

ATTACHMENT C

EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES FOLLOW- UP INSTRUMENT: CHILDREN'S HOSPITAL LOS ANGELES (CHLA)

The CHLA survey instrument is for adolescent mothers and therefore is not divided into separate parts for sexually active and non-sexually active youth.



Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

CHLA

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 5: FILL IN THE NUMBER**

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

0	2
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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.

5. **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.

6. **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</u> finished	<u>Year</u> finished
<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.

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

<u>Month</u> born	<u>Year</u> born
<input type="checkbox"/> January	<input type="checkbox"/> 2002
<input type="checkbox"/> February	<input type="checkbox"/> 2001
<input type="checkbox"/> March	<input type="checkbox"/> 2000
<input type="checkbox"/> April	<input type="checkbox"/> 1999
<input type="checkbox"/> May	<input type="checkbox"/> 1998
<input type="checkbox"/> June	<input type="checkbox"/> 1997
<input type="checkbox"/> July	<input type="checkbox"/> 1996
<input type="checkbox"/> August	<input type="checkbox"/> 1995
<input type="checkbox"/> September	<input type="checkbox"/> 1994
<input type="checkbox"/> October	<input type="checkbox"/> 1993
<input type="checkbox"/> November	<input type="checkbox"/> 1992
<input type="checkbox"/> December	<input type="checkbox"/> 1991

1.2. What is the last grade you completed?

MARK (X) ONE

- Less than 6th grade
 - 6th
 - 7th
 - 8th
 - 9th
 - 10th
 - 11th
 - 12th → **GO TO 1.6**
 - Completed GED pretest → **GO TO 1.4**
 - Completed GED → **GO TO 1.6**
 - Some school after high school
-

1.3. What type of schooling did you complete after high school?

MARK (X) ONE

- Some adult education classes
- Some technical or vocation school
- Some classes at a 2-year college
- Some classes at a 4-year college or university

1.4. Did you go back to school or a GED program after having your first baby?

MARK (X) ONE

- Yes – I went back to my old high school
 - Yes – I went back to a different school
 - Yes – I went back to a GED program
 - I never stopped school
 - No, I did not go back
-

1.5. How old was your baby when you returned to school or your GED program?

NUMBER OF MONTHS OLD

1.6. What is your current school status?

MARK (X) ONE

- Enrolled in public or private middle or high school
- Enrolled in a continuation/alternative school or court/community school
- Enrolled in adult education classes
- Enrolled in technical or vocation school
- Enrolled in 2-year college
- Enrolled in 4-year college or university
- Not currently enrolled in any school or classes

1.7. What is the highest level of education you expect to complete?

MARK (X) ONE

- Graduate from high school or obtain a GED
- Attend technical or vocational school
- Graduate from a 2-year community college (Associate's degree)
- Graduate from a 4-year college (Bachelor's degree)
- Obtain a graduate degree (Masters, PhD, MD, etc.)

1.8. Are you currently working?

MARK (X) ONE

- Yes – full-time
 - Yes – part-time
 - No – but currently looking for a job → GO TO 1.11
 - No – and not currently looking for a job → GO TO 1.11
- ↓

1.9. Do you make enough money in this job to support yourself?

MARK (X) ONE

- Yes
- No

1.10. Do you plan on staying in this job for the next two years?

MARK (X) ONE

- Yes
- No

1.11. Are you...?

MARK (X) ONE

- Not currently seeing anyone → **GO TO 2.1**
- Casually dating
- Seriously dating
- Engaged
- Married

1.12. Is this person the father of your first child?

MARK (X) ONE

- Yes
- No

SECTION 2: FAMILY

2.1. 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 (*Please specify*)
- Don't have a mother or person I think of as my mother → **GO TO 2.3**

Please answer the questions below about your mother or the person you think of as your mother that you identified in the previous question.

2.2. How much do you agree with the following statements about your mother or the person you think of as your mother?

MARK (X) ONE FOR EACH

	STRONGLY DISAGREE	DISAGREE	NEITHER DISAGREE NOR AGREE	AGREE	STRONGLY AGREE
a. My mother supports me to be a good parent.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. My mother's help with the baby is just about right.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My mother criticizes the way I take care of my baby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My mother gives me too much help with my baby.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

2.3. 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 → **GO TO 2.5**
- You live in a residential program → **GO TO 2.6**
- You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) → **GO TO 2.6**

2.4. Who lives with you in your home?

MARK (X) ALL THE PEOPLE WHO LIVE WITH YOU

- Your mother, or the person you think of as your mother
- Your father, or the person you think of as your father
- Any grandmothers
- Any grandfathers
- Any brothers or sisters
- Any aunts, uncles, or other relatives
- Your baby
- The father of your baby
- The parent(s) of the father of your baby
- Your current boyfriend/partner who is not the father of your baby
- Friends or roommates
- You live by yourself

AFTER ANSWERING → GO TO 2.6

2.5 Who lives with you in each of your homes?

MARK (X) ALL THAT APPLY

MAIN HOME	OTHER HOME(S)
<p>Mark (X) <u>all</u> the people who live with you in your MAIN home</p> <p><input type="checkbox"/> Your mother, or the person you think of as your mother</p> <p><input type="checkbox"/> Your father, or the person you think of as your father</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Your baby</p> <p><input type="checkbox"/> The father of your baby</p> <p><input type="checkbox"/> The parent(s) of the father of your baby</p> <p><input type="checkbox"/> Your current boyfriend/partner who is not the father of your baby</p> <p><input type="checkbox"/> Friends or roommates</p> <p><input type="checkbox"/> You live by yourself</p>	<p>Mark (X) <u>all</u> the people who live with you in your OTHER home(s)</p> <p><input type="checkbox"/> Your mother, or the person you think of as your mother</p> <p><input type="checkbox"/> Your father, or the person you think of as your father</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Your baby</p> <p><input type="checkbox"/> The father of your baby</p> <p><input type="checkbox"/> The parent(s) of the father of your baby</p> <p><input type="checkbox"/> Your current boyfriend/partner who is not the father of your baby</p> <p><input type="checkbox"/> Friends or roommates</p> <p><input type="checkbox"/> You live by yourself</p>

2.6. How many times have you moved in the past 6 months?

None

NUMBER OF TIMES – Your best guess is fine.

SECTION 3: SERVICES

3.1. In the past 12 months, have you received any information about the following:

MARK (X) ONE FOR EACH

- | | YES | NO |
|--------------------------------------|--------------------------|--------------------------|
| a. Methods of birth control? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Where to get birth control? | <input type="checkbox"/> | <input type="checkbox"/> |

FOR THOSE WHO RECEIVED ANY INFORMATION ABOUT METHODS OF BIRTH CONTROL AND/OR WHERE TO GET BIRTH CONTROL

3.2. In the past 12 months, did you receive information about...?

MARK (X) ONE FOR EACH

- | | YES | NO |
|-----------------------------------|--------------------------|--------------------------|
| a. Condoms..... | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Birth control pills | <input type="checkbox"/> | <input type="checkbox"/> |
| c. The shot (Depo-Provera)..... | <input type="checkbox"/> | <input type="checkbox"/> |
| d. The patch..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. The ring (NuvaRing) | <input type="checkbox"/> | <input type="checkbox"/> |
| f. IUD (Mirena or Paragard) | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Implant (Implanon)..... | <input type="checkbox"/> | <input type="checkbox"/> |

FOR THOSE WHO RECEIVED ANY INFORMATION ABOUT METHODS OF BIRTH CONTROL AND/OR WHERE TO GET BIRTH CONTROL

3.3. Where did you receive information about birth control?

MARK (X) ALL THAT APPLY

- At a hospital
- At a clinic from a doctor, nurse or other health professional
- At home from a nurse, social worker, or other health care professional
- At school in a class
- In an after-school program/activity
- From a friend
- Other (*Please specify*)

3.4. What services have you received or what programs have you been involved in over the past 12 months?

MARK (X) ALL THAT APPLY

- School or community-based program for pregnant or parenting teens
- Parenting education
- Case Management
- WIC
- CalLearn
- AFLP
- Other (*Please specify*)

SECTION 4: BEHAVIORS

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

Now please think about the past 3 months. Have you had sexual intercourse in the past 3 months?

MARK (X) ONE

Yes

No → GO TO 4.6

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

None → GO TO 4.6

NUMBER OF TIMES – Your best guess is fine.

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

NUMBER OF TIMES – Your best guess is fine.

4.4. 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 you or your partner using any of these methods of birth control?

None → GO TO 4.6

NUMBER OF TIMES – Your best guess is fine.

4.5. There are different reasons people give for not using contraception. Please mark ALL of the reasons that are true for you.

MARK (X) ALL THAT APPLY

- I just haven't gotten around to getting anything yet
- I don't think I can get pregnant right now
- My partner doesn't want me to use contraception
- I don't use it because of the side effects for me or my baby
- Other (*Please specify*)

4.6. Now please think about the past 12 months. Have you had sexual intercourse in the past 12 months?

MARK (X) ONE

- Yes
- No → GO TO 4.9

4.7. How many DIFFERENT PEOPLE have you had sexual intercourse with, even if only one time, in the past 12 months?

- None → GO TO 4.9

NUMBER OF PEOPLE – Your best guess is fine.

4.8. Thinking about the past 12 months, in which months were you sexually active (had sexual intercourse)?

MARK (X) ONE FOR EACH

	YES	NO
January	<input type="checkbox"/>	<input type="checkbox"/>
February.....	<input type="checkbox"/>	<input type="checkbox"/>
March	<input type="checkbox"/>	<input type="checkbox"/>
April.....	<input type="checkbox"/>	<input type="checkbox"/>
May	<input type="checkbox"/>	<input type="checkbox"/>
June	<input type="checkbox"/>	<input type="checkbox"/>
July.....	<input type="checkbox"/>	<input type="checkbox"/>
August.....	<input type="checkbox"/>	<input type="checkbox"/>
September	<input type="checkbox"/>	<input type="checkbox"/>
October	<input type="checkbox"/>	<input type="checkbox"/>
November	<input type="checkbox"/>	<input type="checkbox"/>
December	<input type="checkbox"/>	<input type="checkbox"/>

(NOTE: Relevant months will appear based on baseline date.)

4.9. Have you used any of the following birth control methods in the past 12 months?

MARK (X) ONE FOR EACH

	YES	NO
a. Condom	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency contraception, also known as “Plan B” or “Preven”, or “morning after pills”	<input type="checkbox"/>	<input type="checkbox"/>
c. Birth control pills.....	<input type="checkbox"/>	<input type="checkbox"/>
d. The shot (Depo-Provera)	<input type="checkbox"/>	<input type="checkbox"/>
e. The patch	<input type="checkbox"/>	<input type="checkbox"/>
f. The ring (NuvaRing).....	<input type="checkbox"/>	<input type="checkbox"/>
g. IUD (Mirena or Paragard)	<input type="checkbox"/>	<input type="checkbox"/>
h. Implant (Implanon)	<input type="checkbox"/>	<input type="checkbox"/>
i. Foam	<input type="checkbox"/>	<input type="checkbox"/>
j. Sponge.....	<input type="checkbox"/>	<input type="checkbox"/>
k. Female condom	<input type="checkbox"/>	<input type="checkbox"/>
l. Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>
m. Other (<i>Please specify</i>) <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

(NOTE: Specific questions on each method of contraception will only be asked of those who indicate using that method of contraception in 4.9.)

FOR CONDOM USE

4.10. In which months did you use condoms?

MARK (X) ALL THAT APPLY

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

4.11. In the months you used a condom, would you say you used a condom with your partner for sexual intercourse...?

MARK (X) ONE

- Every time
- Most of the time
- About half of the time
- Some of the time
- None of the time

FOR EMERGENCY CONTRACEPTION USE

4.12. How many different times have you used emergency contraception (Plan B) in the past 12 months?

NUMBER OF TIMES– Your best guess is fine.

FOR BIRTH CONTROL PILLS USE:

4.13. In which months did you use birth control pills?

MARK (X) ALL THAT APPLY

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

4.14. In general over this time, would you say you took your birth control pills consistently...?

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.

MARK (X) ONE

- All of the time
- Most of the time
- Some of the time
- None of the time

4.15. During the last month you used birth control pills, how many pills that you were supposed to take did you miss...?

MARK (X) ONE

- None
 - One
 - Two or more
- **GO TO 4.17**

4.16. Did you miss two or more pills in a row?

MARK (X) ONE

- Yes
- No

4.17. 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?

MARK (X) ALL THAT APPLY

- Too expensive
- Too difficult to use
- Too messy
- Your partner did not like it
- You had side effects
- You were worried you might have side effects
- You worried the method would not work
- The method failed, you became pregnant
- The method did not protect against disease
- Because of other health problem, a doctor told you that you should not use the method again
- The method decreased your sexual pleasure
- Too difficult to obtain the method
- Did not like the changes to your menstrual cycle
- You got pregnant
- You were trying to get pregnant

FOR THE SHOT (DEPO-PROVERA) USE

4.18. In which months did you receive the shot (Depo-Provera)?

MARK (X) ALL THAT APPLY

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

4.19. 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 the shot (Depo-Provera)?

MARK (X) ALL THAT APPLY

- Too expensive
- Too difficult to use
- Too messy
- Your partner did not like it
- You had side effects
- You were worried you might have side effects
- You worried the method would not work
- The method failed, you became pregnant
- The method did not protect against disease
- Because of other health problem, a doctor told you that you should not use the method again
- The method decreased your sexual pleasure
- Too difficult to obtain the method
- Did not like the changes to your menstrual cycle
- You got pregnant
- You were trying to get pregnant

FOR THE PATCH (ORTHO-EVRA) USE

4.20. In which months did you use the patch (Ortho-Evra)?

MARK (X) ALL THAT APPLY

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

4.21. In general over this time, would you say you used the patch consistently...?

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.

MARK (X) ONE

- All of the time
- Most of the time
- Some of the time
- None of the time

4.22. During the last month you used the patch, were you one or more days late in changing the patch?

MARK (X) ONE

- Yes
- No → GO TO 4.24

4.23. Please indicate all the weeks that you were late in changing the patch.

MARK (X) ONE

- First week
- Second week
- Third week

4.24. 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 the patch (Ortho-Evra)?

MARK (X) ALL THAT APPLY

- Too expensive
- Too difficult to use
- Too messy
- Your partner did not like it
- You had side effects
- You were worried you might have side effects
- You worried the method would not work
- The method failed, you became pregnant
- The method did not protect against disease
- Because of other health problem, a doctor told you that you should not use the method again
- The method decreased your sexual pleasure
- Too difficult to obtain the method
- Did not like the changes to your menstrual cycle
- You got pregnant
- You were trying to get pregnant

FOR IUD (MIRENA OR PARAGARD) USE


4.25. In which months did you have the IUD (Mirena or Paragard) inserted?

MARK (X) ALL THAT APPLY

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

4.26. Have you had the IUD removed since then?

MARK (X) ONE

- Yes
- No → **GO TO 4.29**
- 

4.27. In which months did you have the IUD (Mirena or Paragard) removed?

MARK (X) ALL THAT APPLY

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

4.28. Did you have the IUD inserted a second time?

MARK (X) ONE

- Yes
- No

4.29. 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 the IUD (Mirena or Paragard)?

MARK (X) ALL THAT APPLY

- Too expensive
- Too difficult to use
- Too messy
- Your partner did not like it
- You had side effects
- You were worried you might have side effects
- You worried the method would not work
- The method failed, you became pregnant
- The method did not protect against disease
- Because of other health problem, a doctor told you that you should not use the method again
- The method decreased your sexual pleasure
- Too difficult to obtain the method
- Did not like the changes to your menstrual cycle
- You got pregnant
- You were trying to get pregnant

FOR THE RING (NUVARING) USE

4.30. In which months did you use the ring (NuvaRing)?

MARK (X) ALL THAT APPLY

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

4.31. In general over this time, would you say you used the ring consistently...?

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).

MARK (X) ONE

- All of the time
- Most of the time
- Some of the time
- None of the time

4.32. 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 the ring (NuvaRing)?

MARK (X) ALL THAT APPLY

- Too expensive
- Too difficult to use
- Too messy
- Your partner did not like it
- You had side effects
- You were worried you might have side effects
- You worried the method would not work
- The method failed, you became pregnant
- The method did not protect against disease
- Because of other health problem, a doctor told you that you should not use the method again
- The method decreased your sexual pleasure
- Too difficult to obtain the method
- Did not like the changes to your menstrual cycle
- You got pregnant
- You were trying to get pregnant

FOR IMPLANT (IMPLANON) USE


4.33. In which months did you have the implant (Implanon) inserted?

MARK (X) ALL THAT APPLY

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

4.34. Have you had it removed since then?

MARK (X) ONE

- Yes
 - No → **GO TO 4.36**
- 

4.35. In which month did you have the implant removed?

MARK (X) ALL THAT APPLY

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

4.36. 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 the implant (Implanon)?

MARK (X) ALL THAT APPLY

- Too expensive
- Too difficult to use
- Too messy
- Your partner did not like it
- You had side effects
- You were worried you might have side effects
- You worried the method would not work
- The method failed, you became pregnant
- The method did not protect against disease
- Because of other health problem, a doctor told you that you should not use the method again
- The method decreased your sexual pleasure
- Too difficult to obtain the method
- Did not like the changes to your menstrual cycle
- You got pregnant
- You were trying to get pregnant

4.37. 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

4.38. If you were to have sexual intercourse in the next year, do you intend to use a condom?

MARK (X) ONE

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

4.39. 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)
- Implant (Implanon)

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

MARK (X) ONE

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

4.40. Which of the following do you plan on using?

MARK (X) ALL THAT APPLY

- Oral Contraceptives/birth control pill
- The shot (Depo-Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implants (Implanon)
- Other (*Please specify*)

4.41. The next question is about 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"/>

4.42. 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 → GO TO 4.45

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

NUMBER OF PEOPLE – Your best guess is fine.

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

None → GO TO 4.46

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

4.46. The next questions are about anal sex. Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt.

Have you ever had anal sex?

MARK (X) ONE

Yes

No → GO TO 4.50

4.47. How many DIFFERENT PEOPLE have you ever had anal sex with, even if only one time?

NUMBER OF PEOPLE – Your best guess is fine.

4.48. Now please think about the past 3 months. In the past 3 months, how many TIMES did you have anal sex?

None → GO TO 4.50

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

4.50. These next questions ask about sexually transmitted diseases, or STDs. 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

4.51. In the past 12 months, did you have...?

MARK (X) ONE FOR EACH QUESTION

	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 disease (STD) <i>PRINT OTHER STD</i> ↗.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: PREGNANCY AND RELATIONSHIP WITH BABY'S FATHER

The next questions ask about your pregnancy and your relationship with your baby's father.

5.1. Are you currently pregnant?

MARK (X) ONE

Yes

No → GO TO 4.6

5.2. When is your baby due?

Month

Year

5.3. When you got pregnant this time, were you trying to get pregnant?

MARK (X) ONE

Yes

No

5.4. What is your relationship with the father of your current pregnancy?

MARK (X) ONE

No contact

Have contact but don't get along

Just friends, not dating

Casually dating

Seriously dating

Engaged

Married

Other (Please specify)

5.5. To the best of your knowledge, were you pregnant any other time since the birth of your first child?

MARK (X) ONE

Yes → GO TO 4.7

No → GO TO 4.13

5.6. To the best of your knowledge, have you been pregnant since the birth of your first child?

MARK (X) ONE

- Yes
 No → GO TO 4.13

5.7. How many times have you been pregnant since the birth of your first child?

NUMBER OF TIMES – Your best guess is fine.

5.8. Have you given birth since your first child was born?

MARK (X) ONE

- Yes
 No → GO TO 4.13

5.9. Please list the birth date for each child you have given birth to since your first child.

Month Day Year

5.10. When you got pregnant with your youngest child, were you trying to get pregnant?

MARK (X) ONE

- Yes
 No

5.11. What is your relationship with the father of your youngest child?

MARK (X) ONE

- No contact
 Have contact but don't get along
 Just friends, not dating
 Casually dating
 Seriously dating
 Engaged
 Married
 Other (*Please specify*)

5.12. Do all of your children have the same biological father?

MARK (X) ONE

- Yes
- No

5.13. How much is your first child's father involved in raising that child?

MARK (X) ONE

- A lot
- A little
- Not very much
- Not at all

5.14. How likely do you think it is that you will be pregnant again before your child turns two?

MARK (X) ONE

- I am sure I will
- I probably will
- There is a 50/50 chance I will
- I probably will not
- I am sure I will not

5.15. Ideally, when would you want to get pregnant again?

MARK (X) ONE

- Before my baby is 1 year old
- When my baby is between 1 and 2 years old
- When my baby is between 2 and 3 years old
- When my baby is over three years old
- I don't know if I want to get pregnant again
- Unsure

SECTION 6: ATTITUDES

6.1. Please indicate how true each of the following statements are for you, using the numbers 1 through 9, with 1 being NOT AT ALL TRUE and 9 being VERY TRUE.

MARK (X) ONE FOR EACH

	NOT AT ALL TRUE	1	2	3	4	5	6	7	8	VERY TRUE 9
a. In general, I am focused on preventing negative events in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am anxious that I will fall short of my responsibilities and obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I frequently imagine how I will achieve my hopes and aspirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I often think about the person I am afraid I might become in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I often think about the person I would ideally like to be in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I typically focus on the success I hope to achieve in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I often imagine myself experiencing bad things that I fear might happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I frequently think about how I can prevent failures in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I see myself as someone who is primarily striving to reach my "ideal self"—to fulfill my hopes, wishes, and aspirations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I see myself as someone who is primarily striving to become the self I "ought" to be – to fulfill my duties, responsibilities, and obligations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. In general, I am focused on achieving positive outcomes in my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. I often imagine myself experiencing good things that I hope will happen to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Getting pregnant before my baby is 2 will lower my chances of getting the future I want for myself and my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Contraception is an important way that I can be a responsible parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Focusing on my education and work experience now will help me achieve a successful future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Having another baby too soon may make it much harder on myself and my family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. I plan to put extra effort into my education or experience to get a (better) job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. I plan to stop doing things that interfere with my job preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2. For the following statements, indicate to what degree the statement reflects your own thoughts and feelings using the numbers 1 through 6, with 1 being STRONGLY AGREE and 6 being STRONGLY DISAGREE. If a statement has more than one part, please indicate your reaction to the whole statement.

MARK (X) ONE FOR EACH

	STRONGLY AGREE						STRONGLY DISAGREE
	1	2	3	4	5	6	
a. I just can't decide what to do as a parent, there are so many possibilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I've thought a lot about the kind of mother I want to be, but there's no question that I will follow what my "mother" says to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My "mom" tells me how to be a parent to my child, and that's what I do.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I haven't really decided what kind of mother I want to be. I'm just taking it day by day.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I'm sure it will be pretty easy to change the kind of mother I am when I'm ready	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It took me awhile to figure it out, but now I know for sure what direction to move in as a parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It took me a while to figure it out, but now I know what kind of mother I want to be	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I'm still trying to decide how capable I am as a person and what kind of parenting is right for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I just can't decide what to do for a career. There are so many possibilities.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I might have thought about a lot of different jobs, but there's really never been any question since my parents said what they wanted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. My parents decided a long time ago what I should go into for employment and I am following through with their plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. It took me a while to figure it out, but now I know for sure what direction to move in for a career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. I'm still trying to decide how capable I am as a person and what jobs will be right for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. It took me a while to figure it out, but now I really know what I want for a career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. When I'm ready, I'm sure it'll be pretty easy to change or get the kind of job that's right for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. I haven't chosen the occupation I really want to get into, and I'm just working at what is available until something better comes along.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.3. Who will you be in fifteen years? Each of us has some image or picture of what we will be like and what we want to avoid being like in the future. Think about 15 years from now—imagine what you'll be like, and what you'll be doing.

In the lines below, write what you expect you will be like and what you expect to be doing.

- In the space next to each expected goal, mark “No” (X) if you are not currently working on that goal or expectation and mark “Yes” (X) if you are currently doing something to get to that expectation or goal.
- For each expected goal that you marked “Yes”, use the space to the right to write what you are doing this year to attain that goal.

EXAMPLE:

In 15 years, I expect to be...	Am I am doing something now about this?		What I am doing now is...
	No	Yes	
(P1) <u>a cosmetologist</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(s1) <u>practice hair braiding on my friends and little sister</u>
(P2) <u>a home owner</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(s2) <u>getting my GED</u>

1. In 15 years, I expect to be...

Am I doing something to be that way? (IF YES) What I am doing now to be that way in 15 years?

	Am I doing something to be that way?		(IF YES)	What I am doing now to be that way <u>in 15 years</u> ?
	Yes	No		
(P1)	<input type="checkbox"/>	<input type="checkbox"/>	(s1)	
(P2)	<input type="checkbox"/>	<input type="checkbox"/>	(s2)	
(P3)	<input type="checkbox"/>	<input type="checkbox"/>	(s3)	
(P4)	<input type="checkbox"/>	<input type="checkbox"/>	(s4)	

6.3a. Was your first or second goal about a job or an occupation?

MARK (X) ONE

- Yes
 No → GO TO 6.4

6.3b. Thinking of your first occupational goal listed, how much do you hope for the kind of work that occurs with this occupational goal?

MARK (X) ONE

- Barely
 Not much
 Somewhat
 Very much

6.3c. 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.

Very unlikely

Very likely

1

2

3

4

5

6

7

6.4. In addition to expectations and expected goals, we all have images or pictures of what we DON'T want to be like; what we don't want to do or want to avoid being. First, think a minute about ways you would not like to be in 15 years—things you are concerned about or want to avoid being like.

- Write those concerns or selves to-be-avoided in the lines below.
- Next to each concern or to-be-avoided self, mark “No” (X) if you are not currently working on avoiding that concern or to-be-avoided self and mark “Yes” (X) if you are currently doing something so this will not happen in 15 years.
- For each concern or to-be-avoided self that you marked “Yes”, use the space at the end of each line to write what you are doing this year to reduce the chances that this will describe you in 15 years.

EXAMPLE:

	Next year, I want to avoid...	Am I doing something to avoid this?		(IF YES) What I am doing now to avoid being that way next year?
		No	Yes	
(P5)	<u>Unemployed</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	(s5) <u>finding out how to get some part time job experience</u>
(P6)	<u>In debt</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(s6) _____

1.	In 15 years, I want to avoid...	Am I doing something to avoid this?		(IF YES) What I am doing now to avoid being that way <u>in 15 years</u> ?
		Yes	No	
(P5)	_____	<input type="checkbox"/>	<input type="checkbox"/>	(s5) _____

(P6)	_____	<input type="checkbox"/>	<input type="checkbox"/>	(s6) _____

(P7)	_____	<input type="checkbox"/>	<input type="checkbox"/>	(s7) _____

(P8)	_____	<input type="checkbox"/>	<input type="checkbox"/>	(s8) _____

6.5. For each sentence, please think about how you are in most situations. Rate each statement in a way that describes YOU the best using the numbers 0 through 5, with 0 being NONE OF THE TIME and 5 being ALL OF THE TIME.

MARK (X) ONE FOR EACH

	NONE OF THE TIME 0	1	2	3	4	ALL OF THE TIME 5
a. I can do what it takes to get the specific work I choose.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I know how to prepare for the kind of work I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When I look into the future, I have a clear picture if what my work life will be like	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I have a difficult time identifying my own goals for the next five years.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>