

EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES

SITE- SPECIFIC FIRST FOLLOW- UP INSTRUMENT AND SUMMARY TABLE:

OICA

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



Evaluation of Adolescent Pregnancy Prevention Approaches

FIRST FOLLOW-UP QUESTIONNAIRE

OICA

CONFIDENTIALITY

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

We want you to know that:

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

Mathematica Policy Research

THE PAPERWORK REDUCTION ACT OF 1995

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

START HERE!

SECTION 1: DEMOGRAPHICS

1.1. Are you male or female?

MARK (X) ONE

- Male
 Female

1.2. What is the last grade you completed?

MARK (X) ONE

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

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

MARK (X) ONE

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

1.4. Do you currently live in a group home?

MARK (X) ONE

- Yes
- No – **GO TO 1.6**

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

MARK (X) ONE MONTH AND ONE YEAR

Month started living in this group home

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

Year started living in this group home

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

1.6. Are you Hispanic/Latino?

MARK (X) ONE

- Yes
- No

1.7 What is your race?

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

1.8. What is the second letter of your first name?

MARK (X) ONE

- | | |
|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> N |
| <input type="checkbox"/> B | <input type="checkbox"/> O |
| <input type="checkbox"/> C | <input type="checkbox"/> P |
| <input type="checkbox"/> D | <input type="checkbox"/> Q |
| <input type="checkbox"/> E | <input type="checkbox"/> R |
| <input type="checkbox"/> F | <input type="checkbox"/> S |
| <input type="checkbox"/> G | <input type="checkbox"/> T |
| <input type="checkbox"/> H | <input type="checkbox"/> U |
| <input type="checkbox"/> I | <input type="checkbox"/> V |
| <input type="checkbox"/> J | <input type="checkbox"/> W |
| <input type="checkbox"/> K | <input type="checkbox"/> X |
| <input type="checkbox"/> L | <input type="checkbox"/> Y |
| <input type="checkbox"/> M | <input type="checkbox"/> Z |

1.9. What is the last letter of your first name?

MARK (X) ONE

- | | |
|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> N |
| <input type="checkbox"/> B | <input type="checkbox"/> O |
| <input type="checkbox"/> C | <input type="checkbox"/> P |
| <input type="checkbox"/> D | <input type="checkbox"/> Q |
| <input type="checkbox"/> E | <input type="checkbox"/> R |
| <input type="checkbox"/> F | <input type="checkbox"/> S |
| <input type="checkbox"/> G | <input type="checkbox"/> T |
| <input type="checkbox"/> H | <input type="checkbox"/> U |
| <input type="checkbox"/> I | <input type="checkbox"/> V |
| <input type="checkbox"/> J | <input type="checkbox"/> W |
| <input type="checkbox"/> K | <input type="checkbox"/> X |
| <input type="checkbox"/> L | <input type="checkbox"/> Y |
| <input type="checkbox"/> M | <input type="checkbox"/> Z |

1.10. In which month were you born? <i>MARK (X) ONE</i>	1.11. On which day were you born? <i>MARK (X) ONE</i>	1.12. In which year were you born? <i>MARK (X) ONE</i>
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 <input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31	<input type="checkbox"/> 1991 <input type="checkbox"/> 1992 <input type="checkbox"/> 1993 <input type="checkbox"/> 1994 <input type="checkbox"/> 1995 <input type="checkbox"/> 1996 <input type="checkbox"/> 1997 <input type="checkbox"/> 1998 <input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

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

1.15. Thinking about the past 12 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases at each of the following places?

MARK (X) ONE FOR EACH

	NEVER	1-3 TIMES	4-9 TIMES	10 OR MORE TIMES
a. School class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Church, synagogue, mosque, or religious classes outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community center, youth organization, or after-school activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doctor, nurse, or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents and other relatives or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Internet and media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other → LIST OTHER SOURCE ↘				

1.16. Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very helpful to you?

YOU MAY MARK (X) MORE THAN ONE

- School class
- Church, synagogue, mosque or religious classes outside of school
- Community center, youth organization, or after-school activity
- Doctor, nurse, or clinic
- Friends
- Parents and other relatives or family members
- Internet and media
- Other

SECTION 2: KNOWLEDGE

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

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

MARK (X) ONE

- Cervix
- Uterus
- Vagina
- Ovary

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

MARK (X) ONE

- Testicles
- Urethra
- Penis
- Prostate

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

SECTION 3: ATTITUDES AND SELF-EFFICACY

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

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

MARK (X) ONE

- Strongly agree
- Agree
- Disagree
- Strongly disagree

3.2. Using a method of protection is very important.

MARK (X) ONE

- Strongly agree
- Agree
- Disagree
- Strongly disagree

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

MARK (X) ONE FOR EACH QUESTION

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

3.4. The next questions are about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that...

MARK (X) ONE FOR EACH

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

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

MARK (X) ONE FOR EACH QUESTION

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

3.6. The next questions are about your views on sexual intercourse. In this survey, when we ask about sexual intercourse, we mean a male putting his penis into a female's vagina. How strongly do you agree or disagree that...

MARK (X) ONE FOR EACH QUESTION

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

SECTION 4: BEHAVIOR AND INTENTIONS

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

SEXUAL INTERCOURSE

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

Have you ever had sexual intercourse?

MARK (X) ONE

- Yes
 No

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

MARK (X) ONE

- I have never had sexual intercourse
 Yes
 No

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

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

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

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

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

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

MARK (X) ONE

- I have never had sexual intercourse
- Yes
- No

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

MARK (X) ONE FOR EACH QUESTION

- I have never had sexual intercourse

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

4.7. Now please think about the past 3 months.

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

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

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

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

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

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

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

None

NUMBER OF TIMES – Your best guess is fine.

4.10. In the past 3 months, with how many people have you had sex?

MARK (X) ONE

- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

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

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

MARK (X) ONE

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

PREGNANCY

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No

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

None

NUMBER OF TIMES PREGNANT

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

MARK (X) ONE

I have never been pregnant or gotten anyone pregnant

Yes

No

Don't know

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

MARK (X) ONE

I have never been pregnant or gotten anyone pregnant

Yes

No

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

MARK (X) ONE

Very happy

A little happy

Neither happy nor upset

A little upset

Very upset

ORAL SEX

4.20. The next questions are about oral sex. Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their penis or vagina.

Have you ever had oral sex?

MARK (X) ONE

Yes

No

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

I have never had oral sex

NUMBER OF PEOPLE – Your best guess is fine.

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

MARK (X) ONE

I have never had oral sex

9 years old

10 years old

11 years old

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old

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

None

NUMBER OF TIMES – Your best guess is fine.

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

MARK (X) ONE

Yes, definitely

Yes, probably

No, probably not

No, definitely not

SEX – VAGINAL, ORAL, AND ANAL SEX

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

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

MARK (X) ONE

- Yes
 No

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

MARK (X) ONE

- I have never had sex
 Yes
 No

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

MARK (X) ONE

- I have never had sex
 Yes
 No

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

MARK (X) ONE FOR EACH QUESTION

- I have never had sex

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

SEXUALLY TRANSMITTED INFECTIONS (STIs)

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

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

MARK (X) ONE

Yes

No

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

MARK (X) ONE

Yes

No

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

MARK (X) ONE

Yes

No

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

MARK (X) ONE FOR EACH QUESTION

I have not had an STI in the last 12 months

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

SECTION 5: POWER THROUGH CHOICES

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

MARK (X) ONE

Yes

No

For the next few questions, please think about *POWER Through Choices* and how it may have influenced you.

5.2. Would you say that being in this program has made you more or less likely to have sexual intercourse in the next year?

MARK (X) ONE

Much more likely

More likely

About the same

Less likely

Much less likely

5.3. If you were to have sexual intercourse in the next year, would you say that being in *POWER Through Choices* has made you more or less likely to use a condom?

MARK (X) ONE

Much more likely

More likely

About the same

Less likely

Much less likely

5.4. The next question is about how likely you are to use other methods of birth control (NOT including condoms) if you have sexual intercourse in the next year:

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

If you were to have sexual intercourse in the next year, would you say that being in *POWER Through Choices* has made you more or less likely to use one of these other methods of birth control?

MARK (X) ONE

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

5.5. How helpful do you feel the material presented in Power Through Choices has been to you personally?

MARK (X) ONE

- Extremely helpful
- Very helpful
- Neutral
- Not very helpful
- Not helpful at all

5.6. Compared to other teachers you have had, how would you rate the instructor who presented the Power Through Choices program?

MARK (X) ONE

- Outstanding
- Above average
- Average
- Below average
- Poor

SUMMARY OF DIFFERENCES BETWEEN THE FIRST FOLLOW-UP CONCORDANCE INSTRUMENT AND THE OICA FIRST FOLLOW-UP SURVEY

Items are listed in the order in which they appear on the OICA first follow-up instrument. The number for the corresponding follow-up concordance item is listed in the “Concordance #” column. There are no separate sections for sexually active and non-sexually active respondents. Items found on the concordance instrument that are not on the OICA instrument are listed at the bottom of the table.

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

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

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
1.2	1.2	What grade are you in? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school	What is the last grade you completed? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
1.3	N/A		<p>How old were you when you entered the foster care system?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> <1 year old <input type="checkbox"/> 1 year old <input type="checkbox"/> 2 years old <input type="checkbox"/> 3 years old <input type="checkbox"/> 4 years old <input type="checkbox"/> 5 years old <input type="checkbox"/> 6 years old <input type="checkbox"/> 7 years old <input type="checkbox"/> 8 years old <input type="checkbox"/> 9 years old <input type="checkbox"/> 10 years old <input type="checkbox"/> 11 years old <input type="checkbox"/> 12 years old <input type="checkbox"/> 13 years old <input type="checkbox"/> 14 years old <input type="checkbox"/> 15 years old <input type="checkbox"/> 16 years old <input type="checkbox"/> 17 years old <input type="checkbox"/> 18 years old
1.4	N/A		<p>Do you currently live in a group home?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 1.6

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
1.5	N/A		In what month and year did you start living in <u>this</u> group home? MARK (X) ONE MONTH AND ONE YEAR
1.6	1.4	<p>Are you Hispanic/Latino?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
1.7	1.5	<p>What is your race?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Some other race PRINT OTHER RACE</p>	
1.8	N/A		<p>What is the <u>second</u> letter of your first name?</p> <p>MARK (X) ONE</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
1.9	N/A		What is the <u>last</u> letter of your first name? MARK (X) ONE
1.10	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	In which month were you born? MARK (X) ONE
1.11	N/A		On which day were you born? MARK (X) ONE
1.12	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	In which year were you born? MARK (X) ONE
1.13	1.12	How likely is it that you will do each of the following things? MARK (X) ONE FOR EACH <i>Not at all likely, A little bit likely, Somewhat likely, Very likely</i> 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	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
1.14	1.6	<p>In the past 12 months, have you received any information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes/No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex h. How babies are made 	<p>Refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
1.15	1.7	<p>Thinking about the past 12 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases at each of the following places?</p> <p><i>MARK (X) ONE FOR EACH</i></p> <p><i>Never/1-3 times/4-9 times/10 or more times</i></p> <ul style="list-style-type: none"> a) School class b) Church, synagogue, mosque, or religious classes outside of school c) Community center, youth organization, or after-school activity d) Doctor, nurse, or clinic e) Friends f) Parents and other relatives or family members g) Other LIST OTHER SOURCE 	<p>Refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p> <p>Added: g. Internet and media</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
1.16	1.8	<p>Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very <u>helpful</u> to you?</p> <p>YOU MAY MARK (X) MORE THAN ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> School class <input type="checkbox"/> Church, synagogue, mosque or religious classes outside of school <input type="checkbox"/> Community center, youth organization, or after-school activity <input type="checkbox"/> Doctor, nurse or clinic <input type="checkbox"/> Friends <input type="checkbox"/> Parents and other relatives or family members <input type="checkbox"/> Internet and media <input type="checkbox"/> Other (Please specify) 	<p>Refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p>
2.1	N/A		<p>The next questions ask about the body, sexually transmitted infections (STIs), and methods of protection.</p> <p>The body part of the female body where a baby grows during pregnancy is the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cervix <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Ovary

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
2.2	N/A		<p>The part of the male's body that produces sperm is the:</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Testides <input type="checkbox"/> Urethra <input type="checkbox"/> Penis <input type="checkbox"/> Prostate
2.3	N/A		<p>When is it possible for a female to become pregnant?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> The first time she has sex <input type="checkbox"/> When she is ovulating <input type="checkbox"/> When her partner withdraws (pulls out) before ejaculating <input type="checkbox"/> All of the above
2.4	N/A		<p>Of the following statements about methods of protection, which one is <u>false</u>?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You can get them with a prescription from a doctor <input type="checkbox"/> You can buy them at a local store in the drug or pharmacy section <input type="checkbox"/> Some require a prescription and others do not, depending on the type of method <input type="checkbox"/> You must have your parent's/guardian's permission to get them if you are under age 18

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

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

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

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
3.3	3.14	<p>The next series of questions is about condom use. How strongly do you agree or disagree that...? MARK (X) ONE FOR EACH</p> <p>Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Condoms should always be used if a person your age has sexual intercourse b. Condoms are a hassle to use c. Condoms are pretty easy to get d. Condoms are important to make sex safer e. Using condoms means you don't trust your partner f. Using condoms is morally wrong g. Condoms decrease sexual pleasure 	<p>Added:</p> <ul style="list-style-type: none"> h. Condoms make sex less exciting

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
3.4	3.15	<p>The next series of questions is about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that...? MARK (X) ONE FOR EACH</p> <p>Strongly Agree, Agree, Neither agree nor disagree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Birth control should always be used if a person your age has sexual intercourse b. Birth control is a hassle to use c. Birth control is pretty easy to get d. Birth control is important to make sex safer e. Birth control has too many negative side effects f. Using birth control is morally wrong 	

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

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
3.6	3.1	<p>The next series of questions is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse, we mean a male putting his penis into a female's vagina. How strongly do you agree or disagree that...?</p> <p>MARK (X) ONE FOR EACH Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for you to do at your age b. At your age right now, having sexual intercourse would create problems c. At your age right now, not having sexual intercourse is important for you to be safe and healthy d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom e. It is against your values to have sexual intercourse before marriage 	
4.1	4.2	<p>The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.2	4.5	Have you had sexual intercourse more than one time? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Added the option: <input type="checkbox"/> I have never had sexual intercourse
4.3	4.6	How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time? __ __ NUMBER OF PEOPLE - Your best guess is fine.	Added the option: <input type="checkbox"/> I have never had sexual intercourse

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.4	4.4	<p>The very <u>first</u> time you had sexual intercourse, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	<p>These next few questions ask about the first time you had sexual intercourse. The very <u>first</u> time you had sexual intercourse, how old were you?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have never had sexual intercourse <input type="checkbox"/> 9 years old <input type="checkbox"/> 10 years old <input type="checkbox"/> 11 years old <input type="checkbox"/> 12 years old <input type="checkbox"/> 13 years old <input type="checkbox"/> 14 years old <input type="checkbox"/> 15 years old <input type="checkbox"/> 16 years old <input type="checkbox"/> 17 years old <input type="checkbox"/> 18 years old
4.5	N/A		<p>Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted infections, also called STIs.</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> <ul style="list-style-type: none"> <input type="checkbox"/> I have never had sexual intercourse <input type="checkbox"/> Yes <input type="checkbox"/> No

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.6	N/A		<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> <ul style="list-style-type: none"> <input type="checkbox"/> I have never had sexual intercourse a. Condoms b. Birth control pills or the patch c. Depo-Provera 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>):
4.7	4.9	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.8	4.10	<p>In the past 3 months, how many TIMES did you have sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.9	4.12	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/>None</p> <p>NUMBER OF TIMES – Your best guess is fine.</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.10	N/A		<p>In the past 3 months, with how many people have you had sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 1 person</p> <p><input type="checkbox"/> 2 people</p> <p><input type="checkbox"/> 3 people</p> <p><input type="checkbox"/> 4 people</p> <p><input type="checkbox"/> 5 people</p> <p><input type="checkbox"/> 6 or more people</p>
4.11	3.20	<p>Do you intend to have sexual intercourse in the next year?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	<p>Added introduction: The next few questions are about your intentions for the next year.</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.12	3.21	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.13	3.22	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.14	5.2a	<p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Added: Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.</p>
4.15	N/A		<p>Have you been pregnant or gotten someone pregnant during the <u>past 3 months</u>? Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.16	5.2b	<p>To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?</p> <p> __ __ NUMBER OF TIMES</p>	<p>Added the option:</p> <p><input type="checkbox"/> None</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.17	5.2d	<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Deleted "actually"</p> <p>Added the option:</p> <p><input type="checkbox"/> I have never been pregnant or gotten anyone pregnant</p>
4.18	N/A		<p>When you or your partner got pregnant, were you trying to become pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never been pregnant or gotten anyone pregnant</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.19	3.3 for girls; 3.4 for boys	<p>FOR GIRLS If you got pregnant now, how would you feel?</p> <p>FOR BOYS If you got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very happy</p> <p><input type="checkbox"/> A little happy</p> <p><input type="checkbox"/> Neither happy nor upset</p> <p><input type="checkbox"/> A little upset</p> <p><input type="checkbox"/> Very upset</p>	<p>If you got pregnant now or got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very happy</p> <p><input type="checkbox"/> A little happy</p> <p><input type="checkbox"/> Neither happy nor upset</p> <p><input type="checkbox"/> A little upset</p> <p><input type="checkbox"/> Very upset</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.20	4.14	<p>Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their penis or vagina.</p> <p>Have you <u>ever</u> had oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Added introduction: "The next questions are about oral sex."</p>
4.21	4.16	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	<p>Added the option:</p> <p><input type="checkbox"/> I have never had oral sex</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.22	4.15	<p>The very <u>first</u> time you had oral sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	<p>Now think about the <u>first</u> time you had oral sex. The very <u>first</u> time you had oral sex, how old were you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never had oral sex</p> <p><input type="checkbox"/> 9 years old</p> <p><input type="checkbox"/> 10 years old</p> <p><input type="checkbox"/> 11 years old</p> <p><input type="checkbox"/> 12 years old</p> <p><input type="checkbox"/> 13 years old</p> <p><input type="checkbox"/> 14 years old</p> <p><input type="checkbox"/> 15 years old</p> <p><input type="checkbox"/> 16 years old</p> <p><input type="checkbox"/> 17 years old</p> <p><input type="checkbox"/> 18 years old</p>
4.23	4.17	<p>Now please think about the past 3 months.</p> <p>In the past 3 months, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.24	3.19	<p>Do you intend to have oral sex in the next year?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	
4.25	N/A		<p>The next few questions ask about sex. By sex, we mean ALL types of sex - including vaginal, oral and anal sex.</p> <p>Have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.26	N/A		<p>These next few questions ask about the last time you had sex (sexual intercourse, oral sex or anal sex).</p> <p>The <u>last</u> time you had sex did you or your partner use a method of protection?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never had sex</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.27	N/A		<p>The <u>last</u> time you had sex did you or your partner use a condom?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never had sex <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.28	N/A		<p>The <u>last</u> time you had sex, did you or your partner use the following methods to prevent pregnancy or STIs?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p><input type="checkbox"/> I have never had sex</p> <p>a. Condoms b. Birth control pills or the patch c. Depo-Provera, the shot, or other injectable birth control d. NuvaRing or the ring e. Withdrawal or pulling out f. Not sure g. Another method (<i>PRINT OTHER METHOD USED</i>):</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.29	N/A		<p>Which one of these statements best describes you now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have not had sex and am not even thinking about having sex <input type="checkbox"/> I have not had sex, however I am thinking about having sex <input type="checkbox"/> I have not had sex, but I am seriously thinking about having sex in the near future <input type="checkbox"/> I have had sex in the past but I am not having sex now <input type="checkbox"/> I am currently having sex
4.30	N/A		<p>Which of the following categories best describes your use of methods of protection now? Please choose just one category.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not use any methods of protection because I am not sexually active <input type="checkbox"/> I do not use a method of protection <input type="checkbox"/> I do not use any methods of protection, but am considering using a method of protection <input type="checkbox"/> I use a method of protection sometimes, but I am thinking about using a method of protection every time I have sex <input type="checkbox"/> I use a method of protection every time, but it has been less than 6 months since I started using a method of protection every time <input type="checkbox"/> I use a method of protection every time, and it has been more than 6 months since I started using a method of protection every time

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.31	5.3	<p>In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Added to introduction: “ The next questions ask about sexually transmitted infections (STIs).</p> <p>Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p>
4.32	5.4	<p>In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (also known as an STD), like gonorrhea, Chlamydia, syphilis, or HIV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p>
4.33	5.5	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (also known as an STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p>

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
4.34	5.6	<p>The next series of questions is about the types of sexually transmitted diseases (STDs) you have had. In the past 12 months, did you have...</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No, Don't know</p> <ul style="list-style-type: none"> a. Chlamydia b. Gonorrhea c. Genital herpes d. Syphilis e. HIV infection or AIDS f. Human Papilloma virus, also called HPV or genital warts g. Another sexually transmitted disease (STD)? <i>PRINT OTHER STD</i> 	<p>Question refers to STIs and sexually transmitted infections instead of STDs and sexually transmitted diseases.</p> <p>Added the option:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have not had an STI in the past 12 months
5.1	N/A		<p>Were you in the <i>POWER Through Choices</i> program at any previous time?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
5.2	N/A		<p>For the next few questions, please think about <i>POWER Through Choices</i> and how it may have influenced you.</p> <p>Would you say that being in this program has made you more or less likely to have sexual intercourse in the next year?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Much more likely <input type="checkbox"/> More likely <input type="checkbox"/> About the same <input type="checkbox"/> Less likely <input type="checkbox"/> Much less likely
5.3	N/A		<p>If you were to have sexual intercourse in the next year, would you say that being in <i>POWER Through Choices</i> has made you more or less likely to use a <u>condom</u>?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Much more likely <input type="checkbox"/> More likely <input type="checkbox"/> About the same <input type="checkbox"/> Less likely <input type="checkbox"/> Much less likely

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
5.4	N/A		<p>The next question is about how likely you are to use other methods of birth control (NOT including condoms) if you have sexual intercourse in the next year:</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 were to have sexual intercourse in the next year, would you say that being in <i>POWER Through Choices</i> has made you more or less likely to use one of these other methods of birth control?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Much more likely <input type="checkbox"/> More likely <input type="checkbox"/> About the same <input type="checkbox"/> Less likely <input type="checkbox"/> Much less likely

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
5.5	N/A		<p>How helpful do you feel the material presented in Power Through Choices has been to you personally?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Extremely helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> Neutral <input type="checkbox"/> Not very helpful <input type="checkbox"/> Not helpful at all
5.6	N/A		<p>Compared to other teachers you have had, how would you rate the instructor who presented the Power Through Choices program?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outstanding <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor
<p>DROPPED: The questions listed below are part of the follow-up concordance instrument, but are not part of this site-specific follow-up instrument.</p>			

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	1.6a	<p>Did you say “yes” to any item a through h in question 1.6 above?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No (GO TO QUESTION 1.9) 	
N/A	1.9	<p>In the past 30 days, how often have you felt that you were unable to control the important things in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	1.10	<p>In the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often 	
N/A	1.11	<p>How strongly do you agree or disagree with the following statements?</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. You can do things now that will help you to be healthy when you are an adult b. Nothing you do as a teen will affect how healthy you are as an adult c. Taking risks as a teen, like drinking and drugs, does not really matter for your health in the long run d. The good and bad decisions you make as a teen will affect your health as an adult 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	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 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.2	<p>2. 2. 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 <p>AFTER ANSWERING → GO TO 2.4</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.3	<p>Who lives with you in each of your homes? MARK (X) BOTH COLUMNS Mark (X) all the people who live with you in your MAIN home</p> <p>Mark (X) all the people who live with you in your 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 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.4	<p>Now we have some questions about your mother, or the person you think of as your mother. Is this person... MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> You don't have a mother or person you think of as your mother <p>GO TO QUESTION 2.9</p>	
N/A	2.5	<p>The following questions are about the person you marked as your mother or the person you think of as your mother. Is she working now? 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 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.6	<p>How well can you and she share ideas or talk about things that are important to you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all well</p> <p><input type="checkbox"/> Not very well</p> <p><input type="checkbox"/> Somewhat well</p> <p><input type="checkbox"/> Very well</p>	
N/A	2.7	<p>Now thinking about your biological mother, that is, the woman who gave birth to you, how old is she (or would she be if she were alive)?</p> <p><input type="text"/> <input type="text"/> NUMBER OF YEARS OLD-your best guess is fine</p> <p><input type="checkbox"/> I do not know about my biological mother Go To 2.9</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.8	<p>Again thinking about your biological mother and all the children she has ever had- how old is the oldest one? If the oldest one is not alive, how old would that child be if still living?</p> <p><input type="text"/> <input type="text"/> NUMBER OF YEARS OLD-your best guess is fine</p> <p><input type="checkbox"/> I do not know about my biological mother</p>	
N/A	2.9	<p>Next we have some questions about your father, or the person you think of as your father. Is this person...</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Your biological father, that is, the man who is genetically related to you</p> <p><input type="checkbox"/> Your stepfather or adoptive father</p> <p><input type="checkbox"/> Your foster father</p> <p><input type="checkbox"/> Your grandfather</p> <p><input type="checkbox"/> Your uncle or your older brother</p> <p><input type="checkbox"/> Some other adult</p> <p><input type="checkbox"/> You don't have a father or person you think of as your father GO TO 2.12a</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.10	<p>The following questions are about the person you marked as your father or the person you think of as your father.</p> <p>Is he working now?</p> <p>MARK (X) ONE</p> <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 	
N/A	2.11	<p>How well can you and he share ideas or talk about things that are important to you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all well <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Very well 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.12a	<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="checkbox"/> They are married to each other <input type="checkbox"/> They used to be married to each other, but are now separated <input type="checkbox"/> They used to be married to each other, but are now divorced <input type="checkbox"/> They have never been married to each other <input type="checkbox"/> I don't know 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.12b	<p data-bbox="401 448 995 477">Do your biological mother and biological father</p> <p data-bbox="346 518 569 547">live together now?</p> <p data-bbox="289 587 464 617">MARK (X) ONE</p> <ul style="list-style-type: none"> <li data-bbox="289 704 390 734"><input type="checkbox"/> Yes <li data-bbox="289 740 384 769"><input type="checkbox"/> No <li data-bbox="289 776 936 837"><input type="checkbox"/> One or both of my biological parents have passed away <li data-bbox="289 844 499 873"><input type="checkbox"/> I don't know 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.13	<p>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.</p> <p>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 	
N/A	2.14	<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 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	2.15	<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 	
N/A	2.16	<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 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.2	<p>How strongly do you agree or disagree with the following statements?</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. You have goals you want to accomplish before you have a child b. It is important for you to finish school before you have a child c. It is important for you to have a job and stable income before you have a child d. Having a good marriage seems possible for you 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.5	<p>Imagine you are alone with someone you like very much. How likely is it that you could . . .</p> <p>MARK (X) ONE FOR EACH</p> <p>Not at all Likely, a Little Bit likely, Somewhat Likely, Very Likely</p> <p>a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS)</p> <p>b. Stop them if they wanted to touch your private parts below the waist, meaning the parts of the body covered by underwear, and you did not want them to do that</p> <p>c. Avoid having sexual intercourse if you didn't want to</p>	
N/A	3.6	<p>How likely is it that you will get pregnant (or get someone pregnant) between now and age 20?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> A little likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Very likely</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.6a	<p>How likely is it that you will get pregnant (or get someone else pregnant) between now and when you get married?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely 	
N/A	3.7	<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 condom is used correctly, how much can it decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know → GO TO QUESTION 3.8 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.7a	<p>How confident are you that your answer to the question above is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
N/A	3.8	<p>If a condom 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 	
N/A	3.9	<p>If a condom 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 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.10	<p>If birth control pills 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 3.11 	
N/A	3.10a	<p>How confident are you that your answer to the question above is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
N/A	3.11	<p>If birth control pills 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 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.12	<p>If birth control pills are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	
N/A	3.13	<p>Can you get a sexually transmitted disease, or STD, from having oral sex?</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 → GO TO 3.14 	
N/A	3.13a	<p>How confident are you that your answer to the question above is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.16	<p>Read each statement below and check the answer that fits best. MARK (X) ONE FOR EACH</p> <p>I am sure it's true, I think it's true, I don't know, I think it's false, I am sure it's false</p> <ul style="list-style-type: none"> a. You can't get AIDS if you have sex only once or twice without a condom b. Condoms are 100% effective in preventing HIV c. Once you are infected with HIV, you are infected for life d. If a young couple has had unprotected sex a few times and a pregnancy did not happen, then they do not have to worry about her getting pregnant e. There is a vaccine or shot available to prevent girls from becoming infected with certain types of HPV (also known as Human Papilloma virus). 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.17	<p>Thinking about the future, how likely do you think it is that you will get HIV/AIDS?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> A little likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Very likely</p>	
N/A	3.18	<p>How likely do you think it is that you will get an STD other than HIV/AIDS?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> A little likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Very likely</p>	
N/A	3.23	<p>Do you intend to have sexual intercourse without being married?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.24	<p>Right now, do you have a boyfriend or girlfriend – someone in particular you are going out with? MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
N/A	3.25	<p>In the past 3 months, how many TIMES have you gone out on a date?</p> <p><input type="checkbox"/> Zero or None → GO TO 3.27 NUMBER OF TIMES - Your best guess is fine</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	3.26	<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>	
N/A	3.27	<p>Have you ever had sexual intercourse, oral sex, or anal sex?</p> <p><input type="checkbox"/> YES: GO TO PART B1</p> <p><input type="checkbox"/> NO: GO TO PART B2</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.1	<p>The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential and everything you say will be kept private.</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex? MARK (X) ONE</p> <p><input type="checkbox"/> No → STOP AND GO TO PART B2. <input type="checkbox"/> Yes → CONTINUE WITH THIS BOOKLET.</p>	
N/A	4.3	<p>The very first time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.7	<p>The most recent time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
N/A	4.8	<p>The most recent time you had sexual intercourse, did you or your partner use ...?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes or no</p> <ul style="list-style-type: none"> a. Condoms b. Birth control pills or the patch c. Depo-Provera or other injectable birth control d. NuvaRing or the ring e. Withdrawal or pulling out f. Another method PRINT OTHER METHOD USED 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.11	<p>In the past 3 months, of those times you used a condom during sexual intercourse, how many times did the condom break or slip off during sex?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES- Your best guess is fine.</p>	
N/A	4.13	<p>Now please think about the past 12 months.</p> <p>In the past 12 months, how often have you had a relationship that was just sexual?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> More than once</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.18	<p>In the past 3 months, how many TIMES have you had oral sex without using a condom?</p> <p><input type="checkbox"/> None</p> <p> NUMBER OF TIMES – Your best guess is fine.</p>	
N/A	4.19	<p>Anal sex is when a male puts his penis in someone else’s anus, or their butt, or someone lets a male put his penis in their anus or butt.</p> <p>Have you ever had anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 5.1</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.20	<p>How many DIFFERENT PEOPLE have you ever had anal sex with, even if only one time?</p> <p> NUMBER OF PEOPLE - Your best guess is fine.</p>	
N/A	4.21	<p>The very first time you had anal sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.22	<p>Now please think about the past 3 months.</p> <p>In the past 3 months, how many TIMES have you had anal sex?</p> <p><input type="checkbox"/> None GO TO 5.1</p> <p> NUMBER OF TIMES – Your best guess is fine.</p>	
N/A	4.23	<p>In the past 3 months, how many TIMES have you had anal sex without using a condom?</p> <p><input type="checkbox"/> None</p> <p> NUMBER OF TIMES - Your best guess is fine.</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	5.1	<p>Have you or your partner ever taken a pregnancy test?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know 	
N/A	5.2c	<p>How old were you the first time you got pregnant or got someone pregnant?</p> <p> NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
N/A	4.1	<p>This booklet is for youth who have not had sex. We want to be sure you are in the correct booklet. We know we have asked this before but...</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes → STOP! GO TO PART B1 INSTEAD. <input type="checkbox"/> Yes → CONTINUE WITH THIS BOOKLET. 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.2	<p>The first two questions in this part are about your schooling.</p> <p>Do you expect that you will graduate from high school? Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I already graduated from high school</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.4</p>	
N/A	4.3	<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 Year Range 2007 or earlier to 2018 or later Month Range January to December</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.4	<p>Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>VERY IMPORTANT, SOMEWHAT IMPORTANT, NOT TOO IMPORTANT, NOT AT ALL IMPORTANT</p> <p>a. I don't want to get a sexually transmitted disease, also known as an STD 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</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.5	<p>What do you think are the benefits of waiting to have sexual intercourse? Strongly Agree, Agree, Disagree, Strongly Disagree Mark (X) ONE FOR EACH QUESTION</p> <ul style="list-style-type: none"> a. Respect for yourself b. Respect from parents c. Keeping true to religious values d. Respect from friends e. Not having to worry about pregnancy f. Not having to worry about sexually transmitted diseases, also known as STDs g. Better chance for a good marriage in the future h. Fewer distractions so you can focus on school work 	
N/A	4.6	<p>Do people need religion to have good values? Mark (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.7	Should religious teachings be obeyed in every situation? Mark (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
N/A	4.8	Do you pray every day? Mark (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
N/A	4.9	Do you think it's embarrassing for people your age to admit they are virgins? Mark (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.10	<p>Do you think it's embarrassing for girls your age to get pregnant?</p> <p>Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	4.11	<p>In the group you hang out with, how important is it to have a girlfriend or boyfriend or to be going out with someone?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very important</p> <p><input type="checkbox"/> Not too important</p> <p><input type="checkbox"/> Not important at all</p>	
N/A	4.12	<p>The next few questions are about your access to and use of TV, cell phones, computers and other forms of technology.</p> <p>Do you personally have a phone, computer, or other device that can connect to the internet?</p> <p>Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.13	<p>Do your parents have any rules about...?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No, Not Applicable</p> <p>a. The amount of time or when you can text, talk on the phone, watch TV or be on the computer?</p> <p>c. Whether or not you can have a profile on a social networking site like MySpace or Facebook</p>	
N/A	4.14	<p>Do your parents have any rules about what you are allowed to watch on TV?</p> <p>Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.15	<p>Do your parents have any rules about what sites you can access on the internet?</p> <p>Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	4.16	<p>Some people exchange sexy text messages, videos, or pictures of themselves or their friends. How common would you say each of the following is among people your age?</p> <p>MARK (X) ONE FOR EACH</p> <p>Not Common at all, Not very Common, Fairly Common, Very Common</p> <p>a. Sending or posting sexy text messages</p> <p>b. Sending or posting sexy pictures or video</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.17	<p>Have you ever sent or posted a sexy message, picture, or video of yourself by email, IM or text?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.19</p>	
N/A	4.18	<p>Which of the following reasons did you have for sending or posting a sexy message, picture or video of yourself?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <p>a. To get or keep a guy's or girl's attention</p> <p>b. Your boyfriend/girlfriend pressured you to do it</p> <p>c. As a "sexy" present for a boyfriend or girlfriend</p> <p>d. To get back at someone or cause trouble</p> <p>e. Pressure from friends</p> <p>f. To be fun or to flirt</p> <p>g. Everybody does it</p> <p>h. Another reason? PRINT REASON</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	4.19	<p>Have you ever received a sexy text message, or a picture or video of someone you know?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 5.1</p>	
N/A	4.20	<p>Have you ever shared or forwarded a sexy text message, or picture or video of someone you know?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	5.1	<p>The next few questions ask about your community.</p> <p>How often do you feel that there are teachers or other adults in your school who really know you and care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often 	
N/A	5.2	<p>How often do you feel there are adults in your neighborhood, or in religious or youth organizations, who really know you and care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	5.3	<p>How often do you feel safe in your community or neighborhood?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always 	
N/A	5.4	<p>How often do you feel safe at school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always 	
N/A	5.5	<p>How often do you feel safe at home?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Usually <input type="checkbox"/> Always 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	5.6	<p>During the past 12 months, were you on a sports team or did you take sports lessons after school or on weekends?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
N/A	5.7	<p>During the past 12 months, did you participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Boy's/Girl's Club?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	6.1	<p>The next questions are about alcohol and drug use. Please remember, everything you tell us will be kept private.</p> <p>During the past 30 days, 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> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days → GO TO QUESTION 6.4 	
N/A	6.2	<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> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	6.3	<p>During the past 30 days, on how many days did you get drunk or wasted?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	
N/A	6.4	<p>During the past 30 days, on how many days did you use marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	
N/A	6.5	<p>Have you ever used any other type of illegal drug, prescription drugs, or an inhalant that were not prescribed for you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

OICA #	Concordance #	Concordance Follow-up Question Text	Modifications for OICA
N/A	7.1	<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 	
N/A	7.2	<p>How often is each of the following statements true for you?</p> <p>MARK (X) ONE FOR EACH</p> <p>Never True, Sometimes True, Often True, Almost Always True</p> <ul style="list-style-type: none"> a. I can trust my friends b. My friends want the best for me in my life c. My friends care about me d. My friends are there for me if I need them 	