



**Evaluation of Adolescent  
Pregnancy Prevention Approaches**

**FOLLOW-UP QUESTIONNAIRE**

**Engender Health**

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# INTRODUCTION

**INTERVIEWERS: INSTRUCTIONS TO YOU ARE IN BLUE BOLD CAPS. DO NOT READ TEXT IN BLUE BOLD CAPS ALOUD. INSTRUCTIONS ARE ALSO WRITTEN IN BLACK *ITALICS*. ALSO DO NOT READ TEXT IN BLACK *ITALICS* TO RESPONDENTS. READ RESPONSES ONLY WHEN INSTRUCTED TO.**

## GET RESPONDENT ON PHONE

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

**RESOLVE ANY QUESTIONS AND ATTEMPT TO GET RESPONDENT ON PHONE OR MAKE APPOINTMENT TO CALL BACK.**

## INTRODUCTION WITH RESPONDENT

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

I'm calling as part of the research study that you agreed to participate in called Gender Matters or GEN.M, a youth development program that encourages youth to engage in positive relationships. You might remember filling out a survey about 6 months ago. I'm calling to do the current survey with you, which is very similar. It will ask about you, your family and friends, your views and your behaviors.

## START

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

- The answers you give to this survey will never be identified as yours. All of your responses will be kept private and will not be shared with anyone.
- We hope that you will answer all the questions honestly, but you may skip any questions you do not want to answer.
- And, we will send you a \$25 gift card after we complete the survey.

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

Do you have any questions before we begin?

**\*\*YOUR RESPONSE TO ANY QUESTIONS ABOUT SURVEY CONTENT SHOULD BE:**

**“JUST ANSWER THE QUESTION THE BEST YOU CAN”.**

## SECTION 1: YOU AND YOUR BACKGROUND

### 1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

#### Month born

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

#### Year born

- 2002
- 2001
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993
- 1992
- 1991

**1.2. What grade are you in? [IF NECESSARY, READ: 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**

- 6th
  - 7th
  - 8th
  - 9th
  - 10th
  - 11th
  - 12th
  - Ungraded
  - College/technical school
  - Not currently in school
- } → **GO TO 1.4**

**1.3. What high school do you attend?**

**MARK (X) ONE**

- Akins H S
- Anderson H S
- Austin H S
- Bowie H S
- John B Connally H S
- Crockett H S
- Del Valle H S
- Eastside Memorial H S
- Elgin H S
- Hendrickson H S
- Lanier H S
- LBJ High School
- Manor H S
- Mccallum H S
- Mcneil H S
- Pflugerville H S
- Reagan H S
- Travis H S
- Other *PRINT NAME OF SCHOOL:*

**1.4. Are you male or female?**

*MARK (X) ONE*

- Male
- Female

**1.5. Are you Hispanic or Latino?**

*MARK (X) ONE*

- Yes
- No

**1.6. What is your race? [READ CHOICES]**

*YOU MAY MARK (X) MORE THAN ONE ANSWER*

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

**1.7. The next series of questions is about whether you have received any information or learned anything about a few topics.**

**In the past 12 months, have you received any information or learned about ...**

*MARK (X) ONE FOR EACH QUESTION*

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

**1.7b. INTERVIEWER: DID THE RESPONDENT SAY “YES” TO ANY ITEM IN 1.7 ABOVE?**

MARK (X) ONE

- Yes
- No → GO TO 1.11

**1.8. Now I am going to ask you about the number of times you got information on relationships, abstinence, birth control, or sexually transmitted diseases from various places in the past 12 months. Your answer choices are [READ ANSWER CHOICES].**

In the past 12 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases from...

MARK (X) ONE FOR EACH

	NEVER	1-3 TIMES	4-9 TIMES	10 OR MORE TIMES
a. A school class [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [REPEAT STEM] A church, synagogue, mosque, or religious classes outside of school [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A community center, youth organization, or after-school activity .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [REPEAT STEM] A Doctor, nurse, or clinic .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Your friends.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Your parents or other relatives or family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The Internet or media .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. [REPEAT STEM] A summer youth program .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Another person or place PRINT OTHER SOURCE ↘ .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**1.9. Was ANY of the information you received helpful to you?**

MARK (X) ONE

- Yes
- No → GO TO 1.11

**1.10. Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was helpful to you? [READ ANSWER CHOICES]**

**SELECT ONE OR MORE**

- A school class
- A church, synagogue, mosque or religious classes outside of school
- A community center, youth organization, or after-school activity
- A doctor, nurse, or clinic
- Your friends
- Your parents or other relatives or family members
- The internet or media
- A summer youth program
- Another person or place *PRINT OTHER SOURCE*

**1.11. The next series of questions is about how strongly you agree or disagree with a list of statements. Your answer choices are [READ CHOICES].**

**How strongly do you agree or disagree that...**

**MARK (X) ONE FOR EACH**

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

**1.12. In the past 30 days, how often have you felt that you were unable to control the important things in your life? [READ ANSWER CHOICES]**

**MARK (X) ONE**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often

1.13. In the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them? [\[READ ANSWER CHOICES\]](#)

**MARK (X) ONE**

- Never
- Almost never
- Sometimes
- Fairly often
- Very often



## SECTION 2: FAMILY

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

2.1. Which of the following best describes where you live? [\[READ ANSWER CHOICES\]](#)

**MARK (X) ONE**

- You live in one home → **GO TO 2.2**
- You live in two or more homes and go back and forth → **GO TO 2.3**
- OTHER** → **GO TO 2.4**

2.2. This question is about who lives with you in your home. I will read a list of people, and you can tell me if they live with you in your home.

Does...[\[READ FIRST CHOICE\]](#) live with you in your home?

**MARK (X) ALL THAT APPLY**

- Your biological mother
- [\[INSERT RESPONSE IN STEM\]](#) Your biological father
- A stepmother or adoptive mother
- A foster mother
- A stepfather or adoptive father
- [\[INSERT RESPONSE IN STEM\]](#) A foster father
- Your parent's partner, boyfriend, or girlfriend
- Any grandmothers
- Any grandfathers
- Any older brothers or sisters
- Any younger brothers or sisters
- Any aunts, uncles, or other relatives
- Any other people you are not related to
- 

2.2a. **AFTER ANSWERING** → **GO TO 2.4**

2.3. This question is about who lives with you in each of your homes. First, I will read a list of people, and you can tell me if they live with you in your main home. Then we will cover your other home or homes.

Does...**[READ FIRST CHOICE]** live with you in your main home?

**[REPEAT SERIES FOR OTHER HOME WITH THIS STEM:]**

Does...**[READ FIRST CHOICE]** live with you in your other home or homes?

**MARK (X) ALL THAT APPLY**

<b>MAIN HOME</b>	<b>OTHER HOME(S)</b>
<p><b>Mark (X) <u>all</u> the people who live with you in your MAIN home</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Your biological mother</li> <li><input type="checkbox"/> <b>[REPEAT STEM]</b> Your biological father</li> <li><input type="checkbox"/> A stepmother or adoptive mother</li> <li><input type="checkbox"/> A foster mother</li> <li><input type="checkbox"/> A stepfather or adoptive father</li> <li><input type="checkbox"/> <b>[REPEAT STEM]</b> A foster father</li> <li><input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend</li> <li><input type="checkbox"/> Any grandmothers</li> <li><input type="checkbox"/> Any grandfathers</li> <li><input type="checkbox"/> Any older brothers or sisters</li> <li><input type="checkbox"/> Any younger brothers or sisters</li> <li><input type="checkbox"/> Any aunts, uncles, or other relatives</li> <li><input type="checkbox"/> Any other people you are not related to</li> <li><input type="checkbox"/> <b>READ 'OTHER HOME' LIST WITH 2ND STEM</b></li> </ul>	<p><b>Mark (X) <u>all</u> the people who live with you in your OTHER home(s)</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Your biological mother</li> <li><input type="checkbox"/> <b>[REPEAT 2ND STEM]</b> Your biological father</li> <li><input type="checkbox"/> A stepmother or adoptive mother</li> <li><input type="checkbox"/> A foster mother</li> <li><input type="checkbox"/> A stepfather or adoptive father</li> <li><input type="checkbox"/> <b>[READ 2ND STEM]</b> A foster father</li> <li><input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend</li> <li><input type="checkbox"/> Any grandmothers</li> <li><input type="checkbox"/> Any grandfathers</li> <li><input type="checkbox"/> Any older brothers or sisters</li> <li><input type="checkbox"/> Any younger brothers or sisters</li> <li><input type="checkbox"/> Any aunts, uncles, or other relatives</li> <li><input type="checkbox"/> Any other people you are not related to</li> <li><input type="checkbox"/></li> </ul>

### MOTHER

2.4. Now we have some questions about your mother, or the person you think of as your mother. Is this person... **[READ ANSWER CHOICES]**

**MARK (X) ONE**

- Your biological mother, that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult or
- You don't have a mother or person you think of as your mother → **GO TO 2.9**

2.5. Please answer the following questions about the person you just said in the last question is your mother or the person you think of as your mother.

Is she working now? Here are the options. [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

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

2.6. How comfortable are you sharing ideas or talking with her about things that are important to you? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- Not at all comfortable
- Somewhat comfortable
- Comfortable
- Very comfortable

2.7. 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?

NUMBER OF YEARS OLD – Your best guess is fine.

I do not know about my biological mother → GO TO 2.9

2.8. Again thinking about your biological mother and all 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 he or she was still ~~living?~~

NUMBER OF YEARS OLD – Your best guess is fine.

I do not know about my biological mother

## FATHER

**2.9. Next we have some questions about your father, or the person you think of as your father. Is this person...[\[READ ANSWER CHOICES\]](#)**

**MARK (X) ONE**

- Your biological father, that is, the man who is genetically related to you
- Your stepfather or adoptive father
- Your foster father
- Your grandfather
- Your uncle or your older brother
- Some other adult or
- You don't have a father or person you think of as your father → **GO TO 2.12**

**2.10. Please answer the following questions about the person you just said in the last question is your father or the person you think of as your father.**

**Is he working now? Here are the options. [\[READ ANSWER CHOICES\]](#)**

**MARK (X) ONE**

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

**2.11. How comfortable are you sharing ideas or talking with him about things that are important to you? [\[READ ANSWER CHOICES\]](#)**

**MARK (X) ONE**

- Not at all comfortable
- Somewhat comfortable
- Comfortable
- Very comfortable

2.12. 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. [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- They are married to each other
- They were married to each other, but then separated
- They were married to each other, but then divorced
- They were never married to each other
- You don't know

2.13. The next series of questions is about how many times you have talked with at least one of your parents or guardians about certain things in the last 12 months. Your answer choices are [\[READ CHOICES\]](#).

In the past 12 months, how many TIMES have you talked with at least one of your parents or guardians about...

MARK (X) ONE FOR EACH QUESTION

	NEVER	1-2 TIMES	3-9 TIMES	10 OR MORE TIME S
a. How things are going with school work or with your grades <a href="#">[READ CHOICES]</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
b. <a href="#">[REPEAT STEM]</a> A personal problem you were having <a href="#">[READ CHOICES]</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
c. How to have good romantic relationships <a href="#">[READ CHOICES]</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
d. Strategies for safe dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
e. How to resist pressures to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
f. <a href="#">[REPEAT STEM]</a> Avoiding drugs and alcohol <a href="#">[READ CHOICES]</a>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				
g. Pregnancy or birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....				

h. Sexually transmitted diseases,  
also known as STDs, HIV, or  
AIDS

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## PARENTS

2.14. The next questions ask what your parents know about your activities. By parents, we mean the parents or guardians you live with most of the time.

Thinking about the past month, how often did your parents know where you were after school? [\[READ ANSWER CHOICES\]](#)

*MARK (X) ONE*

- Always
- Usually
- Sometimes
- Rarely
- Never

2.15. Thinking about the past month, how often did your parents know who you were going to be with before you went out? [\[READ ANSWER CHOICES\]](#)

*MARK (X) ONE*

- Always
- Usually
- Sometimes
- Rarely
- Never
- You did not go out

2.16. Thinking about the past month, how often did your parents know where you were when you went out at night? [\[READ ANSWER CHOICES\]](#)

*MARK (X) ONE*

- Always
- Usually
- Sometimes
- Rarely
- Never
- You did not go out at night

2.17. If you were going to be home late, would your parents expect you to call?

*MARK (X) ONE*

- Yes
- No

## SECTION 3: VIEWS AND PERCEPTIONS

**3.1. The next series of questions is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse, we mean a male putting his penis into a female’s vagina. Your answer choices are [READ CHOICES].**

**How strongly do you agree or disagree that...?**

*MARK (X) ONE FOR EACH QUESTION*

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. Having sexual intercourse is a good thing for you to do at your age [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [REPEAT STEM] At your age right now, having sexual intercourse would create problems [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [REPEAT STEM] At your age right now, not having sexual intercourse is important for you to be safe and healthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is against your values to have sexual intercourse before marriage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2. The next questions are about what sex means to boys and girls your age. Your answer choices are [READ CHOICES].**

**How strongly do you agree or disagree that...?**

*MARK (X) ONE FOR EACH*

		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
<input type="checkbox"/>	a. It is embarrassing for a 16-year old boy if he has never had sexual intercourse [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	b. [REPEAT STEM] It is alright for a boy to pressure a girl to have sex if she has had sex with him in the past .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	c. [REPEAT STEM] When a girl says no to sex, she expects the boy to keep trying .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	d. One way for a guy to prove he is a real man is to have sex with a lot of girls .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	e. A guy should have sexual intercourse as early as he can in his life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f. [REPEAT STEM] It is alright for a boy to pressure a girl to start having sex if they have been dating for nine months .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



**3.3. The next series of questions is about how likely it is that you will do certain things. Your answer choices are [READ CHOICES]. For these questions, imagine you are alone with someone you like very much.**

**How likely is it that you could...**

*MARK (X) ONE FOR EACH QUESTION*

**NOT AT ALL LIKELY      A LITTLE BIT LIKELY      SOMEWHAT LIKELY      VERY LIKELY**

- a. **FOR GIRLS:** Stop them if they wanted to touch your chest and you did not want them to do that [READ CHOICES] .....  .....  .....  .....
- b. **[REPEAT STEM]** 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 [READ CHOICES] ...  .....  .....  .....
- c. **[REPEAT STEM]** Avoid having sexual intercourse if you didn't want to [READ CHOICES]

**3.4. These questions are about what happens if a girl gets pregnant around your age, or a boy gets a girl pregnant. Your answer choices are [READ CHOICES].**

**How strongly do you agree or disagree that...**

*MARK (X) ONE FOR EACH QUESTION*

**STRONGLY AGREE      AGREE      DISAGREE      STRONGLY DISAGREE**

- a. Getting pregnant or getting a girl pregnant in the next year or two would hurt your chances of being successful in life [READ CHOICES] .....  .....  .....  .....
- b. **[REPEAT STEM]** If a girl and boy have sex, the girl is more responsible for preventing pregnancy than the boy [READ CHOICES] .....  .....  .....  .....
- c. **[REPEAT STEM]** If you got pregnant or got a girl pregnant in the next year or two you would have to become a responsible adult before you wanted to .....  .....  .....  .....
- d. If you got pregnant or got a girl pregnant in the next year or two, your life would become a lot better .....  .....  .....  .....

**3.5. These questions are about boys and girls. Your answer choices are again [READ CHOICES].**

**How strongly do you agree or disagree that...?**

*MARK (X) ONE FOR EACH QUESTION*

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. The best way for a boy to show he is strong is to act tough [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Boys should let it show when their feelings are hurt [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In a good dating relationship the boy gets his way most of the time .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A girl who really likes a guy needs to have sex with him to prevent him from finding someone else.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It's embarrassing for a boy when he needs to ask for help .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.6. FOR GIRLS ONLY**

**These questions are about how girls feel. Your answer choices are again [READ CHOICES].**

**How strongly do you agree or disagree that...?**

*MARK (X) ONE FOR EACH QUESTION*

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
<input type="checkbox"/> a. Teenage girls who have a boyfriend feel better about themselves than girls who don't have a boyfriend [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. When a teenage girl has a boyfriend, other girls look up to her.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. A girl is likely to feel bad about herself if she has never had a boyfriend .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.7. FOR GIRLS ONLY**

**If you got pregnant now, how would you feel? [READ CHOICES].**

*MARK (X) ONE*

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

**3.8. FOR BOYS ONLY**

**If you got someone pregnant now, how would you feel? [READ CHOICES].**

**MARK (X) ONE**

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

**3.9. The next series of questions is about condom use. Your answer choices are [READ CHOICES].**

**How strongly do you agree or disagree that...?**

**MARK (X) ONE FOR EACH QUESTION**

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Condoms should always be used if a person your age has sexual intercourse [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. [REPEAT STEM] Using condoms means you don't trust your partner [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. [REPEAT STEM] Condoms are important to make sex safer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. Condoms are a hassle to use .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using a condom is one way for a boy to <input type="checkbox"/> show he cares about his partner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using condoms is morally wrong [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. [REPEAT STEM] If two people love each other they don't have to use condoms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Girls who carry condoms get bad reputations .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Condoms are pretty easy to get .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. If a girl asks a boy to use a condom it means she doesn't trust him [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.10. The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also known as STDs.**

**If condoms are used correctly and consistently, how much can they reduce the risk of pregnancy? [READ CHOICES].**

*MARK (X) ONE*

- Not at all
- A little
- A lot
- Completely
- You don't know → **GO TO 3.11**

**3.10a. How confident are you that your answer to the last question is correct? [READ CHOICES].**

*MARK (X) ONE*

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

**3.11. If condoms are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS? [READ CHOICES].**

*MARK (X) ONE*

- Not at all
- A little
- A lot
- Completely
- You don't know

**3.12. If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy? [READ CHOICES].**

**MARK (X) ONE**

- Not at all
- A little
- A lot
- Completely
- You don't know → **GO TO 3.13**

**3.12a. How confident are you that your answer to the last question is correct? [READ CHOICES].**

**MARK (X) ONE**

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

**3.13. If birth control pills are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS? [READ CHOICES].**

**MARK (X) ONE**

- Not at all
- A little
- A lot
- Completely
- You don't know

**3.14. The next series of questions is about other methods of birth control, NOT including condoms. Your answer choices will be [READ CHOICES].**

**How strongly do you agree or disagree that...?**

*MARK (X) ONE FOR EACH*

	STRONGLY AGREE	AGREE	NEITHER AGREE NOR DISAGREE	DISAGREE	STRONGLY DISAGREE
a. Birth control should always be used if a person your age has sexual intercourse [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. [REPEAT STEM] Birth control is a hassle to use [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. [REPEAT STEM] Birth control is pretty easy to get .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. Birth control is important to make sex safer .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> e. Birth control has too many negative side effects .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> f. [REPEAT STEM] Using birth control is morally wrong .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.15. The following questions are about how you can get birth control where you live. Your answer choices are [READ CHOICES].**

**How true do you think it is that...?**

*MARK (X) ONE FOR EACH*

	DEFINITELY TRUE	PROBABLY TRUE	PROBABLY FALSE	DEFINITELY FALSE	DON'T KNOW
<input type="checkbox"/> a. In Texas, teenage girls can get a birth control method like the pill or the shot at a family planning or health clinic without their parent's permission [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> b. [REPEAT STEM] You would know where to go for birth control methods like the pill or the shot for you or your partner [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> c. You would know where to go if you wanted to get tested for a sexually transmitted disease or STD [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> d. You would have enough money to pay for birth control pills for you or your partner .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Zero or None → **GO TO 3.18**

NUMBER OF TIMES – Your best guess is fine.



**3.17. 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.

**3.18. In the past 6 months, have you had a boyfriend or girlfriend?**

*MARK (X) ONE*

Yes

No → GO TO 3.20

**3.19. In the past 6 months, how many different boyfriends or girlfriends have you had?**

NUMBER OF PEOPLE – Your best guess is fine.

**3.20. Do you intend to have sexual intercourse in the next year, if you have the chance? [READ CHOICES].**

*MARK (X) ONE*

Yes, definitely

Yes, probably

No, probably not

No, definitely not

**3.21. If you were to have sexual intercourse in the next year, do you intend to use or have your partner use a condom? [READ CHOICES].**

*MARK (X) ONE*

Yes, definitely

Yes, probably

No, probably not

No, definitely not

**3.22. The next question is about your intention to use other methods of birth control, NOT including condoms: [\[READ METHODS\]](#).**

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

**If you were to have sexual intercourse in the next year, do you intend to use, or have your partner use, any of these other methods of birth control? [\[READ CHOICES\]](#).**

**MARK (X) ONE**

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

**3.23. Do you intend to have sexual intercourse without being married? [\[READ CHOICES\]](#).**

**MARK (X) ONE**

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

**3.24. Have you ever had sexual intercourse?**

- Yes
- No → **GO TO 4.17**



## SECTION 4.1

4.1. The next questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina. Please be as honest as possible. Your answers will be kept private.

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

MARK (X) ONE

Yes → GO TO 4.4

No

4.3a. When you had sexual intercourse, what month and year was it?

MARK (X) ONE MONTH AND ONE YEAR

**Month of Sexual Intercourse**

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

**Year of Sexual Intercourse**

- 2013
- 2012
- 2011
- 2010
- 2009
- 2008
- 2007
- 2006
- 2005
- 2004
- 2003
- 2002
- 2001
- 2000 or earlier

**4.3b. When you had sexual intercourse, how old were you?**

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

**4.3c. When you had sexual intercourse, how old was your partner? [READ CHOICES].**

**MARK (X) ONE**

- Three or more years younger than you
- A year or two younger than you
- The same age as you
- A year or two older than you or
- Three or more years older than you

**4.3d. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also known as STDs.**

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

**MARK (X) ONE**

- Yes
- No → **GO TO 4.13a**

**4.3e. When you had sexual intercourse, did you or your partner use...?**

**MARK (X) ONE FOR EACH QUESTION**

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

**4.3f. AFTER ANSWERING 4.3e → GO TO 4.13a**

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

NUMBER OF YEARS OLD – Your best guess is fine.

**4.5. The very first time you had sexual intercourse, how old was your partner? [\[READ CHOICES\]](#).**

**MARK (X) ONE**

- Three or more years younger than you
- A year or two younger than you
- The same age as you
- A year or two older than you or
- Three or more years older than you

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

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

**MARK (X) ONE**

- Yes
- No

4.7. Now I would like to ask you about the most recent time you had sexual intercourse.

The most recent time you had sexual intercourse, what month and year was it?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Most Recent Sexual Intercourse	<u>Year</u> of Most Recent Sexual Intercourse
<input type="checkbox"/> January	<input type="checkbox"/> 2013
<input type="checkbox"/> February	<input type="checkbox"/> 2012
<input type="checkbox"/> March	<input type="checkbox"/> 2011
<input type="checkbox"/> April	<input type="checkbox"/> 2010
<input type="checkbox"/> May	<input type="checkbox"/> 2009
<input type="checkbox"/> June	<input type="checkbox"/> 2008
<input type="checkbox"/> July	<input type="checkbox"/> 2007
<input type="checkbox"/> August	<input type="checkbox"/> 2006
<input type="checkbox"/> September	<input type="checkbox"/> 2005
<input type="checkbox"/> October	<input type="checkbox"/> 2004
<input type="checkbox"/> November	<input type="checkbox"/> 2003
<input type="checkbox"/> December	<input type="checkbox"/> 2002
	<input type="checkbox"/> 2001
	<input type="checkbox"/> 2000 or earlier

4.7b. The most recent time you had sexual intercourse, did you or your partner use...?

MARK (X) ONE FOR EACH QUESTION

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

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

NUMBER OF PEOPLE – Your best guess is fine.

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

None → **GO TO 4.13a**

NUMBER OF TIMES – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

4.11. The next question is about your use of the following methods of birth control: [\[READ METHODS\]](#).

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

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

None

NUMBER OF TIMES – Your best guess is fine.

4.12. 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 AND were using another method of birth control in the list I read?

None

NUMBER OF TIMES – Your best guess is fine.

**4.13.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*

Yes

No → GO TO 4.14

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

None

NUMBER OF TIMES – Your best guess is fine.

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

*MARK (X) ONE*

Yes

No

Don't know

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

*MARK (X) ONE*

Yes

No

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

*MARK (X) ONE*

Yes

No

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

*MARK (X) ONE*

Yes

No

**4.16b. AFTER ANSWERING 4.16 → GO TO 5.1**

## SECTION 4.2

### 4.17. THESE QUESTIONS ARE FOR YOUTH WHO HAVE NOT HAD SEX.

The next two questions are about your schooling.

Do you expect that you will graduate from high school? [\[READ CHOICES\]](#).

MARK (X) ONE

- Yes
- You already graduated from high school or
- No → GO TO 4.19

### 4.18. IF YES: In what month and year do you expect to graduate from high school?

**IF THEY ALREADY GRADUATED:** In what month and year did you graduate from high school?

MARK (X) ONE MONTH AND ONE YEAR

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

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

**MARK (X) ONE**

- 1 home → **GO TO 4.23**  
 2 homes  
 3 or more homes

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

**MARK (X) ONE**

- Yes  
 No

**4.21. The next question is about the number of nights you spent in each home in the past 30 days. Thinking about the past 30 days, how many nights did you spend at home number 1?**

**Thinking about the past 30 days, how many nights did you spend at home number 2?**

**Thinking about the past 30 days, how many nights did you spend at any other home or homes?**

**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.

**4.22. Is there anyone who moves with you from home to home?**

**MARK (X) ONE**

- Yes  
 No

**4.23. IF THEY ONLY HAVE 1 HOME: Is your home a group home or halfway house?**

**IF THEY HAVE 2 OR MORE HOMES: Are any of your homes a group home or halfway house?**

**MARK (X) ONE**

- Yes  
 No



4.24. This question is about who lives with you in your home. If you have more than one home, please think about your main 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

4.25. These next few questions are about you and your friends. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. You have friends who will give you good advice <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>[REPEAT STEM]</b> You have a friend who cares about you <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You have a friend you can talk to when you need to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You have someone who you can call your best friend .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.26. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
a. When you start a project, you finish it <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. <b>[REPEAT STEM]</b> You only work as hard as you have to <b>[READ CHOICES]</b> .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You are someone people can count on.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When you do work, you do a good job .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.27. The next series of questions is about reasons people your age might choose NOT to have sexual intercourse and how important these reasons are to you. Your answer choices are [READ CHOICES].**

**How important is this reason to you?**

*MARK (X) ONE FOR EACH QUESTION*

	VERY IMPORTANT	SOMEWHAT IMPORTANT	NOT TOO IMPORTANT	NOT AT ALL IMPORTANT
a. You don't want to get a sexually transmitted disease, also known as an STD? [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [REPEAT STEM] You don't want to disappoint your parents [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You are too young to have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Your boyfriend or girlfriend doesn't want to have sex .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [REPEAT STEM] You want to wait until you're married [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is against your personal values .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. You haven't met the right person yet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You haven't had the chance .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. You don't want to [READ CHOICES] .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. <b>FOR GIRLS</b> You do not want to get pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. <b>FOR BOYS</b> You do not want to get a girl pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.28. Have you ever done any of the following?**

*MARK (X) ONE FOR EACH QUESTION*

	YES	NO
a. Kissed someone on the lips.....	<input type="checkbox"/>	<input type="checkbox"/>
b. French kissed, that is put your tongue in someone's mouth while kissing.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Touched another person's private parts.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Let someone touch your private parts .....	<input type="checkbox"/>	<input type="checkbox"/>

**4.29. 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?**

*MARK (X) ONE*

- Yes
- No

**4.30. If you decided to have sexual intercourse outside of marriage, how likely is it that you would use a condom or other contraceptive method? [\[READ CHOICES\]](#)**

**MARK (X) ONE**

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

## SECTION 5: ALCOHOL AND DRUG USE – FOR ALL RESPONDENTS

5.1. The next questions are about alcohol and drugs. Please be as honest as possible, and remember that everything you tell me will be kept private.

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

MARK (X) ONE

- Yes  
 No → GO TO 5.5

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

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

5.3. During the past 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages? [\[READ CHOICES STARTING FROM BOTTOM\]](#)

MARK (X) ONE

- Other  
 5 to 25 days  
 1 to 4 days or  
 0 days

5.4. During the past 30 days, on how many days did you have 5 or more drinks in a row? [\[READ CHOICES STARTING FROM BOTTOM\]](#)

MARK (X) ONE

- Other  
 5 to 25 days  
 1 to 4 days or  
 0 days

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

MARK (X) ONE

- Yes  
 No

5.6. Have you ever used any other type of illegal drug, prescription drug, or inhalant that was not prescribed for you?

MARK (X) ONE

- Yes  
 No

## SECTION 6: FRIENDS AND RELATIONSHIPS– FOR ALL RESPONDENTS

6.1. The next series of questions is about how many of your friends think certain things. Your answer choices are **[READ CHOICES]**. Your best guess is fine.

How many of your friends who are your age think ...?

*MARK (X) ONE FOR EACH*

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

6.2. How many of your friends who are your age have had sexual intercourse? **[READ CHOICES]**

*MARK (X) ONE*

- None
- Some
- Half
- Most
- All
- Don't know

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

*MARK (X) ONE*

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

**6.4. How much do you feel that your friends care about you? [READ CHOICES]**

**MARK (X) ONE**

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

**6.5. DETERMINE WHETHER THE RESPONDENT IS IN THE TREATMENT OR CONTROL GROUP AND GO TO THE CORRECT QUESTION.**

- TREATMENT** → **GO TO 7.1**
- CONTROL** → **GO TO 7.6**

## FOR TREATMENT GROUP ONLY

**7.1. How many other people do you know of at your high school who participated in Gen.M this past summer?**

None → **GO TO 7.3**

NUMBER OF PEOPLE – Your best guess is fine.

**7.2. How often do you hang out with any of those kids? [READ CHOICES]**

*MARK (X) ONE*

- A lot
- Sometimes
- Rarely
- Never

**7.3. Did you attend an event sponsored by Gen.M after you completed your summer Gen.M group?**

*MARK (X) ONE*

- Yes
- No

**7.4. If a friend asked, how likely would you be to recommend Gen.M to them? [READ CHOICES]**

*MARK (X) ONE*

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

**7.5. The next series of questions is about how many times have you done the following things in the past six months. Your answer choices are [READ CHOICES].**

**In the past six months, how many times have you ...**

*MARK (X) ONE FOR EACH*

	0 times	1-2 times	3-5 times	6-10 times	MORE THAN 10 times
a. Gotten together with members of your Gen.M group [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [REPEAT STEM] Texted members of your Gen.M group [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Spoken to a member of your group on the phone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Friended somebody from your group on Facebook.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Been in touch with members of your group in any other way [READ CHOICES].....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

I'd like to confirm your address, so that we are sure you will receive your \$25 gift card.

**CONFIRM ADDRESS AND UPDATE IF NECESSARY.**

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

**CONFIRM OR ADD CELL PHONE NUMBER/S AND OTHER PHONE NUMBERS. BE SURE TO INDICATE WHETHER THE PHONE IS A CELL PHONE AND WHOSE PHONE IT IS.**

**CONFIRM OR ADD EMAIL ADDRESS, AND ADDRESS, AND UPDATE IF NECESSARY.**

**CONFIRM CONTACTS' CONTACT INFORMATION AS WELL, AND UPDATE IF NECESSARY.**

That's it. Thank you so much again!

Good-bye.

