

**ATTACHMENT D**

**EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES**

**FOLLOW- UP INSTRUMENT: OKLAHOMA INSTITUTE FOR CHILD ADVOCACY**

**(OICA)**

The OICA survey instrument is not divided into separate parts for sexually active and non-sexually active youth.

## **FOLLOW-UP QUESTIONNAIRE**



### **Evaluation of Adolescent Pregnancy Prevention Approaches**

#### **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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# START HERE!

TODAY'S DATE (MONTH/DAY/YEAR): \_\_\_\_\_

## SECTION 1: DEMOGRAPHICS

### 1.1. Are you male or female?

*MARK (X) ONE*

Male

Female

### 1.2. What is the last grade you completed?

*MARK (X) ONE*

6th

7th

8th

9th

10th

11th

12th

### 1.3. How old were you when you entered the foster care system?

*MARK (X) ONE*

<1 year old

1 year old

2 years old

3 years old

4 years old

5 years old

6 years old

7 years old

8 years old

9 years old

10 years old

11 years old

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old

**1.4. Do you currently live in a group home?**

*MARK (X) ONE*

- Yes
- No

**1.5. In what month and year did you start living in this group home?**

- I am not currently living in a group home

*MARK (X) ONE MONTH AND ONE YEAR*



<u>Month</u> started living in this group home	<u>Year</u> started living in this group home
<input type="checkbox"/> January	<input type="checkbox"/> 2008
<input type="checkbox"/> February	<input type="checkbox"/> 2009
<input type="checkbox"/> March	<input type="checkbox"/> 2010
<input type="checkbox"/> April	<input type="checkbox"/> 2011
<input type="checkbox"/> May	<input type="checkbox"/> 2012
<input type="checkbox"/> June	<input type="checkbox"/> 2013
<input type="checkbox"/> July	<input type="checkbox"/> 2014
<input type="checkbox"/> August	<input type="checkbox"/> 2015
<input type="checkbox"/> September	
<input type="checkbox"/> October	
<input type="checkbox"/> November	
<input type="checkbox"/> December	

**1.6. Are you Hispanic/Latino?**

*MARK (X) ONE*

- Yes
- No

**1.7 What is your race?**

*SELECT ONE OR MORE*

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White or Caucasian

**1.8. What is the second letter of your first name?**

*MARK (X) ONE*

- |                            |                            |
|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> N |
| <input type="checkbox"/> B | <input type="checkbox"/> O |
| <input type="checkbox"/> C | <input type="checkbox"/> P |
| <input type="checkbox"/> D | <input type="checkbox"/> Q |
| <input type="checkbox"/> E | <input type="checkbox"/> R |
| <input type="checkbox"/> F | <input type="checkbox"/> S |
| <input type="checkbox"/> G | <input type="checkbox"/> T |
| <input type="checkbox"/> H | <input type="checkbox"/> U |
| <input type="checkbox"/> I | <input type="checkbox"/> V |
| <input type="checkbox"/> J | <input type="checkbox"/> W |
| <input type="checkbox"/> K | <input type="checkbox"/> X |
| <input type="checkbox"/> L | <input type="checkbox"/> Y |
| <input type="checkbox"/> M | <input type="checkbox"/> Z |

**1.9. What is the last letter of your first name?**

*MARK (X) ONE*

- |                            |                            |
|----------------------------|----------------------------|
| <input type="checkbox"/> A | <input type="checkbox"/> N |
| <input type="checkbox"/> B | <input type="checkbox"/> O |
| <input type="checkbox"/> C | <input type="checkbox"/> P |
| <input type="checkbox"/> D | <input type="checkbox"/> Q |
| <input type="checkbox"/> E | <input type="checkbox"/> R |
| <input type="checkbox"/> F | <input type="checkbox"/> S |
| <input type="checkbox"/> G | <input type="checkbox"/> T |
| <input type="checkbox"/> H | <input type="checkbox"/> U |
| <input type="checkbox"/> I | <input type="checkbox"/> V |
| <input type="checkbox"/> J | <input type="checkbox"/> W |
| <input type="checkbox"/> K | <input type="checkbox"/> X |
| <input type="checkbox"/> L | <input type="checkbox"/> Y |
| <input type="checkbox"/> M | <input type="checkbox"/> Z |

<b>1.10. In which month were you born?</b> <i>MARK (X) ONE</i>	<b>1.11. On which day were you born?</b> <i>MARK (X) ONE</i>	<b>1.12. In which year were you born?</b> <i>MARK (X) ONE</i>
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December	<input type="checkbox"/> 1 <input type="checkbox"/> 17 <input type="checkbox"/> 2 <input type="checkbox"/> 18 <input type="checkbox"/> 3 <input type="checkbox"/> 19 <input type="checkbox"/> 4 <input type="checkbox"/> 20 <input type="checkbox"/> 5 <input type="checkbox"/> 21 <input type="checkbox"/> 6 <input type="checkbox"/> 22 <input type="checkbox"/> 7 <input type="checkbox"/> 23 <input type="checkbox"/> 8 <input type="checkbox"/> 24 <input type="checkbox"/> 9 <input type="checkbox"/> 25 <input type="checkbox"/> 10 <input type="checkbox"/> 26 <input type="checkbox"/> 11 <input type="checkbox"/> 27 <input type="checkbox"/> 12 <input type="checkbox"/> 28 <input type="checkbox"/> 13 <input type="checkbox"/> 29 <input type="checkbox"/> 14 <input type="checkbox"/> 30 <input type="checkbox"/> 15 <input type="checkbox"/> 31 <input type="checkbox"/> 16	<input type="checkbox"/> 1991 <input type="checkbox"/> 1992 <input type="checkbox"/> 1993 <input type="checkbox"/> 1994 <input type="checkbox"/> 1995 <input type="checkbox"/> 1996 <input type="checkbox"/> 1997 <input type="checkbox"/> 1998 <input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001

**1.13. How likely is it that you will do each of the following?**

*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"/>

**1.14. 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 infections, also known as STIs.....	<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"/>

**1.15. 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. Other → LIST OTHER SOURCE ↴ .....				

**1.16. Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very 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
- Other

## SECTION 2: KNOWLEDGE

These next questions ask about the body, sexually transmitted infections (STIs), and methods of protection.

2.1. The body part of the female body where a baby grows during pregnancy is the:

*MARK (X) ONE*

- Cervix
- Uterus
- Vagina
- Ovary
- Don't know

2.2. The part of the male's body that produces sperm is the:

*MARK (X) ONE*

- Testicles
- Urethra
- Penis
- Prostate
- Don't know

2.3. When is it possible for a female to become pregnant?

*MARK (X) ONE*

- The first time she has sex
- When she is ovulating
- When her partner withdraws (pulls out) before ejaculating
- All of the above
- Don't know

2.4. Of the following statements about methods of protection, which one is false?

*MARK (X) ONE*

- You can get them with a prescription from a doctor
- You can buy them at a local store in the drug or pharmacy section
- Some require a prescription and others do not, depending on the type of method
- You must have your parent's/guardian's permission to get them if you are under age 18
- Don't know



**2.5. Please mark whether each statement is true, false, or you don't know.**

**MARK (X) ONE FOR EACH QUESTION**

	TRUE	FALSE	DON'T KNOW
a. A sexually active girl can become pregnant if she forgets to take her birth control pills for several days in a row .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using a condom can help prevent HIV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A condom can be used more than once .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If a condom is used, a young man should be careful how he pulls out.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If a young couple has had unprotected sex a few times and a pregnancy did not occur, then they do not have to worry about her getting pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. HIV destroys the immune system's ability to fight off infections and diseases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You cannot tell if a person has HIV by looking at them .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. HIV is the only sexually transmitted infection that is incurable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. All sexually active individuals are at risk for getting HIV .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Latex condoms are 100% effective in preventing pregnancy and STIs (including HIV).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. All sexually transmitted infections (STIs) can be cured .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. You can get the same sexually transmitted infection (STI) twice .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. You can get a sexually transmitted infection (STI) from having oral sex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.6. Which of the following methods of protection offers the most protection against HIV and other STIs?

**MARK (X) ONE**

- Depo-Provera (the shot)
- Vaginal film
- Condom (rubber)
- Birth control pill
- Don't know

2.7. What is the safest and most effective method for avoiding pregnancy and sexually transmitted infections (STIs)?

**MARK (X) ONE**

- Birth control pill
- Condom (rubber)
- Depo-Provera (the shot)
- Abstinence (not having sex)
- Don't know

2.8. Which one of the following methods listed below do you think is most effective for preventing pregnancy?

**MARK (X) ONE**

- Condom (rubber)
- Depo-Provera (the shot)
- Rhythm (safe period by calendar)
- Patch (Ortho evra)
- Birth control pill
- Withdrawal method
- Don't know

2.9. Which one of the following methods listed below do you think is least effective for preventing pregnancy?

**MARK (X) ONE**

- Condom (rubber)
- Depo-Provera (the shot)
- Rhythm (safe period by calendar)
- Patch (Ortho evra)
- Birth control pill
- Withdrawal method
- Don't know

## SECTION 3: ATTITUDES AND SELF-EFFICACY

The following questions are about your views on sex and protection.

**3.1. Two people having vaginal intercourse should use some method of protection if they are not ready for a child.**

*MARK (X) ONE*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**3.2. Using a method of protection is very important.**

*MARK (X) ONE*

- Strongly agree
- Agree
- Disagree
- Strongly disagree

**3.3. The next questions are about condom use. How strongly do you agree or disagree that...**

*MARK (X) ONE FOR EACH QUESTION*

	STRONGLY AGREE	AGREE	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"/>
b. Condoms are a hassle to use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Condoms are pretty easy to get.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condoms are important to make sex safer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using condoms means you don't trust your partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Condoms are morally wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Condoms decrease sexual pleasure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Condoms make sex less exciting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.4. The next questions are about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that...**

*MARK (X) ONE FOR EACH*

	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
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"/>
b. Birth control is a hassle to use .....	<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"/>
d. Birth control is important to make sex safer .....	<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"/>
f. Using birth control is morally wrong .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.5. Please tell us how sure or unsure you are that you could do the following things:**

*MARK (X) ONE FOR EACH QUESTION*

	<b>VERY SURE</b>	<b>SOMEWHAT SURE</b>	<b>SOMEWHAT UNSURE</b>	<b>VERY UNSURE</b>
a. Find a place in your community to obtain methods of protection from pregnancy and STIs .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Tell your partner your feelings about what you do and do not want to do sexually .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Say "no" if your partner puts pressure on you to be involved sexually, and you do not want to be involved sexually .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk with your partner about methods of protection if you have sex with him/her .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Insist on using a method of protection if you have sex and want to use a method of protection .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Stop and use a method of protection once you are turned on .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Plan ahead to have some method of protection available .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Resist having sex with your partner if he/she did not want to use a method of protection .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.6. The next questions are about your views on sexual intercourse. In this question, 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*

	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
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"/>

## SECTION 4: BEHAVIOR AND INTENTIONS

**NOTE: The following questions are about behaviors. Questions on this survey only mean behaviors that you choose to participate in - do not count behaviors you were forced to do against your will.**

### SEXUAL INTERCOURSE

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

**Have you ever had sexual intercourse?**

*MARK (X) ONE*

- Yes  
 No

**4.2. Have you had sexual intercourse more than one time?**

*MARK (X) ONE*

- I have never had sexual intercourse  
 Yes  
 No

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

- I have never had sexual intercourse  
  NUMBER OF PEOPLE – Your best guess is fine.

**4.4. These next few questions ask about the first time you had sexual intercourse. The very first time you had sexual intercourse, how old were you?**

- I have never had sexual intercourse  
 9 years old  
 10 years old  
 11 years old  
 12 years old  
 13 years old  
 14 years old  
 15 years old  
 16 years old  
 17 years old  
 18 years old  
 19 years old or older

4.5. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted infections, also known as STIs.

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

- I have never had sexual intercourse
- Yes
- No

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

MARK (X) ONE FOR EACH QUESTION

- I have never had sexual intercourse

	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"/>

4.7. Now please think about the past 3 months.

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

- None
- NUMBER OF TIMES – Your best guess is fine.

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

- None
- NUMBER OF TIMES – Your best guess is fine.

**4.9. 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)
- Implant (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.

**4.10. In the past 3 months, with how many people have you had sex?**

**MARK (X) ONE**

- I have not had sex in the past 3 months
- 1 person
- 2 people
- 3 people
- 4 people
- 5 people
- 6 or more people

**4.11. The next few questions are about your intentions for the next year.**

**Do you intend to have sexual intercourse in the next year?**

**MARK (X) ONE**

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



**4.12. If you 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

**4.13. The next question is about your intention to use the following methods of birth control:**

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

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

**MARK (X) ONE**

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

## **PREGNANCY**

**4.14. To the best of your knowledge, have you ever been pregnant or gotten anyone pregnant, even if no child was born? Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.**

**MARK (X) ONE**

- Yes
- No

**4.15. Have you been pregnant or gotten someone pregnant during the past 3 months? Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.**

**MARK (X) ONE**

- Yes
- No

**4.16. To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?**

None

NUMBER OF TIMES PREGNANT

**4.17. Have you ever had a baby or has anyone you got pregnant had the baby?**

*MARK (X) ONE*

I have never been pregnant or gotten anyone pregnant

Yes

No

Don't know

**4.18. When you or your partner got pregnant, were you trying to become pregnant?**

*MARK (X) ONE*

I have never been pregnant or gotten anyone pregnant

Yes

No

**4.19. If you got pregnant now or 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

## ORAL SEX

**4.20. The next questions are 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.**

**Have you ever had oral sex?**

*MARK (X) ONE*

Yes

No

**4.21. How many DIFFERENT PEOPLE have you ever had oral sex with, even if only one time?**

I have never had oral sex

NUMBER OF PEOPLE – Your best guess is fine.

**4.22. Now think about the first time you had oral sex. The very first time you had oral sex, how old were you?**

*MARK (X) ONE*

I have never had oral sex

9 years old

10 years old

11 years old

12 years old

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old

19 years old or older

**4.23. Now please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex?**

None

NUMBER OF TIMES – Your best guess is fine.

**4.24. Do you intend to have oral sex in the next year?**

*MARK (X) ONE*

Yes, definitely

Yes, probably

No, probably not

No, definitely not

## SEX – VAGINAL, ORAL, AND ANAL SEX

The next few questions ask about sex. By sex, we mean ALL types of sex – including vaginal, oral, and anal sex.

**4.25. Have you ever had sexual intercourse, oral sex, or anal sex?**

*MARK (X) ONE*

- Yes
- No

**4.26. These next few questions ask about the last time you had sex (sexual intercourse, oral sex or anal sex). The last time you had sex did you or your partner use a method of protection?**

*MARK (X) ONE*

- I have never had sex
- Yes
- No

**4.27. The last time you had sex did you or your partner use a condom?**

*MARK (X) ONE*

- I have never had sex
- Yes
- No

**4.28. The last time you had sex, did you or your partner use the following methods to prevent pregnancy or STIs?**

*MARK (X) ONE FOR EACH QUESTION*

- I have never had sex

	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. Not sure .....	<input type="checkbox"/>	<input type="checkbox"/>
g. Another method <i>PRINT OTHER METHOD USED</i> ↘ .....	<input type="checkbox"/>	<input type="checkbox"/>

**4.29. Which one of these statements best describes you now?**

**MARK (X) ONE**

- I have not had sex and am not even thinking about having sex
- I have not had sex, however I am thinking about having sex
- I have not had sex, but I am seriously thinking about having sex in the near future
- I have had sex in the past but I am not having sex now
- I am currently having sex

**4.30. Which of the following categories best describes your use of methods of protection now? Please choose just one category.**

**MARK (X) ONE**

- I do not use any methods of protection because I am not sexually active
- I do not use a method of protection
- I do not use any methods of protection, but am considering using a method of protection
- I use a method of protection sometimes, but I am thinking about using a method of protection every time I have sex
- I use a method of protection every time, but it has been less than 6 months since I started using a method of protection every time
- I use a method of protection every time, and it has been more than 6 months since I started using a method of protection every time

## SEXUALLY TRANSMITTED INFECTIONS (STIs)

The next questions ask about sexually transmitted infections (STIs.)

**4.31. In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted infections, also known as STIs?**

*MARK (X) ONE*

- Yes  
 No

**4.32. In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted infection (STI), like gonorrhea, Chlamydia, syphilis, or HIV?**

*MARK (X) ONE*

- Yes  
 No

**4.33. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted infection (STI)?**

*MARK (X) ONE*

- Yes  
 No

**4.34. This question is about the types of sexually transmitted infections (STIs) you have had. In the past 12 months, did you have...?**

*MARK (X) ONE FOR EACH QUESTION*

I have not had an STI in the last 12 months

	YES	NO	DON'T KNOW
a. Chlamydia.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gonorrhea.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Genital herpes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Syphilis.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. HIV infection or AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Human Papilloma virus, also known as HPV or genital warts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Another sexually transmitted infection (STI) <i>PRINT OTHER STI</i> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 5: POWER THROUGH CHOICES

5.1. Were you in the *POWER Through Choices* program at any previous time?

MARK (X) ONE

- Yes  
 No

For the next few questions, please think about *POWER Through Choices* and how it may have influenced you.

5.2. Would you say that being in this program has made you more likely or less likely to have sexual intercourse in the next year?

MARK (X) ONE

- Much more likely  
 More likely  
 About the same  
 Less likely  
 Much less likely

5.3. If you were to have sexual intercourse in the next year, would you say that being in *POWER Through Choices* has made you more likely or less likely to use (or ask your partner to use) a condom?

MARK (X) ONE

- Much more likely  
 More likely  
 About the same  
 Less likely  
 Much less likely

**5.4. If you were to have sexual intercourse in the next year, would you say that being in *POWER Through Choices* has made you more likely or less likely to use (or ask your partner to use) any of the these methods of birth control?**

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

**MARK (X) ONE**

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

**5.5. Would you say that being in *POWER Through Choices* has made you more likely or less likely to abstain from sexual intercourse in the next year (abstaining means choosing not to have sex)?**

**MARK (X) ONE**

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

**5.6. How helpful do you feel the material presented in *POWER Through Choices* has been to you personally?**

**MARK (X) ONE**

- Extremely helpful
- Very helpful
- Neutral
- Not very helpful
- Not helpful at all



**5.7. Compared to other teachers you have had, how would you rate the instructor who presented the *POWER Through Choices* program?**

***MARK (X) ONE***

- Outstanding
- Above average
- Average
- Below average
- Poor