

**EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES
SUMMARY TABLE, SITE- SPECIFIC BASELINE SURVEY, AND CONSENT AND
ASSENT FORMS: PRINCETON CENTER FOR LEADERSHIP TRAINING (PCLT)**

The PCLT survey instrument is divided into three sections:

PART A – FOR ALL YOUTH (this section ends with a question on whether the adolescent has had sex, in which case the adolescent chooses to continue to either PART B1 or B2)

PART B1 – FOR SEXUALLY-ACTIVE YOUTH

PART B2 – FOR NON-SEXUALLY-ACTIVE YOUTH

SUMMARY OF DIFFERENCES BETWEEN THE BASELINE CONCORDANCE INSTRUMENT AND THE TEEN PEP BASELINE SURVEY

Items are listed in the order in which they appear on the Teen PEP baseline instrument. The number for the corresponding baseline concordance item is listed in the “Concordance #” column. Items in Part A are listed first, followed by items in Section 4, Part B1 (for sexually active respondents), items in Section 4, Part B2 (for non-sexually active respondents) and items in Sections 5 and 6, Parts B1 and B2 (these sections are the same for sexually active and non-sexually active respondents). Items found on the concordance instrument that are not on the Teen PEP instrument are listed at the bottom of the table.

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

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
PART A (Sections 1 – 3): All items in Part A are the same for 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	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
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	
1.3	1.3	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	
1.4	1.4	Are you Hispanic/Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
1.5	1.5	<p>What is your race?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race <i>PRINT OTHER RACE</i> 	
1.6	1.6	<p>When you are at home or with your family, what language or languages do you usually speak?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE(S)</i> _____ 	
1.6a	1.6a	<p>What is the main language you speak at home?</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE(S)</i> _____ 	

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

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
1.10	1.10	<p>In an average week last month, including weekends, about how many hours did you spend participating in each of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Zero Hours Per Week, More Than Zero but Less Than 2 Hours Per Week, 2-5 Hours Per Week, More Than 5 Hours Per Week</p> <ul style="list-style-type: none"> a. Sports-related clubs, teams, or organizations b. Lessons, clubs, or performances for art, music, or drama c. Other clubs, teams, and organizations, such as academic clubs, Scouts, chess clubs, or debating teams d. Services or programs at a church, temple, synagogue, mosque, or other place of worship e. Working at a paid job f. Volunteering 	
1.11	1.11	<p>How likely is it that you will do each of the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all likely, A little bit likely, Somewhat likely, Very likely</p> <ul style="list-style-type: none"> a. Graduate from high school b. Go to a technical or vocational school after high school c. Go to college d. Graduate from a 2-year or community college program e. Graduate from a 4-year college program 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
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> <ul style="list-style-type: none"> <input type="checkbox"/> You live in one home – GO TO 2.2 <input type="checkbox"/> You live in two or more homes and go back and forth – GO TO 2.3 <input type="checkbox"/> You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) – GO TO 2.4 	
2.2	2.2	<p>Who lives with you in your home?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.3	2.3	<p>Who lives with you in each of your homes?</p> <p>Mark (X) all of the people who live with you in your MAIN home, and then mark (X) all of the people who live with you in your OTHER homes.</p> <p>MARK ALL THAT APPLY (List appears for both the MAIN home and the OTHER home(s))</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.4	2.4	<p>On how many days last week did all the family members who live in your household sit down together for a meal?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p>	
2.5	2.5	<p>On how many days last week did you do something with at least one adult in your family like play a game, watch a movie, go to a sporting event, or work on something you enjoy doing together?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 0</p> <p><input type="checkbox"/> 1</p> <p><input type="checkbox"/> 2</p> <p><input type="checkbox"/> 3</p> <p><input type="checkbox"/> 4</p> <p><input type="checkbox"/> 5</p> <p><input type="checkbox"/> 6</p> <p><input type="checkbox"/> 7</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.6	2.6	<p>Now we have some questions about your mother, or the person you think of as a mother. Is this person...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a mother or person I think of as a mother GO TO 2.14 	
2.7	2.7	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Did she graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	
2.8	2.8	<p>Did she graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.9	2.9	<p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don't know how many hours <input type="checkbox"/> Don't know if she is working 	
2.10	2.10	<p>How close do you feel to your mother or the person you think of as your mother?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close 	
2.11	2.11	<p>In general, how much do you think she cares about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.12	2.12	<p>Whether you have done this or not, how would she feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.13	2.13	<p>How would she feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.14	2.14	<p>Next we have some questions about your father, or the person you think of as your father. Is this person...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological father, that is, the man who is genetically related to you <input type="checkbox"/> Your stepfather or adoptive father <input type="checkbox"/> Your foster father <input type="checkbox"/> Your grandfather <input type="checkbox"/> Your uncle or your older brother <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a father or person I think of as my father GO TO 2.22a 	
2.15	2.15	<p>The following questions are about the person you marked as your father or the person you think of as your father.</p> <p>Did he graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	
2.16	2.16	<p>Did he graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.17	2.17	<p>Is he working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> He is not working at a paid job <input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, he works, but I don't know how many hours <input type="checkbox"/> Don't know if he is working 	
2.18	2.18	<p>How close do you feel to your father or the person you think of as your father?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close 	
2.19	2.19	<p>In general, how much do you think he cares about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.20	2.20	<p>Whether you have done this or not, how would he feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.21	2.21	<p>How would he feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.22a	2.22a	<p>Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have passed away, please answer about their relationship when both were alive.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> They are married to each other <input type="radio"/> They used to be married to each other, but are now separated <input type="radio"/> They used to be married to each other, but are now divorced <input type="radio"/> They have never been married to each other <input type="radio"/> I don't know 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.22b	2.22b	<p>Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> One or both of my biological parents have passed away <input type="radio"/> I don't know 	
2.23	2.23	<p>The next questions ask about what your parents know about your activities. By parents, we mean the parents or guardians you live with <u>most</u> of the time. Thinking about the past month, how often did your parents know where you were after school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.24	2.24	<p>Thinking about the past month, how often did your parents know who you were going to be with before you went out?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out 	
2.25	2.25	<p>Thinking about the past month, how often did your parents know where you were when you went out at night?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out at night 	
2.26	2.26	<p>If you were going to be home late, would your parents expect you to call?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
2.27	2.27	<p>In the past 12 months, how many times have you talked with at least one of your parents or guardians about . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-2 Times, 3-9 Times, 10 or more times</p> <ul style="list-style-type: none"> a. How things are going with school work or with your grades b. A personal problem you were having c. How to have good romantic relationships d. Strategies for safe dating e. How to resist pressures to have sex f. Avoiding drugs and alcohol g. Pregnancy or birth h. Sexually transmitted diseases (also called STDs), HIV, or AIDS 	<p>Added:</p> <p>i. Whether you should be having sex at this time in your life</p>
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 QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for you to do at your age b. At your age right now, having sexual intercourse would create problems c. At your age right now, not having sexual intercourse is important for you to be safe and healthy d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom e. It is against your values to have sexual intercourse before marriage 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
3.2	3.2	<p>FOR GIRLS If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	
3.2	3.2	<p>FOR BOYS If you got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
3.3	3.3	<p>Imagine you are alone with someone you like very much. How likely is it that you could . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all Likely, a Little 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>	
3.4	3.4	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Condoms should always be used if a person your age has sexual intercourse</p> <p>b. Condoms are a hassle to use</p> <p>c. Condoms are pretty easy to get</p> <p>d. Condoms are important to make sex safer</p> <p>e. Using condoms means you don't trust your partner</p> <p>f. Using condoms is morally wrong</p> <p>g. Condoms decrease sexual pleasure</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
3.5	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 3.6 	
3.5a	3.5a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
3.6	3.6	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
3.7	3.7	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	
3.8	3.9	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.10 	
3.8a	3.9a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
3.9	3.10	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
3.10	3.11	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Don't know</p>	
3.11	3.8	<p>The next series of questions is about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that...</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Birth control should always be used if a person your age has sexual intercourse</p> <p>b. Birth control is a hassle to use</p> <p>c. Birth control is pretty easy to get</p> <p>d. Birth control is important to make sex safer</p> <p>e. Birth control has too many negative side effects</p> <p>f. Using birth control is morally wrong</p>	
3.12	3.12	<p>Can you get a sexually transmitted disease, or STD, from having oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know GO TO 3.12</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
3.12a	3.12a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all confident</p> <p><input type="checkbox"/> A little confident</p> <p><input type="checkbox"/> Somewhat confident</p> <p><input type="checkbox"/> Very confident</p>	
3.13	3.13	<p>In the past 3 months, how many TIMES have you gone out on a date?</p> <p><input type="checkbox"/> Zero or None GO TO 3.15</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	
3.14	3.14	<p>Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	
3.15	3.16	<p>Do you intend to have sexual intercourse in the next year?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, probably</p> <p><input type="radio"/> No, probably not</p> <p><input type="radio"/> No, definitely not GO TO QUESTION 3.19</p>	
3.16	3.17	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, probably</p> <p><input type="radio"/> No, probably not</p> <p><input type="radio"/> No, definitely not</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
3.17	3.18	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	
3.18	3.15	<p>Do you intend to have oral sex in the next year?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
3.19	3.19	Do you intend to have sexual intercourse without being married? MARK (X) ONE <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not	
3.20	3.20	Have you ever had sexual intercourse, oral sex, or anal sex? <input type="checkbox"/> YES: GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE <input type="checkbox"/> NO: GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE	
PART B1: The items in Section 4, Part B1 are specifically for sexually active respondents. Items in Sections 5 and 6, Part B1 are the same as the items in Sections 5 and 6, Part B2 (for non-sexually active respondents).			
4.1 B1	4.1 Part B1	The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential and everything you say will be kept private. Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex? <input type="checkbox"/> No STOP AND GO TO PART B2 <input type="checkbox"/> Yes CONTINUE WITH THIS BOOKLET.	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.2 B1	4.2 Part B1	<p>The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.15</p>	
4.3 B1	4.3 Part B1	<p>The very <u>first</u> time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
4.4 B1	4.4 Part B1	<p>The very first time you had sexual intercourse, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
4.5 B1	4.5 Part B1	<p>The very first time you had sexual intercourse, how old was your partner?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Three or more years younger than you</p> <p><input type="checkbox"/> A year or two younger than you</p> <p><input type="checkbox"/> The same age as you</p> <p><input type="checkbox"/> A year or two older than you</p> <p><input type="checkbox"/> Three or more years older than you</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.6 B1	4.6 Part B1	<p>The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Voluntary <input type="checkbox"/> Not voluntary</p>	
4.7 B1	4.7 Part B1	<p>Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also called STDs.</p> <p>The first time you had sexual intercourse, did you or your partner use any type of birth control, including condoms or any other method?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.9</p>	
4.8 B1	4.8 Part B1	<p>The first time you had sexual intercourse, did you or your partner use ...</p> <p>MARK (X) ONE FOR EACH ITEM</p> <p>YES, NO</p> <p>a. Condoms b. Birth control pills or the patch c. Depo-Provera, the shot, or other injectable birth control d. Nuva ring or the ring e. Withdrawal or pulling out f. Another method (<i>PRINT OTHER METHOD USED</i>):</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.9 B1	4.9 Part B1	Have you had sexual intercourse more than one time? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.14	
4.10 B1	4.10 Part B1	How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time? __ __ NUMBER OF PEOPLE - Your best guess is fine.	
4.11 B1	4.11 Part B1	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse? <input type="checkbox"/> None GO TO 4.14 __ __ NUMBER OF TIMES - Your best guess is fine.	
4.12 B1	4.12 Part B1	In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using a condom? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.13 B1	4.13 Part B1	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.14 B1	4.14 Part B1	<p>Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their penis or vagina.</p> <p>Have you ever had oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.19</p>	
4.15 B1	4.15 Part B1	<p>The very <u>first</u> time you had oral sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.16 B1	4.16 Part B1	How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time? _ _ NUMBER OF PEOPLE - Your best guess is fine.	
4.17 B1	4.17 Part B1	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.	
4.18 B1	4.18 Part B1	In the past 3 months, how many TIMES have you had oral sex <u>without</u> using a condom? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.	
4.19 B1	4.19 Part B1	Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt. Have you <u>ever</u> had anal sex? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.23	
4.20 B1	4.20 Part B1	How many DIFFERENT PEOPLE have you <u>ever</u> had anal sex with, even if only one time? _ _ NUMBER OF PEOPLE - Your best guess is fine.	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.21 B1	4.21 Part B1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had anal sex?</p> <p><input type="checkbox"/> None GO TO 4.23</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.22 B1	4.22 Part B1	<p>In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.23 B1	4.23 Part B1	<p>Have you ever had oral sex or anal sex with a person the same sex as you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.24a B1	4.24a Part B1	<p>FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.27</p>	
4.24b B1	4.24b Part B1	<p>FOR GIRLS ONLY- How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.25a B1	4.25a Part B1	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or their voices cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> These changes have not yet started</p> <p><input type="checkbox"/> These changes have barely started</p> <p><input type="checkbox"/> These changes are definitely underway</p> <p><input type="checkbox"/> These changes seem complete</p>	
4.25b B1	4.25b Part B1	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE</p>	
4.26A B1	4.26a	<p>FOR BOYS AND GIRLS</p> <p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.27</p>	
4.26b B1	4.26b	<p>To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.26c B1	4.26c	<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
4.27 B1	4.27 Part B1	<p>In the past 12 months, have you spoken with a doctor or nurse about having sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.28 B1	4.28 Part B1	<p>In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (STD), like gonorrhea, Chlamydia, syphilis, or HIV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.29 B1	4.29 Part B1	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.30 B1	4.30 Part 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>Yes, No, Don't know</p> <ul style="list-style-type: none"> a. Chlamydia b. Gonorrhea c. Genital herpes d. Syphilis e. HIV infection or AIDS f. Human papilloma virus, also called HPV or genital warts g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD:</i> 	
4.31 B1	4.31 Part B1	<p>Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
4.32 B1	4.32 Part B1	<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have never dated anyone 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
PART B2: The items in Section 4, Part B2 are specifically for non-sexually active respondents. Items in Sections 5 and 6, Part B1 are the same as the items in Sections 5 and 6, Part B2 (for non-sexually active respondents).			
4.1 B2	4.1 Part B2	<p>This booklet is for youth who have not had sex. We want to be sure you are in the correct booklet. We know we asked this before but...</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes STOP AND GO TO PART B1</p> <p><input type="checkbox"/> No CONTINUE WITH THIS BOOKLET</p>	
4.2 B2	4.2 Part B2	<p>The first two questions in this booklet are about your schooling.</p> <p>Do you expect that you will graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I already graduated from high school</p> <p><input type="checkbox"/> No GO TO 4.4</p>	
4.3 B2	4.3 Part B2	<p>In what month and year do you expect to graduate from high school? (If you already graduated, in what month and year did you graduate from high school?)</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.4 B2	4.4 Part B2	<p>The next questions are about where you live.</p> <p>In the last 7 days, did you spend any nights somewhere like a shelter, someone else’s home, in a car, on the street or in any other temporary housing because you did not have a regular place to stay?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes GO TO 4.11</p> <p><input type="checkbox"/> No</p>	<p>Modified wording</p> <p>“In the past 7 days...”</p>
4.5 B2	4.5 Part B2	<p>In how many homes, places, or households do you live: one, two, or three or more?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 1 home GO TO 4.9</p> <p><input type="checkbox"/> 2 homes</p> <p><input type="checkbox"/> 3 or more homes</p>	
4.6 B2	4.6 Part B2	<p>Do you consider one of these homes to be your main home?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.7 B2	4.7 Part B2	<p>Thinking about the past 30 days, how many nights did you spend in <u>each</u> home?</p> <p>FILL IN TWO OR THREE NUMBERS</p> <p> __ __ Number of nights at home #1 – Your best guess is fine.</p> <p> __ __ Number of nights at home #2 – Your best guess is fine.</p> <p> __ __ Number of nights at another home or other homes – Your best guess is fine.</p>	
4.8 B2	4.8 Part B2	<p>Is there anyone who moves with you from home to home?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.9 B2	4.9 Part B2	<p>Is your home or any of your homes a group home or halfway house?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.10 B2	4.10 Part B2	<p>This question is about who lives with you in your home. If you have more than one home, please think about your <u>main</u> home.</p> <p>How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital?</p> <p> __ __ NUMBER OF PEOPLE</p>	
4.11 B2	4.11 Part B2	<p>These next few questions are about you and your friends. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. You have friends who will give you good advice b. You have a friend who cares about you c. You have a friend you can talk to when you need to d. You have someone who you can call your best friend</p>	
4.12 B2	4.12 Part B2	<p>How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. When you start a project, you finish it b. You only work as hard as you have to c. You are someone people can count on d. When you work, you do a good job</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.13 B2	4.13 Part B2	<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 Very Important, Somewhat Important, Not Too Important, Not At All Important</p> <ul style="list-style-type: none"> a. I don't want to get a sexually transmitted disease, also known as an STD b. I don't want to disappoint my parents c. I am too young to have sex d. My boyfriend or girlfriend doesn't want to have sex e. I want to wait until I'm married f. It is against my personal values g. I haven't met the right person yet h. I haven't had the chance i. I don't want to j. FOR GIRLS: I do not want to get pregnant k. FOR BOYS: I do not want to get a girl pregnant 	
4.14a B2	4.14 a Part B2	<p>FOR GIRLS - Have you ever had your period, that is, a menstrual period?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.16 	
4.14b B2	4.14b Part B2	<p>FOR GIRLS - How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine. GO TO 4.16</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.15a B2	4.15a Part B2	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or their voices cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> These changes have not yet started</p> <p><input type="checkbox"/> These changes have barely started</p> <p><input type="checkbox"/> These changes are definitely underway</p> <p><input type="checkbox"/> These changes seem complete</p>	
4.15b B2	4.15b Part B2	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
4.16 B2	4.16 Part B2	<p>Have you ever done any of the following?</p> <p>Yes, No</p> <p>a. Kissed someone on the lips</p> <p>b. French kissed, that is put your tongue in someone's mouth while kissing</p> <p>c. Touched another person's private parts</p> <p>d. Let someone touch your private parts</p>	
4.17 B2	4.17 Part B2	<p>Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
4.18 B2	4.18 Part B2	<p>Have you ever been fearful that someone you were dating might physically hurt you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have never dated anyone 	
4.19 B2	4.19 Part 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> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
4.20 B2	4.20 Part B2	<p>If you decided to have sexual intercourse outside of marriage, how likely is it you would use a condom or other contraceptive method?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little bit likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely <input type="checkbox"/> Don't plan to have sexual intercourse outside of marriage 	<p>Removed "outside of marriage": If you decided to have sexual intercourse, how likely is it you would use a condom or other contraceptive method?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little bit likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely
<p>Sections 5 and 6 (Parts B1 and B2) – these items are the same for sexually active and non-sexually active respondents.</p>			

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
5.1	5.1	<p>The next questions are about tobacco, alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.</p> <p>Have you ever smoked a cigarette?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.4</p>	
5.2	5.2	<p>The very first time you smoked a cigarette, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
5.3	5.3	<p>During the past 30 days, on how many days did you smoke one or more cigarettes?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	
5.4	5.4	<p>Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.8</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
5.5	5.5	<p>The very first time you had an alcoholic drink, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
5.6	5.6	<p>During the past 30 days, not 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</p>	
5.7	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>	
5.8	5.8	<p>Have you ever used marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.10</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
5.9	5.9	<p>During the past 30 days, on how many days did you use marijuana?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	
5.10	5.10	<p>Have you ever used any other type of illegal drug, for example Methamphetamine, speed, PCP, ecstasy, or any form of cocaine, such as crack?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
5.11	5.11	<p>Have you ever used any prescription pills or other prescription drugs that were not prescribed for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
5.12	5.12	<p>Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents to get high?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
6.1	6.1	<p>How many of your friends who are your age think the following things? Your best guess is fine</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for them to do at their age. b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom. c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time d. They should wait until they are older to have sexual intercourse. e. They should wait until marriage to have sexual intercourse. 	
6.2	6.2	<p>How many of your friends who are your age have done the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <ul style="list-style-type: none"> a. Had sexual intercourse. b. Had oral sex. 	

Teen PEP #	Concordance #	Baseline Concordance Question Text	Modifications for Teen PEP
6.3	6.3	<p>In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure 	
6.4	6.4	<p>People are different in their sexual attraction to other people. Which of the following best describes you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am only attracted to males <input type="checkbox"/> I am attracted to both males and females <input type="checkbox"/> I am only attracted to females <input type="checkbox"/> I am not attracted to either males or females <input type="checkbox"/> I am not sure 	
6.5	6.5	<p>How much do you feel that your friends care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not care at all <input type="checkbox"/> Care a little bit <input type="checkbox"/> Care somewhat <input type="checkbox"/> Care very much 	

OMB Control No:
Expiration Date:

MATHEMATICA
Policy Research



Evaluation of Adolescent Pregnancy Prevention Approaches

BASELINE QUESTIONNAIRE

PART A – Teen Pep

CONFIDENTIALITY

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

We want you to know that:

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

Mathematica Policy Research

THE PAPERWORK REDUCTION ACT OF 1995

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

GENERAL INSTRUCTIONS

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

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

EXAMPLE 1: MARK (X) ONE ANSWER

What is the color of your eyes?

MARK (X) ONE

- Brown
 Blue
 Green
 Another color

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

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

What is the color of your hair?

MARK (X) ONE

- Brown
 Black
 Blond
 Red
 Some other color PRINT OTHER COLOR

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

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

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

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

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

1. Do you ever eat chocolate?

MARK (X) ONE

- Yes
 No → GO TO QUESTION 3

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

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

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

MARK (X) ONE

- Yes
 No

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

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

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

NUMBER OF CHOCOLATE BARS – Your best guess is fine.

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

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

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

In what month and year did you finish elementary school?

MARK (X) ONE MONTH AND ONE YEAR

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

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

8. **EXAMPLE 8: FOR GIRLS or FOR BOYS**

1a. **FOR GIRLS** Do you want to be a mother someday?

MARK (X) ONE

Yes No → GO TO 2

1b. **FOR BOYS** Do you want to be a father someday?

MARK (X) ONE

Yes
 No

2. Do you have any brothers or sisters?

MARK (X) ONE

Yes
 No

Some questions are just for girls and some questions are just for boys. These questions are marked with FOR GIRLS or FOR BOYS. If a question is not marked specifically FOR GIRLS or FOR BOYS, then it is a question for everyone to answer.

In the example, if you are a girl, you would answer 1a (FOR GIRLS), skip 1b (FOR BOYS), and then answer question 2, for everyone. If you are a boy, you would skip 1a (FOR GIRLS), answer 1b (FOR BOYS), and answer question 2, for everyone.

START HERE!

SECTION 1: YOU AND YOUR BACKGROUND

1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> born	<u>Year</u> born
<input type="checkbox"/> January	<input type="checkbox"/> 2002
<input type="checkbox"/> February	<input type="checkbox"/> 2001
<input type="checkbox"/> March	<input type="checkbox"/> 2000
<input type="checkbox"/> April	<input type="checkbox"/> 1999
<input type="checkbox"/> May	<input type="checkbox"/> 1998
<input type="checkbox"/> June	<input type="checkbox"/> 1997
<input type="checkbox"/> July	<input type="checkbox"/> 1996
<input type="checkbox"/> August	<input type="checkbox"/> 1995
<input type="checkbox"/> September	<input type="checkbox"/> 1994
<input type="checkbox"/> October	<input type="checkbox"/> 1993
<input type="checkbox"/> November	<input type="checkbox"/> 1992
<input type="checkbox"/> December	<input type="checkbox"/> 1991

1.2. What grade are you in?

MARK (X) ONE

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Not currently in school

1.3. Are you male or female?

MARK (X) ONE

- Male
- Female

1.4. Are you Hispanic/Latino?

MARK (X) ONE

- Yes
- No

1.5. What is your race?

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

- English
- Spanish
- Chinese language such as Mandarin or Cantonese
- Some other language *PRINT OTHER LANGUAGE(S)*

1.6a. What is the main language you speak at home?

MARK (X) ONE

- English
- Spanish
- Chinese language such as Mandarin or Cantonese
- Some other language *PRINT OTHER LANGUAGE(S)*

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

MARK (X) ONE

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

1.8. How important is religion in your life?

MARK (X) ONE

- Not at all important
- Somewhat important
- Very important

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

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

SECTION 2: FAMILY

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

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

MARK (X) ONE

- You live in one home → **GO TO 2.2**
- You live in two or more homes and go back and forth → **GO TO 2.3**
- You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) → **GO TO 2.4**

2.2. Who lives with you in your home?

MARK (X) ALL THAT APPLY

- Your biological mother
- Your biological father
- A stepmother or adoptive mother
- A foster mother
- A stepfather or adoptive father
- A foster father
- Your parent's partner, boyfriend, or girlfriend
- Any grandmothers
- Any grandfathers
- Any older brothers or sisters
- Any younger brothers or sisters
- Any aunts, uncles, or other relatives
- Any other people you are not related to
- You live by yourself

AFTER ANSWERING GO TO 2.4

2.3. Who lives with you in each of your homes?

MARK (X) ALL THAT APPLY

MAIN HOME

OTHER HOME(S)

Mark (X) all the people who live with you in your MAIN home

Mark (X) all the people who live with you in your OTHER home(s)

- | | |
|--|--|
| <input type="checkbox"/> Your biological mother | <input type="checkbox"/> Your biological mother |
| <input type="checkbox"/> Your biological father | <input type="checkbox"/> Your biological father |
| <input type="checkbox"/> A stepmother or adoptive mother | <input type="checkbox"/> A stepmother or adoptive mother |
| <input type="checkbox"/> A foster mother | <input type="checkbox"/> A foster mother |
| <input type="checkbox"/> A stepfather or adoptive father | <input type="checkbox"/> A stepfather or adoptive father |
| <input type="checkbox"/> A foster father | <input type="checkbox"/> A foster father |
| <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend | <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend |
| <input type="checkbox"/> Any grandmothers | <input type="checkbox"/> Any grandmothers |
| <input type="checkbox"/> Any grandfathers | <input type="checkbox"/> Any grandfathers |
| <input type="checkbox"/> Any older brothers or sisters | <input type="checkbox"/> Any older brothers or sisters |
| <input type="checkbox"/> Any younger brothers or sisters | <input type="checkbox"/> Any younger brothers or sisters |
| <input type="checkbox"/> Any aunts, uncles, or other relatives | <input type="checkbox"/> Any aunts, uncles, or other relatives |
| <input type="checkbox"/> Any other people you are not related to | <input type="checkbox"/> Any other people you are not related to |
| <input type="checkbox"/> You live by yourself | <input type="checkbox"/> You live by yourself |

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

MARK (X) ONE

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

2.5. On how many days last week did you do something with at least one adult in your family like play a game, watch a movie, go to a sporting event, or work on something you enjoy doing together?

MARK (X) ONE

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7

MOTHER

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

MARK (X) ONE

- Your biological mother, that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult
- Don't have a mother or person I think of as my mother → **GO TO 2.14**

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

Did she graduate from high school?

MARK (X) ONE

- Yes
- No
- Don't know

2.8. Did she graduate from a 4-year college?

MARK (X) ONE

- Yes
- No
- Don't know

2.9. Is she working now?

MARK (X) ONE

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

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

MARK (X) ONE

- Not at all close
- A little close
- Somewhat close
- Very close

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

MARK (X) ONE

- Does not care at all
- Cares a little bit
- Cares somewhat
- Cares very much

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

MARK (X) ONE

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

2.13. How would she feel about you having a baby at this time in your life?

MARK (X) ONE

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

FATHER

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

MARK (X) ONE

- Your biological father, that is, the man who is genetically related to you
- Your stepfather or adoptive father
- Your foster father
- Your grandfather
- Your uncle or your older brother
- Some other adult
- Don't have a father or person I think of as my father → **GO TO 2.22a**

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

Did he graduate from high school?

MARK (X) ONE

- Yes
- No
- Don't know

2.16. Did he graduate from a 4-year college?

MARK (X) ONE

- Yes
- No
- Don't know

2.17. Is he working now?

MARK (X) ONE

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

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

MARK (X) ONE

- Not at all close
- A little close
- Somewhat close
- Very close

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

MARK (X) ONE

- Does not care at all
- Cares a little bit
- Cares somewhat
- Cares very much

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

MARK (X) ONE

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

2.21. How would he feel about you having a baby at this time in your life?

MARK (X) ONE

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

2.22a. Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have passed away, please answer about their relationship when both were alive.

MARK (X) ONE

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

2.22b. Do your biological mother and biological father live together now?

MARK (X) ONE

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

PARENTS

2.23. The next questions ask what your parents know about your activities. By parents, we mean the parents or guardians you live with most of the time.

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

MARK (X) ONE

- Always
- Usually
- Sometimes
- Rarely
- Never

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

MARK (X) ONE

- Always
- Usually
- Sometimes
- Rarely
- Never
- I did not go out

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

MARK (X) ONE

- Always
- Usually
- Sometimes
- Rarely
- Never
- I did not go out at night

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

MARK (X) ONE

- Yes
- No

2.27. In the past 12 months, how many TIMES have you talked with at least one of your parents or guardians about...?

MARK (X) ONE FOR EACH QUESTION

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

SECTION 3: VIEWS AND PERCEPTIONS

3.1. 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...?

MARK (X) ONE FOR EACH QUESTION

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

3.2. FOR GIRLS

If you got pregnant now, how would you feel?

MARK (X) ONE

- Very happy
- A little happy
- Neither happy nor upset
- A little upset
- Very upset

3.2. FOR BOYS

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

MARK (X) ONE

- Very happy
- A little happy
- Neither happy nor upset
- A little upset
- Very upset

3.3. Imagine you are alone with someone you like very much. How likely is it that you could...?

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Not at all confident
- A little confident
- Somewhat confident
- Very confident

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Not at all confident
- A little confident
- Somewhat confident
- Very confident

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

MARK (X) ONE

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

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

MARK (X) ONE

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

3.11. 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

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

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

MARK (X) ONE

- Yes
- No
- Don't know → **GO TO 3.13**

3.12a. How confident are you that your answer is correct?

MARK (X) ONE

- Not at all confident
- A little confident
- Somewhat confident
- Very confident

3.13. In the past 3 months, how many TIMES have you gone out on a date?

- Zero or None → **GO TO 3.15**

NUMBER OF TIMES – Your best guess is fine.

3.14. Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?

NUMBER OF PEOPLE – Your best guess is fine.

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

MARK (X) ONE

- Yes, definitely
 Yes, probably
 No, probably not
 No, definitely not → **GO TO 3.18**

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

MARK (X) ONE

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

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

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

3.19. Do you intend to have sexual intercourse without being married?

MARK (X) ONE

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

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

- Yes → **GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE**
- No → **GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE**

**Complete the correct Part B (B1 or B2),
but not both.**

**Put this booklet back in
the envelope and
Go to Part B1 or Part B2.**

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Evaluation of Adolescent Pregnancy Prevention Approaches

BASELINE QUESTIONNAIRE

PART B1 – Teen Pep

Please be sure that you have the correct Part B.

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

Thank you.

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THE PAPERWORK REDUCTION ACT OF 1995

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

PART B

4.1. The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential and everything you say will be kept private.

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

MARK (X) ONE

- No → STOP AND GO TO PART B2.
 Yes → CONTINUE WITH THIS BOOKLET.

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

Have you ever had sexual intercourse?

MARK (X) ONE

- Yes
 No → GO TO 4.14

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

MARK (X) ONE MONTH AND ONE YEAR

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

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

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

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

MARK (X) ONE

- Three or more years younger than you
- A year or two younger than you
- The same age as you
- A year or two older than you
- Three or more years older than you

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

MARK (X) ONE

- Voluntary
- Not voluntary

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

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

MARK (X) ONE

- Yes
- No → GO TO 4.9

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE

Yes

No → GO TO 4.14

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

NUMBER OF PEOPLE – Your best guess is fine.

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

None → GO TO 4.14

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

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

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

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

None

NUMBER OF TIMES – Your best guess is fine.

4.14. Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their penis or vagina.

Have you ever had oral sex?

MARK (X) ONE

Yes

No → GO TO 4.19

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

MARK (X) ONE MONTH AND MARK (X) ONE YEAR

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

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

NUMBER OF PEOPLE – Your best guess is fine.

4.17. Now please think about the past 3 months.

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

None → **GO TO 4.19**

NUMBER OF TIMES – Your best guess is fine.

4.18. In the past 3 months, how many TIMES have you had oral sex without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.

4.19. Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt.

Have you ever had anal sex?

MARK (X) ONE

Yes

No → **GO TO 4.23**

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

NUMBER OF PEOPLE – Your best guess is fine.

4.21. Now please think about the past 3 months.

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

None → **GO TO 4.23**

NUMBER OF TIMES – Your best guess is fine.

4.22. In the past 3 months, how many TIMES have you had anal sex without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.

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

MARK (X) ONE

Yes

No

4.24. FOR GIRLS

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

MARK (X) ONE

Yes

No → **GO TO 4.27**

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

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

4.25. FOR BOYS

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

MARK (X) ONE

These changes have not yet started → **GO TO 4.27**

These changes have barely started

These changes are definitely underway

These changes seem complete

b. How old were you when these changes started?

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

4.26. FOR BOYS AND GIRLS

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

MARK (X) ONE

- Yes
 No → GO TO 4.27

- b. To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?

None

NUMBER OF TIMES

- c. Have you ever had a baby or has anyone you got pregnant actually had the baby?

MARK (X) ONE

- Yes
 No
 Don't know

- 4.27. 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?**

MARK (X) ONE

- Yes
 No

- 4.28. In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (STD), like gonorrhea, Chlamydia, syphilis, or HIV?**

MARK (X) ONE

- Yes
 No

- 4.29. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?**

MARK (X) ONE

- Yes
 No

4.30. 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...?

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE

- Yes
- No

4.32. Have you ever been fearful that someone you were dating might physically hurt you?

MARK (X) ONE

- Yes
- No
- I have never dated anyone

SECTION 5: TOBACCO, ALCOHOL AND DRUG USE

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

Have you ever smoked a cigarette?

MARK (X) ONE

- Yes
 No → GO TO 5.4

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

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
 No → GO TO 5.8

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

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No → **GO TO 5.10**

5.9. During the past 30 days, on how many days did you use marijuana?

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No

SECTION 6: FRIENDS AND RELATIONSHIPS

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

MARK (X) ONE FOR EACH

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

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

MARK (X) ONE FOR EACH

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Had sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had oral sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE

- A lot of pressure
- Some pressure
- A little pressure
- No pressure

6.4. People are different in their sexual attraction to other people. Which of the following best describes you?

MARK (X) ONE

- I am only attracted to males
- I am attracted to both males and females
- I am only attracted to females
- I am not attracted to either males or females
- I am not sure

6.5. How much do you feel that your friends care about you?

MARK (X) ONE

- Do not care at all
- Care a little bit
- Care somewhat
- Care very much

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

Thank you!

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



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Evaluation of Adolescent Pregnancy Prevention Approaches

BASELINE QUESTIONNAIRE

PART B2 – Teen Pep

Please be sure that you have the correct Part B.

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

Thank you.

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

PART B

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

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

MARK (X) ONE

- Yes → STOP AND GO TO PART B1.
 No → CONTINUE WITH THIS BOOKLET

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

Do you expect that you will graduate from high school?

MARK (X) ONE

- Yes
 I already graduated from high school
 No → GO TO 4.4

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

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Graduation	<u>Year</u> of Graduation
<input type="checkbox"/> January	<input type="checkbox"/> 2018 or later
<input type="checkbox"/> February	<input type="checkbox"/> 2017
<input type="checkbox"/> March	<input type="checkbox"/> 2016
<input type="checkbox"/> April	<input type="checkbox"/> 2015
<input type="checkbox"/> May	<input type="checkbox"/> 2014
<input type="checkbox"/> June	<input type="checkbox"/> 2013
<input type="checkbox"/> July	<input type="checkbox"/> 2012
<input type="checkbox"/> August	<input type="checkbox"/> 2011
<input type="checkbox"/> September	<input type="checkbox"/> 2010
<input type="checkbox"/> October	<input type="checkbox"/> 2009
<input type="checkbox"/> November	<input type="checkbox"/> 2008
<input type="checkbox"/> December	<input type="checkbox"/> 2007 or earlier

4.4. The next questions are about where you live.

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

MARK (X) ONE

- Yes → **GO TO 4.11**
 No

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

MARK (X) ONE

- 1 home → **GO TO 4.9**
 2 homes
 3 or more homes

4.6. Do you consider one of these homes to be your main home?

MARK (X) ONE

- Yes
 No

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

FILL IN TWO OR THREE NUMBERS

- Number of nights at home #1 – Your best guess is fine.
 Number of nights at home #2 – Your best guess is fine.
 Number of nights at another home or other homes – Your best guess is fine.

4.8. Is there anyone who moves with you from home to home?

MARK (X) ONE

- Yes
 No

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

MARK (X) ONE

- Yes
 No

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

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

NUMBER OF PEOPLE

4.11. These next few questions are about you and your friends.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

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

4.12. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT AT ALL IMPORTANT
a. I don't want to get a sexually transmitted disease, also known as an STD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't want to disappoint my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am too young to have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My boyfriend or girlfriend doesn't want to have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I want to wait until I'm married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is against my personal values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I haven't met the right person yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I haven't had the chance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I don't want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. FOR GIRLS I do not want to get pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. FOR BOYS I do not want to get a girl pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.14. FOR GIRLS

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

MARK (X) ONE

- Yes
- No → **GO TO 4.16**

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

NUMBER OF YEARS OLD YOU WERE – Your best guess is fine. → **GO TO 4.16**

4.15. FOR BOYS

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

MARK (X) ONE

- These changes have not yet started → **GO TO 4.16**
- These changes have barely started
- These changes are definitely underway
- These changes seem complete

b. How old were you when these changes started?

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

4.16. Have you ever done any of the following?

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No
- I have never dated anyone

4.19. 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?

MARK (X) ONE

Yes

No

4.20. If you decided to have sexual intercourse, how likely is it that you would use a condom or other contraceptive method?

MARK (X) ONE

Not at all likely

A little bit likely

Somewhat likely

Very likely

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**Please continue on the next page with Section 5: Tobacco,
Alcohol and Drug Use.**

SECTION 5: TOBACCO, ALCOHOL AND DRUG USE

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

Have you ever smoked a cigarette?

MARK (X) ONE

- Yes
 No → GO TO 5.4

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

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
 No → GO TO 5.8

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

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No → **GO TO 5.10**

5.9. During the past 30 days, on how many days did you use marijuana?

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No

SECTION 6: FRIENDS AND RELATIONSHIPS

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

MARK (X) ONE FOR EACH

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

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

MARK (X) ONE FOR EACH

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Had sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had oral sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE

- A lot of pressure
- Some pressure
- A little pressure
- No pressure

6.4. People are different in their sexual attraction to other people. Which of the following best describes you?

MARK (X) ONE

- I am only attracted to males
- I am attracted to both males and females
- I am only attracted to females
- I am not attracted to either males or females
- I am not sure

6.5. How much do you feel that your friends care about you?

MARK (X) ONE

- Do not care at all
- Care a little bit
- Care somewhat
- Care very much

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

Thank you!

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



MATHEMATICA
Policy Research

Dear Parent or Guardian:

Hello! The Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (DHHS) is conducting an important study of the effectiveness of ways to reduce teen pregnancy and sexually transmitted diseases. The *Evaluation of Adolescent Pregnancy Prevention Approaches (PPA)* will provide communities like yours with sound scientific findings on program effectiveness. We are requesting your permission for your child to participate in the study.

[SCHOOL] is taking part in this study and students, including your child, are invited to participate. The lead contractor for this research, Mathematica Policy Research, Inc. (Mathematica), and the local evaluator, Abt Associates, will survey youth on attitudes, beliefs, and activities three times over the next few years, beginning with a first survey in October. These surveys will ask about families, friends, communities, and schools, and about attitudes, knowledge and activities in school and with their peers, including sexual activity, drug use and alcohol use. The study team will also gather information from participants' school records, including grades, attendance, and test scores. The researchers may also invite your child to participate in a focus group to discuss his/her experiences in the program.

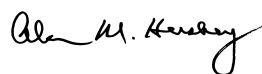
All information collected through the surveys and from school records will be kept strictly confidential. If you choose to let your child participate, the information from your son/daughter will be combined with information from other youth to determine the effectiveness of pregnancy prevention programs. No one outside the study team will ever see the answers your child gives during the focus group discussion or know whose they were. Names are not kept with the answers to the surveys. A Certificate of Confidentiality from the National Institutes of Health provides a strong guarantee that information about your child will not be released to anyone outside the study.

Participation in the study is voluntary. It is important that you let us know whether or not you will allow your child to be in the study. You or your child can refuse to participate. If you agree that your child can participate, you or your child can still choose later to stop participating, and your child can decide to complete only parts of the surveys. But we hope you agree with us that it is important to learn about effective ways to prevent teen pregnancy through studies like this. Please complete and sign the attached form, noting whether you consent or do not consent to your child's participation, and return it to your child's teacher **within a week**.

The only risk to your child connected with the study is that he/she may be uncomfortable answering some questions in the surveys. If that happens, your child can refuse to answer those questions.

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

Sincerely,



Alan Hershey
Study Director

EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES (PPA)

Parent Consent Form

[SCHOOL]/[District] Public Schools

Sponsored by the United States Department of Health and Human Services

I have read the attached information sheet describing the study. By signing this form, I am:

giving my permission not giving permission

for my son or daughter, _____, to participate in the study.

Print Child's Name

I understand that, as part of the study, information for all study youth will be collected through surveys and school records including course grades, attendance, and test scores. I also understand my child may be invited to participate in a focus group discussion about his/her experiences with the program. By signing this form, I am giving my permission for this information to be collected for use in a study conducted by researchers at Mathematica Policy Research, Inc., and Abt Associates. I further understand that all information on my child will be kept private and used only for the purposes of the study. If I have questions about my child's rights as a research volunteer, I can call Jennifer Stavrakos at Public/Private Ventures, toll-free at 1-800-755-4778.

Parent/Guardian Signature: _____ **Date:** _____

Child's Name: _____ **Child's Date of Birth:** _____ / _____ / _____
Month Day Year

Please fill in the following information. We will use your contact information only if we need your help in completing a survey with your child. Thank you.

Parent/Guardian Name: _____

Street Address: _____ **Apartment:** _____

City: _____ **Zip Code:** _____

Telephone: (____) ____ - _____ Home **Email:** _____
(____) ____ - _____ Work
(____) ____ - _____ Cell

Parents please be aware that under the Protection of Pupil Rights Act, 20 U.S.C. Section 1232(c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your child. If you would like to do so, you should contact Melissa Thomas toll-free at 1-888-864-6416 to obtain a copy of the questions or materials.

**WE NEED YOUR ANSWER, WHETHER IT IS YES OR NO.
PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER WITHIN A WEEK.
THANK YOU!**

