

## Attachment 7 Survey 3-Month 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.

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

Yes  
 No

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

Yes  
 No

[3] 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.

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

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

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

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

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

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

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

[4] In the past 3 months, did you have sex? By sex we mean when a penis goes inside a vagina and nothing else.

Yes  
 No

[5] 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'.

[6] Out 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

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**The patch**

**The ring**

**IUD (Mirena or Paraguard)**

**Implant**

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**[7] 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'.**

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**[8] 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

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**[8] 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

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

Yes

No

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**Condoms**

**Birth Control pills**

**The shot (Depo-Provera)**

**The patch**

**The ring**

**IUD (Mirena, Paraguard or Skyla)**

**Implant (Nexplanon)**

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**Great job! You are half way there.**

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**[10] 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

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

Yes

No

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

Yes

No

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**[13] 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**

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**[14] What do you think about birth control?**

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

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

In general, birth control can make you sick.

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

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

The IUD and the implant can make you infertile.

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

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

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

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

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

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

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

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

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

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

Yes  
 No  
 Other

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

Yes  
 No

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

Yes

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

Yes  
 No  
 Never had sex

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

Yes  
 No  
 Never had sex

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**[20] Have you heard of a mobile app called Crush?**

Yes  
 No

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**[21] Have you read any information about sexual health on an app called Crush?**

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**[21] Have you read any information about sexual health on an app called Crush?**

- Yes
- No

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**[22] How frequently would you like to receive health messages via text once the study is over?**

- Not at all
- Once a month
- Twice a month
- Weekly
- Daily

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**[23] What is your favorite part of the study?**

- Girl Zone App
- The text messages
- Nothing

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**[24] What new topic would you like to**

58% 2:00 PM

**[23] What is your favorite part of the study?**

- Girl Zone App
- The text messages
- Nothing

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**[24] What new topic would you like to receive as a text message?**

  
  

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