

INSTRUMENT #6
HFSA FOLLOW-UP SURVEY

OMB Control No:
Expiration Date:

MATHEMATICA
Policy Research



PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

HFSA FOLLOW-UP SURVEY
(San Angelo)

THE PAPERWORK REDUCTION ACT OF 1995

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INTRODUCTION

INTERVIEWERS: INSTRUCTIONS TO YOU ARE IN BLUE BOLD CAPS. DO NOT READ TEXT IN BLUE BOLD CAPS ALOUD.

GET RESPONDENT ON PHONE

Hello. My name is _____, and I'm calling from Mathematica Policy Research. Could I speak with **[RESPONDENT'S NAME]** please?

RESOLVE ANY QUESTIONS AND ATTEMPT TO GET RESPONDENT ON PHONE.

IF RESPONDENT IS NOT AVAILABLE

When would be a good time to reach **[RESPONDENT'S NAME]**?/When would be a good time do to the interview?

INTRODUCTION WITH RESPONDENT

[Hello. My name is _____, and I'm calling from Mathematica Policy Research.]

I'm calling as part of a study of the Healthy Family San Angelo home visiting program that you agreed to participate in. You might remember filling out a survey about a year ago. I'm calling to do another survey with you, which is very similar to the one you completed when you enrolled in the study. It will ask about your perspectives and experiences.

START

Before we begin the survey, I need to tell you that your participation in this study is voluntary, and we want you to know that:

- The answers you give to this survey will never be identified as yours. All of your responses will be kept private and will not be shared with anyone.
- We hope that you will answer all the questions honestly, but you may skip any questions you do not want to answer.
- And, we will send you a \$20¹ gift card after we complete the survey.

Some of the questions we ask could be considered sensitive. Are you somewhere you can freely answer questions?

Do you have any questions before we begin?

****YOUR RESPONSE TO ANY QUESTIONS ABOUT SURVEY CONTENT SHOULD BE, "Just answer the question the best you can."**

¹ The second follow-up survey will have a \$25 gift card.

I.1. I just need to verify that I am speaking to the correct person. What is your birthday?

Month Day Year

I.2. [MONTH AND YEAR OF RESPONDENT'S BIRTH]

Month Day Year

I.3. DO AT LEAST TWO (MONTH, DAY OR YEAR) MATCH?

MARK (X) ONE

Yes

No → I'm sorry. I need to check my records before I can interview you. Is this the best time to reach you in the future?

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?

FIRST NAME OF RESPONDENT

I.5. And middle name please?

PROBE: Can you spell that for me please?

MIDDLE NAME OF RESPONDENT

I.6. And last name please?

PROBE: Can you spell that for me please?

LAST NAME OF RESPONDENT

I.7. DOES RESPONDENT'S NAME MATCH?

MARK (X) ONE

Yes

No → I'm sorry. I need to check my records before I can interview you. Is this the best time to reach you in the future?

SECTION 1: YOU AND YOUR BACKGROUND

1.1. My next questions are about your experiences with school. Are you currently enrolled in school? **IN THE SUMMER READ: If you are currently on summer vacation but plan to return to school, your answer would be “yes.”**

MARK (X) ONE

- Yes
 No

1.2. What is the highest grade you have completed?

MARK (X) ONE

- Less than 7th grade
 7th grade
 8th grade
 9th grade
 10th grade
 11th grade
 12th grade
 Higher than 12th grade

1.3. Do you have any of these?

MARK (X) ONE FOR EACH QUESTION

	YES	NO
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		

1.4. What kind of grades do you or did you usually get in school? If you are not currently attending school, answer based on the last school you attended.

MARK (X) ONE

- My courses are not graded
- Mostly As
- About half As and half Bs
- Mostly Bs
- About half Bs and half Cs
- Mostly Cs
- About half Cs and half Ds
- Mostly Ds
- Mostly below Ds

1.5. For the last school you attended or the school you are now attending, how often would you say you cut classes?

MARK (X) ONE

- Never or almost never
- Sometimes, but less than once a week
- Not every day, but at least once a week
- Daily or almost every day

1.6. Thinking about all of the schools you have ever attended, how many times have you been suspended or expelled from school?

MARK (X) ONE

- Never
- Once
- More than once

1.7. [SKIP 1.7.a. IF 1.3.a. = YES. SKIP 1.7.b. IF 1.3.e. = YES]

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

MARK (X) ONE FOR EACH QUESTION

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHA T LIKELY	VERY LIKELY	ALREAD Y DID THIS
a. Graduate from high school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Get a GED certificate.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: YOUR RELATIONSHIPS

2.1. The next question is about how you deal with different situations.

How well can you do each of the following?

MARK (X) ONE FOR EACH QUESTION

	I AM BAD AT THIS	I AM OKAY AT THIS	I AM GOOD AT THIS	I AM EXTREMELY GOOD AT THIS
a. Admit that you might be wrong during a disagreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Avoid saying things that could turn a disagreement into a big fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accept another person's point of view even if you don't agree with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Listen to another person's opinion during a disagreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work through problems without arguing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. In a good couple relationship, you don't always get your own way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There are times when hitting or pushing is okay in a couple relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A good couple relationship is based on mutual respect, not just sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Someone who makes their dating partner jealous deserves to be hit or pushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It would be easy to trust someone you are romantically involved with, even when you're apart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding a disagreement with someone you are romantically involved with is always better than talking about your problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: INFORMATION, THOUGHTS AND OPINIONS

3.1. The next questions are about services you might have received.

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?

MARK (X) ONE

- Yes
 No → GO TO 3.3

3.2. The the past [NUMBER OF MONTHS] months, during how many of those visits did someone talk with you about the following?

MARK (X) ONE FOR EACH QUESTION

	NEVER/ NO VISITS	1 - 2 VISITS	3 - 5 VISITS	6 - 9 VISITS	10 OR MORE VISITS
a. Parenting or taking care of your baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Relationships, dating, or marriage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Abstinence from sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Methods of birth control, such as condoms, pills, or other methods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Where to get birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Sexually transmitted diseases, also known as STDs or STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3. In the past [NUMBER OF MONTHS SINCE RA/ FU1 SURVEY] months, how often did you attend any classes or group sessions about the following? Please DO NOT include any times someone came to your home to discuss any of these issues with you.

MARK (X) ONE FOR EACH QUESTION

	NEVER	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 OR MORE TIMES
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

3.4. Where did you attend these classes or group sessions, for example, in health class at school, or through a program you attended the last time you attended the program?

PLACE 1:

PLACE 2:

ADDITIONAL PLACES:

3.5. 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...?

MARK (X) ONE FOR EACH QUESTION

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHAT LIKELY	VERY LIKELY
a. With someone you have known for a few days or less.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. With someone you have dated for a long time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. With someone with whom you have already had sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. With someone who is pushing you to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. With someone who does not want to use a condom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6. The next series of statements is about condom use. How strongly do you agree or disagree with each of these statements?

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
a. Condoms should always be used if a person your age has sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Condoms are important to make sex safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Using condoms means you don't trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

your partner

d. Using condoms is morally wrong

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know

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

MARK (X) ONE

- Not at all
- A little
- A lot
- Completely
- Don't know

3.11. 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.

MARK (X) ONE FOR EACH QUESTION

	YES	NO	DON'T KNOW
a. Can you get a sexually transmitted disease, also known as an STD or STI, from having oral sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Can you tell if people have HIV, the virus that causes AIDS, by looking at them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Can a woman give HIV to a man if they are having sexual intercourse without a condom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Can a person who has sexual intercourse only with people he or she knows well ever get HIV?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Can a pregnant woman who has HIV pass it on to her newborn baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.12. 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?

MARK (X) ONE

- Birth control pills
- The shot (Depo-Provera)
- Condoms
- The patch
- Don't know

PART B

4.1. The next questions are about your sexual behavior and experiences.

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

NUMBER OF PEOPLE – Your best estimate is fine.

4.2. Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse?

MARK (X) ONE

Yes

No → GO TO 4.6

4.3. In the past 3 months, how many **TIMES** have you had sexual intercourse?

NUMBER OF TIMES – Your best estimate is fine.

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

NUMBER OF TIMES – Your best estimate is fine.

4.5. 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 without using any of these methods of birth control?

NUMBER OF TIMES – Your best estimate is fine.

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

MARK (X) ONE

Yes, definitely

Yes, probably

No, probably not

No, definitely not

4.7. 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?

MARK (X) ONE

Yes

No → GO TO 4.11

4.8. Now please think about the past 3 months. In the past 3 months, have you had oral sex?

MARK (X) ONE

Yes

No → GO TO 4.11

4.9. In the past 3 months, how many TIMES have you had oral sex?

NUMBER OF TIMES – Your best estimate is fine.

4.10. In the past 3 months, how many TIMES have you had oral sex without using a condom?

NUMBER OF TIMES – Your best estimate is fine.

4.11. 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?

MARK (X) ONE

Yes

No → **GO TO 5.1**

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

MARK (X) ONE

Yes

No → **GO TO 5.1**

4.13. In the past 3 months, how many **TIMES have you had anal sex?**

NUMBER OF TIMES – Your best estimate is fine.

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

NUMBER OF TIMES – Your best estimate is fine.

SECTION 5: HEALTHCARE, PARENTING AND PREGNANCY

5.1. In the past [NUMBER OF MONTHS SINCE RA / FU1 SURVEY] months, how often did you receive information from a doctor, nurse, or clinic about any of the following? Please DO NOT include any times someone came to your home to discuss any of these issues with you.

MARK (X) ONE FOR EACH QUESTION

	NEVER	1 - 2 TIMES	3 - 5 TIMES	6 - 9 TIMES	10 OR MORE TIMES
a. Methods of birth control, such as condoms, pills, or other methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Where to get birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sexually transmitted diseases, also known as STDs or STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.2. 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

	YES	NO
a. Condoms?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control pills?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. The shot or the Depo-Provera shot?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. The patch or Ortho Evra.....	<input type="checkbox"/>	<input type="checkbox"/>
e. The ring or NuvaRing?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. An IUD, Mirena, Paragard, or Skyla?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. An Implant, Implanon, or Nexplanon?.....	<input type="checkbox"/>	<input type="checkbox"/>
h. Emergency Contraception or Plan B?.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Another type of birth control? <i>PRINT OTHER TYPE</i>	<input type="checkbox"/>	<input type="checkbox"/>

5.3. **FOR ALL BIRTH CONTROL METHODS LISTED IN THE PREVIOUS QUESTION TO WHICH THE [] [] ONDI [] [] NSW [] [] “YES”, ASK THIS QUESTION.**

Are you currently using ...

MARK ONE FOR EACH

	YES	NO
b. Birth control pills?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. The shot or the Depo-Provera shot?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. The patch or Ortho Evra.....	<input type="checkbox"/>	<input type="checkbox"/>
e. The ring or NuvaRing?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. An IUD, Mirena, Paragard, or Skyla?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. An Implant, Implanon, or Nexplanon?.....	<input type="checkbox"/>	<input type="checkbox"/>
i. [THE TYPE OF BIRTH CONTROL MENTIONED IN 5.2i].....	<input type="checkbox"/>	<input type="checkbox"/>

5.4. **In the past [NUMBER OF MONTHS SINCE RA] months, have you been told by a doctor, nurse, or some other health professional that you had any of the following sexually transmitted diseases?**

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. Chlamydia.....		
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>		

5.5. **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?**

MARK (X) ONE

- Yes → **GO TO 5.7**
- No

5.6. **On what date was the baby born?**

Month

Day

Year

5.7. So I can refer to the baby, what is the baby's first name? **IF SHE HAD A MULTIPLE BIRTH, TAKE NAME OF FIRST BORN.**

TYPE CHILD'S FIRST NAME

5.8. **DO NOT ASK IF ALREADY KNOW**

Is [CHILD] male or female?

MARK (X) ONE

Male

Female

5.9. Do you currently live with [CHILD] in the same household...

MARK (X) ONE

- All of the time, → **GO TO 5.12**
- Most of the time, → **GO TO 5.11**
- Some of the time, or
- None of the time?

5.10. Have you seen [CHILD] in the past month?

MARK (X) ONE

- Yes
- No

5.11. [IF 5.9 = MOST OR SOME]: When [CHILD] is not living with you,

[IF 5.9=NONE]: (W/w)ho does [CHILD] live with?

MARK ONE OR MORE

- Father
- Grandparent/s
- Other relative/s
- _____
- Foster parent/s
- Someone else → DESCRIBE OTHER PERSON BELOW

5.12. Since [CHILD] was born, how many months have you lived with [CHILD] in the same household?

NUMBER OF MONTHS

5.13. SKIP IF 5.10 = NO

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 month, once or twice in the past month, or never?

MARK (X) ONE FOR EACH QUESTION

	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	NEVER
a. Played games like "peek-a-boo" or "gotcha" with [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sung songs with [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Read or looked at books with [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Told stories to [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Played with games or toys with [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.14. SKIP IF 5.10 = NO

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...

MARK (X) ONE

- 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?

5.15. The next questions are about the father of [CHILD'S NAME]. So I can refer to him, what is his first name?

TYPE CHILD'S FATHER'S NAME

IF NO NAME IS GIVEN, [CHILD'S FATHER'S NAME] WILL BE FILLED WITH "[CHILD]'s Father"

5.16. Are you and [CHILD'S FATHER'S NAME]...

MARK (X) ONE

- Married, → **GO TO 5.18**
- Divorced,
- Separated, or
- Have you never been married to each other?

5.17. Which of the following statements best describes your current relationship with [CHILD'S FATHER'S NAME]?

MARK (X) ONE

- 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 → **GO TO 5.19**

5.18. 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.

NUMBER

5.19. Do you currently live with [CHILD'S FATHER'S NAME] in the same household...

MARK (X) ONE

- All of the time, → **GO TO 5.21**
- Most of the time,
- Some of the time, or
- None of the time?

5.20. How often do you and [CHILD'S FATHER'S NAME] see or talk to each other? Is it...

MARK (X) ONE

- 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?

5.21. SKIP IF 5.12 = 0

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]?

NUMBER OF MONTHS

5.22. 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...

MARK (X) ONE

- 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?

5.23. **ASK ONLY IF 5.22=NEVER**

Has [CHILD'S FATHER] seen [CHILD] in the past month?

MARK (X) ONE

Yes

No → GO TO 5.25



5.24. **SKIP IF 5.10 = NO OR IF 5.23 = NO**

The next questions are about things [FATHER'S NAME] may have done with [CHILD] in the past month.

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?

MARK (X) ONE FOR EACH QUESTION

	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	NEVER
a. Played games like "peek-a-boo" or "gotcha" with [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Sung songs with [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Read or looked at books with [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Told stories to [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Played with games or toys with [CHILD].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Helped [CHILD] to get dressed.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Changed [CHILD]'s diapers or helped [him/her] use the toilet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Given [CHILD] a bottle or something to eat.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.25. Now, I would like to talk about you and [CHILD'S FATHER'S NAME] as parents.

For each statement, please answer if you strongly agree, agree, are not sure, disagree, or strongly disagree.

[STATEMENT a to e] Do you strongly agree, agree, are not sure, disagree, or strongly disagree with this statement?

MARK (X) ONE FOR EACH QUESTION

	STRONGLY Y AGREE	AGREE	NOT SURE	DISAGREE	STRONGLY DISAGREE
a. I feel good about [CHILD'S FATHER'S NAME]'s judgment about what is right for [CHILD]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [CHILD'S FATHER'S NAME] and I are a good team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When there is a problem with [CHILD], [CHILD'S FATHER'S NAME] and I work out a good solution together	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [CHILD'S FATHER'S NAME] makes my job of being a parent easier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [CHILD'S FATHER'S NAME] pays a great deal of attention to [CHILD]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. [CHILD] needs [CHILD'S FATHER'S NAME] just as much as he needs me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5.26. 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] does [FATHER'S NAME] cover? Would you say it's...

MARK (X) ONE

- All or almost all,
- More than half,
- About half,
- Less than half, or
- Little or none?

5.27. next visit about pregnancy. Have you been pregnant again since [CHILD] was born?

MARK (X) ONE

Yes

No → GO TO 5.35

5.28. Since [CHILD] was born, how many times have you been pregnant, even if no baby has been born?

NUMBER OF TIMES

5.29. Are you currently pregnant?

MARK (X) ONE

Yes

No → GO TO 5.31

5.30. What is the baby's due date?

Month Day Year

5.31. Since [CHILD] was born, have you had another baby?

MARK (X) ONE

Yes

No → GO TO 5.35

5.32. Since [CHILD] was born, how many babies have you had?

NUMBER OF BABIES

5.33. was most t baby born?

Month

Day

Year

5.34. IF 5.33 IS MORE THAN 1 BABY, ASK THIS QUESTION. OTHERWISE, SKIP.

When was the baby before that baby born?

Month

Day

Year

5.35. Do you want to have any more children?

MARK (X) ONE

Yes

No → GO TO 5.37

5.36. How soon would you like to have your next child? Would you like to have it...

MARK (X) ONE

- Within the next year,
- One to two years from now,
- Two to three years from now, or
- More than three years from now?

5.37. If you got pregnant again in the next year, how would you feel, very happy, a little happy, neither happy nor upset, a little upset, or very upset?

MARK (X) ONE

- Very happy
- A little happy
- Neither happy nor upset
- A little upset
- Very upset

SECTION 6: ALCOHOL AND DRUG USE AND HEALTH

6.1. The next questions are about alcohol, drugs and general health.

During the past 30 days, on how many days did you smoke one or more cigarettes?

MARK (X) ONE

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

6.2. During the past 30 days, on how many days did you have one or more alcoholic beverages?

MARK (X) ONE

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

6.3. During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a few hours?

MARK (X) ONE

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

6.4. During the past 30 days, on how many days did you use marijuana, also called weed or pot?

MARK (X) ONE

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

6.5. During the past 30 days, on how many days did you use any other type of illegal drug, inhalant, or a prescription drug in a way that was not prescribed?

MARK (X) ONE

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Nothing you do when you are young will affect how healthy you are as an adult.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You can do things now that will help you to be healthy when you are an adult.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking risks when you are young, like drinking and doing drugs, does not really matter for your health in the long run.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The good and bad decisions you make when you are young will affect your health as an adult.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.7. Okay, that was the end of our survey. Thank you so much for your help with this study.

I'd like to confirm your address, so that we are sure you will receive your \$20² gift card.

CONFIRM ADDRESS AND UPDATE IF NECESSARY.

I would also like to confirm your other contact information, so that we will be able to reach you for the last of our three surveys, 12 months from now.

CONFIRM PHONE NUMBER/S, ADDRESS, AND EMAIL, AND UPDATE IF NECESSARY.

Finally, we will contact you periodically in the next 12 months to be sure your contact information hasn't changed. Would you prefer we contact you by postcard or text message?

NOTE WHETHER POST CARD OR TEXT.

That's it. Thank you so much again!

Good-bye.

² The second follow-up survey will have a \$25 incentive