

OMB Control No:
Expiration Date:

MATHEMATICA
Policy Research



PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

NEW YORK FOLLOW-UP SURVEY

PRIVACY

Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, community, future goals, and also your attitudes and behaviors. Your answers and everything you say will be kept private. Your name will not be on the survey. Please answer all questions as well as you can.

We want you to know that:

- 1. Your participation in this survey is voluntary.**
- 2. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.**
- 3. The answers you give will be kept private. Your responses will be combined with those of other people your age.**

Mathematica Policy Research

THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

GENERAL INSTRUCTIONS

1. PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED! USE A BLACK PEN.

PLEASE READ EACH QUESTION CAREFULLY. There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question. Here are some examples.

EXAMPLE 1: MARK (X) ONE ANSWER

What is the color of your eyes?

MARK (X) ONE

- Brown
 Blue
 Green
 Another color

If the color of your eyes is brown, you would mark (X) the first box as shown.

2. **EXAMPLE 2: FILL IN THE NUMBER**

In the last seven (7) days, how many chocolate bars have you eaten?

NUMBER OF CHOCOLATE BARS – Your best guess is fine.

Fill in the boxes with the correct number. For any number less than 10, put a zero (0) in the first box. For example, if you had eaten 2 chocolate bars in the last 7 days, you would write “0” in the first box and “2” in the second box. If you had eaten 15 chocolate bars, you would write “1” in the first box and “5” in the second box.

START HERE!

SECTION 1: YOU AND YOUR BACKGROUND

1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

Month born

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

Year born

- 2004
- 2003
- 2002
- 2001
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993

1.2. Are you male or female?

MARK (X) ONE

- Male
- Female

1.3. Are you Hispanic/Latino?

MARK (X) ONE

- Yes
 No → GO TO QUESTION 1.5

1.4. Are you...?

MARK (X) ALL THAT APPLY

- Mexican, Mexican American, Chicano/a
 Puerto Rican
 Cuban
 Another Hispanic, Latino, or Spanish origin

1.5. What is your race?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

1.6. Are you currently enrolled in school? *If you are currently on summer vacation but plan to return to school, mark "yes."*

MARK (X) ONE

- Yes
 No

1.7. 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

1.8. 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

1.9. 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

1.10. 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

1.11. 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
- One time
- Two times
- More than two times

1.12. 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. Graduate from a 4-year college.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. I have specific goals for my future career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have a plan for achieving my future career goals.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Planning for a career is not worth the effort.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I haven't thought much about my future career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I have a career, I won't be able to enjoy other things in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Going to college is important for getting a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.14. How important do you think it is to do each of the following things?

MARK (X) ONE FOR EACH QUESTION

	NOT THAT IMPORTANT	SOMEWHAT IMPORTANT	VERY IMPORTANT	EXTREMELY IMPORTANT
a. Keep track of your expenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Compare prices when you shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Set aside money for future purchases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: FAMILY

2.1. Now we have some questions about your mother and father, or the people you think of as your mother and father.

In the past 3 months, how many TIMES have you talked with your mother or your father about each of the following things?

MARK (X) ONE FOR EACH QUESTION

	NEVER	1-2 TIMES	3-9 TIMES	10 OR MORE TIMES
a. How things are going with school work or with your grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A personal problem you were having	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Romantic relationships or dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. How to resist pressures to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Avoiding drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Whether you should be having sex at this time in your life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2. The next few questions ask about your biological parents.

Do you live with your biological mother?

MARK (X) ONE

- None of the time
- Some of the time
- Most of the time
- All of the time

2.3. Do you live with your biological father?

MARK (X) ONE

- None of the time
- Some of the time
- Most of the time
- All of the time

2.4. In the past 12 months, how many times have you moved?

MARK (X) ONE

- Never
- One time
- Two times
- Three times
- Four times or more

2.5. How long have you lived where you live now?

MARK (X) ONE

- Less than 1 month
- 1 month to 3 months
- More than 3 months to 6 months
- More than 6 months to 1 year
- More than 1 year

2.6. All together, how many times have you run away from home for at least one night?

MARK (X) ONE

- Never
- One time
- Two times
- Three times or more

SECTION 3: YOUR RELATIONSHIPS

3.1. 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"/>

3.2. The next questions are about your experiences and attitudes toward romantic relationships and dating.

How would you define your current relationship status?

MARK (X) ONE

- Married
- Engaged
- Seriously dating
- Casually dating
- Not currently in a relationship or dating

3.3. 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 dating 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 between people who are dating is okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A good dating 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 dating, 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 dating is always better than talking about your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.4. Have you ever been fearful that someone you were dating or having sex with might physically hurt you?

MARK (X) ONE

- Yes
- No

3.5. Do you consider yourself to be one or more of the following?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- Straight
- Gay or Lesbian
- Transgender
- Bisexual
- Something else or I have not decided

SECTION 4: INFORMATION, THOUGHTS AND OPINIONS

4.1. In the past 12 months, how often did you attend any classes or sessions about the following?

MARK (X) ONE FOR EACH

10 OR

a. Relationships,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Abstinence from	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Methods of birth control, such as condoms, pills, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Where to get birth control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexually transmitted diseases, also known as STDs or STIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.2. Where did you attend these classes or information 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? If you attended these classes or sessions at more than one place, please list all of these places in the spaces provided below.

I did not attend any classes or sessions

PLACE 1:

PLACE 2:

ADDITIONAL PLACES:

4.3. How strongly do you agree or disagree with each of the following statements?

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. Having sexual intercourse is a good thing for you to do at your age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At your age right now, having sexual intercourse would create problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At your age right now, not having sexual intercourse is important for you to be safe and healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is against your values to have sexual intercourse before marriage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.4. 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	SOMEWHA T 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"/>

4.5. 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 your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using condoms is morally wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.6. 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

4.7. 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

4.8. 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

4.9. 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

4.10. 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	N O	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"/>

4.11. 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

SECTION 5: BEHAVIOR

5.1. The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers will be kept private and will not be shared with anyone.

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



Have you ever had sexual intercourse?

MARK (X) ONE

Yes

No **GO TO 5.9**

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

MARK (X) ONE

I have never had sexual intercourse

12 years old or younger

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old

19 years old

20 years old

21 years old

22 years or older

5.3. The first time you had sexual intercourse, did you or your partner use any of these methods of birth control?

MARK (X) ONE FOR EACH QUESTION

YES

NO

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 *PRINT OTHER METHOD USED*

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

I have never had sexual intercourse

NUMBER OF PEOPLE – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

5.7. The next question is about your use of the following methods of birth control:

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

In the past 3 months, how many TIMES have you had sexual intercourse without using any of these methods of birth control?

None

NUMBER OF TIMES – Your best guess is fine.

5.8. 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

5.9. 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 5.14**

5.10. The very first time you had oral sex, how old were you?

MARK (X) ONE

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years or older

5.11. 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 5.14**

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

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

5.14. 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 5.18**

5.15. The very first time you had anal sex, how old were you?

MARK (X) ONE

12 years old or younger

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old

19 years old

20 years old

21 years old

22 years or older

5.16. 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 5.18**

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

None

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

5.19. Have you ever had oral sex or anal sex with a person the same sex as you?

MARK (X) ONE

Yes

No

SECTION 6: HEALTHCARE AND PREGNANCY

6.1. In the past 12 months, how often did you receive information from a doctor, nurse, or clinic about any of the following?

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, etc.	<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"/>

6.2. 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, etc.?

MARK (X) ONE

Yes

No → GO TO 6.4

6.3. What type of birth control did you receive?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- Condoms
- Birth control pills
- The shot (Depo-Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implant (Implanon)
- Emergency Contraception (Plan B)
- Other *PRINT OTHER TYPE*

6.4. In the past 12 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) *PRINT OTHER STD*

6.5. 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?

MARK (X) ONE

- Yes
- No → **GO TO 6.8**

6.6. To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?

NUMBER OF TIMES

6.7. Have you ever had a baby or has anyone you got pregnant actually had the baby?

MARK (X) ONE

- Yes
- No
- Don't know

6.8. If you got pregnant now or you got someone pregnant now, how would you feel?

MARK (X) ONE

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

SECTION 7: ALCOHOL AND DRUG USE AND HEALTH

7.1. The next questions are about alcohol, drugs and general health. Please be as honest as possible, and remember that your answers will be kept private and will not be shared with anyone.

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

7.2. 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

7.3. 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

7.4. 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

7.5. During the past 30 days, on how many days did you use any other type of illegal drug or inhale something to get high?

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

7.6. Now thinking about experiences throughout your life, how many times have you experienced the following things?

MARK (X) ONE FOR EACH QUESTION

	NEVER	ONCE	TWO OR THREE TIMES	FOUR OR MORE TIMES
a. Heard gunshots in your neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Witnessed a shooting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Been robbed or mugged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Been threatened with a gun or knife	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been beaten up badly enough that you needed to go to the doctor, even if you did not end up going.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Been touched by someone or forced to touch someone in a sexual way when you did not want to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.7. 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 as a teen 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 as a teen, 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 as a teen will affect your health as an adult.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please put the survey back into the envelope and give it to the moderator.

Thank you!

**Thank you for
completing this survey!**



MATHEMATICA
Policy Research