

**EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES
SUMMARY TABLE, SITE- SPECIFIC BASELINE SURVEY, AND CONSENT AND
ASSENT FORMS: OHIOHEALTH**

The OhioHealth survey instrument is for pregnant and parenting teens and therefore is not divided into separate parts for sexually active and non-sexually active youth.

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

Items are listed in the order in which they appear on the OhioHealth baseline instrument. The number for the corresponding baseline concordance item is listed in the “Concordance #” column. Items found on the concordance instrument that are not on the OhioHealth 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 OhioHealth instrument is the same as that on the baseline concordance instrument.
- If an item is specific to the OhioHealth instrument, it is indicated by an “N/A” in the “Concordance #” column and the text is noted in the “Modifications” column.

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
1.1a	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	In what month were you born? MARK (X) ONE MONTH
1.1b	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	In what year were you born? MARK (X) ONE YEAR
1.2	N/A		Are you currently enrolled in school or studying school subjects through a program at home, online or somewhere else? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No

OhioHelath #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHelath
1.3	1.2	<p>What grade are you in? MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school 	<p>What is the highest grade in school you completed? MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6th grade or lower <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"/> GED <input type="checkbox"/> Community college or vocational school <input type="checkbox"/> Four-year college <input type="checkbox"/> Your schooling does not have grade levels <input type="checkbox"/> Other
1.4	1.11	<p>How likely is it that you will do each of the following things? MARK (X) ONE</p> <p>Not at all likely, A little bit likely, Somewhat likely, Very likely</p> <ul style="list-style-type: none"> 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 	<p>Added the option: Already Done it</p>

OhioHelath #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHelath
1.5	1.4	<p>Are you Hispanic/Latino?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
1.6	1.5	<p>What is your race?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Some other race <i>PRINT OTHER RACE</i></p>	
1.7	N/A		<p>What is your country of birth?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> United States GO TO 1.9</p> <p><input type="checkbox"/> Some other country PRINT OTHER COUNTRY_____</p>

OhioHelath #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHelath
1.8	N/A		<p>How long have you lived in the United States?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 5 years to 10 years <input type="checkbox"/> More than 10 years
1.9	1.6a	<p>What is the main language you speak at home?</p> <p>MARK (X) ONE</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 PRINT OTHER LANGUAGE(S) <p>_____</p>	<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"/> Somali <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE</i> _____
1.10	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 	

OhioHelath #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHelath
1.11	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 	
1.12	N/A		<p>What is your religion or faith?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Atheist or Agnostic <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Mormon <input type="checkbox"/> Muslim <input type="checkbox"/> Orthodox (for example Greek or Russian Orthodox) <input type="checkbox"/> Protestant <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Nothing in particular <input type="checkbox"/> Other

OhioHelath #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHelath
1.13	1.9	<p>In the past 12 months, have you received any information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex h. How babies are made 	Dropped "how babies are made".

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.1	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> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You live in one home – GO TO 2.2 <input type="checkbox"/> You live in two or more homes and go back and forth – GO TO 2.3 <input type="checkbox"/> You are homeless (living on the street, in a car or shelter, staying with friends/relatives) – GO TO 2.6 	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.2	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 	<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"/> The father of your most recent pregnancy or baby <input type="checkbox"/> Your current boyfriend or partner who is not the father of your most recent pregnancy or baby <input type="checkbox"/> One or more parents of the father of your most recent pregnancy or baby <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

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.3	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> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	<p>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> <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"/> The father of your most recent pregnancy or baby <input type="checkbox"/> Your current boyfriend or partner who is not the father of your most recent pregnancy or baby <input type="checkbox"/> One or more parents of the father of your most recent pregnancy or baby <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

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.4	N/A		<p>In the past 30 days, did you or someone who lives with you receive any of the following types of financial assistance?</p> <p>MARK (x) YES OR NO FOR EACH QUESTION</p> <p>Yes, no</p> <ul style="list-style-type: none"> a. Social Security Disability b. Food stamps, now called SNAP or Supplemental Nutrition Assistance Program c. WIC or The Women, Infants and Children Supplemental Nutrition Program d. Welfare, also called TANF or Temporary Assistance for Needy Families e. Unemployment
2.5	N/A		<p>In the past 30 days, how many times did you or someone who lives with you...</p> <p>MARK (X) ONE</p> <p>Never, Less than once a week, About once a week, More than once a week</p> <ul style="list-style-type: none"> a. Feel sick, in pain or injured but did NOT go for medical help because of no insurance or no money b. Skip a meal because there was no food in the house or money to get food c. Visit a food pantry d. Miss school, going to a job, or something else important because there was no money for gas, a bus, a train, or some other type of transportation

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.6	N/A		<p>At any time in the past 12 months, has there been a period of time when you have <u>not</u> had any health insurance at all?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
2.7	N/A		<p>The next two questions are about your baby's father.</p> <p>When you got pregnant, what was your relationship with the baby's father?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Did not know him well or at all</p> <p><input type="checkbox"/> Knew him, but not dating</p> <p><input type="checkbox"/> Casually dating</p> <p><input type="checkbox"/> Seriously dating</p> <p><input type="checkbox"/> Engaged or married</p> <p><input type="checkbox"/> Other</p>
2.8	N/A		<p>Currently, what is your relationship with the baby's father?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> No contact</p> <p><input type="checkbox"/> Have contact, but don't get along</p> <p><input type="checkbox"/> Have contact, get along, not dating</p> <p><input type="checkbox"/> Casual dating</p> <p><input type="checkbox"/> Seriously dating</p> <p><input type="checkbox"/> Engaged or married</p> <p><input type="checkbox"/> Other</p>

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.9	2.6	<p>Now we have some questions about your mother, or the person you think of as your mother. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a mother or person I think of as a mother GO TO 2.12 	
2.10	2.7	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Did she 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 	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.11	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 	
2.12	2.14	<p>Next we have some questions about your father, or the person you think of as your 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 2.15 	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.13	2.15	<p>The following questions are about the person you marked as your father or the person you think of as your 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 	
2.14	2.17	<p>Is he working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <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 	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
2.15	2.22a	<p>Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have passed away, please answer about their relationship when both were alive.</p> <p>MARK (X) ONE</p> <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"/> Don't know 	
2.16	2.22b	<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"/> Don't know 	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
3.1	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</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>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 sexual partner f. Using condoms is morally wrong g. Condoms decrease sexual pleasure</p>	
3.2	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 <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
3.3	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> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	
3.4	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> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	
3.5	3.8	<p>The next series of questions is about methods of birth control, NOT including condoms. How strongly do you agree or disagree that...</p> <p>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 	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
3.6	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> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	
3.7	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> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	
3.8	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> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
3.9	N/A	<p>The next series of questions is about ALL methods of birth control, including condoms and birth control pills. How strongly do you agree or disagree that...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> a. Women can trust what doctors and nurses say about birth control methods b. The use of birth control improves a relationship c. If a woman uses birth control, her partner will know she really cares about herself d. If a man uses birth control, his partner will know he really cares about her e. If a woman uses birth control, her partner will think she's pretty smart f. If a man makes sure that one of them is using birth control, his partner will know he really cares about her 	Added
3.10	N/A		<p>Before you were in this study, had you ever heard that getting pregnant less than 18 months after the end of a previous pregnancy increases your risk of having a preterm baby, that is – a baby born before you reached 37 weeks of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
4.1	4.10 Part B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.2	N/A		<p>This question is about types of birth control you have ever used.</p> <p>For birth control, have you <u>ever</u> used ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Condoms b. Birth control pills c. The shot (Depo Provera) d. The patch e. The ring (NuvaRing) f. IUD (Mirena or Paragard) g. Implant (Implanon) h. Diaphragm i. Male vasectomy j. Lactational amenorrhea k. Female condoms l. Fertility awareness m. Withdrawal n. Spermicide o. Other? <i>PRINT OTHER METHOD</i> _____
4.3	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 GO TO 4.14</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Please think about the 3 months before you found out you were pregnant with your most recent pregnancy. In those 3 months, how many TIMES did you have sexual intercourse?</p> <p><input type="checkbox"/> None GO TO 4.8</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.4	N/A		<p>In the 3 months before you found out you were pregnant, when you had sexual intercourse how often did you use each of the following types of birth control?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, Sometimes, Always</p> <ul style="list-style-type: none"> a. Condoms b. Diaphragm c. Female condoms d. Fertility awareness e. Withdrawal f. Spermicide

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.5	N/A		<p>In the 3 months before you found out you were pregnant, when you had sexual intercourse how often did you use each of the following types of birth control?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all, Some of the time, All of the time</p> <ul style="list-style-type: none"> a. Birth control pills b. The shot (Depo Provera) c. The patch d. The ring (NuvaRing) e. IUD (Mirena or Paragard) f. Implant (Implanon) g. Male vasectomy h. Lactational amenorrhea i. Other <i>PRINT OTHER METHOD</i> _____
4.6	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 __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In those 3 months, how many TIMES did you have sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.7	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 (Implanaon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>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 (Implanaon) <p>In the 3 months before you found out you were pregnant with your most recent pregnancy, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.8	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 __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the 3 months before you found out you were pregnant, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.9	4.18 Part B1	<p>In the past 3 months, how many TIMES have you had oral sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the 3 months before you found out you were pregnant, how many TIMES have you had oral sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.10	4.21 Part B1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had anal sex?</p> <p><input type="checkbox"/> None GO TO 4.23 __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt. In the 3 months before you found out you were pregnant, how many TIMES have you had anal sex?</p> <p><input type="checkbox"/> None GO TO 4.23 __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.11	4.22 Part B1	<p>In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the 3 months before you found out you were pregnant, how many TIMES have you had anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.12	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 <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.13	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> <ul 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> 	
4.14	N/A		<p>Including your current or recent pregnancy, how many times have you been pregnant, even if no child was born?</p> <p> __ __ NUMBER OF TIMES</p>
4.15	N/A		<p>The next series of questions is about your current or most recent pregnancy.</p> <p>At the time that you became pregnant the most recent time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wanted to become pregnant then <input type="checkbox"/> Wanted to become pregnant later <input type="checkbox"/> Did not want to become pregnant at all

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.16	N/A		<p>How many weeks along in your pregnancy were you when you went to your first prenatal visit?</p> <p> __ __ WEEKS – Your best guess is fine.</p>
4.17	N/A		<p>How many weeks along in your pregnancy are you now or were you when your new baby was born or the pregnancy ended?</p> <p> __ __ WEEKS – Your best guess is fine.</p>
4.18	N/A		<p>How did your most recent pregnancy end?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Live birth or births <input type="checkbox"/> Still pregnant GO TO 4.25 <input type="checkbox"/> Miscarriage GO TO 4.25 <input type="checkbox"/> Stillbirth GO TO 4.25 <input type="checkbox"/> Abortion GO TO 4.25
4.19	N/A		<p>Did you have a c-section delivery, also known as a Caesarean section delivery, or a vaginal birth, also known as pushing the baby out?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> C-section <input type="checkbox"/> Vaginal birth

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.20	N/A		<p>Was your new baby born full-term, that is after you were 37 weeks pregnant, or premature, that is before you were 37 weeks pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Full-term GO TO 4.25</p> <p><input type="checkbox"/> Premature</p>
4.21	N/A		<p>Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Spontaneous birth – no medicine was used to start labor</p> <p><input type="checkbox"/> Induced because of your own health complications</p> <p><input type="checkbox"/> Induced because of complications involving the baby</p>
4.22	N/A		<p>How much did your new baby weigh at birth?</p> <p> _ _ Pounds _ _ Ounces</p>
4.23	N/A		<p>How many days was your new baby in the hospital after he or she was born?</p> <p><input type="checkbox"/> My new baby is still in the hospital</p> <p> _ _ NUMBER OF DAYS</p>

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.24	N/A		<p>How many days was your new baby in the intensive care unit at the hospital after he or she was born?</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> My new baby is still in the intensive care unit at the hospital</p> <p> _ NUMBER OF DAYS</p>
4.25	N/A		<p>Now please think about the time you were pregnant <u>right</u> before your most recent pregnancy.</p> <p>At the time that you became pregnant that previous time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I HAVE NEVER BEEN PREGNANT BEFORE THE MOST RECENT TIME GO TO 5.1</p> <p><input type="checkbox"/> Wanted to become pregnant then</p> <p><input type="checkbox"/> Wanted to become pregnant later</p> <p><input type="checkbox"/> Did not want to become pregnant at all</p>
4.26	N/A		<p>How did that pregnancy end?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Live birth or births</p> <p><input type="checkbox"/> Miscarriage GO TO 5.1</p> <p><input type="checkbox"/> Stillbirth GO TO 5.1</p> <p><input type="checkbox"/> Abortion GO TO 5.1</p>

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.27	N/A		<p>How many weeks were you when your new baby was born?</p> <p> __ __ WEEKS – Your best guess is fine.</p>
4.28	N/A		<p>Did you have a c-section delivery, also known as a Caesarean section delivery, or a vaginal birth, also known as pushing the baby out?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> C-section</p> <p><input type="checkbox"/> Vaginal birth</p>
4.29	N/A		<p>Was your baby born full-term, that is after you were 37 weeks pregnant, or premature, that is before you were 37 weeks pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Full-term GO TO 4.31</p> <p><input type="checkbox"/> Premature</p>
4.30	N/A		<p>Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Spontaneous birth – no medicine was used to start labor</p> <p><input type="checkbox"/> Induced because of your own health complications</p> <p><input type="checkbox"/> Induced because of complications involving the baby</p>

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
4.31	N/A		<p>How much did your baby weigh at birth?</p> <p> _ _ Pounds _ _ Ounces</p>
4.32	N/A		<p>How many days was your new baby in the hospital after he or she was born?</p> <p> _ _ NUMBER OF DAYS</p>
4.33	N/A		<p>How many days was your new baby in the intensive care unit at the hospital after he or she was born?</p> <p><input type="checkbox"/> None</p> <p> _ _ NUMBER OF DAYS</p>
5.1	3.16	<p>Do you intend to have sexual intercourse in the next year?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not GO TO 5.4 	
5.2	3.17	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</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 	

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
5.3	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"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	
5.4	N/A		<p>Do you want to have any more children?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 5.7 <input type="checkbox"/> Don't know
5.5	N/A		<p>How many more children do you want to have?</p> <p> _ _ CHILDREN</p>

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
5.6	N/A		<p>How long do you plan to wait until you become pregnant again?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Less than 6 months after the end of my most recent pregnancy <input type="checkbox"/> 6 to 18 months after the end of my most recent pregnancy <input type="checkbox"/> More than 18 months after the end of my most recent pregnancy
5.7	N/A		<p>Please think about the next year and a half. Over the next year and a half, will you be ...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trying to get pregnant again <input type="checkbox"/> Neither trying to get pregnant nor trying avoid getting pregnant <input type="checkbox"/> Trying to avoid getting pregnant <input type="checkbox"/> Don't know
5.8	N/A		<p>Over the next year and a half, from your partner's point of view, will he be...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trying to get you pregnant <input type="checkbox"/> Neither trying to get you pregnant nor trying to avoid getting you pregnant <input type="checkbox"/> Trying to avoid getting you pregnant <input type="checkbox"/> Don't know <input type="checkbox"/> I don't have a partner right now

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
DROPPED: The questions listed below are part of the baseline concordance instrument, but are not part of this site-specific baseline instrument.			
N/A	1.3	<p>Are you male or female?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female</p>	Not in site-specific baseline
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> <p>a. Sports-related clubs, teams, or organizations</p> <p>b. Lessons, clubs, or performances for art, music, or drama</p> <p>c. Other clubs, teams, and organizations, such as academic clubs, Scouts, chess clubs, or debating teams</p> <p>d. Services or programs at a church, temple, synagogue, mosque, or other place of worship</p> <p>e. Working at a paid job</p> <p>f. Volunteering</p>	Not in site-specific baseline
N/A	2.8	<p>Did she graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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 	Not in site-specific baseline
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 	Not in site-specific baseline
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 	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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 	Not in site-specific baseline
N/A	2.16	<p>Did he 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 	Not in site-specific baseline
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> <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 	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	2.19	<p>In general, how much do you think he 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 	Not in site-specific baseline
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> <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 	Not in site-specific baseline
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> <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 	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never 	Not in site-specific baseline
N/A	2.24	<p>Thinking about the past month, how often did your parents know who you were going to be with before you went out?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out 	Not in site-specific baseline
N/A	2.25	<p>Thinking about the past month, how often did your parents know where you were when you went out at night?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out at night 	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	2.26	<p>If you were going to be home late, would your parents expect you to call?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Not in site-specific baseline
N/A	2.27	<p>In the past 12 months, how many times have you talked with at least one of your parents about . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-2 Times, 3-9 Times, 10 or more times</p> <p>a. How things are going with school work or with your grades</p> <p>b. A personal problem you were having</p> <p>c. How to have good romantic relationships</p> <p>d. Strategies for safe dating</p> <p>e. How to resist pressures to have sex</p> <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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	3.1	<p>The next series of questions is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse we mean a male putting his penis into a female’s vagina. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <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 	Not in site-specific baseline
N/A	3.2	<p>FOR GIRLS</p> <p>If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither upset nor happy <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	3.2	<p>FOR BOYS If you got a female pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither upset nor happy <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	Not in site-specific baseline
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> <ul style="list-style-type: none"> a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS) 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 c. Avoid having sexual intercourse if you didn't want to 	Not in site-specific baseline
N/A	3.5a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	3.9a	<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>	Not in site-specific baseline
N/A	3.12	<p>Can you get a sexually transmitted disease, or STD, from having oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know GO TO 3.12</p>	Not in site-specific baseline
N/A	3.12a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all confident</p> <p><input type="checkbox"/> A little confident</p> <p><input type="checkbox"/> Somewhat confident</p> <p><input type="checkbox"/> Very confident</p>	Not in site-specific baseline
N/A	3.13	<p>In the past 3 months, how many TIMES have you gone out on a date?</p> <p><input type="checkbox"/> Zero or None GO TO 3.15</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	Not in site-specific baseline
N/A	3.14	<p>Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?</p> <p><input type="checkbox"/> Zero or None</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	3.15	<p>Do you intend to have oral sex in the next year?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	Not in site-specific baseline
N/A	3.19	<p>Do you intend to have sexual intercourse without being married?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	Not in site-specific baseline
N/A	3.20	<p>Have you ever had sexual intercourse, oral sex, or anal sex?</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES: GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE <input type="checkbox"/> NO: GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE 	Not in site-specific baseline
N/A	4.1 Part B1	<p>The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential and everything you say will be kept private.</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> No STOP AND GO TO PART B2. <input type="checkbox"/> Yes CONTINUE WITH THIS BOOKLET 	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.2 Part B1	<p>The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.15</p>	Not in site-specific baseline
N/A	4.3 Part B1	<p>The very <u>first</u> time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	Not in site-specific baseline
N/A	4.4 Part B1	<p>The very first time you had sexual intercourse, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	Not in site-specific baseline
N/A	4.5 Part B1	<p>The very first time you had sexual intercourse, how old was your partner?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> A year or two younger than you</p> <p><input type="checkbox"/> Three or more years younger than you</p> <p><input type="checkbox"/> The same age as you</p> <p><input type="checkbox"/> A year or two older than you</p> <p><input type="checkbox"/> Three or more years older than you</p>	Not in site-specific baseline
N/A	4.6 Part B1	<p>The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?</p> <p>MARK (X) ONE</p> <p>1 <input type="checkbox"/> Voluntary</p> <p>2 <input type="checkbox"/> Not voluntary</p>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.7 Part B1	<p>Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also called STDs.</p> <p>The first time you had sexual intercourse, did you or your partner use any type of birth control, including condoms or any other method?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.9</p>	Not in site-specific baseline
N/A	4.8 Part B1	<p>The first time you had sexual intercourse, did you or your partner use ...</p> <p>MARK (X) ONE FOR EACH ITEM</p> <p>YES, NO</p> <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>	Not in site-specific baseline
N/A	4.9 Part B1	<p>Have you had sexual intercourse more than one time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.14</p>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.14 Part B1	<p>Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their penis or vagina.</p> <p>Have you ever had oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.19</p>	Not in site-specific baseline
N/A	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>	Not in site-specific baseline
N/A	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>	Not in site-specific baseline
N/A	4.19 Part B1	<p>Have you <u>ever</u> had anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.23</p>	Not in site-specific baseline
N/A	4.20 Part B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had anal sex with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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	Not in site-specific baseline
N/A	4.24a Part B1	FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.27	Not in site-specific baseline
N/A	4.24b Part B1	FOR GIRLS ONLY- How old were you when you had your first period, that is, your first menstrual period? __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.	Not in site-specific baseline
N/A	4.25a 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	Not in site-specific baseline
N/A	4.25b Part B1	FOR BOYS: How old were you when these changes started? __ __ NUMBER OF YEARS OLD YOU WERE	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.26a	<p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.27</p>	Not in site-specific baseline
N/A	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>	Not in site-specific baseline
N/A	4.26c	<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	Not in site-specific baseline
N/A	4.27 Part B1	<p>In the past 12 months, have you spoken with a doctor or nurse about having sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.28 Part B1	<p>In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (STD), like gonorrhea, Chlamydia, syphilis, or HIV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Not in site-specific baseline
N/A	4.31 Part B1	<p>Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Not in site-specific baseline
N/A	4.32 Part B1	<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Not in site-specific baseline
N/A	4.1 Part B2	<p>This booklet is for youth who have not had sex. We want to be sure you are in the correct booklet. We know we asked this before but...</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes STOP AND GO TO PART B1</p> <p><input type="checkbox"/> No CONTINUE WITH THIS BOOKLET</p>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.2 Part B2	<p>The first two questions in this booklet are about your schooling.</p> <p>Do you expect that you will graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I already graduated from high school</p> <p><input type="checkbox"/> No GO TO 4.4</p>	Not in site-specific baseline
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>	Not in site-specific baseline
N/A	4.4 Part B2	<p>The next questions are about where you live.</p> <p>In the last 7 days, did you spend any nights somewhere like a shelter, someone else’s home, in a car, on the street or in any other temporary housing because you did not have a regular place to stay?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes GO TO 4.11</p> <p><input type="checkbox"/> No</p>	Not in site-specific baseline
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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.6 Part B2	Do you consider one of these homes to be your main home? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Not in site-specific baseline
N/A	4.7 Part B2	Thinking about the past 30 days, how many nights did you spend in each home? FILL IN TWO OR THREE NUMBERS __ __ Number of nights at home #1 – Your best guess is fine. __ __ Number of nights at home #2 – Your best guess is fine. __ __ Number of nights at another home or other homes – Your best guess is fine.	Not in site-specific baseline
N/A	4.8 Part B2	Is there anyone who moves with you from home to home? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Not in site-specific baseline
N/A	4.9 Part B2	Is your home or any of your homes a group home or halfway house? <input type="checkbox"/> Yes <input type="checkbox"/> No	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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>	Not in site-specific baseline
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>	Not in site-specific baseline
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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.13 Part B2	<p>Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION Very Important, Somewhat Important, Not Too Important, Not At All Important</p> <ul style="list-style-type: none"> a. I don't want to get a sexually transmitted disease, also known as an STD b. I don't want to disappoint my parents c. I am too young to have sex d. My boyfriend or girlfriend doesn't want to have sex e. I want to wait until I'm married f. It is against my personal values g. I haven't met the right person yet h. I haven't had the chance i. I don't want to j. FOR GIRLS: I do not want to get pregnant k. FOR BOYS: I do not want to get a girl pregnant 	Not in site-specific baseline
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> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.27 	Not in site-specific baseline
N/A	4.14b 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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
N/A	4.15a 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>	Not in site-specific baseline
N/A	4.15b Part B2	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE</p>	Not in site-specific baseline
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>	Not in site-specific baseline
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</p> <p><input type="checkbox"/> No</p>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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>	Not in site-specific baseline
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>	Not in site-specific baseline
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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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</p> <p><input type="checkbox"/> No GO TO 5.4</p>	Not in site-specific baseline
N/A	5.2	<p>The very first time you smoked a cigarette, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	Not in site-specific baseline
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>	Not in site-specific baseline
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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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>	Not in site-specific baseline
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>	Not in site-specific baseline
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>	Not in site-specific baseline
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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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>	Not in site-specific baseline
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>	Not in site-specific baseline
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>	Not in site-specific baseline
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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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>	Not in site-specific baseline
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>	Not in site-specific baseline
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>	Not in site-specific baseline

OhioHealth #	Concordance #	Baseline Concordance Question Text	Modifications for OhioHealth
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> <ul style="list-style-type: none"> <input type="checkbox"/> I am only attracted to males <input type="checkbox"/> I am attracted to both males and females <input type="checkbox"/> I am only attracted to females <input type="checkbox"/> I am not attracted to either males or females <input type="checkbox"/> I am not sure 	Not in site-specific baseline
N/A	6.5	<p>How much do you feel that your friends care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <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 	Not in site-specific baseline

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MATHEMATICA
Policy Research



Evaluation of Adolescent Pregnancy Prevention Approaches

BASELINE QUESTIONNAIRE

Ohio Health

CONFIDENTIALITY

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

We want you to know that:

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

Mathematica Policy Research

THE PAPERWORK REDUCTION ACT OF 1995

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

GENERAL INSTRUCTIONS

1. PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED! USE A PEN OR PENCIL.

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

EXAMPLE 1: MARK (X) ONE ANSWER

What is the color of your eyes?

MARK (X) ONE

- Brown
 Blue
 Green
 Another color

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

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

What is the color of your hair?

MARK (X) ONE

- Brown
 Black
 Blond
 Red
 Some other color PRINT OTHER COLOR

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

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

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

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

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

1. Do you ever eat chocolate?

MARK (X) ONE

- Yes
 No → GO TO QUESTION 3

Because you answered “Yes” to question 1, you would continue to question 2 and then question 3.

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

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

MARK (X) ONE

- Yes
 No

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

- Went to a play
 Went to a movie
 Attended a sporting event

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

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

0	2
---	---

 NUMBER OF CHOCOLATE BARS – Your best guess is fine.

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

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

START HERE!

SECTION 1: YOU AND YOUR BACKGROUND

1.1a. In what month were you born?

MARK (X) ONE MONTH

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

1.1b. In what year were you born?

MARK (X) ONE YEAR

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

1.2. Are you currently enrolled in school or studying school subjects through a program at home, online or somewhere else?

MARK (X) ONE

- Yes
- No

1.3. What is the highest grade in school you completed?

MARK (X) ONE

- 6th grade or lower
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- GED
- Community college or vocational school
- Four-year college
- Your schooling does not have grade levels
- Other

1.4. 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	ALREADY DONE IT
a. Graduate from high school.....	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
c. Go to college	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>
e. Graduate from a 4-year college program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
- Some other race *PRINT OTHER RACE*

1.7. What is your country of birth?

MARK (X) ONE

- United States → **GO TO 1.9**
- Some other country *PRINT OTHER COUNTRY*

1.8. How long have you lived in the United States?

MARK (X) ONE

- Less than one year
- 1 to 5 years
- More than 5 years to 10 years
- More than 10 years

1.9. What is the main language you speak at home?

MARK (X) ONE

- English
- Spanish
- Somali
- Some other language *PRINT OTHER LANGUAGE*

1.10. In the past 12 months, how often did you attend religious services or activities?

MARK (X) ONE

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

1.11. How important is religion in your life?

MARK (X) ONE

- Not at all important
- Somewhat important
- Very important

1.12. What is your religion or faith?

MARK (X) ONE

- Atheist or Agnostic
- Buddhist
- Hindu
- Jewish
- Mormon
- Muslim
- Orthodox (for example Greek or Russian Orthodox)
- Protestant
- Roman Catholic
- Nothing in particular
- Other

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

MARK (X) ONE FOR EACH

	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 diseases, also known as STDs?	<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"/>

SECTION 2: FAMILY

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

2.1. Which of the following best describes where you live?

MARK (X) ONE

- You live in one home → **GO TO 2.2**
- You live in two or more homes and go back and forth → **GO TO 2.3**
- You are homeless, for example living on the street, in a car or shelter, or staying with friends or relatives → **GO TO 2.6**

2.2. Who lives with you in your home?

MARK (X) ALL THAT APPLY

- Your biological mother
- Your biological father
- A stepmother or adoptive mother
- A foster mother
- A stepfather or adoptive father
- A foster father
- Your parent's partner, boyfriend, or girlfriend
- Any grandmothers
- Any grandfathers
- Any older brothers or sisters
- Any younger brothers or sisters
- The father of your most recent pregnancy or baby
- Your current boyfriend or partner who is **not** the father of your most recent pregnancy or baby
- One or more parents of the father of your most recent pregnancy or baby
- Any aunts, uncles, or other relatives
- Any other people you are not related to
- You live by yourself

AFTER ANSWERING → GO TO 2.4

2.3 Who lives with you in each of your homes?

MARK (X) BOTH COLUMNS

Mark (X) everyone you live with in your MAIN home

- Your biological mother
- Your biological father
- A stepmother or adoptive mother
- A foster mother
- A stepfather or adoptive father
- A foster father
- Your parent's partner, boyfriend, or girlfriend
- Any grandmothers
- Any grandfathers
- Any older brothers or sisters
- Any younger brothers or sisters
- The father of your most recent pregnancy or baby
- Your current boyfriend or partner who is **not** the father of your most recent pregnancy or baby
- One or more parents of the father of your most recent pregnancy or baby
- Any aunts, uncles, or other relatives
- Any other people you are not related to
- You live by yourself

Mark (X) everyone you live with in your OTHER home(s)

- Your biological mother
- Your biological father
- A stepmother or adoptive mother
- A foster mother
- A stepfather or adoptive father
- A foster father
- Your parent's partner, boyfriend, or girlfriend
- Any grandmothers
- Any grandfathers
- Any older brothers or sisters
- Any younger brothers or sisters
- The father of your most recent pregnancy or baby
- Your current boyfriend or partner who is **not** the father of your most recent pregnancy or baby
- One or more parents of the father of your most recent pregnancy or baby
- Any aunts, uncles, or other relatives
- Any other people you are not related to
- You live by yourself

2.4. In the past 30 days, did you or someone who lives with you receive any of the following types of financial assistance?

MARK (x) YES OR NO FOR EACH QUESTION

- | | YES | NO |
|--|--------------------------|--------------------------|
| a. Social Security Disability | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Food stamps, now called SNAP or Supplemental Nutrition Assistance Program | <input type="checkbox"/> | <input type="checkbox"/> |
| c. WIC or The Women, Infants and Children Supplemental Nutrition Program | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Welfare, also called TANF or Temporary Assistance for Needy Families..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Unemployment..... | <input type="checkbox"/> | <input type="checkbox"/> |

2.5. In the past 30 days, how many times did you or someone who lives with you ...

MARK (X) ONE FOR EACH QUESTION

	Did not happen	Less than once a week	About once a week	More than once a week
a. Feel sick, in pain or injured but did NOT go for medical help because of no insurance or no money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Skip a meal because there was no food in the house or money to get food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Visit a food pantry?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Miss school, going to a job, or something else important because there was no money for gas, a bus, a train, or some other type of transportation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.6. At any time in the past 12 months, has there been a period of time when you have not had any health insurance at all?

MARK (X) ONE

- Yes
- No

FATHER OF YOUR BABY

2.7. The next two questions are about your baby's father.

When you got pregnant, what was your relationship with the baby's father?

MARK (X) ONE

- Did not know him well or at all
- Knew him, but not dating
- Casually dating
- Seriously dating
- Engaged or married
- Other

2.8. Currently, what is your relationship with the baby's father?

MARK (X) ONE

- No contact
- Have contact, but don't get along
- Have contact, get along, not dating
- Casual dating
- Seriously dating
- Engaged or married
- Other

MOTHER

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

MARK (X) ONE

- Your biological mother, that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult
- Don't have a mother or person I think of as my mother → **GO TO 2.12**

2.10. The following questions are about the person you marked as your mother or the person you think of as your mother.

Did she graduate from high school?

MARK (X) ONE

- Yes
- No
- Don't know

2.11. Is she working now?

MARK (X) ONE

- She is not working at a paid job
- Yes, she is working part-time or less than 30 hours a week
- Yes, she is working full-time or at more than one job for 30 hours a week or more
- Yes, she works, but I don't know how many hours
- Don't know if she is working

FATHER

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

MARK (X) ONE

- Your biological father, that is, the man who is genetically related to you
- Your stepfather or adoptive father
- Your foster father
- Your grandfather
- Your uncle or your older brother
- Some other adult
- Don't have a father or person I think of as my father → **GO TO 2.15**

2.13. The following questions are about the person you marked as your father or the person you think of as your father.

Did he graduate from high school?

MARK (X) ONE

- Yes
- No
- Don't know

2.14. Is he working now?

MARK (X) ONE

- He is not working at a paid job
- Yes, he is working part-time or less than 30 hours a week
- Yes, he is working full-time or at more than one job for 30 hours a week or more
- Yes, he works, but I don't know how many hours
- Don't know if he is working

PARENTS

2.15. The next two questions are about your biological parents.

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.

MARK (X) ONE

- They are married to each other
- They used to be married to each other, but are now separated
- They used to be married to each other, but are now divorced
- They have never been married to each other
- Don't know

2.16. Do your biological mother and biological father live together now?

MARK (X) ONE

- Yes
- No
- One or both of my biological parents have passed away
- Don't know

SECTION 3: VIEWS AND PERCEPTIONS

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

MARK (X) ONE FOR EACH

	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. Using condoms is 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"/>

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Don't know

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Don't know

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Don't know

3.5. The next series of questions is about other methods of birth control NOT including condoms. 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. 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"/>

3.6. The next series of questions is about birth control pills.

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Don't know

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Don't know

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Don't know

3.9. The next series of questions is about ALL methods of birth control, including condoms and birth control pills. 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. Women can trust what doctors and nurses say about birth control methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The use of birth control improves a relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If a woman uses birth control, her partner will know she really cares about herself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If a man uses birth control, his partner will know he really cares about her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If a woman uses birth control, her partner will think she's pretty smart.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If a man makes sure that one of them is using birth control, his partner will know he really cares about her	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.10. Before you were in this study, had you ever heard that getting pregnant less than 18 months after the end of a previous pregnancy increases your risk of having a preterm baby, that is – a baby born before you reached 37 weeks of pregnancy?

MARK (X) ONE

- Yes
- No

SECTION 4: BEHAVIORS AND EXPERIENCES

SEXUAL INTERCOURSE AND BIRTH CONTROL

4.1. 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.

The first question is about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.

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

NUMBER OF PEOPLE – Your best guess is fine.

4.2. This question is about types of birth control you have ever used.

For birth control, have you ever used ...

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. Condoms?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control pills?	<input type="checkbox"/>	<input type="checkbox"/>
c. The shot (Depo Provera)?	<input type="checkbox"/>	<input type="checkbox"/>
d. The patch?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. The ring (NuvaRing)?	<input type="checkbox"/>	<input type="checkbox"/>
f. IUD (Mirena or Paragard)?	<input type="checkbox"/>	<input type="checkbox"/>
g. Implant (Implanon)?.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Diaphragm?	<input type="checkbox"/>	<input type="checkbox"/>
i. Male vasectomy?.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Lactational amenorrhea?	<input type="checkbox"/>	<input type="checkbox"/>
k. Female condoms?	<input type="checkbox"/>	<input type="checkbox"/>
l. Fertility awareness?.....	<input type="checkbox"/>	<input type="checkbox"/>
m. Withdrawal?	<input type="checkbox"/>	<input type="checkbox"/>
n. Spermicide?.....	<input type="checkbox"/>	<input type="checkbox"/>
o. Other? <i>PRINT OTHER METHOD</i> ↴	<input type="checkbox"/>	<input type="checkbox"/>

4.3. Please think about the 3 months before you found out you were pregnant with your most recent pregnancy. In those 3 months, how many **TIMES** did you have sexual intercourse?

None → **GO TO 4.8**

NUMBER OF TIMES – Your best guess is fine.

4.4. In the 3 months before you found out you were pregnant, when you had sexual intercourse how often did you use each of the following types of birth control?

MARK (X) ONE FOR EACH QUESTION

	Never	Sometimes	Always
a. Condoms.....	<input type="checkbox"/>		<input type="checkbox"/>
b. Diaphragm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Female condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Fertility awareness.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Withdrawal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Spermicide.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Other <i>PRINT OTHER METHOD</i> ↴.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.5. In the 3 months before you found out you were pregnant, how much of the time did you use each of the following types of birth control?

MARK (X) ONE FOR EACH QUESTION

	Not at All	Some of the Time	All of the Time
a. Birth control pills.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The shot (Depo Provera)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The patch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The ring (NuvaRing).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. IUD (Mirena or Paragard)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Implant (Implanon).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Male vasectomy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Lactational amenorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Other <i>PRINT OTHER METHOD</i> ↴.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.6. In those 3 months, how many TIMES did you have sexual intercourse without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.

4.7. 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)
- Implants (Implanon)

In the 3 months before you found out you were pregnant with your most recent pregnancy, how many TIMES did you have sexual intercourse without using any of these methods of birth control?

None

NUMBER OF TIMES – Your best guess is fine.

ORAL AND ANAL SEX

4.8. 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.

In the 3 months before you found out you were pregnant, how many TIMES did you have oral sex?

None → GO TO 4.10

NUMBER OF TIMES – Your best guess is fine.

4.9. In the 3 months before you found out you were pregnant, how many TIMES did you have oral sex without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.

4.10. Anal sex is when a male puts his penis in someone else's anus, or their butt. In the 3 months before you found out you were pregnant, how many TIMES did you have anal sex?

None → GO TO 4.12

NUMBER OF TIMES – Your best guess is fine.

4.11. In the 3 months before you found out you were pregnant, how many TIMES did you have anal sex without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.

SEXUALLY TRANSMITTED DISEASES

4.12. Now please think about the past 12 months. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease, also known as an STD?

MARK (X) ONE

- Yes
 No

4.13. This series of questions is about the types of sexually transmitted diseases, or STDs, you have had. In the past 12 months, did you have...

MARK (X) ONE FOR EACH QUESTION

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

PREGNANCY HISTORY

4.14. Including your current or recent pregnancy, how many times have you been pregnant, even if no child was born?

NUMBER OF TIMES

4.15. The next series of questions is about your current or most recent pregnancy.

At the time that you became pregnant the most recent time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all?

MARK (X) ONE

- Wanted to become pregnant then
 Wanted to become pregnant later
 Did not want to become pregnant at all

4.16. How many weeks along in your pregnancy were you when you went to your first prenatal visit?

WEEKS – Your best guess is fine

4.17. How many weeks along in your pregnancy are you now or were you when your new baby was born or the pregnancy ended?

WEEKS

4.18. How did your most recent pregnancy end?

MARK (X) ONE

- Live birth or births
- Still pregnant → **GO TO 4.25**
- Miscarriage → **GO TO 4.25**
- Stillbirth → **GO TO 4.25**
- Abortion → **GO TO 4.25**

4.19. Did you have a c-section delivery, also known as a Caesarean section delivery, or a vaginal birth, also known as pushing the baby out?

MARK (X) ONE

- C-section
- Vaginal birth

4.20. Was your new baby born full-term, that is after you were 37 weeks pregnant, or premature, that is before you were 37 weeks pregnant?

MARK (X) ONE

- Full-term → **GO TO 4.22**
- Premature

4.21. Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?

MARK (X) ONE

- Spontaneous birth – no medicine was used to start labor
- Induced because of your own health complications
- Induced because of complications involving the baby

4.22. How much did your new baby weigh at birth?

POUNDS OUNCES

4.23. How many days was your new baby in the hospital after he or she was born?

MY NEW BABY IS STILL IN THE HOSPITAL

NUMBER OF DAYS

4.24. How many days was your new baby in the intensive care unit at the hospital?

NONE

MY NEW BABY IS STILL IN THE INTENSIVE CARE UNIT AT THE HOSPITAL

NUMBER OF DAYS

PREVIOUS PREGNANCY

4.25. Now please think about the time you were pregnant right before your most recent pregnancy.

At the time that you became pregnant that previous time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all?

MARK (X) ONE

- I HAVE NEVER BEEN PREGNANT BEFORE THE MOST RECENT TIME → **GO TO 5.1**
- Wanted to become pregnant then
- Wanted to become pregnant later
- Did not want to become pregnant at all

4.26. How did that pregnancy end?

MARK (X) ONE

- Live birth or births
- Miscarriage → **GO TO 5.1**
- Stillbirth → **GO TO 5.1**
- Abortion → **GO TO 5.1**

4.27. How many weeks along in your pregnancy were you when your baby was born?

WEEKS

4.28. Did you have a c-section delivery, also known as a Caesarean section delivery, or a vaginal birth, also known as pushing the baby out?

MARK (X) ONE

- C-section
 Vaginal birth

4.29. Was your baby born full-term, that is after you were 37 weeks pregnant, or premature, that is before you were 37 weeks pregnant?

MARK (X) ONE

- Full-term → **GO TO 4.31**
 Premature

4.30. Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?

MARK (X) ONE

- Spontaneous birth – no medicine was used to start labor
 Induced because of your own health complications
 Induced because of complications involving the baby

4.31. How much did your baby weigh at birth?

POUNDS OUNCES

4.32. How many days was your baby in the hospital after he or she was born?

NUMBER OF DAYS

4.33. How many days was your baby in the intensive care unit at the hospital?

NONE

NUMBER OF DAYS

SECTION 5: PLANNING FOR THE FUTURE

5.1. Again, in this survey, by sexual intercourse, we mean a male putting his penis into a female's vagina.

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

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not → GO TO 5.4

5.2. 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

5.3. 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

5.4. Do you want to have any more children?

MARK (X) ONE

- Yes
- No → **GO TO 5.7**
- Don't know

5.5. How many more children do you want to have?

CHILDREN

5.6. How long do you plan to wait until you become pregnant again?

- Less than 6 months after the end of my most recent pregnancy
- 6 to 18 months after the end of my most recent pregnancy
- More than 18 months after the end of my most recent pregnancy

5.7. Please think about the next year and a half. Over the next year and a half, will you be ...

MARK (X) ONE

- Trying to get pregnant again
- Neither trying to get pregnant nor trying avoid getting pregnant
- Trying to avoid getting pregnant
- Don't know

5.8. Over the next year and a half, from your partner's point of view, will he be...

MARK (X) ONE

- Trying to get you pregnant
 - Neither trying to get you pregnant nor trying to avoid getting you pregnant
 - Trying to avoid getting you pregnant
 - Don't know
- I don't have a partner right now

**We thank you for
completing this survey!**



OHIOHEALTH

CONSENT FORM

(Please note that this is a draft of a form that will be submitted to OhioHealth's IRB; it has not yet been approved by OhioHealth's IRB)

TITLE OF STUDY: TEEN OPTIONS TO PREVENT PREGNANCY

PRINCIPAL INVESTIGATOR: NGOZI OSUAGWU, M.D.

OhioHealth, Nationwide Children's Hospital, and Mathematica Policy Research are a team that is conducting a clinical trial (a type of research study). Clinical trials include only patients who choose to take part in the study. This consent form serves two purposes. First, it provides information on the procedures and risks involved in the clinical trial, so that you can decide if you want to take part in the study.

Second, this form will ask for your permission to use and release the medical information that we will get from you during this study. Please take your time to make your decision about taking part. You may discuss your decision with your friends and family. If you have any questions, you can ask the study doctor for more explanation.

This study is being sponsored by the U.S. Department of Health and Human Services. The study is part of a broader national study.

You are being asked to take part in this study because you are 10-19 years old and have had at least one pregnancy.

WHY IS THIS STUDY BEING DONE?

The purpose of this study is to see if nurse contacts by telephone and transportation assistance help teenage girls delay a future pregnancy.

WHAT IS INVESTIGATIONAL ABOUT THIS STUDY?

The response of teenage girls to telephone calls from a nurse and transportation assistance is under study.

HOW MANY PEOPLE WILL TAKE PART IN THIS STUDY?

About 600 teenage girls will take part in this study locally through an OhioHealth hospital or clinic.

WHAT WILL HAPPEN IN THE STUDY?

Everyone in or out of the study may seek birth control through OhioHealth or outside clinics. Some outside clinics included Planned Parenthood (1-800-230-7526) or the Ohio State University Department of Obstetrics and Gynecology (614-293-2913).

You will be “randomized” into one of the study groups described below. Randomization means that you are put into a group by chance. It is like flipping a coin. A computer will decide which group you are in. Neither you nor the study doctor will choose what group you will be in. You will have an equal or one in two chance of being placed in either group.

Group 1

- Will be telephoned roughly 18 times. The calls will roughly happen once per month and are expected to last about 30-60 minutes each. Sometimes a study nurse may talk to you in person. During these interactions, the study nurse will talk about different health issues. These topics may include local health care services and birth control. She may provide information on birth control and help you problem-solve ways to get it, if you decide to do so. The conversations with the nurse may be audiorecorded to make sure she is doing her job correctly.
- Will be eligible for free transportation, if needed, to get to and from appointments
- Will be eligible to obtain services from a mobile clinic
- May be eligible to receive some birth control services at home

Group 2 will not receive any of the phone calls or transportation help mentioned above. However, Group 2 will still be able to seek birth control from the clinics listed at the beginning of this section.

HOW LONG WILL I BE IN THE STUDY?

You will be in the study 30 months.

You can stop being a part of this study at any time. However, if you decide to stop being in the study, please talk to the study doctor (Dr. Ngozi Osuagwu) first. You can still be in the study no matter what you decide about birth control.

WHAT ARE THE RISKS OF THE STUDY?

Because we are asking about sensitive topics, you may become uncomfortable at times. You do not have to answer any question that makes you feel uncomfortable.

It is also possible that you may be in an accident if you receive transportation assistance. Please remember to wear a seat belt and use a car seat for your infant/toddler. These risks are low, and the seriousness is likely low.

REPRODUCTIVE RISKS?

This study has no special reproductive risks associated with it.

However, if you decide to use birth control, you should talk to your regular doctor about benefits and side effects of your selection. If you experience any side effects, do not wait for the study team to call you. You should call your regular doctor right away to discuss the side effects.

Please note that condoms and not having sex are the only effective birth control methods for protecting yourself against getting a sexually transmitted infection, including HIV. Remember that even if you use birth control, you can still get pregnant or catch a disease when you have sex.

Recent studies suggest that women who are pregnant within 18 months of their last pregnancy are at increased risk for having a preterm birth. If you become pregnant again, we encourage you to seek prenatal health care right away. Here is a group that can help you locate this care:

Pregnancy Care Connections (614) 227-9866

ARE THERE BENEFITS TO TAKING PART IN THE STUDY?

This study may or may not have direct benefits to you. You may learn information about birth control.

WHAT OTHER OPTIONS ARE THERE?

Instead of being in this study, you can:

1. Read about birth control options, effectiveness, and their side effects on your own time.
2. Ask your regular doctor to explain these to you.

You may get birth control even if you do not take part in the study.

WHAT ARE THE COSTS?

Your discussions with the study team are free. The transportation assistance for Group 1 is free. However, you and/or your insurance company are responsible for any health care services and birth control you receive.

WHAT IF AN INJURY OCCURS BECAUSE OF THE STUDY TREATMENT?

In the case of injury or illness resulting from this study, emergency medical treatment is available but will be provided at the usual charge. No funds have been set aside to compensate you in the event of injury or illness. You or your insurance company will be charged for continuing medical care and/or hospitalization.

Date

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Patient Initials _____

COMPENSATION?

Everyone from both groups will be asked to complete four surveys. You will be sent gift cards as follows:

- \$10 gift card for completing the survey at the beginning of the study
- \$10 gift card for completing the 6 month survey
- \$25 gift card for completing the 18 month survey
- \$50 gift card for completing the 30 month survey

WHAT INFORMATION WILL BE COLLECTED FROM ME FOR USE IN THE STUDY?

In the surveys, you will be asked questions about yourself, your family, and your thoughts and experiences about using birth control. You will be asked about previous and future pregnancies.

In addition, Group 1 will be asked questions about depression and violence as the nurse gets to know them better. If you are in Group 1, you may also be invited to participate in a focus group to discuss your experiences with the program.

You will be asked to update the study team on changes in their contact information. You will also be asked to update the study team on friends and relatives likely to know your whereabouts.

Everyone from both groups will have their OhioHealth medical records looked at by the study team. The study staff will look for information on births, health care appointments, birth control use and services, and updated telephone numbers and addresses.

Everyone from both groups will have their names, addresses, and dates of birth passed along to the Ohio Department of Health to see if they have had future births. Information about each birth, such as the baby's weight and how far along you were at delivery, will also be collected.

The above information may identify you by name, address, telephone number, health plan number, study number, date of birth, dates relating to various medical procedures, your voice, or other identifying information. You will be asked if we can take a photo of you at the beginning of the study to help us remember you. You can still be in the study if you do not want your photo taken.

WHAT ABOUT CONFIDENTIALITY?

As part of OhioHealth's policy, the research staff has a duty to keep everyone safe. If you say or do something that poses a threat to your own safety or somebody else, we may not be able to keep that information private. If you say or do something that makes us suspect child abuse or

neglect, we will be required to contact your county's child protective services agency.

If you give us oral permission, we may have contact with your health care providers to help coordinate care and communicate your thoughts regarding birth control.

If you sign this form and take part in this study, the study team will be authorized to use the information described above to carry out the purposes of the research study. The study team will also be authorized to disclose the information described above to all of the following parties involved in the research study:

Organizations that may inspect and/or copy your research records for quality assurance and data analysis include groups such as:

- Grant/Doctors Hospital Institutional Review Board
- U.S. Department of Health and Human Services
- The U.S. Food and Drug Administration (FDA) *and other government agencies.*
- The Department of Health and Human Services Office of Human Subject Research Protections
- The Centers for Medicare and Medicaid Services (CMS)
- National Government Services (the financial agent for CMS)
- The Ohio Department of Health (which has birth certificate data)
- Nationwide Children's Hospital (which is helping us look at study results)
- Mathematica Policy Research (an outside company that is helping us look at study results)
- Gary Stofle (a motivational interviewing national trainer—MINT; he will help us review audiorecordings to make sure that study staff are doing their jobs correctly)

Efforts will be made to keep your personal information confidential. We cannot guarantee absolute confidentiality. Your personal information may be disclosed if required by law. Once your information is disclosed to the study sponsors, the IRB or the government agencies described above, there is a potential that your medical information will be re-disclosed and will no longer be protected by federal privacy regulations.

Your legal guardian will not have access to any study information collected from you. Your study number and initials will be used rather than your name as an identifier on your study questionnaires.

DO I HAVE THE RIGHT TO DECLINE AUTHORIZATION?

You have the right to decline to sign this authorization to use/disclose your medical information. If you decline, you will not be able to take part in this research study. Except as described herein, if you decline to sign this authorization, your rights concerning treatment, payment for services, enrollment in a health plan or eligibility for benefits will not be affected.

Date

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Patient Initials _____

HOW LONG WILL MY AUTHORIZATION REMAIN IN EFFECT?

The authorization for use and disclosure of your information will remain in effect for five years after study reports have been completed.

CAN I WITHDRAW MY AUTHORIZATION?

You may withdraw your authorization at any time by sending a written request to the Principal Investigator Dr. Ngozi Osuagwu at the address below:

Department of Community Partnerships
393 E. Town St., Suite 226, Columbus, OH 43215
(614) 566-9989

If you withdraw your authorization:

- Your participation in the study will end
- The study staff will stop collecting your information from or about you
- The study staff will stop using and disclosing your information to those groups mentioned above.

Your medical information that has already been used and disclosed prior to withdrawing your authorization remains a part of the research study data.

While the research study is in progress, your access to your study records will be temporarily suspended. Afterwards, you have the right to see and copy the medical information collected from you in the course of the study, for as long as that information is maintained by the study staff and other entities subject to federal privacy regulations.

WHAT ARE MY RIGHTS AS A PARTICIPANT?

Taking part in this study is voluntary. You may choose not to take part or you may leave the study at any time. Leaving the study will not result in any penalty or loss of benefits to which you are entitled.

WHOM DO I CALL IF I HAVE QUESTIONS OR PROBLEMS?

For questions about the study or a research-related injury, contact the study doctor, Dr. Ngozi Osuagwu, MD, 614 566-9989.

For questions about your rights as a research participant, contact Dr. Randall Franz, Chairman of the OhioHealth Institutional Review Board # 2, which is a group of people who review the research to protect your rights at (614) 566-5708.

If you have any questions about the national study or your participation in the study, please call Melissa Thomas at Mathematica at 1-888-864-6416.

If you have are experiencing mental or emotional crises, you may call Netcare Access at 614-276-2273 or 911 or go to the nearest emergency room.

If you are experiencing relationship violence, you may call the Ohio Domestic Violence Network at 1-800-934-9840 or the National Teen Abuse Helpline at 1-866-331-9474.

DRAFT

STATEMENT OF CONSENT AND AUTHORIZATION

I hereby freely and voluntarily consent to take part in the research study described above. This consent is given based on the verbal and written information provided and the understanding that I am medically and physically qualified to take part in this study. I am free to ask questions at any time.

I have the option to decline to take part or to withdraw from the study at any time without incurring any penalty or loss of benefits otherwise available, including medical care at this institution.

My signature below indicates that I voluntarily agree to take part in this study and that I authorize the use and disclosure of my information in connection with the study. I will receive a signed copy of this consent and authorization form.

Patient Signature*

Date

Time

Research Coordinator/
Person Obtaining Consent

Date

Time

Investigator Signature

Date

*If this consent is signed by a legal representative of the patient, check applicable box below explaining your authority to sign for the patient. For legal representatives acting in the capacity as a parent/guardian to the patient, attach a copy of documentation giving you the authority to sign this consent form on behalf of the patient.

- Next of Kin
- Parent (patient is a minor)
- Guardian
- Health Care Power of Attorney
- Health Care Proxy or Surrogate

Date _____ Page X of Y

Patient Initials _____

Signature of Patient's Legally
Authorized Representative

Date

Time

**IF THE PATIENT IS PARTICIPATING BUT UNABLE TO GIVE CONSENT,
INDICATE WHY.**

Date

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Patient Initials _____

OHIOHEALTH
CHILD ASSENT FORM -- Draft

TITLE OF STUDY: TEEN OPTIONS TO PREVENT PREGNANCY

PRINCIPAL INVESTIGATOR: NGOZI OSUAGWU, M.D.

What is the study about?

We are doing a study to see if we can help girls delay a future pregnancy. You may not benefit from being in this study but we might learn something that could help others.

You will be assigned to Group 1 or Group 2 by chance, like flipping a coin.

Group 1 will receive phone calls from nurses and transportation assistance to help get birth control for 18 months. You could be in an accident if you receive transportation assistance. Please remember to wear a seat belt and you use a car seat for your child. Group 2 will not receive these phone calls or travel help.

Anyone from either group wishing to get birth control may seek this care through OhioHealth or outside clinics. These clinics include Planned Parenthood (1-800-230-7526) or The Ohio State University Department of Obstetrics and Gynecology (614-293-2913). You may get birth control even if you do not take part in the study.

If you decide to use birth control, you should talk to your regular doctor about benefits and side effects of your choice. If you experience any side effects, do not wait for the study team to call you. You should call your regular doctor right away to discuss the side effects.

Condoms and not having sex are the only effective birth control methods for protecting yourself against getting a sexually transmitted infection, including HIV. Remember that even if you use birth control, you can still get pregnant or catch a disease if you have sex.

If you become pregnant within 18 months of their last pregnancy, you may be at increased risk for having a preterm birth. If you become pregnant again, we encourage you to seek prenatal health care right away. Here is a group that can help you locate this care: Pregnancy Care Connections (614) 227-9866.

Will I be given anything for being in the study?

You will be sent a gift card for completing interviews. These interviews will occur at the beginning of the study, at 6 months, at 18 months, and at 30 months.

What kind of questions will I be asked?

You will be asked questions about yourself, your family, and your thoughts and

Date

Page 1 of 2

Patient Initials _____

experiences about using birth control. You will be asked about previous and future pregnancies. If you are not comfortable with talking about these things, please let us know. You are free to not answer any question you wish.

The study team will also review your OhioHealth medical records and Ohio Department of Health birth records.

If you agree to be in the study, we may talk about your experiences with feeling safe or hurt in your relationships with your partner and others. If you are experiencing dating violence, you may call the National Teen Abuse Helpline at 1-866-331-9474.

You may be asked about feeling of sadness. If you are experiencing mental or emotional crises, you may call Netcare at (614) 276-2273 or 9-1-1 or go to the nearest emergency room.

What about my privacy?

If you say or do something that poses a threat to your own safety or somebody else, we may not be able to keep that private. If you say something that makes us suspect child abuse or neglect, we will be required to contact child protection authorities.

May I decide not to be in the study or decide to stop being in the study?

It is up to you to decide if you want to be in this research. You can ask questions to the study staff at any time.

If you sign your name on the line, it means you want to be in the research. Because you are under the age of 18, we will need to get permission from your parent/guardian as well.

If you don't want to be in the research, don't sign your name.

Even if you sign your name today, you can still stop being in the research any time. No one will be upset if you don't sign your name or if you change your mind later. If you decide not to finish the study, you can ask us to stop. If you want to stop later on, please tell your guardian or the person doing this research, Dr. Ngozi Osuagwu by calling 614-566-9989.

Your signature

Your age

Date

Date

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Patient Initials _____

OHIOHEALTH

PARENT CONTACT INFORMATION FORM

TITLE OF STUDY: TEEN OPTIONS TO PREVENT PREGNANCY

The following information will be used to contact you and/or the participant in this study in the future and locate records regarding her participation in this study.

1. What is your name?

First Middle Last

2. What is your relationship with the person for whom you signed the consent form?

3. What is your date of birth?

Month Day Year

4. What is your address?

Street Apt.

City

State Zip

5a. What is your main phone number? _____

5b. What type of phone is that? ___ Cell ___ Home ___ Work

6a. What other phone number can you be reached at? _____

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

OHIOHEALTH

PARENT CONTACT INFORMATION FORM

TITLE OF STUDY: TEEN OPTIONS TO PREVENT PREGNANCY

The following information will be used to contact you and/or the participant in this study in the future and locate records regarding her participation in this study.

1. What is your name?

First

Middle

Last

2. What is your relationship with the person for whom you signed the consent form?

3. What is your date of birth?

Month

Day

Year

4. What is your address?

Street

Apt.

City

State

Zip

5a. What is your main phone number? _____

5b. What type of phone is that? ___ Cell ___ Home ___ Work

6a. What other phone number can you be reached at? _____

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

OHIOHEALTH

CONTACT INFORMATION FORM

TITLE OF STUDY: TEEN OPTIONS TO PREVENT PREGNANCY

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

1. What is your name?

First Middle Last

2. What is your date of birth?

Month Day Year

3. How old are you? _____

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

5. What is your address?

Street Apt.

City

State Zip

6a. What is your main phone number? _____

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

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

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

8. What is your main email address? _____

9. What is your Facebook address, if you have one? _____

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

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

12. What is that person's address?

Street Apt.

City

State Zip

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

14b. What type of phone is that? ___ Cell ___ Home ___ Work

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

15b. What type of phone is that? ___ Cell ___ Home ___ Work

Staff: Please note respondent's OhioHealth Medical Record Number from Medical Record System here. _____