

**INSTRUMENT #6**  
**BASELINE SURVEY (IIS) -**  
**MASTER BASELINE SURVEY**

OMB Control No:  
Expiration Date:

**MATHEMATICA**  
Policy Research



# **PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

## **BASELINE SURVEY**

### **PART A**

#### **PRIVACY**

Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, community, future goals, and also your attitudes and behaviors. Your answers and everything you say will be kept private. Your name will not be on the survey. Please answer all questions as well as you can.

We want you to know that:

1. Your participation in this survey is voluntary.
2. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
3. The answers you give will be kept private. Your responses will be combined with those of other people your age.

**Mathematica Policy Research**

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

# 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

- Watch 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 QUESTION 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?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- 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 estimate 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 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.

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 finished</u>	<u>Year finished</u>
<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. Are you male or female?

MARK (X) ONE

- Male  
 Female

**1.3. Are you Hispanic/Latino/a?**

*MARK (X) ONE*

- Yes
- No → **GO TO QUESTION 1.5**

**1.4. Are you...?**

*MARK (X) ALL THAT APPLY*

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish origin

**1.5. What is your race?**

*YOU MAY MARK (X) MORE THAN ONE ANSWER*

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

**1.6. What is the main language you speak at home?**

*MARK (X) ONE*

- English
- Spanish
- Some other language *PRINT OTHER LANGUAGE* ↘

**1.7. In the past 12 months, how often did you attend religious services or activities?**

*MARK (X) ONE*

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

**1.8. Are you currently enrolled in school?** *If you are currently on summer vacation but plan to return to school, mark "yes."*

**MARK (X) ONE**

- Yes
- No

**1.9. What is the highest grade you have completed?**

**MARK (X) ONE**

- Less than 7th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Higher than 12th grade

**1.10. Do you have any of these?**

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

	<b>YES</b>	<b>NO</b>
a. A high school diploma.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A GED certificate .....	<input type="checkbox"/>	<input type="checkbox"/>
c. A certificate or license from a trade school or vocational training program .....	<input type="checkbox"/>	<input type="checkbox"/>
d. A degree from a community college.....	<input type="checkbox"/>	<input type="checkbox"/>



**1.11. What kind of grades do you or did you usually get in school?** *If you are not currently attending school, answer based on the last school you attended.*

**MARK (X) ONE**

- My courses are not graded
- Mostly As
- About half As and half Bs
- Mostly Bs
- About half Bs and half Cs
- Mostly Cs
- About half Cs and half Ds
- Mostly Ds
- Mostly below Ds

**1.12. For the last school you attended or the school you are now attending, how often did you say you cut classes?**

**MARK (X) ONE**

- Never or almost never
- Sometimes, but less than once a week
- Not every day, but at least once a week
- Daily or almost every day

**1.13. Thinking about all of the schools you have ever attended, how many times have you been suspended or expelled from school?**

**MARK (X) ONE**

- Never
- Once
- More than once

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

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

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHAT LIKELY	VERY LIKELY	ALREADY DID THIS
a. Graduate from high school .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Graduate from a 4-year college .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.15. How much do you agree or disagree with the following statements?**

*MARK (X) ONE FOR EACH QUESTION*

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. I have specific goals for my future career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have a plan for achieving my future career goals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Planning for a career is not worth the effort.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I haven't thought much about my future career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I have a career, I won't be able to enjoy other things in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Going to college is important for getting a good job.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.16. How important do you think it is to do each of the following things?**

*MARK (X) ONE FOR EACH QUESTION*

	<b>NOT THAT IMPORTANT</b>	<b>SOMEWHAT IMPORTANT</b>	<b>VERY IMPORTANT</b>	<b>EXTREMELY IMPORTANT</b>
a. Keep track of your expenses.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Compare prices when you shop.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set aside money for future purchases.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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
- Your adoptive mother
- Your foster mother
- Your grandmother
- Some other adult
- Don't have a mother or person you think of as your mother → **GO TO 2.5**

### 2.2. 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 you don't know how many hours
- Don't know if she is working

### 2.3. How close do you feel to your mother or the person you think of as your mother?

**MARK (X) ONE**

- Not at all close
- Not very close
- Somewhat close
- Very close

### 2.4. How would she feel if you got pregnant or got someone pregnant at this time in your life?

**MARK (X) ONE**

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

**2.5. 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
- Your adoptive father
- Your foster father
- Your grandfather
- Some other adult
- Don't have a father or person you think of as your father → **GO TO 2.9**

**2.6. 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 you don't know how many hours
- Don't know if he is working

**2.7. How close do you feel to your father or the person you think of as your father?**

**MARK (X) ONE**

- Not at all close
- Not very close
- Somewhat close
- Very close

**2.8. How would he feel if you got pregnant or got someone pregnant at this time in your life?**

**MARK (X) ONE**

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

**2.9. In the past 3 months, how many TIMES have you talked with your mother or your father about each of the following things?**

*MARK (X) ONE FOR EACH QUESTION*

	NEVER	1-2 TIMES	3-9 TIMES	10 OR MORE TIMES
a. How things are going with school work or with your grades .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A personal problem you were having.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Romantic relationships or dating.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to resist pressures to have sex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Avoiding drugs or alcohol .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Whether you should be having sex at this time in your life .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.10. The next few questions ask about your biological parents.**

**Do you live with your biological mother?**

*MARK (X) ONE*

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

**2.11. Do you live with your biological father?**

*MARK (X) ONE*

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

**2.12. Which of the following best describes the relationship between your biological mother and biological father?**

**MARK (X) ONE**

- They are married to each other
- They were married to each other, but are now separated or divorced
- They were never married to each other
- One or both of my biological parents have died
- Don't know

**2.13. In the past 12 months, how many times have you moved?**

**MARK (X) ONE**

- Never
- Once
- Twice
- Three times
- Four times or more

**2.14. How long have you lived [where you live now<sup>1</sup>]?**

**MARK (X) ONE**

- Less than 1 month
- 1 month to 3 months
- More than 3 months to 6 months
- More than 6 months to 1 year
- More than 1 year

**2.15. All together, how many times have you run away from home for at least one night?**

**MARK (X) ONE**

- Never
- Once
- Twice
- Three times or more

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<sup>1</sup> This wording may be adjusted slightly, depending on the program setting of the sites recruited into the study (foster care homes, juvenile justice facilities, etc.).

## SECTION 3: YOUR RELATIONSHIPS

3.1. The next question is about how you deal with different situations.

How well can you do each of the following?

MARK (X) ONE FOR EACH QUESTION

	I AM BAD AT THIS	I AM OKAY AT THIS	I AM GOOD AT THIS	I AM EXTREMELY GOOD AT THIS
a. Admit that you might be wrong during a disagreement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Avoid saying things that could turn a disagreement into a big fight.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accept another person's point of view even if you don't agree with it.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Listen to another person's opinion during a disagreement .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work through problems without arguing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2. The next questions are about your experiences and attitudes toward romantic relationships and dating.

How would you define your current relationship status?

MARK (X) ONE

- Married
- Engaged
- Seriously dating
- Casually dating
- Not currently in a relationship or dating

**3.3. How much do you agree or disagree with the following statements?**

*MARK (X) ONE FOR EACH QUESTION*

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. In a good dating relationship, you don't always get your own way. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There are times when hitting or pushing between people who are dating is okay. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A good dating relationship is based on mutual respect, not just sex. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People who make their dating partner jealous deserve to be hit or pushed. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It would be easy to trust someone you are dating, even when you're apart. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding a disagreement with someone you are dating is always better than talking about your problems. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.4. Have you ever been fearful that someone you were dating or having sex with might physically hurt you?**

*MARK (X) ONE*

- Yes
- No

**3.5. Do you consider yourself to be one or more of the following?**

*MARK (X) ALL THAT APPLY*

- Straight
- Gay or Lesbian
- Transgender
- Bisexual
- Something else/I have not decided



## SECTION 4: INFORMATION, THOUGHTS AND OPINIONS

### 4.1. In the past 12 months, did you attend any classes or sessions about the following?

*MARK (X) ONE FOR EACH QUESTION*

	YES	NO
a. Relationships, dating, or marriage.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Abstinence from sex .....	<input type="checkbox"/>	<input type="checkbox"/>
c. Methods of birth control, such as condoms, pills, etc.....	<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 or STIs .....	<input type="checkbox"/>	<input type="checkbox"/>

### 4.2. Where did you attend these classes or information sessions, for example, in health class at school, or through a program at a community center such as the Boys Club or Girls Club, or the YMCA? If you attended these classes or sessions at more than one place, please list all of these places in the spaces provided below.

PLACE 1:

PLACE 2:

ADDITIONAL PLACES:

### 4.3. How strongly do you agree or disagree with each of the following statements?

*MARK (X) ONE FOR EACH QUESTION*

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
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, the pill, etc. ....	<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"/>

**4.4. Sometimes people don't want to have sex but have difficulty saying "no." How likely is it you would be able to say "No" to having sexual intercourse...**

*MARK (X) ONE FOR EACH QUESTION*

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHAT LIKELY	VERY LIKELY
a. With someone you have known for a few days or less? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. With someone you have dated for a long time? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. With someone with whom you have already had sexual intercourse? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. With someone who is pushing you to have sexual intercourse? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. With someone who does not want to use a condom? .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.5. The next series of statements is about condom use. How strongly do you agree or disagree with each of these statements?**

*MARK (X) ONE FOR EACH QUESTION*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
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 important to make sex safer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Using condoms means you don't trust your partner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using condoms is morally wrong .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.6. 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

4.7. 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

4.8. 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

4.9. 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

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

*MARK (X) ONE*

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

4.11. Can you get a sexually transmitted disease, also known as an STD or STI, from having oral sex?

*MARK (X) ONE*

- Yes
- No
- Don't know

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

- Yes → **GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE**
- No → **GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE**

**Complete the correct Part B (B1 or B2),  
but not both.**

**Put this booklet back in  
the envelope and  
Go to Part B1 or Part B2.**

OMB Control No:  
Expiration Date:

**MATHEMATICA**  
Policy Research



# **PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

## **BASELINE SURVEY**

### **PART B1**

**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**

THE PAPERWORK REDUCTION ACT OF 1995

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## PART B

5.1. The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers will be kept private and will not be shared with anyone.

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.

5.2. The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina<sup>2</sup>.

Have you ever had sexual intercourse?

*MARK (X) ONE*

- Yes  
 No → GO TO 5.10

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

*MARK (X) ONE*

- 12 years old or younger  
 13 years old  
 14 years old  
 15 years old  
 16 years old  
 17 years old  
 18 years old or older

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<sup>2</sup> Some sites may resist using the current definition of sexual intercourse. For these sites, sexual intercourse will be defined as "the act that makes babies."

**5.4. The first time you had sexual intercourse, did you or your partner use any of these methods of birth control?**

*MARK (X) ONE FOR EACH QUESTION*

	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"/>

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

NUMBER OF PEOPLE – Your best estimate is fine.

**5.6. Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse?**

*MARK (X) ONE*

- Yes  
 No → GO TO 5.10

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

NUMBER OF TIMES – Your best estimate is fine.

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

NUMBER OF TIMES – Your best estimate is fine.



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

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

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

NUMBER OF TIMES – Your best estimate is fine.

**5.10. 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

**5.11. 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 5.16**

**5.12. The very first time you had oral sex, how old were you?**

**MARK (X) ONE**

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

5.13. Now please think about the past 3 months. In the past 3 months, have you had oral sex?

MARK (X) ONE

Yes

No → GO TO 5.16

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

NUMBER OF TIMES – Your best estimate is fine.

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

NUMBER OF TIMES – Your best estimate is fine.

5.16. 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 5.21

5.17. The very first time you had anal sex, how old were you?

MARK (X) ONE

12 years old or younger

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old or older

5.18. Now please think about the past 3 months. In the past 3 months, have you had anal sex?

MARK (X) ONE

Yes

No → GO TO 5.21

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

NUMBER OF TIMES – Your best estimate is fine.

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

NUMBER OF TIMES – Your best estimate is fine.

**5.21. Have you ever had oral sex or anal sex with a person the same sex as you?**

*MARK (X) ONE*

Yes

No

## SECTION 6: HEALTHCARE AND PREGNANCY

**6.1. In the past 12 months, did you receive information from a doctor, nurse, or clinic about any of the following?**

*MARK (X) ONE FOR EACH QUESTION*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Methods of birth control, such as condoms, pills, etc.....      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Where to get birth control .....                                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sexually transmitted diseases, also known as STDs or STIs ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**6.2. In the past 12 months, did you get any type of birth control from a doctor, nurse, or clinic, such as condoms, pills, the shot, an implant, the ring, etc.?**

*MARK (X) ONE*

- Yes  
 No

**6.3. In the past 12 months, have you been told by a doctor, nurse, or some other health professional that you had any of the following sexually transmitted diseases?**

*MARK (X) ONE FOR EACH QUESTION*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Chlamydia.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gonorrhea.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Genital herpes.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Syphilis .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. HIV infection or AIDS .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Human Papilloma virus, also known as HPV or genital warts.....            | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD</i> → ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**6.4. These next few questions are about pregnancy. 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 6.7**



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

NUMBER OF TIMES

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

*MARK (X) ONE*

Yes

No

Don't know

**6.7. If you got pregnant now or 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

## SECTION 7: ALCOHOL AND DRUG USE AND HEALTH

**7.1. The next questions are about alcohol, drugs and general health. Please be as honest as possible, and remember that your answers will be kept private and will not be shared with anyone.**

**During the past 30 days, on how many days did you smoke one or more cigarettes?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.2. During the past 30 days, on how many days did you have one or more alcoholic beverages?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.3. During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a few hours?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.5. During the past 30 days, on how many days did you use any other type of illegal drug, inhalant, or a prescription drug in a way that was not prescribed?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.6. Now thinking about experiences throughout your life, how many times have you experienced the following things?**

*MARK (X) ONE FOR EACH QUESTION*

	NEVER	ONCE	TWO OR THREE TIMES	FOUR OR MORE TIMES
a. Heard gunshots in your neighborhood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Witnessed a shooting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Been robbed or mugged .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Been threatened with a gun or knife .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been beaten up badly enough that you needed to go to the doctor, even if you did not end up going.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Been touched by someone or forced to touch someone in a sexual way when you did not want to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. 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"/>
b. 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"/>
c. Taking risks as a teen, like drinking and doing 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"/>

**Please put all three parts of the survey (including the part you didn't fill out) back into the envelope and give it to the moderator.**

**Thank you!**



**Thank you for  
completing this survey!**



**MATHEMATICA**  
**Policy Research**

OMB Control No:  
Expiration Date:

**MATHEMATICA**  
Policy Research



# **PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)**

## **BASELINE SURVEY**

### **PART B2**

**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 version of Part B. If you answered “Yes,” please put this version back in your envelope and fill out Part B1 instead.**

**Thank you.**

**Mathematica Policy Research**

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## PART B

5.1. 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?

MARK (X) ONE

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

5.2. The first questions in this booklet are about your future plans.

Do you expect to get married in the future?

MARK (X) ONE

- Yes  
 No → GO TO 5.5

5.3. If it were just up to you, what age would you like to get married?

MARK (X) ONE

- Younger than 20 years old  
 20 to 24 years old  
 25 to 29 years old  
 30 to 34 years old  
 35 to 39 years old  
 40 to 44 years old  
 45 years old or older

5.4. If you met the right person, would you be willing to get married before these things happened?

MARK (X) ONE FOR EACH QUESTION

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| a. You had been dating for at least a year.....     | <input type="checkbox"/> | <input type="checkbox"/> |
| b. You had lived together .....                     | <input type="checkbox"/> | <input type="checkbox"/> |
| c. You had your family's approval .....             | <input type="checkbox"/> | <input type="checkbox"/> |
| d. You had graduated from high school.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| e. You had graduated from a four-year college ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| f. You had a full-time job .....                    | <input type="checkbox"/> | <input type="checkbox"/> |

**5.5. 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

**5.6. How many of your friends who are your age think the following things? Your best guess is fine.**

**MARK (X) ONE FOR EACH**

	<b>NONE</b>	<b>SOME</b>	<b>HALF</b>	<b>MOST</b>	<b>ALL</b>	<b>DON'T KNOW</b>
a. Having sexual intercourse is a good thing for them to do at their age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They should wait until they are older to have sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They should wait until marriage to have sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.7. How many of your friends who are your age have had sexual intercourse? Your best guess is fine.**

**MARK (X) ONE**

- None
- Some
- Half
- Most
- All
- Don't know

**5.8. 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 or an STI .....	<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. I want to wait until I'm married .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is against my personal values .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I haven't met the right person yet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I haven't had the chance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I do not want to get pregnant or get someone pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.9. How strongly do you agree or disagree that each of the following statements are benefits to you 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. Keeping true to religious values .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Respect from friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Better chance for a good marriage in the future .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*MARK (X) ONE*

Yes

No

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

*MARK (X) ONE*

Yes

No

**5.12. 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

**5.13. 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

## SECTION 6: HEALTHCARE AND PREGNANCY

**6.1. In the past 12 months, did you receive information from a doctor, nurse, or clinic about any of the following?**

*MARK (X) ONE FOR EACH QUESTION*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Methods of birth control, such as condoms, pills, etc.....      | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Where to get birth control.....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sexually transmitted diseases, also known as STDs or STIs ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**6.2. In the past 12 months, did you get any type of birth control, for example, condoms, birth control pills, the shot, an implant, the ring, etc. from a doctor, nurse, or clinic?**

*MARK (X) ONE*

- Yes  
 No

**6.3. In the past 12 months, did you receive information about any of the following sexually transmitted diseases, also known as STDs or STIs?**

*MARK (X) ONE FOR EACH QUESTION*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Chlamydia.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gonorrhea.....  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Genital herpes.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Syphilis .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. HIV infection or AIDS .....   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Human Papilloma virus, also known as HPV or genital warts.....          | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD</i> ..... | <input type="checkbox"/> | <input type="checkbox"/> |

**6.4. These next few questions are about your future plans. Do you want to have children in the future?**

*MARK (X) ONE*

Yes

No → **GO TO 6.7**



**6.5. If it were just up to you, what age would you like to have your first child?**

YEARS OLD

**6.6. If it were just up to you, how many children would you like to have?**

*MARK (X) ONE*

One

Two

Three or more

**6.7. If you got pregnant now or 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



## SECTION 7: ALCOHOL AND DRUG USE AND HEALTH

**7.1. The next questions are about alcohol, drugs and general health. Please be as honest as possible, and remember that your answers will be kept private and will not be shared with anyone.**

**During the past 30 days, on how many days did you smoke one or more cigarettes?**

**MARK (X) ONE**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.2. During the past 30 days, on how many days did you have one or more alcoholic beverages?**

**MARK (X) ONE**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.3. During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a few hours?**

**MARK (X) ONE**

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.5. During the past 30 days, on how many days did you use any other type of illegal drug, inhalant, or a prescription drug in a way that was not prescribed?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.6. Now thinking about experiences throughout your life, how many times have you experienced the following things?**

*MARK (X) ONE FOR EACH QUESTION*

	NEVER	ONCE	TWO OR THREE TIMES	FOUR OR MORE TIMES
a. Heard gunshots in your neighborhood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Witnessed a shooting.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Been robbed or mugged .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Been threatened with a gun or knife .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been beaten up badly enough that you needed to go to the doctor, even if you did not end up going.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Been touched by someone or forced to touch someone in a sexual way when you did not want to .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. 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"/>
b. 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"/>
c. Taking risks as a teen, like drinking and doing 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"/>

**Please put all three parts of the survey (including the part you did not fill out) back into the envelope and give it to the moderator.**

**Thank you!**

**Thank you for  
completing this survey!**



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