

ATTACHMENT G

EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES

FOLLOW- UP INSTRUMENT: PRINCETON CENTER FOR LEADERSHIP TRAINING

(PCLT)

The PCLT survey instrument is divided into three sections:

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

PART B1 – FOR SEXUALLY-ACTIVE YOUTH

PART B2 – FOR NON-SEXUALLY-ACTIVE YOUTH



Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART A **TEEN PEP**

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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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: SELECT ONE OR MORE

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

SELECT ONE OR MORE

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

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

4. EXAMPLE 4: QUESTION WITH A SKIP

1. Do you ever eat chocolate?

MARK (X) ONE

- Yes
 No → GO TO 3

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

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

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

MARK (X) ONE

- Yes
 No

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

SELECT ONE OR MORE

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

5. EXAMPLE 5: FILL IN THE NUMBER

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

NUMBER OF CHOCOLATE BARS – Your best guess is fine.

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

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

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

MARK (X) ONE FOR EACH

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

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

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

In what month and year did you finish elementary school?

MARK (X) ONE MONTH AND ONE YEAR

| <u>Month</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) in the box next to June and mark (X) in the box next to 2009.

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

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

MARK (X) ONE

Yes No → GO TO 2

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

MARK (X) ONE

Yes
 No

2. **Do you have any brothers or sisters?**

MARK (X) ONE

Yes
 No

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

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

START HERE!

SECTION 1: YOU AND YOUR BACKGROUND

1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

| <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 grade are you in?

MARK (X) ONE

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Not currently in school

1.3. Are you male or female?

MARK (X) ONE

- Male
- Female

1.4. Are you Hispanic/Latino?

MARK (X) ONE

- Yes
- No

1.5. 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

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

MARK (X) ONE FOR EACH

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

1.6a. Did you say “yes” to any item a through h in question 1.6 above?

MARK (X) ONE

- Yes
- No → **GO TO 1.9**

1.7. 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, workshop, or event | <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 or other students | <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 ↘ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.8. 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, workshop, or event
- Church, synagogue, mosque or religious classes outside of school
- Community center, youth organization, or after-school activity
- Doctor, nurse, or clinic
- Friends
- Other students
- Parents and other relatives or family members
- Internet and media
- Other (*Please specify*)

1.9. 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?

I didn't have a partner in the last month.

MARK (X) ONE FOR EACH

| | OFTEN | SOMETIMES | NEVER |
|--|--------------------------|--------------------------|--------------------------|
| a. Expectations in the relationship..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Pregnancy..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Birth control..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Sexually Transmitted Infections (STIs)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. What you feel comfortable doing sexually..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. What you <u>do not</u> feel comfortable doing sexually..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

1.10. 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...?

MARK (X) ONE FOR EACH

| | VERY OFTEN | OFTEN | NOT OFTEN | NEVER |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Think of the consequences of each possible choice..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. First get as much information as you can..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Make it on the spot without worrying about the consequences..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

MARK (X) ONE FOR EACH

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

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

MARK (X) ONE FOR EACH

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|---|---------------------------|--------------------------|--------------------------|------------------------------|
| a. If my partner refused to use condoms, I could refuse to have sex..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. I would have sex now if someone I cared about pressured me to have sex..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. I believe I could go to a clinic if I needed to get tested for HIV/AIDS or another sexually transmitted infection (STI)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SECTION 2: FAMILY

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

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

MARK (X) ONE

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

2.2. Who lives with you in your home?

MARK (X) ALL THAT APPLY

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

AFTER ANSWERING → GO TO 2.4

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

MARK (X) ALL THAT APPLY

| MAIN HOME | OTHER HOME(S) |
|---|---|
| <p><i>Mark (X) <u>all</u> the people who live with you in your MAIN home</i></p> <p><input type="checkbox"/> Your biological mother</p> <p><input type="checkbox"/> Your biological father</p> <p><input type="checkbox"/> A stepmother or adoptive mother</p> <p><input type="checkbox"/> A foster mother</p> <p><input type="checkbox"/> A stepfather or adoptive father</p> <p><input type="checkbox"/> A foster father</p> <p><input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any older brothers or sisters</p> <p><input type="checkbox"/> Any younger brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Any other people you are not related to</p> <p><input type="checkbox"/> You live by yourself</p> | <p><i>Mark (X) <u>all</u> the people who live with you in your OTHER home(s)</i></p> <p><input type="checkbox"/> Your biological mother</p> <p><input type="checkbox"/> Your biological father</p> <p><input type="checkbox"/> A stepmother or adoptive mother</p> <p><input type="checkbox"/> A foster mother</p> <p><input type="checkbox"/> A stepfather or adoptive father</p> <p><input type="checkbox"/> A foster father</p> <p><input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any older brothers or sisters</p> <p><input type="checkbox"/> Any younger brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Any other people you are not related to</p> <p><input type="checkbox"/> You live by yourself</p> |

MOTHER

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

MARK (X) ONE

- Your biological mother, that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult
- You don't have a mother or person you think of as your mother → GO TO 2.8

2.5. The following questions are about the person you marked as your mother or the person you think of as your mother.

Is she working now?

MARK (X) ONE

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

2.6. How 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?

MARK (X) ONE

- Not at all well
- Not very well
- Somewhat well
- Very well

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

NUMBER OF YEARS OLD – Your best guess is fine.

- I do not know about my biological mother → GO TO 2.9

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

NUMBER OF YEARS OLD – Your best guess is fine.

- I do not know about my biological mother

FATHER

2.9. Next we have some questions about your father, or the person you think of as your father. Is this person...?

MARK (X) ONE

- Your biological father, that is, the man who is genetically related to you
- Your stepfather or adoptive father
- Your foster father
- Your grandfather
- Your uncle or your older brother
- Some other adult
- You don't have a father or person you think of as your father → **GO TO 2.12a**

2.10. The following questions are about the person you marked as your father or the person you think of as your father.

Is he working now?

MARK (X) ONE

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

2.11. How 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?

MARK (X) ONE

- Not at all well
- Not very well
- Somewhat well
- Very well

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

MARK (X) ONE

- They are married to each other
- They used to be married to each other, but are now separated
- They used to be married to each other, but are now divorced
- They have never been married to each other
- I don't know

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

MARK (X) ONE

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

SECTION 3: VIEWS AND PERCEPTIONS

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

MARK (X) ONE FOR EACH

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

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

MARK (X) ONE FOR EACH

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You have goals you want to accomplish before you have a child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. It is important for you to finish school before you have a child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. It is important for you to have a job and stable income before you have a child..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Having a good marriage seems possible for you | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.3. FOR GIRLS

If you got pregnant now, how would you feel?

MARK (X) ONE

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

3.4. FOR BOYS

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

MARK (X) ONE

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

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

MARK (X) ONE FOR EACH

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

3.6. How likely is it that you will get pregnant (or get someone pregnant) between now and age 20?

MARK (X) ONE

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

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

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know → **GO TO 3.8**

3.7a. How confident are you that your answer to the question above is correct?

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know → **GO TO 3.10**

3.9a. How confident are you that your answer to the question above is correct?

MARK (X) ONE

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

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

MARK (X) ONE

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

3.11. If birth control pills are used consistently and correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?

MARK (X) ONE

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

3.12. Can you get a sexually transmitted disease, or STD, from having oral sex?

MARK (X) ONE

- Yes
- No
- Don't know → **GO TO 3.13**

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

MARK (X) ONE

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

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

MARK (X) ONE FOR EACH

| | STRONGLY AGREE | AGREE | NEITHER AGREE NOR DISAGREE | DISAGREE | STRONGLY DISAGREE |
|--|--------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| a. Condoms should always be used if a person your age has sexual intercourse..... | <input type="checkbox"/> | <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"/> | <input type="checkbox"/> |
| c. It would not be too hard for me to carry a condom and have it with me if I needed it..... | <input type="checkbox"/> | <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"/> | <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"/> | <input type="checkbox"/> |
| f. Condoms decrease sexual pleasure..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

MARK (X) ONE FOR EACH

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

3.15. Read each statement below and check the answer that fits best.

MARK (X) ONE FOR EACH

| | I AM SURE IT'S TRUE | I THINK IT'S TRUE | I DON'T KNOW | I THINK IT'S FALSE | I AM SURE IT'S FALSE |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You can't get AIDS if you have sex only once or twice without a condom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. If condoms are used correctly and consistently, they can reduce the risk of STDs such as Chlamydia and gonorrhea | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Once you are infected with HIV, you are infected for life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. If a young couple has had unprotected sex a few times and a pregnancy did not happen, then they do not have to worry about her getting pregnant..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. There is a vaccine or shot available to prevent girls from becoming infected with certain types of HPV (also known as Human Papilloma virus)..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3.16. Thinking about the future, how likely do you think it is that you will get HIV/AIDS?

MARK (X) ONE

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

3.17. How likely do you think it is that you will get an STD other than HIV/AIDS?

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

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

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

If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these other methods of birth control, NOT including condoms?

MARK (X) ONE

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

3.22. Right now, do you have a boyfriend or girlfriend—someone in particular you are going out with?

MARK (X) ONE

- Yes
- No

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

Zero or None → **GO TO 3.25**

NUMBER OF TIMES – Your best guess is fine.

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

NUMBER OF PEOPLE – Your best guess is fine.

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

- Yes → **GO TO PART B1**
- No → **GO TO PART B2**



Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART B1 TEEN PEP

Please be sure that you have the correct Part B.

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

Thank you.

Mathematica Policy Research

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

PART B

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

Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?

MARK (X) ONE

- No → STOP AND GO TO PART B2.
 Yes → CONTINUE WITH THIS BOOKLET.

4.2. The 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 → GO TO 4.13

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

MARK (X) ONE MONTH AND ONE YEAR

| Month of First Sexual Intercourse | Year of First Sexual Intercourse |
|------------------------------------|--|
| <input type="checkbox"/> January | <input type="checkbox"/> 2011 |
| <input type="checkbox"/> February | <input type="checkbox"/> 2010 |
| <input type="checkbox"/> March | <input type="checkbox"/> 2009 |
| <input type="checkbox"/> April | <input type="checkbox"/> 2008 |
| <input type="checkbox"/> May | <input type="checkbox"/> 2007 |
| <input type="checkbox"/> June | <input type="checkbox"/> 2006 |
| <input type="checkbox"/> July | <input type="checkbox"/> 2005 |
| <input type="checkbox"/> August | <input type="checkbox"/> 2004 |
| <input type="checkbox"/> September | <input type="checkbox"/> 2003 |
| <input type="checkbox"/> October | <input type="checkbox"/> 2002 |
| <input type="checkbox"/> November | <input type="checkbox"/> 2001 or earlier |
| <input type="checkbox"/> December | <input type="checkbox"/> 2012 |

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

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

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

MARK (X) ONE

Yes

No → GO TO 4.7

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

NUMBER OF PEOPLE – Your best guess is fine.

4.7. The most recent time you had sexual intercourse, what month and year was it?

MARK (X) ONE MONTH AND ONE YEAR

Month of Most Recent Sexual Intercourse

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

Year of Most Recent Sexual Intercourse

- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001 or earlier
- 2012

4.8. The most recent time you had sexual intercourse, did you or your partner use...?

MARK (X) ONE FOR EACH

| | 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"/> |

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

None → **GO TO 4.13**

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

4.11. In the past 3 months, of those times you used a condom during sexual intercourse, how many times did the condom break or slip off during sex?

None

NUMBER OF TIMES – Your best guess is fine.

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

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

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

None

NUMBER OF TIMES – Your best guess is fine.

4.13. Now please think about the past 12 months.

In the past 12 months, how often have you had a relationship that was just sexual?

MARK (X) ONE

Never

Once

More than once

4.14. 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 4.19**

4.15. The very first time you had oral sex, what month and year was it?

MARK (X) ONE MONTH AND MARK (X) ONE YEAR

Month of First Oral Sex

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

Year of First Oral Sex

- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001 or earlier
- 2012

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

NUMBER OF PEOPLE – Your best guess is fine.

4.17. Now please think about the past 3 months.

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

None → **GO TO 4.19**

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

4.19. 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 5.1

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

NUMBER OF PEOPLE – Your best guess is fine.

4.21. The very first time you had anal sex, what month and year was it?

MARK (X) ONE MONTH AND MARK (X) ONE YEAR

Month of First Anal Sex

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

Year of First Anal Sex

- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001 or earlier
- 2012

4.22. Now please think about the past 3 months.

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

None → **GO TO 5.1**

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

SECTION 5

5.1. Have you or your partner ever taken a pregnancy test?

MARK (X) ONE

- Yes
 No
 Don't know

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

MARK (X) ONE

- Yes
 No → GO TO 5.3

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

NUMBER OF TIMES

c. How old were you the first time you got pregnant or got someone pregnant?

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

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

MARK (X) ONE

- Yes
 No
 Don't know

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

MARK (X) ONE

- Yes
 No

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

MARK (X) ONE

- Yes
 No

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

MARK (X) ONE

- Yes
 No

5.6. The next series of questions is about the types of sexually transmitted diseases (STDs) you have had. In the past 12 months, did you have...?

MARK (X) ONE FOR EACH

| | 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 6: ALCOHOL AND DRUG USE

6.1. The next questions are about alcohol and drug use. Please remember, everything you tell us will be kept private.

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

MARK (X) ONE

- More than 25 days
- 5 to 25 days
- 1 to 4 days
- 0 (zero) days → **GO TO 6.4**

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

MARK (X) ONE

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

6.3. During the past 30 days, on how many days did you get drunk or wasted?

MARK (X) ONE

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

6.4. During the past 30 days, on how many days did you use marijuana, also called weed or pot?

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No

SECTION 7: FRIENDS

7.1. In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?

MARK (X) ONE

- A lot of pressure
- Some pressure
- A little pressure
- No pressure

7.2. How often is each of the following statements true for you?

MARK (X) ONE FOR EACH

| | NEVER TRUE | SOMETIMES TRUE | OFTEN TRUE | ALMOST ALWAYS TRUE |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I can trust my friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My friends want the best for me in my life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My friends care about me | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My friends are there for me if I need them..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Thank you!

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





Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART B2

TEEN PEP

Please be sure that you have the correct PART B.

If you answered “No” to the last question of Part A, you have the correct Part B. If you answered “Yes,” put this version back in your envelope and fill out Part B1 instead.

Thank you.

Mathematica Policy Research

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PART B

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

Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?

- Yes → STOP! GO TO PART B1 INSTEAD.
 No → CONTINUE WITH THIS BOOKLET.

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

Do you expect that you will graduate from high school?

MARK (X) ONE

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

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

MARK (X) ONE MONTH AND ONE YEAR

| <u>Month</u> of Graduation | <u>Year</u> of Graduation |
|------------------------------------|--|
| <input type="checkbox"/> January | <input type="checkbox"/> 2018 or later |
| <input type="checkbox"/> February | <input type="checkbox"/> 2017 |
| <input type="checkbox"/> March | <input type="checkbox"/> 2016 |
| <input type="checkbox"/> April | <input type="checkbox"/> 2015 |
| <input type="checkbox"/> May | <input type="checkbox"/> 2014 |
| <input type="checkbox"/> June | <input type="checkbox"/> 2013 |
| <input type="checkbox"/> July | <input type="checkbox"/> 2012 |
| <input type="checkbox"/> August | <input type="checkbox"/> 2012 |
| <input type="checkbox"/> September | <input type="checkbox"/> 2010 |
| <input type="checkbox"/> October | <input type="checkbox"/> 2009 |
| <input type="checkbox"/> November | <input type="checkbox"/> 2008 |
| <input type="checkbox"/> December | <input type="checkbox"/> 2007 or earlier |

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

MARK (X) ONE FOR EACH QUESTION

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

4.5. What do you think are the benefits of waiting to have sexual intercourse?

MARK (X) ONE FOR EACH

| | STRONGLY AGREE | AGREE | DISAGREE | STRONGLY DISAGREE |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Respect for yourself | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Respect from parents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Keeping true to religious values | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Respect from friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Not having to worry about pregnancy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Not having to worry about sexually transmitted diseases, also known as STDs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Better chance for a good marriage in the future | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Fewer distractions so you can focus on school work..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.6. Do people need religion to have good values?

MARK (X) ONE

Yes

No

4.7. Should religious teachings be obeyed in every situation?

MARK (X) ONE

Yes

No

4.8. Do you pray every day?

MARK (X) ONE

Yes

No

4.9. Do you think it's embarrassing for people your age to admit they are virgins?

MARK (X) ONE

Yes

No

4.10. Do you think it's embarrassing for girls your age to get pregnant?

MARK (X) ONE

Yes

No

4.11. In the group you hang out with, how important is it to have a girlfriend or boyfriend or to be going out with someone?

MARK (X) ONE

Very important

Not too important

Not important at all

4.12. The next few questions are about your access to and use of TV, cell phones, computers and other forms of technology.

Do you personally have a phone, computer, or other device that can connect to the internet?

MARK (X) ONE

- Yes
- No

4.13. Do your parents have any rules about...?

MARK (X) ONE FOR EACH

- | | YES | NO | NOT
APPLICABLE |
|---|--------------------------|--------------------------|--------------------------|
| a. The amount of time or when you can text, talk on the phone, watch TV or be on the computer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Whether or not you can have a profile on a social networking site like MySpace or Facebook..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.14. Do your parents have any rules about what you are allowed to watch on TV?

MARK (X) ONE

- Yes
- No

4.15. Do your parents have any rules about what sites you can access on the internet?

MARK (X) ONE

- Yes
- No

4.16. Some people exchange sexy text messages, videos, or pictures of themselves or their friends. How common would you say each of the following is among people your age?

MARK (X) ONE FOR EACH

- | | NOT
COMMON
AT ALL | NOT
VERY
COMMON | FAIRLY
COMMON | VERY
COMMON |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Sending or posting sexy text messages..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Sending or posting sexy pictures or video | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.17. Have you ever sent or posted a sexy message, picture, or video of yourself by email, IM or text?

MARK (X) ONE

- Yes
 No → GO TO 4.19

4.18. Which of the following reasons did you have for sending or posting a sexy message, picture or video of yourself?

MARK (X) ONE FOR EACH

- | | YES | NO |
|---|--------------------------|--------------------------|
| a. To get or keep a guy's or girl's attention | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Your boyfriend/girlfriend pressured you to do it | <input type="checkbox"/> | <input type="checkbox"/> |
| c. As a "sexy" present for a boyfriend or girlfriend | <input type="checkbox"/> | <input type="checkbox"/> |
| d. To get back at someone or cause trouble..... | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pressure from friends | <input type="checkbox"/> | <input type="checkbox"/> |
| f. To be fun or to flirt | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Everybody does it..... | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Another reason? <i>PRINT REASON</i> <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4.19. Have you ever received a sexy text message, or a picture or video of someone you know?

MARK (X) ONE

- Yes
 No → GO TO 5.1

4.20. Have you ever shared or forwarded a sexy text message, or picture or video of someone you know?

MARK (X) ONE

- Yes
 No

SECTION 5

5.1. The next few questions ask about your community.

How often do you feel that there are teachers or other adults in your school who really know you and care about you?

MARK (X) ONE

- Never
- Sometimes
- Often
- Very often

5.2. How often do you feel there are adults in your neighborhood, or in religious or youth organizations, who really know you and care about you?

MARK (X) ONE

- Never
- Sometimes
- Often
- Very often

5.3. How often do you feel safe in your community or neighborhood?

MARK (X) ONE

- Never
- Sometimes
- Usually
- Always

5.4. How often do you feel safe at school?

MARK (X) ONE

- Never
- Sometimes
- Usually
- Always

5.5. How often do you feel safe at home?

MARK (X) ONE

- Never
- Sometimes
- Usually
- Always

5.6. During the past 12 months, were you on a sports team or did you take sports lessons after school or on weekends?

MARK (X) ONE

- Yes
- No

5.7. During the past 12 months, did you participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Boy's/Girl's Club?

MARK (X) ONE

- Yes
- No

SECTION 6: ALCOHOL AND DRUG USE

6.1. The next questions are about alcohol and drug use. Please remember, everything you tell us will be kept private.

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

MARK (X) ONE

- More than 25 days
- 5 to 25 days
- 1 to 4 days
- 0 (zero) days → **GO TO 6.4**

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

MARK (X) ONE

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

6.3. During the past 30 days, on how many days did you get drunk or wasted?

MARK (X) ONE

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

6.4. During the past 30 days, on how many days did you use marijuana, also called weed or pot?

MARK (X) ONE

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

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

MARK (X) ONE

- Yes
- No

SECTION 7: FRIENDS

7.1. In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?

MARK (X) ONE

- A lot of pressure
- Some pressure
- A little pressure
- No pressure

7.2. How often is each of the following statements true for you?

MARK (X) ONE FOR EACH

| | NEVER TRUE | SOMETIMES TRUE | OFTEN TRUE | ALMOST ALWAYS TRUE |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. I can trust my friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. My friends want the best for me in my life..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. My friends care about me..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. My friends are there for me if I need them | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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

Thank you!

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

