

ATTACHMENT D

SOURCES REFERENCED FOR THE FOLLOW-UP QUESTIONNAIRE

PREP Follow-up Survey Questionnaire Construction:

Sources Referenced

The list below contains brief descriptions of the sources referenced in the PREP Follow-up Questionnaire, as well as locations to the sources referenced. Descriptions were compiled from websites about the sources.

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).

Questionnaires 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 Surveys (The “Y” is used when the year is added to the acronym)

The **National Longitudinal Surveys (NLS)** are a set of surveys designed to gather information at multiple points in time on the labor force experiences, labor market attachment, and investments in education and training of several groups of men and women. For more than 4 decades, NLS data have served as an important tool for economists, sociologists, and other researchers.

The National Longitudinal Survey of Youth 1997 (NLSY97) is a nationally representative sample of approximately 9,000 youths who were 12-16 years old as of December 31, 1996. Round 1 of the survey took place in 1997. Most of the questions pulled from the NLS for the PREP survey were pulled from the NLSY97.

Questionnaires can be found here:

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

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

This study evaluated the efficacy of two curricula relative to standard care. The first was a sexual risk avoidance curriculum for middle school students that included abstinence until marriage and complied with Title V Section 510 A-H abstinence education requirements. The second was a sexual risk reduction curriculum for middle school students that included abstinence and condom/contraceptive information and skills. Each intervention consisted 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 was to identify common elements of effective sexuality education curricula that will be of benefit to youth.

Copies are available from Mathematica upon request.

5) Building Strong Families

The Building Strong Families (BSF) project is testing whether well-designed interventions can help interested couples fulfill their aspirations for a stable, healthy relationship, and whether success in achieving that goal can enhance child well-being, increase fathers' involvement with their children, and lead more often to healthy and sustained marital unions. In the first stage of the BSF project, curricula were developed, with support of experts in couple dynamics, to help unwed parents strengthen their relationships. The programs, implemented in eight sites in seven states, recruit and begin serving unmarried couples who are expecting a child or have just had their child. BSF programs provide instruction and support to improve relationship

skills, communication, and commitment. The programs focus on couples undergoing the stresses of the transition to parenthood, helping them strengthen their relationships and act constructively in their joint roles as parents, and thus enhance their children's development. Through referral, they link couples to services that address employment, health, substance abuse, and other problems that can erode relationships and reduce prospects for a stable and loving life together.

[Copies are available from Mathematica upon request.](#)

6) Evaluation of Title V Abstinence Education Programs

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.

[Copies are available from Mathematica upon request.](#)

7) 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. Data were collected by the Research Triangle Institute (RTI). The University of Illinois also collaborates. 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.

Copies are available from a Mathematica subcontractor upon request.

8) Evaluation of the School Dropout Demonstration Assistance Program

From 1991 through 1995, the U.S. Department of Education awarded grants to 85 drop-out prevention programs, most of which were “targeted” programs that identified at-risk students and directed services to them. Eight were restructuring projects that are attempting to institute broad changes to address the drop-out problem in clusters of schools or entire districts. Mathematica Policy Research and its subcontractors, PSA and RMC, were selected to document the implementation of all 85 projects, and to conduct an in-depth evaluation of the effectiveness of 25 of them (20 targeted projects and 5 restructuring projects). Targeted projects were selected for the in-depth evaluation on the basis of their commitment and their ability to implement an experimental design, using random assignment of students to program and control groups. The evaluation consisted of (1) an implementation analysis, (2) an impact analysis, and (3) a series of reports on policy issues related to dropout-prevention programs. The evaluation of targeted projects included an analysis of impacts for a sample of about 5,300 students (half assigned randomly to the targeted projects and half to a control group) during the course of two school years. The analysis of restructuring projects included about 5,000 students selected randomly from two grade cohorts in the restructuring schools and carefully selected comparison schools.

Copies are available from a Mathematica upon request.

9) Career Commitment Measure (CCM)

This 12-item measure was constructed from a field test of 476 respondents employed in various work settings. The measure has three content domains: (1) Career Identity, (2) Career Planning, and (3) Career Resilience. The CCM detected difference in career commitment levels associated with varying degrees of professionalism across occupational groups. Factor analyses revealed the measure to be reliable and support the CCM’s validity.

Carson, KD & Bedeian, AG (1994). Career Commitment: Construction of a Measure and Examination of its Psychometric Properties. *Journal of Vocational Behavior*, 44, 237-262.

10) Real Money, Real World Program

Developed by Ohio State University, this program addresses the topic of youth financial literacy. The curriculum was created by Ohio State University Extension professionals to simulate real-life experiences to help make youth aware of the money management skills they need to be productive and successful adults. The program focuses on making students aware of the correlation between educational attainments and earning power, factors that determine income, understanding needs versus wants, typical monthly expenses for a family, factors that affect spending, and the importance of budgeting and saving. In addition to a 2007 state-wide evaluation a follow-up study was done in 2009 to detect program impacts.

Ohio State University (2007). *Outcomes of Participation in Real Monday, Real World 2007 Statewide Evaluation*. Columbus, OH. Retrieved from:

<http://www.ohio4h.org/workforceprep/documents/RMRWfinalreport.pdf>

11) Interpersonal Competence Questionnaire

This 40-item measure examines five domains of interpersonal competence: (1) initiating relationships, (2) self-disclosure, (3) asserting displeasure with others' actions, (4) providing emotional support, and (5) managing interpersonal conflicts. After the instruments' testing it was used in a study involving 102 10-13 year old pre-adolescents and 70 13-16 year old adolescents.

Buhrmester, D, Furman W, Wittenberg MT & Reis, HT (1988). Five domains of interpersonal competence in peer relationships. *Journal of Personality and Social Psychology*, 55 (6), 991 - 1008.

12) Evaluation of Adolescent Pregnancy Prevention Approaches

The evaluation of Adolescent Pregnancy Prevention Approaches (PPA) is being undertaken to expand available evidence on effective ways to reduce teen pregnancy. The evaluation is being conducted under contract for the U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health, Office of Adolescent Health (OAH). It is being conducted by Mathematica Policy Research and its subcontractors Child Trends, the National Campaign to Prevent Teen and Unplanned Pregnancy, Twin Peaks Partners LLC, Public Strategies, Inc., and the National Abstinence Education Association. The evaluation will document and test a range of pregnancy prevention approaches, including comprehensive sex education, abstinence education, and sexually transmitted disease (STD)/HIV prevention programs, in up to eight program sites. Program impacts will be estimated using a random assignment design, involving random assignment of either schools or individuals depending on the program setting. Overall, the evaluation will be based on a sample of as many as 10,800 youth. The evaluation team will collect baseline information when youth are enrolled

and two waves of follow-up data on outcomes. Comparison of outcomes for the program and control groups will indicate the effectiveness of the programs in reducing teen pregnancy and associated risk behaviors.

Copies are available from a Mathematica upon request.

13) Midwest Evaluation of the Adult Functioning of Former Foster Youth Survey

The Midwest Evaluation of the Adult Functioning of Former Foster Youth (Midwest Study) is a longitudinal study that has been following a sample of young people from Iowa, Wisconsin, and Illinois as they transition out of foster care into adulthood. It is a collaborative effort involving Chapin Hall at the University of Chicago; the University of Wisconsin Survey Center; and the public child welfare agencies in Illinois, Iowa, and Wisconsin. The Midwest Study provides a comprehensive picture of how foster youth are faring during this transition since the Foster Care Independence Act of 1999 became law. Foster youth in Iowa, Wisconsin, and Illinois were eligible to participate in the study if they had entered care before their 16th birthday, were still in care at age 17, and had been removed from home for reasons other than delinquency. Baseline survey data were collected from 732 study participants when they were 17 or 18 years old. Study participants were re-interviewed at ages 19 (n = 603), 21 (n = 591), 23 or 24 (n = 602), and 26 (n = 596).

Reports found at

<http://www.chapinhall.org/research/report/midwest-evaluation-adult-functioning-former-foster-youth>

14) Acceptance of Couple Violence Questionnaire

This is an 11-item measure instructing respondents to rate on a 4-point Likert scale how strongly they agree or disagree with a statement. It has three subscales: male on female violence, female on male violence, and acceptance of general dating violence. In one study this instrument was used with 1,965 12-18 year olds to assess dating violence in schools.

Foshee, VA, Fothergill, K & Stuart, J. (1992) Results from the Teenage Dating Abuse Study Conducted in Githens Middle School and Southern High Schools. Technical Report. Chapel Hill, NC: University of North Carolina.

Foshee, VA, Bauman, KE, Zrriaga, X, Helms, RW, Koch GG & Linder GF (1998). An Evaluation of Safe Dates, an Adolescent Dating Violence Prevention Program. *American Journal of Public Health*, 88 (1), 45-50.

15) Self-Efficacy Instrument for Protective Sexual Behaviors

This is a 22-item measure examining respondents' perceptions of their ability to refuse intercourse, question potential sexual partners and use condoms. This instrument was tested on 220 male and female undergraduates and was found to be reliable, valid, and free social desirability.

Cecil, H & Pinkerton, SD (1998). Reliability and Validity of a Self-efficacy Instrument for Protective Sexual Behaviors. *Journal of American College Health*, 47(3), 113-121.

16) Prevention Minimum Evaluation Data Set

Prevention Minimum Evaluation Data Set (PMEDS) is a ready-to-use questionnaire for evaluating teen pregnancy prevention and teen STD/HIV/AIDS prevention programs. PMEDS has two parts. Part 1 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. PMEDS facilitates the conducting of high-quality evaluations, first by highlighting important aspects of a program model that should be included in an evaluation, such as the demographic profile of the target population, the specific aspects of the intervention or treatment received by each participant, and the short-term outcomes and long-term goals that the program is trying to affect; second, by presenting measures for these evaluation constructs that have been extensively pretested and used in large-scale national studies and for which national comparison norms and data exist.

17) Monitoring the Future Study

Monitoring the Future is an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of approximately 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991). In addition, annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation. The Monitoring the Future Study has been funded under a series of investigator-initiated competing research grants from the National Institute on Drug Abuse, a part of the National Institutes of Health. This study is conducted at the Survey Research Center in the Institute for Social Research at the University of Michigan.

[More information found at](#)

<http://monitoringthefuture.org/>

18) SexSmart Survey

Kaiser Family Foundation conducted a nationally-representative surveys of teens 15 to 17 on issues related to their sexual health. This survey examines sexual health communication between teens and their parents, health care providers and partners. The results suggest that nearly four in 10 sexually active adolescents say their parents don't know they are having sex. And, more than half of all teens surveyed say they have never talked with their parents about how to have a conversation about contraception, sexually transmitted diseases (STDs), or condoms with someone they might be dating (July 2002).

Reports found at

<http://www.kff.org/youthhivstds/3240-index.cfm>

19) National Campaign, Voices Heard

This was National Survey of Latinos surveying attitudes about teen pregnancy. Data was drawn from two national surveys: one with teens and another with adults. The adult survey was conducted telephone through random digit dialing and was weighted to provide a nationally representative estimate of the adult population, aged 20 and older. Telephone interviews were conducted with 1,162 adults aged 20 and older. This survey included an over-sampling of Latino adults; 202 of the adults in the survey sample identified themselves as Latino/Hispanic. The same method was used in the teen survey. The sample was weighted to provide a nationally representative estimate of young people aged 12-19. Telephone interviews were conducted with 1,037 young people aged 12-19; 221 of whom identified themselves as Latino/Hispanic.

Vexler, E. (2007). *Voices Heard: Latino Adults and Teens Speak Up About Teen Pregnancy*. Washington, DC: the National Campaign to Prevent Teen Pregnancy.

20) Kaiser Family Foundations National Survey of Teens, 1998

This was a survey on a nationally representative sample of more than 1,800 young people in three key age groups: young adolescents (ages 13-14), adolescents (ages 15- 17), and young adults (ages 18-24). Topics from this survey ranged from sexual health knowledge to attitudes and experiences with sexual practices and HIV/STIs.

Report found at

<http://www.kff.org/youthhivstds/upload/National-Survey-of-Adolescents-and-Young-Adults.pdf>

21) National Survey of Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS). This is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older.

Information found at

<https://nsduhweb.rti.org/>

22) National Survey of Children's Exposure to Violence

This a comprehensive nationwide survey of the incidence and prevalence of children's exposure to violence to date, sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and supported by the Centers for Disease Control and Prevention (CDC). Conducted between January and May 2008, it measured the past-year and lifetime exposure to violence for children age 17 and younger across several major categories: conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization (including exposure to community violence and family violence), school violence and threats, and Internet victimization.

Report found at

<https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf>

23) What Do Deaf High School Students Know about HIV?

This study used a survey to measure HIV/AIDS knowledge, risk behavior, attitudes towards persons with HIV/AIDS, self-perceived risk for HIV and parent/child communication (American Sign Language (ASL) ability of the parent) of deaf adolescents in high schools where ASL is used. The survey was translated into ASL using a cross-cultural translation team approach, and

then a videotape of the survey was transferred onto portable notebook computers to be self-administered. The survey was conducted among 700 deaf adolescent participants attending high schools for the deaf throughout the United States.

Goldstein, M. F., Eckhardt, E. A., Joyner-Creamer, P., Berry, R., Paradise, H. and Cleland, C. M. (2010). What do deaf high school students know about HIV? *AIDS Education and Prevention*, 22(6), 523-527.

24) National Coalition for LGBT Health: LGBT Inclusion in Federal Health Surveys

This document documents the development, testing and inclusion of an LGBT question on nationwide health surveys.

National Coalition for LGBT Health (November 2010). Report found at http://lgbthealth.webolutionary.com/sites/default/files/LGBT%20Inclusion%20in%20Surveys_0.pdf

25) Design, Development, and Testing of the NHIS Sexual Identity Question

This report describes research to develop and evaluate a sexual identity question for the National Health Interview Survey.

Miller, Kristen and J. Michael Ryan. (October 2011). Design, Development and Testing of the NHIS Sexual Identity Question. Questionnaire Design Research Laboratory, Office of Research and Methodology, National Center for Health Statistics. Report found at <http://www.lgbttobacco.org/files/Final%20Report%20Sexual%20Identity.pdf>

26) Be Proud! Be Responsible!

This study focused on a 5-hour curriculum implemented with a sample of inner-city African-America male adolescents in a single-day format. The curriculum stressed behavior change for prevention of HIV-AIDS. The behavioral findings indicate that it also reduced the incidence of risky behaviors leading to pregnancy. The participants completed questionnaires before, immediately after, and 3 months after the intervention. The measures included HIV risk-associated sexual behavior, intentions to engage in risky sexual behaviors, attitudes toward risky sexual behaviors, and AIDS and STD knowledge.

Jemmott JB, Jemmott LS, and Fong GT (1992). Reductions in HIV Risk-Associated Sexual Behaviors Among Black Male Adolescents: Effects of an AIDS Prevention Intervention. *American Journal of Public Health* 82(3): 372-377. Information found at <http://www.blueprintsprograms.com/evaluationAbstracts.php?pid=ff6d1d2c3324408300408b915aa5c531b6db0e48> ; Survey found at <https://adobeformscentral.com/?f=lfRwkQZtRk-vQ85UhnDkVg#>

27) Parents and Children Together (PACT) Evaluation of Responsible Fatherhood and Healthy Marriage grant program

The (PACT) contract is a formative evaluation project which aims to document and provide initial assessment of selected Responsible Fatherhood and Healthy Marriage grant programs. The project employs multiple evaluation strategies to describe and evaluate the grant programs. The impact evaluation will utilize a random assignment evaluation design to assess the effectiveness of the selected programs on a range of outcomes, including improving couple relationships, parenting, economic stability, and adult and child well-being.

Copies of the survey are available from Mathematica upon request.