

ATTACHMENT F

PRETEST REPORT (PRETEST MEMO AND Q BY Q PRETEST APPENDIX)

MEMORANDUM

TO: Seth Chamberlain

FROM: Kristen Velyvis, Mustafa Menai, Melissa Thomas, and Alan Hershey

SUBJECT: Pregnancy Prevention Approaches First Follow-Up Pretest Findings

DATE: 10/25/2010
6549-100

This memo describes the Pregnancy Prevention Approaches pretest of the first follow-up survey conducted June-August 2010 by Mathematica Policy Research and Child Trends. The purpose of the pretest was to improve both the survey instrument and the data collection process. The memo describes (1) the recruiting process and youths selected for the pretest, (2) the processes of administering the pretest survey and debriefing participants, and (3) the overall findings about survey administration and content. At the end of this memo, we have included an appendix listing individual survey questions and issues discovered during the pretest. We have also included a copy of the debriefing guide used. When issues are raised we have not included all possible solutions, as we recognize that further discussion is needed before we make modifications to the instrument. Indeed, because many of our questions come from well-established national surveys or are on our baseline survey, it is important to weigh the findings of our pretest—and possible alterations of wording designed to make questions as clear as possible—against the aim of comparability with other research, national data and our baseline data.

RECRUITING PROCESS AND FINAL PRETEST SAMPLE

Mathematica recruited participants in Princeton, NJ and Washington, DC. In Princeton, the team worked with HiTops, a community-based organization (CBO) that serves teens. In Washington, DC, efforts to work through several CBOs were not fruitful. Therefore respondents were recruited through Mathematica staff networks. The recruitment strategy used a combination of email, print and electronic fliers, as well as word of mouth. The flyers asked parents of teens to call Mathematica if they and their children were interested in participating. Mathematica staff then talked directly with interested parents to explain the pretest and the need to obtain parental consent prior to participation.

Due to the young age of the recruits (the youngest being 12 years old) and parental sensitivity, teens could not be asked prior to the pretest about their sexual activity status. Therefore, the pretest was rolled-out in phases to ensure enough sexually active youth were included without going over the OMB limit of nine pretest interviews with non-sexually active youth. Despite recruiting efforts to locate sexually active youth, we ultimately found more non-sexually active youth than expected from our pretest recruiting. In the end, we only interviewed six sexually active youth. We also ignored two interviews that were conducted with non-sexually

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active youth who we recruited specifically because we thought they were sexually active. When the surveys showed they were not, and thus increased our number of non-sexually active interviews above nine, we disregarded the data collected.

In Washington, D.C., six follow-up pretest surveys and debriefings were conducted at the offices of Mathematica between June 9th and June 11th. In New Jersey, 11 follow-up pretest surveys and debriefings were conducted at the offices of HiTops between June 14 and June 17th. The teens were scheduled to participate during one of the pretest administration days. The pretests were administered in small groups (ranging from two to seven teens). The teens completed the self-administered questionnaire in a setting designed to emulate a school-administration setting, and then participated in a one-hour long, one-on-one debriefing session with a Mathematica or Child Trends researcher. Upon completion of the debriefing, the teens were given \$50 in cash for their participation. Teens recruited through Mathematica staff contacts in D.C. were brought to Mathematica by parents for their appointments. Teens in Princeton, N.J. met us at the HiTops center.

In total, 15 teens participated in the pretest—six sexually active youths and nine non-sexually active youths; nine boys and six girls, who ranged in age from 12 to 16. The following table details the distribution.

Age	Male–Sexually Active	Male–Non-sexually active	Female–Sexually Active	Female–Non-sexually Active	Total
12	0	0	0	1	1
13	2	2	0	1	5
14	1	2	1	1	5
15	1	0	0	1	2
16	0	1	1	0	2
Total	4	5	2	4	15

Younger teens were well represented in the pretest, providing crucial data about how to make the instrument easy to understand and easy to answer for youth their age. Most of the teens in the sample seemed to have high or middle socio-economic status. Through well-educated parents and affluent school districts, they seemed to have been exposed to topics such as sexual health, pregnancy, contraception, HIV/AIDS, alcohol and illegal drug use. There were two to three teens that seemed to belong to lower SES families with lower levels of income and knowledge exposure.

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PRETEST AND DEBRIEFING PROCESS

The administration of the pretest mirrored (as closely as possible) what will happen during the actual study in a classroom environment. That is, we gathered the teens together in one room, had a researcher give an introduction and verbal instructions about how to complete the questionnaire, and had the teens read and sign an assent form before opening the survey packet. Each teen was then told to open his or her survey packet, which contained one Part A questionnaire and two Part B questionnaires (one Part B is designed for sexually active youth and the other Part B for non-sexually active youth). The only differences between the instructions we gave to teens during the pretest and the instructions that will be given to teens during implementation of the actual study were that in the pretest we asked the teens to circle any questions or words that gave them trouble so that we could discuss them during the debriefing, and we explained how the one-on-one debriefing and incentive payment would work.

Researchers timed how long each teen took to complete the questionnaire. When a teen finished the questionnaire, one of the researchers accompanied the youth to a private office for the one-on-one debriefing. The assigned researcher was matched by gender to the pretest participant debriefed. Each debriefing lasted approximately one hour.

Before the first pretest, all debriefing researchers attended a three-hour training to review best practices for talking with teens about sensitive subjects, discuss what to prioritize during the debriefing, and talk about how to address issues or problems should they arise during the debriefing. Although the debriefing guide prepared by Mathematica and Child Trends included specific probes for many items in the survey, each researcher was given latitude to rephrase the questions if needed and to choose which items to ask about should time be a limiting factor during the hour-long debriefing.

The debriefing guide focused on how the respondents understood the questions in the survey, how they came up with their answers (that is, the thought process they used), and how well the answer categories on the survey reflected their experiences. We also asked whether they read instructions, observed how well they followed them, and asked questions about inconsistent or incorrect responses. We also asked if there were any questions or words that were confusing or out of date. In a few cases, alternative question wording or answer categories were given to respondents during the debriefing interviews, and respondents were asked about how they understood each version and how they would answer alternative phrasings.

It should be noted that each researcher had the respondent's completed questionnaire to refer to during the debriefing, which was especially helpful when answers appeared contradictory to what was said during the debriefing. These discrepancies are good indications of problems with question wording and were investigated with the respondents.

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Not all debriefing questions were asked of each participant due to lack of time. In the question by question results in the appendix, it should be noted that one of the 15 participants was not debriefed about Part A, thus only a maximum of 14 participants have responses to Part A debriefing questions. In addition, one of the non-sexually active participants was not asked debriefing questions for Part B2, thus responses to those questions only have a maximum of eight participants' comments. Part B1 has responses from all six sexually active participants.

SURVEY ADMINISTRATION OVERALL

We were interested in learning about a number of different survey administration issues, including the length of time needed to complete the questionnaire, whether instructions were clear and were followed by the teens, and in particular, whether teens understood how to select the correct version of Part B. The debriefings provided the following feedback on survey administration:

- ***Assent Process.*** The assent process went smoothly during the pretest process, and no respondent raised questions. However, during the debriefing interviews, three out of the 12 respondents asked to comment on the assent form said that they thought it did not give enough information to make a good decision about participating in the survey. One respondent thought there could be more information on how personal the questions would be. Another thought that the form could have mentioned that they were going to be asked about their sexual behavior. Nonetheless, the majority thought it did give enough information, and one respondent mentioned that she was pleased to see that we acknowledged that their parents had given permission for them to participate in the survey.

The need for confidentiality of the information asked for in the survey came up as a theme during the debriefings at a few points in the survey, and this might be a good place to reinforce it.

- ***Length of the survey instrument.*** The overall length of the questionnaire is a little long. The time needed for teens to complete the survey (Parts A and B) ranged from 18 to 50 minutes. We expect that the study introduction, distribution, and collection of the survey packets will take about 10 minutes when we get into a classroom setting. (The pretest is not a good test for these administrative functions, given the need to explain the debriefing process and the fact that the pretest groups were much smaller than we will typically encounter in a classroom environment.) If the typical class period is 40 minutes long, there would be about 30 minutes for students to complete the survey. About 75% of pretest respondents finished in 30 minutes or less. If the class period is 35 minutes or the administration functions take longer than expected, leaving only 25 minutes for survey completion, less than 40% of pretest respondents would have finished the survey in the class time.

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Therefore, we recommend shortening the survey by about five to 10 minutes, to ensure a higher percentage of students can finish during the class time. Given the higher than average SES of most pretest respondents, we could expect the actual sample of respondents to take the survey will require even more time than the pretest sample. Furthermore, sexually active respondents were more likely than non-sexually active youth to take longer than 25, 30 or even 35 minutes to complete the survey. As these respondents are of the utmost importance to the study, this further underscores the need to shorten the survey. We suspect that the reason the sexually active respondents took longer than the non-sexually active respondents had more to do with respondent characteristics than any difference in the length of the two Part B sections.

- ***Instructions on how to complete the questionnaire.*** During the debriefing we asked if the instructions were clear or confusing in any way. Many teens reviewed the instructions and reported that they were clear and straightforward. However, a number of teens said that they had not actually read the instructions. Most went back and read them when they got confused, but this is of some concern.

We recommend spending a good amount of time explaining how to complete the instrument during the introduction phase in the actual data collection.

- ***Issues with skip logic.*** There were a few respondents who did not skip correctly in the survey, however, this usually meant answering questions they were not meant to answer, rather than skipping questions they *were* meant to answer. The teens who made these errors were usually able to answer the questions they should have skipped and continue with the survey, as most of these questions are made to be answerable by anyone, so that respondents will not get lost and will be able to continue. We will be sure to review all questions to make sure as many as possible can be answered even if they should be skipped.
- ***Missed questions.*** Some respondents skipped questions they should not have skipped. Sometimes the questions were missed. More often, they were read, but there was some reason the respondents could not answer them. These will be addressed in the question by question review in the appendix, but overall, comprehension problems seem to be the most common reason for skipped questions. These problems were more common among the sexually active youth in Part A, and more pronounced in Part B1 (for sexually active youth). This appears to be caused by the characteristics of the sexually active respondents rather than an issue with the difficulty of the questions in Part B1, and this correlation should be considered.
- ***Selection of Part B.*** For the most part, the teens read the instructions and correctly identified which version of Part B they should complete. Only one teen had a difficult time choosing the correct Part B. With guidance, she chose the correct packet, but we

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suspect that would not have been the case without aid. In the debriefing she explained that she was not paying attention and did not read the directions.

Two out of eight respondents said they would be concerned about picking the part for sexually active youth when in the classroom. One was non-sexually active and the other was sexually active. The sexually active youth said she would have picked the packet for non-sexually active youth in the classroom. Two other youth said they would not be concerned about which packet to pick *if* there was enough room between people or they could cover their packet or be clever about grabbing the correct booklet. The other four said they would not be concerned (three were sexually active and one was not sexually active). One respondent specifically pointed out that the packets look similar, which made him feel more comfortable selecting the correct one to fill out.

We recommend that the instructions at the beginning of the class period emphasize the similar look of the two Part B packets. This could be done in the context of emphasizing being careful to select the correct one, but be used to suggest that it will be hard for neighbors to know what part a respondent is filling out. We also suggest an experiment using desktop carrels / desk dividers / privacy shields in Chicago to see if their use increases the reporting of sensitive behaviors.

GENERAL AND CONTENT OBSERVATIONS

In addition to determining problems or issues with the completion of the instrument, the pretest was designed to review the content and language used in the questionnaire. The following are some general observations and themes that emerged from our discussions with teens. We found that the follow-up benefited greatly from the design work and pretesting of the baseline survey and thus fewer issues were found.

Terminology and language level. Teens were asked to highlight words that they did not understand. There were several words that caused concern. The main terms to be mentioned were Chlamydia, gonorrhea, abstinence, halfway house, and “spur of the moment.” General understanding was not a problem for most respondents, but at least one sexually active 13-year-old boy had a very hard time with quite a bit of the language. Respondents were also asked if there were specific words and terms that were not up to date. Issues with terms are summarized in detail in the appendix, some with suggestions for additions or alternative wording.

- ***Definitions.*** When asked directly, most teens told us that they thought the definitions provided were clear and understandable. When asked if they would have liked more definitions, many said this was not necessary, but some said they would have liked definitions for oral and anal sex, or thought other respondents would. Given the

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number who did not know what oral and / or anal sex is, we recommend adding these definitions at first reference. Fewer respondents thought it was necessary to have a definition of condoms. A definition of what we mean by birth control would also be clarifying.

cc: Chris Trenholm, Kristin Moore, Mustafa Menai, Kristine Andrews, Kassim Mbwana

FIRST FOLLOW-UP PRETEST SURVEY QUESTION BY QUESTION APPENDIX

(Note: not every teen was asked all the debriefing questions due to time constraints.)

PART A

SECTION 1 – YOU AND YOUR BACKGROUND

- Q1.1 – *Date of birth.*

No problems.

- Q1.5 – *Race.*

One respondent out of 14 left this blank. He did not know how to answer, as he is Hispanic and considers that his race. He was not sure what to put as an answer.

- Q1.6 – *Learning about sexuality related topics in the last year.*

There is some confusion about the terms “abstinence,” “communication,” and “to have sex.”

- Four out of 14 respondents clearly reported not knowing at all what “abstinence” meant. Most of the others understood that abstinence meant not to engage in some kind of sexual activity. However, the range of meanings given by the ones who did have an idea of what it meant included abstinence from “sexual intercourse,” from “sex,” and from “sex” until marriage, as well as “being a virgin.” One respondent thought it meant to slow down or stop the act of having sex.

Recommendation: Give a definition of abstinence in sub-question b. That is, replace “Abstinence from sex?” with something like “Abstinence from sex, which means not having sexual intercourse, oral sex or anal sex?” If we do decide to define abstinence, we will need to decide if the definition should address abstinence generally or until marriage specifically, and ensure the definition is agreeable to the stakeholders in the study who support abstinence education.

- Four respondents who answered this question were unsure about who the communication in sub-question e. was meant to be between: Themselves and parents/adults, themselves and partners, or possibly themselves and doctors.

Recommendation: Sub-question e. should be more specific and broken into two questions:

“e. How to talk to your partner about whether to have sex or whether to use birth control?”

“f. How to say no to sex?”

- While one respondent was not sure what “to have sex” (in sub-question e.) meant at all, most respondents could give some definition. However, there does not seem to be a uniform understanding of the phrase among the respondents. Some respondents included all forms of sex in their definitions; some included only sexual intercourse (penis in vagina). One respondent thought it was activities that could make someone pregnant, and another thought it was things that go beyond using fingers and oral sex. **Recommendation: Give a definition of what we mean by “to have sex” encompassing oral, anal and vaginal sex.**

There is a potential lack of knowledge about methods of birth control. Few respondents did not know at all. Most, when asked, mentioned condoms and/or pills and nothing else. At least one respondent said they had indeed learned about other methods, but did not think about them while answering the question. So for most, the question may not capture whether they have received information about methods of birth control other than condoms and pills in the last 12 months.

Recommendation: Give examples in the sub-question c., perhaps like this: “Methods of birth control such as condoms, pills, the patch, Depo-Provera (the shot), the ring, or other methods?” We would have to consider whether to list withdrawal in this list.

- Q 1.7- *Most helpful source of information on sexuality related topics:*

Most respondents answered this question with “school,” followed by “family” and the “media.” However, in interpreting the word “important,” four out of 14 respondents chose the source that gave them *the most* information, rather than the source that was the *most helpful* to them. For two respondents, the source of the greatest amount of information was also the same as the source of highest quality information, but it is unclear whether “highest quality” is the criterion on which we want them to base their choice.

In addition, three respondents found it hard to choose just one source. One respondent stated that in choosing a response, they were focusing on selecting all the relevant sources of information, rather than choosing the source that was *most helpful*. This was potentially an issue for the others, as well.

Recommendation: Think about how important it is for us to know the *most helpful* source as opposed to knowing the source that provided the most information. If it is important, may want to break this question into two parts:

- a. Which source of information do you get most of your information from and**
- b. which source of information is the most helpful to you.**

There was potential confusion about the term “media.” Most respondents knew what it meant and had a good idea of what the term encompasses, however, one respondent thought “media” referred to the library; while another thought it meant books. Two respondents thought it meant only things on the internet.

Recommendation: Replace the word “media” with something else, such as “newspapers, magazines, radio, TV or advertisements.”

Three participants suggested that instructions to mark (x) one response should be made easier to see.

Recommendation: Reformat survey to make instructions easier to identify.

- Q 1.8- *Unable to control the important things in life.*

One respondent left this blank and wrote, “I don’t understand.” This 14 year old had more trouble than most with vocabulary, but could be used as a good litmus test for the questions with which respondents with difficulties reading will have most problems.

SECTION 2 - FAMILY

- Q 2.1 & 2.4 – *Identifying mother or mother figure (father or father figure).*

These questions worked well. Most respondents found it helpful that the answer categories were broken out. Two out of 13 respondents who answered this question recommended adding older sister or brother to the answer categories, despite the presence of the response option “some other adult.”

Recommendation: Add response option “older sister / brother.”

One respondent suggested separating stepmother and adoptive mother in the response option “Your stepmother or adoptive mother (father),” as she lives with her stepdad but is not adopted.

Recommendation: Separate step- and adoptive parents, or move adoptive to be listed along with biological.

- Q 2.2 & 2.5 – *Work status (full/part time) of parents or parent figures.*

These questions worked well overall. There were a few minor issues: One respondent did not know if someone who is self employed would fit into the part- or full-time category. His mother is an “entrepreneur” who gets work from time to time, but she is her own boss. He left this question blank. Another respondent’s mother works more than 30 hours a week, but he marked part-time, because the hours are not regular and sometimes she puts in those hours over a period of less than five days in a week. A third respondent wondered how to respond since her father just received a job as a full-time teacher for the fall, but had not started yet.

Recommendation: Add a category for “Yes, s/he works, but I don’t know how many hours,” and change the “don’t know” option to “don’t know if s/he is working.”

A fourth respondent highlighted a different type of issue. She lives with her adopted parents, but does not think of her adoptive parents as any kind of parents or parental figures. She said “I don’t know” for her mother and full time for her father, but it is unclear about whom she is answering.

Recommendation: Clarify the people we want the respondents to answer about.

- Q 2.7-2.9 – *Parental awareness of children activities in last month.*

We asked what respondents thought of as “the last month.” Seven out of 14 respondents thought about “last month” in terms of the last four weeks. Five thought of the last 30 days. These two conceptions are fairly similar for our purposes. Two respondents thought of “last month” as the last calendar month, which might or might not be the same time frame. In this case, it would be the same, since the pretest was given at the start of a new month. In some cases it would not be. We do not think that time frame will be a major problem with this question, and did not identify any other problems with this question.

Recommendation: Leave questions as is.

SECTION 3 - VIEWS AND PERCEPTIONS

- Q 3.2 d – *Possibility of having a good marriage.*

There were no problems identified with this question. All 14 respondents answered that they “strongly agree” or “agree” that having a good marriage seems possible for them. This suggests that our pretest sample was more homogeneous than we expect our study sample to be.

- Q 3.5 *Refusal skills/stopping someone else’s sexual behavior towards you.*

This question worked well overall. All but one out of 14 respondents understood that “them” meant a single person in this context. When asked, most of the male respondents thought that the sub-question a. regarding their ability to stop someone from touching their chest was weird or not applicable.

Recommendation: Make sub-question a. for girls only by adding FOR GIRLS in parentheses at the end of the sub-question. We suggest putting it at the end of the sub-question, so that it is not the first thing all respondents see, and does not cause boys to skip all three sub-questions in this series. Other options we considered included putting FOR GIRLS first and adding FOR BOTH GIRLS AND BOYS to the beginning of sub-questions b and c. This was too cluttered looking and not consistent with the style of the rest of the survey. We also considered having sub-question a. appear last in the list of sub-questions with FOR GIRLS at the start of the sub-question. We chose not to do this because the behaviors are progressively more invasive, and the flow of the content would be negatively affected.

- Q 3.7 – *Views about condom efficacy.*

There were no issues with this question. All respondents thought that a definition of condoms was unnecessary. Five out of 14 respondents thought a definition might be helpful for *others*, but did not think they needed one themselves. Everyone said they referred to condoms as “condoms,” and not by any other names.

- Q 3.7a, 3.10a & 3.13a – *Degree of confidence in answer.*

Most respondents thought the reason we were asking how confident they were was to see how sure they were in their answers. A few extended the reasoning to surmise that we wanted to make sure that they were confident so as to avoid bad outcomes for themselves, and to see if the schools are teaching them well. Three respondents suggested that the questions were meant to get them to think more carefully about their answers. Two respondents answered these questions when they should have skipped them, but continued with the survey, so these responses should be easy to remove.

- Q 3.14e – *Vaccine and HPV*

Only one out of 14 respondents could accurately articulate what a vaccine is. None of the respondents knew what HPV is or for what the acronym stands. A number of respondents guessed that HPV is a disease like HIV. A couple of respondents thought it was the same thing as cervical cancer (which is technically incorrect, as it's the virus that may cause cervical cancer). One respondent thought that HPV was something girls get, which leads us to think that others may think that HPV affects only females (which is incorrect, since it can cause genital warts in men).

Recommendation: Add the phrase “or shot” after vaccine in the question, as a short, kid-friendly definition. In addition, add “(also known as Human Papillomavirus)” after HPV in the question to specify what HPV is. We considered adding other, longer definitions of both words, but did not want to lengthen the question unduly.

- Q3.17 – *Likelihood of having oral sex in the next year.*

Most of the 14 respondents felt a definition of oral sex would be unnecessary, while only three respondents thought it would be helpful to have a definition, especially one that clarifies the difference between sexual intercourse and oral sex. When asked what oral sex means, however, one respondent categorically did not know what oral sex was, and another confused it with anal sex. Four out of 14 respondents seemed to think that it referred only to a female putting a male's penis in her mouth and not vice versa. One person thought the question should emphasize that it's something that both sexes can perform on each other.

Recommendation: Provide definition of oral sex such as “when a person puts their mouth on a female's vagina or on a male's penis.”

- Q3.18 - *Likelihood of having sexual intercourse in the next year.*

Regarding the term “sexual intercourse,” only one person did not distinguish between the different types of sex, and included vaginal, oral and anal in the definition of sexual intercourse. Regarding the response categories, two out of 14 respondents felt it would be helpful to have a “not sure” or “I don't know” category.

Recommendation: Leave question and responses as is.

- Q3.20 – *Meaning of boyfriend/girlfriend and someone you’re going out with.*

Among the 14 respondents, there was broad consensus that a boyfriend or girlfriend was someone with whom one is romantically involved. However, the respondents were pretty evenly divided on the meaning of “someone you’re going out with” and whether that was the same thing as boyfriend or girlfriend. Half thought the two were synonymous, while the rest thought the two could be different. Most of the respondents preferred the question as asked (“Right now, do you have a boyfriend or girlfriend – someone in particular you are going out with?”) to the alternatives suggested: “Is there someone you are currently dating - that is, a girl or guy you like and who likes you back?” or “Are you currently dating a girl or guy? By dating we mean when you like a girl or guy and she or he likes you back. It doesn't have to mean going on a ‘real’ date.”

Recommendation: Consider removing the second part of the question, “– someone in particular you are going out with.”

- Q 3.21 – *Frequency of dating.*

Most of the 14 respondents said that “to have a date” was to arrange to be with someone they are, or want to be, romantically involved with. A few respondents suggested that it was possible for people who are just friends to go out on a date. However, the respondents were pretty evenly divided on the issue of whether “having a date” was the same thing as “going out with someone.” Half thought the two were synonymous, while the rest thought the two could be different.

Regarding the number of dates in the last three months, most respondents found it easy to come up with the number. Most thought about the number of times they had gone out with someone. Four out of 14 respondents said that they had had zero dates in the past three months.

Recommendation: Leave question as is, since the definition is clear, and adding “going out with” could muddy the waters.

- Q 3.22 – *Number of different dating partners in the last three months.*

Only one out nine respondents had difficulty calculating the number of people they had gone out on a date with in the last three months. Seven out of ten respondents said they have only gone out on a date with one person in the last three months. This suggests the question worked well for this sample. One respondent thought it would be easier to answer 3.22 before 3.21. Only one person did not skip this question appropriately, but he continued on with the survey, and his answer was consistent (zero partners after saying he had no dated anyone).

Recommendation: Consider switching the order of 3.22 and 3.21. This might confuse things if respondents think of group dates, though.

- Q 3.23 – *Have you ever had sexual intercourse, oral sex, or anal sex?*

Eight out of 14 respondents did not think they needed definitions of the different kinds of sex in this question, while the rest thought it could be helpful for themselves and/or others.

Eight out of 14 respondents stated they would feel unsafe filling out this survey in a classroom setting due to privacy concerns. However, three respondents did state that if the answers were kept confidential and others could not look at their answers, they would feel safe.

Recommendations: Add oral reassurances to respondents that their answers will be kept confidential and that the sections Bs are very hard to distinguish. We can also experiment with dividers in Chicago to see if this improves reporting.

- Transition questions at the end of Part A

A. *Directions/information clear enough for picking the right packet (B1 Sexually Active or B2 Sexually Non-active)?*

Only one out of 14 respondents reported difficulty picking the right packet. She admitted it was because she was not reading the directions carefully, something we think is somewhat common.

B. *If the respondents is uncomfortable with the sexually active/non-active question and skipped it, which packet would they have picked?*

Of the nine respondents who answered this question, seven reported they would choose the “correct” one. One respondent said they would choose the non-sexually active section in a classroom setting, even though they are sexually active. One respondent was unsure which packet they would choose if they skipped the question.

Recommendation: We can experiment with dividers in Chicago to see if this improves reporting.

C. *Other things that may be helpful in making the right choice?*

Respondents did not offer any suggestions.

D. *Concerned about privacy when filling out the survey in a classroom setting?*

Out of seven respondents, five said they would not be concerned, while two said they would. One respondent who was not concerned said it’s because the packets look similar. Another respondent said that if there is enough space between desks and others can’t see, he would not be concerned.

PART B1 – (SEXUALLY ACTIVE) SECTIONS 4 AND 5

SECTION 4

- Q 4.1 – *Ever had sexual intercourse, oral sex or anal sex.*

Four out of five respondents read the directions and understood that the information they disclose will be kept confidential. Only one respondent reported skipping the question at first because she thought it was an example, but then read it a second time and understood correctly.

Recommendations: Consider adding a “START HERE” box so that respondents realize the questions are not examples.

- Q 4.2 – *Ever had sexual intercourse.*

The skip was reported to be easy to follow. Five out of six respondents felt the definition of sexual intercourse was adequate. Only one respondent found it confusing in that he did not understand the word intercourse, and suggested we should have just used the word sex instead. Though he left this question blank, he did skip correctly to Q 4.3.

Whether the sex they experienced was consensual or non-consensual *did* seem to be a factor in what respondents felt counted as sex. Out of four respondents, although one said they would count it as sex regardless of consent status, one said it would be sex only if consensual, and another said that it would matter but did not want to elaborate further. One respondent seemed a bit confused and seemed unable to imagine a scenario of non-consensual sex.

Recommendations: Elaborate the definition to indicate if we want them to include or leave out instances of non-consensual sex. Consider putting the question immediately after the definition, instead of on its own line, so that respondents are more likely to read the definition.

- Q 4.3 – *Date of first sexual intercourse.*

Three out of five respondents reported it was easy to remember the first time they had sexual intercourse. This ease may have been due in part to the fact that the “first time” occurred very recently for them, that is, within the past few months. One respondent said it was embarrassing to put the exact date down, but they did put it down anyway. For the remaining two respondents, the dates were more difficult. One respondent knew her age at first intercourse, but had difficulty figuring out the year and month, which she calculated incorrectly. Another respondent said it was easy to recall the year but not the month. Both of these respondents reported first sex as having occurred much longer ago (2006 and 2009) than the other three respondents (all in 2010).

Recommendation: Add a question about how confident they are in their answers?

- Q 4.4 - *Age at first sexual intercourse.*

Four out of five respondents reported it was easy to remember their age at time of first sexual intercourse. For three of them, this may have been due to the fact that the first time was very recently, within the past few months. When asked to compare this question with the one before it (Q 4.3. Date of first sexual intercourse), three respondents preferred this one, one liked the date question better, and one respondent was indifferent between the two. The two who had a harder time with the date preferred this one. But, of those two, one got the year of first sex correct, and could only guess his age (12 or 13), while the other got her age correctly and calculated the date incorrectly. The other three got both questions “right.” So, there is no clear “best” way to collect this data based on this pretest.

- Q 4.5 - *Had sexual intercourse more than one time.*

Four out of five respondents followed the skip correctly. One respondent answered no to this question, but did not skip as instructed, and filled out the questions in between. Two respondents who answered yes indicated that their answers would still have been yes if they had had sex with just one person, but more than one time. One person chose to skip this question and skipped the others in between as if he had answered no.

Recommendation: Leave as is. Answers to questions that should be skipped can be deleted.

- Q 4.8 – *Types of birth control used at last sex.*

Two of the six respondents skipped several of the six sub-questions in this item.

- Q 4.9 - *Frequency of sexual intercourse in last three months.*

Out of three respondents, two recalled the frequency quite easily. One respondent said it was easy as they had been having sex with just one person in the last three months. The third respondent thought we were asking about the last three weeks instead of last three months. He said it would be hard to remember the frequency during a period of more than three weeks. His answer to this question was one, so his issue seems to be the duration of the question, not the frequency of sex.

- Q 4.10 - *Frequency of condom use in last three months.*

Out of three respondents who should have answered this, one respondent could not read the word “intercourse” and skipped the question (this is the same respondent who could not read it earlier in the survey and skipped question 4.2). Another respondent stated that they always use condoms, but could not come up with a number. She did not seem able to connect the number of times she reported having sexual intercourse in the last three months to this question. She wrote “don’t know-always” as her answer. A third respondent did not seem to have any trouble.

- 4.12 - *In the last 3 months, how often did you use any type of birth control?*

Out of two respondents, one said they used some type of birth control just once, while the other respondent reported never using any type. However, both had reported frequent use of condoms in the past three months in previous questions. When debriefed about what types of birth control they thought about when answering this question, they both said birth control pills.

Recommendation: The placement of this question could have suggested we did not mean condoms here. Either add, “including condoms,” or give a definition or examples of types of birth control.

- Q 4.13 – *Frequency of purely sexual relationships in last 12 months.*

Five out of five respondents understood the concept of a purely sexual relationship quite well. One respondent pointed out that the word “relationship” may be confusing as others may think if the object is just sex, then it’s not really a relationship.

Recommendation: Leave as is.

- Q 4.14 – *Ever had oral sex.*

The definition we gave matched well with the understanding of the term for the four respondents who responded to the debriefing questions about this item. Consensual versus non-consensual nature of the sex experienced was a factor in what one respondent feels counts as sex. One said it would be sex only if consensual.

Recommendation: Elaborate the definition to indicate if we want them to include or leave out instances of non-consensual sex?

- Q 4.15 – *Date of first oral sex.*

It was easy to answer for all four respondents, probably because they started having oral sex only recently, although one respondent said he was not really sure of his answer. One respondent said it was easy to figure out the first time he had oral sex since he had had it only once.

- Q 4.16 – *Number of oral sex partners.*

The three respondents who answered this question said it was not hard to answer, probably because they had had oral sex with just one person.

- Q 4.17 – ***Frequency of oral sex in the past three months.***

One of two respondents who answered debriefing questions about this confused this question with the number of times she had had sexual intercourse. She suggested we underline “oral.” One respondent answered it easily, probably because he has not had oral sex in the last three months.

- Q 4.22 – ***Frequency of anal sex in last three months.***

None of the 6 respondents had ever had anal sex.

SECTION 5

- Q 5.1- ***Ever taken a pregnancy test.***

Only one of six respondents reported having taken a test, while one male respondent did not know if his partner had taken a test or not. The others said they had not. Out of four respondents who answered debriefing questions about this item, three felt it was a relevant question. All three had had sexual intercourse. One respondent did not think it was relevant because he had not had sexual intercourse (only oral sex).

- Q 5.2 – ***FOR BOYS Ever gotten someone pregnant.***

All four male respondents answered this question, and the two who were debriefed reported that the question was easy to find. Both girls skipped it.

- Q 5.3 – ***FOR GIRLS Ever been pregnant.***

Both female respondents answered this question and thought that the question was easy to find. All four male respondents skipped it. One female respondent found this whole section irrelevant, especially if the respondent had only had oral sex. However, this view of relevancy was not shared by a male respondent who had had only oral sex.

- Q 5.8 – ***STD history.***

Of three respondents, all reported not knowing at least one of the STDs listed. Chlamydia, syphilis, genital herpes and HPV were named specifically as ones respondents didn't know.

Respondents noted that they answered or would have answered “no” or “don’t know” to all the STDs they did not know. One respondent explained that she knew she does not have an STD after going to the doctor, while another said that even though he hasn’t been tested he would like to remain “positive,” (presumably meaning “optimistic”).

Recommendation: Change all references in the survey to HPV to “Human Papilloma virus, also known as HPV or genital warts.”

Q 5.9 – *Opinions on birth control.*

Of five respondents, two respondents thought they had enough experience to answer this series of questions. One respondent thought that he did not have enough experience to answer these questions since he has never bought/needed to buy birth control (had never had sexual intercourse, only oral sex). Another thought he did not have enough experience to have an opinion about birth control items. Both did answer all the questions though.

Respondents understood what the phrase “heat of the moment” meant. When asked about alternative wording regarding whether it is “hard to use birth control” versus “impossible to use birth control” when caught in the heat of the moment, one respondent said that she preferred “hard to use.”

Recommendation: Consider adding a response option for “don’t know,” even though there is already a column for neither agree nor disagree.

PART B2 – (NON-SEXUALLY ACTIVE) SECTIONS 4 AND 5

SECTION 4

- Q 4.4 – *Temporary housing.*

There were no problems with this question; it worked well.

- Q 4.5 – *Living in one or multiple homes.*

There were no problems with this question; it worked well. We must note, however, that all of the respondents live in one home only.

- Q 4.5 – *Marking all the people who live with the respondent in the respondent’s home.*

There were no problems with this question; it worked well. Most respondents followed the arrows correctly and found it helpful to have the categories broken out. One respondent wondered where to put her step-siblings, but put them with other unrelated people.

- Q 4.6 - *Number of people living in household.*

There were no real problems with this question; it worked well. One respondent wondered whether or not to include himself, and ultimately did.

- Q 4.7 – *Number of homes.*

No problems.

- Q 4.8 – *Consider one of the homes as main, or consider all homes as equal.*

No problems.

- Q 4.9 – *Nights spent in each home.*

No problems.

- Q 4.10 – *People who move with respondent from home to home.*

No problems.

- Q 4.11 – *Status of respondent's home(s) as group home or halfway house.*

Seven out of eight respondents did not know what a group home or halfway house was. Guesses ranged from houses with multiple families to houses that were split in the middle or where half the house is occupied by someone else.

Recommendation: Give definitions of group home and halfway house, including terms for these that are more familiar to youth.

- Q 4.12 – *Parent's living arrangement.*

There were no real problems with this question; it worked well. One respondent answered with her biological parents in mind, whom she doesn't really know but thinks of as her parents rather than her adoptive parents. Seven out of eight respondents were able to distinguish this item from 4.5, which asked about where they themselves lived.

Items 4.4-4.12 were easy to answer for most respondents possibly due to the sample we interviewed. Most of the sample belonged to relatively affluent, highly educated small families where they lived with their married, biological parents and siblings in one home.

SECTION 5

- Q 5.1 and 5.2 – *Onset of puberty.*

Of the eight respondents who answered, all boys and girls were able to follow the skips correctly. All the girls knew what "menstrual period" meant, and some contributed alternative terms such as "monthly visitor" or "Aunt Flo." Two of the four boys who answered paused when thinking about the onset of puberty. One of the

boys was not sure about when puberty started for him, and another had to think about a memorable moment when the changes started occurring.

- **Q 5.6 – *Fear of physical abuse by dating partner.***

No issues were raised. Most respondents defined dating as having a girlfriend/boyfriend. All except one respondent thought that dating was the exact opposite of never having dated anyone. The one exception pointed out that a person may really like another and does everything with them that is done by people who are dating, but the other person may think of the relationship as just friends.

- **Q 5.7. – *Spoken with doctor or nurse about sex, birth control or STDs in last year.***

For all seven respondents, birth control refers to methods for preventing pregnancy. However, for three, birth control means “the pill” and nothing else. No one mentioned condoms.

Two respondents defined sex to include oral and anal sex, while five defined it as sexual intercourse. One also included the consequences of sex as well, such as pregnancy.

Two out of seven respondents thought we should include health teachers in the list of people talked with, one respondent thought we should include guidance counselors, and two others thought we were referring to all people they would talk to.

Recommendation: Define what is meant by “birth control” in the question, and offer examples. Define what we mean by “sex.” Be clearer on who we want the respondents to include as people they spoke with, just a doctor or nurse, or other as well.

- **Q 5.8 – *Likelihood of using condom if having sexual intercourse before marriage.***

Two female respondents did not think the question applied to them, however one specified that that was because she thought she was too young. One girl specifically noted that the question would apply to girls, because they have a choice regarding condom use and should voice it.

Another respondent said that she was not sure of the timeframe for this question, so thought about college and after as a potential time.

Recommendation: Consider adding “the first time” to the end of the question, to help respondents focus on the timeframe.

- **Q 5.9 – *Reasons for NOT having sexual intercourse.***

Three out of nine respondents left 5.9.f. blank. 5.9.f. offers the following reason not to have sex: “My boyfriend / girlfriend would lose respect for me.” All three did not have a boy/girlfriend, and therefore felt they could not answer.

When asked, four respondents thought there should be an added category of “I don’t want to.”

Three respondents suggested other reasons for people their age choosing not to have sex. Some included: would be too embarrassed, fear of ridicule by peers, and not having a girlfriend or boyfriend.

Recommendation: Take 5.9.f. out of the list and make it a standalone question or add a N/A response category for it. Consider adding “I don’t want to” as a reason. Consider a reason gay and lesbian respondents could answer to.

COMMON SECTIONS 6 AND 7

SECTION 6 - ALCOHOL AND DRUG USE

- Q 6.1 - *Number of days had an alcoholic drink in the last 30 days.*

Only one out of six sexually active respondents responded with something other than zero to this question. One respondent could not read the word “alcoholic” (the same respondent who could not read “intercourse” in earlier questions). However, he was able to read other terms in the question such as beer and wine and was able to guess correctly what we were asking and answered appropriately. Only the respondent who had had any alcohol in the last three months said that his consumption differed over the course of the year (in baseball season, he would drink less). The others said their responses were typical of their consumption year-round. No respondent said their response was affected by the fact that the activity was illegal.

Five of the nine non-sexually active respondents answered zero to this question. One respondent answered >25 incorrectly – it should have been zero, and later acknowledged the reason was not having read the whole question. Of the rest, recall of number of days was reported to be easy. Four respondents stated their answers were not affected by the fact that this activity is illegal, while three respondents thought that other people might let their answers be affected by the illegality of the activity.

Recommendation: Emphasize or add to the reassurance in the introduction of the question “....Please remember, everything you say will be kept private.”

- Q 6.3 – *Number of days used marijuana in the last 30 days.*

One sexually active respondent could not read the word “marijuana” (the same respondent who could not read “alcoholic” and “intercourse” in earlier questions). However, he still was able to read other terms in the question such as weed and pot and was able to guess correctly what we were asking and answer appropriately. For the one respondent who had used marijuana in the last 30 days, the illegality of the activity did not seem to affect his response. There were no significant suggestions of alternative terms other than weed or pot.

For non-sexually active respondents, two of the nine respondents answered other than zero. All respondents stated their answers were not affected by the fact that this activity is illegal, although one respondent thought that other people might let their answers be affected by the illegality of the activity. There were no significant suggestions of alternative terms other than weed or pot.

Two respondents out of the 15 who answered this question (one sexually active and the other non-sexually active) skipped 6.3. Likely they skipped from 6.1 to 6.4 inadvertently.

Recommendations: Emphasize or add to the reassurance in the introduction of the question. Consider formatting to reduce the risk of people skipping 6.3.

- Q 6.4 - *Ever used any other type of illegal drug, prescription drugs that were not prescribed for you, or an inhalant.*

All six sexually active respondents answered no to this question. Of three respondents who were debriefed, two reported that they did not think that the illegality of this activity would affect their responses. One thought that respondents might not be honest, but she thought people would exaggerate their drug use instead of hide it. She noted, “Where I come from, people won’t be scared to talk about drugs or alcohol.” She did think we should clarify that we wouldn’t tell police or teachers about people’s responses. Regarding if there were any drugs respondent thought they should not include, one respondent mentioned that he did not include cough syrup.

All nine non-sexually active respondents answered no to this question. Six were debriefed. One mentioned that he did not consider prescription, legal drugs in answering. It is unclear if this was because he had not used them in a way not prescribed for him. Another wanted clarification on what “prescription” meant and a second thought “prescription” meant “medicine drugs.” At least one other respondent thought of ADHD medicine that “everyone” in her school took for exams. From their comments, it seems there may be a need for defining prescription drugs.

One respondent said that the illegality of the activity would have affected his answer, if he had used any of these drugs.

Recommendation: This question contains a lot of different elements. Simplify and clarify it. Explain prescription drugs and the fact that they are supposed to be had only by the person they are prescribed for. Also, emphasize or add to the reassurance in the introduction to the question.

SECTION 7 – FRIENDS AND RELATIONSHIPS

- Q 7.1 – *Pressure from friends to have sex.*

One out of six sexually active respondents skipped this question.