

ATTACHMENT H

EVALUATION OF ADOLESCENT PREGNANCY PREVENTION APPROACHES: CROSSWALKS OF FOLLOW-UP AND BASELINE ITEMS FOR EACH OF THE PPA SITES

A separate crosswalk is presented for each site, in the following order: Chicago Public Schools, OhioHealth, Children's Hospital of Los Angeles (CHLA), Oklahoma Institute for Child Advocacy (OICA), EngenderHealth, Live the Life (LtL), and Princeton Center for Leadership Training (PCLT).

SUMMARY OF DIFFERENCES BETWEEN THE CHICAGO BASELINE QUESTIONNAIRE AND THE CHICAGO FOLLOW-UP QUESTIONNAIRE

Items are listed in the order in which they appear on the follow-up instrument (OMB approval received on September 27, 2011; OMB Control No. 0970-0360). The number for the corresponding item on the baseline instrument is listed in the “Chicago Baseline #” column. Items in Part A are listed first, followed by items in Section 4, Part B1 (for sexually active respondents), items in Section 4, Part B2 (for non-sexually active respondents) and items in Sections 6 and 7, Parts B1 and B2 (these sections are the same for sexually active and non-sexually active respondents).

- Modifications to an existing baseline item are listed in the “Modifications for Follow-up” column; otherwise, the question text on the follow-up instrument is the same as that on the baseline instrument.
- If an item is specific to the follow-up instrument, it is indicated by an “N/A” in the “Chicago Baseline #” column and the text is noted in the “Modifications for Follow-up” column.

Chicago Follow-up #	Chicago Baseline #	Chicago Baseline Text	Modifications for Follow-up
1.1	1.1	What is your date of birth? MARK (X) ONE MONTH AND ONE YEAR	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR
1.2	1.2	What grade are you in? MARK (X) ONE <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school	Added 6th grade as an answer.
1.3	1.3	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	

Chicago Follow-up #	Chicago Baseline #	Chicago Baseline Text	Modifications for Follow-up
1.4	1.4	Are you Hispanic or Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you Hispanic/Latino?
1.5	1.5	What is your race? YOU MAY MARK (X) MORE THAN ONE ANSWER <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

Chicago Follow-up #	Chicago Baseline #	Chicago Baseline Text	Modifications for Follow-up
1.6	1.9	<p>In the last 12 months, have had any classes, special programs, or instruction at school, church, a health clinic, a community center, or some other place about each of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. About relationships, dating, marriage, or family life? b. About abstinence from sex? c. About methods of birth control? d. About sexually transmitted diseases, also known as STDs? e. About alcohol or drug use? f. About physical development and reproduction? g. About refusal skills, such as how to say no to sex, or how to resist peer pressure? 	<p>In the past 12 months, have you received information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex h. How babies are made
1.6a	N/A		<p>Did you say “yes to any item a through h in question 1.6 above?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 1.9

Chicago Follow-up #	Chicago Baseline #	Chicago Baseline Text	Modifications for Follow-up
1.7	N/A		<p>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?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-3 times, 4-9 times, 10 or more times</p> <ul style="list-style-type: none"> a. School class, workshop, or event b. Church, synagogue, mosque or religious classes outside of school c. Community center, youth organization, or after-school activity d. Doctor, nurse, or clinic e. Friends or other students f. Parents and other relatives or family members g. Internet and media h. Other (List other source)

Chicago Follow-up #	Chicago Baseline #	Chicago Baseline Text	Modifications for Follow-up
1.8	N/A		<p>Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very <u>helpful</u> to you?</p> <p>SELECT ONE OR MORE</p> <ul style="list-style-type: none"> <input type="checkbox"/> School class, workshop, or event <input type="checkbox"/> Church, synagogue, mosque or religious classes outside of school <input type="checkbox"/> Community center, youth organization, or after-school activity <input type="checkbox"/> Doctor, nurse, or clinic <input type="checkbox"/> Friends or other students <input type="checkbox"/> Parents and other relatives or family members <input type="checkbox"/> Internet and media <input type="checkbox"/> Other (Please specify)
1.9	N/A		<p>How strongly do you agree or disagree with the following statements?</p> <p>MARK (X) ONE FOR EACH Strongly agree, Agree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. You can do things now that will help you to be healthy when you are an adult b. Nothing you do as a teen will affect how healthy you are as an adult c. Taking risks as a teen, like drinking and drugs, does not really matter for your health in the long run d. The good and bad decisions you make as a teen will affect your health as an adult

Chicago Follow-up #	Chicago Baseline #	Chicago Baseline Text	Modifications for the Follow-up
2.1a, 2.2, and 2.3	2.1	<p>The next question is about where you live and who lives with you.</p> <p>Do you live in one home, place, or household all of the time or do you go back and forth between two or more different places?</p> <p>MARK (X) ONE</p> <p>1 <input type="checkbox"/> Live in one home - FILL OUT <u>ONLY</u> THE FIRST COLUMN BELOW Mark (X) <u>all</u> the people who live with you in your home</p> <p>2 <input type="checkbox"/> Live in two or more homes - FILL OUT THESE <u>TWO</u> COLUMNS BELOW</p> <p>Same Categories as above listed, two columns for two homes.</p> <p>Mark all the people who live with you in your MAIN home and Mark all the people who live with you in your other home</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	<p>Question is split into three separate questions on the concordance version:</p> <p>2.1a Which of the following best describes where you live?</p> <ul style="list-style-type: none"> <input type="checkbox"/> You live in one home – GO TO 2.2 <input type="checkbox"/> You live in two or more homes, and go back and forth - GO TO 2.3 <input type="checkbox"/> You are homeless (living on the street, in a car or shelter, or staying with friends relatives) – GO TO 2.4 <p>2.2 Who lives with you in your home?</p> <p>MARK ALL THAT APPLY (List is the same as the one in the OMB-approved version)</p> <p>2.3 Who lives with you in your homes?</p> <p>MARK ALL THAT APPLY</p> <ul style="list-style-type: none"> • Mark all the people who live with you in your MAIN home. • Mark all the people who live with you in your OTHER home(s). <p>(List for both the main home and other homes is the same as the one in the OMB-approved version)</p>

2.4	2.5	<p>Now we have some questions about your mother, or the person you think of as a mother. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a mother or person I think of as a mother GO <p>TO QUESTION 2.13</p>	<p>Added to response:</p> <p>Your aunt or older sister</p>
2.5	2.8	<p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Don't know 	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don't know how many hours <input type="checkbox"/> Don't know
2.6	N/A		<p>Now thinking about your biological mother, that is, the woman who gave birth to you, how old is she (or would she be if she were alive)?</p> <p> __ __ NUMBER OF YEARS OLD –Your best guess is fine</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not know about my biological mother

2.7	N/A		<p>Again thinking about your biological mother and <u>all</u> the children she has ever had – how old is the oldest one? If the oldest one is not alive, how old would that child be if still living</p> <p> __ __ NUMBER OF YEARS OLD –Your best guess is fine</p> <p><input type="checkbox"/> I do not know about my biological mother</p>
2.8	2.13	<p>Next we have some questions about your father, or the person you think of as a father. Is this person...</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Your biological father, that is, the man who is genetically related to you</p> <p><input type="checkbox"/> Your stepfather or adoptive father</p> <p><input type="checkbox"/> Your foster father</p> <p><input type="checkbox"/> Your grandfather</p> <p><input type="checkbox"/> Your uncle</p> <p><input type="checkbox"/> Some other adult</p> <p><input type="checkbox"/> Don't have a father or person I think of as a father GO TO 2.21</p>	<p>Added to response:</p> <p>Your uncle or older brother</p>
2.9	2.16	<p>Is he working now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> He is not working at a paid job</p> <p><input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week</p> <p><input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more</p> <p><input type="checkbox"/> Don't know</p>	<p>The following questions are about the person you marked as your father or the person you think of as your father.</p> <p>Is he working now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> He is not working at a paid job</p> <p><input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week</p> <p><input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more</p> <p><input type="checkbox"/> Yes, he works, but I don't know how many hours</p> <p><input type="checkbox"/> Don't know</p>

2.10 a	2.2	<p>Which of the following best describes your parents' living arrangement?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Both of my parents live together in one household and they are married to each other <input type="checkbox"/> Both of my parents live together in one household and they are not married to each other <input type="checkbox"/> My parents live in different households and are married to each other <input type="checkbox"/> My parents live in different households and are not married to each other <input type="checkbox"/> I have only one living parent <input type="checkbox"/> Don't know 	<p>Question was modified and split into two separate questions for the concordance:</p> <p>2.10a 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.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> ▪ 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 ▪ I don't know
2.10 b	2.2	<p>Which of the following best describes your parents' living arrangement?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Both of my parents live together in one household and they are married to each other <input type="checkbox"/> Both of my parents live together in one household and they are not married to each other <input type="checkbox"/> My parents live in different households and are married to each other <input type="checkbox"/> My parents live in different households and are not married to each other <input type="checkbox"/> I have only one living parent <input type="checkbox"/> Don't know 	<p>Question was modified and split into two separate questions for the concordance:</p> <p>2.10b Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> ▪ Yes ▪ No ▪ One or both of my biological parents have passed away ▪ I don't know

3.1	3.1	<p>The next series of questions is about your views on sexual intercourse. By sexual intercourse, we mean when a male inserts his penis into a female’s vagina. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <p>a. Having sexual intercourse is a good thing for you to do at your age?</p> <p>b. At your age right now, having sexual intercourse would create problems?</p> <p>c. At your age right now, not having sexual intercourse is important for you to be safe and healthy?</p> <p>d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom?</p> <p>e. It is against your values to have sexual intercourse before marriage?</p>	<p>Slight modification to the definition of sexual intercourse:</p> <p>In this survey, when we ask about sexual intercourse we mean a male putting his penis into a female’s vagina.</p>
3.2	N/A		<p>How strongly do you agree or disagree with the following statements?</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. You have goals you want to accomplish before you have a child</p> <p>b. It is important for you to finish school before you have a child</p> <p>c. It is important for you to have a job and stable income before you have a child</p> <p>d. Having a good marriage seems possible for you</p>
3.3	3.2	<p>FOR GIRLS</p> <p>If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very upset</p> <p><input type="checkbox"/> A little upset</p> <p><input type="checkbox"/> Neither upset nor happy</p> <p><input type="checkbox"/> A little happy</p> <p><input type="checkbox"/> Very happy</p>	<p>Order of the response categories is reversed (Very happy to Very upset).</p>

3.4	3.2	<p>FOR BOYS If you got a female pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very upset <input type="checkbox"/> A little upset <input type="checkbox"/> Neither upset nor happy <input type="checkbox"/> A little happy <input type="checkbox"/> Very happy 	<p>Order of the response categories is reversed (Very happy to Very upset).</p>
3.5	3.3	<p>Imagine you are alone with someone you like very much. How likely is it that you could . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all Likely, a Little likely, Somewhat Likely, Very Likely</p> <ul style="list-style-type: none"> a. Stop them if they wanted to touch your chest and you did not want them to do that? 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? c. Avoid having sexual intercourse if you didn't want to? 	
3.6	N/A		<p>How likely is it that you will get pregnant (or get someone pregnant) between now and age 20?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely
3.6a	N/A		<p>How likely is it that you will get pregnant (or get someone pregnant) between now and when you get married?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely

3.7	3.5	<p>The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also called STDs. If a <u>condom</u> is used correctly, how much can it decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.6 	<p>The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also called STDs. If condoms are used correctly and consistently, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know GO TO 3.8
3.7a	3.5a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
3.8	3.6	<p>If a condom is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If condoms are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.9	3.8	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.9 	<p>If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know GO TO 3.10

3.9a	3.8a	How confident are you that your answer is correct? MARK (X) ONE <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident	
3.10	3.9	If birth control pills are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS? MARK (X) ONE <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know	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 <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.11	3.10	If birth control pills are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea? MARK (X) ONE <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know	If birth control pills are used correctly and consistently, how much can they decrease the risk of getting Chlamydia and gonorrhea? MARK (X) ONE <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.12	3.11	Can you get a sexually transmitted disease, or STD, from having oral sex? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know GO TO 3.12	
3.12 a	3.11a	How confident are you that your answer is correct? MARK (X) ONE <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident	

3.13	3.4	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Condoms should always be used if a person your age has sexual intercourse? b. Condoms are a hassle to use? c. Condoms are important to make sex safer? d. Using condoms means you don't trust your sexual partner?</p>	<p>Added response options:</p> <ul style="list-style-type: none"> ▪ Condoms are pretty easy to get ▪ Using condoms is morally wrong ▪ Condoms decrease sexual pleasure <p>Removed "sexual" from item d (now reads: Using condoms means you don't trust your partner)</p>
3.14	N/A		<p>The next series of questions is about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that:</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Birth control should always be used if a person your age has sexual intercourse b. Birth control is a hassle to use c. Birth control is pretty easy to get d. Birth control is important to make sex safer e. Birth control has too many negative side effects f. Using birth control is morally wrong</p>

3.15	N/A		<p>Read each statement below and check the answer that fits best.</p> <p>MARK (X) ONE FOR EACH</p> <p>I am sure it's true, I think it's true, I don't know, I think it's false, I am sure it's false</p> <p>a. You can't get AIDS if you have sex only once or twice without a condom b. If condoms are used correctly and consistently, they can reduce the risk of STDs such as Chlamydia and gonorrhea c. Once you are infected with HIV, you are infected for life d. If a young couple has had unprotected sex a few times and a pregnancy did not happen, they do not have to worry about her getting pregnant e. There is a vaccine or shot available to prevent girls from becoming infected with certain types of HPV (also known as Human Papilloma virus)</p>
3.16	N/A		<p>Thinking about the future, how likely do you think it is that you will get HIV/AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely
3.17	N/A		<p>How likely do you think it is that you will get an STD other than HIV/AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely

3.18	3.13	<p>Thinking about the future, which statement is most true for you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You will not have oral sex in the next year <input type="checkbox"/> You probably will not have oral sex in the next year <input type="checkbox"/> You probably will have oral sex in the next year <input type="checkbox"/> You will have oral sex in the next year 	<p>Do you intend to have oral sex in the next year?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not
3.19	3.12	<p>Thinking about the future, which statement is most true for you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You will not have sexual intercourse in the next year <input type="checkbox"/> You probably will not have sexual intercourse in the next year <input type="checkbox"/> You probably will have sexual intercourse in the next year <input type="checkbox"/> You will have sexual intercourse in the next year 	<p>Do you intend to have sexual intercourse in the next year?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not
3.20	N/A		<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not
3.21	N/A		<p>The next question is about your intention to use following other methods of birth control:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these other methods of birth control?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not

3.22	3.14	<p>Thinking about the future, which statement is most true for you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You will not have sexual intercourse between now and when you get married <input type="checkbox"/> You probably will not have sexual intercourse between now and when you get married <input type="checkbox"/> You probably will have sexual intercourse between now and when you get married <input type="checkbox"/> You will have sexual intercourse between now and when you get married 	<p>Do you intend to have sexual intercourse without being married?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not
3.23	N/A		<p>Right now, do you have a boyfriend or girlfriend – someone in particular you are going out with?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
3.24	3.15	<p>In the last 3 months, how many <u>times</u> have you gone out on a date?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Zero or None GO TO 3.17 <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	<p>Changed “last” to “past”.</p>
3.25	3.16	<p>Thinking about these dates in the last 3 months, how many <u>different people</u> did you go out on a date with?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Zero or None <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	<p>Changed “last” to “past”.</p> <p>Deleted <input type="checkbox"/> Zero or None</p>
3.26	3.17	<p>Have you ever had sexual intercourse, oral sex, or anal sex?</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES: PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND GO TO PART B1 <input type="checkbox"/> NO: PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND GO TO PART B2 	

4.1 Part B1	4.1 Part B1; 4.1 Part B2	<p>The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Everything you say will be kept private.</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p><input type="checkbox"/> No: THIS IS THE WRONG PART B BOOKLET. PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND FILL OUT PART B2</p> <p><input type="checkbox"/> Yes : CONTINUE WITH THIS BOOKLET.</p>	
4.2 Part B1	4.2 Part B1	<p>The first questions are about sexual intercourse. By sexual intercourse, we mean when a male puts his penis into a female's vagina.</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO QUESTION 4.14</p>	<p>Slight modification to the definition of sexual intercourse:</p> <p>By sexual intercourse, we mean a male putting his penis into a female's vagina.</p>
4.3 Part B1	4.3 Part B1	<p>The very <u>first</u> time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
4.4 Part B1	4.4 Part B1	<p>The very first time you had sexual intercourse, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
4.5 Part B1	4.9 Part B1	<p>Have you had sexual intercourse more than one time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO QUESTION 4.14</p>	
4.6 Part B1	4.10 Part B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	

4.7	N/A		The <u>most recent</u> time you had sexual intercourse, what month and year was it? MARK (X) ONE MONTH AND ONE YEAR
4.8 Part B1	4.8 Part B1	The first time you had sexual intercourse, did you or your partner use ... MARK (X) ONE FOR EACH ITEM YES,NO a. Condoms? b. Birth control pills or the patch? c. Depo-Provera, the shot, or other injectable birth control? d. Nuva ring or the ring? e. Withdrawal or pulling out? f. Another method of birth control? <i>PRINT OTHER METHOD USED</i>	Modified reference period from “ the first time” to “ the <u>most recent</u> ” time
4.9 Part B1	4.11 Part B1	Now please think about the last 3 months. In the last 3 months, how many TIMES have you had sexual intercourse? <input type="checkbox"/> None GO TO QUESTION 4.14 _ _ NUMBER OF TIMES - Your best guess is fine.	Changed “last” to “past”.
4.10 Part B1	4.13 Part B1	In the last 3 months, how many TIMES did you or your partner use a condom when you had sexual intercourse? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.	In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using a condom? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.
4.11	N/A		In the past 3 months, of those times you used a condom during sexual intercourse, how many times did the condom break or slip off during sex? <input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.

4.12 Part B1	4.12 Part B1	<p>In the last 3 months, how many TIMES did you or your partner use any type of birth control, including condoms, when you had sexual intercourse?</p> <p><input type="checkbox"/> None GO TO QUESTION 4.14 __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p>In the past 3 months, how many times have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.13	N/A		<p>Now please think about the past 12 months.</p> <p>In the past 12 months, how often have you had a relationship that was just sexual?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Once <input type="checkbox"/> More than once</p>
4.14 Part B1	4.14 Part B1	<p>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.</p> <p>Have you ever had oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO QUESTION 4.19</p>	
4.15 Part B1	4.15 Part B1	<p>The very first time you had oral sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

4.16 Part B1	4.16 Part B1	How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time? __ __ NUMBER OF PEOPLE – Your best guess is fine.	
4.17 Part B1	4.17 Part B1	Now please think about the last 3 months. In the last 3 months, how many TIMES have you had oral sex? <input type="checkbox"/> None __ __ NUMBER OF TIMES – Your best guess is fine.	Changed “last” to “past”.
4.18 Part B1	4.18 Part B1	In the last 3 months, how many TIMES did you or your partner use a condom when you had oral sex? <input type="checkbox"/> None __ __ NUMBER OF TIMES – Your best guess is fine.	In the past 3 months, how many TIMES have you had oral sex <u>without</u> using a condom? <input type="checkbox"/> None __ __ NUMBER OF TIMES – Your best guess is fine.
4.19 Part B1	4.19 Part B1	Anal sex is when a male puts his penis in someone else’s anus, or their butt, or someone lets a male put his penis in their anus or butt. Have you <u>ever</u> had anal sex? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO QUESTION 4.23	
4.20 Part B1	4.20 Part B1	How many DIFFERENT PEOPLE have you <u>ever</u> had anal sex with, even if only one time? __ __ NUMBER OF PEOPLE – Your best guess is fine.	
4.21	N/A		The very <u>first</u> time you had anal sex, what month and year was it? MARK (X) ONE MONTH AND ONE YEAR
4.22 Part B1	4.21 Part B1	Now please think about the last 3 months. In the last 3 months, how many TIMES have you had anal sex? <input type="checkbox"/> None GO TO QUESTION 4.23 __ __ NUMBER OF TIMES - Your best guess is fine.	Changed “last” to “past”.

4.23 Part B1	4.22 Part B1	<p>In the last 3 months, how many TIMES did you or your partner use a condom when you had anal sex?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>
5.1	N/A		<p>Have you or your partner ever taken a pregnancy test?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>
5.2a	<p>4.24c Part B1</p> <p>And</p> <p>4.25b Part B1</p>	<p>FOR GIRLS ONLY-- To the best of your knowledge, have you ever been pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes GO TO QUESTION 4.26</p> <p><input type="checkbox"/> No GO TO QUESTION 4.26</p> <p>FOR BOYS ONLY – To the best of your knowledge, have you ever gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>On the follow-up, this question is combined for boys and girls:</p> <p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – GO TO 5.3</p>
5.2b	N/A		<p>To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?</p> <p>MARK (X) ONE</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>
5.2c	N/A		<p>How old were you the first time you got pregnant or got someone pregnant?</p> <p>MARK (X) ONE</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine</p>

5.2d	N/A		<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>
5.3	4.26 Part B1; 4.19 Part B2	<p>In the last 12 months, have you spoken with a doctor or nurse about having sex, birth control or sexually transmitted diseases, also called STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Changed "last" to "past".</p>
5.4	4.27 Part B1	<p>In the last 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease, or STD, like gonorrhea, Chlamydia, syphilis, or HIV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Changed "last" to "past".</p>
5.5	4.28 Part B1	<p>In the last 12 months, have you been told by a doctor or other health professional that you had a sexually transmitted disease, or STD?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO QUESTION 4.30</p> <p><input type="checkbox"/> Don't know GO TO QUESTION 4.30</p>	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (also known as an STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

5.6	4.29 Part B1	<p>The next series of questions is about the types of sexually transmitted diseases or STDs you had. In the last 12 months, did you have...</p> <p>Yes, No, Don't know</p> <p>a. Chlamydia? b. Gonorrhea? c. Genital herpes? d. Syphilis? e. HIV infection or AIDS? f. Human papilloma virus, also called HPV or genital warts? g. Another sexually transmitted disease or STD? <i>PRINT OTHER STD</i></p>	<p>Changed "last" to "past".</p>
4.1 Part B2	4.1 Part B1; 4.1 Part B2	<p>The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Everything you say will be kept private.</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p><input type="checkbox"/> No: THIS IS THE WRONG PART B BOOKLET. PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE AND FILL OUT PART B2 <input type="checkbox"/> Yes : CONTINUE WITH THIS BOOKLET.</p>	<p>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...</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p><input type="checkbox"/> Yes: STOP! GO TO PART B1 INSTEAD. <input type="checkbox"/> No: CONTINUE WITH THIS BOOKLET</p>
4.2 Part B2	4.2 Part B2	<p>The first two questions in this booklet are about your schooling.</p> <p>Do you expect that you will graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> I already graduated from high school <input type="checkbox"/> No GO TO QUESTION 4.4</p>	
4.3 Part B2	4.3 Part B2	<p>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?)</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

4.4 Part B2	4.13 Part B2	<p>The next set of questions is about decision-making, development and behaviors.</p> <p>Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to you?</p> <p>MARK (X) ONE FOR EACH QUESTION Very Important, Somewhat Important, Not Too Important, Not At All Important</p> <p>a. (GIRLS ONLY) I do not want to get pregnant a. (BOYS ONLY) I do not want to get a girl pregnant b. I don't want to get a sexually transmitted disease, that is, an STD c. I don't want to disappoint my parents d. Having sex would interfere with my progress in school f. My boyfriend or girlfriend doesn't want to have sex g. I want to wait until I'm married h. It is against my personal values i. I haven't met the right person yet j. It would interfere with my future goals k. I haven't had the chance</p>	<p>Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION Very Important, Somewhat Important, Not Too Important, Not At All Important</p> <p>a. I don't want to get a sexually transmitted disease, also known as an STD b. I don't want to disappoint my parents c. I am too young to have sex d. My boyfriend or girlfriend doesn't want to have sex e. I want to wait until I'm married f. It is against my personal values g. I haven't met the right person yet h. I haven't had the chance i. I don't want to j. FOR GIRLS: I do not want to get pregnant k. FOR BOYS: I do not want to get a girl pregnant</p>
4.5 Part B2	N/A		<p>What do you think are the benefits of waiting to have sexual intercourse?</p> <p>a. Respect for yourself b. Respect from parents c. Keeping true to religious values d. Respect from friends e. Not having to worry about pregnancy f. Not having to worry about sexually transmitted diseases, also known as STDs g. Better chance for a good marriage in the future h. Fewer distractions so you can focus on school work</p>
4.6 Part B2	N/A		<p>Do people need religion to have good values?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

4.7 Part B2	N/A		<p>Should religious teachings be obeyed in every situation?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.8 Part B2	N/A		<p>Do you pray every day?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.9 Part B2	N/A		<p>Do you think it's embarrassing for people your age to admit they are virgins?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.10 Part B2	N/A		<p>Do you think it's embarrassing for girls your age to get pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.11 Part B2	N/A		<p>In the group you hang out with, how important is it to have a girlfriend or boyfriend or to be going out with someone?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Very important <input type="checkbox"/> Not too important <input type="checkbox"/> Not important at all</p>
4.12 Part B2	N/A		<p>The next few questions are about your access to and use of TV, cell phones, computers and other forms of technology.</p> <p>Do you personally have a phone, computer, or other device that can connect to the internet?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

4.13 Part B2	N/A		<p>Do your parents have any rules about...?</p> <p>MARK (X) ONE FOR EACH</p> <p>a. The amount of time or when you can text, talk on the phone, watch TV or be on the computer</p> <p>b. Whether or not you can have a profile on a social networking site like MySpace or Facebook</p>
4.14 Part B2	N/A		<p>Do your parents have any rules about what you are allowed to watch on TV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.15 Part B2	N/A		<p>Do your parents have any rules about what sites you can access on the internet?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.16 Part B2	N/A		<p>Some people exchange sexy text messages, videos, or pictures of themselves or their friends. How common would you say each of the following is <u>among people your age</u>?</p> <p>MARK (X) ONE FOR EACH</p> <p>Not common at all, Not very common, Fairly common, Very common</p> <p>a. Sending or posting sexy text messages</p> <p>b. Sending or posting sexy pictures or video</p>
4.17 Part B2	N/A		<p>Have you ever sent or posted a sexy message, picture, or video of yourself by email, IM or text (or posted one to the internet)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No Go To 4.19</p>

4.18 Part B2	N/A		<p>Which of the following reasons did you have for sending or posting a sexy message, picture or video of yourself?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. To get or keep a guy's or girl's attention b. Your boyfriend/girlfriend pressured you to do it c. As a "sexy" present for a boyfriend or girlfriend d. To get back at someone or cause trouble e. Pressure from friends f. To be fun or to flirt g. Everybody does it h. Another reason? (Print reason)
4.19 Part B2	N/A		<p>Have you ever <u>received</u> a sexy text message, or a picture or video of someone you know?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 5.1
4.20 Part B2	N/A		<p>Have you ever <u>shared or forwarded</u> a sexy text message, or picture or video of someone you know?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Part B2	N/A		<p>The next few questions ask about your community.</p> <p>How often do you feel that there are teachers or other adults in your school who really know and care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often

5.2 Part B2	N/A		<p>How often do you feel there are adults in your neighborhood, or in religious or youth organizations, who really know you and care about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often</p>
5.3 Part B3	N/A		<p>How often do you feel safe in your community or neighborhood?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often</p>
5.4 Part B2	N/A		<p>How often do you feel safe at school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often</p>
5.5 Part B2	N/A		<p>How often do you feel safe at home?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often</p>

5.6 Part B2	N/A		<p>During the past 12 months, were you on a sports team or did you take sports lessons after school or on weekends?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.7 Part B2	N/A		<p>During the past 12 months, did you participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Boy's/Girl's Club?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
6.1	5.6	<p>During the last 30 days, on how many days did you have one or more alcoholic drinks, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days</p>	<p>Added introduction: The next questions are about alcohol and drug use. Please remember, everything you tell us will be kept private.</p> <p>During the past 30 days, <u>not</u> including any times you just had a sip, on how many days did you have one or more alcoholic beverages?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days GO TO 6.4</p>
6.2	5.7	<p>During the last 30 days, on how many days did you have 5 or more drinks in a row?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days</p>	<p>Changed "last" to "past".</p>

6.3	N/A		<p>During the past 30 days, on how many days did you get drunk or wasted?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>
6.4	5.9	<p>During the last 30 days, on how many days did you use marijuana?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	<p>Changed question to: During the past 30 days, on how many days did you use marijuana, also called weed or pot?</p>
6.5	5.10	<p>Have you ever used any other type of illegal drug, for example Methamphetamine, speed, PCP, ecstasy, or any form of cocaine, such as crack?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Have you ever used any other type of illegal drug, prescription drugs, or an inhalant that were not prescribed for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
5.11	<p>Have you ever used any prescription pills or other prescription drugs that were not prescribed for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
5.12	<p>Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents to get high?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		

7.1	6.4	<p>In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure at all 	
7.2	N/A		<p>How often is each of the following statements true for you?</p> <p>MARK (X) ONE FOR EACH Never true, Sometimes true, Often true, Almost always true</p> <ul style="list-style-type: none"> <input type="checkbox"/> I can trust my friends <input type="checkbox"/> My friends want the best for me in my life <input type="checkbox"/> My friends care about me <input type="checkbox"/> My friends are there for me if I need them

DROPPED: The questions listed below are part of the baseline instrument, but are not part of the follow-up instrument.

1.7	<p>In the last 12 months, how often did you attend religious services or activities? MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than once a week <input type="checkbox"/> Once a week <input type="checkbox"/> 1-3 times per month <input type="checkbox"/> Less than once a month <input type="checkbox"/> Never 	
1.8	<p>How important is religion in your life? MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Very important 	
1.10	<p>In an average week last month, including weekends, about how many hours did you spend participating in each of the following? MARK (X) ONE FOR EACH QUESTION</p> <p>Zero Hours Per Week, Less Than 2 Hours Per Week, 2-5 Hours Per Week, More Than 5 Hours Per Week</p> <ul style="list-style-type: none"> a. Sports-related clubs, teams, or organizations? b. Lessons, clubs, or performances for art, music, or drama? c. Other clubs, teams, and organizations, such as academic clubs, Scouts, chess clubs, or debating teams? d. Services or programs at a church, temple, synagogue, mosque, or other place of worship? e. Working at a paid job? f. Volunteering? 	
1.11	<p>How likely is it that you will do each of the following things?</p>	

		<p>MARK (X) ONE</p> <p>Not at all likely, A little likely, Somewhat likely, Very likely</p> <p>a. Graduate from high school? b. Go to a technical or vocational school after high school? c. Go to college? d. Graduate from a 2-year or community college program? e. Graduate from a 4-year college program?</p>	
	2.3	<p>On how many days last week did all the family members who live in your household sit down together for a meal?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7</p>	
	2.4	<p>On how many days last week did you do something with at least one adult in your family like play a game, watch a movie, go to a sporting event, or work on something you enjoy doing together?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7</p>	

2.6	<p>The following questions are about the person you marked above, that is, your mother or the person you think of as a mother.</p> <p>Did she graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
2.7	<p>Did she graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
2.9	<p>How close do you feel to your mother or the person you think of as a mother?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all close</p> <p><input type="checkbox"/> A little close</p> <p><input type="checkbox"/> Somewhat close</p> <p><input type="checkbox"/> Very close</p>	
2.10	<p>In general, how much do you think she cares about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Does not care at all</p> <p><input type="checkbox"/> Cares a little bit</p> <p><input type="checkbox"/> Cares somewhat</p> <p><input type="checkbox"/> Cares very much</p>	

2.11	<p>Whether you have done this or not, how would she feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.12	<p>How would she feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.14	<p>The following questions are about the person you marked above, that is the person you think of as a father.</p> <p>Did he graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	
2.15	<p>Did he graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	

2.17	<p>How close do you feel to your father or the person you think of as your father?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close 	
2.18	<p>In general, how much do you think he cares about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much 	
2.19	<p>Whether you have done this or not, how would he feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.20	<p>How would he feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	

2.21	<p>The next questions ask about what your parents know about your activities. Thinking about the last month, how often did your parents know where you were after school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never 	
2.22	<p>Thinking about the last month, how often did your parents know who you were going to be with before you went out?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> You did not go out 	
2.23	<p>Thinking about the last month, how often did your parents know where you were when you went out at night?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> You did not go out at night 	
2.24	<p>If you were going to be home late, would your parents expect you to call?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

3.7	<p>If a condom is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhoea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	
4.5 Part B1	<p>The very first time you had sexual intercourse, how old was your partner?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> The same age as you <input type="checkbox"/> A year or two younger than you <input type="checkbox"/> Three or more years younger than you <input type="checkbox"/> A year or two older than you <input type="checkbox"/> Three or more years older than you 	
4.6 Part B1	<p>The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Voluntary <input type="checkbox"/> Not voluntary 	
4.7 Part B1	<p>Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also called STDs.</p> <p>The first time you had sexual intercourse, did you or your partner use any type of birth control, including condoms?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO QUESTION 4.9 	

4.23 Part B1	<p>Have you ever had oral sex or anal sex with a person the same sex as you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.24a Part B1; 4.14a Part B2	<p>FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO QUESTION 4.26</p>	
4.24b Part B1; 4.14b Part B2	<p>FOR GIRLS ONLY- How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
4.25a Part B1; 4.15a Part B2	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or the voice cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> These changes have not yet started</p> <p><input type="checkbox"/> These changes have barely started</p> <p><input type="checkbox"/> These changes are definitely underway</p> <p><input type="checkbox"/> These changes seem complete</p>	
4.15b Part B2	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE</p>	

4.30 Part B1; 4.17 Part B2		<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.31 Part B1; 4.18 Part B2		<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.4 Part B2		<p>The next questions are about where you live.</p> <p>In the last 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 regular place to stay?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes GO TO QUESTION 4.11</p> <p><input type="checkbox"/> No</p>	
4.5 Part B2		<p>In how many homes, places, or households do you live: one, two, or three or more?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 1 home GO TO QUESTION 4.9</p> <p><input type="checkbox"/> 2 homes</p> <p><input type="checkbox"/> 3 or more homes</p>	
4.6 Part B2		<p>Do you consider one of these homes to be your main home or are they pretty much equal?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> One is main home</p> <p><input type="checkbox"/> Pretty much equal</p>	

4.7 Part B2	<p>Thinking about the past 30 days, how many nights did you spend in each home?</p> <p>FILL IN TWO OR THREE NUMBERS</p> <p> __ __ Number of nights at home #1 – Your best guess is fine.</p> <p> __ __ Number of nights at home #2 – Your best guess is fine.</p> <p> __ __ Number of nights at another home or other homes – Your best guess is fine.</p>	
4.8 Part B2	<p>Is there anyone who moves from home to home with you, like a brother or sister?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.9 Part B2	<p>Is your home or any of your homes a group home or halfway house?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.10 Part B2	<p>The next question is about who lives with you in your home. If you have more than one home, please think about your <u>main</u> home.</p> <p>How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital?</p> <p> __ __ NUMBER OF PEOPLE</p>	

4.11 Part B2	<p>The next series of questions is about friends. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. You have friends who will give you good advice? b. You have a friend who cares about you? c. You have a friend you can talk to when you need to d. You have someone who you can call your best friend?</p>	
4.12 Part B2	<p>The next series of questions is about effort. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. When you start a project, you finish it? b. You only work as hard as you have to? c. You are someone people can count on? d. When you work, you do a good job?</p>	
5.1	<p>The next questions are about tobacco, alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.</p> <p>Have you ever smoked a cigarette?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO QUESTION 5.4</p>	
5.2	<p>The very first time you smoked a cigarette, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	

5.3	<p>During the last 30 days, on how many days did you smoke one or more cigarettes?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	
5.4	<p>Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO QUESTION 5.8</p>	
5.5	<p>The very first time you had an alcoholic drink, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
5.8	<p>Have you ever used marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO QUESTION 5.10</p>	

6.2	<p>How many of your friends who are your age think the following things? Your best guess is fine</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <p>a. Having sexual intercourse is a good thing for them to do at their age. b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom. c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time d. They should wait until they are older to have sexual intercourse. e. They should wait until marriage to have sexual intercourse.</p>	
6.3	<p>How many of your friends who are your age have done the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <p>a. Have had sexual intercourse. b. Have had oral sex.</p>	
6.5	<p>People are different in their sexual attraction to other people. Which of the following best describes your feelings?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I am only attracted to males <input type="checkbox"/> I am attracted to both males and females <input type="checkbox"/> I am only attracted to females <input type="checkbox"/> I am not attracted to either males or females <input type="checkbox"/> I am not sure</p>	

6.1	<p>How much do you feel that your friends care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not care at all <input type="checkbox"/> Care a little bit <input type="checkbox"/> Care somewhat <input type="checkbox"/> Care very much 	
1.6	<p>When you are at home or with your family, what language or languages do you usually speak?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Other <i>PRINT OTHER LANGUAGES</i> <p>_____</p>	
2.25	<p>In the last 12 months, how many times have you talked with at least one of your parents about . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-2 Times, 3-9 Times, 10 or more times</p> <ul style="list-style-type: none"> a. How things are going with school work or with your grades? b. A personal problem you were having? c. How to have good romantic relationships? d. Strategies for safe dating? e. How to resist pressures to have sex? f. Avoiding drugs and alcohol? g. Pregnancy or birth? h. Sexually transmitted diseases, also called STDs, HIV, or AIDS? 	
4.24a Part B1; 4.14a Part B2	<p>FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO QUESTION 4.26 	

4.24b Part B1; 4.14b Part B2	<p>FOR GIRLS ONLY- How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
4.25a Part B1; 4.15a Part B2	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or the voice cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> These changes have not yet started</p> <p><input type="checkbox"/> These changes have barely started</p> <p><input type="checkbox"/> These changes are definitely underway</p> <p><input type="checkbox"/> These changes seem complete</p>	
4.15b Part B2	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE</p>	
4.16 Part B2	<p>Have you ever done any of the following with a boy or girl?</p> <p>Yes, No</p> <p>a. Kissed someone on the lips?</p> <p>b. French kissed, that is put your tongue in someone's mouth while kissing?</p> <p>c. Touched another boy's or girl's private parts?</p> <p>d. Let a boy or girl touch your private parts?</p>	
4.17 Part B2	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

<p>4.31 Part B1; 4.18 Part B2</p>	<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4.26 Part B1; 4.19 Part B2</p>	<p>In the last 12 months, have you spoken with a doctor or nurse about having sex, birth control or sexually transmitted diseases, also called STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>4.20 Part B2</p>	<p>If you decided to have sexual intercourse before marriage, how likely is it that you would use a condom?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely <input type="checkbox"/> A little bit likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely <input type="checkbox"/> Don't plan to have sexual intercourse before marriage</p>	

SUMMARY OF DIFFERENCES BETWEEN THE OHIOHEALTH BASELINE AND FOLLOW-UP INSTRUMENTS

Items are listed in the order in which they appear on the OhioHealth follow-up instrument. The number for the corresponding baseline item is listed in the “Baseline #” column. Items found on the baseline instrument that are not on the follow-up instrument are listed at the bottom of the table.

- Modifications to an existing baseline item are listed in the “Modifications for follow-up” column; otherwise, the question text on the follow-up instrument is the same as that on the baseline instrument.
- If an item is specific to the follow-up instrument, it is indicated by an “N/A” in the “Baseline #” column and the text is noted in the “Modifications” column.

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
1.1	1.2	<p>Are you currently enrolled in school or studying school subjects through a program at home, online or somewhere else?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
1.2	1.3	<p>What is the highest grade in school you completed?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 6th grade or lower <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> GED <input type="checkbox"/> Community college or vocational school <input type="checkbox"/> Four-year college <input type="checkbox"/> Your schooling does not have grade levels <input type="checkbox"/> Other 	
1.3	1.4	<p>How likely is it that you will do each of the following things?</p> <p>MARK (X) ONE</p> <p>Not at all likely, A little bit likely, Somewhat likely, Very likely, You already did</p> <ul style="list-style-type: none"> a. Graduate from high school b. Go to a technical or vocational school after high school c. Go to college d. Graduate from a 2-year or community college program e. Graduate from a 4-year college program 	

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
1.4	N/A		What is your current marital status? MARK ONE <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed
1.5	1.10	In the past 12 months, how often did you attend religious services or activities? MARK (X) ONE <input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times per month <input type="checkbox"/> Once a week <input type="checkbox"/> More than once a week	Changed to "In the past 6 months"
1.6	1.11	How important is religion in your life? MARK (X) ONE <input type="checkbox"/> Not at all important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Very important	

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
1.7	1.12	<p>What is your religion or faith?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Atheist or Agnostic <input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input type="checkbox"/> Jewish <input type="checkbox"/> Mormon <input type="checkbox"/> Muslim <input type="checkbox"/> Orthodox (for example Greek or Russian Orthodox) <input type="checkbox"/> Protestant <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Nothing in particular <input type="checkbox"/> Other 	
1.8	1.13	<p>In the past 12 months, have you received any information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex 	<p>Changed to "In the past 6 months".</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
1.9	N/A		<p>This is an interviewer instruction to route respondent to relevant questions. No actual response required from the respondent.</p> <p>Did the respondent say “yes” to any item in 1.7 above?</p> <p>Yes No – GO TO 1.10</p>
1.10	N/A		<p>In the past 6 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases from... (Never, 1-3 times, 4-9 times, 10 or more times)</p> <ul style="list-style-type: none"> a. A school class b. A church, synagogue, mosque, or religious classes outside of school c. A community center, youth organization, or after-school activity d. A doctor or nurse you saw at a hospital, clinic, or trailer e. A nurse, social worker, or other health care professional who came to your home f. A nurse or other provider from the Nurse Family Partnership or Help me grow program who came to your home g. Your friends h. Your parents or other relatives or family members i. Another person or place (Please specify)

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
1.11	N/A		<p>In the past 6 months, how many different times, if any, did you receive birth control from a doctor or nurse at a place such as a hospital, clinic, or trailer, or during a visit to your home?</p> <p><input type="checkbox"/> None _____ Number of times</p>
2.1	2.1	<p>The next question is about where you live and who lives with you.</p> <p>Which of the following best describes where you live?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> You live in one home – GO TO 2.2</p> <p><input type="checkbox"/> You live in two or more homes and go back and forth – GO TO 2.3</p> <p><input type="checkbox"/> You are homeless (living on the street, in a car or shelter, staying with friends/relatives) – GO TO 2.6</p>	<p>Removed skips because subsequent questions are no longer included</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
2.2	2.4	<p>In the past 30 days, did you or someone who lives with you receive any of the following types of financial assistance?</p> <p>MARK (x) YES OR NO FOR EACH QUESTION</p> <p>Yes, no</p> <ul style="list-style-type: none"> a. Social Security Disability b. Food stamps, now called SNAP or Supplemental Nutrition Assistance Program c. WIC or The Women, Infants and Children Supplemental Nutrition Program d. Welfare, also called TANF or Temporary Assistance for Needy Families e. Unemployment 	

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
2.3	2.5	<p>In the past 30 days, how many times did you or someone who lives with you...</p> <p>MARK (X) ONE</p> <p>Never, Less than once a week, About once a week, More than once a week</p> <p>a. Feel sick, in pain or injured but did NOT go for medical help because of no insurance or no money</p> <p>b. Skip a meal because there was no food in the house or money to get food</p> <p>c. Visit a food pantry</p> <p>d. Miss school, going to a job, or something else important because there was no money for gas, a bus, a train, or some other type of transportation</p>	
2.4	2.6	<p>At any time in the past 12 months, has there been a period of time when you have <u>not</u> had any health insurance at all?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Changed to "In the past 6 months"

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
3.1	3.1	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Condoms should always be used if a person your age has sexual intercourse b. Condoms are a hassle to use c. Condoms are pretty easy to get d. Condoms are important to make sex safer e. Using condoms means you don't trust your sexual partner f. Using condoms is morally wrong g. Condoms decrease sexual pleasure</p>	
3.2	3.2	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of pregnancy</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>	<p>If condoms are used correctly and consistently, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
3.3	3.3	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>condoms</u> are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.4	3.4	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>condoms</u> are used correctly and consistently, how much can they decrease the risk of getting gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
3.5	3.5	<p>The next series of questions is about methods of birth control, NOT including condoms. How strongly do you agree or disagree that...</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Birth control should always be used if a person your age has sexual intercourse b. Birth control is a hassle to use c. Birth control is pretty easy to get d. Birth control is important to make sex safer e. Birth control has too many negative side effects f. Using birth control is morally wrong</p>	<p>Added:</p> <p>g. My friends have good things to say about birth control h. My family members have good things to say about birth control</p>
3.6	3.6	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know</p>	<p>If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
3.7	3.7	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.8	3.8	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of getting gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
3.9	3.9	<p>The next series of questions is about ALL methods of birth control, including condoms and birth control pills. How strongly do you agree or disagree that...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> a. Women can trust what doctors and nurses say about birth control methods b. The use of birth control improves a relationship c. If a woman uses birth control, her partner will know she really cares about herself d. If a man uses birth control, his partner will know he really cares about her e. If a woman uses birth control, her partner will think she's pretty smart f. If a man makes sure that one of them is using birth control, his partner will know he really cares about her 	
3.10	N/A		<p>Now please think about your friends and the people you hang out with with have secual intercourse. How often do you think they use ANY method of birth control, such as condoms or birth control pills?</p> <p>MARK ONE</p> <p>Never Sometimes Half of the time Most of the time Always</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
3.11	N/A		<p>How many of your friends or people you hang out with had a baby before they were 20 years old?</p> <p><i>MARK ONE</i></p> <p>None One or two Three or more</p>
3.12	N/A		<p>How many of your friends or people you hang out with had more than one baby before they were 20 years old?</p> <p><i>MARK ONE</i></p> <p>None One or two Three or more</p>
4.1	N/A		<p>Please think about the past 3 months, that is, from _____ until today. In the past 3 months, have you had sexual intercourse, even once?</p> <p>Yes No</p>
4.2	N/A		<p>In the past 3 months, how many DIFFERENT PEOPLE have you had sexual intercourse with, even once?</p> <p>None _____ NUMBER OF PEOPLE</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.3	4.3	Please think about the 3 months before you found out you were pregnant with your most recent pregnancy. In those 3 months, how many TIMES did you have sexual intercourse? <input type="checkbox"/> None GO TO 4.8 __ __ NUMBER OF TIMES - Your best guess is fine.	In the past 3 months, how many TIMES have you had sexual intercourse? <input type="checkbox"/> None GO TO 4.14 __ __ NUMBER OF TIMES - Your best guess is fine.
4.4	4.6	In those 3 months, how many TIMES did you have sexual intercourse <u>without</u> using a condom? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.	In the past 3 months, have you had sexual intercourse <u>without</u> you or your partner using a condom? Yes No
4.5	4.6	In those 3 months, how many TIMES did you have sexual intercourse <u>without</u> using a condom? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.	In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> you or your partner using a condom? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.6	4.7	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p>In the 3 months before you found out you were pregnant with your most recent pregnancy, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the past 3 months, have you had sexual intercourse <u>without</u> you or your partner using any of these methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.7	4.7	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p>In the 3 months before you found out you were pregnant with your most recent pregnancy, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the past 3 months, how many times have you had sexual intercourse <u>without</u> you or your partner using any of these methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.8	4.4	<p>In the 3 months before you found out you were pregnant, when you had sexual intercourse how often did you use each of the following types of birth control?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, Sometimes, Always</p> <ul style="list-style-type: none"> a. Condoms b. Diaphragm c. Female condoms d. Fertility awareness e. Withdrawal f. Spermicide 	<p>In the <u>past 3 months</u>, when you had sexual intercourse, how much of the time did you use...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>None of the time, Some of the time, Half of the time, Most of the time, All of the time</p> <ul style="list-style-type: none"> a. Condoms b. Diaphragm c. Female condoms d. Fertility awareness e. Withdrawal f. Spermicide g. Another method

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.9	4.5	<p>In the 3 months before you found out you were pregnant, when you had sexual intercourse how often did you use each of the following types of birth control?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all, Some of the time, All of the time</p> <ul style="list-style-type: none"> a. Birth control pills b. The shot (Depo Provera) c. The patch d. The ring (NuvaRing) e. IUD (Mirena or Paragard) f. Implant (Implanon) g. Male vasectomy h. Lactational amenorrhea <p>Other <i>PRINT OTHER METHOD</i> _____</p>	<p>In the <u>past 3 months</u>, how much of the time did you use...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>None of the time, Some of the time, Half of the time, Most of the time, All of the time</p> <ul style="list-style-type: none"> a. Birth control pills b. The shot (Depo Provera) c. The patch d. The ring (NuvaRing) e. IUD (Mirena or Paragard) f. Implant (Implanon) g. Male vasectomy h. Breastfeeding i. Another method of brith control <i>PRINT OTHER METHOD</i> <p>_____</p>
4.10	N/A		INSTRUCTION FOR INTERVIEWER
4.11	N/A		<p>The most recent time you had sexual intercourse did you use a condom?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.12	N/A		<p>The most recent time you had sexual intercourse, did you use any method of birth control other than a condom, such as birth control pills, the shot, the patch, the ring, an IUD, an Implant, a diaphragm, spermicide, or any other method?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
4.13	4.8	<p>In the 3 months before you found out you were pregnant, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the past 3 months, how many TIMES did you have oral sex?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.14	4.9	<p>In the 3 months before you found out you were pregnant, how many TIMES have you had oral sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the past 3 months, how many TIMES did you have oral sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.15	4.10	<p>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. In the 3 months before you found out you were pregnant, how many TIMES have you had anal sex?</p> <p><input type="checkbox"/> None GO TO 4.23 __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the past 3 months, how many TIMES did you have anal sex?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.16	4.11	<p>In the 3 months before you found out you were pregnant, how many TIMES have you had anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>In the past 3 months, how many TIMES did you have anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.17	4.12	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know</p>	<p>Changed to "in the past 6 months" and removed "don't know"</p>
4.18	4.13	<p>The next series of questions is about the types of sexually transmitted diseases or STDs you have had. In the past 12 months, did you have...</p> <p>Yes, No, Don't know</p> <p>a. Chlamydia b. Gonorrhea c. Genital herpes d. Syphilis e. HIV infection or AIDS f. Human papilloma virus, also called HPV or genital warts g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD:</i></p>	<p>Changed to "in the past 6 months"</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.19	4.17	<p>How many weeks along in your pregnancy are you now or were you when your new baby was born or the pregnancy ended?</p> <p> __ __ WEEKS – Your best guess is fine.</p>	<p>Please think back to that pregnancy you experienced about 6 months ago. How many weeks along in that pregnancy were you when your baby was born or when that pregnancy ended?</p> <p>_____ NUMBER OF WEEKS</p>
4.20	4.18	<p>How did your most recent pregnancy end?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Live birth or births <input type="checkbox"/> Still pregnant GO TO 4.25 <input type="checkbox"/> Miscarriage GO TO 4.25 <input type="checkbox"/> Stillbirth GO TO 4.25 <input type="checkbox"/> Abortion GO TO 4.25 	<p>How did that pregnancy end?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A live birth or births <input type="checkbox"/> A miscarriage <input type="checkbox"/> A stillbirth
4.21	4.19	<p>Did you have a c-section delivery, also known as a Caesarean section delivery, or a vaginal birth, also known as pushing the baby out?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> C-section <input type="checkbox"/> Vaginal birth 	

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.22	4.20	<p>Was your new baby born full-term, that is after you were 37 weeks pregnant, or premature, that is before you were 37 weeks pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Full-term GO TO 4.25</p> <p><input type="checkbox"/> Premature</p>	<p>Was your baby born full-term, that is after you were 37 weeks pregnant, or premature, that is before you were 37 weeks pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Full-term GO TO 4.25</p> <p><input type="checkbox"/> Premature</p>
4.23	4.21	<p>Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Spontaneous birth – no medicine was used to start labor</p> <p><input type="checkbox"/> Induced because of your own health complications</p> <p><input type="checkbox"/> Induced because of complications involving the baby</p>	<p>Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Spontaneous birth – no medicine was used to start labor – GO TO 4.25</p> <p><input type="checkbox"/> Induced</p>
4.24	4.21	<p>Was the delivery of your baby spontaneous, that is – no medicine was used to cause your baby to be born, or induced, that is – medicine was used to start labor to cause your baby to be born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Spontaneous birth – no medicine was used to start labor</p> <p><input type="checkbox"/> Induced because of your own health complications</p> <p><input type="checkbox"/> Induced because of complications involving the baby</p>	<p>Was the delivery of your baby induced, that is – medicine was used to start labor to cause your baby to be born, because of your own health complications or because of complications involving the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Induced because of your own health complications</p> <p><input type="checkbox"/> Induced because of complications involving the baby</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.25	4.22	How much did your new baby weigh at birth? _ _ Pounds _ _ Ounces	Added “don’t know” as a response
4.26	4.23	How many days was your new baby in the hospital after he or she was born? <input type="checkbox"/> My new baby is still in the hospital _ _ NUMBER OF DAYS	Removed “new” so it just reads “my baby”
4.27	4.24	How many days was your new baby in the intensive care unit at the hospital after he or she was born? <input type="checkbox"/> None <input type="checkbox"/> My new baby is still in the intensive care unit at the hospital _ _ NUMBER OF DAYS	Removed “new” so it just reads “my baby”
4.28	N/A		Did you breastfeed your baby at all? <input type="checkbox"/> Yes <input type="checkbox"/> No – GO TO 4.30
4.29	N/A		How many months did you breastfeed your baby or are you still breastfeeding him or her? <input type="checkbox"/> Still breastfeeding _____ NUMBER OF MONTHS

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.30	N/A		Have you been pregnant again since that pregnancy ended? <input type="checkbox"/> Yes <input type="checkbox"/> No – GO TO 4.34
4.31	4.15	At the time that you became pregnant the most recent time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all? MARK (X) ONE <input type="checkbox"/> Wanted to become pregnant then <input type="checkbox"/> Wanted to become pregnant later <input type="checkbox"/> Did not want to become pregnant at all	
4.32	4.18	How did your most recent pregnancy end? MARK (X) ONE <input type="checkbox"/> Live birth or births <input type="checkbox"/> Still pregnant GO TO 4.25 <input type="checkbox"/> Miscarriage GO TO 4.25 <input type="checkbox"/> Stillbirth GO TO 4.25 <input type="checkbox"/> Abortion GO TO 4.25	GO TO 4.34
4.33	N/A		How many weeks along in your current pregnancy are you? __ __ NUMBER OF WEEKS <input type="checkbox"/> Don't know

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
4.34	4.14	Including your current or recent pregnancy, how many times have you been pregnant, even if no child was born? __ __ NUMBER OF TIMES	Including all the times you have been pregnant, how many times have you EVER been pregnant, even if no child was born? __ __ NUMBER OF TIMES
5.1	5.1	Do you intend to have sexual intercourse in the next year? <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not GO TO 5.4	Do you intend to have sexual intercourse in <u>the next year</u> , if you have the chance? <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not
5.2	5.2	If you have sexual intercourse in the next year, do you intend to use a condom? <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not	If you were to have sexual intercourse in <u>the next year</u> , do you intend to have your partner use a condom? <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
5.3	5.3	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	<p>If you were to have sexual intercourse in <u>the next year</u>, do you intend to use or have your partner use any of these methods of birth control?</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not
5.4	5.4	<p>Do you want to have any more children?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 5.7 <input type="checkbox"/> Don't know 	
5.5	5.5	<p>How many more children do you want to have?</p> <p> _ _ CHILDREN</p>	<p>How many more children do you want to have?</p> <p> _ _ CHILDREN</p>

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
5.6	5.7	<p>Please think about the next year and a half. Over the next year and a half, will you be ...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trying to get pregnant again <input type="checkbox"/> Neither trying to get pregnant nor trying avoid getting pregnant <input type="checkbox"/> Trying to avoid getting pregnant <input type="checkbox"/> Don't know 	Changed to "over the next year"
5.7	5.8	<p>Over the next year and a half, from your partner's point of view, will he be...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Trying to get you pregnant <input type="checkbox"/> Neither trying to get you pregnant nor trying to avoid getting you pregnant <input type="checkbox"/> Trying to avoid getting you pregnant <input type="checkbox"/> Don't know <input type="checkbox"/> I don't have a partner right now 	Changed to "over the next year"
DROPPED: The questions listed below are part of the baseline instrument, but are not part of follow-up instrument.			
N/A	1.1a	<p>In what month were you born?</p> <p>MARK (X) ONE MONTH</p>	DROP
N/A	1.1b	<p>In what year were you born?</p> <p>MARK (X) ONE YEAR</p>	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	1.5	Are you Hispanic/Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	DROP
N/A	1.6	What is your race? YOU MAY MARK (X) MORE THAN ONE ANSWER <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race <i>PRINT OTHER RACE</i>	DROP
N/A	1.7	What is your country of birth? MARK (X) ONE <input type="checkbox"/> United States GO TO 1.9 <input type="checkbox"/> Some other country PRINT OTHER COUNTRY _____	DROP
N/A	1.8	How long have you lived in the United States? MARK (X) ONE <input type="checkbox"/> Less than one year <input type="checkbox"/> 1 to 5 years <input type="checkbox"/> More than 5 years to 10 years <input type="checkbox"/> More than 10 years	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	1.9	What is the main language you speak at home? <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Somali <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE</i> _____	DROP
N/A	2.2	Who lives with you in your home? MARK ALL THAT APPLY <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> The father of your most recent pregnancy or baby <input type="checkbox"/> Your current boyfriend or partner who is not the father of your most recent pregnancy or baby <input type="checkbox"/> One or more parents of the father of your most recent pregnancy or baby <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	2.3	<p>Who lives with you in each of your homes?</p> <p>Mark all of the people who live with you in your MAIN home, and then mark all of the people who live with you in your OTHER homes.</p> <p>MARK ALL THAT APPLY (List appears for both the MAIN home and the OTHER home(s))</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> The father of your most recent pregnancy or baby <input type="checkbox"/> Your current boyfriend or partner who is not the father of your most recent pregnancy or baby <input type="checkbox"/> One or more parents of the father of your most recent pregnancy or baby <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	2.7	<p>The next two questions are about your baby's father.</p> <p>When you got pregnant, what was your relationship with the baby's father?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Did not know him well or at all <input type="checkbox"/> Knew him, but not dating <input type="checkbox"/> Casually dating <input type="checkbox"/> Seriously dating <input type="checkbox"/> Engaged or married <input type="checkbox"/> Other 	DROP
N/A	2.8	<p>Currently, what is your relationship with the baby's father?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> No contact <input type="checkbox"/> Have contact, but don't get along <input type="checkbox"/> Have contact, get along, not dating <input type="checkbox"/> Casual dating <input type="checkbox"/> Seriously dating <input type="checkbox"/> Engaged or married <input type="checkbox"/> Other 	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	2.9	<p>Now we have some questions about your mother, or the person you think of as your mother. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a mother or person I think of as a mother GO TO 2.12 	DROP
N/A	2.10	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Did she graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	2.11	<p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don't know how many hours <input type="checkbox"/> Don't know if she is working 	DROP
N.A	2.12	<p>Next we have some questions about your father, or the person you think of as your father. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological father, that is, the man who is genetically related to you <input type="checkbox"/> Your stepfather or adoptive father <input type="checkbox"/> Your foster father <input type="checkbox"/> Your grandfather <input type="checkbox"/> Your uncle or your older brother <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a father or person I think of as a father GO TO 2.15 	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	2.13	<p>The following questions are about the person you marked as your father or the person you think of as your father.</p> <p>Did he graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	DROP
N/A	2.14	<p>Is he working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> He is not working at a paid job <input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, he works, but I don't know how many hours <input type="checkbox"/> Don't know if he is working 	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	2.15	<p>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.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> They are married to each other <input type="radio"/> They used to be married to each other, but are now separated <input type="radio"/> They used to be married to each other, but are now divorced <input type="radio"/> They have never been married to each other <input type="radio"/> Don't know 	DROP
N/A	2.16	<p>Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> One or both of my biological parents have passed away <input type="radio"/> Don't know 	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	3.10	<p>Before you were in this study, had you ever heard that getting pregnant less than 18 months after the end of a previous pregnancy increases your risk of having a preterm baby, that is – a baby born before you reached 37 weeks of pregnancy?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	DROP
N/A	4.1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	4.2	<p>This question is about types of birth control you have ever used.</p> <p>For birth control, have you <u>ever</u> used ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Condoms b. Birth control pills c. The shot (Depo Provera) d. The patch e. The ring (NuvaRing) f. IUD (Mirena or Paragard) g. Implant (Implanon) h. Diaphragm i. Male vasectomy j. Lactational amenorrhea k. Female condoms l. Fertility awareness m. Withdrawal n. Spermicide o. Other? <i>PRINT OTHER METHOD</i> <hr/>	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	4.15	<p>The next series of questions is about your current or most recent pregnancy.</p> <p>At the time that you became pregnant the most recent time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wanted to become pregnant then <input type="checkbox"/> Wanted to become pregnant later <input type="checkbox"/> Did not want to become pregnant at all 	DROP
N/A	4.16	<p>How many weeks along in your pregnancy were you when you went to your first prenatal visit?</p> <p> __ __ WEEKS – Your best guess is fine.</p>	DROP

Follow-up #	Baseline #	OhioHealth Baseline Question Text	Modifications for follow-up
N/A	4.25	<p>Now please think about the time you were pregnant <u>right</u> before your most recent pregnancy.</p> <p>At the time that you became pregnant that previous time, did you want to become pregnant then, did you want to become pregnant later, or did you not want to become pregnant at all?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I HAVE NEVER BEEN PREGNANT BEFORE THE MOST RECENT TIME GO TO 5.1</p> <p><input type="checkbox"/> Wanted to become pregnant then</p> <p><input type="checkbox"/> Wanted to become pregnant later</p> <p><input type="checkbox"/> Did not want to become pregnant at all</p>	
N/A	5.6	<p>How long do you plan to wait until you become pregnant again?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Less than 6 months after the end of my most recent pregnancy</p> <p><input type="checkbox"/> 6 to 18 months after the end of my most recent pregnancy</p> <p><input type="checkbox"/> More than 18 months after the end of my most recent pregnancy</p>	DROP

SUMMARY OF DIFFERENCES BETWEEN THE CHILDREN’S HOSPITAL LOS ANGELES (CHLA) BASELINE INSTRUMENT AND CHLA FOLLOW-UP SURVEY

Items are listed in the order in which they appear on the CHLA first follow-up instrument. The number for the corresponding baseline item is listed in the “CHLA Baseline #” column. The CHLA instrument will be administered to adolescent mothers so, there are no separate sections for sexually active and non-sexually active respondents. Items found on the concordance instrument that are not on the CHLA instrument are listed at the bottom of the table.

- Modifications to an existing baseline concordance item are listed in the “Modifications for CHLA Follow-up” column; otherwise, the question text on the CHLA follow-up instrument is the same as that on the baseline instrument.
- If an item is specific to the follow-up instrument, it is indicated by an “N/A” in the “CHLA Baseline #” column and the question text is noted in the “Modifications for CHLA Follow-up” column.

CHLA Follow-up #	CHLA Baseline #	CHLA Baseline Question Text	Modifications for CHLA Follow-up
1.1	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	
1.2	1.2	What is the last grade you completed? MARK (X) ONE <input type="checkbox"/> Less than 6 th grade <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th <input type="checkbox"/> Completed GED pretest <input type="checkbox"/> Completed GED <input type="checkbox"/> Some school after high school	

CHLA Follow-up #	CHLA Baseline #	CHLA Baseline Question Text	Modifications for CHLA Follow-up
1.3	N/A		<p>What type of schooling did you complete after high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Some adult education classes <input type="checkbox"/> Some technical or vocation school <input type="checkbox"/> Some classes at a 2-year college <input type="checkbox"/> Some classes at a 4-year college or university
1.4			<p>Did you go back to school or a GED program after having your first baby?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes – I went back to my old high school <input type="checkbox"/> Yes – I went back to a different school <input type="checkbox"/> Yes – I went back to a GED program <input type="checkbox"/> I never stopped school - GO TO 1.6 <input type="checkbox"/> No – I did not go back - GO TO 1.6

CHLA Follow-up #	CHLA Baseline #	CHLA Baseline Question Text	Modifications for CHLA Follow-up
1.5			<p>How old was your baby when you returned to school or your GED program?</p> <p> __ __ NUMBER OF MONTHS OLD</p>
1.6	1.3	<p>What is your current school status?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Enrolled in public or private middle or high school <input type="checkbox"/> Enrolled in a continuation/alternative school or court/community school <input type="checkbox"/> Enrolled in adult education classes <input type="checkbox"/> Enrolled in technical or vocation school <input type="checkbox"/> Enrolled in 2-year college <input type="checkbox"/> Enrolled in 4-year college or university <input type="checkbox"/> Not currently enrolled in any school or classes 	
1.7	1.4	<p>What is the highest level of education you <u>would like</u> to complete?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Graduate from high school or obtain a GED <input type="checkbox"/> Attend technical or vocational school <input type="checkbox"/> Graduate from a 2-year community college (Associate's degree) <input type="checkbox"/> Graduate from a 4-year college (Bachelor's degree) <input type="checkbox"/> Obtain a graduate degree (Masters, PhD, MD, etc.) 	<p>Question changed to: What is the highest level of education you <u>expect</u> to complete?</p>

CHLA Follow-up #	CHLA Baseline #	CHLA Baseline Question Text	Modifications for CHLA Follow-up
1.8	1.5	<p>Are you currently working?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes – full-time</p> <p><input type="checkbox"/> Yes – part-time</p> <p><input type="checkbox"/> No – but currently looking for a job</p> <p><input type="checkbox"/> No – and not currently looking for a job</p>	
1.9			<p>Do you make enough money in this job to support yourself?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
1.10			<p>Do you plan on staying in this job for the next two years?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
1.11	1.8	<p>Are you...</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not currently seeing anyone</p> <p><input type="checkbox"/> Casually dating</p> <p><input type="checkbox"/> Seriously dating</p> <p><input type="checkbox"/> Engaged</p> <p><input type="checkbox"/> Married</p>	

CHLA Follow-up #	CHLA Baseline #	CHLA Baseline Question Text	Modifications for CHLA Follow-up
1.12	N/A		<p>Is this person the father of your first child?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
2.1	2.1	<p>Now we have some questions about your mother, or the person you think of as your mother. Is this person...?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you</p> <p><input type="checkbox"/> Your stepmother or adoptive mother</p> <p><input type="checkbox"/> Your foster mother</p> <p><input type="checkbox"/> Your grandmother</p> <p><input type="checkbox"/> Your aunt or your older sister</p> <p><input type="checkbox"/> Some other adult (Please specify)</p> <p><input type="checkbox"/> Don't have a mother or person I think of as a mother GO TO 2.3</p>	

2.2	2.2	<p>Please answer the questions below about your mother or the person you think of as your mother that you identified in the previous question.</p> <p>How much do you agree with the following statements about your mother or the person you think of as your mother?</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly disagree, Disagree, Neither disagree or agree, Agree, Strongly agree</p> <ol style="list-style-type: none"> My mother supports me to be a good parent My mother's help with the baby is just about right My mother criticizes the way I take care of my baby My mother gives me too much help with my baby 	
2.3	2.4	<p>The next questions are about where you live and who lives with you.</p> <p>Which of the following best describes where you live?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You live in one home– GO TO 2.2 <input type="checkbox"/> You live in two or more homes and go back and forth– GO TO 2.3 <input type="checkbox"/> You live in a residential program GO TO 2.7 <input type="checkbox"/> You are homeless (living on the street, in a car or shelter, staying with friends/relatives) – GO TO 2.4 	

2.4	2.5	<p>Who lives with you in your home?</p> <p>MARK (X) ALL THE PEOPLE WHO LIVE WITH YOU</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your mother, or the person you think of as your mother <input type="checkbox"/> Your father, or the person you think of as your father <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Your baby <input type="checkbox"/> The father of your baby <input type="checkbox"/> The parent(s) of the father of your baby <input type="checkbox"/> Your current boyfriend/partner who is not the father of your baby <input type="checkbox"/> Friends or roommates <input type="checkbox"/> You live by yourself 	
2.5	2.6	<p>Who lives with you in each of your homes?</p> <p>Mark (X) all of the people who live with you in your MAIN home, and then mark (X) all of the people who live with you in your OTHER homes.</p> <p>MARK ALL THAT APPLY (List appears for both the MAIN home and the OTHER home(s))</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your mother, or the person you think of as your mother <input type="checkbox"/> Your father, or the person you think of as your father <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Your baby <input type="checkbox"/> The father of your baby <input type="checkbox"/> The parent(s) of the father of your baby <input type="checkbox"/> Your current boyfriend/partner who is not the father of your baby <input type="checkbox"/> Friends or roommates <input type="checkbox"/> You live by yourself 	
2.6	2.7	<p>How many times have you moved in the past 6 months?</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	

3.1			<p>In the past 12 months, have you received any information about the following:</p> <p>MARK (X) ONE FOR EACH Yes, No</p> <p>a. Methods of birth control b. Where to get birth control</p>
3.2			<p>FOR THOSE WHO RECEIVED ANY INFO ABOUT METHODS OF BIRTH CONTROL AND/OR WHERE TO GET BIRTH CONTROL</p> <p>In the past 12 months, did you receive information about...</p> <p>MARK (X) ONE FOR EACH Yes, No</p> <p>a. Condoms c. Birth control pills d. The shot (Depo-Provera) e. The patch f. The ring (NuvaRing) g. IUD (Mirena or Paragard) h. Implant (Implanon)</p>

3.3			<p>FOR THOSE WHO RECEIVED ANY INFO ABOUT METHODS OF BIRTH CONTROL AND/OR WHERE TO GET BIRTH CONTROL</p> <p>Where did you receive information about birth control?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> At a hospital <input type="checkbox"/> At a clinic from a doctor, nurse or other health professional <input type="checkbox"/> At home from a nurse, social worker, or other health care professional <input type="checkbox"/> At school in a class <input type="checkbox"/> In an after-school program/activity <input type="checkbox"/> From a friend <input type="checkbox"/> Other (please specify)
3.4			<p>What services have you received or what programs have you been involved in over the past 12 months?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> School or community-based program for pregnant or parenting teens <input type="checkbox"/> Parenting education <input type="checkbox"/> Case Management <input type="checkbox"/> WIC <input type="checkbox"/> CalLearn <input type="checkbox"/> AFLP <input type="checkbox"/> Other (Please specify)

4.1	3.4	<p>Now please think about the past 4 weeks. Have you had sexual intercourse in the past 4 weeks?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 3.10</p>	<p>Modified reference period to past 3 months. Added introduction.</p> <p>The next questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.</p> <p>Now please think about the past 3 months. Have you had sexual intercourse in the past 3 months?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 4.6</p>
4.2	3.5	<p>Now please think about the past 4 weeks. In the past 4 weeks, how many TIMES have you had sexual intercourse?</p> <p><input type="checkbox"/> None GO TO 4.14</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified reference period to past 3 months.</p> <p>In the past 3 months, how many TIMES have you had sexual intercourse?</p> <p><input type="checkbox"/> None - GO TO 4.6</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.3	3.7	<p>In the past 4 weeks, how many TIMES have you had sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified reference period to past 3 months. Modified question text.</p> <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> you or your partner using a condom?</p> <p><input type="checkbox"/> None - GO TO 4.6</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>

4.4	3.8	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implant (Implanon) <p>In the past 4 weeks, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified reference period to past 3 months. Modified question text.</p> <p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implant (Implanon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> you or your partner using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.5	3.9	<p><u>Only ask if said “Yes” to having sex in last 4 weeks AND “No” to using any birth control during last 4 weeks.</u></p> <p>There are different reasons people give for not using contraception. Please mark ALL of the reasons that are true for you.</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> I just haven’t gotten around to getting anything yet <input type="checkbox"/> I don’t think I can get pregnant right now <input type="checkbox"/> My partner doesn’t want me to use contraception <input type="checkbox"/> I don’t use it because of the side effects for me or my baby <input type="checkbox"/> Other (please specify): 	<p>Modified reference period to past 3 months.</p> <p><u>Only ask if said “Yes” to having sex in past months AND “No” to using any birth control during past 3 months.</u></p>
4.6			<p>Now please think about the past 12 months. Have you had sexual intercourse in the past 12 months?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 4.9

4.7			<p>How many DIFFERENT PEOPLE have you had sexual intercourse with, even if only one time, in the past 12 months?</p> <p><input type="checkbox"/> None - GO TO 4.9</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>
4.8			<p>Thinking about the past 12 months, in which months were you sexually active (had sexual intercourse)?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>
4.9			<p>Have you used any of the following birth control methods in the past 12 months?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Condom b. Emergency contraception, also known as “Plan B” or “Preven”, or “morning after pills” c. Birth control pills d. The shot (Depo-Provera) e. The patch f. The ring (Nuva Ring) g. IUD (Mirena or Paragard) h. Implant (Implanon) i. Foam j. Sponge k. Female condom l. Withdrawal m. Other (Please specify) <p>(NOTE: Specific questions on each method of contraception will only be asked of those who indicate using that method of contraception in 4.9)</p>

4.10			<p>FOR CONDOM USE</p> <p>In which months did you use condoms?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>
4.11			<p>In the months you used a condom, would you say you used a condom with your partner for sexual intercourse...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Every time <input type="checkbox"/> Most of the time <input type="checkbox"/> About half of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> None of the time
4.12			<p>FOR EMERGENCY CONTRACEPTION USE</p> <p>How many different times have you used emergency contraception (Plan B) in the past 12 months?</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.13			<p>FOR BIRTH CONTROL PILL USE</p> <p>In which months did you use birth control pills?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>

4.14			<p>In general over this time, would you say you took your birth control pills consistently...?</p> <p>Taking your birth control pills consistently means taking your pills every day. Some types of pills have a set of 7 different colored pills that do not contain any hormones. Women may opt not to take these 7 pills only.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> None of the time
4.15			<p>During the last month you used birth control pills, how many pills that you were supposed to take did you miss...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> One - GO TO 4.17 <input type="checkbox"/> None - GO TO 4.17 <input type="checkbox"/> Two or more
4.16			<p>Did you miss two or more pills in a row?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

4.17			<p>Some people try a method and then don't use it again, or stop using it. What was the reason or reasons why you stopped using birth control pills?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Too expensive <input type="checkbox"/> Too difficult to use <input type="checkbox"/> Too messy <input type="checkbox"/> Your partner did not like it <input type="checkbox"/> You had side effects <input type="checkbox"/> You were worried you might have side effects <input type="checkbox"/> You worried the method would not work <input type="checkbox"/> The method failed, you became pregnant <input type="checkbox"/> The method did not protect against disease <input type="checkbox"/> Because of other health problem, a doctor told you that you should not use the method again <input type="checkbox"/> The method decreased your sexual pleasure <input type="checkbox"/> Too difficult to obtain the method <input type="checkbox"/> Did not like the changes to your menstrual cycle <input type="checkbox"/> You got pregnant <input type="checkbox"/> You were trying to get pregnant
4.18			<p>FOR THE SHOT (DEPO-PROVERA) USE</p> <p>In which months did you receive the shot (Depo Provera)?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>

4.19			<p>Some people try a method and then don't use it again, or stop using it. What was the reason or reasons why you stopped using the shot (Depo-Provera)?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Too expensive <input type="checkbox"/> Too difficult to use <input type="checkbox"/> Too messy <input type="checkbox"/> Your partner did not like it <input type="checkbox"/> You had side effects <input type="checkbox"/> You were worried you might have side effects <input type="checkbox"/> You worried the method would not work <input type="checkbox"/> The method failed, you became pregnant <input type="checkbox"/> The method did not protect against disease <input type="checkbox"/> Because of other health problem, a doctor told you that you should not use the method again <input type="checkbox"/> The method decreased your sexual pleasure <input type="checkbox"/> Too difficult to obtain the method <input type="checkbox"/> Did not like the changes to your menstrual cycle <input type="checkbox"/> You got pregnant <input type="checkbox"/> You were trying to get pregnant
4.20			<p>FOR THE PATCH (ORTHO-EVRA) USE</p> <p>In which months did you use birth the patch (Ortho-Evra)?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>

4.21			<p>In general over this time, would you say you used the patch consistently...?</p> <p>Using the patch consistently means applying a new patch the same day each week for 3 weeks. You would not use a patch in week 4 then would resume using the patch on the same day in week 5.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> None of the time
4.22			<p>During the last month you used the patch, were you one or more days late in changing the patch?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 4.24
4.23			<p>Please indicate all the weeks that you were late in changing the patch.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> First week <input type="checkbox"/> Second week <input type="checkbox"/> Third week

4.24			<p>Some people try a method and then don't use it again, or stop using it. What was the reason or reasons why you stopped using the patch (Ortho-Evra)?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Too expensive <input type="checkbox"/> Too difficult to use <input type="checkbox"/> Too messy <input type="checkbox"/> Your partner did not like it <input type="checkbox"/> You had side effects <input type="checkbox"/> You were worried you might have side effects <input type="checkbox"/> You worried the method would not work <input type="checkbox"/> The method failed, you became pregnant <input type="checkbox"/> The method did not protect against disease <input type="checkbox"/> Because of other health problem, a doctor told you that you should not use the method again <input type="checkbox"/> The method decreased your sexual pleasure <input type="checkbox"/> Too difficult to obtain the method <input type="checkbox"/> Did not like the changes to your menstrual cycle <input type="checkbox"/> You got pregnant <input type="checkbox"/> You were trying to get pregnant
4.25			<p>FOR IUD (MIRENA OR PARAGARD) USE</p> <p>In which months did you have the IUD (Mirena or Paragard) inserted?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>
4.26			<p>Have you had the IUD removed since then?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 4.29

4.27			<p>In which months did you have the IUD removed?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>
4.28			<p>Did you have the IUD inserted a second time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.29			<p>Some people try a method and then don't use it again, or stop using it. What was the reason or reasons why you stopped using the IUD (Mirena or Paragard)?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Too expensive <input type="checkbox"/> Too difficult to use <input type="checkbox"/> Too messy <input type="checkbox"/> Your partner did not like it <input type="checkbox"/> You had side effects <input type="checkbox"/> You were worried you might have side effects <input type="checkbox"/> You worried the method would not work <input type="checkbox"/> The method failed, you became pregnant <input type="checkbox"/> The method did not protect against disease <input type="checkbox"/> Because of other health problem, a doctor told you that you should not use the method again <input type="checkbox"/> The method decreased your sexual pleasure <input type="checkbox"/> Too difficult to obtain the method <input type="checkbox"/> Did not like the changes to your menstrual cycle <input type="checkbox"/> You got pregnant <input type="checkbox"/> You were trying to get pregnant

4.30			<p>FOR THE RING (NUVARING) USE</p> <p>In which months did you use the ring (NuvaRing)?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>
4.31			<p>In general over this time, would you say you used the ring consistently...?</p> <p>Using the ring consistently means removing the ring on the same day 3 weeks after it was inserted and inserting a new one on the same day one week after it was removed (even if your period has not stopped).</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/>All of the time <input type="checkbox"/>Most of the time <input type="checkbox"/>Some of the time <input type="checkbox"/>None of the time

4.32			<p>Some people try a method and then don't use it again, or stop using it. What was the reason or reasons why you stopped using the ring (NuvaRing)?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Too expensive <input type="checkbox"/> Too difficult to use <input type="checkbox"/> Too messy <input type="checkbox"/> Your partner did not like it <input type="checkbox"/> You had side effects <input type="checkbox"/> You were worried you might have side effects <input type="checkbox"/> You worried the method would not work <input type="checkbox"/> The method failed, you became pregnant <input type="checkbox"/> The method did not protect against disease <input type="checkbox"/> Because of other health problem, a doctor told you that you should not use the method again <input type="checkbox"/> The method decreased your sexual pleasure <input type="checkbox"/> Too difficult to obtain the method <input type="checkbox"/> Did not like the changes to your menstrual cycle <input type="checkbox"/> You got pregnant <input type="checkbox"/> You were trying to get pregnant
4.33			<p>FOR IMPLANT (IMPLANON USE)</p> <p>In which months did you have the implant (Implanon) inserted?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>
4.34			<p>Have you had it removed since then?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 4.36

4.35			<p>In which months did you have the implant removed?</p> <p>MARK (X) ALL THAT APPLY</p> <p>January – December (Note: Relevant months will appear based on baseline date.)</p>
4.36			<p>Some people try a method and then don't use it again, or stop using it. What was the reason or reasons why you stopped using the implant (Implanon)?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Too expensive <input type="checkbox"/> Too difficult to use <input type="checkbox"/> Too messy <input type="checkbox"/> Your partner did not like it <input type="checkbox"/> You had side effects <input type="checkbox"/> You were worried you might have side effects <input type="checkbox"/> You worried the method would not work <input type="checkbox"/> The method failed, you became pregnant <input type="checkbox"/> The method did not protect against disease <input type="checkbox"/> Because of other health problem, a doctor told you that you should not use the method again <input type="checkbox"/> The method decreased your sexual pleasure <input type="checkbox"/> Too difficult to obtain the method <input type="checkbox"/> Did not like the changes to your menstrual cycle <input type="checkbox"/> You got pregnant <input type="checkbox"/> You were trying to get pregnant
4.37	3.11	<p>Do you intend to have sexual intercourse in the next year?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not GO TO 3.19 	<p>Do you intend to have sexual intercourse in the next year, if you have the chance?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not

4.38	3.12	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	<p>If you were to have sexual intercourse in the next year, do you intend to use a condom?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not
4.39	3.13	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo-Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	<p>If you were to have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not

4.40	3.14	<p>Which of the following do you plan on using? (Only ask if answered Yes to previous question)</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Condoms <input type="checkbox"/> Oral Contraceptives/birth control pill <input type="checkbox"/> The shot (Depo-Provera) <input type="checkbox"/> The patch <input type="checkbox"/> The ring (NuvaRing) <input type="checkbox"/> IUD (Mirena or Paragard) <input type="checkbox"/> Implants (Implanon) <input type="checkbox"/> Other (<i>Please specify</i>) 	<p>Removed:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Condoms
4.41	3.15	<p>The next series of questions is about methods of birth control, NOT including condoms. How strongly do you agree or disagree that...?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Birth control should always be used if a person your age has sexual intercourse b. Birth control is a hassle to use c. Birth control is pretty easy to get d. Birth control is important to make sex safer e. Birth control has too many negative side effects f. Using birth control is morally wrong 	
4.42	3.16	<p>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.</p> <p>Have you ever had oral sex?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.19 	<p>Added introduction:</p> <p>The next questions are about oral sex.</p>

4.43	3.17	How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time? __ __ NUMBER OF PEOPLE - Your best guess is fine.	
4.44	3.18	Now please think about the past 4 weeks. In the past 4 weeks, how many TIMES have you had oral sex? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.	Modified reference period to 3 months: Now please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex? <input type="checkbox"/> None - GO TO 4.46 __ __ NUMBER OF TIMES - Your best guess is fine.
4.45	3.19	In the past 4 weeks, how many TIMES have you had oral sex <u>without</u> using a condom? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.	In the past 3 months, how many TIMES did you have oral sex <u>without</u> using a condom? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.
4.46	3.20	Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt. Have you <u>ever</u> had anal sex? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.23	Added intro: The next questions are about anal sex.
4.47	3.21	How many DIFFERENT PEOPLE have you <u>ever</u> had anal sex with, even if only one time? __ __ NUMBER OF PEOPLE - Your best guess is fine.	

4.48			<p>No w please think about the past 3 months. In the past 3 months, how many TIMES did you have anal sex?</p> <p><input type="checkbox"/> None - GO TO 4.50 __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.49	3.22	<p>In the past 4 weeks, how many TIMES have you had anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	<p>Modified reference period to 3 months.</p> <p>In the past 3 months, how many TIMES did you had anal sex <u>without</u> using a condom? Your best guess is fine. If you always used a condom, please enter zero.</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>
4.50	3.23	<p>These next questions ask about sexually transmitted diseases, or STDs. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
4.51	3.24	<p>The next series of questions is about the types of sexually transmitted diseases or STDs you have had. In the past 12 months, did you have...?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No, Don't know</p> <ol style="list-style-type: none"> Chlamydia Gonorrhea Genital herpes Syphilis HIV infection or AIDS Human Papilloma virus, also known as HPV or genital warts Another sexually transmitted disease (STD) <i>PRINT OTHER STD:</i> 	<p>Removed: The next series of questions is about the types of sexually transmitted diseases or STDs you have had.</p>

5.1			<p>The next questions ask about your pregnancy and your relationship with your baby's father.</p> <p>Are you currently pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 5.6</p>
5.2			<p>When is your baby due?</p> <p>Month __ __ Year __ __ __ __ </p>
5.3			<p>When you got pregnant this time, were you trying to get pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
5.4	4.7	<p>What is your relationship with your baby's father now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> No contact</p> <p><input type="checkbox"/> Have contact but don't get along</p> <p><input type="checkbox"/> Just friends, not dating</p> <p><input type="checkbox"/> Casually dating</p> <p><input type="checkbox"/> Seriously dating</p> <p><input type="checkbox"/> Engaged</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Other (<i>Please specify</i>)</p>	<p>What is your relationship with the father of your current pregnancy?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> No contact</p> <p><input type="checkbox"/> Have contact but don't get along</p> <p><input type="checkbox"/> Just friends, not dating</p> <p><input type="checkbox"/> Casually dating</p> <p><input type="checkbox"/> Seriously dating</p> <p><input type="checkbox"/> Engaged</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Other (<i>Please specify</i>)</p>
5.5			<p>(Only asked if currently pregnant)</p> <p>To the best of your knowledge, were you pregnant any other time since the birth of your first child?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes - GO TO 5.7</p> <p><input type="checkbox"/> No - GO TO 5.13</p>

5.6			<p>(Only asked if not currently pregnant) To the best of your knowledge, have you been pregnant since the birth of your first child?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 5.13</p>
5.7			<p>How many times have you been pregnant since the birth of your first child?</p> <p> __ __ NUMBER OF TIMES – Your best guess is fine</p>
5.8			<p>Have you given birth since your first child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 5.13</p>
5.9			<p>Please list the birth date for each child you have given birth to since your first child.</p> <p>Month __ __ Day __ __ Year __ __ __ __ </p>
5.10	4.2	<p>When you got pregnant with your baby, were you trying to get pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>When you got pregnant with your youngest child, were you trying to get pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

5.11	4.7	<p>What is your relationship with your baby's father now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> No contact <input type="checkbox"/> Have contact but don't get along <input type="checkbox"/> Just friends, not dating <input type="checkbox"/> Casually dating <input type="checkbox"/> Seriously dating <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Other (<i>Please specify</i>) 	<p>What is your relationship with the father of your youngest child?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> No contact <input type="checkbox"/> Have contact but don't get along <input type="checkbox"/> Just friends, not dating <input type="checkbox"/> Casually dating <input type="checkbox"/> Seriously dating <input type="checkbox"/> Engaged <input type="checkbox"/> Married <input type="checkbox"/> Other (<i>Please specify</i>)
5.12			<p>Do all of your children have the same biological father?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
5.13			<p>How much is your first child's father involved in raising that child?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot <input type="checkbox"/> A little <input type="checkbox"/> Not very much <input type="checkbox"/> Not at all
5.14	4.3	<p>How likely do you think it is that you will be pregnant again before your child turns two?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am sure I will <input type="checkbox"/> I probably will <input type="checkbox"/> There is a 50/50 chance I will <input type="checkbox"/> I probably will not <input type="checkbox"/> I am sure I will not 	

5.15	4.4	<p>Ideally, when would you want to get pregnant again?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Before my baby is 1 year old <input type="checkbox"/> When my baby is between 1 and 2 years old <input type="checkbox"/> When my baby is between 2 and 3 years old <input type="checkbox"/> When my baby is over three years old <input type="checkbox"/> I don't know if I want to get pregnant again <input type="checkbox"/> Unsure 	
6.1	5.1	<p>Please rate yourself on this set of statements, using the 9 point scale below: (Scale: 1 = Not at all true to 9 =Very true)</p> <p>MARK (X) ONE FOR EACH</p> <ul style="list-style-type: none"> a. In general, I am focused on preventing negative events in my life b. I am anxious that I will fall short of my responsibilities and obligations c. I frequently imagine how I will achieve my hopes and aspirations d. I often think about the person I am afraid I might become in the future e. I often think about the person I would ideally like to be in the future f. I typically focus on the success I hope to achieve in the future g. I often imagine myself experiencing bad things that I fear might happen to me h. I frequently think about how I can prevent failures in my life i. I see myself as someone who is primarily striving to reach my "ideal self" – to fulfill my hopes, wishes, and aspirations j. I see myself as someone who is primarily striving to become the self I "ought" to be – to fulfill my duties, responsibilities, and obligations k. In general, I am focused on achieving positive outcomes in my life l. I often imagine myself experiencing good things that I hope will happen to me m. Getting pregnant before my baby is 2 will lower my chances of getting the future I want for myself and my family n. Contraception is an important way that I can be a responsible parent o. Focusing on my education and work experience now will help me achieve a successful future p. Having another baby too soon may make it much harder on myself and my family q. I plan to put extra effort into my education or experience to get a (better) job r. I plan to stop doing things that interfere with my job preparation 	

6.2	5.2	<p>For the following statements, indicate to what degree the statement reflects your own thoughts and feelings using the numbers 1 through 6, with 1 being STRONGLY AGREE and 6 being STRONGLY DISAGREE. If a statement has more than one part, please indicate your reaction to the whole statement.</p> <ul style="list-style-type: none"> a. I just can't decide what to do as a parent, there are so many possibilities. b. I've thought a lot about the kind of mother I want to be, but there's no question that I will follow what my "mother" says to do. c. My "mom" tells me how to be a parent to my child, and that's what I do. d. I haven't really decided what kind of mother I want to be. I'm just taking it day by day. e. I'm sure it will be pretty easy to change the kind of mother I am when I'm ready. f. It took me a while to figure it out, but now I know for sure what direction to move in as a parent. g. It took me a while to figure it out, but now I know what kind of mother I want to be. h. I'm still trying to decide how capable I am as a person and what kind of parenting is right for me. i. I just can't decide what to do for a career. There are so many possibilities. j. I might have thought about a lot of different jobs, but there's really never been any question since my parents said what they wanted. k. My parents decided a long time ago what I should go into for employment and I am following through with their plans. l. It took me awhile to figure it out, but now I know for sure what direction to move in for a career. m. I'm still trying to decide how capable I am as a person and what jobs will be right for me. n. It took me awhile to figure it out, but now I really know what I want for a career. o. When I'm ready, I'm sure it'll be pretty easy to change or get the kind of job that's right for me. p. I haven't chosen the occupation I really want to get into, and I'm just working at what is available until something better comes along. 	
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6.3	5.3a	<p>Who will you be in fifteen years? Each of us has some image or picture of what we will be like and what we want to avoid being like in the future. Think about 15 years from now—imagine what you'll be like, and what you'll be doing.</p> <p>In the lines below, write what you expect you will be like and what you expect to be doing.</p> <ul style="list-style-type: none"> • In the space next to each expected goal, mark No (X) if you are not currently working on that goal or expectation and mark Yes(X) if you are currently doing something to get to that expectation or goal. • For each expected goal that you marked Yes, use the space to the right to write what you are doing this year to attain that goal. <p>1a. In 15 years, I expect to be _____</p> <p>1b . Am I doing something to be that way? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1c. (IF YES) What I am doing now to be that way in 15 years? _____</p>	
6.3a			<p>Was your first or second goal about a job or an occupation?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No - GO TO 6.4</p>
6.3b			<p>Thinking of your first occupational goal listed, how much do you hope for the kind of work that occurs with this occupational goal?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Barely <input type="checkbox"/> Not much <input type="checkbox"/> Somewhat <input type="checkbox"/> Very much</p>

6.3c			<p>Thinking of your first occupational goal, please indicate how likely it will be that you obtain this possible self, using the numbers 1 through 7, with 1 being very unlikely and 7 being very likely.</p> <p>(Scale: 1 = Vey unlikely to 9 =Very likely)</p>
6.4	5.3b	<p>In addition to expectations and expected goals, we all have images or pictures of what we don't want to be like; what we don't want to do or want to avoid being. First, think a minute about ways you would <u>not</u> like to be in 15 years—<i>things you are concerned about</i> or want to avoid being like.</p> <p>Write those concerns or selves to-be-avoided in the lines below. Next to each concern or to-be-avoided self, mark No (X) if you are not currently working on avoiding that concern or to-be-avoided self and mark Yes (X) if you are currently doing something <u>so this will not happen</u> in 15 years.</p> <p>For each concern or to-be-avoided self that you marked Yes, use the space at the end of each line to write <u>what you are doing this year to reduce the chances that this will describe you in 15 years.</u></p> <p>1a. In 15 years, I want to avoid _____</p> <p>1b. Am I doing something to avoid this? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>1c. (IF YES) What I am doing now to avoid being that way in 15 years? _____</p>	
6.5	5.4	<p>For each sentence, please think about how you are in most situations. Rate each statement in a way that describes YOU the best.</p> <p>Scale: 0-5 (None of the time – All of the time)</p> <p>a. I can do what it takes to get the specific work I choose b. I know how to prepare for the kind of work I want to do c. When I look into the future, I have a clear picture if what my work life will be like d. I have a difficult time identifying my own goals for the next five years.</p>	

DROPPED: The questions listed below are part of the baseline concordance instrument, but are not part of this site-specific baseline instrument.

1.6	<p>Are you Hispanic/Latino?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
1.7	<p>What is your race?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Black or African-American</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Some other race <i>PRINT OTHER RACE</i></p>	
1.9	<p>How many of your friends who are your age have done the following things?</p> <p>MARK (X) ONE FOR EACH</p> <p>None, Some, Half, Most, All, Don't Know</p> <p>a. Had sexual intercourse</p> <p>b. Been pregnant</p> <p>Been a teen parent</p>	
1.10	<p>Below is a list of some of the ways you may have felt or behaved. Please indicate how often you have felt this way during the past week by checking the appropriate response.</p> <p>MARK (X) ONE FOR EACH</p> <p>- Rarely or none of the time (Less than 1 day)</p> <p>- Some of or a little of the time (1-2 days)</p> <p>- Occasionally or a moderate amount of the time (3-4 days)</p> <p>- Most or all of the time (5-7 days)</p> <p>a. I felt depressed</p>	

		<p>b. I felt lonely</p> <p>c. I had crying spells</p> <p>d. I felt sad</p>	
	2.3	<p>Were any of the following members of your family teen mothers?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <p>a. Mother</p> <p>b. Grandmother</p> <p>c. Sister</p>	
	3.1	<p>The next questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.</p> <p>The very <u>first</u> time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
	3.2	<p>The very first time you had sexual intercourse, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
	3.3	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	

3.6	<p>In the past 4 weeks, have you used any of the following methods of birth control?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Condoms b. Birth control pills c. The shot (Depo-Provera) d. The patch e. The ring (NuvaRing) f. IUD (Mirena or Paragard) g. Implants (Implanon) h. Emergency contraception (Plan B) i. Other (<i>Please specify</i>) 	
3.10	<p>In general, how much pressure, if any, do you feel from your boyfriend/partner to have sex without birth control?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure <input type="checkbox"/> I do not have a boyfriend/partner 	
4.1	<p>To the best of your knowledge, how many times have you been pregnant, even if no child was born?</p> <p> __ __ NUMBER OF TIMES – Your best guess is fine</p>	
4.5	<p>How old is your baby's father?</p> <p> __ __ YEARS OLD</p>	
4.8	<p>Has your baby's father had any contact with your child since birth?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No – GO TO 4.10 	

4.9	<p>In the past month, how often has your baby's father spent one or more hours with your child?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Every day <input type="checkbox"/> Almost every day <input type="checkbox"/> A few times a week <input type="checkbox"/> About once a week <input type="checkbox"/> Once or twice <input type="checkbox"/> Never</p>	
4.10	<p>Do you currently use child care services other than your family or friends?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes – Full-time <input type="checkbox"/> Yes – Part-time <input type="checkbox"/> No</p>	
4.11	<p>In a typical week, how often do each of the following people provide you with physical support (e.g., childcare, feeding, changing diapers, bathing) to care for your baby?</p> <p>MARK (X) ONE FOR EACH</p> <p>6-7 times a week, 4-5 times a week, 2-3 times a week, 1 day a week, Rarely or never, Not applicable</p> <ol style="list-style-type: none"> a. Baby's father b. Your boyfriend or partner who is not the baby's father c. Your parent(s) d. Your baby's father's parent(s) e. Another relative from your family f. Another relative from your baby's father's family g. A friend h. Other (<i>Please specify</i>) 	

	4.6	<p>What was your relationship with your baby's father when you got pregnant?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"><input type="checkbox"/> Did not know him well or at all<input type="checkbox"/> Just friends, not dating<input type="checkbox"/> Casually dating<input type="checkbox"/> Seriously dating<input type="checkbox"/> Engaged<input type="checkbox"/> Married<input type="checkbox"/> Other (<i>Please specify</i>)	
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SUMMARY OF DIFFERENCES BETWEEN THE OICA FOLLOW-UP AND BASELINE INSTRUMENTS

Items are listed in the order in which they appear on the OICA follow-up instrument (approval for the follow-up instrument was received on September 27, 2011; OMB Control No 0970-0360). The number for the corresponding site-specific baseline item is listed in the “OICA Baseline #” column. The OICA instrument will be read aloud to youth in foster care homes, with make-ups conducted over the phone and online. There are no separate sections for sexually active and non-sexually active respondents. Items found on the baseline instrument that are not on the follow-up instrument are listed at the bottom of the table (no items were dropped from the baseline).

- Modifications to an existing baseline item are listed in the “Modifications” column; otherwise, the question text on the follow-up instrument is the same as that on the baseline instrument.
- If an item is specific to the follow-up instrument, it is indicated by an “N/A” in the “OICA Baseline #” column and the question text is noted in the “Modifications” column.

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
1.1	1.1	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	
1.2	1.2	What is the last grade you completed? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
1.3	1.3	<p>How old were you when you entered the foster care system?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> <1 year old <input type="checkbox"/> 1 year old <input type="checkbox"/> 2 years old <input type="checkbox"/> 3 years old <input type="checkbox"/> 4 years old <input type="checkbox"/> 5 years old <input type="checkbox"/> 6 years old <input type="checkbox"/> 7 years old <input type="checkbox"/> 8 years old <input type="checkbox"/> 9 years old <input type="checkbox"/> 10 years old <input type="checkbox"/> 11 years old <input type="checkbox"/> 12 years old <input type="checkbox"/> 13 years old <input type="checkbox"/> 14 years old <input type="checkbox"/> 15 years old <input type="checkbox"/> 16 years old <input type="checkbox"/> 17 years old <input type="checkbox"/> 18 years old 	
1.4	N/A		<p>Do you currently live in a group home?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
1.5	1.4	<p>In what month and year did you start living in <u>this</u> group home?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
1.6	1.5	Are you Hispanic/Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
1.7	1.6	What is your race? YOU MAY MARK (X) MORE THAN ONE ANSWER <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race: _____	Dropped “some other race”; modified “White” to “White or Caucasian”
1.8	1.7	What is the <u>second</u> letter of your first name? MARK (X) ONE	
1.9	1.8	What is the <u>last</u> letter of your first name? MARK (X) ONE	
1.10	1.9	In which month were you born? MARK (X) ONE	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
1.11	1.10	On which day were you born? MARK (X) ONE	
1.12	1.11	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	
1.13	1.12	How likely is it that you will do each of the following things? MARK (X) ONE Not at all likely, A little bit likely, Somewhat likely, Very likely a. Graduate from high school b. Go to a technical or vocational school after high school c. Go to college d. Graduate from a 2-year or community college program e. Graduate from a 4-year college program	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
1.14	1.13	<p>In the past 12 months, have you received any information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted infections, also known as STIs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex h. How babies are made 	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
1.15			<p>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?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-3 times, 4-9 times, 10 or more times</p> <ul style="list-style-type: none"> a. School class, workshop, or event b. Church, synagogue, mosque or religious classes outside of school c. Community center, youth organization, or after-school activity d. Doctor, nurse, or clinic e. Friends or other students f. Parents and other relatives or family members g. Internet and media h. Other (List other source)

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
1.16			<p>Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very <u>helpful</u> to you?</p> <p><i>SELECT ONE OR MORE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> School class, workshop, or event <input type="checkbox"/> Church, synagogue, mosque or religious classes outside of school <input type="checkbox"/> Community center, youth organization, or after-school activity <input type="checkbox"/> Doctor, nurse, or clinic <input type="checkbox"/> Friends or other students <input type="checkbox"/> Parents and other relatives or family members <input type="checkbox"/> Internet and media <input type="checkbox"/> Other (Please specify
2.1	2.1	<p>The next questions ask about the body, sexually transmitted infections (STIs), and methods of protection.</p> <p>The body part of the female body where a baby grows during pregnancy is the:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Cervix <input type="checkbox"/> Uterus <input type="checkbox"/> Vagina <input type="checkbox"/> Ovary 	<p>Added “don’t know” as a response option</p>

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
2.2	2.2	<p>The part of the male’s body that produces sperm is the:</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Testicles <input type="checkbox"/> Urethra <input type="checkbox"/> Penis <input type="checkbox"/> Prostate 	Added “don’t know” as a response option
2.3	2.3	<p>When is it possible for a female to become pregnant?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> The first time she has sex <input type="checkbox"/> When she is ovulating <input type="checkbox"/> When her partner withdraws (pulls out) before ejaculating <input type="checkbox"/> All of the above 	Added “don’t know” as a response option
2.4	2.4	<p>Of the following statements about methods of protection, which one is <u>false</u>?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You can get them with a prescription from a doctor <input type="checkbox"/> You can buy them at a local store in the drug or pharmacy section <input type="checkbox"/> Some require a prescription and others do not, depending on the type of method <input type="checkbox"/> You must have your parent’s/guardian’s permission to get them if you are under age 18 	Added “don’t know” as a response option

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
2.5	2.5	<p>Please mark whether each statement is true, false, or you don't know.</p> <p>MARK (X) ONE FOR EACH QUESTION True, False, Don't Know</p> <ul style="list-style-type: none"> a. A sexually active girl can become pregnant if she forgets to take her birth control pills for several days in a row b. Using a condom can help prevent HIV c. A condom can be used more than once d. If a condom is used, a young man should be careful how he pulls out e. If a young couple has had unprotected sex a few times and a pregnancy did not occur, then they do not have to worry about her getting pregnant f. HIV destroys the immune system's ability to fight off infections and diseases g. You cannot tell if a person has HIV by looking at them h. HIV is the only sexually transmitted infection that is incurable i. All sexually active individuals are at risk for getting HIV j. Latex condoms are 100% effective in preventing pregnancy and STIs (including HIV) k. All sexually transmitted infections (STIs) can be cured l. You can get the same sexually transmitted infection (STI) twice m. You can get a sexually transmitted infection (STI) from having oral sex 	<p>Added "don't know" as a response option</p>

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
2.6	2.6	<p>Which of the following methods of protection offers the <u>most</u> protection against HIV and other STIs?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Depo-Provera (the shot) <input type="checkbox"/> Vaginal film <input type="checkbox"/> Condom (rubber) <input type="checkbox"/> Birth control pill 	Added “don’t know” as a response option
2.7	2.7	<p>What is the safest and most effective method for avoiding pregnancy and sexually transmitted infections (STIs)?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Birth control pill <input type="checkbox"/> Condom (rubber) <input type="checkbox"/> Depo-Provera (the shot) <input type="checkbox"/> Abstinence (not having sex) 	Added “don’t know” as a response option
2.8	2.8	<p>Which one of the following methods listed below do you think is <u>most</u> effective for preventing pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Condom (rubber) <input type="checkbox"/> Depo-Provera (the shot) <input type="checkbox"/> Rhythm (safe period by calendar) <input type="checkbox"/> Patch (Ortho evra) <input type="checkbox"/> Birth control pill <input type="checkbox"/> Withdrawal method 	Added “don’t know” as a response option

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
2.9	2.9	<p>Which one of the following methods listed below do you think is <u>least</u> effective for preventing pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Condom (rubber) <input type="checkbox"/> Depo-Provera (the shot) <input type="checkbox"/> Rhythm (safe period by calendar) <input type="checkbox"/> Patch (Ortho evra) <input type="checkbox"/> Birth control pill <input type="checkbox"/> Withdrawal method 	Added “don’t know” as a response option
3.1	3.1	<p>The following questions are about your views on sex and protection.</p> <p>Two people having vaginal intercourse should use some method of protection if they are not ready for a child.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree 	
3.2	3.2	<p>Using a method of protection is very important.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly agree <input type="checkbox"/> Agree <input type="checkbox"/> Disagree <input type="checkbox"/> Strongly disagree 	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
3.3	3.3	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Condoms should always be used if a person your age has sexual intercourse b. Condoms are a hassle to use c. Condoms are pretty easy to get d. Condoms are important to make sex safer e. Using condoms means you don't trust your partner f. Using condoms is morally wrong g. Condoms decrease sexual pleasure h. Condoms make sex less exciting 	Dropped "neither agree nor disagree"

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
3.4	3.4	<p>The next series of questions is about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Birth control should always be used if a person your age has sexual intercourse b. Birth control is a hassle to use c. Birth control is pretty easy to get d. Birth control is important to make sex safer e. Birth control has too many negative side effects f. Using birth control is morally wrong 	Dropped "neither agree nor disagree"

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
3.5	3.5	<p>Please tell us how sure or unsure you are that you could do the following things:</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <ul style="list-style-type: none"> a. Find a place in your community to obtain methods of protection b. Tell your partner your feelings about what you do and do not want to do sexually c. Say “no” if your partner puts pressure on you to be involved sexually, and you do not want that d. Talk with your partner about methods of protection if you have sex with him/her e. Insist on using a method of protection if you have sex and want to use a method of protection f. Stop and use a method of protection once you are turned on g. Plan ahead to have some method of protection available h. Resist having sex with your partner if he/she did not want to use a method of protection 	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
3.6	3.6	<p>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 . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for you to do at your age b. At your age right now, having sexual intercourse would create problems c. At your age right now, not having sexual intercourse is important for you to be safe and healthy d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom e. It is against your values to have sexual intercourse before marriage 	
4.1	4.1	<p>The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female’s vagina.</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
4.2	4.2	<p>Have you had sexual intercourse more than one time?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have never had sexual intercourse <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.14 	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.3	4.3	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time?</p> <p><input type="checkbox"/> I have never had sexual intercourse</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	
4.4	4.4	<p>These next few questions ask about the first time you had sexual intercourse. The very <u>first</u> time you had sexual intercourse, how old were you?</p> <p><input type="checkbox"/> I have never had sexual intercourse</p> <p><input type="checkbox"/> 9 years old</p> <p><input type="checkbox"/> 10 years old</p> <p><input type="checkbox"/> 11 years old</p> <p><input type="checkbox"/> 12 years old</p> <p><input type="checkbox"/> 13 years old</p> <p><input type="checkbox"/> 14 years old</p> <p><input type="checkbox"/> 15 years old</p> <p><input type="checkbox"/> 16 years old</p> <p><input type="checkbox"/> 17 years old</p> <p><input type="checkbox"/> 18 years old</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.5	4.5	<p>Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted infections, also called STIs.</p> <p>The <u>first</u> time you had sexual intercourse, did you or your partner use any type of birth control, including condoms or any other method?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never had sexual intercourse</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.9</p>	
4.6	4.6	<p>The <u>first</u> time you had sexual intercourse, did you or your partner use ...</p> <p>MARK (X) ONE FOR EACH ITEM</p> <p>YES, NO</p> <p><input type="checkbox"/> I have never had sexual intercourse</p> <p>a. Condoms</p> <p>b. Birth control pills or the patch</p> <p>c. Depo-Provera, the shot, or other injectable birth control</p> <p>d. Nuva ring or the ring</p> <p>e. Withdrawal or pulling out</p> <p>f. Another method (<i>PRINT OTHER METHOD USED</i>):</p>	
4.7	4.7	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.8	4.8	<p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>	
4.9	4.9	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>	
4.10	N/A		<p>In the past 3 months, with how many people have you had sex?</p> <p><i>MARK (X) ONE</i></p> <p><input type="checkbox"/> 1 person <input type="checkbox"/> 2 people <input type="checkbox"/> 3 people <input type="checkbox"/> 4 people <input type="checkbox"/> 5 people <input type="checkbox"/> 6 or more people</p>

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.11	4.10	<p>Do you intend to have sexual intercourse in the next year?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	
4.12	4.11	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.13	4.12	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	
4.14	4.13	<p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born? Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	.

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.15	4.14	<p>Have you been pregnant or gotten someone pregnant during the <u>past 3 months</u>? Be sure to answer 'yes' if you are currently pregnant or had any pregnancy that ended in a birth, an abortion, stillbirth, miscarriage, or live birth after which the baby died.</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.16	4.15	<p>To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES</p>	
4.17	4.16	<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never been pregnant or gotten anyone pregnant</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
4.18	4.17	<p>When you or your partner got pregnant, were you trying to become pregnant?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never been pregnant or gotten anyone pregnant</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.19	4.18	<p>If you got pregnant now or got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither upset nor happy <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	
4.20	4.19	<p>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.</p> <p>Have you ever had oral sex?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	
4.21	4.20	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time?</p> <ul style="list-style-type: none"> <input type="checkbox"/> I have never had oral sex <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.22	4.21	<p>Now think about the <u>first</u> time you had oral sex. The very <u>first</u> time you had oral sex, how old were you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> have never had oral sex</p> <p><input type="checkbox"/> 9 years old</p> <p><input type="checkbox"/> 10 years old</p> <p><input type="checkbox"/> 11 years old</p> <p><input type="checkbox"/> 12 years old</p> <p><input type="checkbox"/> 13 years old</p> <p><input type="checkbox"/> 14 years old</p> <p><input type="checkbox"/> 15 years old</p> <p><input type="checkbox"/> 16 years old</p> <p><input type="checkbox"/> 17 years old</p> <p><input type="checkbox"/> 18 years old</p>	
4.23	4.22	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.24	4.23	<p>Do you intend to have oral sex in the next year?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, probably</p> <p><input type="radio"/> No, probably not</p> <p><input type="radio"/> No, definitely not</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.25	4.24	<p>The next few questions ask about sex. By sex, we mean ALL types of sex – including vaginal, oral, and anal sex.</p> <p>Have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/>Yes</p> <p><input type="checkbox"/>No</p>	
4.26	4.25	<p>These next few questions ask about the last time you had sex (sexual intercourse, oral sex or anal sex).</p> <p>The <u>last</u> time you had sex did you or your partner use a method of protection?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never had sex</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.27	4.26	<p>The <u>last</u> time you had sex did you or your partner use a condom?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have never had sex</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.28	4.27	<p>The <u>last</u> time you had sex, did you or your partner use the following methods to prevent pregnancy or STIs?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p><input type="checkbox"/> I have never had sex</p> <p>a. Condoms b. Birth control pills or the patch c. Depo-Provera, the shot, or other injectable birth control d. NuvaRing or the ring e. Withdrawal or pulling out f. Not sure g. Another method (<i>PRINT OTHER METHOD USED</i>):</p>	
4.29	4.28	<p>Which one of these statements best describes you now?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I have not had sex and am not even thinking about having sex <input type="checkbox"/> I have not had sex, however I am thinking about having sex <input type="checkbox"/> I have not had sex, but I am seriously thinking about having sex in the near future <input type="checkbox"/> I have had sex in the past but I am not having sex now <input type="checkbox"/> I am currently having sex</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.30	4.29	<p>Which of the following categories best describes your use of methods of protection now? Please choose just one category.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not use any methods of protection because I am not sexually active <input type="checkbox"/> I do not use a method of protection <input type="checkbox"/> I do not use any methods of protection, but am considering using a method of protection <input type="checkbox"/> I use a method of protection sometimes, but I am thinking about using a method of protection every time I have sex <input type="checkbox"/> I use a method of protection every time, but it has been less than 6 months since I started using a method of protection every time <input type="checkbox"/> I use a method of protection every time, and it has been more than 6 months since I started using a method of protection every time 	
4.31	4.30	<p>In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted infections, also known as STIs?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.32	4.31	<p>In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted infection (STI), like gonorrhea, Chlamydia, syphilis, or HIV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.33	4.32	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted infection (STI)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	.

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
4.34	4.33	<p>The next series of questions is about the types of sexually transmitted infections or STIs you have had. In the past 12 months, did you have...</p> <p>Yes, No, Don't know</p> <p><input type="checkbox"/> I have not had an STI in the past 12 months</p> <p>a. Chlamydia b. Gonorrhea c. Genital herpes d. Syphilis e. HIV infection or AIDS f. Human papilloma virus, also called HPV or genital warts g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD:</i></p>	
5.1	4.34	<p>Were you in the <i>POWER Through Choices</i> program at any previous time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
5.2	N/A		<p>For the next few questions, please think about <i>POWER Through Choices</i> and how it may have influenced you.</p> <p>Would you say that being in this program has made you more or less likely to have sexual intercourse in the next year?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Much more likely <input type="checkbox"/> More likely <input type="checkbox"/> About the same <input type="checkbox"/> Less likely <input type="checkbox"/> Much less likely
5.3	N/A		<p>If you were to have sexual intercourse in the next year, would you say that being in <i>POWER Through Choices</i> has made you more or less likely to use a <u>condom</u>?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Much more likely <input type="checkbox"/> More likely <input type="checkbox"/> About the same <input type="checkbox"/> Less likely <input type="checkbox"/> Much less likely

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
5.4	N/A		<p>The next question is about how likely you are to use other methods of birth control (NOT including condoms) if you have sexual intercourse in the next year:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you were to have sexual intercourse in the next year, would you say that being in <i>POWER Through Choices</i> has made you more or less likely to use one of these other methods of birth control?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Much more likely <input type="checkbox"/> More likely <input type="checkbox"/> About the same <input type="checkbox"/> Less likely <input type="checkbox"/> Much less likely

Follow-up #	OICA Baseline #	OICA Baseline Question Text	Modifications for follow-up
5.5	N/A		<p>How helpful do you feel the material presented in Power Through Choices has been to you personally?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Extremely helpful <input type="checkbox"/> Very helpful <input type="checkbox"/> Neutral <input type="checkbox"/> Not very helpful <input type="checkbox"/> Not helpful at all
5.6	N/A		<p>Compared to other teachers you have had, how would you rate the instructor who presented the Power Through Choices program?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Outstanding <input type="checkbox"/> Above average <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Poor

SUMMARY OF DIFFERENCES BETWEEN THE ENGENDER HEALTH BASELINE AND FOLLOW-UP INSTRUMENTS

Items are listed in the order in which they appear on the Engender Health follow-up instrument. The number for the corresponding baseline item is listed in the “Engender Health Baseline #” column. Items in Part A are listed first, followed by items in Section 4, Part B1 (for sexually active respondents), items in Section 4, Part B2 (for non-sexually active respondents) and items in Sections 5 and 6, Parts B1 and B2 (these sections are the same for sexually active and non-sexually active respondents). Items found on the baseline instrument that are not on the follow-up instrument are listed at the bottom of the table.

- Modifications to an existing baseline item are listed in the “Modifications for Follow-up” column; otherwise, the question text on the follow-up instrument is the same as that on the baseline instrument.
- If an item is specific to the follow-up instrument, it is indicated by an “N/A” in the “Engender Health Baseline #” column and the text is noted in the “Modifications for Follow-up” column.

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
PART A (Sections 1 – 3): All items in Part A are the same for sexually active and non-sexually active respondents.			
1.1	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
1.2	1.2	What is the last grade you completed? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th Survey will be administered to respondents during the summer	What grade are you in? (If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school). MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Ungraded <input type="checkbox"/> College/technical school <input type="checkbox"/> Not currently in school
1.3	N/A		What high school do you attend? MARK (X) ONE <input type="checkbox"/> Will obtain list of high schools <input type="checkbox"/> Other (PRINT NAME OF SCHOOL):
1.4	1.3	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	
1.5	1.4	Are you Hispanic/Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
1.6	1.5	<p>What is your race?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race <i>PRINT OTHER RACE</i> 	<p>Removed answer category:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Some other race <i>PRINT OTHER RACE</i>
1.7	1.10	<p>In the past 12 months, have you received any information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex h. How babies are made 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
1.8	N/A		<p>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?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-3 times, 4-9 times, 10 or more times</p> <ul style="list-style-type: none"> a. School class, workshop, or event b. Church, synagogue, mosque or religious classes outside of school c. Community center, youth organization, or after-school activity d. Doctor, nurse, or clinic e. Friends or other students f. Parents and other relatives or family members g. Internet and media h. Summer youth program i. Other (List other source)
1.9	N/A		<p>Was ANY of the information you received helpful to you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
1.10	N/A		<p>Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very <u>helpful</u> to you?</p> <p><i>SELECT ONE OR MORE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> School class, workshop, or event <input type="checkbox"/> Church, synagogue, mosque or religious classes outside of school <input type="checkbox"/> Community center, youth organization, or after-school activity <input type="checkbox"/> Doctor, nurse, or clinic <input type="checkbox"/> Friends or other students <input type="checkbox"/> Parents and other relatives or family members <input type="checkbox"/> Internet and media <input type="checkbox"/> Summer youth program <input type="checkbox"/> Other (Please specify)

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
1.11	N/A		<p>How strongly do you agree or disagree with the following statements?</p> <p><i>MARK (X) ONE FOR EACH</i> Strongly agree, Agree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. You can do things now that will help you to be healthy when you are an adult b. Nothing you do as a teen will affect how healthy you are as an adult c. Taking risks as a teen, like drinking and drugs, does not really matter for your health in the long run d. The good and bad decision you make as a teen will affect your health as an adult
1.12	1.11	<p>How likely is it that you will do each of the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all likely, A little bit likely, Somewhat likely, Very likely</p> <ul style="list-style-type: none"> a. Graduate from high school b. Go to a technical or vocational school after high school c. Go to college d. Graduate from a 2-year or community college program e. Graduate from a 4-year college program 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
1.13	N/A		<p>In the past 30 days, how often have you felt that you were unable to control the important things in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often
1.14	N/A		<p>In the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Almost never <input type="checkbox"/> Sometimes <input type="checkbox"/> Fairly often <input type="checkbox"/> Very often

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2.1	2.1	<p>The next questions are about where you live and who lives with you.</p> <p>Which of the following best describes where you live?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> You live in one home – GO TO 2.2 <input type="checkbox"/> You live in two or more homes and go back and forth – GO TO 2.3 <input type="checkbox"/> You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) – GO TO 2.4 	
2.2	2.2	<p>Who lives with you in your home?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent’s partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2.3	2.3	<p>Who lives with you in each of your homes?</p> <p>Mark (X) <u>all</u> of the people who live with you in your MAIN home, and then mark (X) <u>all</u> of the people who live with you in your OTHER home(s).</p> <p>MARK ALL THAT APPLY (List appears for both the MAIN home and the OTHER home(s))</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2.4	2.4	<p>Now we have some questions about your mother, or the person you think of as a mother. Is this person...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a mother or person I think of as a mother GO TO 2.14 	
2.5	2.7	<p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don't know how many hours <input type="checkbox"/> Don't know if she is working 	<p>Added intro text: Please answer the following questions about the person you just marked in question 2.4 – that is, your mother or the person you think of as your mother.</p>
2.6	N/A		<p>How comfortable are you sharing ideas or talking with her about things that are important to you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Comfortable <input type="checkbox"/> Very comfortable

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2.7	N/A		<p>Now thinking about your biological mother, that is, the woman who gave birth to you, how old is she (or would she be if she were alive)?</p> <p> __ __ NUMBER OF YEARS OLD –Your best guess is fine</p> <p><input type="checkbox"/> I do not know about my biological mother</p>
2.8	N/A		<p>Again thinking about your biological mother and <u>all</u> the children she has ever had – how old is the oldest one? If the oldest one is not alive, how old would that child be if still living</p> <p> __ __ NUMBER OF YEARS OLD –Your best guess is fine</p> <p><input type="checkbox"/> I do not know about my biological mother</p>
2.9	2.12	<p>Next we have some questions about your father, or the person you think of as your father. Is this person...</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Your biological father, that is, the man who is genetically related to you</p> <p><input type="checkbox"/> Your stepfather or adoptive father</p> <p><input type="checkbox"/> Your foster father</p> <p><input type="checkbox"/> Your grandfather</p> <p><input type="checkbox"/> Your uncle or your older brother</p> <p><input type="checkbox"/> Some other adult</p> <p><input type="checkbox"/> Don't have a father or person I think of as a father GO TO 2.22a</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2.10	2.15	<p>Is he working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> He is not working at a paid job <input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, he works, but I don't know how many hours <input type="checkbox"/> Don't know if he is working 	<p>Added intro text: Please answer the following questions about the person you marked in 2.9 – that is, your father or the person you think of as your father.</p>
2.11	N/A		<p>How comfortable are you sharing ideas or talking with him about things that are important to you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all comfortable <input type="checkbox"/> Somewhat comfortable <input type="checkbox"/> Comfortable <input type="checkbox"/> Very comfortable

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2.12a	2.20a	<p>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.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> They are married to each other <input type="checkbox"/> They used to be married to each other, but are now separated <input type="checkbox"/> They used to be married to each other, but are now divorced <input type="checkbox"/> They have never been married to each other <input type="checkbox"/> I don't know 	<p>Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have died, please answer about their relationship when both were alive.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Married to each other <input type="checkbox"/> They were married to each other, but are now separated <input type="checkbox"/> They were married to each other, but are now divorced <input type="checkbox"/> They were never married to each other <input type="checkbox"/> I don't know
2.12b	2.20b	<p>Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> One or both of my biological parents have passed away <input type="checkbox"/> I don't know 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2.13	N/A		<p>The next questions ask about what your parents know about your activities. By parents, we mean the parents or guardians you live with <u>most</u> of the time. Thinking about the past month, how often did your parents know where you were after school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
2.14	N/A		<p>Thinking about the past month, how often did your parents know who you were going to be with before you went out?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2.15	N/A		<p>Thinking about the past month, how often did your parents know where you were when you went out at night?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out at night
2.16	N/A		<p>If you were going to be home late, would your parents expect you to call?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	3.6	<p>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 . . . ?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for you to do at your age b. At your age right now, having sexual intercourse would create problems c. At your age right now, not having sexual intercourse is important for you to be safe and healthy d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom e. It is against your values to have sexual intercourse before marriage 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.2	3.1	<p>These questions are about what sex means to boys and girls your age. How strongly do you agree or disagree that:</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. It is embarrassing for a 16-year old boy if he has never had sexual intercourse b. It is alright for a boy to pressure a girl to have sex if she has had sex with him in the past c. When a girl says no to sex, she expects the boy to keep trying d. One way for a guy to prove he is a real man is to have sex with a lot of girls e. A guy should have sexual intercourse as early as he can in his life f. It is alright for a boy to pressure a girl to start having sex if they have been dating for nine months 	
3.3	3.8	<p>Imagine you are alone with someone you like very much. How likely is it that you could . . .?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all Likely, A Little Bit Likely, Somewhat Likely, Very Likely</p> <ul style="list-style-type: none"> a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS) 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 c. Avoid having sexual intercourse if you didn't want to 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.4	3.7	<p>These questions are about what happens if a girl gets pregnant around your age, or a boy gets a girl pregnant. How strongly do you agree or disagree that:</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Getting pregnant/getting a girl pregnant in the next year or two would hurt my chances of being successful in life b. If a girl and boy have sex, the girl is more responsible for preventing pregnancy than the boy c. If I got pregnant/got a girl pregnant in the next year or two I would have to become a responsible adult before I wanted to d. If I got pregnant/got a girl pregnant in the next year or two my life would become a lot better 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.5	3.4	<p>FOR BOYS ONLY: These questions are about how boys feel and behave. How strongly do you agree or disagree that:</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. The best way for a boy to show he is strong is to act tough b. Boys should let it show when their feelings are hurt c. In a good dating relationship the boy gets his way most of the time d. It's embarrassing for a boy when he needs to ask for help 	<p>(This question is asked of both boys and girls in the follow-up)</p> <p>Question wording changed to:</p> <p>These questions are about boys and girls. How strongly do you agree or disagree that:</p>
3.6	3.2	<p>FOR GIRLS ONLY: These questions are about how girls feel about boys. How strongly do you agree or disagree that:</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Teenage girls who have a boyfriend feel better about themselves than girls who don't have a boyfriend b. When a teenage girl has a boyfriend, other girls look up to her c. A girl is likely to feel bad about herself if she has never had a boyfriend d. A girl who really likes a guy needs to have sex with him to prevent him from finding someone else 	<p>FOR GIRLS ONLY: These questions are about how girls feel. How strongly do you agree or disagree that:</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Teenage girls who have a boyfriend feel better about themselves than girls who don't have a boyfriend b. When a teenage girl has a boyfriend, other girls look up to her c. A girl is likely to feel bad about herself if she has never had a boyfriend

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.7	3.3	<p>FOR GIRLS</p> <p>If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	
3.8	3.5	<p>FOR BOYS</p> <p>If you got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.9	3.9	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Condoms should always be used if a person your age has sexual intercourse b. Using condoms means you don't trust your partner c. Condoms are important to make sex safer d. Condoms are a hassle to use e. Using a condom is one way for a boy to show he cares about his partner f. Using condoms is morally wrong g. If two people love each other they don't have to use condoms h. Girls who carry condoms get bad reputations i. condoms are pretty easy to get j. If a girl asks a boy to use a condom it means she doesn't trust him k. Condoms decrease sexual pleasure 	
3.10	3.10	<p>The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also known as STDs.</p> <p>If a <u>condom</u> is used correctly, how much can it decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.6 	<p>If <u>condoms</u> are used correctly and consistently, how much can they reduce the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.10a	3.10a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
3.11	3.11	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>condoms</u> are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.12	3.12	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.10 	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they reduce the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.12a	3.12a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
3.13	3.13	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.14	3.14	<p>The next series of questions is about methods of birth control, NOT including condoms. How strongly do you agree or disagree that...</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Birth control should always be used if a person your age has sexual intercourse b. Birth control is a hassle to use c. Birth control is pretty easy to get d. Birth control is important to make sex safer e. Birth control has too many negative side effects f. Using birth control is morally wrong 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.15	3.15	<p>The following questions are about how you can get birth control where you live. How true do you think it is that:</p> <p>MARK (X) ONE FOR EACH</p> <p>Definitely true, Probably true, Probably false, Definitely false, Don't know</p> <p>a. In Texas, teenage girls can get a birth control method like the pill or the shot at a family planning clinic or health clinic without their parent's permission</p> <p>b. I would know where to go if I wanted (or my girlfriend wanted) to get a birth control method like the pill or the shot</p> <p>c. I would know where to go if I wanted to get tested for a sexually transmitted disease (STD)</p> <p>d. If I/my girlfriend wanted birth control pills, I would have enough money to pay for them</p>	<p>The following questions are about how you can get birth control where you live. How true do you think it is that:</p> <p>MARK (X) ONE FOR EACH</p> <p>Definitely true, Probably true, Probably false, Definitely false, Don't know</p> <p>a. In Texas, teenage girls can get a birth control method like the pill or the shot at a family planning clinic or health clinic without their parent's permission</p> <p>b. I would know where to go for birth control methods like the pill or the shot for me or my partner</p> <p>c. I would know where to go if I wanted to get tested for a sexually transmitted disease (STD)</p> <p>d. I would have enough money to pay for birth control pills for me or my partner</p>
3.16	3.16	<p>In the past 3 months, how many TIMES_have you gone out on a date?</p> <p><input type="checkbox"/> Zero or None GO TO 3.15</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	
3.17	3.17	<p>Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE_did you go out on a date with?</p> <p><input type="checkbox"/> Zero or None</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.18	N/A		<p>In the past 6 months, have you had a boyfriend or girlfriend?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
3.19	N/A		<p>In the past 6 months, how many different boyfriends or girlfriends have you had?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>
3.20	3.18	<p>Do you intend to have sexual intercourse in the next year?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not GO TO 3.19</p>	<p>Do you intend to have sexual intercourse in the next year, if you have the chance?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes, definitely</p> <p><input type="checkbox"/> Yes, probably</p> <p><input type="checkbox"/> No, probably not</p> <p><input type="checkbox"/> No, definitely not</p>

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.21	3.19	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not 	<p>If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not
3.22	3.20	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not 	<p>The next question is about your intention to use the following methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>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?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
3.23	3.21	<p>Do you intend to have sexual intercourse without being married?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not 	
3.24	3.22	<p>Have you ever had sexual intercourse?</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES: GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE <input type="checkbox"/> NO: GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE 	<p>(This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)</p>

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
PART B1: The items in Section 4, Part B1 are specifically for sexually active respondents. Items in Sections 5 and 6, Part B1 are the same as the items in Sections 5 and 6, Part B2 (for non-sexually active respondents).			
4.1 Part B1	4.1 Part B1	<p>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.</p> <p>Just to confirm, have you <u>ever</u> had sexual intercourse?</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No - GO TO 4.15</p>	<p>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.</p> <p>The first questions are about sexual intercourse. By sexual intercourse, we mean a man putting his penis into a female's vagina.</p> <p>Just to confirm, have you ever had sexual intercourse?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes – STOP AND GO TO PART B2</p> <p><input type="checkbox"/> No - CONTINUE WITH THIS BOOKLET</p> <p>(This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)</p>
4.2 Part B1	4.2 Part B1	<p>The very <u>first</u> time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
4.3 Part B1	4.3 Part B1	<p>The very first time you had sexual intercourse, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.4 Part B1	4.4 Part B1	<p>The very first time you had sexual intercourse, how old was your partner?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Three or more years younger than you <input type="checkbox"/> A year or two younger than you <input type="checkbox"/> The same age as you <input type="checkbox"/> A year or two older than you <input type="checkbox"/> Three or more years older than you 	
4.5 Part B1	4.5 Part B1	<p>The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Voluntary <input type="checkbox"/> Not voluntary 	
4.6 Part B1	4.6 Part B1	<p>Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also called STDs.</p> <p>The first time you had sexual intercourse, did you or your partner use any type of birth control - including condoms or any other method?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.9 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.7 Part B1	4.7 Part B1	<p>The first time you had sexual intercourse, did you or your partner use ...</p> <p>MARK (X) ONE FOR EACH ITEM</p> <p>YES, NO</p> <p>a. Condoms b. Birth control pills or the patch c. Depo-Provera, the shot, or other injectable birth control d. NuvaRing or the ring e. Withdrawal or pulling out f. Another method (<i>PRINT OTHER METHOD USED</i>):</p>	<p>Changed wording for:</p> <p>c. Depo-Provera or other injectable birth control</p>
4.8 Part B1	4.8 Part B1	<p>Have you had sexual intercourse more than one time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.14</p>	
4.9 Part B1	4.9 Part B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	
4.10 Part B1	4.10 Part B1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?</p> <p><input type="checkbox"/> None GO TO 4.14 __ __ NUMBER OF TIMES - Your best guess is fine.</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.11 Part B1	4.11 Part B1	<p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.12 Part B1	4.12 Part B1	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.13 Part B1	4.13 Part B1	<p>Now think about when you had sexual intercourse in the past 3 months and WERE using birth control. In the past 3 months, how many TIMES did you have intercourse when you used a condom <u>AND</u> were using another method of birth control in the list above?</p> <p><input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.14a Part B1	4.14a Part B1	<p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.14b Part B1	4.14b Part B1	<p>To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES</p>	
4.14c Part B1	4.14c Part B1	<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
4.15 Part B1	4.15 Part B1	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.16 Part B1	4.16 Part B1	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
4.17 Part B1	4.17 Part B1	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
4.18 Part B1	4.18 Part B1	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.19 Part B1	4.19 Part B1	<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> I have never dated anyone</p>	
PART B2: The items in Section 4, Part B2 are specifically for non-sexually active respondents. Items in Sections 5 and 6, Part B1 are the same as the items in Sections 5 and 6, Part B2 (for non-sexually active respondents).			
4.1 Part B2	4.1 Part B2	<p>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...</p> <p>Just to confirm, have you ever had sexual intercourse?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes STOP AND GO TO PART B1</p> <p><input type="checkbox"/> No CONTINUE WITH THIS BOOKLET</p>	(This follow-up questionnaire will be administered by telephone, so instructions to respondents will be modified to serve as instructions to telephone interviewers.)
4.2 Part B2	4.2 Part B2	<p>The first two questions in this booklet are about your schooling.</p> <p>Do you expect that you will graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I already graduated from high school</p> <p><input type="checkbox"/> No GO TO 4.4</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.3 Part B2	4.3 Part B2	<p>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?)</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
4.4 Part B2	4.4 Part B2	<p>The next questions are about where you live.</p> <p>In the last 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 regular place to stay?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes GO TO 4.11</p> <p><input type="checkbox"/> No</p>	
4.5 Part B2	4.5 Part B2	<p>In how many homes, places, or households do you live: one, two, or three or more?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 1 home GO TO 4.9</p> <p><input type="checkbox"/> 2 homes</p> <p><input type="checkbox"/> 3 or more homes</p>	
4.6 Part B2	4.6 Part B2	<p>Do you consider one of these homes to be your main home?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.7 Part B2	4.7 Part B2	<p>Thinking about the past 30 days, how many nights did you spend in <u>each</u> home?</p> <p>FILL IN TWO OR THREE NUMBERS</p> <p> __ __ Number of nights at home #1 – Your best guess is fine.</p> <p> __ __ Number of nights at home #2 – Your best guess is fine.</p> <p> __ __ Number of nights at another home or other homes – Your best guess is fine.</p>	
4.8 Part B2	4.8 Part B2	<p>Is there anyone who moves with you from home to home?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.9 Part B2	4.9 Part B2	<p>Is your home or any of your homes a group home or halfway house?</p> <p>MARK (X) ONE <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.10 Part B2	4.10 Part B2	<p>This question is about who lives with you in your home. If you have more than one home, please think about your <u>main</u> home.</p> <p>How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital?</p> <p> __ __ NUMBER OF PEOPLE</p>	
4.11 Part B2	4.11 Part B2	<p>These next few questions are about you and your friends.</p> <p>How strongly do you agree or disagree that . . .?</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. You have friends who will give you good advice b. You have a friend who cares about you c. You have a friend you can talk to when you need to d. You have someone who you can call your best friend</p>	
4.12 Part B2	4.12 Part B2	<p>How strongly do you agree or disagree that . . .?</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. When you start a project, you finish it b. You only work as hard as you have to c. You are someone people can count on d. When you work, you do a good job</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.13 Part B2	4.13 Part B2	<p>Here are some reasons people your age might choose <u>NOT</u> to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION Very Important, Somewhat Important, Not Too Important, Not At All Important</p> <ul style="list-style-type: none"> a. I don't want to get a sexually transmitted disease, also known as an STD b. I don't want to disappoint my parents c. I am too young to have sex d. My boyfriend or girlfriend doesn't want to have sex e. I want to wait until I'm married f. It is against my personal values g. I haven't met the right person yet h. I haven't had the chance i. I don't want to j. FOR GIRLS: I do not want to get pregnant k. FOR BOYS: I do not want to get a girl pregnant 	
4.14 Part B2	4.14 Part B2	<p>Have you ever done any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Kissed someone on the lips b. French kissed, that is put your tongue in someone's mouth while kissing c. Touched another person's private parts d. Let someone touch your private parts 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.15 Part B2	4.15 Part B2	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
4.16 Part B2	4.16 Part B2	<p>Have you ever been fearful that someone you were dating might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have never dated anyone</p>	
4.16 Part B2	4.17 Part B2	<p>In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
4.18 Part B2	4.18 Part B2	<p>If you decided to have sexual intercourse outside of marriage, how likely is it you would use a condom or other contraceptive method?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little bit likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely <input type="checkbox"/> Don't plan to have sexual intercourse outside of marriage 	
Sections 5 and 6 (Parts B1 and B2) – these items are the same for sexually active and non-sexually active respondents.			
5.1	5.1	<p>The next questions are about alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.</p> <p>Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 5.8 	
5.2	5.2	<p>The very first time you had an alcoholic drink, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
5.3	5.3	<p>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?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	
5.4	5.4	<p>During the past 30 days, on how many days did you have 5 or more drinks in a row?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	
5.5	5.5	<p>Have you ever used marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 5.10 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
5.6	5.7	Have you ever used any other type of illegal drug, for example Methamphetamine, speed, PCP, ecstasy, or any form of cocaine, such as crack? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever used any other type of illegal drug, prescription drugs, or an inhalant that were not prescribed for you? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No
	5.8	Have you ever used any prescription pills or other prescription drugs that were not prescribed for you? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
	5.9	Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents to get high? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
6.1	6.1	<p>How many of your friends who are your age think the following things? Your best guess is fine</p> <p>MARK (X) ONE FOR EACH None, Some, Half, Most, All, Don't Know</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for them to do at their age. b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom. c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time d. They should wait until they are older to have sexual intercourse. e. They should wait until marriage to have sexual intercourse. 	
6.2	6.2	<p>How many of your friends who are your age have had sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Half <input type="checkbox"/> Most <input type="checkbox"/> All <input type="checkbox"/> Don't know 	

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
6.3	6.3	<p>In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure 	
6.4	6.5	<p>How much do you feel that your friends care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not care at all <input type="checkbox"/> Care a little bit <input type="checkbox"/> Care somewhat <input type="checkbox"/> Care very much 	
<p>Treatment group questions (Part B1 and B2): These items are the same for sexually active and non-sexually active respondents. The questions in this section will only be asked of those respondents that were in the treatment group. This section, or a corresponding blank section, will be opened by telephone interviewers only after they complete the preceding questions, to avoid disclosing to the interviewers the assignment status of the respondent.</p>			
1	N/A		<p>How many other people do you know of at your high school who participated in Gen.M this past summer?</p> <ul style="list-style-type: none"> <input type="checkbox"/> None <p> __ __ NUMBER OF PEOPLE – Your best guess is fine.</p>

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
2	N/A		<p>How often do you hang out with any of those kids?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never
3	N/A		<p>Did you attend an even sponsored by Gen.M after you completed your summer Gen.M group?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
4	N/A		<p>If a friend asked, how likely would you be to recommend Gen.M to them?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Follow-up
5	N/A		<p>How many times have you done the following things in the past six months?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>0, 1-2, 3-5, 6-10</p> <ul style="list-style-type: none"> a. Gotten together with members of your Gen.M group b. Texted members of your Gen.M group c. Spoken to a member of your group on the phone d. Friended somebody from your group on Facebook e. Been in touch with members of your group in any other way

DROPPED: The questions listed below are part of the baseline concordance instrument, but are not part of this site-specific baseline instrument.

Engender Health First Follow-up #	Engender Health Baseline #	Engender Health Baseline Question Text	Modifications for Engender Health First Follow-up
	1.6	<p>When you are at home or with your family, what language or languages do you usually speak?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE(S)</i> _____ 	
	1.7	<p>What is the <u>main</u> language you speak at home?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE</i> _____ 	

1.8	<p>In the past 12 months, how often did you attend religious services or activities?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times per month <input type="checkbox"/> Once a week <input type="checkbox"/> More than once a week 	
1.9	<p>How important is religion in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Very important 	
1.11	<p>How likely is it that you will do each of the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all likely, A little bit likely, Somewhat likely, Very likely</p> <ul style="list-style-type: none"> a. Graduate from high school b. Go to a technical or vocational school after high school c. Go to college d. Graduate from a 2-year or community college program e. Graduate from a 4-year college program 	
2.5	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Did she graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	
2.6	<p>Did she graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes 	

		<input type="checkbox"/> No <input type="checkbox"/> Don't know	
2.8	How close do you feel to your mother or the person you think of as your mother?	MARK (X) ONE <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close	
2.9	In general, how much do you think she cares about you?	MARK (X) ONE <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much	
2.10	Whether you have done this or not, how would she feel about you having sex at this time in your life?	MARK (X) ONE <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove	
2.11	How would she feel about you having a baby at this time in your life?	MARK (X) ONE <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove	

2.13	<p>The following questions are about the person you marked as your father or the person you think of as your father.</p> <p>Did he graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
2.14	<p>Did he graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
2.16	<p>How close do you feel to your father or the person you think of as your father?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all close</p> <p><input type="checkbox"/> A little close</p> <p><input type="checkbox"/> Somewhat close</p> <p><input type="checkbox"/> Very close</p>	
2.17	<p>In general, how much do you think he cares about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Does not care at all</p> <p><input type="checkbox"/> Cares a little bit</p> <p><input type="checkbox"/> Cares somewhat</p> <p><input type="checkbox"/> Cares very much</p>	
2.18	<p>Whether you have done this or not, how would he feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly approve</p> <p><input type="checkbox"/> Approve</p> <p><input type="checkbox"/> Neither approve nor disapprove</p> <p><input type="checkbox"/> Disapprove</p> <p><input type="checkbox"/> Strongly disapprove</p>	

2.19	<p>How would he feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.21	<p>In the past 12 months, how many times have you talked with at least one of your parents or guardians about . . . ?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-2 Times, 3-9 Times, 10 or more times</p> <ul style="list-style-type: none"> a. How things are going with school work or with your grades b. A personal problem you were having c. How to have good romantic relationships d. Strategies for safe dating e. How to resist pressures to have sex f. Avoiding drugs and alcohol g. Pregnancy or birth h. Sexually transmitted diseases (also called STDs), HIV, or AIDS 	
5.6	<p>During the past 30 days, on how many days did you use marijuana?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	
6.4	<p>People are different in their sexual attraction to other people. Which of the following best describes you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> I am only attracted to males <input type="checkbox"/> I am attracted to both males and females <input type="checkbox"/> I am only attracted to females <input type="checkbox"/> I am not attracted to either males or females <input type="checkbox"/> I am not sure 	

SUMMARY OF DIFFERENCES BETWEEN THE LIVE THE LIVE BASELINE AND FOLLOW-UP INSTRUMENTS

Items are listed in the order in which they appear on the Live the Life follow-up instrument. The number for the corresponding baseline item is listed in the “Baseline #” column. Items in Part A are listed first, followed by items in Section 4, Part B1 (for sexually active respondents), items in Section 4, Part B2 (for non-sexually active respondents) and items in Sections 5 and 6, Parts B1 and B2 (these sections are the same for sexually active and non-sexually active respondents). Items found on the baseline instrument that are not on the follow-up instrument are listed at the bottom of the table.

- Modifications to an existing baseline item are listed in the “Modifications” column; otherwise, the question text on the follow-up instrument is the same as that on the baseline instrument.
- If an item is specific to the follow-up instrument, it is indicated by an “N/A” in the “Baseline #” column and the question text is noted in the “Modifications” column.

Follow-up #	Baseline #	Live the Life Baseline text	Modified for Live the Life Follow-up
PART A (Sections 1 – 3): All items in Part A are the same for sexually active and non-sexually active respondents.			
1.1	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	

Follow-up #	Baseline #	Live the Life Baseline text	Modified for Live the Life Follow-up
1.2	1.2	What grade are you in? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school	
1.3	1.3	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	
1.4	1.4	Are you Hispanic/Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	

Follow-up #	Baseline #	Live the Life Baseline text	Modified for Live the Life Follow-up
1.5	1.5	<p>What is your race?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Some other race <i>PRINT OTHER RACE</i> 	
1.6	1.6	<p>What is the <u>main</u> language you speak at home?</p> <ul style="list-style-type: none"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE</i> 	
1.7	1.7	<p>In the past 12 months, how often did you attend religious services or activities?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Less than once a month <input type="checkbox"/> 1-3 times per month <input type="checkbox"/> Once a week <input type="checkbox"/> More than once a week 	

Follow-up #	Baseline #	Live the Life Baseline text	Modified for Live the Life Follow-up
1.8	1.8	<p>How important is religion in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all important <input type="checkbox"/> Somewhat important <input type="checkbox"/> Very important 	
1.9	1.9	<p>In the past 12 months, have you received any information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex h. How babies are made 	
1.10	N/A		<p>Did you say “yes” to any item a through h in question 1.9 above?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No – GO TO 1.13

Follow-up #	Baseline #	Live the Life Baseline text	Modified for Live the Life Follow-up
1.11	N/A		<p>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?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-3 times, 4-9 times, 10 or more times</p> <ul style="list-style-type: none"> a. School class, workshop, or event b. Church, synagogue, mosque or religious classes outside of school c. Community center, youth organization, or after-school activity d. Doctor, nurse, or clinic e. Friends or other students f. Parents and other relatives or family members g. Internet or media h. Other (List other source)

Follow-up #	Baseline #	Live the Life Baseline text	Modified for Live the Life Follow-up
1.12	N/A		<p>Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very <u>helpful</u> to you?</p> <p><i>SELECT ONE OR MORE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> School class, workshop, or event <input type="checkbox"/> Church, synagogue, mosque or religious classes outside of school <input type="checkbox"/> Community center, youth organization, or after-school activity <input type="checkbox"/> Doctor, nurse, or clinic <input type="checkbox"/> Friends or other students <input type="checkbox"/> Parents or other relatives or family members <input type="checkbox"/> Internet and media <input type="checkbox"/> Other (Please specify)
1.13	1.10	<p>How likely is it that you will do each of the following things? MARK (X) ONE</p> <p>Not at all likely, A little bit likely, Somewhat likely, Very likely</p> <ul style="list-style-type: none"> a. Graduate from high school b. Go to a technical or vocational school after high school c. Go to college d. Graduate from a 2-year or community college program e. Graduate from a 4-year college program 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
2.1	2.1	<p>The next question is about where you live and who lives with you.</p> <p>Which of the following best describes where you live?</p> <ul style="list-style-type: none"> <input type="checkbox"/> You live in one home – GO TO 2.2 <input type="checkbox"/> You live in two or more homes and go back and forth – GO TO 2.3 <input type="checkbox"/> You are homeless (living on the street, in a car or shelter, staying with friends/relatives) – GO TO 2.4 	
2.2	2.2	<p>Who lives with you in your home?</p> <p>MARK ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent’s partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
2.3	2.3	<p>Who lives with you in each of your homes?</p> <p>Mark all of the people who live with you in your MAIN home, and then mark all of the people who live with you in your OTHER homes.</p> <p>MARK ALL THAT APPLY (List appears for both the MAIN home and the OTHER home(s))</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
2.4	2.4	<p>Now we have some questions about your mother, or the person you think of as your mother. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a mother or person I think of as a mother GO TO 2.12 	
2.5	2.7	<p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don't know how many hours <input type="checkbox"/> Don't know if she is working 	<p>Is the person you marked as your mother or the person you think of as your mother working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don't know how many hours <input type="checkbox"/> Don't know if she is working

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
2.6	2.12	<p>Next we have some questions about your father, or the person you think of as your father. Is this person...</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological father, that is, the man who is genetically related to you <input type="checkbox"/> Your stepfather or adoptive father <input type="checkbox"/> Your foster father <input type="checkbox"/> Your grandfather <input type="checkbox"/> Your uncle or your older brother <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a father or person I think of as a father GO TO 2.8 	
2.7	2.15	<p>Is he working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> He is not working at a paid job <input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, he works, but I don't know how many hours <input type="checkbox"/> Don't know if he is working 	<p>Is the person you marked as your father or the person you think of as your father working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> He is not working at a paid job <input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, he works, but I don't know how many hours <input type="checkbox"/> Don't know if he is working

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
2.8	2.20	<p>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.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> They are married to each other <input type="radio"/> They used to be married to each other, but are now separated <input type="radio"/> They used to be married to each other, but are now divorced <input type="radio"/> They have never been married to each other <input type="radio"/> I don't know 	
2.9	2.21	<p>Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> One or both of my biological parents have passed away <input type="radio"/> I don't know 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.1	3.1	<p>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 . . .</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for you to do at your age b. At your age right now, having sexual intercourse would create problems c. At your age right now, not having sexual intercourse is important for you to be safe and healthy d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom e. If you have sexual intercourse as a teen, it will not do any harm f. You would feel guilty having sexual intercourse as a teen g. You would feel embarrassed to say no to a boyfriend or girlfriend who wanted to have sexual intercourse with you h. You would not want to disappoint a boyfriend or girlfriend who wanted to have sexual intercourse with you 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.2	3.2	<p>The next series of questions is about your views on sexual intercourse before marriage. How strongly do you agree or disagree that...</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. You intend to wait until marriage to have sexual intercourse b. It would be good for you to wait until marriage to have sexual intercourse c. Whether or not you wait until marriage to have sexual intercourse is completely up to you d. It would be difficult for you to wait until marriage to have sexual intercourse e. It is against your values to have sexual intercourse before marriage f. You think people who wait until marriage to have sexual intercourse are being safe and responsible g. It would be unpleasant for you to wait until marriage to have sexual intercourse Most people who are important to you think that you should wait until marriage to have sexual intercourse 	h.
3.3	3.3	<p>FOR GIRLS</p> <p>If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.3	3.3	<p>FOR BOYS If you got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	
3.4	3.4	<p>Imagine you are alone with someone you like very much. How likely is it that you could . . .</p> <p>MARK (X) ONE FOR EACH</p> <p>Not at all Likely, A Little Bit Likely, Somewhat Likely, Very Likely</p> <ul style="list-style-type: none"> a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS) 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 c. Avoid having sexual intercourse if you didn't want to 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.5	3.5	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Condoms should always be used if a person your age has sexual intercourse b. Condoms are a hassle to use c. Condoms don ont protect from the emotional impact of sexual intercourse d. Condoms are important to make sex safer e. Using condoms means you don't trust your partner f. Using condoms is morally wrong g. Condoms decrease sexual pleasure</p>	
3.6	3.6	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of pregnancy</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.7</p>	<p>If condoms are used correctly and consistently, how mych can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know GO TO 3.7</p>
3.6a	3.6a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.7	3.7	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>condoms</u> are used correctly and consistently, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.8	3.8	<p>If a <u>condom</u> is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>condoms</u> are used correctly and consistently, how much can they decrease the risk of getting gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.9	3.9	<p>The next series of questions is about birth control pills. If birth control pills are used correctly, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know – GO TO 3.10 	<p>If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.9a	3.9a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
3.10	3.10	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know
3.11	3.11	<p>If <u>birth control pills</u> are used correctly, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.12	3.12	<p>Can you get a sexually transmitted disease, or STD, from having oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know GO TO 3.13</p>	
3.12a	3.12a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all confident</p> <p><input type="checkbox"/> A little confident</p> <p><input type="checkbox"/> Somewhat confident</p> <p><input type="checkbox"/> Very confident</p>	
3.13	3.13	<p>In the past 3 months, how many TIMES have you gone out on a date?</p> <p><input type="checkbox"/> Zero or None GO TO 3.15</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine</p>	
3.14	3.14	<p>Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?</p> <p><input type="checkbox"/> Zero or None</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	
3.15	3.15	<p>Do you intend to have oral sex in the next year?</p> <p><input type="radio"/> Yes, definitely</p> <p><input type="radio"/> Yes, probably</p> <p><input type="radio"/> No, probably not</p> <p><input type="radio"/> No, definitely not</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.16	3.16	<p>Do you intend to have sexual intercourse in the next year?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	<p>Do you intend to have sexual intercourse in the next year, if you have the chance?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not
3.17	3.17	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	<p>If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
3.18	3.18	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	<p>The next question is about your intention to use any of these methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p>If you have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these methods of birth control?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not
3.19	3.19	<p>Do you intend to have sexual intercourse without being married?</p> <ul style="list-style-type: none"> ○ Yes, definitely ○ Yes, probably ○ No, probably not ○ No, definitely not 	
3.20	3.20	<p>Have you ever had sexual intercourse or oral sex?</p> <ul style="list-style-type: none"> <input type="checkbox"/> YES: GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE <input type="checkbox"/> NO: GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
PART B1: The items in Section 4, Part B1 are specifically for sexually active respondents. Items in Sections 5 and 6, Part B1 are the same as the items in Sections 5 and 6, Part B2 (for non-sexually active respondents).			
4.1 Part B1	4.1 Part B1	<p>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.</p> <p>Just to confirm, have you ever had sexual intercourse or oral sex?</p> <p><input type="checkbox"/> No STOP AND GO TO PART B2 <input type="checkbox"/> Yes CONTINUE WITH THIS BOOKLET.</p>	
4.2 Part B1	4.2 Part B1	<p>The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.14</p>	
4.3 Part B1	4.3 Part B1	<p>The very <u>first</u> time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
4.4 Part B1	4.4 Part B1	<p>The very first time you had sexual intercourse, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.5 Part B1	4.6 Part B1	<p>The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Voluntary</p> <p><input type="checkbox"/> Not voluntary</p>	
4.6 Part B1	4.7 Part B1	<p>Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also called STDs.</p> <p>The first time you had sexual intercourse, did you or your partner use any type of birth control, including condoms or any other method?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.9</p>	
4.7 Part B1	4.8 Part B1	<p>The first time you had sexual intercourse, did you or your partner use ...</p> <p>MARK (X) ONE FOR EACH ITEM</p> <p>YES, NO</p> <p>a. Condoms</p> <p>b. Birth control pills or the patch</p> <p>c. Depo-Provera, the shot, or other injectable birth control</p> <p>d. Nuva ring or the ring</p> <p>e. Withdrawal or pulling out</p> <p>f. Another method <i>PRINT OTHER METHOD USED</i></p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.8 Part B1	4.9 Part B1	<p>Have you had sexual intercourse more than one time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.14</p>	
4.9 Part B1	4.10 Part B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	
4.10 Part B1	4.11 Part B1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?</p> <p><input type="checkbox"/> None GO TO 4.14</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.11 Part B1	4.12 Part B1	<p>In the past 3 months, how many TIMES did have sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.12 Part B1	4.13 Part B1	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanaon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>	
4.13 Part B1	4.14 Part B1	<p>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.</p> <p>Have you <u>ever</u> had oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.18</p>	
4.14 Part B1	4.15 Part B1	<p>The very <u>first</u> time you had oral sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.15 Part B1	4.16 Part B1	How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time? __ __ NUMBER OF PEOPLE - Your best guess is fine.	
4.16 Part B1	4.17 Part B1	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex? <input type="checkbox"/> None __ __ NUMBER OF TIMES - Your best guess is fine.	
4.17 Part B1	4.19a Part B1	FOR BOYS AND GIRLS a. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.26	
4.18 Part B1	4.19, Part B1	To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant? __ __ NUMBER OF TIMES	
4.19 Part B1	4.19c, Part B1	Have you ever had a baby or has anyone you got pregnant actually had the baby? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.20 Part B1	4.20 Part B1	<p>In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.21 Part B1	4.21 Part B1	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
4.22 Part B1	4.22 Part B1	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	Removed "don't know" option

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.23 Part B1	4.23 Part B1	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
PART B2: The items in Section 4, Part B2 are specifically for non-sexually active respondents. Items in Sections 5 and 6, Part B1 are the same as the items in Sections 5 and 6, Part B2 (for non-sexually active respondents).			
4.1 Part B2	4.1 Part B2	<p>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...</p> <p>Just to confirm, have you ever had sexual intercourse or oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes STOP AND GO TO PART B1 <input type="checkbox"/> No CONTINUE WITH THIS BOOKLET</p>	
4.2 Part B2	4.2 Part B2	<p>The first two questions in this booklet are about your schooling.</p> <p>Do you expect that you will graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> I already graduated from high school <input type="checkbox"/> No GO TO 4.4</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.3 Part B2	4.3 Part B2	<p>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?)</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
4.4 Part B2	4.4 Part B2	<p>The next questions are about where you live.</p> <p>In the last 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 regular place to stay?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes GO TO 4.8</p> <p><input type="checkbox"/> No</p>	<p>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 stay?</p>
4.5 Part B2	4.5 Part B2	<p>In how many homes, places, or households do you live: one, two, or three or more?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> 1 home GO TO 4.8</p> <p><input type="checkbox"/> 2 homes</p> <p><input type="checkbox"/> 3 or more homes</p>	
4.6 Part B2	4.6 Part B2	<p>Do you consider one of these homes to be your main home?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.7 Part B2	4.7 Part B2	<p>Thinking about the past 30 days, how many nights did you spend in each home?</p> <p>FILL IN TWO OR THREE NUMBERS</p> <p> __ __ Number of nights at home #1 – Your best guess is fine.</p> <p> __ __ Number of nights at home #2 – Your best guess is fine.</p> <p> __ __ Number of nights at another home or other homes – Your best guess is fine.</p>	
4.8 Part B2	4.8 Part B2	<p>These next few questions are about you and your friends.</p> <p>How strongly do you agree or disagree that you have friends who will give you good advice?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	
4.9 Part B2	4.9 Part B2	<p>How strongly do you agree or disagree that you have a friend who cares about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.10 Part B2	4.10 Part B2	<p>How strongly do you agree or disagree that you have a friend you can talk to when you need to?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	
4.11 Part B2	4.11 Part B2	<p>How strongly do you agree or disagree that you have someone who you can call your best friend?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	
4.12 Part B2	4.12 Part B2	<p>These next few questions are about you.</p> <p>How strongly do you agree or disagree that when you start a project, you finish it?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.13 Part B2	4.13 Part B2	<p>How strongly do you agree or disagree that that you only work as hard as you have to?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	
4.14 Part B2	4.14 Part B2	<p>How strongly do you agree or disagree that you are someone people can count on?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	
4.15 Part B2	4.15 Part B2	<p>How strongly do you agree or disagree that when you do work, you do a good job?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Strongly Agree</p> <p><input type="checkbox"/> Agree</p> <p><input type="checkbox"/> Disagree</p> <p><input type="checkbox"/> Strongly disagree</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.16 Part B2	4.16 Part B2	<p>Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION Very Important, Somewhat Important, Not Too Important, Not At All Important</p> <ul style="list-style-type: none"> a. I believe it is better for my long-term health and well-being b. I don't want to get a sexually transmitted disease, also known as an STD c. I don't want to disappoint my parents d. I am too young to have sex e. My boyfriend or girlfriend doesn't want to have sex f. I want to wait until I'm married g. It is against my personal values h. I haven't met the right person yet i. I haven't had the chance j. I don't want to k. FOR GIRLS: I do not want to get pregnant l. FOR BOYS: I do not want to get a girl pregnant 	
4.17 Part B2	4.19 Part B2	<p>Have you ever kissed someone on the lips?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.21</p>	
4.18 Part B2	4.20 Part B2	<p>Have you ever French kissed, that is put your tongue in someone's mouth while kissing?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.19 Part B2	4.21 Part B2	Have you ever touched another person's private parts? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.20 Part B2	4.22 Part B2	Have you ever let someone touch your private parts? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.21 Part B2	4.23 Part B2	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 <input type="checkbox"/> Yes <input type="checkbox"/> No	
4.22 Part B2	4.24 Part B2	If you decided to have sexual intercourse outside of marriage, how likely is it you would use a condom or other contraceptive method? MARK (X) ONE <input type="checkbox"/> Don't plan to have sexual intercourse outside of marriage <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little bit likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely	If you decided to have sexual intercourse outside of marriage, how likely is it you would use a condom or other method of birth control?

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
4.23	N/A		<p>Have you made a decision not to have sexual intercourse until you get married?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No – GO TO 5.1</p>
4/24	N/A		<p>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? (Not at all like me, Somewhat like me, Like me, Very much like me)</p> <p>a. My decision to NOT have sex is good for me</p> <p>b. I am comfortable with my decision to NOT have sex</p> <p>c. My decision to NOT have sex makes me feel good about myself</p> <p>d. At this stage in my life, sex is NOT important to me</p>

Sections 5 and 6 (Parts B1 and B2) – these items are the same for sexually active and non-sexually active respondents.

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
5.1	5.1	<p>The next questions are about alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.</p> <p>Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.8</p>	
5.2	5.2	<p>The very first time you had an alcoholic drink, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
5.3	5.3	<p>During the past 30 days, on how many days did you have one or more alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>	<p>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?</p>

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
5.4	5.4	<p>During the past 30 days, on how many days did you have 5 or more drinks in a row?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	
5.5	5.5	<p>Have you ever used marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 5.10 	
5.6	5.6	<p>During the past 30 days, on how many days did you use marijuana?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	
5.7	N/A		<p>Have you ever used any pther type of illegal drug, prescription drugs or an inhalant that were not prescribed for you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
6.1	6.1	<p>How many of your friends who are your age think the following things? Your best guess is fine</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for them to do at their age. b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom. c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time d. They should wait until they are older to have sexual intercourse. e. They should wait until marriage to have sexual intercourse. f. It is more important to finish high school than to have sexual intercourse 	
6.2	6.2	<p>How many of your friends who are your age have done the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <ul style="list-style-type: none"> a. Had sexual intercourse. b. Had oral sex. c. Have decided to delay having sexual intercourse until later in life 	
6.3	6.3	<p>In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure 	

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
6.4	6.4	<p>How much do you feel that your friends care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Do not care at all <input type="checkbox"/> Care a little bit <input type="checkbox"/> Care somewhat <input type="checkbox"/> Care very much 	
DROPPED: The questions listed below are part of the baseline instrument, but are not part of the follow-up instrument.			
N/A	2.5	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Did she graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	DROP
N/A	2.6	<p>Did she graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	DROP

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
N/A	2.8	<p>How close do you feel to your mother or the person you think of as your mother?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close 	DROP
N/A	2.9	<p>In general, how much do you think she cares about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much 	DROP
N/A	2.10	<p>Whether you have done this or not, how would she feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	DROP

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
N/A	2.11	<p>How would she feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	DROP
N/A	2.13	<p>The following questions are about the person you marked as your father or the person you think of as your father.</p> <p>Did he graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	DROP
N/A	2.14	<p>Did he graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	DROP

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
N/A	2.16	<p>How close do you feel to your father or the person you think of as your father?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close 	DROP
N/A	2.17	<p>In general, how much do you think he cares about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much 	DROP
N/A	2.18	<p>Whether you have done this or not, how would he feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	DROP

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
N/A	2.19	<p>How would he feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	DROP
N/A	2.22	<p>The next questions are about the parents or guardians you live with <u>most</u> of the time. Thinking about the past month, how often did your parents know where you were after school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never 	DROP
N/A	2.23	<p>Thinking about the past month, how often did your parents know who you were going to be with before you went out?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out 	DROP

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
N/A	2.24	<p>In the past 12 months, how many times have you talked with at least one of your parents or guardians about . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-2 Times, 3-9 Times, 10 or more times</p> <ul style="list-style-type: none"> a. How things are going with school work or with your grades b. A personal problem you were having c. How to have good romantic relationships d. Strategies for safe dating e. How to resist pressures to have sex f. Avoiding drugs and alcohol g. Pregnancy or birth h. Sexually transmitted diseases (also called STDs), HIV, or AIDS 	DROP
N/A	4.5 Part B1	<p>The very first time you had sexual intercourse, how old was your partner?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> A year or two younger than you <input type="checkbox"/> Three or more years younger than you <input type="checkbox"/> The same age as you <input type="checkbox"/> A year or two older than you <input type="checkbox"/> Three or more years older than you 	DROP
N/A	4.18a Part B1	<p>FOR GIRLS</p> <p>a. Have you ever had your period, that is, your menstrual period?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.27 	DROP

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
N/A	4.18b Part B1	How old were you when you had your first period, that is, your first menstrual period? _ _ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.	DROP
N/A	4.18a Part B1	FOR BOYS People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or the voice cracking or lowering. Which of the following <u>best</u> describes these changes for you? MARK (X) ONE <input type="checkbox"/> These changes have not yet started GO TO 4.27 <input type="checkbox"/> These changes have barely started <input type="checkbox"/> These changes are definitely underway <input type="checkbox"/> These changes seem complete	DROP
N/A	4.18b Part B1	How old were you when these changes started? _ _ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.	DROP
N/A	4.17 a Part B2	FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.19	DROP
N/A	4.17b Part B2	FOR GIRLS ONLY- How old were you when you had your first period, that is, your first menstrual period? _ _ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.	DROP

Follow-up #	Baseline #	Live the Life Baseline Question text	Modified for follow-up
N/A	4.18a Part B2	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or the voice cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> These changes have not yet started GO TO 4.19</p> <p><input type="checkbox"/> These changes have barely started</p> <p><input type="checkbox"/> These changes are definitely underway</p> <p><input type="checkbox"/> These changes seem complete</p>	DROP
N/A	4.18b Part B2	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE</p>	DROP
N/A	5.7	<p>Have you ever used any other type of illegal drug, for example Methamphetamine, speed, PCP, ecstasy, or any form of cocaine, such as crack?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	DROP

SUMMARY OF DIFFERENCES BETWEEN THE TEEN PEP BASELINE AND FOLLOW-UP INSTRUMENTS

Items are listed in the order in which they appear on the Teen PEP follow-up instrument. The number for the corresponding baseline item is listed in the “Baseline #” column. Items in Part A are listed first, followed by items in Section 4, Part B1 (for sexually active respondents), items in Section 4, Part B2 (for non-sexually active respondents) and items in Sections 5 and 6, Parts B1 and B2 (these sections are the same for sexually active and non-sexually active respondents). Items found on the baseline instrument that are not on the follow-up instrument are listed at the bottom of the table.

- Modifications to an existing baseline item are listed in the “Modifications” column; otherwise, the question text on the follow-up instrument is the same as that on the baseline instrument.
- If an item is specific to the follow-up instrument, it is indicated by an “N/A” in the “Baseline #” column and the question text is noted in the “Modifications” column.

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
PART A (Sections 1 – 3): All items in Part A are the same for sexually active and non-sexually active respondents.			
1.1	1.1	In what month and year were you born? MARK (X) ONE MONTH AND ONE YEAR	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.2	1.2	What grade are you in? MARK (X) ONE <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th <input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th <input type="checkbox"/> Not currently in school	
1.3	1.3	Are you male or female? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	
1.4	1.4	Are you Hispanic/Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.5	1.5	<p>What is your race?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White 	
1.6	1.9	<p>In the past 12 months, have you any received information or learned about any of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control e. Sexually transmitted diseases, also known as STDs f. How to talk to your partner about whether to have sex or whether to use birth control g. How to say no to sex h. How babies are made 	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.6a	N/A		<p>Did you say “yes” to any item a through h in question 1.6 above?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.7	N/A		<p>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?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-3 times, 4-9 times, 10 or more times</p> <ul style="list-style-type: none"> a. School class, workshop, or event b. Church, synagogue, mosque or religious classes outside of school c. Community center, youth organization, or after-school activity d. Doctor, nurse, or clinic e. Friends or other students f. Parents and other relatives or family members g. Internet and media h. Other (List other source)

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.8	N/A		<p>Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was very <u>helpful</u> to you?</p> <p><i>SELECT ONE OR MORE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> School class, workshop, or event <input type="checkbox"/> Church, synagogue, mosque or religious classes outside of school <input type="checkbox"/> Community center, youth organization, or after-school activity <input type="checkbox"/> Doctor, nurse, or clinic <input type="checkbox"/> Friends or other students <input type="checkbox"/> Parents and other relatives or family members <input type="checkbox"/> Internet and media <input type="checkbox"/> Other (Please specify)

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.9	N/A		<p>For the next question, please indicate how often you do the item listed. How often have you talked about each of the topics listed below with your partner in the last month?</p> <p><input type="checkbox"/> I didn't have a partner in the last month</p> <p><i>MARK (X) ONE FOR EACH</i> Often, Sometimes, Never</p> <ol style="list-style-type: none"> a. Expectations in the relationship b. Pregnancy c. Birth control d. Sexually Transmitted Infections (STIs) e. What you feel comfortable doing sexually f. What you <u>do not</u> feel comfortable doing sexually

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.10	N/A		<p>For the next question, please answer how often you do each of the statements below. When you have to make a decision about your sexual behavior, how often do you...</p> <p><i>MARK (X) ONE FOR EACH</i> Very Often, Often, Not often, Never</p> <ul style="list-style-type: none"> a. Think of the consequences of each possible choice b. First get as much information as you can c. Make it on the spot without worrying about the consequences

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.11	N/A		<p>How strongly do you agree or disagree with the following statements?</p> <p><i>MARK (X) ONE FOR EACH</i> Strongly agree, Agree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. You can do things now that will help you to be healthy when you are an adult b. Nothing you do as a teen will affect how healthy you are as an adult c. Taking risks as a teen, like drinking and drugs, does not really matter for your health in the long run d. The good and bad decision you make as a teen will affect your health as an adult

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
1.12	N/A		<p>How strongly do you agree or disagree with the following statements?</p> <p><i>MARK (X) ONE FOR EACH</i> Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. If my partner refused to use condoms, I could refuse to have sex</p> <p>b. I would have sex now if someone I cared about pressured me to have sex</p> <p>c. I believe I could go to a clinic if I needed to get tested for HIV/AIDS or another sexually transmitted infection (STI)</p>
2.1a	2.1	<p>The next questions are about where you live and who lives with you.</p> <p>Which of the following best describes where you live?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> You live in one home – GO TO 2.2</p> <p><input type="checkbox"/> You live in two or more homes and go back and forth – GO TO 2.3</p> <p><input type="checkbox"/> You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) – GO TO 2.4</p>	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
2.2	2.2	<p>Who lives with you in your home?</p> <p>MARK (X) ALL THAT APPLY</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	
2.3	2.3	<p>Who lives with you in each of your homes?</p> <p>Mark (X) all of the people who live with you in your MAIN home, and then mark (X) all of the people who live with you in your OTHER homes.</p> <p>MARK ALL THAT APPLY (List appears for both the MAIN home and the OTHER home(s))</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother <input type="checkbox"/> Your biological father <input type="checkbox"/> A stepmother or adoptive mother <input type="checkbox"/> A foster mother <input type="checkbox"/> A stepfather or adoptive father <input type="checkbox"/> A foster father 	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
		<ul style="list-style-type: none"> <input type="checkbox"/> Your parent’s partner, boyfriend, or girlfriend <input type="checkbox"/> Any grandmothers <input type="checkbox"/> Any grandfathers <input type="checkbox"/> Any older brothers or sisters <input type="checkbox"/> Any younger brothers or sisters <input type="checkbox"/> Any aunts, uncles, or other relatives <input type="checkbox"/> Any other people you are not related to <input type="checkbox"/> You live by yourself 	
2.4	2.6	<p>Now we have some questions about your mother, or the person you think of as a mother. Is this person...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological mother, that is, the woman who gave birth to you <input type="checkbox"/> Your stepmother or adoptive mother <input type="checkbox"/> Your foster mother <input type="checkbox"/> Your grandmother <input type="checkbox"/> Your aunt or your older sister <input type="checkbox"/> Some other adult <input type="checkbox"/> Don’t have a mother or person I think of as a mother GO TO 2.14 	
2.5	2.9	<p>Is she working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> She is not working at a paid job <input type="checkbox"/> Yes, she is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, she is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, she works, but I don’t know how many hours <input type="checkbox"/> Don’t know if she is working 	<p>Added: The following questions are about the person you marked as your mother or the person you think of as your mother.</p>

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
2.6	N/A		<p>How well can you and your mother or the person you think of as your mother share ideas or talk about things that are important to you?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all well <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Very well
2.7	N/A		<p>Now thinking about your biological mother, that is, the woman who gave birth to you, how old is she (or would she be if she were alive)?</p> <p> __ __ NUMBER OF YEARS OLD –Your best guess is fine</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not know about my biological mother
2.8	N/A		<p>Again thinking about your biological mother and <u>all</u> the children she has ever had – how old is the oldest one? If the oldest one is not alive, how old would that child be if still living</p> <p> __ __ NUMBER OF YEARS OLD –Your best guess is fine</p> <ul style="list-style-type: none"> <input type="checkbox"/> I do not know about my biological mother

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
2.9	2.14	<p>Next we have some questions about your father, or the person you think of as your father. Is this person...?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Your biological father, that is, the man who is genetically related to you <input type="checkbox"/> Your stepfather or adoptive father <input type="checkbox"/> Your foster father <input type="checkbox"/> Your grandfather <input type="checkbox"/> Your uncle or your older brother <input type="checkbox"/> Some other adult <input type="checkbox"/> Don't have a father or person I think of as my father GO TO 2.22a 	
2.10	2.17	<p>Is he working now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> He is not working at a paid job <input type="checkbox"/> Yes, he is working part-time or less than 30 hours a week <input type="checkbox"/> Yes, he is working full-time or at more than one job for 30 hours a week or more <input type="checkbox"/> Yes, he works, but I don't know how many hours <input type="checkbox"/> Don't know if he is working 	Added: The following questions are about the person you marked as your father or the person you think of as your father.
2.11	N/A		<p>How well can you and your father or the person you think of as your father share ideas or talk about things that are important to you?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all well <input type="checkbox"/> Not very well <input type="checkbox"/> Somewhat well <input type="checkbox"/> Very well

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
2.12a	2.22a	<p>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.</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> They are married to each other <input type="radio"/> They used to be married to each other, but are now separated <input type="radio"/> They used to be married to each other, but are now divorced <input type="radio"/> They have never been married to each other <input type="radio"/> I don't know 	
2.12b	2.22b	<p>Do your biological mother and biological father live together now?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> One or both of my biological parents have passed away <input type="radio"/> I don't know 	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.1	3.1	<p>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 . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly Agree, Agree, Disagree, Strongly Disagree</p> <ul style="list-style-type: none"> a. Having sexual intercourse is a good thing for you to do at your age b. At your age right now, having sexual intercourse would create problems c. At your age right now, not having sexual intercourse is important for you to be safe and healthy d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom e. It is against your values to have sexual intercourse before marriage 	
3.2	N/A		<p>How strongly do you agree or disagree with the following statements?</p> <p><i>MARK (X) ONE FOR EACH</i></p> <p>Strongly agree, Agree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. You have goals you want to accomplish before you have a child b. It is important for you to finish school before you have a child c. It is important for you to have a job and stable income before you have a child d. Having a good marriage seems possible for you

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.3	3.2	<p>FOR GIRLS</p> <p>If you got pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	
3.4	3.2	<p>FOR BOYS</p> <p>If you got someone pregnant now, how would you feel?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Very happy <input type="checkbox"/> A little happy <input type="checkbox"/> Neither happy nor upset <input type="checkbox"/> A little upset <input type="checkbox"/> Very upset 	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.5	3.3	<p>Imagine you are alone with someone you like very much. How likely is it that you could . . .</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Not at all Likely, a Little Bit likely, Somewhat Likely, Very Likely</p> <p>a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS)</p> <p>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</p> <p>c. Avoid having sexual intercourse if you didn't want to</p>	
3.6	N/A		<p>How likely is it that you will get pregnant (or get someone pregnant) between now and age 20?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.7	3.5	<p>The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also known as STDs.</p> <p>If <u>condoms</u> are used correctly and consistently, how much can it decrease the risk of pregnancy</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.6 	<p>The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also known as STDs.</p> <p>If <u>condoms</u> are used correctly and consistently, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know GO TO 3.6
3.7a	3.5a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
3.8	3.6	<p>If <u>condoms</u> are used correctly and consistently, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know GO TO 3.6

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.9	3.8	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know GO TO 3.10 	<p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know GO TO 3.6
3.9a	3.8a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all confident <input type="checkbox"/> A little confident <input type="checkbox"/> Somewhat confident <input type="checkbox"/> Very confident 	
3.10	3.9	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know GO TO 3.6
3.11	3.10	<p>If <u>birth control pills</u> are used correctly and consistently, how much can they decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know 	<p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Completely <input type="checkbox"/> Don't know GO TO 3.6

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.12	3.12	<p>Can you get a sexually transmitted disease, or STD, from having oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know GO TO 3.12</p>	
3.12a	3.12a	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all confident</p> <p><input type="checkbox"/> A little confident</p> <p><input type="checkbox"/> Somewhat confident</p> <p><input type="checkbox"/> Very confident</p>	
3.13	3.4	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Condoms should always be used if a person your age has sexual intercourse</p> <p>b. Condoms are a hassle to use</p> <p>c. Condoms are pretty easy to get</p> <p>d. Condoms are important to make sex safer</p> <p>e. Using condoms means you don't trust your partner</p> <p>f. Using condoms is morally wrong</p> <p>g. Condoms decrease sexual pleasure</p>	<p>The next series of questions is about condom use. How strongly do you agree or disagree that ...</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <p>a. Condoms should always be used if a person your age has sexual intercourse</p> <p>b. Condoms are a hassle to use</p> <p>c. It would not be too hard for me to carry a condom and have it with me if I needed it</p> <p>d. Condoms are important to make sex safer</p> <p>e. Using condoms means you don't trust your partner</p> <p>g. Condoms decrease sexual pleasure</p>

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.14	3.11	<p>The next series of questions is about other methods of birth control, NOT including condoms. How strongly do you agree or disagree that...</p> <p>Strongly agree, Agree, Neither agree nor disagree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Birth control should always be used if a person your age has sexual intercourse b. Birth control is a hassle to use c. Birth control is pretty easy to get d. Birth control is important to make sex safer e. Birth control has too many negative side effects f. Using birth control is morally wrong 	<p>Deleted item:</p> <ul style="list-style-type: none"> f. Using birth control is morally wrong

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.15	N/A		<p>Read each statement below and check the answer that fits best.</p> <p><i>MARK (X) ONE FOR EACH</i></p> <p>I am sure it's true, I think it's true, I don't know, I think it's false, I am sure it's false</p> <p>a. You can't get AIDS if you have sex only once or twice without a condom</p> <p>b. If condoms are used correctly and consistently, they can reduce the risk of STDs such as Chlamydia and gonorrhea</p> <p>c. Once you are infected with HIV, you are infected for life</p> <p>d. If a young couple has had unprotected sex a few times and a pregnancy did not happen, they do not have to worry about her getting pregnant</p> <p>e. There is a vaccine or shot available to prevent girls from becoming infected with certain types of HPV (also known as Human Papilloma virus)</p>

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.16	N/A		<p>Thinking about the future, how likely do you think it is that you will get HIV/AIDS?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely
3.17	N/A		<p>How likely do you think it is that you will get an STD other than HIV/AIDS?</p> <p><i>MARK (X) ONE</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all likely <input type="checkbox"/> A little likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely
3.18	3.18	<p>Do you intend to have oral sex in the next year?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.19	3.15	<p>Do you intend to have sexual intercourse in the next year?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not GO TO QUESTION 3.19 	<p>Do you intend to have sexual intercourse in the next year, if you have the chance?</p>
3.20	3.16	<p>If you have sexual intercourse in the next year, do you intend to use a condom?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	<p>If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom?</p>
3.21	3.17	<p>The next question is about your intention to use other methods of birth control, NOT including condoms:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not 	<p>The next question is about your intention to use following other methods of birth control:</p> <ul style="list-style-type: none"> • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these other methods of birth control?</p> <ul style="list-style-type: none"> <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
3.22	N/A		Right now, do you have a boyfriend or girlfriend- someone in particular you are going out with? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No
3.23	3.13	In the past 3 months, how many TIMES have you gone out on a date? <input type="checkbox"/> Zero or None GO TO 3.15 __ __ NUMBER OF TIMES - Your best guess is fine	
3.24	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.	
3.25	3.20	Have you ever had sexual intercourse, oral sex, or anal sex? <input type="checkbox"/> YES: GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE <input type="checkbox"/> NO: GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE	Have you ever had sexual intercourse, oral sex, or anal sex? <input type="checkbox"/> YES: GO TO PART B1 <input type="checkbox"/> NO: GO TO PART B2
PART B2: The items in Section 4, Part B2 are specifically for non-sexually active respondents. Items in Sections 6 and 7, Part B1 are the same as the items in Sections 6 and 7, Part B2 (for non-sexually active respondents).			

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.1 B1	4.1 B1	<p>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.</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p><input type="checkbox"/> No STOP AND GO TO PART B2 <input type="checkbox"/> Yes CONTINUE WITH THIS BOOKLET.</p>	
4.2 B1	4.2 B1	<p>The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.</p> <p>Have you <u>ever</u> had sexual intercourse?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.15</p>	
4.3 B1	4.3 B1	<p>The very <u>first</u> time you had sexual intercourse, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
4.4 B1	4.4 B1	<p>The very first time you had sexual intercourse, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
4.5 B1	4.9 B1	<p>Have you had sexual intercourse more than one time?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.14</p>	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.6 B1	4.10 B1	How many DIFFERENT PEOPLE have you <u>ever</u> had sexual intercourse with, even if only one time? __ __ NUMBER OF PEOPLE - Your best guess is fine.	
4.7 B1	N/A		The <u>most recent</u> time you had sexual intercourse, what month and year was it? MARK (X) ONE MONTH AND ONE YEAR
4.8 B1	N/A		The <u>most recent</u> time you had sexual intercourse, did you or your partner use ... MARK (X) ONE FOR EACH ITEM 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 (<i>PRINT OTHER METHOD USED</i>):
4.9 B1	4.11 B1	Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse? <input type="checkbox"/> None GO TO 4.14 __ __ NUMBER OF TIMES - Your best guess is fine.	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.10 B1	4.12 B1	<p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using a condom?</p> <p><input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>	
4.11 B1	N/A		<p>In the past 3 months, of those times you used a condom during sexual intercourse, how many times did the condom break or slip off during sex?</p> <p><input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>
4.12 B1	4.13 B1	<p>The next question is about your use of the following methods of birth control:</p> <ul style="list-style-type: none"> • Condoms • Birth control pills • The shot (Depo Provera) • The patch • The ring (NuvaRing) • IUD (Mirena or Paragard) • Implants (Implanon) <p>In the past 3 months, how many TIMES have you had sexual intercourse <u>without</u> using any of these methods of birth control?</p> <p><input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.13 B1	N/A		<p>Now please think about the past 12 months.</p> <p>In the past we months, how often have you had a relationship that was just sexual?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Never</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> More than once</p>
4.14 B1	4.14 B1	<p>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.</p> <p>Have you ever had oral sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.19</p>	
4.15 B1	4.15 B1	<p>The very <u>first</u> time you had oral sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	
4.16 B1	4.16 B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had oral sex with, even if only one time?</p> <p> __ __ NUMBER OF PEOPLE - Your best guess is fine.</p>	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.17 B1	4.17 B1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex?</p> <p><input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>	
4.18 B1	4.18 B1	<p>In the past 3 months, how many TIMES have you had oral sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None _ _ NUMBER OF TIMES - Your best guess is fine.</p>	
4.19 B1	4.19 B1	<p>Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt. Have you <u>ever</u> had anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.23</p>	
4.20 B1	4.20 B1	<p>How many DIFFERENT PEOPLE have you <u>ever</u> had anal sex with, even if only one time?</p> <p> _ _ NUMBER OF PEOPLE - Your best guess is fine.</p>	
4.21 B1	N/A		<p>The very <u>first</u> time you had anal sex, what month and year was it?</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.22 B1	4.21 B1	<p>Now please think about the past 3 months. In the past 3 months, how many TIMES have you had anal sex?</p> <p><input type="checkbox"/> None GO TO 4.23</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
4.23 B1	4.22 B1	<p>In the past 3 months, how many TIMES have you had anal sex <u>without</u> using a condom?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES - Your best guess is fine.</p>	
5.1 B1	N/A		<p>Have you or your partner ever taken a pregnancy test?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>
5.2a B1	4.26A B1	<p>FOR BOYS AND GIRLS</p> <p>To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.27</p>	
5.2b B1	4.26b B1	<p>To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?</p> <p><input type="checkbox"/> None</p> <p> __ __ NUMBER OF TIMES</p>	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
5.2c B1	N/A		<p>How old were you the first time you got pregnant or got someone pregnant?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE – Your best guess is fine.</p>
5.2d B1	4.26c B1	<p>Have you ever had a baby or has anyone you got pregnant actually had the baby?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
5.3 B1	4.27 B1	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
5.4 B1	4.28 B1	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
5.5 B1	4.29 B1	<p>In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
5.6 B1	4.30 B1	<p>The next series of questions is about the types of sexually transmitted diseases (STDs) you have had. In the past 12 months, did you have...</p> <p>Yes, No, Don't know</p> <p>a. Chlamydia b. Gonorrhea c. Genital herpes d. Syphilis e. HIV infection or AIDS f. Human papilloma virus, also called HPV or genital warts g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD:</i></p>	
<p>PART B2: The items in Section 4, Part B2 are specifically for non-sexually active respondents. Items in Sections 5 and 6, Part B1 are the same as the items in Sections 5 and 6, Part B2 (for non-sexually active respondents).</p>			
4.1 B2	4.1 B2	<p>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...</p> <p>Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes STOP AND GO TO PART B1 <input type="checkbox"/> No CONTINUE WITH THIS BOOKLET</p>	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.2 B2	4.2 B2	<p>The first two questions in this booklet are about your schooling.</p> <p>Do you expect that you will graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> I already graduated from high school</p> <p><input type="checkbox"/> No GO TO 4.4</p>	
4.3 B2	4.3 B2	<p>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?)</p> <p>MARK (X) ONE MONTH AND ONE YEAR</p>	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.4 B2	4.13 B2	<p>Here are some reasons people your age might choose <u>NOT</u> to have sexual intercourse. How important is each of these reasons to YOU?</p> <p>MARK (X) ONE FOR EACH QUESTION Very Important, Somewhat Important, Not Too Important, Not At All Important</p> <ul style="list-style-type: none"> a. I don't want to get a sexually transmitted disease, also known as an STD b. I don't want to disappoint my parents c. I am too young to have sex d. My boyfriend or girlfriend doesn't want to have sex e. I want to wait until I'm married f. It is against my personal values g. I haven't met the right person yet h. I haven't had the chance i. I don't want to j. FOR GIRLS: I do not want to get pregnant k. FOR BOYS: I do not want to get a girl pregnant 	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.5 B2	N/A		<p>What do you think are the benefits of waiting to have sexual intercourse?</p> <p><i>MARK (X) ONE FOR EACH</i> Strongly agree, Agree, Disagree, Strongly disagree</p> <ul style="list-style-type: none"> a. Respect for yourself b. Respect from parents c. Keeping true to religious values d. Respect from friends e. Not having to worry about pregnancy f. Not having to worry about sexually transmitted diseases, also known as STDs g. Better chance for a good marriage in the future h. Fewer distractions so you can focus on school work
4.6 B2	N/A		<p>Do people need religion to have good values?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.7 B2	N/A		Should religious teachings be obeyed in every situation? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No
4.8 B2	N/A		Do you pray every day? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No
4.9 B2	N/A		Do you think it's embarrassing for people your age to admit they are virgins? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No
4.10 B2	N/A		Do you think it's embarrassing for girls your age to get pregnant? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No
4.11 B2	N/A		In the group you hang out with, how important is it to have a girlfriend or boyfriend or to be going out with someone? MARK (X) ONE <input type="checkbox"/> Very important <input type="checkbox"/> Not too important <input type="checkbox"/> Not important at all

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.12 B2	N/A		<p>The next few questions are about your access to and use of TV, cell phones, computers and other forms of technology.</p> <p>Do you personally have a phone, computer, or other device that can connect to the internet?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.13 B2	N/A		<p>Do your parents have any rules about...?</p> <p>MARK (X) ONE FOR EACH</p> <p>a. The amount of time or when you can text, talk on the phone, watch TV or be on the computer</p> <p>b. Whether or not you can have a profile on a social networking site like MySpace or Facebook</p>
4.14 B2	N/A		<p>Do your parents have any rules about what you are allowed to watch on TV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
4.15 B2	N/A		<p>Do your parents have any rules about what sites you can access on the internet?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.16 B2	N/A		<p>Some people exchange sexy text messages, videos, or pictures of themselves or their friends. How common would you say each of the following is <u>among people your age</u>?</p> <p>MARK (X) ONE FOR EACH Not common at all, Not very common, Fairly common, Very common</p> <ul style="list-style-type: none"> a. Sending or posting sexy text messages b. Sending or posting sexy pictures or video
4.17 B2	N/A		<p>Have you ever sent or posted a sex message, picture, or video of yourself by email, IM or text?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
4.18 B2	N/A		<p>Which of the following reasons did you have for sending or posting a sexy message, picture or video of yourself?</p> <p>MARK (X) ONE FOR EACH</p> <p>Yes, No</p> <ul style="list-style-type: none"> a. To get or keep a guy's or girl's attention b. Your boyfriend/girlfriend pressured you to do it c. As a "sexy" present for a boyfriend or girlfriend d. To get back at someone or cause trouble e. Pressure from friends f. To be fun or to flirt g. Everybody does it h. Another reason? (Print reason)
4.19 B2	N/A		<p>Have you ever <u>received</u> a sexy text message, or a picture or video of someone you know?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
4.20 B2	N/A		<p>Have you ever <u>shared or forwarded</u> a sexy text message, or picture or video of someone you know?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
5.1 B2	N/A		<p>The next few questions ask about your community.</p> <p>How often do you feel that there are teachers or other adults in your school who really know and care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often
5.2 B2	N/A		<p>How often do you feel there are adult s in your neighborhood, or in religious or youth organizations, who really know you and care about you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
5.3 B2	v		<p>How often do you feel safe in your community or neighborhood?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often
5.4 B2	N/A		<p>How often do you feel safe at school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often
5.5 B2	N/A		<p>How often do you feel safe at home?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Never <input type="checkbox"/> Sometimes <input type="checkbox"/> Often <input type="checkbox"/> Very often

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
5.6 B2	N/A		<p>During the past 12 months, were you on a sports team or did you take sports lessons after school or on weekends?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
5.7 B2	N/A		<p>During the past 12 months, did you participate in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or Boy's/Girl's Club?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Sections 6 and 7 (Parts B1 and B2) – these items are the same for sexually active and non-sexually active respondents.			
6.1	5.6	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days</p>	<p>Added: The next questions are about alcohol and drug use. Please remember, everything you tell us will be kept private.</p>

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
6.2	5.7	<p>During the past 30 days, on how many days did you have 5 or more drinks in a row?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	
6.3	N/A		<p>During the past 30 days, on how many days did you get drunk or wasted?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days
6.4	5.9	<p>During the past 30 days, on how many days did you use marijuana?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> More than 25 days <input type="checkbox"/> 5 to 25 days <input type="checkbox"/> 1 to 4 days <input type="checkbox"/> 0 (zero) days 	<p>During the past 30 days, on how many days did you use marijuana, also called weed or pot?</p>
6.5	5.10	<p>Have you ever used any other type of illegal drug, for example Methamphetamine, speed, PCP, ecstasy, or any form of cocaine, such as crack?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<p>Have you ever used any other type of illegal drug, prescription drugs, or an inhalant that were not prescribed for you?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
	5.11	Have you ever used any prescription pills or other prescription drugs that were not prescribed for you? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
	5.12	Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents to get high? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	
7.1	6.3	In general, how much pressure, if any, do you feel from your friends to have sexual intercourse? MARK (X) ONE <input type="checkbox"/> A lot of pressure <input type="checkbox"/> Some pressure <input type="checkbox"/> A little pressure <input type="checkbox"/> No pressure	

Teen PEP Follow-up #	Teen PEP Baseline #	Teen PEP Baseline Text	Modifications for follow-up
7.2	N/A		<p>How often is each of the following statements true for you?</p> <p><i>MARK (X) ONE FOR EACH</i></p> <p>Never true, Sometimes true, Often true, Almost always true</p> <ul style="list-style-type: none"> a. I can trust my friends b. My friends want the best for me in my life c. My friends care about me d. My friends are there for me if I need them

DROPPED: The questions listed below are part of the baseline instrument, but are not part of the follow-up instrument.

1.6	<p>When you are at home or with your family, what language or languages do you usually speak?</p> <p>YOU MAY MARK (X) MORE THAN ONE ANSWER</p> <ul style="list-style-type: none"><input type="checkbox"/> English<input type="checkbox"/> Spanish<input type="checkbox"/> Chinese language such as Mandarin or Cantonese<input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE(S)</i> _____	
1.6a	<p>What is the main language you speak at home?</p> <ul style="list-style-type: none"><input type="checkbox"/> English<input type="checkbox"/> Spanish<input type="checkbox"/> Chinese language such as Mandarin or Cantonese<input type="checkbox"/> Some other language <i>PRINT OTHER LANGUAGE(S)</i> _____	
1.7	<p>In the past 12 months, how often did you attend religious services or activities?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"><input type="checkbox"/> Never<input type="checkbox"/> Less than once a month<input type="checkbox"/> 1-3 times per month<input type="checkbox"/> Once a week<input type="checkbox"/> More than once a week	
1.8	<p>How important is religion in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"><input type="checkbox"/> Not at all important<input type="checkbox"/> Somewhat important<input type="checkbox"/> Very important	

1.10	<p>In an average week last month, including weekends, about how many hours did you spend participating in each of the following?</p> <p>MARK (X) ONE FOR EACH QUESTION</p> <p>Zero Hours Per Week, More Than Zero but Less Than 2 Hours Per Week, 2-5 Hours Per Week, More Than 5 Hours Per Week</p> <ul style="list-style-type: none"> a. Sports-related clubs, teams, or organizations b. Lessons, clubs, or performances for art, music, or drama c. Other clubs, teams, and organizations, such as academic clubs, Scouts, chess clubs, or debating teams d. Services or programs at a church, temple, synagogue, mosque, or other place of worship e. Working at a paid job f. Volunteering 	
2.4	<p>On how many days last week did all the family members who live in your household sit down together for a meal?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 	
2.5	<p>On how many days last week did you do something with at least one adult in your family like play a game, watch a movie, go to a sporting event, or work on something you enjoy doing together?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 	

2.7	<p>The following questions are about the person you marked as your mother or the person you think of as your mother.</p> <p>Did she graduate from high school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
2.8	<p>Did she graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	
2.10	<p>How close do you feel to your mother or the person you think of as your mother?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all close</p> <p><input type="checkbox"/> A little close</p> <p><input type="checkbox"/> Somewhat close</p> <p><input type="checkbox"/> Very close</p>	
2.11	<p>In general, how much do you think she cares about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Does not care at all</p> <p><input type="checkbox"/> Cares a little bit</p> <p><input type="checkbox"/> Cares somewhat</p> <p><input type="checkbox"/> Cares very much</p>	

2.12	<p>Whether you have done this or not, how would she feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.13	<p>How would she feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove 	
2.15	<p>The following questions are about the person you marked as your father or the person you think of as your father.</p> <p>Did he graduate from high school?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	
2.16	<p>Did he graduate from a 4-year college?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know 	
2.18	<p>How close do you feel to your father or the person you think of as your father?</p> <p>MARK (X) ONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Not at all close 	

		<input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close	
	2.19	<p>In general, how much do you think he cares about you?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much	
	2.20	<p>Whether you have done this or not, how would he feel about you having sex at this time in your life?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove	
	2.21	<p>How would he feel about you having a baby at this time in your life?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Strongly approve <input type="checkbox"/> Approve <input type="checkbox"/> Neither approve nor disapprove <input type="checkbox"/> Disapprove <input type="checkbox"/> Strongly disapprove	
	2.23	<p>The next questions ask about what your parents know about your activities. By parents, we mean the parents or guardians you live with <u>most</u> of the time. Thinking about the past month, how often did your parents know where you were after school?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely	

		<input type="checkbox"/> Never	
2.24	Thinking about the past month, how often did your parents know who you were going to be with before you went out?	<p>MARK (X) ONE</p> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out	
2.25	Thinking about the past month, how often did your parents know where you were when you went out at night?	<p>MARK (X) ONE</p> <input type="checkbox"/> Always <input type="checkbox"/> Usually <input type="checkbox"/> Sometimes <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> I did not go out at night	
2.26	If you were going to be home late, would your parents expect you to call?	<p>MARK (X) ONE</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
2.27	In the past 12 months, how many times have you talked with at least one of your parents or guardians about . . .	<p>MARK (X) ONE FOR EACH QUESTION</p> <p>Never, 1-2 Times, 3-9 Times, 10 or more times</p> <p>a. How things are going with school work or with your grades b. A personal problem you were having c. How to have good romantic relationships d. Strategies for safe dating e. How to resist pressures to have sex f. Avoiding drugs and alcohol g. Pregnancy or birth</p>	

		h. Sexually transmitted diseases (also called STDs), HIV, or AIDS i. Whether you should be having sex at this time in your life	
	3.7	If a <u>condom</u> is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea? MARK (X) ONE <input type="checkbox"/> Not at all <input type="checkbox"/> A little <input type="checkbox"/> A lot <input type="checkbox"/> Don't know	
	3.19	Do you intend to have sexual intercourse without being married? MARK (X) ONE <input type="radio"/> Yes, definitely <input type="radio"/> Yes, probably <input type="radio"/> No, probably not <input type="radio"/> No, definitely not	
	4.5 B1	The very first time you had sexual intercourse, how old was your partner? MARK (X) ONE <input type="checkbox"/> Three or more years younger than you <input type="checkbox"/> A year or two younger than you <input type="checkbox"/> The same age as you <input type="checkbox"/> A year or two older than you <input type="checkbox"/> Three or more years older than you	
	4.6 B1	The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary? MARK (X) ONE <input type="checkbox"/> Voluntary <input type="checkbox"/> Not voluntary	
	4.7 B1	Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also called 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?	

		<p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.9</p>	
4.8 B1	<p>The first time you had sexual intercourse, did you or your partner use ...</p> <p>MARK (X) ONE FOR EACH ITEM</p> <p>YES, NO</p> <p>a. Condoms</p> <p>b. Birth control pills or the patch</p> <p>c. Depo-Provera, the shot, or other injectable birth control</p> <p>d. Nuva ring or the ring</p> <p>e. Withdrawal or pulling out</p> <p>f. Another method (<i>PRINT OTHER METHOD USED</i>):</p>		
4.23 B1	<p>Have you ever had oral sex or anal sex with a person the same sex as you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
4.24a B1	<p>FOR GIRLS ONLY- Have you ever had your period, that is, your menstrual period?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 4.27</p>		
4.24b B1	<p>FOR GIRLS ONLY- How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>		
4.25a B1	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or their voices cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE</p>		

		<input type="checkbox"/> These changes have not yet started <input type="checkbox"/> These changes have barely started <input type="checkbox"/> These changes are definitely underway <input type="checkbox"/> These changes seem complete	
	4.25b B1	<p>FOR BOYS: How old were you when these changes started?</p> <p> _ _ NUMBER OF YEARS OLD YOU WERE</p>	
	4.31 B1	<p>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?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Yes <input type="checkbox"/> No	
	4.32 B1	<p>Have you ever been fearful that someone you were dating or having sex with might physically hurt you?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have never dated anyone	
	4.4 B2	<p>The next questions are about where you live.</p> <p>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 regular place to stay?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> Yes GO TO 4.11 <input type="checkbox"/> No	
	4.5 B2	<p>In how many homes, places, or households do you live: one, two, or three or more?</p> <p>MARK (X) ONE</p> <input type="checkbox"/> 1 home GO TO 4.9 <input type="checkbox"/> 2 homes	

		<input type="checkbox"/> 3 or more homes	
4.6 B2	Do you consider one of these homes to be your main home? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.7 B2	Thinking about the past 30 days, how many nights did you spend in <u>each</u> 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 B2	Is there anyone who moves with you from home to home? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.9 B2	Is your home or any of your homes a group home or halfway house? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No		
4.10 B2	This question is about who lives with you in your home. If you have more than one home, please think about your <u>main</u> home. How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital? _ _ NUMBER OF PEOPLE		

4.11 B2	<p>These next few questions are about you and your friends. How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. You have friends who will give you good advice b. You have a friend who cares about you c. You have a friend you can talk to when you need to d. You have someone who you can call your best friend</p>	
4.12 B2	<p>How strongly do you agree or disagree that . . .</p> <p>MARK (X) ONE FOR EACH QUESTION Strongly agree, Agree, Disagree, Strongly disagree</p> <p>a. When you start a project, you finish it b. You only work as hard as you have to c. You are someone people can count on d. When you work, you do a good job</p>	
4.14a B2	<p>FOR GIRLS - Have you ever had your period, that is, a menstrual period?</p> <p>MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No GO TO 4.16</p>	
4.14b B2	<p>FOR GIRLS - How old were you when you had your first period, that is, your first menstrual period?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine. GO TO 4.16</p>	
4.15a B2	<p>FOR BOYS ONLY</p> <p>People reach puberty at different ages. Signs of puberty for males include physical changes such as developing pubic or facial hair, or their voices cracking or lowering. Which of the following <u>best</u> describes these changes for you?</p> <p>MARK (X) ONE <input type="checkbox"/> These changes have not yet started <input type="checkbox"/> These changes have barely started <input type="checkbox"/> These changes are definitely underway <input type="checkbox"/> These changes seem complete</p>	

4.15b B2	<p>FOR BOYS: How old were you when these changes started?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>	
4.16 B2	<p>Have you ever done any of the following?</p> <p>Yes, No</p> <p>a. Kissed someone on the lips b. French kissed, that is put your tongue in someone's mouth while kissing c. Touched another person's private parts d. Let someone touch your private parts</p>	
4.17 B2	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
4.18 B2	<p>Have you ever been fearful that someone you were dating might physically hurt you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I have never dated anyone</p>	
4.19 B2	<p>In the past 12 months, have you spoken with a doctor or nurse about sex, birth control or sexually transmitted diseases, also known as STDs?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
4.20 B2	<p>If you decided to have sexual intercourse, how likely is it you would use a condom or other contraceptive method?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all likely <input type="checkbox"/> A little bit likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Very likely</p>	

5.1	<p>The next questions are about tobacco, alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.</p> <p>Have you ever smoked a cigarette?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.4</p>		
5.2	<p>The very first time you smoked a cigarette, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>		
5.3	<p>During the past 30 days, on how many days did you smoke one or more cigarettes?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than 25 days</p> <p><input type="checkbox"/> 5 to 25 days</p> <p><input type="checkbox"/> 1 to 4 days</p> <p><input type="checkbox"/> 0 (zero) days</p>		
5.4	<p>Have you ever had an alcoholic drink, such as beer, wine or other liquor, NOT counting any times you just had a sip?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.8</p>		
5.5	<p>The very first time you had an alcoholic drink, how old were you?</p> <p> __ __ NUMBER OF YEARS OLD YOU WERE - Your best guess is fine.</p>		
5.8	<p>Have you ever used marijuana, also called weed or pot?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No GO TO 5.10</p>		

6.1	<p>How many of your friends who are your age think the following things? Your best guess is fine</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <p>a. Having sexual intercourse is a good thing for them to do at their age.</p> <p>b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.</p> <p>c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time</p> <p>d. They should wait until they are older to have sexual intercourse.</p> <p>e. They should wait until marriage to have sexual intercourse.</p>	
6.2	<p>How many of your friends who are your age have done the following things?</p> <p>MARK (X) ONE FOR EACH QUESTION None, Some, Half, Most, All, Don't Know</p> <p>a. Had sexual intercourse.</p> <p>b. Had oral sex.</p>	
6.4	<p>People are different in their sexual attraction to other people. Which of the following best describes you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> I am only attracted to males</p> <p><input type="checkbox"/> I am attracted to both males and females</p> <p><input type="checkbox"/> I am only attracted to females</p> <p><input type="checkbox"/> I am not attracted to either males or females</p> <p><input type="checkbox"/> I am not sure</p>	
6.5	<p>How much do you feel that your friends care about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Do not care at all</p> <p><input type="checkbox"/> Care a little bit</p> <p><input type="checkbox"/> Care somewhat</p> <p><input type="checkbox"/> Care very much</p>	