

# TPP Replication Study



## FOLLOW-UP QUESTIONNAIRE (Reducing the Risk and ¡Cuidate!: Sexually Active Youth)

### CONFIDENTIALITY

Thank you for your help with this important study. It will help us understand what things are like for people your age today. Your answers are confidential and everything you say will be kept private. Your name will not be on the questionnaire. Please answer all questions as well as you can.

We want you to know that:

1. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.
2. The answers you give will never be identified as yours. Your responses will be combined with those of other people your age.

#### THE PAPERWORK REDUCTION ACT OF 1995

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# START HERE!

## SECTION 1: YOU AND YOUR BACKGROUND

### 1.1. In what month and year were you born?

*SELECT ONE MONTH AND SELECT ONE YEAR*

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

**1.2. What grade are you in?**

SELECT ONE

- 6<sup>th</sup>
- 7<sup>th</sup>
- 8<sup>th</sup>
- 9<sup>th</sup>
- 10<sup>th</sup>
- 11<sup>th</sup>
- 12<sup>th</sup>
- Ungraded
- College/Technical school
- No currently in school

**1.3. Are you male or female?**

SELECT ONE

- Male
- Female

**1.4. Are you Hispanic / Latino?**

SELECT ONE

- Yes
- No

**1.5. What is your race?**

YOU MAY SELECT MORE THAN ONE ANSWER

- American Indian or Alaska Native
  - Asian
  - Black or African American
  - Native Hawaiian or Other Pacific Islander
  - White
  - Some other race (PRINT OTHER RACE)
- \_\_\_\_\_

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

SELECT ONE FOR EACH

	Yes	No
a. Relationships or dating	<input type="checkbox"/>	<input type="checkbox"/>
b. Marriage or family life	<input type="checkbox"/>	<input type="checkbox"/>
c. Abstinence from sex	<input type="checkbox"/>	<input type="checkbox"/>
d. Methods of birth control	<input type="checkbox"/>	<input type="checkbox"/>
e. Where to get birth control	<input type="checkbox"/>	<input type="checkbox"/>
f. Sexually transmitted diseases(STDs)/ sexually transmitted infections (STIs) or HIV	<input type="checkbox"/>	<input type="checkbox"/>
g. How to talk to your partner about whether to have sex	<input type="checkbox"/>	<input type="checkbox"/>
h. How to talk to your partner about whether to use birth control	<input type="checkbox"/>	<input type="checkbox"/>
i. How to say no to sex	<input type="checkbox"/>	<input type="checkbox"/>
j. How babies are made	<input type="checkbox"/>	<input type="checkbox"/>

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

SELECT ONE

- Yes
- No → **GO TO 1.8**

**1.7. Thinking about the past 12 months, how often did you get information or learn about relationships, abstinence, birth control, or sexually transmitted diseases (STDs)/ sexually transmitted infections (STIs) or HIV at each of the following places?**

<i>SELECT ONE FOR EACH</i>	<b>VERY OFTEN</b>	<b>OFTEN</b>	<b>SOMETIMES</b>	<b>RARELY</b>	<b>NEVER</b>
a. School class, workshop, or event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Church, synagogue, mosque, or religious classes outside of school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community center, youth organization, or after-school activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doctor, nurse, or clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Friends or other students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents and other relatives or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Internet and media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other → <b>LIST OTHER SOURCE (below):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.8. In the past 30 days, how often have you felt that you were unable to control the important things in your life?**

SELECT ONE

- Always
- Most of the time
- Sometimes
- Rarely
- Never

**1.9. In the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them?**

SELECT ONE

- Always
- Most of the time
- Sometimes
- Rarely
- Never

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

<i>SELECT ONE FOR EACH</i>	<b>NOT AT ALL LIKEL Y</b>	<b>A LITTLE BIT LIKELY</b>	<b>SOMEWHAT LIKELY</b>	<b>VERY LIKEL Y</b>
a. Graduate from high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Go to a technical or vocational school after high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Go to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Graduate from a 2-year or community college program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Graduate from a 4-year college program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 2: KNOWLEDGE, VIEWS AND PERCEPTIONS

In this section, we will ask you about what you know and your ideas about sex, pregnancy, birth control, and preventing sexually transmitted disease (STD)/ sexually transmitted infection (STI) or HIV.

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

<i>SELECT ONE FOR EACH</i>	I AM SURE IT'S TRUE	I THINK IT'S TRUE	I DON'T KNOW	I THINK IT'S FALSE	I AM SURE IT'S FALSE
a. You can't get infected with HIV if you have sex only once or twice without a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Most high school students are having sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Once you are infected with HIV, you are infected for life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If a young couple has had unprotected sex a few times and a pregnancy did not happen, then they do not have to worry about her getting pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. There is a vaccine or shot available to prevent girls from becoming infected with certain types of HPV (also known as Human Papilloma virus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. A woman is protected from pregnancy the day she begins taking the pill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. All STDs/ STIs can be cured by taking medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. A person with a STD/ STI who looks and feels healthy cannot transmit the infection to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Some STDs/ STIs put you at a higher risk of getting Infected with HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. About 1 out of 4 sexually active teenagers get an STD/ STI each year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. The best way to use a condom is to leave some space at the tip for the sperm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. A condom should be completely unrolled before it is placed on the penis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. You can get a sexually transmitted diseases (STD) from having oral sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions is about your views on condom use.

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

SELECT ONE

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Completely             |
| <input type="checkbox"/> A little   | <input type="checkbox"/> Don't Know → GO TO 2.5 |
| <input type="checkbox"/> A lot      |   |

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

SELECT ONE

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Completely |
| <input type="checkbox"/> A little   | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> A lot      |                                     |

**2.4. If condoms are used correctly and consistently, how much can they decrease the risk of getting gonorrhea?**

SELECT ONE

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Completely |
| <input type="checkbox"/> A little   | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> A lot      |                                     |

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

SELECT ONE FOR EACH	STRONGLY			STRONGLY
	AGREE	AGREE	DISAGREE	DISAGREE
a. Condoms should always be used if a person your age has sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Condoms are too much trouble to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Condoms are pretty easy to get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condoms are important to make sex safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using condoms means you don't trust your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using condoms is morally wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Condoms decrease sexual pleasure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

The next set of questions is about your views on birth control pills.

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

SELECT ONE

- |                                     |  |
|-------------------------------------|--|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Completely                    |
| <input type="checkbox"/> A little   | <input type="checkbox"/> Don't Know → <b>GO TO 2.9</b> |
| <input type="checkbox"/> A lot      |  |

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

SELECT ONE

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Completely |
| <input type="checkbox"/> A little   | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> A lot      |                                     |

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

SELECT ONE

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Not at all | <input type="checkbox"/> Completely |
| <input type="checkbox"/> A little   | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> A lot      |                                     |

The next question asks about birth control, *including* condoms.

**2.9. What, if anything, would persuade you to use birth control?**

CHECK ALL THAT APPLY

- Your own desire to prevent an unplanned pregnancy
- To prevent STDs/ STIs or HIV
- A pregnancy scare
- Your partner insists
- Someone you know going through an unplanned pregnancy
- None of these – you won't use birth control



The next question is about methods of birth control, NOT including condoms.

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

<i>SELECT ONE FOR EACH</i>	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Birth control should always be used if a person your age has sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control is too much trouble to use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Birth control is pretty easy to get	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Birth control is important to make sex safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Birth control has too many negative side effects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using birth control is morally wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Now we'd like to know more about your views on engaging in sex.

**2.11. It's OK to have sex with someone...?**

*PLEASE CHECK ALL THAT APPLY*

- |  |  |
|--|--|
| <input type="checkbox"/> Once you're in a committed relationship | <input type="checkbox"/> When you know that they are someone else's boyfriend/girlfriend |
| <input type="checkbox"/> Any time as long as you use protection  | <input type="checkbox"/> When you know that neither of you is using protection           |
| <input type="checkbox"/> On your first date                      | <input type="checkbox"/> If you know they're drunk or high                               |
| <input type="checkbox"/> The same night you meet them            | <input type="checkbox"/> With several different people in the same month                 |
| <input type="checkbox"/> If you're drunk or high                 | <input type="checkbox"/> None of the above   |

The following question asks you about your FRIENDS and what they believe. Even if you're not sure mark the answer that is your best guess of what they think.

**2.12. How strongly do your friends agree or disagree with the following statements?**

<i>SELECT ONE FOR EACH</i>	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. It is OK for people my age to have sex with a steady boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is OK for people my age to have sex with several different people in the same month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. People my age should wait until they are older before they have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is OK for people my age to choose not to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Condoms should always be used if a person my age has sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Condoms should always be used if a person my age has sex <u>even if the girl uses hormone based birth control</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Condoms should always be used if a person my age has sex <u>even if the two people know each other very well</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.13. How sure are you that you would be able to say no to having sexual intercourse....**

<i>SELECT ONE FOR EACH</i>	<b>I'M SURE I COULD</b>	<b>I PROBABLY COULD</b>	<b>I PROBABLY COULD NOT</b>	<b>I'M SURE I COULD NOT</b>
a. If your partner really wanted to, but you were not ready?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If you just met someone you really liked and that person wanted to have sex, but you didn't?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If you had strong sexual feelings for that person?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If neither you nor your partner had any form of birth control?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If you have dated for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. After you have been drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.14. If you were going to have sex could you...**

<i>SELECT ONE FOR EACH</i>	<b>I'M SURE I COULD</b>	<b>I PROBABLY COULD</b>	<b>I PROBABLY COULD NOT</b>	<b>I'M SURE I COULD NOT</b>
a. Get or buy a condom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Talk about using condoms with your partner before having sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Insist on using a condom if your partner didn't want to use one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Ask your partner to use condoms even if the two of you had sex before without using condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Use a condom without spoiling the mood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ask a new partner to use condoms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Get a partner to use condoms, even if you're drunk or high?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Go to a clinic if you needed to get tested for HIV/AIDS or another sexually transmitted disease (STD)/ sexually transmitted infection (STI)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.15. Which, if any, of the following worries you or makes you anxious when it comes to sex?**

PLEASE CHECK ALL THAT APPLY

- |  |   |
|--|---|
| <input type="checkbox"/> Sexually-transmitted diseases (STDs) /sexually transmitted infections (STIs) or HIV | <input type="checkbox"/> That my feelings will get hurt |
| <input type="checkbox"/> Pregnancy   | <input type="checkbox"/> Ruining my reputation          |
| <input type="checkbox"/> That I won't know what I'm doing  | <input type="checkbox"/> That it will be painful        |
| <input type="checkbox"/> That my parents or guardians will find out  | <input type="checkbox"/> That my friends will find out  |
| <input type="checkbox"/> Being compared to his or her other sexual partners                                  | <input type="checkbox"/> None of these                  |

**2.16. Thinking about your life right now, how important is it to you to avoid getting pregnant/ getting someone pregnant?**

SELECT ONE

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

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

SELECT ONE

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

**2.18. How likely is it that you will get pregnant (or get someone pregnant) before getting married?**

SELECT ONE

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

**2.19. Which of the following best describes how you would feel if you were to get {GUYS: someone} pregnant right now?**

SELECT ONE

- It would be a disaster
- It would be challenging, and I'm not sure how I would manage
- It would be challenging, but I could manage
- My life wouldn't change much
- It would make my life better

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

SELECT ONE FOR EACH

STRONGLY      AGREE      DISAGREE      STRONGLY

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

**2.21. Thinking about the future, how likely do you think it is that you will get HIV?**

SELECT ONE

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

**2.22. How likely do you think it is that you will get an STD/STI other than HIV?**

SELECT ONE

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

The next series of questions ask you about decisions you may make to engage in sexual activity in the next year.

**2.23. Do you intend to have oral sex in the next year, if you have the chance?**

SELECT ONE

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

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

*SELECT ONE*

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

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

*SELECT ONE*

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

**2.26. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these types of birth control?**

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

*SELECT ONE*

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

**The next series of questions asks you about relationships.**

**2.27 People are different in their sexual attraction to other people. Which of the following best describes your feelings?**

*SELECT ONE*

- I am only attracted to males
- I am attracted to both males and females
- I am only attracted to females
- I am not attracted to either males or females
- I am not sure

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

SELECT ONE

- Yes
- No

**2.28a. For the next question, please indicate how often you have talked about each of the topics listed below with your partner (boyfriend or girlfriend) in the last month?**

I didn't have a partner in the last month. → GO TO 2.29

SELECT ONE FOR EACH	10 OR MORE TIMES	3 - 9 TIMES	1-2 TIMES	NEVER
a. Preventing pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Preventing sexually transmitted diseases (STDs)/sexually transmitted infections (STIs) or HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. What you feel comfortable doing sexually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. What you <u>do not</u> feel comfortable doing sexually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**2.29. Have you ever had any of the following: sexual intercourse, oral sex or anal sex?**

SELECT ONE

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

## SECTION 3: YOUR BEHAVIORS

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

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

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

SELECT ONE

- No → **GO TO PART B2**
- Yes → **CONTINUE WITH THIS BOOKLET**

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

### 3.2. Have you ever had sexual intercourse?

SELECT ONE

- Yes
- No → **GO TO 3.12**

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

SELECT ONE MONTH AND SELECT ONE YEAR

<u>Month</u> of First Sexual Intercourse	<u>Year</u> of First Sexual Intercourse
<input type="checkbox"/> January	<input type="checkbox"/> 2012
<input type="checkbox"/> February	<input type="checkbox"/> 2011
<input type="checkbox"/> March	<input type="checkbox"/> 2010
<input type="checkbox"/> April	<input type="checkbox"/> 2009
<input type="checkbox"/> May	<input type="checkbox"/> 2008
<input type="checkbox"/> June	<input type="checkbox"/> 2007
<input type="checkbox"/> July	<input type="checkbox"/> 2006
<input type="checkbox"/> August	<input type="checkbox"/> 2005
<input type="checkbox"/> September	<input type="checkbox"/> 2004
<input type="checkbox"/> October	<input type="checkbox"/> 2003
<input type="checkbox"/> November	<input type="checkbox"/> 2002
<input type="checkbox"/> December	<input type="checkbox"/> 2001
	<input type="checkbox"/> 2000 or earlier

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

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

**3.5. Have you had sexual intercourse more than one time?**

SELECT ONE

- Yes
- No → **GO TO 3.8**

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

NUMBER OF PEOPLE – Your best guess is fine.

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

SELECT ONE MONTH AND SELECT ONE YEAR

<u>Month of Most Recent Sexual Intercourse</u>	<u>Year of Most Recent Sexual Intercourse</u>
<input type="checkbox"/> January	<input type="checkbox"/> 2012
<input type="checkbox"/> February	<input type="checkbox"/> 2011
<input type="checkbox"/> March	<input type="checkbox"/> 2010
<input type="checkbox"/> April	<input type="checkbox"/> 2009
<input type="checkbox"/> May	<input type="checkbox"/> 2008
<input type="checkbox"/> June	<input type="checkbox"/> 2007
<input type="checkbox"/> July	<input type="checkbox"/> 2006
<input type="checkbox"/> August	<input type="checkbox"/> 2005
<input type="checkbox"/> September	<input type="checkbox"/> 2004
<input type="checkbox"/> October	<input type="checkbox"/> 2003
<input type="checkbox"/> November	<input type="checkbox"/> 2002
<input type="checkbox"/> December	<input type="checkbox"/> 2001
	<input type="checkbox"/> 2000 or earlier



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

*SELECT ONE FOR EACH*

	YES	NO
a. Condoms	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control pills or the patch	<input type="checkbox"/>	<input type="checkbox"/>
c. Depo-Provera or other injectable birth control	<input type="checkbox"/>	<input type="checkbox"/>
d. NuvaRing or the ring	<input type="checkbox"/>	<input type="checkbox"/>
e. Withdrawal or pulling out	<input type="checkbox"/>	<input type="checkbox"/>
f. Another method PRINT OTHER METHOD USED		

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

*SELECT ONE*

- Yes  
 No → **GO TO 3.12**

**3.9a. In the past 3 months, how many times have you had sexual intercourse?**

NUMBER OF TIMES– Your best guess is fine.

**3.10. In the past 3 months, have you had sexual intercourse without you or your partner using a condom?**

*SELECT ONE*

- Yes, I have had sexual intercourse without using a condom.  
 No, I have used a condom each time I have had sexual intercourse → **GO TO 3.12**

**3.10a. In the past 3 months, how many times have you had sexual intercourse without using a condom?**

NUMBER OF TIMES– Your best guess is fine.

**3.11. In the past 3 months, have you had sexual intercourse without you or your partner using any of these methods of birth control?**

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

SELECT ONE

- Yes, I have had sexual intercourse without using any of these types of birth control.
- No, I have used at least one of these types of birth control each time I had sexual intercourse → **GO TO 3.12**

**3.11a. 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 guess is fine.

**3.12. 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?**

SELECT ONE

- Yes
- No → **GO TO 3.17**

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

SELECT ONE MONTH AND SELECT ONE YEAR

<u>Month of First Oral Sex</u>	<u>Year of First Oral Sex</u>
<input type="checkbox"/> January	<input type="checkbox"/> 2012
<input type="checkbox"/> February	<input type="checkbox"/> 2011
<input type="checkbox"/> March	<input type="checkbox"/> 2010
<input type="checkbox"/> April	<input type="checkbox"/> 2009
<input type="checkbox"/> May	<input type="checkbox"/> 2008
<input type="checkbox"/> June	<input type="checkbox"/> 2007
<input type="checkbox"/> July	<input type="checkbox"/> 2006
<input type="checkbox"/> August	<input type="checkbox"/> 2005
<input type="checkbox"/> September	<input type="checkbox"/> 2004
<input type="checkbox"/> October	<input type="checkbox"/> 2003
<input type="checkbox"/> November	<input type="checkbox"/> 2002
<input type="checkbox"/> December	<input type="checkbox"/> 2001
	<input type="checkbox"/> 2000 or earlier

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

NUMBER OF PEOPLE- Your best guess is fine.

**3.15. Now please think about the past 3 months. In the past 3 months, have you had oral sex, even once?**

*SELECT ONE*

- Yes  
 No → **GO TO 3.17**

**3.15a. In the past 3 months, how many times have you had oral sex?**

NUMBER OF TIMES- Your best guess is fine.

**3.16. In the past 3 months, have you had oral sex without using a condom?**

*SELECT ONE*

- Yes, I have had oral sex without using a condom  
 No, I have used a condom each time I have had oral sex → **GO TO 3.17**

**3.16a. In the past 3 months, how many times have you had oral sex without using a condom?**

NUMBER OF TIMES- Your best guess is fine.

**3.17. 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?**

*SELECT ONE*

- Yes  
 No → **GO TO 3.22**

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

NUMBER OF PEOPLE- Your best guess is fine.

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

SELECT ONE MONTH AND SELECT ONE YEAR

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

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

SELECT ONE

- Yes  
 No → **GO TO 3.22**

**3.20a. In the past 3 months, how many times have you had anal sex?**

NUMBER OF TIMES– Your best guess is fine.

**3.21. In the past 3 months, have you had anal sex without using a condom?**

SELECT ONE

- Yes, I have had anal sex without using a condom.  
 No, I have used a condom each time I have had anal sex → **GO TO 3.22**

**3.21a. In the past 3 months, how many times have you had anal sex without using a condom?**

NUMBER OF TIMES– Your best guess is fine.

**For the next question please answer how often you do each of the statements below.**

**3.22. When you have to make a decision about your sexual behavior, how often do you...?**

<i>SELECT ONE FOR EACH</i>	MOST OF THE TIME				
	ALWAYS		SOMETIMES	RARELY	NEVER
a. Think of the consequences of each possible choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. First get as much information as you can	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Make it on the spot without worrying about the consequences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.23. What do you think are the benefits of not having sex right now?**

<i>SELECT ONE FOR EACH</i>	STRONGLY AGREE		STRONGLY DISAGREE	
	AGREE	DISAGREE	AGREE	DISAGREE
a. Respect for yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Respect from parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Keeping true to religious values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Respect from friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Not having to worry about pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Not having to worry about sexually transmitted diseases (STDs)/ sexually transmitted infections (STIs) or HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Better chance for a good marriage in the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fewer distractions so you can focus on school work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 4: YOUR EXPERIENCES

This section asks about pregnancy and sexually transmitted diseases (STDs)/ sexually transmitted infections (STIs). Please be as honest as possible, and remember that your answers are confidential.

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

SELECT ONE

- Yes
- No
- Don't know

### 4.2a. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no baby was born?

SELECT ONE

- Yes
- No → **GO TO 4.3**

### 4.2b. To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?

NUMBER OF TIMES

### 4.2c. How old were you the first time you got pregnant or got someone pregnant?

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

### 4.2d. Have you ever had a baby or has anyone you got pregnant actually had the baby?

SELECT ONE

- Yes
- No
- Don't know

**4.3. In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases (STDs)/ sexually transmitted infections (STIs) or HIV?**

SELECT ONE

- Yes
- No

**4.4. In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (STD)/ sexually transmitted infection (STI) or HIV?**

SELECT ONE

- Yes
- No

**4.5. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)/ sexually transmitted infection (STI) or HIV?**

SELECT ONE

- Yes
- No → **GO TO SECTION 5**

The next series of questions is about the types of sexually transmitted diseases (STD)/ sexually transmitted infections (STIs) or HIV you have had.

**4.6. In the past 12 months, did you have...?**

<i>SELECT ONE FOR EACH</i>	YES	NO	DON'T KNOW
a. Chlamydia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Gonorrhea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Syphilis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. HIV infection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Human Papilloma virus, also known as HPV or genital warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Another sexually transmitted disease (STD)/ or sexually transmitted infection (STI) PRINT OTHER STD/STI (below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____			
_____			

## SECTION 5: ALCOHOL AND DRUG USE

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

**The next questions are about alcohol and drug use. Please be as honest as possible, and remember that everything you tell us will be kept private.**

**5.1. During the last 30 days, not including any times you just had a sip, on how many days did you have at least one alcoholic beverage?**

*SELECT ONE*

- 0 (zero) days → **GO TO 5.4**
- 1 to 4 days
- 5 to 10 days
- 11 to 25 days
- More than 25 days

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

*SELECT ONE*

- 0 (zero) days
- 1 to 4 days
- 5 to 10 days
- 11 to 25 days
- More than 25 days

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

*SELECT ONE*

- 0 (zero) days
- 1 to 4 days
- 5 to 10 days
- 11 to 25 days
- More than 25 days



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

*SELECT ONE*

- 0 (zero) days
- 1 to 4 days
- 5 to 10 days
- 11 to 25 days
- More than 25 days

**5.5. During the past 30 days, on how many days did you use any other type of illegal drugs, an inhalant, or prescription drugs that were not prescribed to you?**

*SELECT ONE*

- 0 (zero) days
- 1 to 4 days
- 5 to 10 days
- 11 to 25 days
- More than 25 days

## SECTION 6: FRIENDS AND FAMILY

This section contains questions about your friends and family and your relationships with them. Remember that your answers will be kept private and your friends and family will not see your answers.

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

SELECT ONE

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

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

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

The next questions ask what your parents know about your activities. By parents, we mean the parents or guardians you live with most of the time.

### 6.3. Thinking about the past month, how often did your parent(s) know where you were after school?

SELECT ONE

- Always
- Most of the time
- Sometimes
- Rarely
- Never

### 6.4. Thinking about the past month, how often did your parent(s) know who you were going to be with before you went out?

SELECT ONE

- Always
- Most of the time
- Sometimes
- Rarely
- Never
- I did not go out

**6.5. Thinking about the past month, how often did your parent(s) know where you were when you went out at night?**

SELECT ONE

- Always
  Rarely  
 Most of the time
  Never  
 Sometimes
  I did not go out at night

**6.6. If you are going to be home late, do you call your parent(s)?**

SELECT ONE

- Yes  
 No

**6.7. In the last month, how often have you talked about each of the topics listed below with at least one of your parents or guardians?**

SELECT ONE FOR EACH	10 OR MORE TIMES	3 - 9 TIMES	1-2 TIMES	NEVER
a. Your feelings about engaging in sexual activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. How to resist pressures to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pregnancy or birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Getting condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Getting birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ways to protect yourself from sexually transmitted diseases (STDs)/sexually transmitted infections (STIs) or HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. How to have good romantic relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**This last set of questions, asks about you and your family. You cannot personally be identified by your answers. The information you provide will be combined with the information provided by all the other students completing this survey.**

**6.8. Is the person you think of as your mother...?**

SELECT ONE

- Your biological mother, that is, the woman who gave birth to you  
 Your stepmother or adoptive mother  
 Your foster mother  
 Your grandmother  
 Your aunt or your older sister  
 Some other adult  
 Don't have a mother or person I think of as my mother → **GO TO 6.11**

**6.9. How well can you and she talk about things that are important to you?**

*SELECT ONE*

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

**6.10. Is she working now?**

*SELECT ONE*

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

**6.11. Is the person you think of as your father...?**

*SELECT ONE*

- Your biological father, that is, the man who is genetically related to you
- Your stepfather or adoptive father
- Your foster father
- Your grandfather
- Your uncle or your older brother
- Some other adult
- Don't have a father or person I think of as my father → **GO TO 6.14**

**6.12. How well can you and he talk about things that are important to you?**

*SELECT ONE*

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

**6.13. Is he working now?**

SELECT ONE

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

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

SELECT ONE

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

**6.15. Do your biological mother and biological father live together now?**

SELECT ONE

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

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

**6.16. Which of the following best describes where you live?**

SELECT ONE

- You live in one home → **GO TO 6.17**
- You live in two or more homes, and go back and forth → **GO TO 6.18**
- You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) → **YOU HAVE FINISHED THE SURVEY**

**6.17. Who lives with you in your home?**

*SELECT ALL THAT APPLY*

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

**YOU HAVE FINISHED THE SURVEY**

**6.18. Who lives with you in each of your homes?**

*SELECT ALL THAT APPLY*

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

**Thank you for completing this survey!**