

ATTACHMENT F

EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES

FOLLOW- UP INSTRUMENT: LIVE THE LIFE (LTL)

The LTL survey instrument is divided into three sections:

PART A – FOR ALL YOUTH (this section ends with a question on whether the adolescent has had sex, in which case the adolescent chooses to continue to either PART B1 or B2)

PART B1 – FOR SEXUALLY-ACTIVE YOUTH

PART B2 – FOR NON-SEXUALLY-ACTIVE YOUTH



Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART A

CONFIDENTIALITY

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

We want you to know that:

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

Mathematica Policy Research

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0382. The time required to complete this information collection is estimated to average 42 minutes per response, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

GENERAL INSTRUCTIONS

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

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: MARK (X) ONE ANSWER and FILL IN THE BLANK

What is the color of your hair?

MARK (X) ONE

- Brown
 Black
 Blond
 Red
 Some other color PRINT OTHER COLOR

If the color of your hair is purple, you would mark (X) the last box and write the word "purple" in the blank as shown. BE SURE TO WRITE CLEARLY.

3. EXAMPLE 3: YOU MAY MARK (X) MORE THAN ONE ANSWER

Do you plan to do any of the following next week?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- Rent a movie
 Go to a baseball game
 Study at a friend's house

If you plan to rent a movie and go to a baseball game next week, you would mark (X) both boxes.

4. **EXAMPLE 4: QUESTION WITH A SKIP**

1. Do you ever eat chocolate?

MARK (X) ONE

- Yes
 No → GO TO QUESTION 3

Because you answered “Yes” to question 1, you would continue to question 2 and then question 3.

If you answered “No” to question 1, you would skip question 2 and go right to question 3.

2. Do you always brush your teeth after eating chocolate?

MARK (X) ONE

- Yes
 No

3. Did you do any of the following last week?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- Went to a play
 Went to a movie
 Attended a sporting event

5. **EXAMPLE 5: FILL IN THE NUMBER**

In the past 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 past 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.

6. **EXAMPLE 6: MARK (X) ONE ANSWER FOR EACH QUESTION**

In the past 12 months, have you done any of the following?

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. Walked a dog on a leash?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Played Frisbee?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Weeded a garden?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Eaten a piece of fresh fruit?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Played a piano?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Watched a movie?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Mark (x) either “yes” or “no” for each of the six (6) questions (a–f) by marking (x) one of the of two boxes in each row.

7. **EXAMPLE 7: MARK (X) ONE MONTH AND ONE YEAR**

In what month and year did you finish elementary school?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month finished</u>	<u>Year finished</u>
<input type="checkbox"/> January	<input type="checkbox"/> 2010
<input type="checkbox"/> February	<input checked="" type="checkbox"/> 2009
<input type="checkbox"/> March	<input type="checkbox"/> 2008
<input type="checkbox"/> April	<input type="checkbox"/> 2007
<input type="checkbox"/> May	<input type="checkbox"/> 2006
<input checked="" type="checkbox"/> June	<input type="checkbox"/> 2005
<input type="checkbox"/> July	<input type="checkbox"/> 2004
<input type="checkbox"/> August	<input type="checkbox"/> 2003
<input type="checkbox"/> September	<input type="checkbox"/> 2002
<input type="checkbox"/> October	<input type="checkbox"/> 2001
<input type="checkbox"/> November	<input type="checkbox"/> 2000
<input type="checkbox"/> December	<input type="checkbox"/> 1999

If you finished elementary school in June of 2009, you would mark (X) the box next to June and mark (X) the box next to 2009.

8. **EXAMPLE 8: FOR GIRLS or FOR BOYS**

1a. **FOR GIRLS** Do you want to be a mother someday?

MARK (X) ONE

Yes No → GO TO 2

1b. **FOR BOYS** Do you want to be a father someday?

MARK (X) ONE

Yes
 No

2. Do you have any brothers or sisters?

MARK (X) ONE

Yes
 No

Some questions are just for girls and some questions are just for boys. These questions are marked with FOR GIRLS or FOR BOYS. If a question is not marked specifically FOR GIRLS or FOR BOYS, then it is a question for everyone to answer.

In the example, if you are a girl, you would answer 1a (FOR GIRLS), skip 1b (FOR BOYS), and then answer question 2, for everyone. If you are a boy, you would skip 1a (FOR GIRLS), answer 1b (FOR BOYS), and answer question 2, for everyone.

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

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

1.2. What grade are you in?

MARK (X) ONE

- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- Not currently in school

1.3. Are you male or female?

MARK (X) ONE

Male

Female

1.4. Are you Hispanic/Latino?

MARK (X) ONE

Yes

No

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. What is the main language you speak at home?

MARK (X) ONE

English

Spanish

Some other language *PRINT OTHER LANGUAGE*

1.7. In the past 12 months, how often did you attend religious services or activities?

MARK (X) ONE

- Never
- Less than once a month
- 1-3 times per month
- Once a week
- More than once a week

1.8. How important is religion in your life?

MARK (X) ONE

- Not at all important
- Somewhat important
- Very important

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

MARK (X) ONE FOR EACH

	YES	NO
a. Relationships, dating, marriage, or family life	<input type="checkbox"/>	<input type="checkbox"/>
b. Abstinence from sex	<input type="checkbox"/>	<input type="checkbox"/>
c. Methods of birth control	<input type="checkbox"/>	<input type="checkbox"/>
d. Where to get birth control	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexually transmitted diseases, also known as STDs	<input type="checkbox"/>	<input type="checkbox"/>
f. How to talk to a partner about whether to have sex or whether to use birth control	<input type="checkbox"/>	<input type="checkbox"/>
g. How to say no to sex.....	<input type="checkbox"/>	<input type="checkbox"/>
h. How babies are made	<input type="checkbox"/>	<input type="checkbox"/>

1.10. Did you say “yes” to any item a through h in question 1.9 above?

MARK (X) ONE

- Yes
- No → **GO TO QUESTION 1.13**

1.11. Thinking about the past 12 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases at each of the following places?

MARK (X) ONE FOR EACH

	Never	1-3 times	4-9 times	10 or more times
a. School class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Church, synagogue, mosque, or religious classes outside of school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Community center, youth organization, or after-school activity.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Doctor, nurse, or clinic.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Parents or other relatives or family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Internet or media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other → LIST OTHER SOURCE →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1.12. Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very helpful to you?

YOU MAY MARK (X) MORE THAN ONE

- School class
- Church, synagogue, mosque or religious classes outside of school
- Community center, youth organization, or after-school activity
- Doctor, nurse, or clinic
- Friends
- Parents or other relatives or family members
- Internet or media
- Other LIST OTHER SOURCE →

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

MARK (X) ONE FOR EACH

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

SECTION 2: FAMILY

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

Which of the following best describes where you live?

MARK (X) ONE

- You live in one home → **GO TO 2.2**
- You live in two or more homes, and go back and forth → **GO TO 2.3**
- You are homeless, for example living on the street, in a car or shelter, or staying with friends or relatives → **GO TO 2.4**

2.2. Who lives with you in your home?

MARK (X) ALL THAT APPLY

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

AFTER ANSWERING → GO TO 2.4

2.3. Who lives with you in each of your homes?

MARK (X) BOTH COLUMNS

Mark (X) all the people who live with you in your MAIN home

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

Mark (X) all the people who live with you in your OTHER home(s)

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

MOTHER

2.4. Now we have some questions about your mother, or the person you think of as your mother. Is this person...?

MARK (X) ONE

- Your biological mother, that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult
- You don't have a mother or person you think of as you mother → **GO TO 2.6**

2.5. Is the person you marked as your mother or the person you think of as your mother working now?

MARK (X) ONE

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

FATHER

2.6. Next we have some questions about your father, or the person you think of as your father. Is this person...?

MARK (X) ONE

- Your biological father, that is, the man who is genetically related to you
- Your stepfather or adoptive father
- Your foster father
- Your grandfather
- Your uncle or your older brother
- Some other adult
- You don't have a father or person you think of as your father → **GO TO 2.8**

2.7. Is the person you marked as your father or the person you think of as your father working now?

MARK (X) ONE

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

PARENTS

2.8. The next two questions are about your biological parents.

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

MARK (X) ONE

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

2.9. Do your biological mother and father live together now?

MARK (X) ONE

- Yes
- No
- One or both of your biological parents have passed away
- Don't know

SECTION 3: VIEWS AND PERCEPTIONS

3.1. The next series of questions is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse, we mean a male putting his penis into a female's vagina. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If you have sexual intercourse as a teen, it will not do any harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. You would feel guilty having sexual intercourse as a teen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You would feel embarrassed to say no to a boyfriend or girlfriend who wanted to have sexual intercourse with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You would not want to disappoint a boyfriend or girlfriend who wanted to have sexual intercourse with you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.2. This question is about your views on sexual intercourse before marriage. How strongly do you agree or disagree with each of the following statements?

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. You intend to wait until marriage to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It would be good for you to wait until marriage to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Whether or not you wait until marriage to have sexual intercourse is completely up to you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You are confident that you can wait until marriage to have sexual intercourse	<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"/>
f. Waiting until marriage to have sexual intercourse is the safest and healthiest choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Most people who are important to you think that you should wait until marriage to have sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.3. FOR GIRLS

If you got pregnant now, how would you feel?

MARK (X) ONE

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

3.3. FOR BOYS

If 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

3.4. Imagine you are alone with someone you like very much. How likely is it that you could do each of these things?

MARK (X) ONE FOR EACH

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHAT LIKELY	VERY LIKELY
a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS)..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
b. Stop them if they wanted to touch your private parts below the waist, meaning the parts of the body covered by underwear, and you did not want them to do that <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
c. Avoid having sexual intercourse if you didn't want to <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

3.5. The next series of questions is about condom use. How strongly do you agree or disagree with each of the following statements?

MARK (X) ONE FOR EACH

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Condoms should always be used if a person your age has sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Condoms are a hassle to use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Condoms do not protect from the emotional impact of sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condoms are important to make sex safer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using condoms means you don't trust your partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using condoms is morally wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Condoms decrease sexual pleasure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.6. 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 → **GO TO 3.7**

3.6a. How confident are you that your answer to the question above is correct?

MARK (X) ONE

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

3.7. 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

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

MARK (X) ONE

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

3.9. The next series of questions is about birth control pills.

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 → **GO TO 3.10**

3.9a. How confident are you that your answer to the question above is correct?

MARK (X) ONE

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

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

MARK (X) ONE

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

3.12. Can you get a sexually transmitted disease, or STD, from having oral sex?

MARK (X) ONE

- Yes
- No
- Don't know → **GO TO 3.13**

3.12a. How confident are you that your answer to the question above is correct?

MARK (X) ONE

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

3.13. In the past 3 months, how many TIMES have you gone out on a date?

Zero or None → **GO TO 3.15**

NUMBER OF TIMES – Your best guess is fine.

3.14. Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?

NUMBER OF PEOPLE – Your best guess is fine.

3.15. Do you intend to have oral sex in the next year?

MARK (X) ONE

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

3.16. 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 → **GO TO 3.19**

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

MARK (X) ONE

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

3.18. The next question is about your intention to use any of these methods of birth control:

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

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

MARK (X) ONE

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

3.19. Do you intend to have sexual intercourse without being married?

MARK (X) ONE

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

3.20. Have you ever had sexual intercourse or oral sex?

- Yes → **GO TO PART B1** AND PUT THIS BOOKLET BACK IN THE ENVELOPE
- No → **GO TO PART B2** AND PUT THIS BOOKLET BACK IN THE ENVELOPE

Complete the correct Part B.

**Put this booklet back in
the envelope and
Go to the correct Part B.**



MATHEMATICA
Policy Research



Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART B1

Please be sure that you have the correct Part B.

If you answered “Yes” to the last question of Part A, you have the correct version of Part B. If you answered “No,” please put this version back in your envelope and fill out Part B2 instead.

Thank you.

Mathematica Policy Research

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0382. The time required to complete this information collection is estimated to average 42 minutes per response, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

PART B

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

Just to confirm, have you ever had sexual intercourse or oral sex?

MARK (X) ONE

No → STOP AND GO TO PART B2.

Yes → CONTINUE WITH THIS BOOKLET.

4.2. 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 4.13

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

MARK (X) ONE MONTH AND ONE YEAR

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

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

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

4.5. The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?

MARK (X) ONE

- Voluntary
- Not voluntary

4.6. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also known as STDs.

The first time you had sexual intercourse, did you or your partner use any type of birth control—including condoms or any other method?

MARK (X) ONE

- Yes
- No → GO TO 4.8

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

MARK (X) ONE FOR EACH

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

4.8. Have you had sexual intercourse more than one time?

MARK (X) ONE

Yes

No → **GO TO 4.13**

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

NUMBER OF PEOPLE – Your best guess is fine.

4.10. Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?

None → **GO TO 4.13**

NUMBER OF TIMES – Your best guess is fine.

4.11. 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.

4.12. 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)
- Implants (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.

4.13. 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 4.17

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

MARK (X) ONE MONTH AND MARK (X) ONE YEAR

Month of First Oral Sex

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

Year of First Oral Sex

- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001
- 2000 or earlier

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

NUMBER OF PEOPLE – Your best guess is fine.

4.16. Now please think about the past 3 months.

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

None

NUMBER OF TIMES – Your best guess is fine.

4.17. 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 4.20

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

NUMBER OF TIMES

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

MARK (X) ONE

Yes

No

Don't know

4.20. In the past 12 months, have you spoken with a doctor or nurse about having sex, birth control or sexually transmitted diseases, also known as STDs?

MARK (X) ONE

Yes

No

4.21. In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (STD), like gonorrhea, Chlamydia, syphilis, or HIV?

MARK (X) ONE

Yes

No

4.22. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?

MARK (X) ONE

Yes

No

4.23. Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?

MARK (X) ONE

Yes

No

SECTION 5: ALCOHOL AND DRUG USE

5.1. The next questions are about alcohol and drugs. Please remember that everything you tell us will be kept private.

Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?

MARK (X) ONE

Yes

No → GO TO 5.5

5.2. The very first time you had an alcoholic drink, how old were you?

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

5.3. During the past 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages?

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

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

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

5.5. Have you ever used marijuana, also called weed or pot?

MARK (X) ONE

Yes

No → **GO TO 5.7**

5.6. During the past 30 days, on how many days did you use marijuana?

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

5.7. Have you ever used any other type of illegal drug, prescription drugs, or an inhalant that were not prescribed for you?

MARK (X) ONE

Yes

No

SECTION 6: FRIENDS AND RELATIONSHIPS

6.1. How many of your friends who are your age think the following things? Your best guess is fine.

MARK (X) ONE FOR EACH

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Having sexual intercourse is a good thing for them to do at their age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They should wait until they are older to have sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They should wait until marriage to have sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is more important to finish high school than to have sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2. How many of your friends who are your age have done the following things?

MARK (X) ONE FOR EACH

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Had sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had oral sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have decided to wait to have sexual intercourse until marriage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE

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

6.4. How much do you feel that your friends care about you?

MARK (X) ONE

- Do not care at all
- Care a little bit
- Care somewhat
- Care very much

Please put all survey materials in the envelope and give it to the moderator.

Thank you!

**Thank you for
completing this survey!**





Evaluation of Adolescent Pregnancy Prevention Approaches

FOLLOW-UP QUESTIONNAIRE

PART B2

Please be sure that you have the correct Part B.

If you answered “No” to the last question of Part A, you have the correct version of Part B. If you answered “Yes,” please put this version back in your envelope and fill out Part B1 instead.

Thank you.

Mathematica Policy Research

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0382. The time required to complete this information collection is estimated to average 42 minutes per response, including the time to review instructions and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

PART B

4.1. 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 or oral sex?

MARK (X) ONE

- Yes → STOP AND GO TO PART B1.
 No → CONTINUE WITH THIS BOOKLET.

4.2. The first two questions in this booklet are about your schooling.

Do you expect that you will graduate from high school?

MARK (X) ONE

- Yes
 I already graduated from high school
 No → GO TO 4.4

4.3. In what month and year do you expect to graduate from high school? *If you already graduated, in what month and year did you graduate from high school?*

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Graduation	<u>Year</u> of Graduation
<input type="checkbox"/> January	<input type="checkbox"/> 2018 or later
<input type="checkbox"/> February	<input type="checkbox"/> 2017
<input type="checkbox"/> March	<input type="checkbox"/> 2016
<input type="checkbox"/> April	<input type="checkbox"/> 2015
<input type="checkbox"/> May	<input type="checkbox"/> 2014
<input type="checkbox"/> June	<input type="checkbox"/> 2013
<input type="checkbox"/> July	<input type="checkbox"/> 2012
<input type="checkbox"/> August	<input type="checkbox"/> 2011
<input type="checkbox"/> September	<input type="checkbox"/> 2010
<input type="checkbox"/> October	<input type="checkbox"/> 2009
<input type="checkbox"/> November	<input type="checkbox"/> 2008
<input type="checkbox"/> December	<input type="checkbox"/> 2007 or earlier

4.4. The next questions are about where you live.

In the past 7 days, did you spend any nights somewhere like a shelter, someone else's home, in a car, on the street, or in any other temporary housing because you did not have a consistent, regular place to live?

MARK (X) ONE

- Yes → **GO TO 4.8**
 No

4.5. In how many homes, places, or households do you live: one, two, or three or more?

MARK (X) ONE

- 1 home → **GO TO 4.8**
 2 homes
 3 or more homes

4.6. Do you consider one of these homes to be your main home?

MARK (X) ONE

- Yes
 No

4.7. Thinking about the past 30 days, how many nights did you spend in each home?

FILL IN TWO OR THREE NUMBERS

- Number of nights at home #1 – Your best guess is fine.
 Number of nights at home #2 – Your best guess is fine.
 Number of nights at another home or other homes – Your best guess is fine.

4.8. These next few questions are about you and your friends.

How strongly do you agree or disagree that you have friends who will give you good advice?

MARK (X) ONE

- Strongly Agree
 Agree
 Disagree
 Strongly disagree

4.9. How strongly do you agree or disagree that you have a friend who cares about you?

MARK (X) ONE

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

4.10. How strongly do you agree or disagree that you have a friend you can talk to when you need to?

MARK (X) ONE

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

4.11. How strongly do you agree or disagree that you have someone who you can call your best friend?

MARK (X) ONE

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

4.12. These next few questions are about you.

How strongly do you agree or disagree that when you start a project, you finish it?

MARK (X) ONE

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

4.13. How strongly do you agree or disagree that you only work as hard as you have to?

MARK (X) ONE

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

4.14. How strongly do you agree or disagree that you are someone people can count on?

MARK (X) ONE

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

4.15. How strongly do you agree or disagree that when you do work, you do a good job?

MARK (X) ONE

- Strongly Agree
- Agree
- Disagree
- Strongly disagree

4.16. Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to YOU?

MARK (X) ONE FOR EACH

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT AT ALL IMPORTANT
a. I believe it is better for my long-term health and well-being.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't want to get a sexually transmitted disease, also known as an STD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I don't want to disappoint my parents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I'm too young to have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. My boyfriend or girlfriend doesn't want to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. I want to wait until I'm married	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It is against my personal values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I haven't met the right person yet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I haven't had the chance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. I don't want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Waiting for sex is the safest, healthiest choice for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. FOR GIRLS I don't want to get pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. FOR BOYS I don't want to get a girl pregnant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.17. Have you ever kissed someone on the lips?

MARK (X) ONE

- Yes
 No → GO TO 4.19

4.18. Have you ever French kissed, that is put your tongue in someone's mouth while kissing?

MARK (X) ONE

- Yes
 No

4.19. Have you ever touched another person's private parts?

MARK (X) ONE

- Yes
 No

4.20. Have you ever let someone touch your private parts?

MARK (X) ONE

- Yes
 No

4.21. Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?

MARK (X) ONE

- Yes
 No

4.22. If you decided to have sexual intercourse outside of marriage, how likely is it that you would use a condom or other method of birth control?

MARK (X) ONE

- Don't plan to have sexual intercourse outside of marriage
 Not at all likely
 A little bit likely
 Somewhat likely
 Very likely

4.23. Have you made a decision not to have sexual intercourse until you get married?

MARK (X) ONE

Yes

No → **GO TO 5.1**

4.24. Here are some statements about how you might feel about your decision NOT to have sexual intercourse until you get married. How much does each statement reflect how you feel?

MARK (X) ONE FOR EACH

	NOT AT ALL LIKE ME	SOMEWHAT LIKE ME	LIKE ME	VERY MUCH LIKE ME
a. My decision to NOT have sex is good for me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I am comfortable with my decision to NOT have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. My decision to NOT have sex makes me feel good about myself.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At this stage in my life, sex is NOT important to me.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 5: ALCOHOL AND DRUG USE

5.1. The next questions are about alcohol and drugs. Please remember that everything you tell us will be kept private.

Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?

MARK (X) ONE

Yes

No → GO TO 5.5

5.2. The very first time you had an alcoholic drink, how old were you?

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

5.3. During the past 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages?

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

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

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

5.5. Have you ever used marijuana, also called weed or pot?

MARK (X) ONE

- Yes
 No → **GO TO 5.7**

5.6. During the past 30 days, on how many days did you use marijuana?

MARK (X) ONE

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

5.7. Have you ever used any other type of illegal drug, prescription drugs or an inhalant that were not prescribed for you?

MARK (X) ONE

- Yes
 No

SECTION 6: FRIENDS AND RELATIONSHIPS

6.1. How many of your friends who are your age think the following things? Your best guess is fine.

MARK (X) ONE FOR EACH

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Having sexual intercourse is a good thing for them to do at their age.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They should wait until they are older to have sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They should wait until marriage to have sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is more important to finish high school than to have sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6.2. How many of your friends who are your age have done the following things?

MARK (X) ONE FOR EACH

	NONE	SOME	HALF	MOST	ALL	DON'T KNOW
a. Had sexual intercourse.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Had oral sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have decided to delay having sexual intercourse until later in life.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

MARK (X) ONE

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

6.4. How much do you feel that your friends care about you?

MARK (X) ONE

- Do not care at all
- Care a little bit
- Care somewhat
- Care very much

Please put all survey materials in the envelope and give it to the moderator.

Thank you!

**Thank you for
completing this survey!**

