

ATTACHMENT A

QUESTION BY QUESTION SOURCE LIST AND CROSSWALK BETWEEN PPA BASELINE AND THE FIRST FOLLOW-UP CONCORDANCE SURVEY

Items for the follow-up survey are listed first, with the corresponding baseline item number noted, when applicable. Modifications to questions found on both the baseline and the first follow-up surveys are noted in the “Notes” column. Items found only on the first follow-up survey are indicated with an “N/A” in the “OMB-approved Baseline #” column. The information on how the data will be used (for tracking, as a covariate, etc.) applies to how the data will be used in the first follow-up analysis.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
PART A: Sections 1 through 3 are the same for both sexually active and non-sexually active respondents.										
1.1	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR		✓	✓					

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
1.2	1.2	What grade are you in? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school	All About Youth (AAY) <i>ade14.</i> The next questions ask you about school. What grade are you in? AGRADE 0=6th 1=7th 2=8th 8=Refuse to Answer		✓					
1.3	1.3	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female		✓	✓					

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
1.4	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>	<p>Add Health, Wave 1</p> <p>4. Are you of Hispanic or Latino origin?</p> <p>Yes</p> <p>No</p>	✓	✓					<p>Baseline text:</p> <p>Are you Hispanic or Latino?</p> <p>Yes</p> <p>No</p>
1.5	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 PRINT OTHER RACE</p>	<p>Add Health, Wave 1</p> <p>6. What is your race?</p> <p>White</p> <p>Black or African American</p> <p>American Indian or Native American</p> <p>Asian or Pacific Islander</p> <p>Other</p>	✓	✓					<p>Baseline did not have an option for "Some other race"</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
1.6	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</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 	<p>National Survey of Family Growth (NSFG) combined with MPR Abstinence:</p> <p>From NSFG (Female, Cycle 6): Now I'm interested in knowing about formal sex education you may have had. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place ... About how to say no to sex? About methods of birth control?</p> <p>MPR Abstinence (Wave 4 V-3, Female, Section 1): The following questions are about any classes or special programs you might have participated in during the last year that talked about sexual activity and health.</p> <p>1.7 In the past year, did you take a class or participate in a special program that talked about any of the following things? These could be classes that you took in school or someplace else.</p> <ul style="list-style-type: none"> a. The female menstrual cycle—that is, the monthly cycle or period? b. Physical development and puberty? c. Dating? d. Marriage and family life? e. The human body/reproduction/how girls get pregnant? f. Ways people who have sex can prevent making babies? g. Abstinence—that is, not having sexual intercourse? h. How to say “no” to sex? i. Sexually transmitted diseases (STDs)? 			✓				<p>Baseline text:</p> <p>In the last 12 months, have you received information or learned about any of the following?</p> <ul style="list-style-type: none"> - Relationships, dating, marriage, or family life? - Abstinence from sex? - Methods of birth control? - Sexually transmitted diseases, also known as STDs? - About refusal skills, such as how to say no to sex, or how to resist peer pressure?

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1.6a	N/A	<p>Did you say “yes” to any item a through h in question 1.6 above? MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (GO TO QUESTION 1.9)</p>							✓	Filter question
1.7	N/A	<p>Thinking about the past 12 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases at each of the following places?</p> <p>MARK (X) ONE FOR EACH</p> <p><i>Never/1-3 times/4-9 times/10 or more times</i></p> <p>a) School class b) Church, synagogue, mosque, or religious classes outside of school c) Community center, youth organization, or after-school activity d) Doctor, nurse, or clinic e) Friends f) Parents and other relatives or family members g) Other LIST OTHER SOURCE</p>	Created by the PPA Team for the First Follow-up questionnaire.			✓				

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
1.8	N/A	<p>Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very <u>helpful</u> to you?</p> <p>YOU MAY MARK (X) MORE THAN ONE</p> <p><input type="checkbox"/> School class</p> <p><input type="checkbox"/> Church, synagogue, mosque or religious classes outside of school</p> <p><input type="checkbox"/> Community center, youth organization, or after-school activity</p> <p><input type="checkbox"/> Doctor, nurse or clinic</p> <p><input type="checkbox"/> Friends</p> <p><input type="checkbox"/> Parents and other relatives or family members</p> <p><input type="checkbox"/> Internet and media</p> <p><input type="checkbox"/> Other (Please specify)</p>	<p>National Survey of Reproductive and Contraceptive Knowledge. Developed by Guttmacher for The National Campaign for The Fog Zone study.</p> <p>Q56. Among these sources, from which one source have you received the most information in the past 12 months?</p> <p>Q57. Among all possible sources of information, which one source would you trust to give you the most accurate information about contraception and birth control.</p> <p>a. Your friends</p> <p>b. Your partner (current or past)</p> <p>c. Your mother or father</p> <p>d. Siblings or other relatives</p> <p>e. A doctor or nurse</p> <p>f. A teacher or counselor</p> <p>g. A minister, priest, or rabbi</p> <p>h. The internet</p> <p>j. Books, magazines or pamphlets</p> <p>k. TV or radio</p>			✓				

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1.9	N/A	<p>In the past 30 days, how often have you felt that you were unable to control the important things in your life?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Almost never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Fairly often</p> <p><input type="checkbox"/> Very often</p>	<p>Child Trends' Research to Results Brief (Perceived Stress Scale):</p> <p>In the last month:</p> <p>2. How often have you felt that you were unable to control the important things in your life?</p> <p>0 = Never 1 = Almost never 2 = Sometimes 3 = Fairly often 4 = Very often</p>				✓			

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1.10	N/A	<p>In the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Almost never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Fairly often</p> <p><input type="checkbox"/> Very often</p>	<p>Child Trends' Research to Results Brief (Perceived Stress Scale):</p> <p>In the last month:</p> <p>10. How often have you felt difficulties were piling up so high that you could not overcome them?</p> <p>0 = Never 1 = Almost never 2 = Sometimes 3 = Fairly often 4 = Very often</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
1.11	N/A	<p>How strongly do you agree or disagree with the following statements? MARK (X) ONE FOR EACH <i>Strongly Agree, Agree, Disagree, Strongly Disagree</i></p> <p>a. You can do things now that will help you to be healthy when you are an adult</p> <p>b. Nothing you do as a teen will affect how healthy you are as an adult</p> <p>c. Taking risks as a teen, like drinking and drugs, does not really matter for your health in the long run</p> <p>d. The good and bad decisions you make as a teen will affect your health as an adult</p>	Developed by Kris Moore, Child Trends to address health promotion orientation.				✓			

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1.12	1.11	<p>How likely is it that you will do each of the following things?</p> <p>MARK (X) ONE FOR EACH</p> <p><i>Not at all likely, A little bit likely, Somewhat likely, Very likely</i></p> <p>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>	<p>All About Youth, Baseline</p> <p>ade16. How much education do you intend to get?</p> <p>0 = Don't plan to finish high school 1 = Plan to finish high school 2 = Attend a technical or vocational school after high school 3 = Graduate from a 2-year community college program 4 = Graduate from a 4-year college 5 = Graduate with an advanced degree (doctor, lawyer, dentist) 8 = Refuse to Answer</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.1	2.1	<p>The next questions are about where you live and who lives with you.</p> <p>Which of the following best describes where you live?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> You live in one home GO TO 2.2</p> <p><input type="checkbox"/> You live in two or more homes, and go back and forth GO TO 2.3</p> <p><input type="checkbox"/> You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) GO TO 2.4</p>	<p>MPR Abstinence Wave 1</p> <p>Who do you live with now?</p> <p>MARK (X) ALL THAT APPLY</p> <p>1 My biological mother</p> <p>2 My biological father</p> <p>3 My stepmother, adoptive, or foster mother</p> <p>4 My stepfather, adoptive, or foster father</p> <p>5 Grandparent(s)</p> <p>6 Aunt(s), uncle(s)</p> <p>7 Other adult relative(s) (not brothers and sisters)</p> <p>8 Other adults I am not related to</p> <p>9 My older sister(s)</p> <p>10 My older brother(s)</p> <p>11 My younger sister(s)</p> <p>12 My younger brother(s)</p> <p>13 Cousin(s)</p> <p>14 Other children I am related to</p> <p>15 Other children I am not related to</p>		✓					<p>Questions 2.1, 2.2, and 2.3 on the follow-up were combined as one question on the baseline:</p> <p>The next question is about where you live and who lives with you.</p> <p>Do you live in one home, place, or household all of the time or do you go back and forth between two or more different places?</p> <p>MARK (X) ONE</p> <p>1 <input type="checkbox"/> Live in one home - FILL OUT <u>ONLY</u> THE FIRST COLUMN BELOW Mark (X) all the people who live with you in your home</p> <p>2 <input type="checkbox"/> Live in two or more homes - FILL OUT THESE <u>TWO</u> COLUMNS BELOW</p> <p>Same Categories as above listed, two columns for two homes.</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.2	2.1	<p>2. 2. Who lives with you in your home?</p> <p>MARK (X) ALL THAT APPLY</p> <p><input type="checkbox"/> Your biological mother</p> <p><input type="checkbox"/> Your biological father</p> <p><input type="checkbox"/> A stepmother or adoptive mother</p> <p><input type="checkbox"/> A foster mother</p> <p><input type="checkbox"/> A stepfather or adoptive father</p> <p><input type="checkbox"/> A foster father</p> <p><input type="checkbox"/> Your parent’s partner, boyfriend, or girlfriend</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any older brothers or sisters</p> <p><input type="checkbox"/> Any younger brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Any other people you are not related to</p> <p><input type="checkbox"/> You live by yourself</p> <p>AFTER ANSWERING → GO TO 2.4</p>	<p>MPR Abstinence Wave 1</p> <p>Who do you live with now?</p> <p>MARK (X) ALL THAT APPLY</p> <p>1 My biological mother</p> <p>2 My biological father</p> <p>3 My stepmother, adoptive, or foster mother</p> <p>4 My stepfather, adoptive, or foster father</p> <p>5 Grandparent(s)</p> <p>6 Aunt(s), uncle(s)</p> <p>7 Other adult relative(s) (not brothers and sisters)</p> <p>8 Other adults I am not related to</p> <p>9 My older sister(s)</p> <p>10 My older brother(s)</p> <p>11 My younger sister(s)</p> <p>12 My younger brother(s)</p> <p>13 Cousin(s)</p> <p>14 Other children I am related to</p> <p>15 Other children I am not related to</p>		✓					<p>Questions 2.1, 2.2, and 2.3 on the follow-up were combined as one question on the baseline:</p> <p>The next question is about where you live and who lives with you.</p> <p>Do you live in one home, place, or household all of the time or do you go back and forth between two or more different places?</p> <p>MARK (X) ONE</p> <p>1 <input type="checkbox"/> Live in one home - FILL OUT <u>ONLY</u> THE FIRST COLUMN BELOW Mark (X) all the people who live with you in your home</p> <p>2 <input type="checkbox"/> Live in two or more homes - FILL OUT THESE <u>TWO</u> COLUMNS BELOW</p> <p>Same Categories as above listed, two columns for two homes.</p>

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2.3	2.1	<p>Who lives with you in <u>each</u> of your homes? MARK (X) BOTH COLUMNS <i>Mark (X) all the people who live with you in your MAIN home</i></p> <p><i>Mark (X) all the people who live with you in your OTHER home(s)</i></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>MPR Abstinence Wave 1</p> <p>Who do you live with now? MARK (X) ALL THAT APPLY</p> <ol style="list-style-type: none"> 1 My biological mother 2 My biological father 3 My stepmother, adoptive, or foster mother 4 My stepfather, adoptive, or foster father 5 Grandparent(s) 6 Aunt(s), uncle(s) 7 Other adult relative(s) (not brothers and sisters) 8 Other adults I am not related to 9 My older sister(s) 10 My older brother(s) 11 My younger sister(s) 12 My younger brother(s) 13 Cousin(s) 14 Other children I am related to 15 Other children I am not related to 		✓					<p>Questions 2.1, 2.2, and 2.3 on the follow-up were combined as one question on the baseline:</p> <p>The next question is about where you live and who lives with you.</p> <p>Do you live in one home, place, or household all of the time or do you go back and forth between two or more different places?</p> <p>MARK (X) ONE 1 <input type="checkbox"/> Live in one home - FILL OUT <u>ONLY</u> THE FIRST COLUMN BELOW Mark (X) all the people who live with you in your home</p> <p>2 <input type="checkbox"/> Live in two or more homes - FILL OUT THESE <u>TWO</u> COLUMNS BELOW</p> <p>Same Categories as above listed, two columns for two homes.</p>

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2.4	2.5	<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"/> You don't have a mother or person you think of as your mother → GO TO QUESTION 2.9 	<p>MPR Abstinence Baseline Survey</p> <p>1.11 If you live with your mother answer the next questions about your mother and put a check here</p> <p>If you don't live with your mother but you see her a lot, answer the next questions about your mother and put a check here</p> <p>If you don't see your mother a lot, is there someone who lives with you and is like a mother to you? If yes, then move to this section and tell us who that person is</p> <p>Stepmother Foster Mother Grandmother Aunt Someone else</p>		✓					

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2.5	2.8	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Is she working now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> She is not working at a paid job</p> <p><input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week</p> <p><input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more</p> <p><input type="checkbox"/> Yes, she works, but I don't know how many hours</p> <p><input type="checkbox"/> Don't know if she is working</p>	<p>MPR Abstinence Baseline:</p> <p>1.13 Is she working now?</p> <p>0 She is not working at a job</p> <p>1 Yes, working part-time (less than 30 hours a week)</p> <p>2 Yes, working full-time (30 hours a week or more)</p> <p>-1 Don't know</p>		✓					

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.6	N/A	<p>How well can you and she share ideas or talk about things that are important to you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all well</p> <p><input type="checkbox"/> Not very well</p> <p><input type="checkbox"/> Somewhat well</p> <p><input type="checkbox"/> Very well</p>	<p>National Survey of Children’s Health (NSCH) 2007, Section 8:</p> <p>How well can you and [CHILD’S NAME] share ideas or talk about things that really matter?</p> <p>Very Well</p> <p>Somewhat well</p> <p>Not very well</p> <p>Not well at all</p>				✓			
2.7	N/A	<p>Now thinking about your biological mother, that is, the woman who gave birth to you, how old is she (or would she be if she were alive)?</p> <p><input type="text"/> <input type="text"/> NUMBER OF YEARS OLD-your best guess is fine</p> <p><input type="checkbox"/> I do not know about my biological mother</p> <p>Go To 2.9</p>	Child Trends created		✓					

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2.8	N/A	<p>Again thinking about your biological mother and <u>all</u> the children she has ever had- how old is the oldest one? If the oldest one is not alive, how old would that child be if still living?</p> <p><input type="text"/> <input type="text"/> NUMBER OF YEARS OLD-your best guess is fine</p> <p><input type="checkbox"/> I do not know about my biological mother</p>	Child Trends created		✓					

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.9	2.13	<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> <p><input type="checkbox"/> Your biological father, that is, the man who is genetically related to you</p> <p><input type="checkbox"/> Your stepfather or adoptive father</p> <p><input type="checkbox"/> Your foster father</p> <p><input type="checkbox"/> Your grandfather</p> <p><input type="checkbox"/> Your uncle or your older brother</p> <p><input type="checkbox"/> Some other adult</p> <p><input type="checkbox"/> You don't have a father or person you think of as your father →GO TO 2.12a</p>	<p>MPR Abstinence Baseline:</p> <p>1.20 If you live with your father answer the next questions about your father and put a check here</p> <p>If you don't live with your father but you see him a lot, answer the next questions about your father and put a check here</p> <p>If you don't see your father a lot, is there someone who lives with you and is like a father to you? If yes, then move to this section and tell us who that person is.</p> <p>Stepfather Foster Father Grandfather Uncle Someone else</p>		✓					

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2.10	2.16	<p>The following questions are about the person you marked as your father or the person you think of as your father.</p> <p>Is he working now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> He is not working at a paid job</p> <p><input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week</p> <p><input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more</p> <p><input type="checkbox"/> Yes, he works, but I don't know how many hours</p> <p><input type="checkbox"/> Don't know if he is working</p>	<p>MPR Abstinence Baseline</p> <p>1.22 Is he working now?</p> <p>0 He is not working at a job</p> <p>1 Yes, working part-time (less than 30 hours a week)</p> <p>2 Yes, working full-time (30 hours a week or more)</p> <p>-1 Don't know</p>		✓					

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.11	N/A	<p>How well can you and he share ideas or talk about things that are important to you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all well</p> <p><input type="checkbox"/> Not very well</p> <p><input type="checkbox"/> Somewhat well</p> <p><input type="checkbox"/> Very well</p>	<p>National Survey of Children’s Health (NSCH) 2007, Section 8:</p> <p>How well can you and [CHILD’S NAME] share ideas or talk about things that really matter?</p> <p>Very Well Somewhat well Not very well Not well at all</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.12a	2.2	<p>Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have passed away, please answer about their relationship when both were alive.</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> They are married to each other</p> <p><input type="checkbox"/> They used to be married to each other, but are now separated</p> <p><input type="checkbox"/> They used to be married to each other, but are now divorced</p> <p><input type="checkbox"/> They have never been married to each other</p> <p><input type="checkbox"/> I don't know</p>	<p>Original source: MPR Abstinence Wave 1 The next questions are about your family and family rules. 1.25 My parents . . . MARK (X) ONE 1 _ are married to each other 2 _ are divorced 3 _ are separated 4 _ have never been married to each other -1 _ I'm not sure</p>		✓					<p>Follow-up items 2.12a and 2.12 b are both based on baseline item 2.2: Which of the following best describes your parents' living arrangement? MARK (X) ONE <input type="checkbox"/> Both of my parents live together in one household and they are married to each other <input type="checkbox"/> Both of my parents live together in one household and they are not married to each other <input type="checkbox"/> My parents live in different households and are married to each other <input type="checkbox"/> My parents live in different households and are not married to each other <input type="checkbox"/> I have only one living parent</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.12b	2.2	<p>Do your biological mother and biological father live together now? MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> One or both of my biological parents have passed away</p> <p><input type="checkbox"/> I don't know</p>	<p>Original source: MPR Abstinence Wave 1 The next questions are about your family and family rules. 1.25 My parents . . . MARK (X) ONE</p> <p>1 _ are married to each other 2 _ are divorced 3 _ are separated 4 _ have never been married to each other -1 _ I'm not sure</p>		✓					<p>Follow-up items 2.12a and 2.12 b are based on baseline item 2.2: Which of the following best describes your parents' living arrangement? MARK (X) ONE</p> <p><input type="checkbox"/> Both of my parents live together in one household and they are married to each other</p> <p><input type="checkbox"/> Both of my parents live together in one household and they are not married to each other</p> <p><input type="checkbox"/> My parents live in different households and are married to each other</p> <p><input type="checkbox"/> My parents live in different households and are not married to each other</p> <p><input type="checkbox"/> I have only one living parent</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.13	2.21	<p>The next questions ask what your parents know about your activities. By parents, we mean the parents or guardians you live with <u>most</u> of the time.</p> <p>Thinking about the past month, how often did your parents know where you were after school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p>	<p>All About Youth, Baseline</p> <p>The next questions ask about how much your parent or parents know about what you do.</p> <p>apm1. How much do your parents know about who your friends really are?</p> <p>apm2. How much do your parents know about where you are most afternoons after school?</p> <p>0 = Don't know</p> <p>1 = Know a little</p> <p>2 = Know a moderate amount</p> <p>3 = Know a lot</p> <p>8 = Refuse to Answer</p> <p>AND</p> <p>From Silverberg and Small's Parental Monitoring Scale</p> <p>1. My parents know where I am after school</p> <p>3. I tell my parent(s) who I am going to be with before I go out.</p> <p>Never</p> <p>Rarely</p> <p>Sometimes</p> <p>Most of the time</p> <p>Always</p>		✓					

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.14	2.22	<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> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I did not go out</p>	<p>All About Youth, Baseline</p> <p>The next questions ask about how much your parent or parents know about what you do.</p> <p>apm1. How much do your parents know about who your friends really are?</p> <p>apm2. How much do your parents know about where you are most afternoons after school?</p> <p>0 = Don't know 1 = Know a little 2 = Know a moderate amount 3 = Know a lot 8 = Refuse to Answer</p> <p>AND</p> <p>From Silverberg and Small's Parental Monitoring Scale</p> <p>1. My parents know where I am after school</p> <p>3. I tell my parent(s) who I am going to be with before I go out.</p> <p>Never Rarely Sometimes Most of the time Always</p>		✓					The baseline used the word “last” and the follow up uses “past”.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.15	2.23	<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> <p><input type="checkbox"/> Always</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> I did not go out at night</p>	<p>Silverberg and Small’s Parental Monitoring Scale Li X, Stanton B, Feigelman S. Impact of perceived parental monitoring on adolescent risk behavior over 4 years. J Adolescent Health 2000;27:49 – 56</p> <p>1. My parents know where I am after school. 2. If I am going to be home late, I am expected to call my parents. 3. I tell my parent(s) who I am going to be with before I go out. 4. When I go out at night, my parent(s) knows where I am. 5. I talk to my parent(s) about the plans I have with my friends. 6. When I go out, my parent(s) asks me where I am going.</p> <p>Answer categories:</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Most of the time 5. Always 		✓					The baseline used the word “last” and the follow up uses “past”.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
2.16	2.24	<p>If you were going to be home late, would your parents expect you to call? MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Silverberg and Small's Parental Monitoring Scale Li X, Stanton B, Feigelman S. Impact of perceived parental monitoring on adolescent risk behavior over 4 years. J Adolescent Health 2000;27:49 – 56</p> <ol style="list-style-type: none"> 1. My parents know where I am after school. 2. If I am going to be home late, I am expected to call my parents. 3. I tell my parent(s) who I am going to be with before I go out. 4. When I go out at night, my parent(s) knows where I am. 5. I talk to my parent(s) about the plans I have with my friends. 6. When I go out, my parent(s) asks me where I am going. <p>Answer categories:</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Most of the time 5. Always 		✓					

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.1	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 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 	<p>ABT Adolescent Interview</p> <p>DG13. Now I am going to ask about your views on sexual intercourse. Again, by sexual intercourse, we mean “going all the way,” the act by which babies are made. (Please use the number buttons on your phone to give me answers, so no one can overhear you.) For each of the following statements, (tell me) if you strongly agree, (press 1; if you) somewhat agree, (press 2; if you) somewhat disagree, (press 3); or (if you) strongly disagree, (press 4).</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for you to do at your age. b. It is against your values for you to have sexual intercourse before marriage. i. At your age right now, having sexual intercourse would create problems or would make life difficult. k. At your age right now, it is okay for you to have sexual intercourse if you use birth control. 				✓			<p>Definition on the baseline was as follows:</p> <p>The next series of questions is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse, we mean vaginal sex - when a male inserts his penis into a female’s vagina.</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.2	N/A	<p>How strongly do you agree or disagree with the following statements?</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <p>a. You have goals you want to accomplish before you have a child</p> <p>b. It is important for you to finish school before you have a child</p> <p>c. It is important for you to have a job and stable income before you have a child</p> <p>d. Having a good marriage seems possible for you</p>	<p>Combination of items from AAY and items developed by Lina Guzman at Child Trends through interviews with community college students for a qualitative study on relationships and birth control use:</p> <p>From AAY (All About Youth) Study:</p> <p>Having a good marriage seems realistic to me Strongly disagree, Disagree, Agree, Strongly Agree</p> <p>From Lina:</p> <p>1. I have goals I want to accomplish before having kids/becoming a parent. 2. It is important to me to finish school, before becoming a parent. 3. It is important to me to have a job and be financially stable before becoming a parent.</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.3	3.2	<p>FOR GIRLS If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p>Very happy A little happy Neither upset nor happy A little upset Very upset</p>	<p>National Survey of Family Growth (NSFG) – female, Cycle 6, IH.14:</p> <p>If you got pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased?</p> <p>Very Upset A little Upset A little Pleased Very Pleased</p> <p>IF R INSISTS: She wouldn't care</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.4	3.2	<p>FOR BOYS If you got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p>Very happy A little happy Neither upset nor happy A little upset Very upset</p>	<p>National Survey of Family Growth (NSFG) –male, Cycle 6, JG.14:</p> <p>If you got a female pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased? Probe if R says he wouldn't care Very Upset A little Upset A little Pleased Very Pleased IF R INSISTS: he wouldn't care</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.5	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</p> <p>Not at all Likely, a Little Bit likely, Somewhat Likely, Very Likely</p> <p>a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS)</p> <p>b. Stop them if they wanted to touch your private parts below the waist, meaning the parts of the body covered by underwear, and you did not want them to do that</p> <p>c. Avoid having sexual intercourse if you didn't want to</p>	<p>All About Youth (AAY):</p> <p>For the next questions, tell us how confident you are that you can do what is described.</p> <p>Imagine you are alone with someone you like very much.</p> <p>asr2. Could you stop them if they wanted to touch your chest or breasts, but you did not want them to do that?</p> <p>asr3. Could you stop them if they wanted to touch your private parts below the waist, but you did not want them to do that?</p> <p>asr5. Could you stop them if they wanted to have vaginal sex with you, but you did not want them to do that?</p> <p>1 = I definitely could not 2 = I probably could not 3 = I probably could 4 = I definitely could 8 = Refuse to Answer</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.6	N/A	<p>How likely is it that you will get pregnant (or get someone pregnant) between now and age 20?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> A little likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Very likely</p>	<p>Add Health, Wave 1: (modified)</p> <p>What do you think are the chances that each of the following things will happen to you?</p> <p>12. You will live to age 35. H1EE12</p> <p>13. You will be married by age 25. H1EE13</p> <p>14. You will be killed by age 21. H1EE14</p> <p>15. You will get HIV or AIDS. H1EE15</p>				✓			
3.6a	N/A	<p>How likely is it that you will get pregnant (or get someone else pregnant) between now and when you get married?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> A little likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Very likely</p>	<p>Add Health, Wave 1: (modified)</p> <p>What do you think are the chances that each of the following things will happen to you?</p> <p>12. You will live to age 35. H1EE12</p> <p>13. You will be married by age 25. H1EE13</p> <p>14. You will be killed by age 21. H1EE14</p> <p>15. You will get HIV or AIDS. H1EE15</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.7	3.5	<p>The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also known as STDs.</p> <p>If a <u>condom</u> is used correctly, how much can it 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 → GO TO QUESTION 3.8 	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>3.3 Mark the answer that comes closest to what you think.</p> <p>a. If a condom is used correctly, it prevents girls from getting pregnant.</p>				✓			
3.7a	3.5a	<p>How confident are you that your answer to the question above 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 	<p>Add Health, Wave 1 (asked after a series of sexual knowledge questions)</p> <p>How confident are you that your answer is correct?</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.8	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? 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>	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>3.3 Mark the answer that comes closest to what you think.</p> <p>b. If a condom is used correctly, it prevents HIV</p>				✓			
3.9	3.7	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea? 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>	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>3.3 Mark the answer that comes closest to what you think.</p> <p>c. If a condom is used correctly, it prevents Chlamydia and gonorrhea</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.10	3.8	<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> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Don't know → GO TO 3.11</p>	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>Mark the answer that comes closest to what you think.</p> <p>a. If birth control pills are used correctly, they prevent girls from getting pregnant</p>				✓			
3.10a	3.8a	<p>How confident are you that your answer to the question above 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>	<p>Add Health, Wave 1 (asked after a series of sexual knowledge questions)</p> <p>How confident are you that your answer is correct?</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.11	3.9	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Don't know</p>	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>Mark the answer that comes closest to what you think.</p> <p>b. If birth control pills are used correctly, they prevent HIV</p>				✓			
3.12	3.10	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Don't know</p>	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>Mark the answer that comes closest to what you think.</p> <p>c. If birth control pills are used correctly, they prevent Chlamydia and gonorrhea</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.13	3.11	<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 3.14</p>	<p>All About Youth (AAY)</p> <p>ahk2. For the next questions, read each statement carefully and then mark if you think it is True, False, or if you are Not Sure.</p> <p>You cannot get an STD from having oral sex.</p> <p>AHK2 STD know: std fr OS 1</p> <p>0 = False</p> <p>1 = True</p> <p>2 = Not sure</p> <p>8 = Refuse to Answer</p>				✓			
3.13a	3.11a	<p>How confident are you that your answer to the question above 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>	<p>Add Health, Wave 1 (asked after a series of sexual knowledge questions)</p> <p>How confident are you that your answer is correct?</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.14	N/A	<p>The next series of questions is about condom use. How strongly do you agree or disagree that...? 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 partner f. Using condoms is morally wrong g. Condoms decrease sexual pleasure</p>	<p>AAY (All About Youth) Study from file AAY Baseline v1 I believe condoms should always be used if a person my age has sex. 0 = Strongly disagree 1 = Disagree</p> <p>From Add Health: How much do you agree or disagree with each of the following statements: -In general, birth control is too much of a hassle to use.</p> <p>NSAM 1995</p> <ul style="list-style-type: none"> o Using condoms to prevent the spread of AIDS is more trouble than it's worth. o If I used a condom with a female, she might think that I am worried about getting AIDS or other diseases from her. <p>-Agree a lot -Agree a little -Disagree a little -Disagree a lot</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.15	N/A	<p>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</p> <p>Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly Disagree</p> <ol style="list-style-type: none"> Birth control should always be used if a person your age has sexual intercourse Birth control is a hassle to use Birth control is pretty easy to get Birth control is important to make sex safer Birth control has too many negative side effects Using birth control is morally wrong 	<p>Combination items developed by Lina Guzman at Child Trends through interviews with community college students for a qualitative study on relationships and birth control use, and items from Becoming a Responsible Teen for Assisting in Rehabilitating Kids (BART for ARK), items from Add Health, and JAMA scales/SiHLE:</p> <p>From Lina: Here are some reasons people don't use birth control. Please tell us how much you agree with the following statements. It is hard to use birth control when you get caught in the heat of the moment I tend to have good luck so I don't have to worry about getting (someone) pregnant If you trust someone it is okay not to use a condom If you don't have sex often, chances are you won't get pregnant</p> <p>From PROJECT BART FOR THE ARK: Even if a sex partner insisted, I would not use a condom.</p> <p>From Add Health: It is easy for you to get birth control</p> <p>From JAMA/SiHLE: I would be embarrassed to buy condoms or ask for them.</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.16	N/A	<p>Read each statement below and check the answer that fits best. MARK (X) ONE FOR EACH</p> <p>I am sure it's true, I think it's true, I don't know, I think it's false, I am sure it's false</p> <p>a. You can't get AIDS if you have sex only once or twice without a condom</p> <p>b. Condoms are 100% effective in preventing HIV</p> <p>c. Once you are infected with HIV, you are infected for life</p> <p>d. If a young couple has had unprotected sex a few times and a pregnancy did not happen, then they do not have to worry about her getting pregnant</p> <p>e. There is a vaccine or shot available to prevent girls from becoming infected with certain types of HPV (also known as Human Papilloma virus).</p>	<p>Combination of items from Handbook for Evaluating HIV Education, the Division of Adolescent and School Health, CDC, Wetzel, et al, and National Survey of Adolescent Males (NSAM)</p> <p>From the Handbook (CDC)</p> <p>1. You can't get AIDS if you have sex only once or twice without a condom.</p> <p>2. Condoms are 100% effective in preventing HIV.</p> <p>4. Once you are infected with HIV, you are infected for life.</p> <p>I am sure it's true, I think it's true, I don't know, I think it's false, I am sure it's false</p> <p>From Caitlin Wetzel, Abbigail Tissot, Linda M. Kollar, Paula A. Hillard, Rachel Stone, , and Jessica A. Kahn, "Development of an HPV Educational Protocol for Adolescents" J Pediatr Adolesc Gynecol. 2007 October ; 20(5): 281–287</p> <p>3. There is a vaccine available to prevent girls from becoming infected with certain types of HPV infection</p> <p>From NSAM:</p> <p>If a young couple has had unprotected sex a few times and a pregnancy did not happen, then they do not have to worry about her getting pregnant.</p> <p>I am sure it's true, I think it's true, I don't know, I think it's false, I am sure it's false</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.17	N/A	Thinking about the future, how likely do you think it is that you will get HIV/AIDS? MARK (X) ONE <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely	Add Health, Wave 1 What do you think your chances are of getting AIDS?				✓			
3.18	N/A	How likely do you think it is that you will get an STD other than HIV/AIDS? MARK (X) ONE <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely	Add Health, Wave 1 What do you think your chances are of getting another sexually transmitted disease, such as gonorrhea or genital herpes?				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.19	3.13	<p>Do you intend to have oral sex in the next year? MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	<p>All About Youth (AAY):</p> <p>ain1. Now thinking about the future, how likely are the following things to happen?</p> <p>How likely is it that you will have oral sex in the next year?</p> <p>AIN1 Intent: OS next year 1</p> <p>1 = Not at all likely</p> <p>2 = Not very likely</p> <p>3 = Somewhat likely</p> <p>4 = Probably likely</p> <p>5 = Definitely likely</p> <p>8 = Refuse to Answer</p>				✓			<p>Baseline version:</p> <p>Think about whether you will have <u>oral sex in the next year</u>. Which statement is most true for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> You will not have oral sex in the next year</p> <p><input type="checkbox"/> You probably will not have oral sex in the next year</p> <p><input type="checkbox"/> You probably will have oral sex in the next year</p> <p><input type="checkbox"/> You will have oral sex in the next year</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.20	3.12	<p>Do you intend to have sexual intercourse in the next year?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p> <p>GO TO 3.23</p>	<p>All About Youth (AAY)</p> <p>ain2. How likely is it that you will have vaginal sex in the next year?</p> <p>AIN2 Intent: VS next year 1</p> <p>1 = Not at all likely</p> <p>2 = Not very likely</p> <p>3 = Somewhat likely</p> <p>4 = Probably likely</p> <p>5 = Definitely likely</p> <p>8 = Refuse to Answer</p>				✓			<p>Baseline version:</p> <p>Think about whether you will have <u>sexual intercourse in the next year</u>. Which statement is most true for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> You will not have sexual intercourse in the next year</p> <p><input type="checkbox"/> You probably will not have sexual in the next year intercourse</p> <p><input type="checkbox"/> You probably will have sexual intercourse in the next year</p> <p><input type="checkbox"/> You will have sexual intercourse in the next year</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.21	N/A	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	Developed as a performance measure.							

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.22	N/A	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	Developed as a performance measure.							

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.23	3.14	<p>Do you intend to have sexual intercourse without being married?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	<p>All About Youth (AAY)</p> <p>ain5. How likely is it that you will remain sexually abstinent from now until marriage?</p> <p>AIN5 Intent: abs until marriage 1</p> <p>1 = Not at all likely</p> <p>2 = Not very likely</p> <p>3 = Somewhat likely</p> <p>4 = Probably likely</p> <p>5 = Definitely likely</p> <p>8 = Refuse to Answer</p>				✓			<p>Baseline version:</p> <p>Think about the future and whether you will have sexual intercourse without being married. Which statement is most true for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> You will not have sexual intercourse unless you are married</p> <p><input type="checkbox"/> You probably will not have sexual intercourse unless you are married</p> <p><input type="checkbox"/> You probably will have sexual intercourse without being married</p> <p><input type="checkbox"/> You will have sexual intercourse without being married</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.24	N/A	<p>Right now, do you have a boyfriend or girlfriend – someone in particular you are going out with? MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Add Health, Wave 3</p> <p>Which of the following best describes your relationship at the present time?</p> <p>Dating exclusively Dating frequently, but not exclusively Dating once in a while Only having sex with person Not in a relationship</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.25	3.15	<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 3.27</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	<p>National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>R03494.00 [YSAQ-296]</p> <p>Survey Year: 1997</p> <p># DATES R HAD IN PAST YEAR WITH BOYFRIEND</p> <p>Thinking back over the past year, how often have you had a date or gone out with someone of the opposite sex in an unsupervised social outing?</p> <p>1 NEVER THIS YEAR; 2 FEW TIMES (1-3 TIMES); 3 LESS THAN ONCE A MONTH (4-11 TIMES); 4 ONCE OR TWICE A MONTH (12-25 TIMES); 5 ONCE A WEEK OR MORE (MORE THAN 50 TIMES); 6 CURRENTLY MARRIED</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
3.26	3.16	<p>Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	<p>From the National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>R03495.00 [YSAQ-297] Survey Year: 1997</p> <p># DIFFERENT BOYS DATED IN LAST YEAR</p> <p>About how many different persons have you had a date with or gone out with in the past twelve months, including any current boyfriend you might have?</p> <p>0; 1 TO 4; 5 TO 8; 9 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30 TO 34; 35 TO 39; 40 TO 44; 45 TO 49; 50 TO 99999999: 50+</p>				✓			
3.27	3.17	<p>Have you ever had sexual intercourse, oral sex, or anal sex?</p> <p><input type="checkbox"/> YES: GO TO PART B1</p> <p><input type="checkbox"/> NO: GO TO PART B2</p>	<p>Developed for the PPA Baseline Survey</p>					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
<p>PART B: Sections 4 and 5 of Part B will vary based on whether the respondent is sexually active (Part B1) or non-sexually active (Part B2). Items in Sections 6 and 7 are the same for sexually active and non-sexually active respondents. Items in Sections 4 and 5 for sexually active respondents are listed below, followed by the items in Sections 4 and 5 for non-sexually active respondents and items in Sections 6 and 7.</p>										
4.1	4.1	<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? MARK (X) ONE</p> <p><input type="checkbox"/> No → STOP AND GO TO PART B2. <input type="checkbox"/> Yes → CONTINUE WITH THIS BOOKLET.</p>	Developed for the PPA Baseline Survey						✓	Confirming that respondents are in the correct Part B.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.2	4.2	<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? <small>MARK (X) ONE</small></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No →GO TO QUESTION 4.13</p>	<p>Add Health, Wave 1</p> <p>Have you ever had sexual intercourse? When we say sexual intercourse, we mean when a male inserts his penis into a female’s vagina.</p>					✓		<p>Baseline version used a slightly different definition:</p> <p>The first questions are about sexual intercourse. By sexual intercourse, we mean when a male puts his penis into a female’s vagina.</p>
4.3	4.3	<p>The very <u>first</u> time you had sexual intercourse, what month and year was it?</p> <p><small>MARK (X) ONE MONTH AND ONE YEAR</small></p>	<p>Add Health, Wave 1</p> <p>In what month [and year] did you have sexual intercourse for the very first time?</p>					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.4	4.4	The very <u>first</u> time you had sexual intercourse, how old were you? _ _ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.	Add Health, Wave 1 How old were you the first time you had vaginal intercourse?					✓		
4.5	4.9	Have you had sexual intercourse more than one time? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO QUESTION 4.7	National Longitudinal Study of Youth (NLSY) R03501.00 YSAQ-303 Have you had intercourse more than once?					✓		
4.6	4.10	How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time? _ _ _ _ NUMBER OF PEOPLE - Your best guess is fine.	National Longitudinal Study of Youth, 1997 (NLSY97) R03504.00 YSAQ-306 How many partners have you EVER had intercourse with? This includes any person you had intercourse with, even if it was only once, or if you did not know him or her well?					✓		Baseline version: How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with?

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.7	N/A	The <u>most recent</u> time you had sexual intercourse, what month and year was it? MARK (X) ONE MONTH AND ONE YEAR	Add Health, Wave 1 In what month [and year] did you have sexual intercourse for the very first time?					✓		
4.8	4.8	The <u>most recent</u> time you had sexual intercourse, did you or your partner use ...? MARK (X) ONE FOR EACH YES OR NO a. Condoms b. Birth control pills or the patch c. Depo-Provera or other injectable birth control d. NuvaRing or the ring e. Withdrawal or pulling out f. Another method <i>PRINT OTHER METHOD USED</i>	National Longitudinal Study of Youth, 1997 (NLSY97) R03499.00 [YSAQ-301] Survey Year: 1997 R USE BIRTH CONTROL FIRST TIME HAD SEX? Did you or your sexual partner use any birth control method, or do anything to avoid pregnancy such as natural family planning, the FIRST TIME YOU HAD INTERCOURSE?					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.9	4.11	<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 QUESTION 4.13 __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>From NLSY97 and AAY:</p> <p>From NLSY97: R03506.00 YSAQ-308 About HOW MANY TIMES have you had sexual intercourse in the last 12 months?</p> <p>From AAY: avs6. During the last 3 months, how many times have you had vaginal sex?</p>					✓		Baseline used “last” and follow-up uses “past”.
4.10	4.13	<p>In the past 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>	<p>All About Youth (AAY):</p> <p>avs7. During the last 3 months, how many times have you had vaginal sex without using a condom? AVS7 VS: times w/o condom (3 mo) 3 0 - 990 = range 998 = Refuse to Answer</p>					✓		<p>Baseline version:</p> <p>In the last 3 months, how many <u>times</u> did you or your partner use a condom when you had sexual intercourse?</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.11	N/A	<p>In the past 3 months, of those times you used a condom during sexual intercourse, how many times did the condom break or slip off during sex?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES- Your best guess is fine.</p>	<p>All About Youth (AAY):</p> <p>Of those times you used a condom during vaginal sex in the last three months, how many total times did the condom break?</p> <p>Of those times you used a condom during vaginal sex in the last three months, how many total times did the condom slip off during sex or while the male partner was pulling out?</p> <p>0 – 990 range</p>					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.12	4.12	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None NUMBER OF TIMES – Your best guess is fine.</p>	<p>NLSY97 R03508.00 [YSAQ-310] Survey Year: 1997</p> <p># TIMES R USED BIRTH CONTROL IN LAST YEAR</p> <p>Thinking about ALL THE TIMES that you have had sexual intercourse in the last 12 months, how many of those times did you or your sexual partner or partners use a method of birth control?</p> <p>0 (Go To R03511.00); 1 TO 4; 5 TO 8; 9 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30 TO 34; 35 TO 39; 40 TO 44; 45 TO 49; 50 TO 99999999: 50+</p>					✓		<p>Baseline version:</p> <p>In the last 3 months, how many times did you use any type of birth control when you had sexual intercourse, including condoms or any other method?</p> <p><input type="checkbox"/> Zero or None _ _ NUMBER OF TIMES - Your best guess is fine</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.13	N/A	<p>Now please think about the past 12 months.</p> <p>In the past 12 months, how often have you had a relationship that was just sexual?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> More than once</p>	<p>Toledo Adolescent Relationship Study (TARS):</p> <p>Sometimes people have sex with a person they are not actually dating, such as a friend, former boyfriend or girlfriend, or someone they just met. How often have you:</p> <p>Had a relationship that was strictly sexual?</p> <p>(Never, 1-2 times, 3 or 4 times, 5 or more times)</p>					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.14	4.14	<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 <u>ever</u> had oral sex? MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.19</p>	<p>All About Youth (AAY)</p> <p>aos1. These next questions are about oral sex. By oral sex we mean when someone puts his or her mouth on their partner's penis or vagina, or lets their partner put his or her mouth on their penis or vagina. The questions are very personal. Remember all of your answers are kept private.</p> <p>Have you ever had oral sex? AORAL OS: ever had oral sex 1 0 = No 1 = Yes 8 = Refuse to Answer</p>					✓		
4.15	4.15	<p>The very <u>first</u> time you had oral sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	<p>Add Health, Wave 1:</p> <p>In what [month and] year did you have sexual intercourse for the very first time?</p>					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.16	4.16	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	<p>All About Youth (AAY):</p> <p>aos3. How many different boys or girls have you had oral sex with in your life?</p> <p>AOS3 OS: # of partners 3</p> <p>0 - 990 = range</p> <p>998 = Refuse to Answer</p>					✓		<p>The recall period may change from “ever” to the last 12 months, 6 months, or 3 months, depending on the length of time between the baseline and follow-up.</p>
4.17	4.17	<p>Now please think about the past 3 months.</p> <p>In the past 3 months, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None → GO TO QUESTION 4.19</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>All About Youth (AAY):</p> <p>aos4. During the last 3 months, how many times have you had oral sex?</p> <p>AOS3MO OS: times in past 3 months 3</p> <p>0 - 990 = range</p> <p>998 = Refuse to Answer</p>					✓		<p>The recall period may change to the last 12 months or 6 months, depending on the length of time between the baseline and follow-up. “Last” was used in the baseline instead of “past”</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.18	4.18	<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>All About Youth (AAY): avs7. During the last 3 months, how many times have you had vaginal sex without using a condom? AVS7 VS: times w/o condom (3 mo) 3 0 - 990 = range 998 = Refuse to Answer</p>					✓		<p>The recall period may change to the last 12 months or 6 months, depending on the length of time between the baseline and follow-up.</p> <p>Baseline version: In the last 3 months, how many TIMES did you or your partner use a condom when you had oral sex? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.19	4.19	<p>Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt.</p> <p>Have you <u>ever</u> had anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 5.1</p>	<p>All About Youth (AAY):</p> <p>aas1. The next questions are about anal sex. By anal sex we mean when a boy puts his penis in his partner's anus (that is, their butt). The questions are very personal. Remember all of your answers are kept private.</p> <p>Have you ever had anal sex?</p> <p>AANAL Anal sex: ever 1</p> <p>0 = No</p> <p>1 = Yes</p> <p>8 = Refuse to Answer</p>					✓		
4.20	4.20	<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>	<p>All About Youth (AAY):</p> <p>aas5. How many different boys or girls have you had anal sex with in your life?</p> <p>AAS5 AS: # of partners 3</p> <p>0 - 990 = range</p> <p>998 = Refuse to Answer</p>					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.21	N/A	The very <u>first</u> time you had anal sex, what month and year was it? MARK (X) ONE MONTH AND ONE YEAR	All About Youth (AAY): aas2. How old were you the first time you had anal sex? AASAGE AS: age of init 2 0 - 17 = range 98 = Refuse to Answer					✓		
4.22	4.21	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had anal sex? <input type="checkbox"/> None GO TO 5.1 _ _ NUMBER OF TIMES – Your best guess is fine.	All About Youth (AAY): aas6. During the last 3 months, how many times have you had anal sex? AAS3MO AS: # times past 3 mo 3 0 - 990 = range 998 = Refuse to Answer					✓		Baseline uses “last” and follow-up uses “past”.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.23	4.22	In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.	All About Youth (AAY) : aas8. During the last 3 months, how many times did you have anal sex without using a condom? AAS8 AS: # times no condom past 3 mo 3 0 - 990 = range 998 = Refuse to Answer					✓		Baseline version: In the last 3 months, how many <u>times</u> did you or your partner use a condom when you had anal sex? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.
5.1	N/A	Have you or your partner ever taken a pregnancy test? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Developed by the team for the first follow-up questionnaire.					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.2a	4.25b	<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 QUESTION 5.3</p>	<p>Prevention Minimum Evaluation Data Set (PMEDS) by Sociometrics 3rd edition, 1999, P.40 Part B, Section 4</p> <p>Have you ever been pregnant? Be sure to answer yes if you are currently pregnant or have had any past pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or a live birth after which the baby died.</p> <p>Yes No</p> <p>National Survey of Family Growth (NSFG) – male, Cycle 6, KD.1</p> <p>To the best of your knowledge, have you ever made someone pregnant?</p>					✓		<p>Item 5.2a was split for boys and girls on the baseline:</p> <p>FOR GIRLS ONLY-- To the best of your knowledge, have you ever been pregnant, even if no child was born?</p> <p>FOR BOYS ONLY – GIRLS GO TO QUESTION 5.3</p> <p>To the best of your knowledge, have you ever gotten someone pregnant, even if no child was born?</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.2b	N/A	<p>To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?</p> <p> __ __ NUMBER OF TIMES</p>	<p>Prevention Minimum Evaluation Data Set (PMEDS) by Sociometrics 3rd edition, 1999, P. 41 Part B, Section 4</p> <p>Altogether, how many times have you been pregnant?</p> <p>_____ times</p>					✓		
5.2c	N/A	<p>How old were you the first time you got pregnant or got someone pregnant?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	<p>Prevention Minimum Evaluation Data Set (PMEDS) by Sociometrics 3rd edition, 1999, P. 43 Part B, Section 4:</p> <p>How old were you when you had your first pregnancy?</p> <p>_____ years old</p>					✓		

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.2d	N/A	<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>	Developed by the PPA team.					✓		
5.3	4.26 B1; 4.19 B2	<p>In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>From NSFG - male , Cycle 6:</p> <p>(In the past 12 months, have you...) Received advice or counseling from a doctor or other medical care provider about using methods of birth control, including condoms?</p> <p>Yes1</p> <p>No5</p>					✓		Baseline uses "last" and follow-up uses "past".

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.4	4.27	<p>In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (also known as an 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>	<p>National Survey of Family Growth (NSFG) – female:</p> <p>STDTST12</p> <p>JH-4. In the last 12 months, that is, since (INTERVIEW MONTH, 2001), have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?</p> <p>Yes1</p> <p>No5</p>					✓		Baseline uses “last” and follow-up uses “past”.
5.5	4.28 in B1	<p>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)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>AAY (All About Youth) Study Baseline v1</p> <p>Have you ever been told by a doctor or other health professional you had an STD?</p> <p>0 = No</p> <p>1 = Yes</p>					✓		Baseline uses “last” and follow-up uses “past”.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.6	4.29 in B1	<p>The next series of questions is about the types of sexually transmitted diseases (STDs) you have had. In the past 12 months, did you have...</p> <p>MARK (X) ONE FOR EACH</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> 	<p>AAY (All About Youth) Study Baseline v1</p> <p>st6. What did you have? Please choose all that apply.</p> <p>0 = No 1 = Yes</p> <p>AST6A STD list: Chlamydia AST6B STD list: Genital herpes AST6C STD list: Genital Human Papillomavirus (HPV) or genital warts AST6D STD list: Gonorrhea AST6E STD list: HIV</p>					✓		Baseline used "last" instead of "past"

Part B2: For non-sexually active respondents (Sections 4 and 5).

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.1	4.1	<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 have asked this before but...</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p><input type="checkbox"/> Yes → STOP! GO TO PART B1 INSTEAD.</p> <p><input type="checkbox"/> Yes → CONTINUE WITH THIS BOOKLET.</p>	Developed for the PPA Baseline Survey						✓	Confirming that respondents are in the correct Part B.
4.2	4.2	<p>The first two questions in this part 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 QUESTION 4.4</p>	Developed for the PPA Baseline Survey						✓	Main value is to maintain similarity in appearance of the first page of the sexually active and non-sexually active versions.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.3	4.3	<p>In what month and year do you expect to graduate from high school? <i>If you already graduated, in what month and year did you graduate from high school?</i></p> <p>MARK (X) ONE MONTH AND ONE YEAR Year Range 2007 or earlier to 2018 or later Month Range January to December</p>	Developed for the PPA Baseline Survey						✓	Main value is to maintain similarity in the appearance of the first page of the sexually active and non-sexually active versions.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.4	4.13	<p>Here are some reasons people your age might choose <u>NOT</u> to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>VERY IMPORTANT, SOMEWHAT IMPORTANT, NOT TOO IMPORTANT, NOT AT ALL IMPORTANT</p> <p>a. I don't want to get a sexually transmitted disease, also known as an STD</p> <p>b. I don't want to disappoint my parents</p> <p>c. I am too young to have sex</p> <p>d. My boyfriend or girlfriend doesn't want to have sex</p> <p>e. I want to wait until I'm married</p> <p>f. It is against my personal values</p> <p>g. I haven't met the right person yet</p> <p>h. I haven't had the chance</p> <p>i. I don't want to</p> <p>j. FOR GIRLS I do not want to get pregnant</p> <p>k. FOR BOYS I do not want to get a girl pregnant</p>	<p>Kaiser Family Foundation: SexSmarts (a series of national surveys of teens about sex, virginity, and the first time) 2000, 2003</p> <p>What is the major reason for your decision to wait to have sex? - Check all that apply</p> <p>Worried about pregnancy</p> <p>Worried about HIV/AIDS</p> <p>Worried about STDs</p> <p>Worried about what parents might think</p> <p>Because of what you learned in sex education</p> <p>You haven't met the right person</p> <p>Feel you are too young</p> <p>Concern for your reputation</p> <p>Your partner is not ready</p> <p>You don't have access to birth control or condoms</p> <p>You have not had the opportunity</p> <p>Because of your religion or moral beliefs</p> <p>None of your friends are doing it</p> <p>I could get hurt emotionally (Child Tends question)</p>						✓	<p>Baseline version:</p> <p>There are many reasons a person your age might not have had sexual intercourse. Which of these reasons, if any, are reasons why you have not had sexual intercourse?</p> <p>Mark (X) ONE FOR EACH QUESTION</p> <p>Yes, a reason for me; No, not a reason for me</p> <p>f. I do not want to ruin my reputation</p> <p>g. I do not have access to birth control or condoms</p> <p>h. Because of my religion or moral values</p> <p>i. I could get hurt emotionally</p> <p>l. FOR BOYS I do not want to get someone pregnant</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.5	N/A	<p>What do you think are the benefits of waiting to have sexual intercourse? Strongly Agree, Agree, Disagree, Strongly Disagree</p> <p>Mark (X) ONE FOR EACH QUESTION</p> <p>a. Respect for yourself b. Respect from parents c. Keeping true to religious values d. Respect from friends e. Not having to worry about pregnancy f. Not having to worry about sexually transmitted diseases, also known as STDs g. Better chance for a good marriage in the future h. Fewer distractions so you can focus on school work</p>	<p>Kaiser Family Foundation: SexSmarts (a series of national surveys of teens about sex, virginity, and the first time) 2003</p> <p>What do you think are the benefits for waiting to have sex?</p> <ul style="list-style-type: none"> • Respect for yourself • Stay in control of your relationship • Respect from parents • Keeping true to religious values • Respect from friends • Don't have to worry about pregnancy or STDs • One less thing to worry about 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)
4.6	N/A	<p>Do people need religion to have good values? Mark (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>NLSY 97</p> <p>I don't need religion to have good values.</p> <p>Yes No</p>						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.7	N/A	Should religious teachings be obeyed in every situation? Mark (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	National Survey of Children’s Health (NSCH) The Bible/Koran/Torah/religious teachings should be obeyed in every situation. Yes No						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)
4.8	N/A	Do you pray every day? Mark (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	National Survey of Children’s Health (NSCH) I pray more than once per day. Yes No						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)
4.9	N/A	Do you think it’s embarrassing for people your age to admit they are virgins? Mark (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	National Campaign, Voices Heard 2007 Do you think it’s embarrassing for teens to admit they are virgins? Yes No						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.10	N/A	Do you think it's embarrassing for girls your age to get pregnant? Mark (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No							✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)
4.11	N/A	In the group you hang out with, how important is it to have a girlfriend or boyfriend or to be going out with someone? MARK (X) ONE <input type="checkbox"/> Very important <input type="checkbox"/> Not too important <input type="checkbox"/> Not important at all	Kaiser Family Foundation's National Survey of Teens, 1998 In the group you hang out with, how important is it to have a (girlfriend or boyfriend/ boyfriend or girlfriend) or be going out with someone? Is it . <input type="radio"/> Very important <input type="radio"/> Not too important <input type="radio"/> Not important at all <input type="radio"/> Don't know <input type="radio"/> Refused						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.12	N/A	<p>The next few questions are about your access to and use of TV, cell phones, computers and other forms of technology.</p> <p>Do you personally have a phone, computer, or other device that can connect to the internet?</p> <p>Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Kaiser Family Foundation's <i>Generation M: Media in the Lives of 8–18 Year-Olds</i> study</p> <p>Which of the following items do you, personally, have? (MARK AS MANY ANSWERS AS YOU NEED)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cell phone <input type="checkbox"/> A laptop computer <input type="checkbox"/> A handheld videogame player (such as Nintendo DS or Sony PSP) <input type="checkbox"/> iPod or other MP3 player <input type="checkbox"/> Discman or Walkman <input type="checkbox"/> Pager <input type="checkbox"/> A personal digital assistant (such as a Palm Pilot or Handspring) <input type="checkbox"/> Any handheld device that connects to the Internet (a Blackberry, a cell phone with Internet connection, etc.) <input type="checkbox"/> None of these 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.13	N/A	<p>Do your parents have any rules about...?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No, Not Applicable</p> <p>a. The amount of time or when you can text, talk on the phone, watch TV or be on the computer?</p> <p>c. Whether or not you can have a profile on a social networking site like MySpace or Facebook</p>	<p>Kaiser Family Foundation's <i>Generation M: Media in the Lives of 8–18 Year-Olds</i> study</p> <p>Do your parents have any rules about...?</p> <p>(MARK ONE ANSWER NEXT TO EACH ITEM)</p> <p>Yes No</p> <ul style="list-style-type: none"> ○ How many text messages you can send ○ How late at night you can talk on a cell phone ○ Whether or not you can have a profile on a social networking site like MySpace and Facebook 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)
4.14	N/A	<p>Do your parents have any rules about what you are allowed to watch on TV?</p> <p>Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Kaiser Family Foundation's <i>Generation M: Media in the Lives of 8–18 Year-Olds</i> study</p> <p>Do your parents have any rules about...?</p> <p>(MARK ONE ANSWER NEXT TO EACH ITEM)</p> <p>Yes No</p> <ul style="list-style-type: none"> ○ What you're allowed to watch on TV 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.15	N/A	<p>Do your parents have any rules about what sites you can access on the internet?</p> <p>Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Kaiser Family Foundation's <i>Generation M: Media in the Lives of 8–18 Year-Olds</i> study</p> <p>Do your parents have any rules about...?</p> <p>(MARK ONE ANSWER NEXT TO EACH ITEM)</p> <p>Yes No</p> <ul style="list-style-type: none"> <input type="radio"/> What you're allowed to do on the computer 						✓	<p>Additional Information on youth who remain abstinent (for possible descriptive analysis)</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.16	N/A	<p>Some people exchange sexy text messages, videos, or pictures of themselves or their friends. How common would you say each of the following is <u>among people your age</u>?</p> <p>MARK (X) ONE FOR EACH</p> <p>Not Common at all, Not very Common, Fairly Common, Very Common</p> <p>a. Sending or posting sexy text messages b. Sending or posting sexy pictures or video</p>	<p>The National Campaign, Sex and Technology Survey, 2008</p> <p>How common would you say each of the following is among people your age?</p> <p>Not Common At All, Not Very, Common, Fairly Common, Very Common</p> <ul style="list-style-type: none"> • Sending sexy messages to someone else • Sharing sexy messages with people other than the one(s) they were meant for • Sending of sexy pictures/video of oneself to someone else • Posting sexy pictures/video of oneself online • Sharing sexy pictures/video with people other than the one(s) they were meant for 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.17	N/A	<p>Have you ever sent or posted a sexy message, picture, or video of yourself by email, IM or text?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.19</p>	<p>The National Campaign, Sex and Technology Survey, 2008</p> <p>{ASKED IF SENT OR POSTED SEXY MESSAGES OR PIX/VIDEO TO SOMEONE}</p> <p>What are the reasons that you've sent/posted suggestive messages or nude/semi-nude pictures/videos (of yourself)?</p> <p><i>Please think about any/all of those you've ever sent/posted and mark all that apply.</i></p> <ul style="list-style-type: none"> ○ Get a guy/girl's attention Pressured to send it ○ As a "sexy" present for a boyfriend/girlfriend ○ To feel sexy ○ Get a guy/girl to like me ○ As a joke ○ To get positive feedback To be fun/ flirtatious ○ To get noticed ○ In response to one that was sent to me ○ Other: _____ ○ Don't know 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.18	N/A	<p>Which of the following reasons did you have for sending or posting a sexy message, picture or video of yourself?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <p>a. To get or keep a guy’s or girl’s attention</p> <p>b. Your boyfriend/girlfriend pressured you to do it</p> <p>c. As a “sexy” present for a boyfriend or girlfriend</p> <p>d. To get back at someone or cause trouble</p> <p>e. Pressure from friends</p> <p>f. To be fun or to flirt</p> <p>g. Everybody does it</p> <p>h. Another reason? <i>PRINT REASON</i></p>	<p>The National Campaign, Sex and Technology Survey, 2008</p> <p>{ASKED IF SENT OR POSTED SEXY MESSAGES OR PIX/VIDEO TO SOMEONE}</p> <p>What are the reasons that you’ve sent/posted suggestive messages or nude/semi-nude pictures/videos (of yourself)?</p> <p><i>Please think about any/all of those you’ve ever sent/posted and mark all that apply.</i></p> <ul style="list-style-type: none"> ○ Get a guy/girl’s attention Pressured to send it ○ As a “sexy” present for a boyfriend/girlfriend ○ To feel sexy ○ Get a guy/girl to like me ○ As a joke ○ To get positive feedback To be fun/ flirtatious ○ To get noticed ○ In response to one that was sent to me ○ Other: _____ ○ Don’t know 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.19	N/A	<p>Have you ever <u>received</u> a sexy text message, or a picture or video of someone you know? MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No →GO TO QUESTION 5.1</p>	<p>The National Campaign, Sex and Technology Survey, 2008</p> <p>Which of the following, if any have personally ever done? Please mark all that apply.</p> <ul style="list-style-type: none"> ○ Sent a sexually suggestive message to someone (email, IM, text, etc.) ○ Posted a sexually suggestive message to someone's online profile (like on MySpace, Facebook, etc.) ○ NET sent/posted sexually suggestive messages ○ Received a sexually suggestive message from someone ○ Had a sexually suggestive message shared with me 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
4.20	N/A	<p>Have you ever <u>shared or forwarded</u> a sexy text message, or picture or video of someone you know?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>The National Campaign, Sex and Technology Survey, 2008</p> <p>Which of the following, if any have personally ever done? Please mark all that apply.</p> <ul style="list-style-type: none"> ○ Shared a sexually suggestive with someone other than the one it was meant for 						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.1	N/A	<p>The next few questions ask about your community.</p> <p>How often do you feel that there are teachers or other adults in your school who really know you and care about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Often</p> <p><input type="checkbox"/> Very often</p>	<p>Every Child, Every Promise /America’s Promise:</p> <p>How often do you feel teachers and other adults in your school really know you and care about you? Would you say...</p> <p>Never Sometimes Often Very often</p>						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.2	N/A	<p>How often do you feel there are adults in your neighborhood, or in religious or youth organizations, who really know you and care about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Often</p> <p><input type="checkbox"/> Very often</p>	<p>Every Child, Every Promise /America’s Promise:</p> <p>How often do you feel the adults from your neighborhood or religious or youth organizations really know you and care about you?</p> <p>Never Sometimes Often Very often</p>						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)
5.3	N/A	<p>How often do you feel safe in your community or neighborhood?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Usually</p> <p><input type="checkbox"/> Always</p>	<p>National Survey of Children’s Health (NSCH) 2003</p> <p>How often do you feel [CHILD] is safe in your community or neighborhood?</p>						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.4	N/A	How often do you feel safe at school? MARK(X) ONE <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	National Survey of Children’s Health (NSCH) 2003 How often do you feel he/she is safe at school?						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)
5.5	N/A	How often do you feel safe at home? MARK(X) ONE <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always	National Survey of Children’s Health (NSCH) 2003 How often do you feel he/she is safe at home?						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
5.6	N/A	<p>During the past 12 months, were you on a sports team or did you take sports lessons after school or on weekends?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>National Survey of Children’s Health (NSCH)</p> <p>During the past 12 months, was [CHILD’S NAME] on a sports team or did he/she take sports lessons after school or on weekends?</p>						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)
5.7	N/A	<p>During the past 12 months, did you participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Boy’s/Girl’s Club?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>National Survey of Children’s Health (NSCH)</p> <p>During the past 12 months, did he/she participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Boy/Girl’s Club?</p>						✓	Additional Information on youth who remain abstinent (for possible descriptive analysis)

Part B: For sexually active and non-sexually active respondents (Sections 6 and 7).

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
6.1	5.6	<p>The next questions are about alcohol and drug use. Please remember, everything you tell us will be kept private.</p> <p>During the past 30 days, <u>not</u> including any times you just had a sip, on how many days did you have one or more alcoholic beverages?</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 →GO TO QUESTION 6.4</p>	<p>NLSY 1997 combined with National Survey on Drug Use and Health (NSDUH) - answer choices are based on NSDUH:</p> <p>R03585.00 [YSAQ-365] Survey Year: 1997</p> <p># DAYS R DRINK ALCOHOL LAST 30 DAYS</p> <p>During the last 30 days, on how many days did you have one or more drinks of an alcoholic beverage?</p> <p>0; 1 TO 4; 5 TO 9; 10 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30</p>				✓			Baseline uses “last” and follow-up uses “past”.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
6.2	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>	<p>NLSY 1997 combined with National Survey on Drug Use and Health (NSDUH) - answer choices are based on NSDUH:</p> <p>R03587.00 [YSAQ-367]</p> <p>Survey Year: 1997</p> <p># DAYS R HAD 5+ DRINKS PER DAY LAST 30 DAYS</p> <p>On how many days did you have five or more drinks on the same occasion during the past 30 days? By occasion we mean at the same time or within hours of each other.</p> <p>0; 1 TO 4; 5 TO 9; 10 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30</p>				✓			Baseline uses “last” and follow-up uses “past”.

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
6.3	N/A	<p>During the past 30 days, on how many days did you get drunk or wasted?</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>	<p>Developed by the PPA team for the First Follow-up Survey.</p>				✓			
6.4	5.9	<p>During the past 30 days, on how many days did you use marijuana, also called weed or pot?</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>	<p>NLSY 1997 combined with National Survey on Drug Use and Health (NSDUH) - answer choices are based on NSDUH:</p> <p>R03591.00 [YSAQ-371]</p> <p>Survey Year: 1997</p> <p># DAYS USE MARIJUANA IN LAST 30 DAYS?</p> <p>On how many days have you used marijuana in the last 30 days?</p> <p>0; 1 TO 4; 5 TO 9; 10 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30</p>				✓			<p>Baseline uses “last” and follow-up uses “past”.</p>

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
6.5	5.10, 5.11, and 5.12	<p>Have you ever used any other type of illegal drug, prescription drugs, or an inhalant that were not prescribed for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Combined from multiple baseline items, based on NLSY97, Round 2</p> <p>YSAQ-372b R21915.00</p> <p>Have you ever used any drugs like cocaine or crack or heroin, or any other substance not prescribed by a doctor, in order to get high or to achieve an altered state?</p> <p>1 Yes (Go to YSAQ-372c)</p> <p>0 No</p>				✓			<p>Baseline version:</p> <p>Have you ever used any other type of illegal drug, prescription drugs, or an inhalant that were not prescribed for you?</p>
7.1	6.4	<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>	<p>MPR Abstinence:</p> <p>3.45 Is there any pressure from your friends to have sexual intercourse?</p> <p>No pressure at all</p> <p>A little pressure</p> <p>Some pressure</p> <p>A lot of pressure</p>				✓			

Follow-up Question #	OMB-approved Baseline #	First Follow-up Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Intermediate Outcome	Sexual Risk Outcome	Other (see notes)	Notes
7.2	N/A	<p>How often is each of the following statements true for you? MARK (X) ONE FOR EACH</p> <p>Never True, Sometimes True, Often True, Almost Always True</p> <ul style="list-style-type: none"> a. I can trust my friends b. My friends want the best for me in my life c. My friends care about me d. My friends are there for me if I need them 	<p>4H Study on Positive Youth Development:</p> <p>How true is each of these statements for you? Never True = 0, Always True =3</p> <p>I can trust my friends My friends want the best for me in my life My friends care about me My friends are there for me if I need them</p>				✓			