

LIST OF NEW QUESTIONS ON PPA SITE-SPECIFIC FOLLOW-UP INSTRUMENTS

The questions listed below are new items that were not included on previously approved data collection instruments. The “notes” column lists a source, where applicable. If no source is noted, the item was developed by the PPA team.

Note: The wording of the questions often reflects or refers to the wording of preceding questions that have already been approved. Additional clarification is provided in the “notes” column.

Question #	Question Text	Notes
Children’s Hospital Los Angeles (CHLA) – many of the questions on the CHLA instrument will be asked only where the skip logic makes them relevant. This is noted in the table.		
1.3	What type of schooling did you complete after high school? MARK (X) ONE <input type="checkbox"/> Some adult education classes <input type="checkbox"/> Some technical or vocation school <input type="checkbox"/> Some classes at a 2-year college <input type="checkbox"/> Some classes at a 4-year college or university	<p style="color: red;">Please use measures that are consistent with those used by the National Center for Education Statistics information collections.</p> <p style="color: blue;">R: Response categories will be adjusted accordingly.</p>
1.4	Did you go back to school or a GED program after having your first baby? MARK (X) ONE <input type="checkbox"/> Yes – I went back to my old high school <input type="checkbox"/> Yes – I went back to a different school <input type="checkbox"/> Yes – I went back to a GED program <input type="checkbox"/> I never stopped school - GO TO 1.6 <input type="checkbox"/> No – I did not go back - GO TO 1.6	

Question #	Question Text	Notes
1.5	<p>How old was your baby when you returned to school or your GED program?</p> <p> __ __ NUMBER OF MONTHS OLD</p>	
1.9	<p>Do you make enough money in this job to support yourself?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Asked only if respondent indicated in a previous question that they are currently employed.</p>
1.10	<p>Do you plan on staying in this job for the next two years?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Asked only if respondent indicated in a previous question that they are currently employed.</p>
1.12	<p>Is this person the father of your first child?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Asked only if respondent indicated in a previous question that they are currently in a relationship or dating someone.</p>
3.1	<p>In the past 12 months, have you received any information about the following:</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <p>a. Methods of birth control</p> <p>b. Where to get birth control</p>	

Question #	Question Text	Notes
3.2	<p>In the past 12 months, did you receive information about...</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Condoms c. Birth control pills d. The shot (Depo-Provera) e. The patch f. The ring (NuvaRing) g. IUD (Mirena or Paragard) h. Implant (Implanon) 	<p>Asked only of those who received any information about methods of birth control and/or where to get birth control.</p>
3.3	<p>Where did you receive information about birth control?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> At a hospital <input type="checkbox"/> At a clinic from a doctor, nurse or other health professional <input type="checkbox"/> At home from a nurse, social worker, or other health care professional <input type="checkbox"/> At school in a class <input type="checkbox"/> In an after-school program/activity <input type="checkbox"/> From a friend <input type="checkbox"/> Other (please specify) 	<p>Asked only of those who received any information about methods of birth control and/or where to get birth control.</p>

Question #	Question Text	Notes
3.4	<p>What services have you received or what programs have you been involved in over the past 12 months?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> School or community-based program for pregnant or parenting teens <input type="checkbox"/> Parenting education <input type="checkbox"/> Case Management <input type="checkbox"/> WIC <input type="checkbox"/> CalLearn <input type="checkbox"/> AFLP <input type="checkbox"/> Other (Please specify) 	<p>Could a valid response category be “none?”</p> <p>R: This change has been made to the survey.</p>
4.8	<p>Thinking about the past 12 months, in which months were you sexually active (had sexual intercourse)?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>	<p>Could a valid response category be “none?”</p> <p>R: There is a previous question that asks whether they've had sexual intercourse in the past 12 months (4.6). If they say “no”, they skip out of this question. We have left this question as-is for now.</p>

Question #	Question Text	Notes
4.9	<p>Have you used any of the following birth control methods in the past 12 months?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Condom b. Emergency contraception, also known as “Plan B” or “Preven”, or “morning after pills” c. Birth control pills d. The shot (Depo-Provera) e. The patch f. The ring (Nuva Ring) g. IUD (Mirena or Paragard) h. Implant (Implanon) i. Foam j. Sponge k. Female condom l. Withdrawal m. Other (Please specify) 	<p>Subsequent questions on each method of contraception will only be asked of those who indicate using that specific method of contraception.</p>
4.10	<p>FOR CONDOM USE</p> <p>In which months did you use condoms?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>	<p>This question is the first in a series that repeats for the specific forms of birth control the respondent indicated using in question 4.9 (the pill, the shot/Depo-Provera, the patch/Ortho-Evra, IUD, vaginal ring, implant).</p>

Question #	Question Text	Notes
4.11	<p>In the months you used a condom, would you say you used a condom with your partner for sexual intercourse...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Every time <input type="checkbox"/> Most of the time <input type="checkbox"/> About half of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> None of the time 	
4.12	<p>FOR EMERGENCY CONTRACEPTION USE</p> <p>How many different times have you used emergency contraception (Plan B) in the past 12 months?</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.14	<p>FOR BIRTH CONTROL PILL USE</p> <p>In general over this time, would you say you took your birth control pills consistently...?</p> <p><i>Taking your birth control pills consistently means taking your pills every day. Some types of pills have a set of 7 different colored pills that do not contain any hormones. Women may opt not to take these 7 pills only.</i></p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> None of the time 	<p>This consistency question is part of a series of questions asked for each of the user-dependent forms of birth control (the pill, the patch, the ring) the respondent reports using in 4.9.</p> <p>For each method, a description of consistent use is provided:</p> <p><i>4.21 Using the patch consistently means applying a new patch the same day each week for 3 weeks. You would not use a patch in week 4 then would resume using the patch on the same day in week 5.</i></p> <p><i>4.31 Using the ring consistently means removing the ring on the same day 3 weeks after it was inserted and inserting a new one on the same day one week after it was removed (even if your period has not stopped).</i></p>

Question #	Question Text	Notes
4.15	<p>During the last month you used birth control pills, how many pills that you were supposed to take did you miss...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> One - GO TO 4.17 <input type="checkbox"/> None - GO TO 4.17 <input type="checkbox"/> Two or more 	
4.16	<p>Did you miss two or more pills <u>in a row</u>?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

Question #	Question Text	Notes
4.17	<p>Some people try a method and then don't use it again, or stop using it. What was the reason or reasons why you stopped using birth control pills?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Too expensive <input type="checkbox"/> Too difficult to use <input type="checkbox"/> Too messy <input type="checkbox"/> Your partner did not like it <input type="checkbox"/> You had side effects <input type="checkbox"/> You were worried you might have side effects <input type="checkbox"/> You worried the method would not work <input type="checkbox"/> The method failed, you became pregnant <input type="checkbox"/> The method did not protect against disease <input type="checkbox"/> Because of other health problem, a doctor told you that you should not use the method again <input type="checkbox"/> The method decreased your sexual pleasure <input type="checkbox"/> Too difficult to obtain the method <input type="checkbox"/> Did not like the changes to your menstrual cycle <input type="checkbox"/> You got pregnant <input type="checkbox"/> You were trying to get pregnant 	<p>This question is part of a series that repeats for each form of birth control the respondent reported using in question 4.9 (the shot/Depo-Provera, the patch/Ortho-Evra, IUD, vaginal ring, implant).</p>
4.22	<p>FOR THE PATCH (ORTHO-EVRA) USE</p> <p>During the last month you used the patch, were you one or more days late in changing the patch?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 4.24 	

Question #	Question Text	Notes
4.23	<p>Please indicate all the weeks that you were late in changing the patch.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> First week <input type="checkbox"/> Second week <input type="checkbox"/> Third week 	
4.26	<p>FOR IUD (MIRENA OR PARAGARD) USE</p> <p>Have you had the IUD removed since then?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 4.29 	<p>This question is asked after the respondent indicates in which month the IUD was inserted.</p>
4.27	<p>In which months did you have the IUD removed?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>	
4.28	<p>Did you have the IUD inserted a second time?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

Question #	Question Text	Notes
4.34	<p>FOR IMPLANT (IMPLANON USE)</p> <p>Have you had it removed since then?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 4.36</p>	<p>This question is asked after the respondent indicates in which month the implant was inserted.</p>
4.35	<p>In which months did you have the implant removed?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January - December (Note: Relevant months will appear based on baseline date.)</p>	
5.1	<p>The next questions ask about your pregnancy and your relationship with your baby's father.</p> <p>Are you currently pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 5.6</p>	
5.2	<p>When is your baby due?</p> <p>Month __ __ Year __ __ __ __ </p>	
5.3	<p>When you got pregnant this time, were you trying to get pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Question #	Question Text	Notes
5.5	<p>To the best of your knowledge, were you pregnant any other time since the birth of your first child?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes - GO TO 5.7</p> <p><input type="checkbox"/> No - GO TO 5.13</p>	Only asked if respondent is currently pregnant.
5.6	<p>To the best of your knowledge, have you been pregnant since the birth of your first child?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 5.13</p>	Only asked if respondent is currently pregnant.
5.7	<p>How many times have you been pregnant since the birth of your first child?</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	
5.8	<p>Have you given birth since your first child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 5.13</p>	
5.9	<p>Please list the birth date for each child you have given birth to since your first child.</p> <p>Month __ __ Day __ __ Year __ __ __ __ </p>	

Question #	Question Text	Notes
5.12	<p>Do all of your children have the same biological father?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Perhaps add "don't know," or "refused."</p> <p>R: Added "don't know".</p>
5.13	<p>How much is your first child's father involved in raising that child?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> Not very much</p> <p><input type="checkbox"/> Not at all</p>	
6.3a	<p>Was your first or second goal about a job or an occupation?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 6.4</p>	<p>Asked after respondent lists their goals for the future (6.3).</p>
6.3b	<p>Thinking of your first occupational goal listed, how much do you hope for the kind of work that occurs with this occupational goal?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Barely</p> <p><input type="checkbox"/> Not much</p> <p><input type="checkbox"/> Somewhat</p> <p><input type="checkbox"/> Very much</p>	<p>Asked after respondent lists their goals for the future (6.3).</p> <p>We think this item would benefit from cognitive testing with 9 or fewer persons, with the revision (if any) to be submitted with the instrument as non-substantive change before this survey is administered. The question does not seem clear.</p> <p>R: We will rephrase and cognitively test this item with 9 or fewer respondents and report back to OMB with any revisions.</p>

Question #	Question Text	Notes
6.3c	<p>Thinking of your first occupational goal, please indicate how likely it will be that you obtain this possible self, using the numbers 1 through 7, with 1 being very unlikely and 7 being very likely.</p> <p>(Scale: 1 = Vey unlikely to 9 =Very likely)</p>	<p>Asked after respondent lists their goals for the future (6.3). We think this item would benefit from cognitive testing with 9 or fewer persons, with the revision (if any) to be submitted with the instrument as non-substantive change before this survey is administered. The question does not seem clear.</p> <p>R: We will rephrase and cognitively test this item with 9 or fewer respondents and report back to OMB with any revisions.</p>
*	<p>Do you know anyone who has participated in the <i>AIM4Teen Moms</i> program?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>*Question was inadvertently omitted from the instrument, but will be included in the instrument to be submitted with the revised package.</p> <p>Will only be asked of the control group.</p>
*	<p>Who do you know that has participated in <i>AIM 4 Teen Moms</i>?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your sister <input type="checkbox"/> Another relative <input type="checkbox"/> Close friend <input type="checkbox"/> Acquaintance 	<p>*Question was inadvertently omitted from the instrument, but will be included in the instrument to be submitted with the revised package.</p> <p>Will only be asked of the control group.</p>
*	<p>Have you discussed any of the following with the women who participated in <i>AIM 4 Teen Moms</i>?</p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>AIM 4 TeenMoms</i> Portfolio (worksheets, resume, and certificate) <input type="checkbox"/> What they learned about long term contraceptive use <input type="checkbox"/> Job aspirations 	<p>* Question was inadvertently omitted from the instrument, but will be included in the instrument to be submitted with the revised package.</p> <p>Will be asked only of the control group.</p> <p>Add yes/no format</p> <p>R: Revised to yes/no format.</p>

Question #	Question Text	Notes
Ohio Health		
1.4	<p>What is your current marital status?</p> <p>MARK ONE</p> <p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed</p>	
1.11	<p>In the past 6 months, how many different times, if any, did you receive birth control from a doctor or nurse at a place such as a hospital, clinic, or trailer, or during a visit to your home?</p> <p><input type="checkbox"/> None</p> <p>_____ Number of times</p>	
3.10	<p>Now please think about your friends and 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?</p> <p>MARK ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Half of the time</p> <p><input type="checkbox"/> Most of the time</p> <p><input type="checkbox"/> Always</p>	

Question #	Question Text	Notes
3.11	<p>How many of your friends or people you hang out with had a baby before they were 20 years old?</p> <p>MARK ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> One or two <input type="checkbox"/> Three or more 	<p>We think this item would benefit from cognitive testing with 9 or fewer persons, with the revision (if any) to be submitted with the instrument as non-substantive change before this survey is administered. The question does not seem clear.</p> <p>(friends or people—does this refer to peer group, family, older persons who may influence the participant, or? Does this refer to women/girls or both women/girls and men/boys? If all, please state. Also, add “don’t know”)</p> <p>R: We have dropped the phrase “or people you hang out with” and the question now reflects one used previously:</p> <p>Raneri, Leslie G. and Constance M. Wiemann. Social Ecological Predictors of Adolescent Pregnancy. <i>Perspectives on Sexual and Reproductive Health</i>, 2007, 39(1):39-47, doi: 10.1363/3903907</p>

Question #	Question Text	Notes
3.12	<p>How many of your friends or people you hang out with had more than one baby before they were 20 years old?</p> <p>MARK ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> One or two <input type="checkbox"/> Three or more 	<p>We think this item would benefit from cognitive testing with 9 or fewer persons, with the revision (if any) to be submitted with the instrument as non-substantive change before this survey is administered. The question does not seem clear.</p> <p>(friends or people—does this refer to peer group, family, older persons who may influence the participant, or? Does this refer to women/girls or both women/girls and men/boys? If all, please state. Also, add “don’t know”)</p> <p>R: We have dropped the phrase “or people you hang out with” and the question now reflects one used previously:</p> <p>Raneri, Leslie G. and Constance M. Wiemann. Social Ecological Predictors of Adolescent Pregnancy. <i>Perspectives on Sexual and Reproductive Health</i>, 2007, 39(1):39-47, doi: 10.1363/3903907</p>
4.28	<p>Did you breastfeed your baby at all?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 4.30 	
4.29	<p>How many months did you breastfeed your baby or are you still breastfeeding him or her?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Still breastfeeding <p>____ NUMBER OF MONTHS</p>	
4.30	<p>Have you been pregnant again since that pregnancy ended?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 4.34 	

Question #	Question Text	Notes
4.33	<p>How many weeks along in your current pregnancy are you?</p> <p> __ __ NUMBER OF WEEKS</p> <p><input type="checkbox"/> Don't know</p>	
Engender Health		
2.6	<p>How comfortable are you sharing ideas or talking with her about things that are important to you?</p> <p><i>MARK (X) ONE</i></p> <p><input type="checkbox"/> Not at all comfortable</p> <p><input type="checkbox"/> Somewhat comfortable</p> <p><input type="checkbox"/> Comfortable</p> <p><input type="checkbox"/> Very comfortable</p>	<p>This refers to the person the respondent indicated as their mother/mother figure in a previous question.</p>
2.11	<p>How comfortable are you sharing ideas or talking with him about things that are important to you?</p> <p><i>MARK (X) ONE</i></p> <p><input type="checkbox"/> Not at all comfortable</p> <p><input type="checkbox"/> Somewhat comfortable</p> <p><input type="checkbox"/> Comfortable</p> <p><input type="checkbox"/> Very comfortable</p>	<p>This refers to the person the respondent indicated as their father/father figure in a previous question.</p>
3.18	<p>In the past 6 months, have you had a boyfriend or girlfriend?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Question #	Question Text	Notes
3.19	<p>In the past 6 months, how many different boyfriends or girlfriends have you had?</p> <p> _ _ NUMBER OF PEOPLE - Your best guess is fine.</p>	
	<p>How many other people do you know of at your high school who participated in Gen.M this past summer?</p> <p><input type="checkbox"/> None</p> <p> _ _ NUMBER OF PEOPLE - Your best guess is fine.</p>	Asked only of youth in the treatment group
	<p>How often do you hang out with any of those kids?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Sometimes</p> <p><input type="checkbox"/> Rarely</p> <p><input type="checkbox"/> Never</p>	Asked only of youth in the treatment group
	<p>Did you attend an event sponsored by Gen.M after you completed your summer Gen.M group?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Asked only of youth in the treatment group

Question #	Question Text	Notes
	<p>If a friend asked, how likely would you be to recommend Gen.M to them?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely</p> <p><input type="checkbox"/> A little likely</p> <p><input type="checkbox"/> Somewhat likely</p> <p><input type="checkbox"/> Very likely</p>	<p>Asked only of youth in the treatment group</p>
	<p>How many times have you done the following things in the past six months?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>0, 1-2, 3-5, 6-10</p> <p>a. Gotten together with members of your Gen.M group</p> <p>b. Texted members of your Gen.M group</p> <p>c. Spoken to a member of your group on the phone</p> <p>d. Friended somebody from your group on Facebook</p> <p>e. Been in touch with members of your group in any other way</p>	<p>Asked only of youth in the treatment group</p>
<p>Princeton Center for Leadership Training (PCLT)</p>		

Question #	Question Text	Notes
1.9	<p>For the next question, please indicate how often you do the item listed. How often have you talked about each of the topics listed below with your partner in the last month?</p> <p><input type="checkbox"/> I didn't have a partner in the last month</p> <p><i>MARK (X) ONE FOR EACH</i> Often, Sometimes, Never</p> <ul style="list-style-type: none"> a. Expectations in the relationship b. Pregnancy c. Birth control d. Sexually Transmitted Infections (STIs) e. What you feel comfortable doing sexually f. What you <u>do not</u> feel comfortable doing sexually 	<p>Source: Teen Sexual Health Research Study, Page 11, questions 1 (a) through 1 (f).</p>

Question #	Question Text	Notes
1.10	<p>For the next question, please answer how often you do each of the statements below. When you have to make a decision about your sexual behavior, how often do you...</p> <p><i>MARK (X) ONE FOR EACH</i> Very Often, Often, Not often, Never</p> <ul style="list-style-type: none"> a. Think of the consequences of each possible choice b. First get as much information as you can c. Make it on the spot without worrying about the consequences 	Source: Teen Sexual Health Research Study, page 13 (questions 22, 23, 24)
1.12	<p>How strongly do you agree or disagree with the following statements?</p> <p><i>MARK (X) ONE FOR EACH</i> Strongly agree, Agree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. If my partner refused to use condoms, I could refuse to have sex b. I would have sex now if someone I cared about pressured me to have sex c. I believe I could go to a clinic if I needed to get tested for HIV/AIDS or another sexually transmitted infection (STI) 	Source: Teen Sexual Health Research Study, Page 7, questions 20 through 25.
2.6	<p>How well can you and your mother or the person you think of as your mother share ideas or talk about things that are important to you?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all well <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Very well 	Source: Adapted from National Survey of Children's Health (NSCH) 2007, Section 8.

Question #	Question Text	Notes
2.11	<p>How well can you and your father or the person you think of as your father share ideas or talk about things that are important to you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all well <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Very well 	Source: Adapted from National Survey of Children's Health (NSCH) 2007, Section 8.
Live the Life		
4.23	<p>Have you made a decision not to have sexual intercourse until you get married?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 5.1 	
4.24	<p>Here are some statements about how you might feel about your decision NOT to have sexual intercourse until you get married. How much does each statement reflect how you feel? (Not at all like me, Somewhat like me, Like me, Very much like me)</p> <ul style="list-style-type: none"> a. My decision to NOT have sex is good for me b. I am comfortable with my decision to NOT have sex c. My decision to NOT have sex makes me feel good about myself d. At this stage in my life, sex is NOT important to me 	