

OMB Control No:

Expiration Date:

BASELINE QUESTIONNAIRE (Part B2)

For Reducing the Risk and Cuidate! participants who
have never had sex

Please be sure that you have the correct Part B.

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

Thank you.

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.

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

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

MARK (X) ONE

- Yes → THIS IS THE WRONG PART B BOOKLET. PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND FILL OUT **PART B1**.
- No → CONTINUE WITH THIS BOOKLET

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

Do you expect that you will graduate from high school?

MARK (X) ONE

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

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

MARK (X) ONE MONTH AND ONE YEAR

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

08

4.4. The next questions are about where you live.

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?

MARK (X) ONE

- Yes **GO TO QUESTION 4.11**
 No

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
 No

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

FILL IN TWO OR THREE NUMBERS

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

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

MARK (X) ONE

- Yes
 No

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

MARK (X) ONE

- Yes
 No

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

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

NUMBER OF PEOPLE

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

How strongly do you agree or disagree that...

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

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

4.14. FOR GIRLS

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

MARK (X) ONE

Yes

No → GO TO QUESTION 4.16

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

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

4.15. FOR BOYS

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

MARK (X) ONE

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

b. How old were you when these changes started?

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

4.16. Have you ever done any of the following?

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No
- I have never dated anyone

4.19. In the last 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs?

MARK (X) ONE

Yes

No

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

MARK (X) ONE

Not at all likely

A little bit likely

Somewhat likely

Very likely

Don't plan to have sexual intercourse outside of marriage

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

SECTION 5: TOBACCO, ALCOHOL AND DRUG USE

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

Have you ever smoked a cigarette?

MARK (X) ONE

Yes

No → GO TO QUESTION 5.4

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

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

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

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

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

MARK (X) ONE

Yes

No → GO TO QUESTION 5.8

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

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

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

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No → **GO TO QUESTION 5.10**

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No

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

MARK (X) ONE

- Yes
- No

SECTION 6: FRIENDS, family AND RELATIONSHIPS

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

MARK (X) ONE FOR EACH

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

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

MARK (X) ONE FOR EACH

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- I am only attracted to males
- I am attracted to both males and females
- I am only attracted to females

I am not attracted to either males or females

I am not sure

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

MARK (X) ONE

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

For this last set of questions, we will be asking yourself and your family. You cannot personally be identified by your answers. The information you provide will be combined with the information provided by all the other students completing this survey.

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

MARK (X) ONE

- Your biological mother, that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult
- Don't have a mother or person I think of as my mother **GO TO 6.14**

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

Did she graduate from high school?

→

MARK (X) ONE

- Yes
- No
- Don't know

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

MARK (X) ONE

- Yes
- No
- Don't know

6.9. Is she working now?

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

Strongly disapprove

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

MARK (X) ONE

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

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

MARK (X) ONE

- Your biological father, that is, the man who is genetically related to you
- Your stepfather or adoptive father
- Your foster father
- Your grandfather
- Your uncle or your older brother
- Some other adult
- Don't have a father or person I think of as my father → **GO TO 6.22a**

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

Did he graduate from high school?

MARK (X) ONE

- Yes
- No
- Don't know

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

MARK (X) ONE

- Yes
- No
- Don't know

6.17. Is he working now?

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Strongly approve

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

6.22a. Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have passed away, please answer about their relationship when both were alive.

MARK (X) ONE

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

6.22b. Do your biological mother and biological father live together now?

MARK (X) ONE

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

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

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

MARK (X) ONE

- You live in one home **GO TO 6.24**
- You live in two or more homes, and go back and forth **GO TO 6.25**
- You are homeless (living on the street, in a car or shelter, or staying with friends/relatives)

6.24. Who lives with you in your home?

MARK (X) ALL THAT APPLY

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

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

MARK (X) ALL THAT APPLY

| MAIN HOME | OTHER HOME(S) |
|---|---|
| <p><i>Mark (X) <u>all</u> the people who live with you in your MAIN home</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> <input type="checkbox"/> | <p><i>Mark (X) <u>all</u> the people who live with you in your OTHER home(s)</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> <input type="checkbox"/> |

Any older brothers or sisters

Any younger brothers or sisters

Any aunts, uncles, or other relatives

Any other people you are not related to

You live by yourself

Any older brothers or sisters

Any younger brothers or sisters

Any aunts, uncles, or other relatives

Any other people you are not related to

You live by yourself

6.26a Thinking about this past summer, did you participate in any Summer Youth Employment Programs?

(Check one)

Yes

No → **Go To END**

Don't know → **Go To END**

6.26b Did you participate in a week-long workshop called Gen.M (Gender Matters)?

(Check one)

Yes

No

Don't know

We thank you for

completing this survey!