

ATTACHMENT A

QUESTION BY QUESTION SOURCE LIST AND CROSSWALK BETWEEN TPP REPLICATION STUDY BASELINE AND THE PPA OMB- Approved BASELINE

CROSSWALK BETWEEN The TPP Baseline Measures for Safer Sex, Reducing the Risk and Cuidate! and the PPA OMB-APPROVED BASELINE

Items for the two TPP baseline instruments (the first for Safer Sex replications, the second for replications of Reducing the Risk and Cuidate!) are listed first, with the corresponding item number noted for the OMB-approved PPA baseline measure. The question source is listed for each item. Information on how the data will be used (for tracking, as a covariate, etc.) is shown. The “Notes” column provides additional information about the items. Items not previously reviewed and approved by OMB for the PPA study baseline are highlighted in yellow.

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
Section 1: You and Your Background								
1.1	1.1	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR		✓	✓		
1.2	1.2	1.2	What grade are you in? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school	All About Youth (AAY) ade14. The next questions ask you about school. What grade are you in? AGRADE		✓		
NA	1.3	1.3	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female		✓	✓		Not asked For Safer Sex which targets females only
1.4	1.4	1.4	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Add Health, Wave 1 4. Are you of Hispanic or Latino origin? Yes No		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
1.5	1.5	1.5	What is your race? YOU MAY MARK (X) MORE THAN ONE ANSWER <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race _____ (print)	Add Health, Wave 1 6. What is your race? White Black or African American American Indian or Native American Asian or Pacific Islander Other		✓		
1.6	1.6	1.6	What is the <u>main</u> language you speak at home? MARK (X) ONE <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Some other language (<i>PRINT OTHER</i>) _____	MPR Abstinence 1.6 What is the main language you speak at home? MARK (X) ONE 0 <input type="checkbox"/> English 1 <input type="checkbox"/> Spanish 2 <input type="checkbox"/> An Asian language (what language?) 4 <input type="checkbox"/> Another language (what language?)		✓		

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1.7	1.7	1.11	<p>How likely is it that you will do each of the following things?</p> <p>MARK (X) ONE FOR EACH</p> <p><i>Not at all likely, A little bit likely, Somewhat likely, Very likely</i></p> <p>a. Graduate from high school b. Go to a technical or vocational school after high school c. Go to college d. Graduate from a 2-year or community college program e. Graduate from a 4-year college program</p>	<p>All About Youth, Baseline ade16.</p> <p>How much education do you intend to get?</p> <p>0 = Don't plan to finish high school 1 = Plan to finish high school 2 = Attend a technical or vocational school after high school 3 = Graduate from a 2-year community college program 4 = Graduate from a 4-year college 5 = Graduate with an advanced degree (doctor, lawyer, dentist) 8 = Refuse to Answer</p>		✓		

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1.8	1.8	1.10	<p>In an average week last month, including weekends, about how many hours did you spend participating in each of the following? MARK (X) ONE FOR EACH</p> <p><i>Zero hours per week/more than zero but less than two hours/2-5 hours/more than 5 hours.</i></p> <ul style="list-style-type: none"> a. Sports-related clubs, teams, or organizations b. Lessons, clubs, or performances for art, music or drama c. Other clubs, teams, and organizations such as academic clubs, Scouts, chess clubs, or debating teams d. Services or programs at a church, temple, synagogue, mosque or other place of worship e. Working at a paid job f. Volunteering 	<p>Title V Abstinence Only Baseline Survey (Mathematica)</p> <p>2.6 Please mark each activity you do in school or after school. You can check more than one answer. Band, orchestra, chorus, choir or other music group School play or musical Student government or student council Hobby club, like photography, chess Sports team Dance, gymnastics Girl Scouts, Boy Scouts, Girls Clubs, Boys Clubs or 4-H Community service or volunteer activity Church or religious youth groups Mostly watch TV or hang out Other club PLEASE WRITE IN THE NAMES OF THE CLUBS BELOW</p>		✓		

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1.9	1.9	1.9	<p>In the past 12 months, have you received any information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes/No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex 	<p>National Survey of Family Growth (NSFG) combined with MPR Abstinence:</p> <p>From NSFG (Female, Cycle 6): Now I'm interested in knowing about formal sex education you may have had. (Before you were 18, did you ever have/ Have you ever had) any formal instruction at school, church, a community center or some other place ...</p> <p>About how to say no to sex? About methods of birth control?</p> <p>MPR Abstinence (Wave 4V-3, Female, Section 1) The following questions are about any classes or special programs you might have participated in during the last year that talked about any of the following things? These could be classes that you took in school or someplace else.</p> <ul style="list-style-type: none"> a. The female menstrual cycle—that is, the monthly cycle or period? b. Physical development and puberty? c. Dating? d. Marriage and family life? e. The human body/reproduction/how girls get pregnant? f. Ways people who have sex can prevent making babies? g. Abstinence—that is, not having sexual intercourse? h. How to say “no” to sex? 			✓	

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1.10	1.10	1.7	<p>In the past 12 months, how often did you attend religious services or activities?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times per month <input type="checkbox"/> Once a week <input type="checkbox"/> More than once a week 	<p>From MPR Abstinence Wave 4-V3 Female</p> <p>In the past 12 months, how often did you attend religious services?</p> <p>3 ☑ Once a week or more 2 ☑ Once a month or more, but less than once a week 1 ☑ Less than once a month 0 ☑ Never</p>		✓		
1.11	1.11	1.8	<p>How important is religion in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Very important 	<p>AAY (All About Youth) Study from v1</p> <p>How important is religion in your life?</p> <p>1Somewhat important 2Important 3Very important 8Refuse to Answer</p>		✓		

Section 2: Family

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
2.1	2.1	2.21	<p>The next questions ask what your parents know about your activities. By parents, we mean the parents or guardians you live with <u>most</u> of the time.</p> <p>Thinking about the past month, how often did your parents know where you were after school?</p> <p>MARK (X) ONE</p> <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 	<p>All About Youth, Baseline</p> <p>The next questions ask about how much your parent or parents know about what you do.</p> <p>apm1. How much do your parents know about who your friends really are?</p> <p>apm2. How much do your parents know about where you are most afternoons after school?</p> <p>0 = Don't know 1 = Know a little 2 = Know a moderate amount 3 = Know a lot 8 = Refuse to Answer</p> <p>AND</p> <p>From Silverberg and Small's Parental Monitoring Scale</p> <p>1. My parents know where I am after school</p> <p>3. I tell my parent(s) who I am going to be with before I go out.</p> <p>Never Rarely Sometimes Most of the time Always</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
2.2	2.2	2.22	<p>Thinking about the past month, how often did your parents know who you were going to be with before you went out?</p> <p>MARK (X) ONE</p> <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 	<p>All About Youth, Baseline</p> <p>The next questions ask about how much your parent or parents know about what you do.</p> <p>apm1. How much do your parents know about who your friends really are?</p> <p>apm2. How much do your parents know about where you are most afternoons after school?</p> <ul style="list-style-type: none"> 0 = Don't know 1 = Know a little 2 = Know a moderate amount 3 = Know a lot 8 = Refuse to Answer <p>AND</p> <p>From Silverberg and Small's Parental Monitoring Scale</p> <p>1. My parents know where I am after school</p> <p>3. I tell my parent(s) who I am going to be with before I go out.</p> <ul style="list-style-type: none"> Never Rarely Sometimes Most of the time Always 		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
2.3	2.3	2.23	<p>Thinking about the past month, how often did your parents know where you were when you went out at night?</p> <p>MARK (X) ONE</p> <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 	<p>Silverberg and Small's Parental Monitoring Scale</p> <p>Li X, Stanton B, Feigelman S. Impact of perceived parental monitoring on adolescent risk behavior over 4 years. J Adolescent Health 2000;27:49 -56</p> <ol style="list-style-type: none"> 1. My parents know where I am after school. 2. If I am going to be home late, I am expected to call my parents. 3. I tell my parent(s) who I am going to be with before I go out. 4. When I go out at night, my parent(s) knows where I am. 5. I talk to my parent(s) about the plans I have with my friends. 6. When I go out, my parent(s) asks me where I am going. <p>Answer categories:</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Most of the time 5. Always 		✓		

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2.4	2.4	2.24	<p>If you were going to be home late, would your parents expect you to call?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Silverberg and Small's Parental Monitoring Scale</p> <p>Li X, Stanton B, Feigelman S. Impact of perceived parental monitoring on adolescent risk behavior over 4 years. J Adolescent Health 2000;27:49 -56</p> <p>1. My parents know where I am after school.</p> <p>2. If I am going to be home late, I am expected to call my parents.</p> <p>3. I tell my parent(s) who I am going to be with before I go out.</p> <p>4. When I go out at night, my parent(s) knows where I am.</p> <p>5. I talk to my parent(s) about the plans I have with my friends.</p> <p>6. When I go out, my parent(s) asks me where I am going.</p> <p>Answer categories:</p> <ol style="list-style-type: none"> 1. Never 2. Rarely 3. Sometimes 4. Most of the time 5. Always 		✓		

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2.5	2.5	2.25	<p>In the last 12 months, how many times have you talked with at least one of your parents about...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never/1-2 Times/ 3-9 Times/ 10 or more times</p> <ul style="list-style-type: none"> a. How things are going with school work or with your grades? b. A personal problem you were having? c. How to have good romantic relationships? d. Strategies for safe dating? e. How to resist pressures to have sex? f. Avoiding drugs and alcohol? g. Pregnancy or birth? h. Sexually transmitted diseases, also called STDs, HIV, or AIDS? 	<p>AAY (All About Youth) Study Baseline v1.</p> <p>How many times has your parent ever talked to you about dating or going out with a boy or girl?</p> <p>apc3. waiting to have sex until you are older?</p> <p>apc4. waiting to have sex until you are married?</p> <p>apc5. peer pressure?</p> <p>apc6. condoms?</p> <p>apc7. HIV, AIDS, or other sexually transmitted diseases?</p> <p>0 = We've never talked about it 1 = We've talked about it once or twice 2 = We've talked about it lots of times 8 = Refuse to Answer</p> <p>AND</p> <p>Add Health, W1, In-Home, Section 18</p> <p>Which of the things listed have you done with your (mother/adoptive mother/stepmother/foster mother)(father/adoptive father/stepfather/foster father) in the past 4 weeks: <i>*this item lists several categories, including:</i></p> <p>Had a talk about a personal problem you were having? Talked about your school work or grades?</p> <p>(Yes/No)</p>		✓		

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2.6	2.6	2.4	<p>On how many days last week did you do something with at least one adult in your family like play a game, watch a movie, go to a sporting event, or work on something you enjoy doing together?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 0 <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</p>	<p>Add Health, W1, In-Home, Section 18 Which of the things listed have you done with your (mother/adoptive mother/stepmother/foster mother)(father/adoptive father/stepfather/foster father) in the past 4 weeks:</p> <p>Gone shopping? Played a sport? Gone to a religious service or church-related event? Talked about someone you're dating, or a party you went to? Gone to a movie, play, museum, concert, or sports event? Had a talk about a personal problem you were having? Had a serious argument about your behavior? Talked about your school work or grades? Worked on a project for school? Talked about other things you're doing in school? None? yes, no</p>		✓		
2.7	2.7	2.3	<p>On how many days last week did all the family members who live in your household sit down together for a meal?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 0 <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</p>	<p>NSCH 2007, 2007/Q2 Mid-Quarter Instrument</p> <p>K8Q11 During the past week, on how many days did all the family members who live in the household eat a meal together?</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
Section 3: Views and Perceptions								
3.1	3.1	NA	<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.</p> <p>How strongly do you agree or disagree that...?</p> <p>MARK (X) ONE FOR EACH Strongly Agree/ Agree/ Disagree/ Strongly Disagree</p> <p>a. Most of the people my age wait until they are older to have sex</p> <p>b. Most of the people my age are having sex</p> <p>c. Most of the people my age who have sex always use condoms</p>	<p>Policy Research Group, 2011. Evaluation of Safer Sex Implemented by Louisiana Public Health Institute.</p> <p>SMARTS Program Questionnaire</p> <p>How strongly do you agree or disagree that...?</p> <p>MARK (X) ONE FOR EACH Strongly Agree, Agree, Unsure, Disagree, Strongly Disagree</p> <p>65. Most of the people my age wait until they are older to have sex</p> <p>66. Most of the people my age are having sex</p> <p>67. Most of the people my age who have sex always use condoms</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
3.2	3.2	3.2	<p>FOR GIRLS If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither upset nor happy <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset</p>	<p>National Survey of Family Growth (NSFG) - female, Cycle 6, IH.14:</p> <p>If you got pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased? Very Upset A little Upset A little Pleased Very Pleased IF R INSISTS: She wouldn't care</p>		✓		
NA	3.3	3.2	<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 <input type="checkbox"/> A little happy <input type="checkbox"/> Neither upset nor happy <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset</p>	<p>National Survey of Family Growth (NSFG) - male, Cycle 6, JG.14:</p> <p>If you got a female pregnant now how would you feel? Would you be very upset, a little upset, a little pleased, or very pleased? Probe if R says he wouldn't care Very Upset A little Upset A little Pleased Very Pleased IF R INSISTS: he wouldn't care</p>		✓		Not asked for Safer Sex, since only females are targeted

TPP Safer Sex Baseline #	TPP Reducing the Risk and ...	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
3.4	3.4	3.4	<p>The next series of questions is about condom use. How strongly do you agree or disagree that...? MARK (X) ONE FOR EACH</p> <p>Strongly Agree/ Agree/ Neither agree nor disagree/Disagree/Strongly Disagree</p> <p>a. Condoms should always be used if a person your age has sexual intercourse b. Condoms are a hassle to use c. Condoms are pretty easy to get d. Condoms are important to make sex safer e. Using condoms means you don't trust your partner f. Using condoms is morally wrong g. Condoms decrease sexual pleasure</p>	<p>AAY (All About Youth) Study from file AAY Baseline v1 I believe condoms should always be used if a person my age has sex. 0 = Strongly disagree 1 = Disagree</p> <p>From Add Health: How much do you agree or disagree with each of the following statements: -In general, birth control is too much of a hassle to use.</p> <p>NSAM 1995 0 Using condoms to prevent the spread of AIDS is more trouble than it's worth. 0 If I used a condom with a female, she might think that I am worried about getting AIDS or other diseases from her. -Agree a lot -Agree a little -Disagree a little -Disagree a lot</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
3.5	3.5	NA	<p>How often do you feel these statements apply to you?</p> <p>MARK (X) ONE FOR EACH QUESTION Always/most of the time/ sometimes/ rarely/ never</p> <ul style="list-style-type: none"> a. I can ask my partner to use a condom when we have sexual intercourse b. I am afraid that my partner would be angry or upset if I asked him to use a condom c. If my partner does not want to use condoms, I feel there is little I can do about it d. When I get a new partner, I tell him I won't have sex with him unless we use a condom e. I feel my boyfriend would drop me if I didn't have sex with him f. If I asked a guy to use a condom, he might think I suspect him of having a sexually transmitted disease. 	Children's Hospital, Boston -2010 - the original Safer Sex evaluation instrument		✓		Most appropriate for sexually active females, so only used for Safer Sex baseline

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3.6	3.6	3.5	<p>The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also known as STDs.</p> <p>If a <u>condom</u> is used correctly, how much can it decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know → GO TO QUESTION 3.7 	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>3.3 Mark the answer that comes closest to what you think.</p> <p>a. If a condom is used correctly, it prevents girls from getting pregnant.</p>		✓		
3.6a	3.6a	3.5a	<p>How confident are you that your answer to the question above is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	<p>Add Health, Wave 1 (asked after a series of sexual knowledge questions)</p> <p>How confident are you that your answer is correct?</p>		✓		
3.7	3.7	3.6	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>3.3 Mark the answer that comes closest to what you think.</p> <p>b. If a condom is used correctly, it prevents HIV</p>		✓		

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3.8	3.8	3.7	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>3.3 Mark the answer that comes closest to what you think.</p> <p>c. If a condom is used correctly, it prevents Chlamydia and gonorrhea</p>		✓		

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3.9	3.9	NA	<p>The next series of questions is about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that...? MARK (X) ONE FOR EACH</p> <p>Strongly Agree/ Agree/ Neither agree nor disagree/ Disagree/Strongly Disagree</p> <ol style="list-style-type: none"> Birth control should always be used if a person your age has sexual intercourse Birth control is a hassle to use Birth control is pretty easy to get Birth control is important to make sex safer Birth control has too many negative side effects Using birth control is morally wrong 	<p>Combination items developed by Lina Guzman at Child Trends through interviews with community college students for a qualitative study on relationships and birth control use, and items from Becoming a Responsible Teen for Assisting in Rehabilitating Kids (BART for ARK), items from Add Health, and JAMA scales/SIHLE:</p> <p>From Lina: Here are some reasons people don't use birth control. Please tell us how much you agree with the following statements. It is hard to use birth control when you get caught in the heat of the moment I tend to have good luck so I don't have to worry about getting (someone) pregnant If you trust someone it is okay not to use a condom If you don't have sex often, chances are you won't get pregnant</p> <p>From PROJECT BART FOR THE ARK: Even if a sex partner insisted, I would not use a condom.</p> <p>From Add Health: It is easy for you to get birth control</p> <p>From JAMA/SIHLE: I would be embarrassed to buy condoms or ask for them.</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and ...	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
3.10	3.10	3.8	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <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 	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>Mark the answer that comes closest to what you think.</p> <p>a. If birth control pills are used correctly, they prevent girls from getting pregnant</p>		✓		
3.10 a	3.10 a	3.8a	<p>How confident are you that your answer to the question above is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	<p>Add Health, Wave 1 (asked after a series of sexual knowledge questions)</p> <p>How confident are you that your answer is correct?</p>		✓		
3.11	3.11	3.9	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <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 	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>Mark the answer that comes closest to what you think.</p> <p>b. If birth control pills are used correctly, they prevent HIV</p>		✓		
3.12	3.12	3.10	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <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 	<p>MPR Abstinence (Wave 4-V3, female, Section 3)</p> <p>Mark the answer that comes closest to what you think.</p> <p>c. If birth control pills are used correctly, they prevent Chlamydia and gonorrhea</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and ...	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
3.13	3.13	3.11	<p>Can you get a sexually transmitted disease, or STD, from having oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know → GO TO 3.14</p>	<p>All About Youth (AAY)</p> <p>ahk2. For the next questions, read each statement carefully and then mark if you think it is True, False, or if you are Not Sure.</p> <p>You cannot get an STD from having oral sex.</p> <p>AHK2 STD know: std fr OS 1</p> <p>0 = False</p> <p>1 = True</p> <p>2 = Not sure</p> <p>8 = Refuse to Answer</p>		✓		
3.13 a	3.13 a	3.11 a	<p>How confident are you that your answer to the question above is correct?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all confident</p> <p><input type="checkbox"/> A little confident</p> <p><input type="checkbox"/> Somewhat confident</p> <p><input type="checkbox"/> Very confident</p>	<p>Add Health, Wave 1 (asked after a series of sexual knowledge questions)</p> <p>How confident are you that your answer is correct?</p>		✓		
3.14	3.14	3.13	<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>	<p>All About Youth (AAY)</p> <p>Ain1. How likely is it that you will have oral sex in the next year?</p> <p>AIN2 Intent: VS next year 1</p> <p>1 = Not at all likely</p> <p>2 = Not very likely</p> <p>3 = Somewhat likely</p> <p>4 = Probably likely</p> <p>5 = Definitely likely</p> <p>8 = Refuse to Answer</p>		✓		Performance measure question

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
3.15	3.15	3.12	<p>Do you intend to have sexual intercourse in the next year, if you have the chance?</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 → GO TO 3.18</p>	<p>All About Youth (AAY)</p> <p>Ain2. How likely is it that you will have vaginal sex in the next year?</p> <p>AIN2 Intent: VS next year 1</p> <p>1 = Not at all likely</p> <p>2 = Not very likely</p> <p>3 = Somewhat likely</p> <p>4 = Probably likely</p> <p>5 = Definitely likely</p> <p>8 = Refuse to Answer</p>		✓		Question modified to conform to required performance measure
3.16	3.16	NA	<p>If you have sexual intercourse in the next year, do you intend to use or have your partner use a condom?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	Developed as a performance measure.		✓		Required performance measure
			<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) 					

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
3.17	3.17	NA	<p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>	Developed as a performance measure.		✓		Required as a performance measure
3.18	3.18	3.15	<p>In the past 3 months, how many TIMES have you gone out on a date?</p> <p><input type="checkbox"/> Zero or None → GO TO 3.20</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	<p>National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>R03494.00 [YSAQ-296]</p> <p>Survey Year: 1997</p> <p># DATES R HAD IN PAST YEAR WITH BOYFRIEND</p> <p>Thinking back over the past year, how often have you had a date or gone out with someone of the opposite sex in an unsupervised social outing?</p> <p>1 NEVER THIS YEAR; 2 FEW TIMES (1-3 TIMES); 3 LESS THAN ONCE A MONTH (4-11 TIMES); 4 ONCE OR TWICE A MONTH (12-25 TIMES); 5 ONCE A WEEK OR MORE (MORE THAN 50 TIMES); 6 CURRENTLY MARRIED</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
3.19	3.19	3.16	<p>Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	<p>From the National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>R03495.00 [YSAQ-297] Survey Year: 1997</p> <p># DIFFERENT BOYS DATED IN LAST YEAR</p> <p>About how many different persons have you had a date with or gone out with in the past twelve months, including any current boyfriend you might have?</p> <p>0; 1 TO 4; 5 TO 8; 9 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30 TO 34; 35 TO 39; 40 TO 44; 45 TO 49; 50 TO 99999999: 50+</p>		✓		
NA	3.20	3.17	<p>Have you ever had any of the following: sexual intercourse, oral sex, or anal sex?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No, definitely not → GO TO SECTION 5</p>	Developed for the PPA Baseline Survey		✓		Not appropriate for sexually active females. Wording changed from "Have you ever had sexual intercourse, oral sex or anal sex"

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
<p>Section 4 is completed by all the participants in Safer Sex studies (who are all sexually active) and the participants in Reducing the Risk and ;<i>Cuidate!</i> who are or have been sexually active. Section B2 is for Reducing the Risk and Cuidate! participants who have not had sex. The remaining Sections 5 and 6 are completed by all study participants.</p>								
4.1	4.1	4.1 Part B.1	The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential and everything you say will be kept private.	Developed for the PPA Baseline Survey				Confirmatory question
		4.1 Part B.2	Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex? MARK (X) ONE <input type="checkbox"/> No → GO TO SECTION 5. <input type="checkbox"/> Yes → CONTINUE.					
4.2	4.2	4.2 Part B.1	The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina. Have you <u>ever</u> had sexual intercourse? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No → GO TO QUESTION 4.14	Add Health, Wave 1 Have you ever had sexual intercourse? When we say sexual intercourse, we mean when a male inserts his penis into a female's vagina.		✓		
4.3	4.3	4.3 Part B.1	The very <u>first</u> time you had sexual intercourse, what month and year was it? MARK (X) ONE MONTH AND ONE YEAR	Add Health, Wave 1 In what month [and year] did you have sexual intercourse for the very first time?		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.4	4.4	4.4 Part B.1	The very <u>first</u> time you had sexual intercourse, how old were you? _ _ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.	Add Health, Wave 1 How old were you the first time you had vaginal intercourse?		✓		
4.5	4.5	4.5 Part B.1	The very first time you had sexual intercourse, how old was your partner? MARK (X) ONE <input type="checkbox"/> The same age as you <input type="checkbox"/> A year or two younger than you <input type="checkbox"/> Three or more years younger than you <input type="checkbox"/> A year or two older than you <input type="checkbox"/> Three or more years older than you	From MPR Abstinence, Wave 4-V3 Female How old was the person you had sex with this first time?		✓		
4.6	4.6	4.6 Part B.1	The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary? MARK (X) ONE <input type="checkbox"/> Voluntary <input type="checkbox"/> Not Voluntary	MPR Abstinence, Wave 4-V3 Female Think about the first time you had sexual intercourse. Which of the following 3 statements comes closest to describing how much you wanted that first sexual intercourse to happen? MARK (X) ONE <input type="checkbox"/> I really didn't want it to happen at the time? <input type="checkbox"/> I had mixed feelings - part of me wanted it to happen at the time and part of me didn't <input type="checkbox"/> I really wanted it to happen at the time		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.7	4.7	4.7 Part B.1	<p>Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also called STDs.</p> <p>The first time you had sexual intercourse did you or your partner use any type of birth control, including condoms?</p> <p>MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No → Go to question 4.9</p>	<p>National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>R USE BIRTH CONTROL FIRST TIME HAD SEX?</p> <p>R03499.00 [YSAQ-301] Survey Year: 1997</p> <p>Did you or your sexual partner use any birth control method, or do anything to avoid pregnancy such as natural family planning, the FIRST TIME YOU HAD SEXUAL INTERCOURSE?</p>		✓		
4.8	4.8	4.8 Part B.1	<p>The <u>first</u> time you had sexual intercourse, did you or your partner use ...?</p> <p>MARK (X) ONE FOR EACH Yes/No</p> <ol style="list-style-type: none"> Condoms Birth control pills or the patch Depo-Provera, the shot, or other injectable birth control NuvaRing or the ring Withdrawal or pulling out Another method <i>PRINT OTHER METHOD USED</i> 	<p>National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>R USE BIRTH CONTROL FIRST TIME HAD SEX?</p> <p>R03499.00 [YSAQ-301] Survey Year: 1997</p> <p>Did you or your sexual partner use any birth control method, or do anything to avoid pregnancy such as natural family planning, the FIRST TIME YOU HAD SEXUAL INTERCOURSE?</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.9	4.9	4.9 Part B.1	<p>Have you had sexual intercourse more than one time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.14</p>	<p>National Longitudinal Study of Youth (NLSY)</p> <p>R03501.00 YSAQ-303</p> <p>Have you had intercourse more than once?</p>		✓		
4.10	4.10	4.10 Part B.1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	<p>National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>R03504.00 YSAQ-306</p> <p>How many partners have you EVER had intercourse with? This includes any person you had intercourse with, even if it was only once, or if you did not know him or her well?</p>		✓		
4.11	4.11	4.11 Part B.1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?</p> <p><input type="checkbox"/> None → GO TO QUESTION 4.14</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>From NLSY97 and AAY:</p> <p>From NLSY97: R03506.00 YSAQ-308</p> <p>About HOW MANY TIMES have you had sexual intercourse in the last 12 months?</p> <p>From AAY: avs6. During the last 3 months, how many times have you had vaginal sex?</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.12	4.12	4.13 Part B.1	<p>In the past 3 months, how many times have you had sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>All About Youth (AAY):</p> <p>avs7. During the last 3 months, how many times have you had vaginal sex without using a condom?</p> <p>AVS7 VS: times w/o condom (3 mo) 3</p> <p>0 - 990 = range</p> <p>998 = Refuse to Answer</p>		✓		
4.13	4.13	4.12 Part B.1	<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>	<p>NLSY97 R03508.00 [YSAQ-310] Survey Year: 1997</p> <p># TIMES R USED BIRTH CONTROL IN LAST YEAR</p> <p>Thinking about ALL THE TIMES that you have had sexual intercourse in the last 12 months, how many of those times did you or your sexual partner or partners use a method of birth control?</p> <p>0 (Go To R03511.00); 1 TO 4; 5 TO 8; 9 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30 TO 34; 35 TO 39; 40 TO 44; 45 TO 49; 50 TO 99999999: 50+</p>		✓		Wording modified for consistency with performance measures

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.14	4.14	4.14 Part B.1	<p>Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their penis or vagina.</p> <p>Have you <u>ever</u> had oral sex? MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.19</p>	<p>All About Youth (AAY)</p> <p>aos1. These next questions are about oral sex. By oral sex we mean when someone puts his or her mouth on their partner's penis or vagina, or lets their partner put his or her mouth on their penis or vagina. The questions are very personal. Remember all of your answers are kept private.</p> <p>Have you ever had oral sex? AORAL OS: ever had oral sex 1 0 = No 1 = Yes 8 = Refuse to Answer</p>		✓		
4.15	4.15	4.15 Part B.1	<p>The very <u>first</u> time you had oral sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	<p>Add Health, Wave 1:</p> <p>In what [month and] year did you have sexual intercourse for the very first time?</p>		✓		
4.16	4.16	4.16 Part B.1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	<p>All About Youth (AAY):</p> <p>aos3. How many different boys or girls have you had oral sex with in your life? AOS3 OS: # of partners 3 0 - 990 = range 998 = Refuse to Answer</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.17	4.17	4.17 Part B.1	<p>Now please think about the past 3 months.</p> <p>In the past 3 months, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None → GO TO QUESTION 4.19</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>All About Youth (AAY):</p> <p>aos4. During the last 3 months, how many times have you had oral sex?</p> <p>AOS3MO OS: times in past 3 months 3</p> <p>0 - 990 = range</p> <p>998 = Refuse to Answer</p>		✓		
4.18	4.18	4.18 Part B.1	<p>In the past 3 months, how many TIMES have you had oral sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>All About Youth (AAY):</p> <p>avs7. During the last 3 months, how many times have you had vaginal sex without using a condom?</p> <p>AVS7 VS: times w/o condom (3 mo) 3</p> <p>0 - 990 = range</p> <p>998 = Refuse to Answer</p>		✓		Modified for consistency with performance measures
4.19	4.19	4.19 Part B.1	<p>Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt.</p> <p>Have you <u>ever</u> had anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.23</p>	<p>All About Youth (AAY):</p> <p>aas1. The next questions are about anal sex. By anal sex we mean when a boy puts his penis in his partner's anus (that is, their butt). The questions are very personal. Remember all of your answers are kept private.</p> <p>Have you ever had anal sex?</p> <p>AANAL Anal sex: ever 1</p> <p>0 = No</p> <p>1 = Yes</p> <p>8 = Refuse to Answer</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.20	4.20	4.20 Part B.1	How many DIFFERENT PEOPLE have you <u>ever</u> had anal sex with, even if only one time? _ _ NUMBER OF PEOPLE - Your best guess is fine.	All About Youth (AAY): aas5. How many different boys or girls have you had anal sex with in your life? AAS5 AS: # of partners 3 0 - 990 = range 998 = Refuse to Answer		✓		
		4.21 Part B.1	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had anal sex? <input type="checkbox"/> None → GO TO QUESTION 4.23 _ _ NUMBER OF TIMES - Your best guess is fine.	All About Youth (AAY): aas6. During the last 3 months, how many times have you had anal sex? AAS3MO AS: # times past 3 mo 3 0 - 990 = range 998 = Refuse to Answer		✓		
4.22	4.22	4.22 Part B.1	In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.	All About Youth (AAY) : aas8. During the last 3 months, how many times did you have anal sex without using a condom? AAS8 AS: # times no condom past 3 mo 3 0 - 990 = range 998 = Refuse to Answer		✓		
4.23	4.23	4.23	Have you ever had oral sex or anal sex with a person the same sex as you? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No					

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.24	4.24	4.24 a, b Part B.1	<p>FOR GIRLS</p> <p>Have you ever had your period, that is, your menstrual period?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.27</p> <p>How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine</p>	<p>Add Health, Wave 1, In-Home</p> <p>Have you ever had a menstrual period (menstruated)</p> <p>NSFG Cycle 6 Main Study (FEMALE) BA-1. How old were you when you had your first menstrual period?</p> <p>Age in years _____</p>		✓		
NA	4.25	4.25 a Part B.1	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or the voice cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> These changes have not yet started</p> <p><input type="checkbox"/> These changes have barely started</p> <p><input type="checkbox"/> These changes are definitely underway</p> <p><input type="checkbox"/> These changes seem complete</p>	<p>Add Health, Wave 1, In-Home</p> <p>How much hair is under your arms now?</p> <p>How thick is the hair on your face?</p> <p>Is your voice lower now than when it was when you were in grade school?</p> <p>How advanced is your physical development compared to other boys your age?</p>		✓		Not asked of females

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.26 a	4.26 a	4.26 c Part B.1	<p>To the best of your knowledge, have you ever been pregnant (or gotten someone pregnant) even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.27</p>	<p>Prevention Minimum Evaluation Data Set (PMEDS) by Sociometrics 3rd edition, 1999, P.40 Part B, Section 4</p> <p>Have you ever been pregnant? Be sure to answer yes if you are currently pregnant or have had any past pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or a live birth after which the baby died.</p> <p>Yes No</p> <p>National Survey of Family Growth (NSFG) - male, Cycle 6, KD.1</p> <p>To the best of your knowledge, have you ever made someone pregnant?</p>		✓		
4.26 b	4.26 b	4.26 b	<p>To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES</p>	<p>Prevention Minimum Evaluation Data Set (PMEDS) by Sociometrics 3rd edition, 1999, P. 41 Part B, Section 4</p> <p>Altogether, how many times have you been pregnant?</p> <p>____ times</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.26 c			<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	Developed by the PPA team.		✓		
4.27	4.27	4.27 B1	<p>In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>From NSFG - male , Cycle 6:</p> <p>(In the past 12 months, have you...) Received advice or counseling from a doctor or other medical care provider about using methods of birth control, including condoms?</p> <p>Yes1</p> <p>No5</p>		✓		
4.28	4.28	4.28 Part B.1	<p>In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (also known as an STD), like gonorrhea, Chlamydia, syphilis, or HIV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>National Survey of Family Growth (NSFG) - female:</p> <p>STDTST12</p> <p>JH-4. In the last 12 months, that is, since (INTERVIEW MONTH, 2001), have you been tested by a doctor or other medical care provider for a sexually transmitted disease like gonorrhea, chlamydia, herpes, or syphilis?</p> <p>Yes1</p> <p>No5</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.29	4.29	4.29 Part B.1	In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (also known as an STD)? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 4.31	AAY (All About Youth) Study Baseline v1 Have you ever been told by a doctor or other health professional you had an STD? 0 = No 1 = Yes		✓		
4.30	4.30	4.30 Part B.1	The next series of questions is about the types of sexually transmitted diseases (STDs) you have had. In the past 12 months, did you have... MARK (X) ONE FOR EACH Yes/ No/Don't know 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> ***B2	AAY (All About Youth) Study Baseline v1 st6. What did you have? Please choose all that apply. 0 = No 1 = Yes AST6A STD list: Chlamydia AST6B STD list: Genital herpes AST6C STD list: Genital Human Papillomavirus (HPV) or genital warts AST6D STD list: Gonorrhea AST6E STD list: HIV		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.31	4.31	4.31 Part B.1	<p>Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>AAY Baseline v1</p> <p>Here are some questions about some other behaviors:</p> <p>Have you ever been forced to have sex against your will?</p> <p>AFX1 Forced Sex: victim1</p>		✓		
4.32	4.32	4.32 Part B.1	<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I have never dated anyone</p>	National Longitudinal Study of Youth, 1997 (NLSY97)		✓		
Section 4 B2 (completed by Reducing the Risk and Cuidate! participants who have not had sex								
	4.1 Part B2	4.1 Part B2	<p>The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential and everything you say will be kept private.</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes → STOP AND GO TO B1.</p> <p><input type="checkbox"/> No → CONTINUE WITH THIS BOOKLET.</p>					

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.2 Part B2	4.2 Part B2	4.2 Part B2	<p>The first two questions in this part are about your schooling.</p> <p>Do you expect that you will graduate from high school?</p> <p>Mark (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I already graduated from high school</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.4</p>	Developed for the PPA Baseline Survey				
4.3 Part B2	4.3 Part B2	4.3 Part B2	<p>In what month and year do you expect to graduate from high school? <i>If you already graduated, in what month and year did you graduate from high school?</i></p> <p>MARK (X) ONE MONTH AND ONE YEAR</p> <p>Year Range 2007 or earlier to 2018 or later</p> <p>Month Range January to December</p>	Developed for the PPA Baseline Survey				
4.4 Part B2	4.4 Part B2	4.4 Part B2	<p>The next questions are about where you live.</p> <p>In the last 7 days, did you spend any nights somewhere like a shelter, someone else's home, in a car, on the street or in any other temporary housing because you did not have a regular place to stay?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes → Go to 4.11</p> <p><input type="checkbox"/> No</p>	Developed for the PPA Baseline Survey				

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.5 Part B2	4.5 Part B2	4.5 Part B2	In how many homes, places, or households do you live: one, two or three or more? Mark (X) ONE <input type="checkbox"/> 1 home → GO TO QUESTION 4.9 <input type="checkbox"/> 2 homes <input type="checkbox"/> 3 or more homes	Developed for the PPA Baseline Survey				
4.6 Part B2	4.6 Part B2	4.6 Part B2	Do you consider one of these homes to be your main home? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Developed for the PPA Baseline Survey				
4.7 Part B2	4.7 Part B2	4.7 Part B2	Thinking about the past 30 days, how many nights did you spend in <u>each</u> home? _ _ Number of nights at home #1 - Your best guess is fine _ _ Number of nights at home #2 - Your best guess is fine _ _ Number of nights at another home or homes - Your best guess is fine	Developed for the PPA Baseline Survey				
4.8 Part B2	4.8 Part B2	4.8 Part B2	Is there anyone who moves with you from home to home? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Developed for the PPA Baseline Survey				

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.9 Part B2	4.9 Part B2	4.9 Part B2	Is your home or any of your homes a group home or halfway house? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Developed for the PPA Baseline Survey				
4.10 Part B2	4.10 Part B2	4.10 Part B2	This question is about who lives with you in your home. If you have more than one home, please think about your <u>main</u> home. How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital? <input type="text"/> <input type="text"/> NUMBER OF PEOPLE	Developed for the PPA Baseline Survey				
4.11 Part B2	4.11 Part B2	4.11 Part B2	These next few questions are about your friends. How strongly do you agree or disagree that...? MARK (X) ONE FOR EACH QUESTION you have friends who will give you good advice you have a friend who cares about you you have a friend you can talk to when you need to you have someone you can call your best friend	Developed for the PPA Baseline Survey				
4.12 Part B2	4.12 Part B2	4.12 Part B2	How strongly do you agree or disagree that...? MARK (X) ONE FOR EACH QUESTION When you start a project, you finish it You only work as hard as you have to You are someone people can count on When you do work, you do a good job	Developed for the PPA Baseline Survey				

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.13 Part B2	4.13 Part B2	4.13 Part B2	<p>Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>VERY IMPORTANT, SOMEWHAT IMPORTANT, NOT TOO IMPORTANT, NOT AT ALL IMPORTANT</p> <p>a. I don't want to get a sexually transmitted disease, also known as an STD</p> <p>b. I don't want to disappoint my parents</p> <p>c. I am too young to have sex</p> <p>d. My boyfriend or girlfriend doesn't want to have sex</p> <p>e. I want to wait until I'm married</p> <p>f. It is against my personal values</p> <p>g. I haven't met the right person yet</p> <p>h. I haven't had the chance</p> <p>i. I don't want to</p> <p>j. FOR GIRLS I do not want to get pregnant</p> <p>k. FOR BOYS I do not want to get a girl pregnant</p>	<p>Kaiser Family Foundation: SexSmarts (a series of national surveys of teens about sex, virginity, and the first time) 2000, 2003</p> <p>What is the major reason for your decision to wait to have sex? - Check all that apply</p> <p>Worried about pregnancy</p> <p>Worried about HIV/AIDS</p> <p>Worried about STDs</p> <p>Worried about what parents might think</p> <p>Because of what you learned in sex education</p> <p>You haven't met the right person</p> <p>Feel you are too young</p> <p>Concern for your reputation</p> <p>Your partner is not ready</p> <p>You don't have access to birth control or condoms</p> <p>You have not had the opportunity</p> <p>Because of your religion or moral beliefs</p> <p>None of your friends are doing it</p> <p>I could get hurt emotionally (Child Tends question)</p>				

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.14 Part B2	4.14 Part B2	4.14 Part B2	<p>FOR GIRLS</p> <p>Have you ever had your period, that is, your menstrual period?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO QUESTION 4.27</p> <p>How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine</p>	<p>Add Health, Wave 1, In-Home</p> <p>Have you ever had a menstrual period (menstruated)</p> <p>NSFG Cycle 6 Main Study (FEMALE) BA-1. How old were you when you had your first menstrual period?</p> <p>Age in years _____</p>				
4.15 Part B2	4.15 Part B2	4.15 Part B2	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or the voice cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> These changes have not yet started</p> <p><input type="checkbox"/> These changes have barely started</p> <p><input type="checkbox"/> These changes are definitely underway</p> <p><input type="checkbox"/> These changes seem complete</p>	<p>Add Health, Wave 1, In-Home</p> <p>How much hair is under your arms now?</p> <p>How thick is the hair on your face?</p> <p>Is your voice lower now than when it was when you were in grade school?</p> <p>How advanced is your physical development compared to other boys your age?</p>				

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.16 Part B2	4.16 Part B2	4.16 Part B2	Have you ever done any of the following? MARK (X) ONE FOR EACH QUESTION Kissed someone on the lips French kissed, that is put your tongue in someone else's mouth while kissing Touched another person's private parts Let someone touch your private parts					
4.17 Part B2	4.17 Part B2	4.17 Part B2	Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	AAY Baseline v1 Here are some questions about some other behaviors: Have you ever been forced to have sex against your will? AFX1 Forced Sex: victim1				
4.18 Part B2	4.18 Part B2	4.18 Part B2	Have you ever been fearful that someone you were dating or having sex with might physically hurt you? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have never dated anyone	National Longitudinal Study of Youth, 1997 (NLSY97)				

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
4.19 Part B2	4.19 Part B2	4.19 Part B2	In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	From NSFG - male , Cycle 6: (In the past 12 months, have you...) Received advice or counseling from a doctor or other medical care provider about using methods of birth control, including condoms? Yes1 No5				
4.20 Part B2	4.20 Part B2	4.20 Part B2	If you decided to have sexual intercourse outside of marriage, how likely is it that you would use a condom or other contraceptive method? MARK (X) ONE <input type="checkbox"/> Not at all likely <input type="checkbox"/> a little bit likely <input type="checkbox"/> somewhat likely <input type="checkbox"/> very likely <input type="checkbox"/> don't plan to have sexual intercourse outside of marriage					
Section 5: Tobacco, Alcohol and Drug Use								
5.1	5.1	5.1	The next questions are about tobacco, alcohol and drugs. Please be as honest as possible and remember that everything you tell us will be kept private. Have you ever smoked a cigarette? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 5.4	National Longitudinal Study of Youth, 1997 (NLSY97) Have you ever smoked a cigarette? A Yes B No		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
5.2	5.2	5.2	The very first time you smoked a cigarette, how old were you? _ _ NUMBER OF YEARS OLD YOU WERE - your best guess is fine	National Longitudinal Study of Youth, 1997 (NLSY97) How old were you the first time you smoked an entire cigarette?		✓		
5.3	5.3	5.3	During the past 30 days, on how many days did you smoke one or more cigarettes? MARK (X) ONE <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	National Longitudinal Study of Youth, 1997 (NLSY97) During the past 30 days, on how many days did you smoke a cigarette? 0; 1 to 4; 5 to 9; 10 to 14; 15 to 19; 20 to 24; 25 to 29; 30		✓		
5.4	5.4	5.4	Have you had an alcoholic drink, such as beer, wine, or other liquor, NOT counting any times you just had a sip? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No → Go to 5.8	National Longitudinal Study of Youth, 1997 (NLSY97) Next we would like to ask you some questions about drinking alcoholic beverages, including beer, wine or liquor. Have you ever had a drink of an alcoholic beverage? (By a drink, we mean a can or bottle of beer, a glass of wine, a mixed drink, or a shot of liquor. Do not include childhood sips that you might have had from an older person's drink.)		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
5.5	5.5	5.5	<p>The very first time you had an alcoholic drink, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - your best guess is fine</p>	<p>National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>How old were you the first time you had a glass of beer or wine or a drink of liquor such as whiskey, gin, scotch, etc.?</p>		✓		
5.6	5.6	5.6	<p>During the past 30 days, <u>not</u> including any times you just had a sip, on how many days did you have one or more alcoholic beverages?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days →GO TO QUESTION 5.8</p>	<p>NLSY 1997 combined with National Survey on Drug Use and Health (NSDUH) - answer choices are based on NSDUH:</p> <p>R03585.00 [YSAQ-365] Survey Year: 1997</p> <p># DAYS R DRINK ALCOHOL LAST 30 DAYS</p> <p>During the last 30 days, on how many days did you have one or more drinks of an alcoholic beverage?</p> <p>0; 1 TO 4; 5 TO 9; 10 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
5.7	5.7	5.7	<p>During the past 30 days, on how many days did you have 5 or more drinks in a row?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	<p>NLSY 1997 combined with National Survey on Drug Use and Health (NSDUH) - answer choices are based on NSDUH:</p> <p>R03587.00 [YSAQ-367]</p> <p>Survey Year: 1997</p> <p># DAYS R HAD 5+ DRINKS PER DAY LAST 30 DAYS</p> <p>On how many days did you have five or more drinks on the same occasion during the past 30 days? By occasion we mean at the same time or within hours of each other.</p> <p>0; 1 TO 4; 5 TO 9; 10 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30</p>		✓		
5.8	5.8	5.8	<p>Have you ever used marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → Go to 5.10</p>	<p>National Longitudinal Study of Youth, 1997 (NLSY97)</p> <p>Have you ever used marijuana, for example: grass or pot, in your lifetime?</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
5.9	5.9	5.9	<p>During the past 30 days, on how many days did you use marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	<p>NLSY 1997 combined with National Survey on Drug Use and Health (NSDUH) - answer choices are based on NSDUH:</p> <p>R03591.00 [YSAQ-371]</p> <p>Survey Year: 1997</p> <p># DAYS USE MARIJUANA IN LAST 30 DAYS?</p> <p>On how many days have you used marijuana in the last 30 days?</p> <p>0; 1 TO 4; 5 TO 9; 10 TO 14; 15 TO 19; 20 TO 24; 25 TO 29; 30</p>		✓		
5.10	5.10	5.10	<p>Have you ever used any other type of illegal drug, for example, Methamphetamine, speed, PCP, ecstasy or any form of cocaine, such as crack?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>NLSY97, Round 2</p> <p>YSAQ-372b R21915.00</p> <p>Have you ever used any drugs like cocaine or crack or heroin, or any other substance not prescribed by a doctor, in order to get high or to achieve an altered state?</p> <p>1 Yes (Go to YSAQ-372c)</p> <p>0 No</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
5.11	5.11	5.11	<p>Have you ever used any prescription pills or other prescription drugs that were not prescribed for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>NLSY97, Round 2</p> <p>YSAQ-372b R21915.00</p> <p>Have you ever used any drugs like cocaine or crack or heroin, or any other substance not prescribed by a doctor, in order to get high or to achieve an altered state?</p> <p>1 Yes (Go to YSAQ-372c)</p> <p>0 No</p>		✓		
5.12	5.12	5.12	<p>Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents to get high?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Add Health, In-Home, Wave 1:</p> <p>During your life, how many times have you used inhalants such as glue or solvents?</p>		✓		

Section 6: Friends, Family and Relationships

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.1	6.1	6.1	<p>How many of your friends who are your age think the following things? Your best guess is fine</p> <p>MARK (X) ONE FOR EACH QUESTION None/ Some/ Half/ Most/ All/ Don't Know</p> <p>a. Having sexual intercourse is a good thing for them to do at their age. b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom. c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time d. They should wait until they are older to have sexual intercourse. e. They should wait until marriage to have sexual intercourse.</p>	<p>AAY (All About Youth) Baseline</p> <p>The following set of questions asks you about your friends and what they think. Even if you're not sure, mark the answer that you feel best describes what they think.</p> <p>afb1. Most of my friends believe people my age should wait until they are older before they have sex. afb2. Most of my friends believe it's ok for people my age to have sex with a serious boyfriend or girlfriend.</p> <p>0 = Strongly disagree 1 = Disagree 2 = Agree 3 = Strongly agree 8 = Refuse to Answer</p>		✓		
6.2	6.2	6.2	<p>How many of your friends who are your age have done the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION None/ Some/ Half/ Most/ All/ Don't Know</p> <p>a. Have had sexual intercourse. b. Have had oral sex.</p>	From MPR Abstinence Wave 4 V3 Female		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.3	6.3	6.3	<p>In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure 	<p>MPR Abstinence:</p> <p>3.45 Is there any pressure from your friends to have sexual intercourse?</p> <p>No pressure at all A little pressure Some pressure A lot of pressure</p>		✓		
6.4	6.4	6.4	<p>People are different in their sexual attraction to other people. Which of the following best describes your feelings?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am only attracted to males <input type="checkbox"/> I am attracted to both males and females <input type="checkbox"/> I am only attracted to females <input type="checkbox"/> I am not attracted to either males or females <input type="checkbox"/> I am not sure 	<p>AAY (All About Youth) Study Baseline</p> <p>ain7. Now, I have another question. People differ in their sexual attraction to other people. Which best describes your feelings? Right now, would you say you are....</p> <p>1 = Attracted only to girls 2 = Attracted mostly to girls and a little to boys 3 = Attracted equally to girls and boys 4 = Attracted mostly to boys and a little to girls 5 = Attracted only to boys 6 = Not attracted to boys or girls 8 = Refuse to Answer</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.5	6.5	6.5	<p>How much do you feel that your friends care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not care at all <input type="checkbox"/> Care a little bit <input type="checkbox"/> Care somewhat <input type="checkbox"/> Care very much 	<p>Add Health, W1, In-Home, Section 35</p> <p>How much do you feel that your friends care about you?</p>		✓		
6.6	6.6	2.6	<p>Now we have some questions about your mother, or the person you think of as your mother. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> You don't have a mother or person you think of as your mother → GO TO QUESTION 6.14 	<p>MPR Abstinence Baseline Survey</p> <p>1.11 If you live with your mother answer the next questions about your mother and put a check here</p> <p>If you don't live with your mother but you see her a lot, answer the next questions about your mother and put a check here</p> <p>If you don't see your mother a lot, is there someone who lives with you and is like a mother to you? If yes, then move to this section and tell us who that person is</p> <p>Stepmother Foster Mother Grandmother Aunt Someone else</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.7	6.7	2.7	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Did she graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	<p>MPR Abstinence</p> <p>Answer the next few questions about the person you just checked above, either your mother or someone who lives with you who is like a mother to you.</p> <p>How far in school did she go?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> 0 _ Did not finish high school 1 _ Graduated from high school, but did not go to college 2 _ Started college, but did not finish 3 _ Graduated from college -1 _ Don't know 		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.8	6.8	2.8	<p>Did she graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	<p>AAY (All About Youth) Study Baseline</p> <p>ade11. Please mark the highest level your mother completed in school.</p> <p>1 = She did not finish high school</p> <p>2 = She graduated from high school</p> <p>3 = She attended vocational/technical school</p> <p>4 = She had some college</p> <p>5 = She graduated from college</p> <p>8 = Refuse to Answer</p>		✓		
6.9	6.9	2.9	<p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don't know how many hours <input type="checkbox"/> Don't know if she is working 	<p>MPR Abstinence Baseline:</p> <p>1.13 Is she working now?</p> <p>0 She is not working at a job</p> <p>1 Yes, working part-time (less than 30 hours a week)</p> <p>2 Yes, working full-time (30 hours a week or more)</p> <p>-1 Don't know</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.10	6.10	2.10	<p>How close do you feel to your mother or the person you think of as a mother?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close 	<p>Add Health, W1, In-Home, Section 18</p> <p>How close do you feel to your mother/adoptive mother/stepmother/foster mother?</p> <p>Not at all, very little, somewhat, quite a bit, very much</p>		✓		
6.11	6.11	2.11	<p>In general, how much do you think she cares about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much 	<p>Add Health, W1, In-Home</p> <p>How much do you think she cares about you? Not at all, very little, somewhat, quite a bit, very much</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.12	6.12	2.12	<p>Whether you have done this or not, how would she feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	<p>Add Health, W1, In-Home</p> <p>Regardless of whether you have done these things or not, how would your mother feel about each of the following things?</p> <p>How would she feel about your having sex at this time in your life?</p> <p>strongly disapprove disapprove neither disapprove nor approve approve strongly approve</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.13	6.13	2.13	<p>How would she feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	<p>ADD Health W1, In-Home</p> <p>Regardless of whether you have done these things or not, how would your mother feel about each of the following things? How would she feel about your having sex at this time in your life? How would she feel about your having sexual intercourse with someone who was special to you and whom you knew well—like a steady {GIRLFRIEND/BOYFRIEND}? How would she feel about your using birth control at this time in your life?</p> <p>strongly disapprove disapprove neither disapprove nor approve approve strongly approve</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.14	6.14	2.14	<p>Next we have some questions about your father, or the person you think of as a father. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological father, that is, the man who is genetically related to you <input type="checkbox"/> Your stepfather or adoptive father <input type="checkbox"/> Your foster father <input type="checkbox"/> Your grandfather <input type="checkbox"/> Your uncle <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a father or person I think of as a father GO TO 6.22a 	<p>MPR Abstinence Baseline</p> <p>1.20 If you live with your father answer the next questions about your father and put a check here</p> <p>If you don't live with your father but you see him a lot, answer the next questions about your father and put a check here</p> <p>If you don't see your father a lot, is there someone who lives with you and is like a father to you? If yes, then move to this section and tell us who that person is</p> <p>Stepfather Foster Father Grandfather Uncle Someone else</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.15	6.15	2.15	<p>The following questions are about the person you marked above, that is the person you think of as a father.</p> <p>Did he graduate from high school?</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>MPR Abstinence Wave 1</p> <p>Answer the next few questions about the person you just checked above, either your father or someone who lives with you who is like a father to you.</p> <p>How far in school did he go?</p> <p>MARK (X) ONE</p> <p>0 _ Did not finish high school</p> <p>1 _ Graduated from high school, but did not go to college</p> <p>2 _ Started college, but did not finish</p> <p>3 _ Graduated from college</p> <p>-1 _ Don't know</p>		✓		
6.16	6.16	2.16	<p>Did he graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	<p>AAY (All About Youth) Baseline</p> <p>Please mark the highest level your father completed in school.</p> <p>1 = He did not finish high school</p> <p>2 = He graduated from high school</p> <p>3 = He attended vocational/technical school</p> <p>4 = He had some college</p> <p>5 = He graduated from college</p> <p>8 = Refuse to Answer</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.17	6.17	2.17	<p>Is he working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> He is not working at a paid job <input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, he works, but I don't know how many hours. <input type="checkbox"/> Don't know 	<p>MPR Abstinence Baseline</p> <p>1.22 Is he working now?</p> <p>0 He is not working at a job</p> <p>1 Yes, working part-time (less than 30 hours a week)</p> <p>2 Yes, working full-time (30 hours a week or more)</p> <p>-1 Don't know</p>		✓		
6.18	6.18	2.18	<p>How close do you feel to your father or the person you think of as your father?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close 	<p>Add Health, W1, In-Home, Section 18</p> <p>How close do you feel to your father/adoptive father/stepfather/foster father?</p> <p>Not at all, very little, somewhat, quite a bit, very much</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.19	6.19	2.19	<p>In general, how much do you think he cares about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much 	<p>Add Health, W1, In-Home</p> <p>How much do you think he cares about you?</p> <p>Not at all, very little, somewhat, quite a bit, very much</p>		✓		
6.20	6.20	2.20	<p>Whether you have done this or not, how would he feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	<p>Add Health, W1, In-Home</p> <p>Regardless of whether you have done these things or not, how would your father feel about each of the following things?</p> <p>How would she feel about your having sex at this time in your life?</p> <p>strongly disapprove disapprove neither disapprove nor approve approve strongly approve</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.21	6.21	2.21	<p>How would he feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly approve</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Neither approve nor disapprove</p> <p><input type="checkbox"/> Disapprove</p> <p><input type="checkbox"/> Strongly disapprove</p>	<p>Add Health, W1, In-Home</p> <p>Regardless of whether you have done these things or not, how would your father feel about each of the following things?</p> <p>How would he feel about your having sex at this time in your life?</p> <p>How would he feel about your having sexual intercourse with someone who was special to you and whom you knew well—like a steady {GIRLFRIEND/BOYFRIEND}?</p> <p>How would he feel about your using birth control at this time in your life?</p> <p>strongly disapprove</p> <p>disapprove</p> <p>neither disapprove nor approve</p> <p>approve</p> <p>strongly approve</p>		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.22 a	6.22 a	2.22 a	<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 	<p>Original source: MPR Abstinence Wave 1</p> <p>The next questions are about your family and family rules.</p> <p>1.25 My parents . . .</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> 1 _ are married to each other 2 _ are divorced 3 _ are separated 4 _ have never been married to each other -1 _ I'm not sure 		✓		
6.22 b	6.22 b	2.22 b	<p>Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> One or both of my biological parents have passed away <input type="checkbox"/> I don't know 			✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
6.23 - 6.25	6.23 - 6.25	2.1- 2.3	<p>The next question is about where you live and who lives with you.</p> <p>Do you live in one home, place, or household all of the time or do you go back and forth between two or more different places?</p> <p>MARK (X) ONE 1 <input type="checkbox"/> Live in one home - FILL OUT <u>ONLY</u> THE FIRST COLUMN BELOW Mark (X) all the people who live with you in your home 2 <input type="checkbox"/> Live in two or more homes - FILL OUT THESE TWO COLUMNS BELOW Same Categories as above listed, two columns for two homes. Mark all the people who live with you in your MAIN home and Mark all the people who live with you in your other home</p> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself	<p>MPR Abstinence Wave 1</p> <p>Who do you live with now? MARK (X) ALL THAT APPLY</p> 1 My biological mother 2 My biological father 3 My stepmother, adoptive, or foster mother 4 My stepfather, adoptive, or foster father 5 Grandparent(s) 6 Aunt(s), uncle(s) 7 Other adult relative(s) (not brothers and sisters) 8 Other adults I am not related to 9 My older sister(s) 10 My older brother(s) 11 My younger sister(s) 12 My younger brother(s) 13 Cousin(s) 14 Other children I am related to 15 Other children I am not related to		✓		

TPP Safer Sex Baseline #	TPP Reducing the Risk and	OMB-approved Baseline #	TPP Baseline Question Text	Question Source(s)	Tracking	Covariate	Implementation Outcome	Notes
NA	6.26	NA	<p>Thinking about this past summer, did you participate in any Summer Youth Employment programs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No → GO TO END</p> <p><input type="checkbox"/> Don't know → GO TO END</p> <p>→ 6.26b Did you participate in a week-long workshop called Gen.M (Gender Matters)?</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>	Abt question developed with LifeWorks program staff. To be used in one site only.		✓		These questions reflect site level interest in understanding other programs operating in Austin/Travis County. They will only be included on the survey instrument for one grantee (LifeWorks).