

ATTACHMENT C

QUESTION BY QUESTION SOURCE TABLE FOR THE FOLLOW-UP SURVEY

QUESTION BY QUESTION SOURCE LIST FOR PREP FOLLOW-UP SURVEY

This document lists each question on the PREP master follow-up survey and the PREP site-specific HFSA follow-up survey, along with its source(s). Most questions are taken from the PREP baseline survey (OMB control number 0970-0398). New questions added for the follow-up surveys are indicated in the table.

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
Part A (Sections 1-4 for Master and Sections I & 1-3 for HFSA)					
	I.1	I just need to verify that I am speaking to the correct person. What is your birthday?		X	Building Strong Families Evaluation
	I.4	Before we get started, I would like to make sure we have your name recorded correctly. What is your first name? PROBE: Can you spell that for me please?		X	Building Strong Families Evaluation
	I.5	And middle name please? PROBE: Can you spell that for me please?		X	Building Strong Families Evaluation
	I.6	And last name please? PROBE: Can you spell that for me please?		X	Building Strong Families Evaluation
1.1		In what month and year were you born?	X		National Longitudinal Study of Adolescent Health
1.2		Are you male or female?	X		National Longitudinal Study of Adolescent Health
1.3		Are you Hispanic /Latino?	X		National Longitudinal Study of Adolescent Health
1.4		Are you...? <input type="checkbox"/> Mexican, Mexican American, Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Another Hispanic, Latino, or Spanish origin	X		Based on the DHHS standard question about ethnicity

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
1.5		What is your race?	X		National Longitudinal Study of Adolescent Health
1.6	1.1	Are you currently enrolled in school?	X		National Longitudinal Survey of Youth
1.7	1.2	What is the highest grade you have <u>completed</u> ?	X		Evaluation of the School Dropout Demonstration Assistance Program (SDDAP)
1.8	1.3	Do you have any of these? a. A high school diploma b. A GED certificate c. A certificate or license from a trade school or vocational training program d. A degree from a community college e. A degree from a 4-year college	X		Evaluation of the School Dropout Demonstration Assistance Program (SDDAP); sub-question e was added just to the HFSA FU survey
1.9	1.4	What kind of grades do you or did you usually get in school?	X		National Longitudinal Survey of Youth
1.10	1.5	For the last school you attended or the school you are now attending, how often would you say you cut classes?	X		Evaluation of the School Dropout Demonstration Assistance Program (SDDAP)
1.11	1.6	Thinking about all of the schools you have ever attended, how many times have you been suspended or expelled from school?	X		National Longitudinal Survey of Youth
1.12	1.7	How likely is it that you will do each of the following things? a. Graduate from high school? b. Graduate from a 4-year college?	X		All About Youth Study

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1.13	1.8	<p>How much do you agree or disagree with the following statements?</p> <ul style="list-style-type: none"> a. I have specific goals for my future career b. I have a plan for achieving my future career goals c. Planning for a career is not worth the effort d. I haven't thought much about my future career e. If I have a career, I won't be able to enjoy other things in life f. Going to college is important to getting a good job 	X		Adapted from the <i>Career Commitment Measure (CCM)</i> (Carson, K. and A.G. Bedeian. 1994; Diemer and Blustein 2007)
1.14	1.9	<p>How important do you think it is to do each of the following things?</p> <ul style="list-style-type: none"> a. Keep track of your expenses b. Compare prices when you shop c. Set aside money for future purchases 	X		Adapted from the evaluation of <i>Real Money, Real World</i> program (Bateson 2009)

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2.1		<p>Now we have some questions about your mother and father, or the people you think of as your mother and father.</p> <p>In the past 3 months, how many TIMES have you talked with your mother or your father about each of the following things?</p> <ul style="list-style-type: none"> a. How things are going with school work or with your grades b. A personal problem you were having c. Romantic relationships or dating d. How to resist pressures to have sex e. Avoiding drugs or alcohol f. Whether you should be having sex at this time in your life 	X		National Longitudinal Study of Adolescent Health and All About Youth Study
2.2		<p>The next few questions ask about your biological parents.</p> <p>Do you live with your biological mother?</p> <ul style="list-style-type: none"> <input type="checkbox"/> None of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time 	X		Adapted from the Building Strong Families Evaluation
2.3		<p>Do you live with your biological father?</p> <ul style="list-style-type: none"> <input type="checkbox"/> None of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> All of the time 	X		Adapted from the Building Strong Families Evaluation
2.4		In the past 12 months, how many times have you moved?	X		PPA
2.5		How long have you lived where you live now?	X		PPA

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2.6		All together, how many times have you run away from home for at least one night?	X		Midwest Evaluation of the Adult Functioning of Former Foster Youth
3.1	2.1	<p>The next question is about how you deal with different situations. How well can you do each of the following?</p> <ul style="list-style-type: none"> a. Admit that you might be wrong during a disagreement b. Avoid saying things that could turn a disagreement into a big fight c. Accept another person's point of view even if you don't agree with it d. Listen to another person's opinion during a disagreement e. Work through problems without arguing 	X		<i>Interpersonal Competence Questionnaire (ICQ)</i> (Buhrmester et al. 1998)
3.2		How would you define your current relationship status?	X		PPA

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
3.3	2.2	<p>How much do you agree or disagree with the following statements?</p> <ul style="list-style-type: none"> a. In a good dating relationship, you don't always get your own way. b. There are times when hitting or pushing between people who are dating is okay. c. A good dating relationship is based on mutual respect, not just sex. d. Someone who makes their dating partner jealous deserves to be hit or pushed. e. It would be easy to trust someone you are dating, even when you're apart. f. Avoiding a disagreement with someone you are dating is always better than talking about problems. 	X		Adapted from the <i>Acceptance of Couple Violence Questionnaire</i> (Foshee et al. 1992)
3.4		Have you ever been fearful that someone you were dating or having sex with might physically hurt you?	X		PPA
3.5		<p>Do you consider yourself to be one or more of the following?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Straight <input type="checkbox"/> Gay or Lesbian <input type="checkbox"/> Transgender <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else or I have not decided 	X		Adapted from the National Coalition for LGBT Health; also <i>Design, Development, and Testing of the NHIS Sexual Identity Question</i> (Kristen Miller and J. Michael Ryan, October 2011)

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	3.1	<p>The next questions are about services you might have received.</p> <p>The last time you did a survey like this was in [MONTH AND YEAR OF RA / FU1 SURVEY], which was [NUMBER OF MONTHS] months ago. In the past [NUMBER OF MONTHS] months, have you had visits to your home from someone from Healthy Family San Angelo or some other agency?</p>		X	Developed for PREP
	3.2	<p>In the past [XX] months, during how many of those visits did someone talk with you about the following?</p> <ol style="list-style-type: none"> a. Parenting or taking care of your baby b. Relationships, dating, or marriage c. Abstinence from sex d. Methods of birth control, such as condoms, pills, or other methods e. Where to get birth control f. Sexually transmitted diseases, also known as STDs or STIs 		X	Adapted from PPA

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
4.1	3.3	In the past 12/XX months, how often did you attend any classes or (group) sessions about the following? a. Relationships, dating, or marriage b. Abstinence from sex c. Methods of birth control, such as condoms, pills, or other methods d. Where to get birth control e. Sexually transmitted diseases, also known as STDs or STIs	X		PPA; for the HFSA FU survey, the number of months will be filled based on the number of months since random assignment or the FU1 survey; for HFSA "group" sessions are specified
4.2	3.4	Where did you attend these classes or (information/group) 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?	X		Adapted from the Building Strong Families Evaluation; for the Master "information" sessions are specified, for HFSA "group" sessions are specified

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
4.3		<p>How strongly do you agree or disagree that with each of the following statements?</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for you to do at your age b. At your age right now, having sexual intercourse would create problems c. At your age right now, not having sexual intercourse is important for you to be safe and healthy d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom, the pill, or other methods e. It is against your values to have sexual intercourse before marriage 	X		Be Proud! Be Responsible!

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
4.4	3.5	<p>Sometimes people don't want to have sex, but have a hard time saying "no". How likely is it you would be able to say "no" to having sexual intercourse...</p> <ul style="list-style-type: none"> a. With someone you have known for a few days or less? b. With someone you have dated for a long time? c. With someone with whom you have already had sexual intercourse? d. With someone who is pushing you to have sexual intercourse? e. With someone who does not want to use a condom? 	X		Self-efficacy instrument for protective sexual behaviors (Kasen et al. 1992; Cecil and Pinkerton 1998)
4.5	3.6	<p>The next series of statements is about condom use. How strongly do you agree or disagree with each of these statements?</p> <ul style="list-style-type: none"> a. Condoms should always be used if a person your age has sexual intercourse b. Condoms are important to make sex safer c. Using condoms means you don't trust your partner d. Using condoms is morally wrong 	X		Adapted from the National Longitudinal Study of Adolescent Health, All About Youth Study, and National Survey of Adolescent Males

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
4.6	3.7	If <u>condoms</u> are used correctly and consistently, how much can they decrease the risk of pregnancy? <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know	X		Evaluation of Title V Abstinence Education Programs
4.7	3.8	If <u>condoms</u> are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?	X		Evaluation of Title V Abstinence Education Programs
4.8	3.9	If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of pregnancy?	X		Evaluation of Title V Abstinence Education Programs
4.9	3.10	If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?	X		Evaluation of Title V Abstinence Education Programs

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
4.10	3.11	<p>The next list of questions is about sexually transmitted diseases, also known as an STDs or STIs, including HIV, the virus that causes AIDS. Please answer each question.</p> <p>a. Can you get a sexually transmitted disease, also known as an STD or STI, from having oral sex?</p> <p>b. Can you tell if people have HIV, the virus that causes AIDS, by looking at them?</p> <p>c. Can a woman give HIV to a man if they are having sexual intercourse without a condom?</p> <p>d. Can a person who has sexual intercourse only with people he or she knows well ever get HIV?</p> <p>e. Can a pregnant woman who has HIV pass it on to her newborn baby?</p>	X(a)	X(b-e)	All About Youth Study(a); What Do Deaf High School Students Know about HIV? (Goldstein et al. 2010)(b-e)
4.11	3.12	<p>Which of the following methods offers the MOST protection against HIV, the virus that causes AIDS, and other sexually transmitted diseases, also known as STDs or STIs?</p> <p><input type="checkbox"/> Birth control pills</p> <p><input type="checkbox"/> The shot (Depo-Provera)</p> <p><input type="checkbox"/> Condoms</p> <p><input type="checkbox"/> The patch</p> <p><input type="checkbox"/> Don't know</p>		X	PPA

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
4.12		Have you ever had sexual intercourse, oral sex, or anal sex?	X		PPA
Part B1 for Master and Part B for HFSA (Sections 4-5)					
5.1 B1		Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?	X		PPA
5.2 B1		The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina. Have you <u>ever</u> had sexual intercourse?	X		National Longitudinal Study of Adolescent Health
5.3 B1		The very <u>first</u> time you had sexual intercourse, how old were you?	X		National Longitudinal Study of Adolescent Health
5.4 B1		The <u>first</u> time you had sexual intercourse, did you or your partner use any of these methods of birth control? a. Condoms b. Birth control pills or the patch c. Depo-Provera or other injectable birth control d. NuvaRing or the ring e. Withdrawal or pulling out f. Another method <i>PRINT OTHER METHOD USED</i>	X		National Longitudinal Study of Youth, 1997
5.5 B1	4.1 B	How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time?	X		National Longitudinal Study of Youth, 1997

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
5.6 B1	4.2 B	Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse?	X		All About Youth Study
5.7 B1	4.3 B	In the past 3 months, how many TIMES have you had sexual intercourse?	X		National Longitudinal Study of Youth, 1997 and All About Youth Study
5.8 B1	4.4 B	In the last 3 months, how many TIMES have you had sexual intercourse <u>without</u> using a condom?	X		All About Youth Study
5.9 B1	4.5 B	Now I want you to think about your use of the following methods of birth control in the past 3 months: Condoms, birth control pills, the Depo shot, the patch, the ring, an IUD like Mirena or Paragard, or an implant. In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?	X		Adapted from National Longitudinal Study of Youth, 1997
5.10 B1	4.6 B	Do you intend to have sexual intercourse in the next year, if you have the chance?	X		All About Youth Study
5.11 B1	4.7 B	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?	X		All About Youth Study
5.12 B1		The very <u>first</u> time you had oral sex, how old were you?	X		All About Youth Study
5.13 B1	4.8 B	Now please think about the past 3 months. Have you had oral sex in the past 3 months?	X		All About Youth Study
5.14 B1	4.9 B	In the past 3 months, how many TIMES have you had oral sex?	X		All About Youth Study

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
5.15 B1	4.10 B	In the past 3 months, how many TIMES have you had oral sex <u>without</u> using a condom?	X		All About Youth Study
5.16 B1	4.11 B	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 <u>ever</u> had anal sex?	X		All About Youth Study
5.17 B1		The <u>very first time</u> you had anal sex, how old were you?	X		All About Youth Study
5.18 B1	4.12 B	Now please think about the past 3 months. Have you had anal sex in the past 3 months?	X		All About Youth Study
5.19 B1	4.13 B	In the past 3 months, how many TIMES have you had anal sex?	X		All About Youth Study
5.20 B1	4.14 B	In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom?	X		All About Youth Study
5.21 B1		Have you ever had oral sex or anal sex with a person the same sex as you?	X		National Survey of Family Growth
6.1 B1	5.1 B	In the past 12/XX months, how often did you receive information from a doctor, nurse, or clinic about any of the following? <ul style="list-style-type: none"> a. Methods of birth control, such as condoms, pills, or other methods b. Where to get birth control c. Sexually transmitted diseases, also known as STDs or STIs 	X		National Survey of Family Growth; for the HFSA FU survey, the number of months will be filled based on the number of months since random assignment or the FU1 survey

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
6.2 B1		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, or other methods?	X		National Survey of Family Growth
6.3 B1		(If yes) What type of birth control did you receive?		X	Developed for PREP
	5.2 B	In the past [NUMBER OF MONTHS SINCE RA / FU1 SURVEY] months, did you use any of the following types of birth control... MARK ONE FOR EACH a. Condoms? b. Birth control pills? c. The shot or the Depo-Provera shot? d. The patch or Ortho Evra e. The ring or NuvaRing? f. An IUD, Mirena, Paragard, or Skyla? g. An Implant, Implanon, or Nexplanon? h. Emergency Contraception or Plan B? i. Another type of birth control?		X	Adapted from PPA

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
	5.3 B	<p>Are you currently using ...</p> <p>MARK ONE FOR EACH</p> <p>b. Birth control pills?</p> <p>c. The shot or the Depo-Provera shot?</p> <p>d. The patch or Ortho Evra</p> <p>e. The ring or NuvaRing?</p> <p>f. An IUD, Mirena, Paragard, or Skyla?</p> <p>g. An Implant, Implanon, or Nexplanon?</p> <p>i. [THE TYPE OF BIRTH CONTROL IN 5.2.i]?</p>		X	Adapted from PPA
6.4 B1	5.4 B	<p>In the past 12/XX months, have you been told by a doctor, nurse, or some other health professional that you had any of the following sexually transmitted diseases?</p> <p>a. Chlamydia</p> <p>b. Gonorrhea</p> <p>c. Genital herpes</p> <p>d. Syphilis</p> <p>e. HIV infection or AIDS</p> <p>f. Human Papilloma virus, also known as HPV or genital warts</p> <p>g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD</i></p>	X		All About Youth Study; for the HFSA FU survey, the number of months will be filled based on the number of months since random assignment or the FU1 survey
6.5 B1		<p>These next few questions are about pregnancy. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?</p>	X		National Longitudinal Survey of Youth, 1997 and National Survey of Family Growth
6.6 B1		<p>To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?</p>	X		Prevention Minimum Evaluation Data Set

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6.7 B1		Have you ever had a baby or has anyone you got pregnant actually had the baby?	X		Evaluation of Title V Abstinence Education Programs
6.8 B1	5.37 B	If you got pregnant (now or you got someone pregnant now / again in the next year), how would you feel? <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset	X		National Survey of Family Growth; for HFSA, the question will specify "again in the next year" since all respondents will be parenting teens
Section 5 for HFSA Follow-up Survey					
	5.5 B	Now I would like to ask you some questions about children. Our records show that you [had/were expecting to have] a baby on [DATE OF BIRTH / DUE DATE]. Is that the date the baby was born?		X	Adapted from the Building Strong Families Evaluation
	5.6 B	On what date was the baby born?		X	Building Strong Families Evaluation
	5.7 B	So I can refer to the baby, what is the baby's first name?		X	Adapted from the Building Strong Families Evaluation
	5.8 B	Is [CHILD] male or female?		X	Building Strong Families Evaluation
	5.9 B	Do you currently live with [CHILD] in the same household... All of the time, Most of the time, Some of the time, or None of the time?		X	Building Strong Families Evaluation
	5.10 B	Have you seen [CHILD] in the past month?		X	Building Strong Families Evaluation

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
	5.11 B	When [CHILD] is not living with you, (W/w)ho does [CHILD] live with? Father Grandparent/s Other relative/s Adoptive parent/s Foster parent/s Someone else		X	Building Strong Families Evaluation
	5.12 B	Since [CHILD] was born, how many months have you lived with [CHILD] in the same household?		X	Building Strong Families Evaluation
	5.13 B	The next questions are about things YOU may have done with [CHILD] in the past month. In the past month, how often have YOU [STATEMENT a to e]? Was it more than once a day, every day or almost every day, a few times a week, a few times in the past a month, once or twice in the past month, or never? a. Played games like "peek-a-boo" or "gotcha" with [CHILD]. b. Sung songs with [CHILD]. c. Read or looked at books with [CHILD]. d. Told stories to [CHILD]. e. Played with games or toys with [CHILD].		X	Adapted from the Building Strong Families Evaluation

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
	5.14 B	<p>Sometimes children behave pretty well and sometimes they don't. In the past month, how often have you spanked [CHILD] because [CHILD] was misbehaving or acting up? Did you do this...</p> <p>Every day or almost every day A few times a week, A few times in the past month, Once or twice in the past month, or Never?</p>		X	Adapted from the Building Strong Families Evaluation
	5.15 B	The next questions are about the father of [CHILD'S NAME]. So I can refer to him, what is his first name?		X	Adapted from the Building Strong Families Evaluation
	5.16 B	<p>Are you and [CHILD'S FATHER'S NAME]... Married, Divorced, Separated, or Have you never been married to each other?</p>		X	Adapted from the Building Strong Families Evaluation
	5.17 B	<p>Which of the following statements best describes your current relationship with [CHILD'S FATHER'S NAME]?</p> <p>We are romantically involved on a steady basis. We are involved in an on-again and off-again relationship. We are not in a romantic relationship</p>		X	Building Strong Families Evaluation
	5.18 B	<p>Taking all things together, on a scale from 0 to 10, where 0 is not at all happy and 10 is completely happy, how happy would you say your relationship with [CHILD'S FATHER'S NAME] is? You can choose any number from 0 to 10.</p>		X	Adapted from the Building Strong Families Evaluation

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	5.19 B	Do you currently live with [CHILD'S FATHER'S NAME] in the same household... All of the time, Most of the time, Some of the time, or None of the time?		X	Building Strong Families Evaluation
	5.20 B	How often do you and [CHILD'S FATHER'S NAME] see or talk to each other? Is it... Every day or almost every day, A few times a week, A few times a month, About once a month, A few times in the past year, or Hardly ever or never?		X	Building Strong Families Evaluation
	5.21 B	You mentioned that since [CHILD] was born, you have lived in the same household with [CHILD] for [NUMBER OF MONTHS] months. Since [CHILD] was born, how many months have you lived in the same household with both [CHILD] and [FATHER]?		X	Building Strong Families Evaluation
	5.22 B	The next question is about time [FATHER'S NAME] spends with [CHILD]. In the past month, how often has [FATHER'S NAME] spent one or more hours a day with [CHILD]? Was it ... Every day or almost every day, A few times a week, A few times in the past month, Once or twice in the past month, or Never?		X	Adapted from the Building Strong Families Evaluation
	5.23 B	Has [CHILD'S FATHER] seen [CHILD] in the past month?		X	Building Strong Families Evaluation

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
	5.24 B	<p>The next questions are about things [FATHER'S NAME] may have done with [CHILD] in the past month.</p> <p>In the past month, how often has [FATHER'S NAME] [STATEMENT a to h]? Was it more than once a day, every day or almost every day, a few times a week, a few times in the past month, once or twice in the past month, or never?</p> <ul style="list-style-type: none"> a. Played games like "peek-a-boo" or "gotcha" with [CHILD]. b. Sung songs with [CHILD]. c. Read or looked at books with [CHILD]. d. Told stories to [CHILD]. e. Played with games or toys with [CHILD]. f. Helped [CHILD] to get dressed g. Changed [CHILD]'s diapers or helped [him/her] use the toilet h. Given [CHILD] a bottle or something to eat 		X	Adapted from the Building Strong Families Evaluation

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
	5.25 B	<p>Now, I would like to talk about you and [CHILD'S FATHER'S NAME] as parents.</p> <p>For each statement, please answer if you strongly agree, agree, are not sure, disagree, or strongly disagree.</p> <p>[STATEMENT a to e] Do you strongly agree, agree, are not sure, disagree, or strongly disagree with this statement?</p> <ul style="list-style-type: none"> a. I feel good about [CHILD'S FATHER'S NAME]'s judgment about what is right for [CHILD]. b. [CHILD'S FATHER'S NAME] and I are a good team c. When there is a problem with [CHILD], [CHILD'S FATHER'S NAME] and I work out a good solution together d. [CHILD'S FATHER'S NAME] makes my job of being a parent easier e. [CHILD'S FATHER'S NAME] pays a great deal of attention to [CHILD]. f. [CHILD] needs [CHILD'S FATHER'S NAME] just as much as he needs me g. No matter what might happen between [CHILD'S FATHER'S NAME] and me, when I think of [CHILD]'s future, it includes [CHILD'S FATHER'S NAME] 		X	PACT Healthy Marriage Baseline Survey (a-e); Building Strong Families (f & g)

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
	5.26 B	Parents deal with meeting the expenses of raising a child in different ways. When answering the next question, I'd like you to think about all the expenses associated with raising [CHILD] such as [CHILD]'s food, clothing, medical expenses, diapers, and any other costs of raising [CHILD]. How much of the cost of raising [CHILD] do [FATHER'S NAME] cover? Would you say it's ... All or almost all, More than half, About half, Less than half, or Little or none?		X	Building Strong Families Evaluation
	5.27 B	These next few questions are about pregnancy. Have you been pregnant again since [CHILD] was born?		X	Developed for PREP
	5.28 B	Since [CHILD] was born, how many times have you been pregnant, even if no baby has been born?		X	Developed for PREP
	5.29 B	Are you currently pregnant?		X	Developed for PREP
	5.30 B	What is the baby's due date?		X	Adapted from the Building Strong Families Evaluation
	5.31 B	Since [CHILD] was born, have you had another baby?		X	Adapted from the Building Strong Families Evaluation
	5.32 B	Since [CHILD] was born, how many babies have you had?		X	Adapted from the Building Strong Families Evaluation
	5.33 B	When was your most recent baby born?		X	Adapted from the Building Strong Families Evaluation
	5.34 B	When was the baby before that baby born?		X	Adapted from the Building Strong Families Evaluation
	5.35 B	Do you want to have any more children?		X	PPA

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
	5.36 B	How soon would you like to have your next child? Would you like to have it... Within the next year, One to two years from now, Two to three years from now, or More than three years from now?		X	Building Strong Families Evaluation
Part B2 for Master Only (Sections 5-6)					
5.1 B2		This booklet is for youth who have not had sex. We want to be sure you are in the correct booklet. We know we asked this before but... Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?	X		PPA
5.2 B2		Do you expect to get married in the future?	X		Monitoring the Future Study
5.3 B2		If it were just up to you, what age would you like to get married?	X		Monitoring the Future Study
5.4 B2		If you met the right person, would you be willing to get married before these things happened? a. You had been dating for at least a year b. You had lived together c. You had your family's approval d. You had graduated from high school e. You had graduated from a four-year college f. You had a full-time job	X		Developed for PREP

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
5.5 B2		<p>In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure 	X		Evaluation of Title V Abstinence Education Programs
5.6 B2		<p>How many of your friends who are your age think the following things? Your best guess is fine.</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for them to do at their age b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time d. They should wait until they are older to have sexual intercourse e. They should wait until marriage to have sexual intercourse 	X		Be Proud! Be Responsible! and All About Youth Study
5.7 B2		<p>How many of your friends who are your age have had sexual intercourse? Your best guess is fine.</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Half <input type="checkbox"/> Most <input type="checkbox"/> All <input type="checkbox"/> Don't know 	X		Evaluation of Title V Abstinence Education Programs

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
5.8 B2		<p>Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to YOU?</p> <ul style="list-style-type: none"> a. I don't want to get a sexually transmitted disease, also known as an STD or an STI b. I don't want to disappoint my parents c. I am too young to have sex d. I want to wait until I'm married e. It is against my personal values f. I haven't met the right person yet g. I haven't had the chance h. I do not want to get pregnant/get a girl pregnant 	X		Evaluation of Title V Abstinence Education Programs and Kaiser Family Foundation: SexSmarts Survey
5.9 B2		<p>How strongly do you agree or disagree that each of the following statements are benefits of waiting to have sexual intercourse?</p> <ul style="list-style-type: none"> a. Respect for yourself b. Keeping true to religious values c. Respect from friends d. Better chance for a good marriage in the future 	X		Kaiser Family Foundation: SexSmarts Survey
5.10 B2		Do you think it's embarrassing for people your age to admit they are virgins?	X		National Campaign, Voices Heard 2000

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
5.11 B2		Do you think it's embarrassing for girls your age to get pregnant?	X		PPA
5.12 B2		In the group you hang out with, how important is it to have a girlfriend or boyfriend or to be going out with someone? <input type="checkbox"/> Very important <input type="checkbox"/> Not too important <input type="checkbox"/> Not important at all	X		Kaiser Family Foundation's National Survey of Teens, 1998
5.13 B2		Do you intend to have sexual intercourse in the next year, if you have the chance? <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not	X		All About Youth Study
6.1 B2		In the past 12 months, how often did you receive information from a doctor, nurse, or clinic about any of the following? a. Methods of birth control, such as condoms, pills, or other methods b. Where to get birth control c. Sexually transmitted diseases, also known as STDs or STIs	X		National Survey of Family Growth
6.2 B2		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, or other methods?	X		National Survey of Family Growth
6.3 B2		(If yes) What type of birth control did you receive?		X	Developed for PREP

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
6.4 B2		<p>In the past 12 months, did you receive information about any of the following sexually transmitted diseases, also known as STDs or STIs?</p> <p>a. Chlamydia b. Gonorrhea c. Genital herpes d. Syphilis e. HIV infection or AIDS f. Human Papilloma virus, also known as HPV or genital warts g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD</i></p>	X		Adapted from National Survey of Family Growth
6.5 B2		Do you want to have children in the future?	X		Adapted from the Monitoring the Future Study
6.6 B2		If it were just up to you, what age would you like to have your first child?	X		Adapted from the Monitoring the Future Study
6.7 B2		If it were just up to you, how many children would you like to have?	X		Adapted from the Monitoring the Future Study
6.8 B2		<p>If you got pregnant now or you got someone pregnant now, how would you feel?</p> <p><input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset</p>	X		National Survey of Family Growth

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
Section 7					
7.1	6.1	<p>During the past 30 days, on how many days did you smoke one or more cigarettes?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days 	X		National Longitudinal Survey of Youth, 1997
7.2	6.2	<p>During the past 30 days, on how many days did you have one or more alcoholic beverages?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days 	X		National Longitudinal Survey of Youth, 1997 and National Survey on Drug Use and Health
7.3	6.3	<p>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?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days 	X		National Longitudinal Survey of Youth, 1997 and National Survey on Drug Use and Health

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
7.4	6.4	<p>During the past 30 days, on how many days did you use marijuana, also called weed or pot?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days 	X		National Longitudinal Survey of Youth, 1997 and National Survey on Drug Use and Health
7.5	6.5	<p>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?</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 days <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 5 days <input type="checkbox"/> 6 to 9 days <input type="checkbox"/> 10 to 19 days <input type="checkbox"/> 20 to 29 days <input type="checkbox"/> All 30 days 	X		National Longitudinal Survey of Youth, 1997 and National Longitudinal Study of Adolescent Health

Master Follow-up Question #	HFSA Follow-up Question #	Question Text	Question from Baseline Survey	Question Added for Follow-Up	Source(s)
7.6		<p>Now thinking about experiences throughout your life, how many times have you experienced the following things?</p> <ul style="list-style-type: none"> a. Heard gunshots in your neighborhood b. Witnessed a shooting c. Been robbed or mugged d. Been threatened with a gun or knife e. Been beaten up badly enough that you needed to go to the doctor, even if you did not end up going f. Been touched by someone or forced to touch someone in a sexual way when you did not want to 	X		National Survey of Children's Exposure to Violence (Finkelhor et al. 2009)
7.7	6.6	<p>How strongly do you agree or disagree with the following statements?</p> <ul style="list-style-type: none"> a. Nothing you do as a teen will affect how healthy you are as an adult b. You can do things now that will help you to be healthy when you are an adult c. Taking risks as a teen, like drinking and doing drugs, does not really matter for your health in the long run d. The good and bad decisions you make as a teen will affect your health as an adult 	X		PPA