

Attachment 5 Survey Baseline Control

The Girlpower Project
 join the health revolution

Survey

Form Approved
 OMB No. 0920-XXXX
 Exp. Date XX/XX/XXXX

Your email *

Enter the same email you used during registration.

Public reporting of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions 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 current 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 Reports Clearance Officer, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (XXXX-XXXX)

[1] Have you ever visited a health clinic for any sexual and reproductive health service, such as gynecological exams, pregnancy tests, birth control counseling, testing or treatment for STIs or HIV/AIDS?

Yes
 No

[2] In the past 3 months, have you visited a health clinic for any sexual and reproductive health service?

Yes
 No

[3] In the past 3 months, did you make an appointment at a health clinic for any sexual and reproductive health service?

Yes
 No

[4] What do you think about going to a health clinic?

Most girls my age go to a health clinic for sexual and reproductive health services.

Strongly Disagree ▼

I plan to visit a health clinic the next time I need any sexual or reproductive health services.

Strongly Disagree ▼

I am confident that I can go to a health clinic for sexual and reproductive health services.

Strongly Disagree ▼

Going to a health clinic for sexual and reproductive health services is hard.

Strongly Disagree ▼

Going to a health clinic for sexual and reproductive health services is expensive.

Strongly Disagree ▼

Only older woman visit health clinics for sexual and reproductive health services.

Strongly Disagree ▼

If I go to a health clinic for sexual and reproductive health services my parents will find out.

Strongly Disagree ▼

The next questions are about sex. By sex we mean when a penis goes inside a vagina.

[5] Have you ever had sex?

Yes
 No

[6] How old were you the first time you had sex?

Never had sex ▼

[7] What birth control methods did you use the first time you had sex? (Check all that you used).

- I did not use any method
 - Pull out or withdrawal
 - Condoms (male)
 - Condoms (female)
 - Birth control pills
 - The shot (Depo-Provera)
 - The patch
 - The ring
 - IUD (Mirena, Paraguard or Skyla)
 - Implant (Nexplanon)
 - Emergency contraception
 - Other
-

[8] In the past 3 months, how many times have you had sex? If you have not had sex in the past 3 months, enter '0'.

[9] Of the times you had sex in the past 3 months, how many times did you NOT use each of these birth control methods:

Condoms

Birth control pills

The shot

The patch

The ring

IUD (Mirena or Paraguard)

Implant

[10] In the past 3 months, with how many different people have you had sex? Remember we are only talking about penis in vagina. If you have not had sexual intercourse in the past 3 months, enter '0'.

[11] What type of birth control method did you use the last time you had sexual intercourse? (Check all that you used).

- I did not use any method
- Pull out or withdrawal
- Condoms (male)
- Condoms (female)
- Birth control pills
- The shot (Depo-Provera)
- The patch
- The ring
- IUD (Mirena, Paraguard or Skyla)
- Implant (Nexplanon)
- Emergency contraception

[12] Have you ever been told by a doctor or nurse that you were pregnant?

- Yes
 - No
-

[13] In the past 3 months, have you been told by a doctor or nurse that you were pregnant?

- Yes
 - No
-

[14] In the past 3 months, have you had a pregnancy scare? (i.e. you really thought you were pregnant but you were not).

- Yes
 - No
-

[15] Do you intend to have sex in the next 3 months?

- Yes
- No

[16] In the past 3 months, have you started using a new method of birth control?

- Yes
- No

[17] If you were to have sex in the next 3 months, how likely are you to use any of the following methods to prevent a pregnancy?

Condoms

Very unlikely

Birth Control pills

Very unlikely

The shot (Depo-Provera)

Very unlikely

The patch

Very unlikely

The ring

Very unlikely

IUD (Mirena, Paraguard or Skyla)

[17] If you were to have sex in the next 3 months, how likely are you to use any of the following methods to prevent a pregnancy?

Condoms

Very unlikely

Birth Control pills

Very unlikely

The shot (Depo-Provera)

Very unlikely

The patch

Very unlikely

The ring

Very unlikely

IUD (Mirena, Paraguard or Skyla)

Very unlikely

Implant (Nexplanon)

Very unlikely

Great job! You are half way there.

[18] What do you think about birth control?

In general, birth control is too much of a hassle to use.

Strongly Disagree

If you used birth control, your friends might think you were looking for sex.

Strongly Disagree

In general, birth control can make you sick.

Strongly Disagree

In general, it is a good thing to use birth control every time you have sex.

Strongly Disagree

The IUD (intra uterine device) and the implant are only for older women.

Strongly Disagree

The IUD and the implant can make you infertile.

Strongly Disagree

Most girls my age use birth control when they have sex.

Strongly Disagree

I have control whether birth control is used every time I have sex.

Strongly Disagree

I am confident that I can use birth control every time I have sex.

Strongly Disagree

If I have sex in the next 3 months, I intend to use birth control every time I have sex.

Strongly Disagree

If I have sex and do not use any birth control, it is likely that I will get pregnant.

Strongly Disagree

I would like to get pregnant in the next 12 months.

Strongly Disagree

I would like to get pregnant in the next 12 months.

Strongly Disagree

[19] At what age would you like to have a baby for the first time?

[20] Have you ever been told by a doctor or a nurse that you had Chlamydia or Gonorrhea?

- Yes
- No

[21] In the past 3 months, have you been told by a doctor or a nurse that you had Chlamydia or Gonorrhea?

- Yes
- No
- Other

[22]: In the past three months, have you received counseling for, or have been tested or treated for Chlamydia or Gonorrhea?

- Yes
- No

[23] Would you have enrolled in the study if you needed to get permission from one of your parents to join?

- I would not have joined at all
- I would not have joined
- I may or may not have joined
- I would have joined
- I would definitely joined anyway

[24] In the past 3 months have you participated in any sexual education class?

- Yes
- No

Copied to clipboard.

[25] In the past 3 months, did you or your partner smoke marijuana before or while you had sexual intercourse?

- Yes
- No
- Never had sex

[26] In the past three months, did you or your partner drink alcohol before or while you had sexual intercourse?

- Yes
- No
- Never had sex

Submit Survey

Save and Continue Later