



Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

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

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INTRODUCTION

INTERVIEWERS: INSTRUCTIONS TO YOU ARE IN BLUE BOLD CAPS. DO NOT READ TEXT IN BLUE BOLD CAPS ALOUD.

GET RESPONDENT ON PHONE

Hello. My name is _____, and I'm calling from [Mathematica Policy Research OR Nationwide Children's Hospital]. Could I speak with **[RESPONDENT'S NAME]** please?

RESOLVE ANY QUESTIONS AND ATTEMPT TO GET RESPONDENT ON PHONE OR MAKE APPOINTMENT TO CALL BACK.

INTRODUCTION WITH RESPONDENT

[Hello. My name is _____, and I'm calling from [Mathematica Policy Research OR Nationwide Children's Hospital.]]

I'm calling as part of a research study about birth spacing called TOPP that you agreed to participate in at [RECRUITMENT SITE]. You might remember filling out a survey about 6 months ago. I'm calling to do the current survey with you, which is very similar. It will ask about you, your perspectives and your behaviors.

START

Before we begin the survey, I need to tell you that your participation in this study is voluntary, and we want you to know that:

- The answers you give to this survey will be confidential, which means they will never be identified as yours. All of your responses will be kept private and will not be shared with anyone.
- We hope that you will answer all the questions honestly, but you may skip any questions you do not want to answer.
- And, we will send you a \$10 gift card after we complete the survey.

Some of the questions we ask could be considered sensitive. Are you somewhere you can freely answer questions?

Do you have any questions before we begin?

****YOUR RESPONSE TO ANY QUESTIONS ABOUT SURVEY CONTENT SHOULD BE**

Just answer the question the best you can.

SECTION 1: YOU AND YOUR BACKGROUND

1.1. The first questions are about you and your background.

Are you currently enrolled in school or studying school subjects through a program at home, online or somewhere else?

MARK (X) ONE

Yes

No

1.2. What is the highest grade in school you completed?

MARK (X) ONE

6th grade or lower

7th

8th

9th

10th

11th

12th

GED

A year or more of community college or vocational school

A year or more in a four-year college

Your schooling does not have grade levels

Other

1.3. Now I am going to ask you how likely it is you will do a series of things. Your answer choices are [READ CHOICES]. [FOR 18 AND 30 MONTH FUs]

How likely is it that you will...

MARK (X) ONE FOR EACH

NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHA T LIKELY	VERY LIKELY	YOU ALREAD Y DID
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- a. Graduate from high school [READ CHOICES].....
- b. [REPEAT STEM] Go to a technical or vocational school after high school [READ CHOICES].....
- c. Go to college.....
- d. Graduate from a 2-year or community college program.....
- e. Graduate from a 4-year college program.....

1.3. What is your current marital status – are you currently [READ CHOICES]

MARK (X) ONE

- Never married
- Married
- Divorced
- Separated or
- Widowed?

1.4. In the past 6 months, how often did you attend religious services? [READ CHOICES]

MARK (X) ONE

- Never
- Less than once a month
- 1-3 times per month
- Once a week
- More than once a week

1.5. How important is religion in your life? [READ CHOICES]

MARK (X) ONE

- Not at all important
- Somewhat important
- Very important

1.6. What is your religion or faith? [READ CHOICES]

MARK (X) ONE

- Atheist or Agnostic
- Buddhist
- Catholic
- Christian – Other than Catholic or Orthodox
- Orthodox Christian, for example Greek or Russian Orthodox
- Hindu
- Jewish
- Mormon
- Muslim
- Nothing in particular or
- Something else *PRINT OTHER RELIGION OR FAITH*

1.7. Now I'm going to ask you questions about the past 6 months. In the past 6 months, have you received any information or learned about any of the following?

MARK (X) ONE FOR EACH

YES NO

- 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 a partner about whether to have sex or whether to use birth control.....
- g. How to say no to sex.....

1.8. INTERVIEWER: DID THE RESPONDENT SAY "YES" TO ANY ITEM IN 1.7 ABOVE?

MARK (X) ONE

Yes

No → GO TO 1.10

1.9. Now I am going to ask you about the number of times you got information on relationships, abstinence, birth control, or sexually transmitted diseases from a series of places in the past 6 months. Your answer choices are [READ ANSWER CHOICES].

In the past 6 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases from...

MARK (X) ONE FOR EACH

NEVER 1-3 TIMES 4-9 TIMES 10 OR MORE TIMES

- a. A school class [READ CHOICES].....
- b. [REPEAT STEM] A church, synagogue, mosque, or religious classes outside of school [READ CHOICES].....
- c. A community center, youth organization, or after-school activity.....
- d. [REPEAT STEM] A doctor or nurse you saw at a hospital, clinic, or trailer.....
- e. A nurse, social worker, or other health care professional who came to your home.....
- f. A nurse or other provider from the Nurse Family Partnership or Help Me Grow program who came to your home.....
- g. Your friends.....
- h. Your parents or other relatives or family members.....
- i. Another person or place LIST OTHER SOURCE

1.10. In the past 6 months, how many different times, if any, did you receive birth control from a doctor or a nurse at a place such as a hospital, clinic, or trailer, or during a visit to your home?

None

NUMBER OF TIMES – Your best guess is fine.

SECTION 2: FAMILY

2.1. The next questions are about where you live and those you live with.

Which of the following best describes where you live?

MARK (X) ONE

- You live in one home
- You live in two or more homes and go back and forth
- You are homeless, for example, living on the street, in a car or shelter, or temporarily staying with friends or relatives

2.2. I'm going to ask about some different types of financial assistance.

In the past **30 days**, did you or someone who lives with you receive...

MARK (x) ONE FOR EACH

	YES	NO	[DON' T KNOW]
a. Social Security Disability.....			
b. [REPEAT STEM] Food stamps, now called SNAP or Supplemental Nutrition Assistance Program.....			
c. WIC or The Women, Infants and Children Supplemental Nutrition Program.....			
d. Welfare, also called TANF or Temporary Assistance for Needy Families.....			
e. Unemployment.....			

2.3. Now I'm going to ask how many times you or someone who lives with you did certain things in the **past 30 days**. Your answer choices are **[READ CHOICES]**.

In the **past 30 days**, how many times did you or someone who lives with you...

MARK (X) ONE FOR EACH

	NO TIMES	LESS THAN ONCE A WEEK	ABOUT ONCE A WEEK	MORE THAN ONCE A WEEK
a. Feel sick, in pain or injured but did NOT go for medical help because they did not have insurance or the money [READ CHOICES]				
b. [REPEAT STEM] Skip a meal because there was no food in the house or money to get food [READ CHOICES]				
c. Visit a food pantry.....				
d. Miss school, going to a job, or something else important because there was no money for gas, a bus, a train, or some other type of transportation.....				

2.4. At any time in the past 6 months, has there been a period of time when you have not had any health insurance at all?

MARK (X) ONE

Yes

No

SECTION 3: VIEWS AND PERCEPTIONS

3.1. The next series of questions is about how strongly you agree or disagree with a series of statements about condom use. Your answer choices are [READ CHOICES].

How strongly do you agree or disagree that...

MARK (X) ONE FOR EACH

- | | STRONGLY
AGREE | AGREE | NEITHER
AGREE NOR
DISAGREE | DISAGREE | STRONGLY
DISAGREE |
|--|-------------------|-------|----------------------------------|----------|----------------------|
| a. Condoms should always be used if a person your age has sexual intercourse [READ CHOICES]..... | | | | | |
| b. [REPEAT STEM] Condoms are a hassle to use [READ CHOICES]..... | | | | | |
| 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..... | | | | | |

3.2. If condoms are used correctly and consistently, how much can they decrease the risk of pregnancy? [READ CHOICES]

MARK (X) ONE

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

3.3. If condoms are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS? [READ CHOICES]

MARK (X) ONE

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

3.4. If condoms are used correctly and consistently, how much can they decrease the risk of getting gonorrhea? [READ CHOICES]

MARK (X) ONE

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

3.5. The next series of questions is about how strongly you agree or disagree with a series of statements about other methods of birth control NOT including condoms. Your answer choices are [READ CHOICES].

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 [READ CHOICES]..... | | | | | |
| b. [REPEAT STEM] Birth control is a hassle to use [READ CHOICES]..... | | | | | |
| c. Birth control is pretty easy to get..... | | | | | |
| d. Birth control is important to make sex safer..... | | | | | |
| e. Birth control has too many negative side effects..... | | | | | |
| f. Using birth control is morally wrong..... | | | | | |
| g. My friends have good things to say about birth control..... | | | | | |
| h. My family members have good things to say about birth control..... | | | | | |

3.6. The next series of questions is about birth control pills.

If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy? [READ CHOICES]

MARK (X) ONE

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

3.7. If birth control pills are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS? [READ CHOICES]

MARK (X) ONE

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

3.8. If birth control pills are used correctly and consistently, how much can they decrease the risk of getting gonorrhea? [READ CHOICES]

MARK (X) ONE

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

3.9. The next series of questions is about how strongly you agree or disagree with a series of statements about ALL methods of birth control, including condoms and birth control pills. Your answer choices are [READ CHOICES].

How strongly do you agree or disagree that...

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
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- a. Women can trust what doctors and nurses say about birth control [READ CHOICES].....
- b. [REPEAT STEM] The use of birth control improves a relationship [READ CHOICES].....
- c. If a woman uses birth control, her partner will know she really cares about herself.....
- d. If a man uses birth control, his partner will know he really cares about her.....
- e. If a woman uses birth control, her partner will think she's pretty smart.....
- f. If a man makes sure that one of them is using birth control, his partner will know he really cares about her.....

3.10. Now please think about your friends or the people you hang out with who have sexual intercourse. How often do you think they use ANY method of birth control, such as condoms or birth control pills? [READ CHOICES]

MARK (X) ONE

Never

Sometimes

Half the time

Most of the time

Always

3.11. How many of your friends had a baby before they were 20 years old? [READ CHOICES]

MARK (X) ONE

None

One or two

Three or more

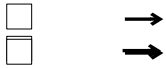
3.12. How many of your friends had more than one baby before they were 20 years old? [READ CHOICES]

MARK (X) ONE

None

One or two

Three or more



SECTION 4: BEHAVIORS AND EXPERIENCES

SEXUAL INTERCOURSE AND BIRTH CONTROL

4.1. Excuse me one moment as I look up a date.

INTERVIEWER: PLEASE PUT THE DATE YOU CALCULATED ON THE CONTACT SHEET IN THE BLANK BELOW. THEN CONTINUE WITH THIS QUESTION.

Sorry for the delay. 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.

Please think about the past 3 months, that is, from _____ until today. In the past 3 months, have you had sexual intercourse, even once?

MARK (X) ONE

Yes

No → GO TO 4.9

4.2. In the past 3 months, how many DIFFERENT PEOPLE have you had sexual intercourse with, even once?

None GO TO 4.1 INTERVIEWER: THIS SKIP IS CORRECT

NUMBER OF PEOPLE – Your best guess is fine.

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

None GO TO 4.1

NUMBER OF TIMES – Your best guess is fine.

4.4. In the past 3 months, have you had sexual intercourse without you or your partner using a condom?

MARK (X) ONE

Yes

No GO TO 4.8

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

None GO TO 4.4

NUMBER OF TIMES – Your best guess is fine.



4.6. In the past 3 months, have you had sexual intercourse without you or your partner using any of these methods of birth control:

- Condoms
- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- An IUD such as Mirena or Paragard or
- Implants such as IMPLANON?

MARK (X) ONE

Yes

No **GO TO 4.8**

4.7. In the past 3 months, how many TIMES have you had sexual intercourse without you or your partner using any of these methods of birth control:

- Condoms
- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- An IUD such as Mirena or Paragard or
- Implants such as IMPLANON?

None **GO TO 4.6**

NUMBER OF TIMES – Your best guess is fine.

4.8. I'm going to read you some methods of birth control and ask how often you used each method in the past 3 months. Your answer choices are [READ CHOICES].

In the past 3 months, when you had sexual intercourse, how much of the time did you use...

MARK (X) ONE FOR EACH

- | | NONE OF
THE TIME | SOME OF
THE TIME | HALF THE
TIME | MOST OF
THE TIME | ALL OF
THE TIME |
|---|---------------------|---------------------|------------------|---------------------|--------------------|
| a. Condoms [READ CHOICES]..... | | | | | |
| b. [REPEAT STEM] A diaphragm
[READ CHOICES]..... | | | | | |
| c. Female condoms..... | | | | | |
| d. Fertility awareness..... | | | | | |
| e. Withdrawal..... | | | | | |
| f. A spermicide..... | | | | | |
| g. Another method <i>PRINT OTHER METHOD</i> | | | | | |



4.9. In the past 3 months, how much of the time did you use...

MARK (X) ONE FOR EACH

- | | NONE OF
THE TIME | SOME OF
THE TIME | HALF THE
TIME | MOST OF
THE TIME | ALL OF
THE
TIME |
|---|---------------------|---------------------|------------------|---------------------|-----------------------|
| a. Birth control pills [READ CHOICES] | | | | | |
| b. [REPEAT STEM] the shot or
Depo-Provera [READ CHOICES] | | | | | |
| c. The patch..... | | | | | |
| d. The ring or NuvaRing..... | | | | | |
| e. An IUD such as Mirena or Paragard..... | | | | | |
| f. An Implant such as IMPLANON..... | | | | | |
| g. Male vasectomy..... | | | | | |
| h. Breastfeeding..... | | | | | |
| i. Another method of birth control
<i>PRINT OTHER METHOD</i> | | | | | |

4.10. INTERVIEWER: IF THE ANSWER TO 4.8a. IS NONE OF THE TIME, GO TO 4.12.
 IF THE ANSWERS TO 4.8 ARE BLANK, GO TO 4.13.
 OTHERWISE, GO TO 4.11.

4.11. The most recent time you had sexual intercourse, did you use a condom?

MARK (X) ONE

- Yes
- No

4.12. The most recent time you had sexual intercourse, did you use any method of birth control other than a condom, such as birth control pills, the shot, the patch, the ring, an IUD, an Implant, a diaphragm, spermicide, or any other method?

MARK (X) ONE

- Yes
- No



ORAL AND ANAL SEX



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

In the past 3 months, how many TIMES have you had oral sex?

None **GO TO 4.15**

NUMBER OF TIMES – Your best guess is fine.

4.14. In the past 3 months, how many TIMES have you had oral sex without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.

4.15. The next question is about anal sex. Anal sex is when a male puts his penis in someone else's anus, or their butt. In the past 3 months, how many TIMES have you had anal sex?

None **GO TO 4.18**

NUMBER OF TIMES – Your best guess is fine.

4.16. In the past 3 months, how many TIMES have you had anal sex without using a condom?

None

NUMBER OF TIMES – Your best guess is fine.



SEXUALLY TRANSMITTED DISEASES

4.17. Now please think about the past 6 months. In the past 6 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

- Yes
- No

4.18. The next series of questions is about the types of sexually transmitted diseases, or STDs, you have had.

In the past 6 months, did you have...

MARK (X) ONE FOR EACH

	YES	NO	DON'T KNOW
a. Chlamydia.....			
b. [REPEAT STEM] Gonorrhea.....			
c. Genital herpes.....			
d. Syphilis.....			
e. HIV infection or AIDS.....			
f. Human Papillomavirus, also known as HPV or genital warts.....			
g. Another sexually transmitted disease or STD <i>PRINT OTHER STD</i>			



PREGNANCY HISTORY

4.19. You were pregnant about 6 months ago, right before or when you filled out a survey similar to this one for this same study. The next questions refer to that pregnancy.

Please think back to that pregnancy you experienced about 6 months ago. How many weeks along in that pregnancy were you when your baby was born or that pregnancy ended?

NUMBER OF WEEKS

4.20. How did that pregnancy end? [READ CHOICES]

MARK (X) ONE

- A live birth or births
- A miscarriage
- A stillbirth

4.21. Did you have a c-section delivery, also known as a Caesarean section delivery, OR did you have a vaginal birth, also known as pushing the baby out?

MARK (X) ONE

- C-section
- Vaginal birth

4.22. Was your baby born full-term, that is after you were 37 weeks pregnant, or premature, that is before you were 37 weeks pregnant?

MARK (X) ONE

- Full-term **GO TO 4.25**
- Premature

4.23. Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?

MARK (X) ONE

- Spontaneous birth – no medicine was used to start labor **GO TO 4.25**
- Induced

4.24. Was the delivery of your baby induced, that is – medicine was used to start labor to cause your baby to be born, because of your own health complications or because of complications involving the baby?

MARK (X) ONE

- Induced because of your own health complications
- Induced because of complications involving the baby



4.25. How much did your baby weigh at birth?

POUNDS

OUNCES

Don't know

4.26. How many days was your baby in the hospital after he or she was born?

Her baby is still in the hospital

NUMBER OF DAYS

4.27. How many days was your baby in the intensive care unit at the hospital after he or she was born?

None

Her baby is still in the intensive care unit at the hospital

NUMBER OF DAYS

4.28. Did you breastfeed your baby at all?

MARK (X) ONE

Yes

No **GO TO 4.30**

4.29. How many months did you breastfeed your baby or are you still breastfeeding him or her?

Still breastfeeding

NUMBER OF MONTHS

4.30. Have you been pregnant again since that pregnancy ended?

MARK (X) ONE

Yes

No **GO TO 4.34**



4.31. At the time you became pregnant the most recent time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all?

MARK (X) ONE

Wanted to become pregnant then

Wanted to become pregnant later

Did not want to become pregnant at all

4.32. How did your most recent pregnancy end – a live birth or births, a miscarriage, a stillbirth, an abortion or are you still pregnant?

MARK (X) ONE

Still pregnant

Live birth or births

Miscarriage

Stillbirth

Abortion

4.33. How many weeks along in your current pregnancy are you?

NUMBER OF WEEKS

Don't know

4.34. Including all the times you have been pregnant, how many times have you EVER been pregnant, even if no child was born?

NUMBER OF TIMES

SECTION 5: PLANNING FOR THE FUTURE

5.1. The next questions are about your plans for the future.

Again, in this survey, by sexual intercourse, we mean a male putting his penis into a female's vagina.

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

[\[READ CHOICES\]](#)

MARK (X) ONE

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

5.2. If you were to have sexual intercourse in the next year, do you intend to have your partner use a condom? [\[READ CHOICES\]](#)

MARK (X) ONE

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

5.3. If you were to have sexual intercourse in the next year, do you intend to use or have your partner use any of these methods of birth control:

- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- An IUD such as Mirena or Paragard or
- Implants such as IMPLANON? [\[READ CHOICES\]](#)

MARK (X) ONE

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

5.4. Do you want to have any more children?

MARK (X) ONE

Yes

No

Don't know

5.5. How many more children do you want to have?

NUMBER OF CHILDREN

5.6. INTERVIEWER: IF RESPONDENT IS CURRENTLY PREGNANT [SEE QUESTION 4.30], GO TO 5.8.

Please think about the next year. Over the next year, will you be [READ CHOICES]

MARK (X) ONE

Trying to get pregnant again

Neither trying to get pregnant nor trying avoid getting pregnant

Trying to avoid getting pregnant or

You don't know?

5.7. Over the next year, from your partner's point of view, will he be...

MARK (X) ONE

Trying to get you pregnant

Neither trying to get you pregnant nor trying to avoid getting you pregnant

Trying to avoid getting you pregnant

You don't know or

You don't have a partner right now?

5.8. Okay, that was the end of our survey. Thank you so much for your help with this study.

I'd like to confirm your address, so that we are sure you will receive your \$10 gift card.

CONFIRM ADDRESS AND UPDATE IF NECESSARY.

I would also like to confirm your other contact information, so that we will be able to reach you for the next of our four surveys, 12 months from now.

CONFIRM PHONE NUMBER/S AND ADDRESS, AND UPDATE IF NECESSARY.

Finally, we will contact you about every 3 months to be sure your contact information hasn't changed. Would you prefer we contact you by postcard or text message?

NOTE WHETHER POST CARD OR TEXT.

That's it. Thank you so much again!

Good-bye.

