

ATTACHMENT C

FIRST FOLLOW-UP QUESTIONNAIRE CONSTRUCTION:

SOURCES REFERENCED

Follow-Up Questionnaire Construction:

Sources Referenced

The list below contains brief descriptions of the sources referenced in the TPP Follow-up Questionnaire, as well as locations to the sources referenced. The sources draw heavily from the PPA Baseline and Follow up surveys. Descriptions were compiled from websites about the sources. In order to best fit the proposed survey mode for the targeted age range, nearly all proposed questionnaire items were adapted, to some degree, from those found on these surveys. Adaptations included modifications in the wording to make questions easier to understand in administration, and/or modifications in response categories to simplify the options available, or to address more directly the goals of the survey.

1)NSFG - The National Survey of Family Growth

This survey gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. The survey results are used by the U.S. Department of Health and Human Services and others to plan health services and health education programs, and to do statistical studies of families, fertility, and health. Conducted in 1973, 1976, 1982, 1988, 1995, and 2002 (as CAPI and audio CASI).

[A copy of the questionnaire can be found here:](#)

<http://www.cdc.gov/nchs/about/major/nsfg/nsfgquestionnaires.htm>

2)Add Health - National Longitudinal Study of Adolescent Health

This study is a nationally representative study originally designed to examine how social contexts (such as families, friends, peers, schools, neighborhoods, and communities) influence teens' health and risk behaviors. The study is now examining how health changes over the course of early adulthood. The study began in 1994 under a grant from the NICHD, with co-funding from 17 other federal agencies. The Add Health study is the largest, most comprehensive survey of adolescents ever undertaken.

Beginning in 1994, researchers selected a nationally representative random sample of 7th to 12th grade students from schools across the country. About 90,000 young people participated by filling out a brief questionnaire at school. Then, researchers conducted in-depth interviews with students and their parents in a series of in-home interviews conducted in 1994-95, 1996, 2001-02, and 2007-08. Other sources of data include questionnaires for siblings, fellow students, and school administrators and interviews with romantic partners. Preexisting databases provide

information about neighborhoods and communities. With participants' permission, information from high school transcripts is also available to the study.

Codebooks can be found here: <http://www.cpc.unc.edu/projects/addhealth/codebooks>

3)NLSY – National Longitudinal Survey of Youth

The NLSY is a nationally representative sample of 12,686 young men and women who were 14-22 years old when they were first surveyed in 1979. The latest wave of publicly released data is from 2002. The primary purpose of the NLSY was collection of data on each respondent's labor force experiences, labor market attachment, and investments in education and training.

Questionnaires can be found here:

http://www.nlsinfo.org/web-investigator/docs.php?mychrt=nlsy97_04#

4)NSCH - National Survey of Children's Health

The National Survey of Children's Health is a national survey that was conducted by telephone (CATI) in English and Spanish during 2003-2004. The survey provides a broad range of information about children's health and well-being collected in a manner that allows for comparisons between states and at the national level. Telephone numbers are called at random to identify households with one or more children under 18 years old. In each household, one child was randomly selected to be the subject of the interview. In total, 102,353 surveys were completed nationally for children between the ages of 0-17 years. Between 1,483 and 2,241 surveys were collected per state, and 25 states exceeded the goal of 2,000 completed surveys. The survey results are weighted to represent the population of non-institutionalized children 0-17 nationally, and in each state.

The 2007 questionnaire can be found here: <http://nschdata.org/ViewDocument.aspx?item=198>

5)AAY - All About Youth: Evaluation of Sexual Risk Avoidance and Risk Reduction Programs for Middle School Students

This study will evaluate the efficacy of two curricula relative to standard care. The first is a sexual risk avoidance curriculum for middle school students that includes abstinence until marriage and complies with Title V Section 510 A-H abstinence education requirements. The second is a sexual risk reduction curriculum for middle school students that includes abstinence and condom/contraceptive information and skills. Each intervention will consist of an age-appropriate classroom curriculum and a CD-ROM-based tailored intervention delivered in 7th and 8th grade. The overall goal of the study is to identify common elements of effective sexuality education curricula that will be of benefit to youth.

Questionnaire can be obtained from Mathematica upon request.

6)Mathematica Abstinence Evaluation Study

This study was conducted by Mathematica Policy Research, Inc. It was an evaluation of Section 510 Abstinence Education Programs. The evaluation addressed three important questions:

- (1) What are the nature and underlying theories of the abstinence education programs?
- (2) What are the implementation and operational experiences of local communities and schools that have received abstinence education funding? and

- (3) What are the impacts of abstinence education programs on the attitudes and intentions of youth to remain abstinent, on their sexual activity, and on their risks of pregnancy and sexually transmitted diseases (STDs)?

Study enrollment began in fall 1999 and continued through fall 2001. Youth were surveyed at or close to study enrollment (wave 1), between 6 and 12 months following enrollment (wave 2), and then 18 to 36 months later (wave 3). The final reports were released in 2007.

[Questionnaires can be obtained from Mathematica upon request.](#)

7) Child Trends Brief

This Research-to-Results Brief is titled, —Assessing Stress in Children and Youth: A Guide to Adolescent Self-Concept for Out-of-School Time Program Practitioners by Mary Terzian, Ph.D., M.S.W., Kristin A. Moore, Ph.D., and Hoan N. Nguyen (draft in April, 2010).

[A copy of the brief can be obtained from Mathematica upon request.](#)

8) NSAM – 1995 National Survey of Adolescent Males

This study is a nationally representative survey of approximately 1,700 teenage males 15 to 19 years old, conducted across the U.S. in 1995. It is designed to assess teenage men's risk behaviors related to HIV, sexually transmitted diseases and teen pregnancy. An earlier version of this survey was conducted in 1988 to parallel a federal survey of females, the National Survey of Family Growth. It was designed and overseen by the Urban Institute, and data were collected by the Research Triangle Institute (RTI). It was funded by a grant from the National Institute of Child Health and Human Development, with contributions from the DHHS Office of Population Affairs, National Institute of Mental Health and Centers for Disease Control and Prevention. It used audio-CASI for fourth-fifths of respondents and one-fifth used paper and pencil. This was an experiment with audio-CASI.

[Questionnaire can be obtained from Mathematica upon request.](#)

9) 4H Study on Positive Youth Development:

The 4-H Study is a longitudinal study which began in 2001, and continues through today, surveying nearly 5,000 adolescents from diverse backgrounds across 34 states in the nation. The study seeks to answer the question of whether involvement in specific out-of-school activities predicts positive growth and decreased risk during adolescence. The study is being conducted by researchers at the Institute for Applied Research in Youth Development at Tufts University led by youth development scholar, Dr. Richard Lerner, and was made possible with the contribution of our nation's land-grant universities and National 4-H Council.

[Questionnaire can be found here:](#)

<http://www.4-h.org/about/youth-development-research/>

[http://www.4-h.org/uploadedFiles/About 4-H/Research/4-H-study-of-positive-youth-development.pdf](http://www.4-h.org/uploadedFiles/About%204-H/Research/4-H-study-of-positive-youth-development.pdf)

10) National Survey of Reproductive and Contraceptive Knowledge.

The National Survey of Reproductive and Contraceptive Knowledge was funded by The National Campaign and conducted by the Guttmacher Institute for the Fog Zone study. It was

designed to explore understudied factors such as knowledge, attitudes, and beliefs about contraception that influence the ability of young adults to use contraception effectively and thus prevent unplanned pregnancy. The survey, which was based on a rigorous probability sample and conducted by telephone in 2009, yielded 1,800 respondents and is nationally representative of unmarried 18 to 29 year-olds with respect to gender, age and race/ethnicity.

Questionnaire can be found here: <http://www.thenationalcampaign.org/fogzone/fogzone.aspx>

11) Silverberg and Small's Parental Monitoring Scale

Cited in Li X, Stanton B, Feigelman S. Impact of perceived parental monitoring on adolescent risk behavior over 4 years. J Adolescent Health 2000;27:49-56

Silverberg and Small's Parental Monitoring Scale was administered to assess perception of parental monitoring (Silverberg & Small, 1991). Responses to the eight items (such as for youth "My parent knows where I am after school" or for parents, "I know where my child is after school") were based on a 5-point Likert scale from (1) Never to (5) Always. Psychometric properties of the instruments among this population were assessed using estimates of internal consistency (Cronbach's alpha). The Cronbach's alpha for the parent versions of the Parental Monitoring Scale was 0.82, and that for the youth versions was 0.85 (0.86 for males, 0.82 for females). Both parents and adolescents completed two measures to assess perceptions of parental monitoring and parent-adolescent communication from their respective perspectives.

Copies can be obtained from Mathematica upon request.

12) Toledo Adolescent Relationship Study (TARS)

The TARS is a longitudinal study funded by a grant from the National Institute of Child Health and Human Development. The study explores the relationship qualities and the subjective meanings that motivate adolescent behavior. More specifically, this study seeks to examine the nature and meaning of adolescent relationship experiences (e.g., family, peers, and dating partners) in an effort to discover how experiences associated with age, gender, and race and ethnicity influence the meaning of dating relationships. The study further investigates the relative impact of dating partners and peers on sexual behavior and contraceptive practices, as well as involvement in other problem behaviors that can contribute independently to sexual risk taking.

Structured, in-home interviews were conducted utilizing laptop computers pre-loaded with the questionnaire. The longitudinal design of the TARS includes a schedule of follow-up interviews one, three, and five years after the initial interview.

Copies of the questionnaire can be obtained here:

<http://www.bgsu.edu/departments/soc/tars/index.html>

13) Prevention Minimum Evaluation Data Set (PMEDS) by Sociometrics 3rd edition, 1999, P.40-43 Part B, Section 4

The Prevention Minimum Evaluation Data Set (PMEDS), is a ready-to-use questionnaire or tool for evaluating teen pregnancy prevention and teen STD/HIV/AIDS prevention programs. Recognizing the diversity of approaches taken by these programs, PMEDS has two parts. Part I contains a primary questionnaire applicable to all programs. Part 2 consists of 15 additional

supplementary modules for optional use by programs with a more specific target population or intervention approach that matches the module's content.

Copies can be obtained from [Mathematica upon request](#).

14) National Campaign, Voices Heard 2007

To better understand the attitudes and beliefs of Latino adults and teens, the National Campaign to Prevent Teen Pregnancy commissioned a survey of Latinos. The findings are presented in *Voices Heard: Latino Adults and Teens Speak Up About Teen Pregnancy*. This publication serves as a companion piece to *With One Voice 2007: America's Adults and Teens Sound Off About Teen Pregnancy*, a survey of the American public in general. *With One Voice 2007* is the fifth in a series of national surveys dating back to 2001 that have asked adults and teens a consistent, core set of questions about teen pregnancy and related issues. Data presented in *Voices Heard* are drawn from two national surveys—one with teens and one with adults (some of whom are parents of teens, some whom are not). All questions were conducted using the Computer Assisted Telephone Interviewing (CATI) system.

Questionnaire items can be found here: www.teenpregnancy.org/resources/data/polling.asp

15) From JAMA scales/SiHLE

DiClemente, R. J., Wingood, G. M., Harrington, K. F., et al. (2004). Efficacy of an HIV prevention intervention for African American adolescent girls: A randomized controlled trial. Journal of the American Medical Association, 292, 171-179.

The *SiHLE* intervention (Sistering, Informing, Healing, Living, and Empowering) is a small group, skills training intervention to reduce risky sex behavior among African American adolescent females. The study was a randomized controlled trial of 522 sexually experienced African American girls aged 14 to 18 years screened from December 1996 through April 1999 at 4 community health agencies. Participants completed a self-administered questionnaire and an interview, demonstrated condom application skills, and provided specimens for STD testing. Outcome assessments were made at 6- and 12-month follow-up.

Additional information can be found here:

<http://jama.ama-assn.org/cgi/content/full/292/2/171> .

16) Kaiser Family Foundation: SexSmarts (a series of national surveys of teens about sex, virginity, and the first time) 2000, 2003

The Kaiser Family Foundation teamed up with *seventeen* magazine to create *SexSmarts*, a campaign to provide young people with information and resources on sexual health issues. The on-going campaign, begun in 2000, addresses a range of topics from decision making about sex, including how to say no, to the real facts on HIV and other sexually transmitted diseases (STDs). Teens are surveyed quarterly about their knowledge and attitudes about sex and sexual health.

Questionnaires can be found here: <http://www.kff.org/entpartnerships/seventeen/index.cfm>.

17) Kaiser Family Foundation's National Survey of Teens, 1998

The Kaiser Family Foundation/YM Magazine National Survey of Teens is a random-sample national survey of 650 teens, ages 13-18 years old. The survey was designed by staff at the

Foundation, YM, and Princeton Survey Research Associates (PSRA). It was conducted by telephone by PSRA. The margin of sampling error is plus or minus 4 percent.

The questionnaire can be obtained by calling the Kaiser Family Foundation's publication request line at 1-800-656-4533 (Ask for #1373). Also see: <http://www.kff.org/youthhivstds/1373-datingrel.cfm>.

18) Kaiser Family Foundation's *Teens, Sex and TV* (asked of 15-17yr olds)

In April 2002, the Kaiser Family Foundation conducted a nationally-representative survey of young people ages 15-17 about the role of television in influencing the sexual decision-making of teens.

The questionnaire can be obtained by calling the Kaiser Family Foundation's publication request line at 1-800-656-4533 (Ask for #3229). Also see:

<http://www.kff.org/entmedia/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=14061>

19) Kaiser Family Foundation's *Generation M: Media in the Lives of 8-18 Year-Olds*

The study examined media use among a nationally representative sample of more than 2,000 3rd through 12th graders who completed detailed questionnaires, including nearly 700 self-selected participants who also maintained seven-day media diaries.

The questionnaire can be obtained by calling the Kaiser Family Foundation's publication request line at 1-800-656-4533 (Ask for #7250). Also see: <http://www.kff.org/entmedia/7250.cfm>

20) The National Campaign to Prevent Teen and Unplanned Pregnancy, *Sex and Technology Survey, 2008*

In an effort to better understand the intersection between sex and cyberspace with respect to attitudes and behavior, The National Campaign and Cosmogirl.com commissioned a survey of teens and young adults to explore electronic activity. This is the first public study of its kind to quantify the proportion of teens and young adults that are sending or posting sexually suggestive texts and images. The survey of those ages 13-26 was conducted by TRU. The survey was fielded online to a total of 1,280 respondents - 653 teens (ages 13-19) and 627 young adults (ages 20-26) between September 25, 2008 and October 3, 2008.

A copy of the questionnaire can be found here:

http://www.thenationalcampaign.org/sextech/PDF/SexTech_Summary.pdf

21) National Survey on Drug Use and Health (NSDUH)

SAMHSA's National Survey on Drug Use & Health is the primary source of information on the prevalence, patterns, and consequences of alcohol, tobacco, and illegal drug use and abuse in the general U.S. civilian non institutionalized population, age 12 and older. It is currently conducted by SAMHSA's Office of Applied Studies (OAS). This survey has been conducted periodically since 1972 and annually since 1991. The current National Survey on Drug Use and Health (NSDUH) is part of a coordinated 5-year sample design providing estimates for all 50 States plus the District of Columbia for the years 2005 through 2009. The respondent universe is the civilian, noninstitutionalized population aged 12 years old or older residing within the United States.

For more information or copies of the questionnaire, see
<http://www.oas.samhsa.gov/nsduh/methods.cfm#General>.

22) **Becoming a Responsible Teen for Assisting in Rehabilitating Kids (BART for ARK)**

St. Lawrence, J. S., Crosby, R. A., Brasfield, T. L., & O'Bannon III, R. E. (2002). *Reducing STD and HIV risk behavior of substance-dependent adolescents: A randomized controlled trial. Journal of Consulting and Clinical Psychology, 70, 1010 - 1021.*

Assisting in Rehabilitating Kids (ARK) is a small group, 12-session intervention consisting of educational, behavioral skills training, and motivational risk-sensitization manipulation components designed to reduce and maintain reductions of risky sexual behaviors among substance-dependent adolescents. The intervention is delivered to groups of 6-10 mixed-gender youth over a period of 28 days after their initial detoxification while the youth are still in the drug treatment program facility. The first 2 intervention sessions provide standard HIV/STD information. Five sessions addressing behavioral skills are based on the *Becoming a Responsible Teen (BART)* intervention and provide specific training and practice regarding correct condom use, partner negotiation, refusal of unwanted sex, and communicating this information and newly acquired skills to peers.

For additional information or copies of the questionnaire, see:
<http://www.cdc.gov/hiv/topics/research/prs/resources/factsheets/ARK.htm>.

23) **Abt Adolescent Interview**

The study, the *National Survey of Adolescents and Their Parents: Attitudes and Opinions about Sex and Abstinence*, conducted by Abt Associates Inc., is a public opinion survey of a nationally representative matched sample of 1,000 adolescents and their parents. The goal of this study (funded by the Administration for Children and Families) was to conduct a public opinion survey about sex and abstinence in order to gather up-to-date, high-quality data generalizable to the national population of adolescents aged 12 to 18.

For the final study report, see: <http://webcache.googleusercontent.com/search?q=cache:pyRwjBYDRboJ:citeseerx.ist.psu.edu/viewdoc/download%3Fdoi%3D10.1.1.172.9410%26rep%3Drep1%26type%3Dpdf+ABT+Associates+Adolescent+Interview+pregnancy&cd=6&hl=en&ct=clnk&gl=us>.

24) **Handbook for Evaluating HIV Education, the Division of Adolescent and School Health, CDC, Wetzel, et al,**

Nine booklets are included in the *Handbook for Evaluating HIV Education*. These booklets address evaluation of HIV policy, HIV curricula, HIV staff development programs, and HIV-related student outcomes. They can be used to help assess the quality of HIV education programs at the state and local levels. This document was originally published in 1992.

For more information see <http://www.cdc.gov/healthyouth/publications/hivhandbook/>.

25) **From Caitlin Wetzel, Abigail Tissot, Linda M. Kollar, Paula A. Hillard, Rachel Stone, and Jessica A. Kahn, "Development of an HPV Educational Protocol for Adolescents" Journal of Pediatric and Adolescent Gynecology. 2007 October; 20(5): 281-287**

The study's objectives were to develop an educational protocol about HPV and Pap tests for adolescents, to evaluate the protocol for understandability and clarity, and to evaluate the protocol for its effectiveness in increasing knowledge about HPV. The study took place in an urban, hospital-based teen health center. A total of 252 adolescent girls and boys participated in the three study phases and their pre- and post-protocol knowledge about HPV was measured using a 10- or 11-item scale. Scores on the HPV knowledge scale were found to increase significantly ($p < .0001$) among adolescents who participated in phases 2 and 3 after they received the protocol. Initial differences in scores based on race, insurance type and condom use were not noted post-protocol.

For more information see <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2034395/>.

26) Items developed by Lina Guzman at Child Trends

Dr. Guzman developed items through cognitive interviews with community college students for a qualitative study on relationships and birth control use.

For additional information see: <http://www.thenationalcampaign.org/communitycolleges/>

27) Reducing the Risk Student Knowledge, Attitudes and Skills Survey, Posttest (revised 9.22.10), Scotts Valley, CA: ETR Associates

Kirby D, Barth RP, Leland N, and Fetro JV (1991). Reducing the Risk: Impact of a new curriculum on sexual risk-taking. Family Planning Perspectives 23(6): 253-263.

28) Center for Community Health, Semel Institute-Neuropsychiatric Institute (NPI) of the University of California, Los Angeles Self-Efficacy Scales.

Cecil, H., and Pinkerton, S.D. (1998). Reliability and validity of a self-efficacy instrument for protective sexual behaviors. Journal of American College Health, 47, 113-121.

Kasen, S., Vaughan, R.D., and Walter, H.J. (1993) Self-efficacy for AIDS preventive behaviors among tenth grade students. Health Education Quarterly 19, 187-202.

Rotheram-Borus, M.J., Murphy, D.A., Coleman, C.L., Kennedy, M., Reid, H.M., Cline, T.R., Birnbaum, J.M., Futterman, D., Levin, L., Schneir, A., Chabon, B., O'Keefe, Z., & Kipke, M. (1997). Risk acts, health care, and medical adherence among HIV+ youths in care over time. AIDS and Behavior, 1, 43-52.

Rotheram-Borus, M.J., Murphy, D.A., Reid, H.M., & Coleman, C.L. (1996). Correlates of emotional distress among HIV+ youths: health status, stress, and personal resources. Annals of Behavioral Medicine, 18, 16-23.

Cecil and Pinkerton's Self-Efficacy to Refuse Sexual Behavior Scale was administered to assess levels of self-efficacy for saying no to having sexual intercourse. Responses to 9 items (such as "How sure are you that you would be able to say NO to having sexual intercourse with someone you have dated for a long time?") were based on a 5-point Likert scale from (10) Not at all to (5) Very sure. Psychometric properties of the instrument were tested on a primarily white college students using estimates of internal consistency (Cronbach's alpha). The Cronbach's alpha was

0.85. Rotheram-Borus et al.'s Self-Efficacy for Negotiating Condom Use Scale was administered to assess levels of self-efficacy for negotiating condom use with one's partner. Responses to the five items (such as "I can ask a new partner to use condoms") were based on a 10-point scale from (1) Cannot do at all to (10) Certain can do. Psychometric properties of the instrument were tested on a sample of Latino and African American adolescents living with HIV using estimates of internal consistency (Cronbach's alpha). The Cronbach's alpha was 0.69.

For additional information see <http://old.chipts.ucla.edu/>

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