

INSTRUMENT #6
BASELINE SURVEY (IIS) -
HEALTHY FAMILIES SAN ANGELO (HFSA) BASELINE SURVEY

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MATHEMATICA
Policy Research



PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

BASELINE SURVEY

Healthy Families San Angelo

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</u> finished
<input type="checkbox"/> January
<input type="checkbox"/> February
<input type="checkbox"/> March
<input type="checkbox"/> April
<input type="checkbox"/> May
<input checked="" type="checkbox"/> June
<input type="checkbox"/> July
<input type="checkbox"/> August
<input type="checkbox"/> September
<input type="checkbox"/> October
<input type="checkbox"/> November
<input type="checkbox"/> December

<u>Year</u> finished
<input type="checkbox"/> 2010
<input checked="" type="checkbox"/> 2009
<input type="checkbox"/> 2008
<input type="checkbox"/> 2007
<input type="checkbox"/> 2006
<input type="checkbox"/> 2005
<input type="checkbox"/> 2004
<input type="checkbox"/> 2003
<input type="checkbox"/> 2002
<input type="checkbox"/> 2001
<input type="checkbox"/> 2000
<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 Hispanic/Latina?

MARK (X) ONE

Yes

No → GO TO QUESTION 1.4

1.3. Are you...?

MARK (X) ALL THAT APPLY

- Mexican, Mexican American, Chicana
- Puerto Rican
- Cuban
- Another Hispanic, Latino, or Spanish origin

1.4. 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

1.5. What is the main language you speak at home?

MARK (X) ONE

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

1.6. 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

1.7. Are you currently enrolled in school? *If you are currently on summer vacation or taking a short break to have your baby but plan to return to school, mark “yes.”*

MARK (X) ONE

- Yes
- No

1.8. 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

1.9. Do you have any of these?

MARK (X) ONE FOR EACH QUESTION

	YES	NO
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"/>

1.10. 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

1.11. For the last school you attended or the school you are now attending, how often would 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

1.12. 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

1.13. 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"/>

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

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
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"/>

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

MARK (X) ONE FOR EACH QUESTION

	NOT THAT IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT	EXTREMELY IMPORTANT
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 again in the next year?

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 again in the next year?

MARK (X) ONE

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

2.9. 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

2.10. 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

2.11. 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

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

MARK (X) ONE

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

2.13. How long have you lived where you live now?

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

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 question is about your relationship with the father of the child you just gave birth to, or are about to give birth to.

How would you define your current relationship status with the father of your baby?

MARK (X) ONE

- Married to each other
- Living together, but not married
- Dating, but not living together
- Not currently in a romantic relationship, but in regular contact
- No longer in regular contact

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 couple 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 a couple is okay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A good couple 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 romantically involved with, 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 romantically involved with is always better than talking about your problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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. 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"/>

4.4. 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"/>

4.5. 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

4.6. 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

4.7. 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

4.8. 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

4.9. 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

4.10. 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

SECTION 5

5.1. The next questions are about sexual intercourse. In this survey, by sexual intercourse we mean a male putting his penis into a female's vagina.

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
- 19 years old
- 20 years old or older

5.2. 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"/> |

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

NUMBER OF PEOPLE – Your best estimate is fine.

5.4. Now please think about the 3 months before you found out you were pregnant. In the 3 months before you found out you were pregnant, how many TIMES did you have sexual intercourse?

NUMBER OF TIMES – Your best estimate is fine.

5.5. Again thinking about the 3 months before you found out you were pregnant, how many TIMES did you have sexual intercourse without using a condom?

NUMBER OF TIMES – Your best estimate is fine.

5.6. 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 3 months before you found out you were pregnant, how many TIMES did you have sexual intercourse without using any of these methods of birth control?

NUMBER OF TIMES – Your best estimate is fine.

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

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 from a doctor, nurse, or clinic, such as condoms, pills, the shot, an implant, the ring, etc.?

MARK (X) ONE

- Yes
 No

6.3. Have you ever 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. Are you currently pregnant?

MARK (X) ONE

Yes

No

6.5. Counting your current or most recent pregnancy, how many times have you EVER been pregnant, even if no baby was born?

NUMBER OF TIMES PREGNANT

6.6. How many children do you have? Please do not include children who have not been born yet.

NUMBER OF CHILDREN

6.7. If you got pregnant again in the next year, 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"/>

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 the survey back into the envelope
and give it to the moderator.**

Thank you!

**Thank you for
completing this survey!**



MATHEMATICA
Policy Research