to participate will involve no penalty or loss of benefits
108 to which you are otherwise entitled. If you agree to participate and then decide against it,
109 you can withdraw for any reason and leave the study at any time without penalty or loss
110 of benefits, to which you are otherwise entitled.

111

112 You have the right to access the medical information that has been collected about you as
113 a part of this research study. However, you may not have access to this medical
114 information until the entire research study has completely finished and you consent to
115 this temporary restriction.

116

117 **Whom Do I Call If I have Questions or Problems?**

118 If you have questions, concerns, or complaints about the study or have a research-related
119 injury, contact the Roy Oman, Ph.D. at (405) 271-2017 ext. 46752. If you cannot reach
120 the Investigator or wish to speak to someone other than the investigator, contact the
121 OUHSC Director, Office of Human Research Participant Protection at 405-271-2045, or
122 Melissa Thomas, toll-free at Mathematica at 1-888-864-6416 between the hours of 9 a.m
123 and 5 p.m., eastern time, Monday through Friday.

124 .

125 For questions about your rights as a research participant, contact the OUHSC Director,
126 Office of Human Research Participant Protection at 405-271-2045 or Jennifer Stavrakos
127 at Public/Private Ventures, toll-free at 1-800-755-4778.

128 |

129 **Signature:** By signing this form, you are agreeing to participate in this research study
130 under the conditions described. You have not given up any of your legal rights or
131 released any individual or entity from liability for negligence. You have been given an
132 opportunity to ask questions. You will be given a copy of this consent document.

133

134 I agree to participate in this study:

135

136 _____
137 Legally Authorized Representative Printed Name Date

138

139 _____
140 PARTICIPANT SIGNATURE Printed Name Date

141
142
143
144
145
146
147
148

SIGNATURE OF PERSON
OBTAINING CONSENT

Printed Name

Date

IRB Office Version Date: 09/08/2010