

ATTACHMENT E:
EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES
FOLLOW- UP INSTRUMENT: ENGENDERHEALTH

The survey instrument for EngenderHealth divided into three sections:

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

PART B1 – FOR SEXUALLY-ACTIVE YOUTH

PART B2 – FOR NON-SEXUALLY-ACTIVE YOUTH



Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART A **Engender Health**

CONFIDENTIALITY

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

We want you to know that:

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

Mathematica Policy Research

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0382. The time required to complete this information collection is estimated to average 36 minutes per response, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

GENERAL INSTRUCTIONS

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

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

EXAMPLE 1: MARK (X) ONE ANSWER

What is the color of your eyes?

MARK (X) ONE

- Brown
 Blue
 Green
 Another color

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

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

What is the color of your hair?

MARK (X) ONE

- Brown
 Black
 Blond
 Red
 Some other color PRINT OTHER COLOR

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

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

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

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

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

1. Do you ever eat chocolate?

MARK (X) ONE

- Yes
 No → GO TO QUESTION 3

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

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

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

MARK (X) ONE

- Yes
 No

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

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

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

NUMBER OF CHOCOLATE BARS – Your best guess is fine.

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

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

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

In what month and year did you finish elementary school?

MARK (X) ONE MONTH AND ONE YEAR

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

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

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

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

MARK (X) ONE

Yes No → GO TO 2

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

MARK (X) ONE

Yes
 No

2. Do you have any brothers or sisters?

MARK (X) ONE

Yes
 No

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

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

START HERE!

SECTION 1: YOU AND YOUR BACKGROUND

1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

Month born

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

Year born

- 2002
- 2001
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991

1.2. What grade are you in? (If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school).

MARK (X) ONE

- 6th
 - 7th
 - 8th
 - 9th
 - 10th
 - 11th
 - 12th
 - Ungraded
 - College/technical school
 - Not currently in school
- **GO TO 1.4**

1.3. What high school do you attend?

MARK (X) ONE

- (NOTE: LIST OF HIGH SCHOOLS WILL APPEAR HERE)
- Other (PRINT NAME OF SCHOOL):

1.4. Are you male or female?

MARK (X) ONE

- Male
- Female

1.5. Are you Hispanic/Latino?

MARK (X) ONE

- Yes
- No

1.6. What is your race?

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH

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

1.9. Was ANY of the information you received helpful to you?

MARK (X) ONE

- Yes
- No → GO TO 1.11

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

SELECT ONE OR MORE

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

1.11. How strongly do you agree or disagree with the following statements?

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. You can do things now that will help you to be healthy when you are an adult.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nothing you do as a teen will affect how healthy you are as an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking risks as a teen, like drinking and drugs, does not really matter for your health in the long run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The good and bad decisions you make as a teen will affect your health as an adult.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE FOR EACH QUESTION

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

1.13. In the past 30 days, how often have you felt that you were unable to control the important things in your life?

MARK (X) ONE

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

1.14. In the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them?

MARK (X) ONE

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

SECTION 2: FAMILY

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

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

MARK (X) ONE

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

2.2. Who lives with you in your home?

MARK (X) ALL THAT APPLY

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

AFTER ANSWERING → GO TO 2.4

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

MARK (X) ALL THAT APPLY

MAIN HOME

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

- 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

OTHER HOME(S)

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

- 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

MOTHER

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

MARK (X) ONE

- Your biological mother, that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult
- Don't have a mother or person I think of as my mother → GO TO 2.9

2.5. Please answer the following questions about the person you just marked in question 2.4 – that is, your mother or the person you think of as your mother.

Is she working now?

MARK (X) ONE

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

2.6. How comfortable are you sharing ideas or talking with her about things that are important to you?

MARK (X) ONE

- Not at all comfortable
- Somewhat comfortable
- Comfortable
- Very comfortable

2.7. Now thinking about your biological mother, that is, the woman who gave birth to you, how old is she (or would she be if she were alive)?

- NUMBER OF YEARS OLD – Your best guess is fine.
- I do not know about my biological mother → **GO TO 2.9**

2.8. Again thinking about your biological mother and all the children she has ever had—how old is the oldest one? If the oldest one is not alive, how old would that child be if still living?

- NUMBER OF YEARS OLD – Your best guess is fine.
- I do not know about my biological mother

FATHER

2.9. 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
- You don't have a father or person you think of as your father → **GO TO 2.12a**

2.10. Please answer the following questions about the person you marked in 2.9 – that is, your father or the person you think of as your father.

Is he working now?

MARK (X) ONE

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

2.11. How comfortable are you and sharing ideas or talking with him about things that are important to you?

MARK (X) ONE

- Not at all comfortable
- Somewhat comfortable
- Comfortable
- Very comfortable

2.12a. Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have died, please answer about their relationship when both were alive.

MARK (X) ONE

- Married to each other
- They were married to each other, but then separated
- They were married to each other, but then divorced
- They were never married to each other
- I don't know

2.12b. Do your biological mother and biological father live together now?

MARK (X) ONE

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

PARENTS

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

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

MARK (X) ONE

- Always
- Usually
- Sometimes
- Rarely
- Never

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No

SECTION 3: VIEWS AND PERCEPTIONS

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

MARK (X) ONE FOR EACH QUESTION

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

3.2. These questions are about what sex means to boys and girls your age. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. It is embarrassing for a 16-year old boy if he has never had sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is alright for a boy to pressure a girl to have sex if she has had sex with him in the past	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When a girl says no to sex, she expects the boy to keep trying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. One way for a guy to prove he is a real man is to have sex with a lot of girls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A guy should have sexual intercourse as early as he can in his life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is alright for a boy to pressure a girl to start having sex if they have been dating for nine months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE FOR EACH QUESTION

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

3.4. These questions are about what happens if a girl gets pregnant around your age, or a boy gets a girl pregnant. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Getting pregnant/getting a girl pregnant in the next year or two would hurt my chances of being successful in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If a girl and boy have sex, the girl is more responsible for preventing pregnancy than the boy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I got pregnant/got a girl pregnant in the next year or two I would have to become a responsible adult before I wanted to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I got pregnant/got a girl pregnant in the next year or two my life would become a lot better	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.5. These questions are about boys and girls. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. The best way for a boy to show he is strong is to act tough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Boys should let it show when their feelings are hurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In a good dating relationship the boy gets his way most of the time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A girl who really likes a guy needs to have sex with him to prevent him from finding someone else.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It's embarrassing for a boy when he needs to ask for help	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6. FOR GIRLS ONLY

These questions are about how girls feel. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Teenage girls who have a boyfriend feel better about themselves than girls who don't have a boyfriend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When a teenage girl has a boyfriend, other girls look up to her.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A girl is likely to feel bad about herself if she has never had a boyfriend.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.7. FOR GIRLS ONLY

If you got pregnant now, how would you feel?

MARK (X) ONE

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

3.8. FOR BOYS ONLY

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

MARK (X) ONE

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

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

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Condoms should always be used if a person your age has sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using condoms means you don't trust your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Condoms are important to make sex safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condoms are a hassle to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using a condom is one way for a boy to show he cares about his partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using condoms is morally wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If two people love each other they don't have to use condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Girls who carry condoms get bad reputations.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Condoms are pretty easy to get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If a girl asks a boy to use a condom it means she doesn't trust him	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Condoms decrease sexual pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

If condoms are used correctly and consistently, how much can they reduce the risk of pregnancy?

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know → **GO TO 3.11**

3.10a. How confident are you that your answer to 3.10 is correct?

MARK (X) ONE

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

3.11. If condoms are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS?

MARK (X) ONE

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

3.12. If birth control pills are used correctly and consistently, how much can they reduce the risk of pregnancy?

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know → GO TO 3.13

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

MARK (X) ONE

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

3.13. If birth control pills are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS?

MARK (X) ONE

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

3.14. The next series of questions is about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH

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

3.15. The following questions are about how you can get birth control where you live. How true do you think it is that...?

MARK (X) ONE FOR EACH

	DEFINITELY TRUE	PROBABLY TRUE	PROBABLY FALSE	DEFINITELY FALSE	DON'T KNOW
a. In Texas, teenage girls can get a birth control method like the pill or the shot at a family planning or health clinic without their parent's permission.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would know where to go for birth control methods like the pill or the shot for me or my partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would know where to go if I wanted to get tested for a sexually transmitted disease (STD).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I would have enough money to pay for birth control pills for me or my partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Zero or None → **GO TO 3.18**

NUMBER OF TIMES – Your best guess is fine.

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

NUMBER OF PEOPLE – Your best guess is fine.

3.18. In the past 6 months, have you had a boyfriend or girlfriend?

MARK (X) ONE

Yes

No → **GO TO 3.20**

3.19. In the past 6 months, how many different boyfriends or girlfriends have you had?

NUMBER OF PEOPLE – Your best guess is fine.

3.20. Do you intend to have sexual intercourse in the next year, if you have the chance?

MARK (X) ONE

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

3.21. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?

MARK (X) ONE

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

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

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

If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these other methods of birth control?

MARK (X) ONE

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

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

MARK (X) ONE

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

3.24. Have you ever had sexual intercourse?

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

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

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)

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

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)



Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART B1 **Engender Health**

Please be sure that you have the correct Part B.

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

Thank you.

Mathematica Policy Research

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0382. The time required to complete this information collection is estimated to average 36 minutes per response, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

PART B

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

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

Just to confirm, have you ever had sexual intercourse?

MARK (X) ONE

No → STOP AND GO TO PART B2

Yes → CONTINUE WITH THIS BOOKLET

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)

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

MARK (X) ONE MONTH AND ONE YEAR

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

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

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Voluntary
- Not voluntary

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

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

MARK (X) ONE

- Yes
- No → GO TO 4.8

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE

Yes

No → GO TO 4.14

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

NUMBER OF PEOPLE – Your best guess is fine.

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

None → GO TO 4.14

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

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

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

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

None

NUMBER OF TIMES – Your best guess is fine.

4.13. Now think about when you had sexual intercourse in the past 3 months and WERE using birth control. In the past 3 months, how many TIMES did you have intercourse when you used a condom AND were using another method of birth control in the list above?

None

NUMBER OF TIMES – Your best guess is fine.

4.14. FOR BOYS AND GIRLS

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

MARK (X) ONE

Yes

No → GO TO 4.15

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

None

NUMBER OF TIMES – Your best guess is fine.

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

MARK (X) ONE

Yes

No

Don't know

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

MARK (X) ONE

Yes

No

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

MARK (X) ONE

Yes

No

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

MARK (X) ONE

Yes

No

4.18. 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

4.19. Have you ever been fearful that someone you were dating or having sex with might physically hurt you?

MARK (X) ONE

Yes

No

I have never dated anyone

SECTION 5: ALCOHOL AND DRUG USE

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

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

MARK (X) ONE

- Yes
 No → GO TO 5.5

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

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
 No

5.6. Have you ever used any other type of illegal drug, prescription drugs, or an inhalant that were not prescribed for you?

MARK (X) ONE

- Yes
 No

SECTION 6: FRIENDS AND RELATIONSHIPS

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

MARK (X) ONE FOR EACH

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

6.2. How many of your friends who are your age have had sexual intercourse?

MARK (X) ONE

- None
- Some
- Half
- Most
- All
- Don't know

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. 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 TREATMENT GROUP ONLY

(NOTE: This section, or a corresponding blank section, will be opened by telephone interviewers only after they complete the preceding questions, to avoid disclosing to the interviewers the assignment status of the respondent.)

1. How many other people do you know of at your high school who participated in Gen.M this past summer?

None → **GO TO QUESTION 3**

NUMBER OF PEOPLE – Your best guess is fine.

2. How often do you hang out with any of those kids?

MARK (X) ONE

- A lot
- Sometimes
- Rarely
- Never

3. Did you attend an event sponsored by Gen.M after you completed your summer Gen.M group?

MARK (X) ONE

- Yes
- No

4. If a friend asked, how likely would you be to recommend Gen.M to them?

MARK (X) ONE

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

5. How many times have you done the following things in the past six months?

MARK (X) ONE FOR EACH

	0	1-2	3-5	6-10	MORE THAN 10
a. Gotten together with members of your Gen.M group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Texted members of your Gen.M group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spoken to a member of your group on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Friended somebody from your group on Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been in touch with members of your group in any other way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Thank you!

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)

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





Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART B2

Engender Health

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.

Mathematica Policy Research

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0382. The time required to complete this information collection is estimated to average 36 minutes per response, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

PART B

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

Just to confirm, have you ever had sexual intercourse?

MARK (X) ONE

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

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)

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

Do you expect that you will graduate from high school?

MARK (X) ONE

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

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

MARK (X) ONE MONTH AND ONE YEAR

<u>Month 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"/> 2008
<input type="checkbox"/> December	<input type="checkbox"/> 2007 or earlier

4.4. The next questions are about where you live.

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

MARK (X) ONE

Yes → **GO TO 4.11**

No

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

MARK (X) ONE

1 home → **GO TO 4.9**

2 homes

3 or more homes

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

MARK (X) ONE

Yes

No

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

FILL IN TWO OR THREE NUMBERS

Number of nights at home #1 – Your best guess is fine.

Number of nights at home #2 – Your best guess is fine.

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

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

MARK (X) ONE

Yes

No

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

MARK (X) ONE

Yes

No

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

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

NUMBER OF PEOPLE

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

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

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

MARK (X) ONE FOR EACH QUESTION

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

4.14. 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"/>

4.15. 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

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

MARK (X) ONE

- Yes
- No
- I have never dated anyone

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

MARK (X) ONE

- Yes
- No

4.18. 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: Alcohol and Drug Use.

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)

SECTION 5: ALCOHOL AND DRUG USE

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

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

MARK (X) ONE

Yes

No → **GO TO 5.5**

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

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

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

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

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

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

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

MARK (X) ONE

Yes

No

5.6. Have you ever used any other type of illegal drug, prescription drugs or an inhalant that were not prescribed for you?

MARK (X) ONE

Yes

No

SECTION 6: FRIENDS AND RELATIONSHIPS

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

MARK (X) ONE FOR EACH

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

6.2. How many of your friends who are your age have had sexual intercourse?

MARK (X) ONE

- None
- Some
- Half
- Most
- All
- Don't know

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. 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 TREATMENT GROUP ONLY

(NOTE: This section, or a corresponding blank section, will be opened by telephone interviewers only after they complete the preceding questions, to avoid disclosing to the interviewers the assignment status of the respondent.)

1. **How many other people do you know of at your high school who participated in Gen.M this past summer?**

None → **GO TO QUESTION 3**

NUMBER OF PEOPLE – Your best guess is fine.

2. **How often do you hang out with any of those kids?**

MARK (X) ONE

- A lot
- Sometimes
- Rarely
- Never

3. **Did you attend an event sponsored by Gen.M after you completed your summer Gen.M group?**

MARK (X) ONE

- Yes
- No

4. **If a friend asked, how likely would you be to recommend Gen.M to them?**

MARK (X) ONE

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

5. How many times have you done the following things in the past six months?

MARK (X) ONE FOR EACH

	0	1-2	3-5	6-10	MORE THAN 10
a. Gotten together with members of your Gen.M group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Texted members of your Gen.M group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spoken to a member of your group on the phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Friended somebody from your group on Facebook	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been in touch with members of your group in any other way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Thank you!

(NOTE: This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)

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

