

Welcome Screen



Form Approved
OMB No. 0920-0840
Exp. Date: 01/31/2019

Welcome to the Survey of Today's Adolescent Relationships and Transitions!

NORC at the University of Chicago is conducting a survey sponsored by the Centers for Disease Control and Prevention. This survey is to learn about knowledge, attitudes, and behaviors related to HIV prevention. You taking the survey will help us to identify aspects of sexual identity and behavior, and HIV prevention preferences. It will also help to improve services and programs aimed at decreasing HIV risk.

The survey will take about 20 to 30 minutes to complete. The survey will include general demographics and questions related to sexual health.

Any information you provide will be maintained in a secure manner. No one will know how you answered the questions. Only project staff will have access to the study data. The data we

[Start Survey](#)



If you have any questions about the survey, you can call the NORC IRB Administrator toll-free at: 866-309-0542.

BURDEN STATEMENT

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR, Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0840).

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Welcome Screen (pt. 2 scrolled text)

programs aimed at decreasing HIV risk.

The survey will take about 20 to 30 minutes to complete. The survey will include general demographics and questions related to sexual health.

Any information you provide will be maintained in a secure manner. No one will know how you answered the questions. Only project staff will have access to the study data. The data we collect from you will be combined with data from other participants.

Taking the survey is your choice. You may skip questions you do not want to answer and you can stop the survey at any time. Eligible participants will receive a \$10 electronic gift card at the end of the survey.

Your opinions are very important to us and we appreciate your help.

Start Survey



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RECAPTCHA Software

Please confirm you are not a robot.

I'm not a robot 
reCAPTCHA
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CONFIRM

Instruction Screen



Thank you for agreeing to participate in our study.

Please use the "Next" and "Back" buttons to navigate between the questions within the questionnaire. Do not use your browser buttons.

If you step away from your computer for an extended period of time, your session may time out and you will not be able to log back into the survey. Please try to complete the survey at one time so that you are able to retrieve your gift code.

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SCREENER



Thank you for your help with this important survey about young people's sexuality and health. We would like to start by asking you a few questions about yourself and how you view yourself in your own words.

How old are you?

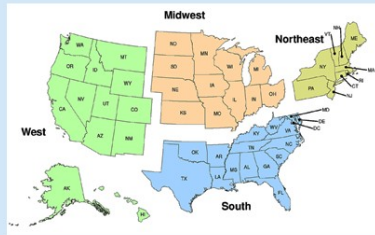
Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

What region of the United States do you live in?



- Northeast
- South
- Midwest
- West
- Not in the United States
- Don't know
- Prefer not to answer



Survey of Today's Adolescent Relationships and Transitions

Would you say you live in:

- A big city
- A small city
- The suburbs
- A rural place
- Don't know
- Prefer not to answer

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Are you currently in school?

- Yes
- No
- Don't know
- Prefer not to answer

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Please indicate your race or ethnic background. Are you....?

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino
- Don't know
- Prefer not to answer

Race: (You may choose more than one option. Check all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Asian
- Don't know
- Prefer not to answer

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What sex were you assigned at birth, on your original birth certificate?

- Male
- Female
- Don't know
- Prefer not to answer

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How do you currently describe your gender? (Check the ONE that best applies to you)

- Male
- Female
- Genderqueer/Gender nonconforming
- Transgender female-to-male
- Transgender male-to-female
- Something else
- Don't know
- Prefer not to answer

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If reported different gender for birth and current identity



Just to confirm, you were assigned male at birth and now describe yourself as female. Is that correct?

- Yes
- No
- Don't know
- Prefer not to answer

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People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

- Only attracted to females
- Mostly attracted to females
- Equally attracted to females and males
- Mostly attracted to males
- Only attracted to males
- Not attracted to males or females
- Don't know
- Prefer not to answer

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During your life, with whom have you had sexual contact?

By sexual contact, we mean kissing, mutual masturbation, oral, anal, or vaginal sex. By oral sex, we mean putting your mouth on someone else's genitals or when your partner does this to you. By anal sex, we mean when one person's penis is inside their partner's anus or rectum. By vaginal sex, we mean when one person's penis is inside their partner's vagina.

- I have never had sexual contact
- Females
- Males
- Females and males
- Don't know
- Prefer not to answer

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How would you describe yourself? Check the ONE that best applies to you

- Heterosexual/straight
- Lesbian
- Gay
- Bisexual
- Queer
- Pansexual
- Asexual
- Demisexual
- Questioning/unsure
- Something else
- Don't know
- Prefer not to answer

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At what age did you first believe yourself to be gay, even if you didn't tell other people about it?

-
- Don't know
- Prefer not to answer

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Have you ever told anyone that you are gay?

- Yes
- No
- Don't know
- Prefer not to answer

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QUESTIONNAIRE



Now we would like to ask you a few questions about where you go when or if you need information about health and health related topics.

Do you have a doctor or nurse that you see when you are sick or need a physical or a yearly exam?

- Yes
- No
- Don't know
- Prefer not to answer

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Have you ever talked to your nurse or doctor about any of the following sexual health issues? Check all that apply

- How to say no to sex
- Sexually transmitted diseases
- How to prevent HIV/AIDS
- How to use a condom
- Methods of birth control
- Where to get birth control
- None of the above
- Don't know
- Prefer not to answer

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Please indicate the extent to which you agree or disagree with this statement:

The provider where I most often receive health care services is knowledgeable about health issues affecting transgender and gender nonconforming people.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree
- Don't know
- Prefer not to answer

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In the past 6 months, have you had any problems getting health or medical services because of your gender identity or gender presentation?

- Yes
- No
- Don't know
- Prefer not to answer

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How comfortable would you be talking with your doctor or nurse about attraction to males?

- Very comfortable
- Comfortable
- Uncomfortable
- Very uncomfortable
- Don't know
- Prefer not to answer

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Does your doctor or nurse routinely offer you testing for HIV or other sexually transmitted infections?

- Yes
- No
- Don't know
- Prefer not to answer

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Have you used any of these sources of information to learn about **dating and relationships** or **HIV/STD prevention**? Check all that apply:

	HIV/STD Prevention	Dating and Relationships
Parent	<input type="checkbox"/>	<input type="checkbox"/>
Doctor or other health care provider outside the school	<input type="checkbox"/>	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>
Teacher or coach	<input type="checkbox"/>	<input type="checkbox"/>
Religious leader	<input type="checkbox"/>	<input type="checkbox"/>
Other trusted adult	<input type="checkbox"/>	<input type="checkbox"/>
Brother or sister	<input type="checkbox"/>	<input type="checkbox"/>
Boyfriend or girlfriend	<input type="checkbox"/>	<input type="checkbox"/>
Friends	<input type="checkbox"/>	<input type="checkbox"/>
Social media like Facebook, Twitter, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Internet	<input type="checkbox"/>	<input type="checkbox"/>
Television or radio	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
I've not used any of these sources	<input type="checkbox"/>	<input type="checkbox"/>
Don't Know	<input type="checkbox"/>	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>	<input type="checkbox"/>



Now we are going to ask you a few questions about sex education you may have received at home or in school.

Which of the following topics have you talked with a **parent or guardian** about? Check all that apply

- Abstinence
- Sexual orientation and identity (that is, what it means to be gay, straight, or bisexual)
- Gender identity and gender expression (that is, what it means to be transgender or gender nonconforming)
- Pregnancy, how to get pregnant, or how babies are made
- Consent
- How to say no to sex
- Sexually transmitted diseases
- How to prevent HIV/AIDS
- How to use a condom
- Methods of birth control
- Where to get birth control
- Getting tested for HIV
- Getting tested for STDs
- Lubricant use
- Vaginal sex
- Oral sex
- Anal sex
- Other, please specify
- None of the above
- Don't know
- Prefer not to answer

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How old were you when you first received instruction from a parent or guardian on how to use a condom?

- Age in years
- Don't know
 - Prefer not to answer

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Have you had any formal sex education at school?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
Relationships and Transitions

What grade were you in when you first received formal sex education at school?

- 3rd grade
- 4th grade
- 5th grade
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
Relationships and Transitions

Did you receive formal sex education at school before or after the first time you had sex?

- I have never had sex
- I received sex education before the first time I had sex
- I received sex education after the first time I had sex
- Don't know
- Prefer not to answer

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What topics did you learn about in your formal sex education at school? Check all that apply

- Abstinence
- Sexual orientation and identity (that is, what it means to be gay, straight, or bisexual)
- Gender identity and gender expression (that is, what it means to be transgender or gender nonconforming)
- Pregnancy, how to get pregnant, or how babies are made
- Consent
- How to say no to sex
- Sexually transmitted diseases
- How to prevent HIV/AIDS
- How to use a condom
- Methods of birth control
- Where to get birth control
- Getting tested for HIV
- Getting tested for STDs
- Lubricant use
- Vaginal sex
- Oral sex
- Anal sex
- Other, please specify
- None of the above
- Don't know
- Prefer not to answer

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The formal sex education I received at school was useful to me.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't know
- Prefer not to answer

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For the next question, we are going to ask you about your gender identity. Please tell us whether you strongly agree, agree, neither agree nor disagree, disagree, or strongly disagree with the following statements.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
I feel that being transgender or gender nonconforming has allowed me to express a natural part of myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I wish I weren't transgender or gender nonconforming.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Most people who live near where I do are tolerant of transgender or gender nonconforming individuals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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The next set of questions ask about your experiences with transitioning (that is, affirming your gender).

If any of the following questions are not applicable to you, please select 'This does not apply to me'.

Have you told another person about being transgender or gender nonconforming?

- Yes
- No
- This does not apply to me
- Don't know
- Prefer not to answer

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Below is a list of people you may have told. Please check all that apply. Have you told:

- Gay, lesbian, bisexual, or transgender friends
- Friends who are NOT gay, lesbian, bisexual or transgender
- Your mother or the woman who raised you
- Your father or the man who raised you
- Other family members
- A teacher
- A coach
- A school guidance counselor, social worker, or psychologist
- A counselor or therapist outside of school
- A religious leader (e.g., priest, rabbi, imam, or preacher)
- A health care provider
- Don't know
- Prefer not to answer

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How did your mother or the woman who raised you respond?

- Very Positively
- Positively
- Neither positively nor negatively
- Negatively
- Very Negatively
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

How did your father or the man who raised you respond?

- Very Positively
- Positively
- Neither positively nor negatively
- Negatively
- Very Negatively
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

How old were you when you FIRST told another person about being transgender or gender nonconforming?

- Years-old
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
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In general, how supportive is your family of you being transgender or gender nonconforming?

- Very supportive
- Somewhat supportive
- Not very supportive
- Not at all supportive
- This does not apply to me
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
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Have you changed your outward appearance to affirm your gender (e.g., clothing, hairstyle)?

- Yes
- No
- This does not apply to me
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Do you live full-time in your identified gender?

- Yes
- No
- This does not apply to me
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

How old were you when you FIRST began living full-time in your identified gender?

- Years-old
- Don't know
- Prefer not to answer

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Have you taken cross-sex hormones or pubertal blockers or had any surgery to affirm your gender?

- Yes
- No, but I plan to
- No, but I do not plan to
- This does not apply to me
- Don't know
- Prefer not to answer

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How old were you when you first sought out any form of gender-affirming medical services (i.e., cross-sex hormones, pubertal blockers, surgery to transition)?

- Years-old
- Don't know
- Prefer not to answer

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Which medical interventions have you used to affirm your gender? Check all that apply

- Pubertal blockers (to inhibit puberty)
- Hormones (estrogen or testosterone)
- Breast Implants (breast augmentation)
- Chest reconstruction/Mastectomy (that is, top surgery)
- Breast Reduction (no mastectomy)
- Facial or neck surgery (for example, nose job, cheek implants, forehead lift, tracheal shave)
- Abdominal surgery (hysterectomy, oophorectomy)
- Lower feminizing surgery (vaginoplasty – creation of a vagina)
- Lower masculinizing surgery (metoidioplasty, phalloplasty – creation of a microphallus, phallus, or penis)
- Other, specify
- This does not apply to me
- Don't know
- Prefer not to answer

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Have you ever Injected hormones (or been Injected by someone else with hormones) that were NOT given to you in a doctor's office or by a doctor or nurse?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
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Have you legally affirmed your gender (i.e., changed your name on your state issued ids and/or birth certificate)?

- Yes
- No
- This does not apply to me
- Don't know
- Prefer not to answer

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The next few questions will ask about gender expression or the way in which we express our gender every day.

A person's appearance, style, or dress may affect the way people think of them. On average, how do you think people would describe your appearance, style, or dress?

- Very feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Very masculine
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

A person's mannerisms (such as the way they walk or talk) may affect the way people think of them. On average, how do you think people would describe your mannerisms?

- Very feminine
- Somewhat feminine
- Equally feminine and masculine
- Somewhat masculine
- Very masculine
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

People can tell I'm transgender or gender nonconforming even if I don't tell them.

- Always
- Most of the time
- Sometimes
- Occasionally
- Never
- This does not apply to me
- Don't know
- Prefer not to answer

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For each of the following items, please tell us how much you agree (select one option for each statement).

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	This does not apply to me	Don't know	Prefer not to answer
It is important to me that my preferred name and pronouns (he, she, they) are always used <u>at home</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to me that my preferred name and pronouns are always used <u>at school</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important to me that my preferred name and pronouns are always used <u>at the places where I receive healthcare</u>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is important <u>to me</u> that my health care provider asks me what words I use for my body parts and describes my body using those words.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thinking about your entire life, how many sex partners have you had?

Don't know

Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Were any of these people:

- Male (cisgender, not transgender)
- Female (cisgender, not transgender)
- Trans-male (trans man, female to male, trans masculine person)
- Trans-female (trans woman, male to female, trans feminine person)
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Thinking back to the first time you ever had any sexual experience of any kind with another person, how old were you?

-
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
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Have you ever performed oral sex on someone with a penis, that is, put their penis in your mouth?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
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Has someone ever performed oral sex on you, that is, put their mouth on your genitals?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

How old were you when you had oral sex for the first time (performed or received)?

- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

How many people have you had oral sex with during your lifetime?

- 1 person
- 2 people
- 3 people
- 4-5 people
- 6-10 people
- 11-20 people
- More than 20 people
- Don't know
- Prefer not to answer

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Were any of these people:

- Male (cisgender, not transgender)
- Female (cisgender, not transgender)
- Trans-male (trans man, female to male, trans masculine person)
- Trans-female (trans woman, male to female, trans feminine person)
- Don't know
- Prefer not to answer

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Has someone ever put their penis in your anus or butt (receptive anal sex, when you were the bottom)?

- Yes
- No
- Don't know
- Prefer not to answer

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How old were you when you had receptive anal sex, where someone put their penis in your anus (butt), for the first time?

- Age
- Don't know
 - Prefer not to answer

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During your lifetime, with how many people have you had receptive anal sex, where they put their penis in your anus (butt)?

- 1 person
- 2 people
- 3 people
- 4-5 people
- 6-10 people
- 11-20 people
- More than 20 people
- Don't know
- Prefer not to answer

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Did your partner use a condom the last time you had receptive anal sex?

- Yes
- No
- Don't know
- Prefer not to answer

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If transgender and reported procedure:



Has someone ever put their penis in your vagina (frontal sex)?

- Yes
- No
- Don't know
- Prefer not to answer

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How old were you when you had vaginal (frontal) sex, where someone put their penis in your vagina (front hole), for the first time?

- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

During your lifetime, with how many people have you had receptive vaginal (frontal) sex with, where they put their penis in your vagina (front hole)?

- 1 person
- 2 people
- 3 people
- 4-5 people
- 6-10 people
- 11-20 people
- More than 20 people
- Don't know
- Prefer not to answer

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Did your partner use a condom the last time you had receptive vaginal (frontal) sex?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Have you ever put your penis in someone's anus or butt (insertive anal sex, when you were the top)?

- Yes
- No
- Don't know
- Prefer not to answer

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How old were you when you had insertive anal sex, where you put your penis in their anus (butt), for the first time?

- Age
- Don't know
- Prefer not to answer

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During your lifetime, with how many people have you had insertive anal sex, where you put your penis in their anus (butt)?

- 1 person
- 2 people
- 3 people
- 4-5 people
- 6-10 people
- 11-20 people
- More than 20 people
- Don't know
- Prefer not to answer

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Were any of these people:

- Male (cisgender, not transgender)
- Female (cisgender, not transgender)
- Trans-male (trans man, female to male, trans masculine person)
- Trans-female (trans woman, male to female, trans feminine person)
- Don't know
- Prefer not to answer

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Did you use a condom the last time you had insertive anal sex?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Have you ever been forced to have sexual intercourse when you did not want to?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

The following questions ask about how you use social media.

About how often do you use social networking sites/apps (e.g., Facebook, Twitter, Instagram)?

Please do not include dating sites or apps.

- Several times a day
- About once a day
- 4 to 6 days a week
- 1 to 3 days a week
- Every few weeks
- Less often
- Never
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

How many of your male sex partners have you ever met using social networking sites/apps (e.g., Facebook, Twitter, Instagram)?

- I have never used a social media site to meet a male sex partner
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

About how often do you visit dating or hook-up apps (e.g., Grindr, Tinder, Scruff)?

- Several times a day
- About once a day
- 3 to 5 days a week
- 1 to 2 days a week
- Every few weeks
- Every few months
- Less often
- Never
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

How many of your male sex partners have you ever met using dating or hook-up apps (e.g., Grindr, Tinder, Scruff)?

- I have never used a dating or hook-up app to meet a male sex partner
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

During the past 30 days, have you texted, e-mailed, or posted electronically a revealing or sexual photo of yourself to someone?

- Yes
- No
- Don't know
- Prefer not to answer

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This next section is about the last person with whom you have had sexual contact. That person might be male, female, or transgender and you might have had oral, vaginal, or anal sex with them. By oral sex, we mean putting your mouth on someone else's penis or vagina or when your partner does this to you. By vaginal sex, we mean when a penis is inside a vagina. By anal sex, we mean when your penis is inside your partner's anus or rectum, or your partner's penis is inside your anus or rectum.

How old is the person you last had sex with?

- Age
- Don't know
- Prefer not to answer

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Which of the following best describes this person's racial or ethnic background? Check all that apply

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
Relationships and Transitions

What is this person's gender?

- Male (cisgender, not transgender)
- Female (cisgender, not transgender)
- Trans-male (trans man, female to male, trans masculine)
- Trans-female (trans woman, male to female, trans feminine)
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
Relationships and Transitions

Which of the following best describes your relationship with the last person you had sex with?

- Serious
- Casual
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

At the time you first had sex with this person, how long had you known them?

- Did not know this person/anonymous
- Less than 1 week
- 1 week to 1 month
- 2 to 5 months
- 6 months to 11 months
- 1 year or more
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

As far as you know, was your last sex partner having sex with other people while you were in a relationship?
Would you say he/she:

- Definitely was not
- Probably was not
- Not sure either way
- Probably was
- Definitely was
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

During your last sexual relationship, did you have sex with people other than your main partner?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

The last time you had sex with this person, did you know their HIV status?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent
Relationships and Transitions

What was this person's HIV status?

- Negative, that is no, this person does not have HIV
- Positive, that is yes, this person does have HIV
- I don't know
- Prefer not to answer

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Survey of Today's Adolescent
Relationships and Transitions

Now, thinking about all of the people you have ever had sex with, did any of them overlap in time? In other words, did you start a new sexual relationship before ending a previous sexual relationship?

- Yes
- No
- Don't know
- Prefer not to answer

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Some people your age report drinking alcohol or using other drugs. We have some questions about whether you have ever drank or used drugs. Please answer as accurately as you can. Remember that your answers are confidential.

During your life, on how many days have you had at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 9 days
- 10 to 19 days
- 20 to 39 days
- 40 to 99 days
- 100 or more days
- Don't know
- Prefer not to answer

If you or someone you know have concerns or questions about alcohol or drug use, more information can be found here: <https://teens.drugabuse.gov/have-a-drug-problem-need-help>.

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During the past 30 days, on how many days, if any, did you have at least one drink of alcohol?

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

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

- 0 days
- 1 day
- 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

During your life, how many times have you used marijuana? (Marijuana is also called grass, pot, weed, or reefer)

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 to 99 times
- 100 or more times
- Don't know
- Prefer not to answer

If you or someone you know have concerns or questions about alcohol or drug use, more information can be found here: <https://teens.drugabuse.gov/have-a-drug-problem-need-help>.

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During the **past 30 days**, how many times did you use marijuana?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Don't know
- Prefer not to answer

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During your life, how many times have you used any of the following substances?

	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times	Don't know	Prefer not to answer
Prescription drugs <u>without a doctor's prescription</u> (such as OxyContin, Percocet, Vicodin, Codeine, Adderall, Ritalin, or Xanax)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines (also called speed, crystal meth, or ice)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you or someone you know have concerns or questions about alcohol or drug use, more information can be found here: <https://teens.drugabuse.gov/have-a-drug-problem-need-help>.

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During your life, how many times have you used any of the following substances?

	0 times	1 or 2 times	3 to 9 times	10 to 19 times	20 to 39 times	40 or more times	Don't know	Prefer not to answer
Cocaine (also called powder, crack, or freebase)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ecstasy (also called molly, MDMA)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (also called smack, junk, or China White)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you or someone you know have concerns or questions about alcohol or drug use, more information can be found here: <https://teens.drugabuse.gov/have-a-drug-problem-need-help>.

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During your *life*, how many times, if any, did you use a needle to inject something into your body that wasn't prescribed to you (steroids, heroin or other drugs, peptides, silicone, someone else's hormones)?

- 0 times
- 1 or 2 times
- 3 to 9 times
- 10 to 19 times
- 20 to 39 times
- 40 or more times
- Don't know
- Prefer not to answer

If you or someone you know have concerns or questions about alcohol or drug use, more information can be found here: <https://teens.drugabuse.gov/have-a-drug-problem-need-help>.

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If you used a needle to inject something into your body during the past 6 months, did you share a needle or works with anyone?

- Yes
- No
- Don't know
- Prefer not to answer

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Next, we are going to ask you about your experience with testing for conditions such as HIV. While these questions can be sensitive, we ask that you do the best you can to answer them.

Have you ever been tested for HIV, the virus that causes AIDS?

- Yes
- No
- Don't know
- Prefer not to answer

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Have you been tested for HIV, the virus that causes AIDS, during the past 12 months?

- Yes
- No
- Don't know
- Prefer not to answer

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Last time you were tested, where did you get tested for HIV, the virus that causes AIDS?

- Private doctor's office or HMO
- Community health clinic, community clinic, public health clinic
- Family planning or Planned Parenthood clinic
- Your employer or company clinic
- Parent's employer or company clinic
- School or school-based clinic
- Hospital outpatient clinic
- Hospital emergency room
- Urgent care center, urgi-care, or walk-in facility
- Sexually transmitted disease (STD) clinic
- Your home
- Mobile testing or community testing site
- Drug, alcohol or rehabilitation treatment center
- Other location (please explain)
- Don't know
- Prefer not to answer

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The last time you got tested for HIV, why was it that you got tested? Check all that apply

- Because I thought I had symptoms of a recent HIV infection
- Because it was time for my regularly scheduled HIV test
- Because I did something risky
- Because a sexual partner disclosed they were HIV positive
- Because I had an STD
- Because I read something about HIV testing online
- Because an organization approached me to take a test
- Because I was starting a new relationship
- Because I wanted to stop using condoms
- Because my doctor offered me the test
- OTHER, please explain
- Don't know
- Prefer not to answer

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What was the result of your most recent HIV test?

- Negative, that is no, I do not have HIV
- Positive, that is yes, I do have HIV
- Never obtained results
- Don't know
- Prefer not to answer

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When did you first test positive? Please identify the month and year below.

Select an answer... / yyyy

- Don't know
- Prefer not to answer

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Have you ever been seen by a doctor, nurse or other health care provider for a medical evaluation or care related to your HIV infection?

- Yes
- No
- Don't know
- Prefer not to answer

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Are you currently taking antiretroviral medicines to treat your HIV infection?

- Yes
- No
- Don't know
- Prefer not to answer

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How often do you take your medication the way the doctor tells you or as you are supposed to take them?

- All the time
- Most of the time
- Some of the time
- Never
- Don't know
- Prefer not to answer

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There are many reasons why people do not get tested for HIV. For each of the following items, please tell us how much you agree. Select one option for each statement.

	Strongly agree	Somewhat agree	Neither agree nor disagree	Somewhat disagree	Strongly disagree	Don't know	Prefer not to answer
I don't have a way to get to the testing site/the site is too far away	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't know where to get tested	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't think the people who work at the testing site are friendly to LGBT	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I might run into people I know at the testing site	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I don't want people I know (like parents or friends) to find out I was tested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I hate needles	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I would rather not know if I have HIV	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm not at risk for HIV	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I'm young—testing is something people do when they are older	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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Which of these settings would be your preferred location or locations to be tested for HIV infection?

- Private doctor's office or HMO
- Community health clinic, community clinic, public health clinic
- Family planning or Planned Parenthood clinic
- Parent's employer or company clinic
- Your employer or company clinic
- School or school-based clinic
- Hospital outpatient clinic
- Hospital emergency room
- Hospital regular room
- Urgent care center, urgi-care, or walk-in facility
- Sexually transmitted disease (STD) clinic
- Your home
- Mobile testing or community testing site
- Drug, alcohol, or rehabilitation treatment center
- Some other place
- Don't know
- Prefer not to answer

If selected more than one location



Of the ones you selected, please select the one you most prefer?

- Private doctor's office or HMO
- Community health clinic, community clinic, public health clinic
- Family planning or Planned Parenthood clinic
- Parent's employer or company clinic
- Your employer or company clinic
- Don't know
- Prefer not to answer

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How much do you agree or disagree with the following statement: "I am more likely to get tested somewhere a counselor speaks to me privately about how to use condoms and other ways to prevent HIV compared to a site that just offers me a test."

- Strongly agree
- Somewhat agree
- Neither agree nor disagree
- Somewhat disagree
- Strongly disagree
- Don't know
- Prefer not to answer

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How likely is it that you will get tested for HIV in the next 12 months?

- I'm sure it won't happen
- It probably won't happen
- Even chance (50-50) that it will happen
- It probably will happen
- I'm sure it will happen
- Don't know
- Prefer not to answer

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Have you ever been tested for other sexually transmitted diseases (STDs) such as gonorrhea, chlamydia, genital herpes, syphilis, or genital warts?

- Yes
- No
- Don't know
- Prefer not to answer

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How many times have you been tested for other sexually transmitted diseases (STDs) such as genital herpes, chlamydia, syphilis, or genital warts during your lifetime? *If you are unsure, please enter your best guess.*

- Don't know
- Prefer not to answer

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Have you ever been told by a doctor or nurse that you had a sexually transmitted disease (STD) such as gonorrhea, chlamydia, genital herpes, syphilis, or genital warts?

- Yes
- No
- Don't know
- Prefer not to answer

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When you have received HIV prevention services or programs, how specific were they to your needs as a transgender or gender nonconforming person?

- Very specific to transgender and gender nonconforming people
- Mostly specific to transgender and gender nonconforming people
- Somewhat specific to transgender and gender nonconforming people
- Not at all specific to transgender and gender nonconforming people
- Never received HIV prevention services or programs.
- Don't know
- Prefer not to answer

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The next set of questions asks you about different ways that people try to prevent infection with HIV.

PrEP (pre-exposure prophylaxis) is when a person is given medicine called Truvada before being exposed to HIV (like when they expect that they will be having unprotected sex with an infected partner) to prevent them from becoming infected. Typically, PrEP is one pill taken daily for an extended period of time.

Before today, had you heard of PrEP or Truvada?

- Yes
- No
- Don't know
- Prefer not to answer

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Where have you heard about PrEP or Truvada? Check all that apply

- Friend
- Commercial or ad for Truvada/PrEP
- Medical provider
- Sex partner
- Internet or online search
- On a TV show or movie
- Social media
- Parent
- School or adult at school
- Other, specify
- Don't know
- Prefer not to answer

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Have you ever used PrEP before?

- Yes
- No
- Don't know
- Prefer not to answer

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If never used PrEP



Survey of Today's Adolescent Relationships and Transitions

How likely would you be to use PrEP, that is, to take an anti-HIV medicine every day to lower your chances of getting HIV?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Need more information
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Which of the following are reasons that you do not wish to take PrEP? Check all that apply

- I am concerned about side effects from the pills
- I can avoid HIV in other ways
- I don't like taking pills
- I am concerned that people will think that I am HIV positive because I am taking PrEP
- I am concerned that people will know that I have sex with men and/or trans people because I am taking PrEP
- I fear developing resistance to HIV medications if I become positive
- I don't want to take a pill everyday
- I'm worried about what would happen if my parents found out
- Costs of medicine or going to the doctor to get it
- I don't know where to get it
- Transportation
- Other, please specify
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Researchers are working on ways to change the medicine in PrEP so that it doesn't have to be taken every day. One of the alternatives they are working on is one or more injections (shots) taken several times a year. If PrEP were available like this, how likely would you be to take it?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Need more information
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Researchers are working on ways to change the medicine in PrEP so that it doesn't have to be taken every day. One of the alternatives they are working on is one or more injections (shots) taken several times a year. If PrEP were available like this, how likely would you be to take it?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Need more information
- Don't know
- Prefer not to answer

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If reported having used PrEP



Are you currently taking PrEP?

- Yes
- No
- Don't know
- Prefer not to answer

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Over the past 7 days, on how many days did you take PrEP?

Not at all 7 days

- Don't know
- Prefer not to answer

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nPEP or PEP (post-exposure prophylaxis) is when a person is given medicine right after getting exposed to HIV (like after unprotected sex with an infected partner) to prevent becoming infected. Typically, nPEP is one or more pills taken daily right after the exposure and for the next 30 days.

Before today, had you heard of nPEP (sometimes just called PEP)?

- Yes
- No
- Don't know
- Prefer not to answer

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Where have you heard about nPEP (sometimes just called PEP)? Check all that apply

- Friend
- Commercial or ad for nPEP
- Medical provider
- Sex partner
- Internet or online search
- On a TV show or movie
- Social media
- Parent
- School or adult at school
- Other, specify
- Don't know
- Prefer not to answer

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Have you ever used nPEP (sometimes just called PEP) before?

- Yes
- No
- Don't know
- Prefer not to answer

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How likely would you be to use nPEP (sometimes just called PEP), if you knew you were exposed to HIV (and not already taking PrEP)?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Need more information
- Don't know
- Prefer not to answer

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Why are you not willing to use nPEP?

- Don't know
- Prefer not to answer

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Research is also being done to develop a gel or lubricant that can be put in the butt to prevent someone from getting HIV. This is called a rectal microbicide. It would likely be put in before someone has anal or butt sex.

Before today, had you heard of a rectal microbicide?

- Yes
- No
- Don't know
- Prefer not to answer

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Where have you heard about a rectal microbicide? Check all that apply

- Friend
- Commercial or ad for rectal microbicide
- Medical provider
- Sex partner
- Internet or online search
- On a TV show or movie
- Social media
- Parent
- School or adult at school
- Other, specify
- Don't know
- Prefer not to answer

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How likely would you be to use a rectal microbicide that could significantly decrease your risk to get HIV?

- Very likely
- Somewhat likely
- Neither likely nor unlikely
- Somewhat unlikely
- Very unlikely
- Need more information
- Don't know
- Prefer not to answer

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Why are you not willing to use a rectal microbicide?

- Don't know
- Prefer not to answer

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When you have received HIV prevention services or programs, how specific were they to your needs as a transgender or gender nonconforming person?

- Very specific to transgender and gender nonconforming people
- Mostly specific to transgender and gender nonconforming people
- Somewhat specific to transgender and gender nonconforming people
- Not at all specific to transgender and gender nonconforming people
- Never received HIV prevention services or programs.
- Don't know
- Prefer not to answer

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We now have a few final questions just to help us understand a little more about who you are.

What grade are you currently in?

- Less than grade 6
- Grade 6
- Grade 7
- Grade 8
- Grade 9
- Grade 10
- Grade 11
- Grade 12
- Technical/vocational school
- GED program
- College
- Post-graduate program
- Not currently in school
- Don't know
- Prefer not to answer

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During the past 12 months, how would you describe your grades in school?

- Mostly A's
- Mostly B's
- Mostly C's
- Mostly D's
- Mostly F's
- None of these grades
- Not sure
- Don't know
- Prefer not to answer

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What is the highest level of education that either of your parents or guardians completed?

- Less than high school graduate
- High school graduate
- Technical/vocational school
- Some college
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Professional degree beyond a Bachelor's Degree
- Doctorate Degree
- Don't know
- Not Applicable
- Prefer not to answer

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Please answer the following statements by selecting the option that best represents how you feel:

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
I feel like I am part of my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The students at my school are prejudiced.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am happy to be at my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The teachers at my school treat students fairly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my school.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Survey of Today's Adolescent Relationships and Transitions

Where are you currently living or staying most of the time?

- At your parents' house or apartment
- At another family member's house or apartment
- At a non-family member's house or apartment
- Your own house or apartment
- Foster home or group home
- In a rooming, boarding halfway house, or a shelter/welfare hotel
- On the street(s) (vacant lot, abandoned building, park, etc.)
- Some other place not mentioned (Please Specify)
- Don't know
- Prefer not to answer

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If reported Hispanic or Latino/a in screener



Survey of Today's Adolescent Relationships and Transitions

What language are you most comfortable speaking with your family and friends?

- English
- Spanish
- Creole
- Portugese
- Other, please specify
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

In the past 12 months, was there a time where there wasn't enough money in your house or apartment for rent, food, or utilities such as gas, electric, or phone?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Do you currently have health care coverage of any kind, government or private?

- Yes
- No
- Don't know
- Prefer not to answer

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What kind of health insurance or coverage do you currently have?

- Private insurance, such as an HMO, PPO, or a managed care plan
- Public insurance, such as Medicaid, Medicare, or state assistance program
- A combination of private and public insurance
- Don't know
- Prefer not to answer

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During the past 12 months, where did you most often receive your health care services?

If you routinely receive services from a doctor at a community health clinic, please categorize this under community health clinic/community clinic/public health center.

- Private doctor's office or HMO
- Community health clinic, community clinic, public health clinic
- Family planning or Planned Parenthood clinic
- Your employer or company clinic
- Parent's employer or company clinic
- School or school-based clinic
- Hospital outpatient clinic
- Hospital emergency room
- Hospital regular room
- Urgent care center, urgi-care, or walk-in facility
- Sexually transmitted disease (STD) clinic
- Your home
- Some other place
- Don't seek healthcare
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

During the past 12 months, was there any time when you needed medical care but didn't get it because it costs too much money?

- Yes
- No
- Don't know
- Prefer not to answer

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Survey of Today's Adolescent Relationships and Transitions

Which of the following people have you told that you are attracted to or have sex with males? Please check all that apply:

- I have not told anyone
- Gay, lesbian, bisexual, or transgender friends
- Friends who are NOT gay, lesbian, or bisexual
- Your mother or the woman who raised you
- Your father or the man who raised you
- Other family members
- A teacher
- A coach
- A school guidance counselor, social worker, or psychologist
- A counselor or therapist outside of school
- A religious leader (e.g., priest, rabbi, imam, or preacher)
- A health care provider
- Don't know
- Prefer not to answer

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How did your mother or the woman who raised you respond?

- Very Positively
- Positively
- Neither positively nor negatively
- Negatively
- Very Negatively
- Don't know
- Prefer not to answer

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How did your father or the man who raised you respond?

- Very Positively
- Positively
- Neither positively nor negatively
- Negatively
- Very Negatively
- Don't know
- Prefer not to answer

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In general, how is your health? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor
- Don't know
- Prefer not to answer

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If living with parent/guardian

Please answer the following statements by selecting the option that best represents how you feel:

	Always	Most of the time	Sometimes	Rarely	Never	Prefer not to answer
When I go out at night, my parents/guardians know where I am.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I talk with my parents/guardians about the plans I have with my friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When I go out, my parents/guardians ask me where I am going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Survey of Today's Adolescent
Relationships and Transitions

If you have any comments about this survey, please enter those in the box below.

Prefer not to answer

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Survey of Today's Adolescent
Relationships and Transitions

Congratulations, you are eligible for a \$10 Visa gift card. Would you like to collect your gift card?

- Yes
 No

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Survey of Today's Adolescent Relationships and Transitions

Would you like us to email or text the gift code number to you?

- Yes
- No

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Survey of Today's Adolescent Relationships and Transitions

For email:

Please enter your email address:

Re-enter your email address:

For text message, you will receive a text message within the next 2 business days (Monday-Friday):

Please enter your phone number:

Please reenter your phone number:

Mobile provider:

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Below is your gift code number:

5398238111291718

This is the end of the survey.

Thank you very much for your time and effort.

If you would like information regarding counseling or treatment resources, please visit the following CDC webpage: <http://www.cdc.gov/lgbthealth/youth-resources.htm>.

If you would like more information about the study, please call 1-877-346-7151 or send an email to teen-health@norc.org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

SUBMIT

If already received a giftcode



Our records indicate you have already completed this survey and were provided a gift code previously. As a courtesy, we have resent you your previous gift code number. It is listed below for your reference:

5398238111291646

This is the end of the survey.

Thank you very much for your time and effort.

If you would like information regarding counseling or treatment resources, please visit the following CDC webpage: <http://www.cdc.gov/lgbthealth/youth-resources.htm>.

If you would like more information about the study, please call 1-877-346-7151 or send an email to teen-health@norc.org. If you have questions about your rights as a survey participant, you may call the NORC Institutional Review Board Administrator (toll-free) at 1-866-309-0542.

EXIT