

**ATTACHMENT C**

**SOURCES REFERENCED FOR THE PAF FOLLOW UP SURVEY**

## **PAF Follow Up Survey Questionnaire Construction: Sources Referenced**

The list below contains brief descriptions of the sources referenced in the PAF Follow Up Survey, as well as locations to the sources referenced. Descriptions were compiled from websites about the sources.

### **1) NSFG - The National Survey of Family Growth**

This survey gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. The survey results are used by the U.S. Department of Health and Human Services and others to plan health services and health education programs, and to do statistical studies of families, fertility, and health. Conducted in 1973, 1976, 1982, 1988, 1995, and 2002 (as CAPI and audio CASI).

Link to questionnaires: <http://www.cdc.gov/nchs/about/major/nsfg/nsfgquestionnaires.htm>

### **2) Add Health - National Longitudinal Study of Adolescent Health**

This study is a nationally representative study originally designed to examine how social contexts (such as families, friends, peers, schools, neighborhoods, and communities) influence teens' health and risk behaviors. The study is now examining how health changes over the course of early adulthood. The study began in 1994 under a grant from the NICHD, with co-funding from 17 other federal agencies. The Add Health study is the largest, most comprehensive survey of adolescents ever undertaken.

Beginning in 1994, researchers selected a nationally representative random sample of 7th to 12th grade students from schools across the country. About 90,000 young people participated by filling out a brief questionnaire at school. Then, researchers conducted in-depth interviews with students and their parents in a series of in-home interviews conducted in 1994-95, 1996, 2001-02, and 2007-08. Other sources of data include questionnaires for siblings, fellow students, and school administrators and interviews with romantic partners. Preexisting databases provide information about neighborhoods and communities. With participants' permission, information from high school transcripts is also available to the study.

Link to codebooks: <http://www.cpc.unc.edu/projects/addhealth/codebooks>

### **3) AAY - All About Youth: Evaluation of Sexual Risk Avoidance and Risk Reduction Programs for Middle School Students**

This study will evaluate the efficacy of two curricula relative to standard care. The first is a sexual risk avoidance curriculum for middle school students that includes abstinence until marriage and complies with Title V Section 510 A-H abstinence education requirements. The second is a sexual risk reduction curriculum for middle school students that includes abstinence

and condom/contraceptive information and skills. Each intervention will consist of an age-appropriate classroom curriculum and a CD-ROM-based tailored intervention delivered in 7th and 8th grade. The overall goal of the study is to identify common elements of effective sexuality education curricula that will be of benefit to youth.

Additional information: <http://clinicaltrials.gov/ct2/show/NCT00167505>

#### **4) Building Strong Families**

The Building Strong Families (BSF) project is testing whether well-designed interventions can help interested couples fulfill their aspirations for a stable, healthy relationship, and whether success in achieving that goal can enhance child well-being, increase fathers' involvement with their children, and lead more often to healthy and sustained marital unions. In the first stage of the BSF project, curricula were developed, with support of experts in couple dynamics, to help unwed parents strengthen their relationships. The programs, implemented in eight sites in seven states, recruit and begin serving unmarried couples who are expecting a child or have just had their child. BSF programs provide instruction and support to improve relationship skills, communication, and commitment. The programs focus on couples undergoing the stresses of the transition to parenthood, helping them strengthen their relationships and act constructively in their joint roles as parents, and thus enhance their children's development. Through referral, they link couples to services that address employment, health, substance abuse, and other problems that can erode relationships and reduce prospects for a stable and loving life together.

Copies of the instruments are available from Mathematica upon request.

#### **5) Evaluation of the School Dropout Demonstration Assistance Program**

From 1991 through 1995, the U.S. Department of Education awarded grants to 85 drop-out prevention programs, most of which were "targeted" programs that identified at-risk students and directed services to them. Eight were restructuring projects that are attempting to institute broad changes to address the drop-out problem in clusters of schools or entire districts. Mathematica Policy Research and its subcontractors, PSA and RMC, were selected to document the implementation of all 85 projects, and to conduct an in-depth evaluation of the effectiveness of 20 targeted projects and 5 restructuring projects.

The evaluation consisted of (1) an implementation analysis, (2) an impact analysis, and (3) a series of reports on policy issues related to dropout-prevention programs. The evaluation of targeted projects included an analysis of impacts for a sample of about 5,300 students (half assigned randomly to the targeted projects and half to a control group) during the course of two school years. The analysis of restructuring projects included about 5,000 students selected randomly from two grade cohorts in the restructuring schools and carefully selected comparison schools.

Copies of the instruments are available from Mathematica upon request.

## **6) Career Commitment Measure (CCM)**

This 12-item measure was constructed from a field test of 476 respondents employed in various work settings. The measure has three content domains: (1) Career Identity, (2) Career Planning, and (3) Career Resilience. The CCM detected difference in career commitment levels associated with varying degrees of professionalism across occupational groups. Factor analyses revealed the measure to be reliable and support the CCM's validity.

Carson, KD & Bedeian, AG (1994). Career Commitment: Construction of a Measure and Examination of its Psychometric Properties. *Journal of Vocational Behavior*, 44, 237-262.

## **7) Evaluation of Adolescent Pregnancy Prevention Approaches**

The Evaluation of Adolescent Pregnancy Prevention Approaches (PPA) is being undertaken to expand available evidence on effective ways to reduce teen pregnancy. The evaluation is being conducted under contract for the U.S. Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health, Office of Adolescent Health (OAH). The evaluation will document and test a range of pregnancy prevention approaches, including comprehensive sex education, abstinence education, and sexually transmitted disease (STD)/HIV prevention programs, in up to eight program sites. Program impacts will be estimated using a random assignment design, involving random assignment of either schools or individuals depending on the program setting. Overall, the evaluation will be based on a sample of as many as 10,800 youth. The evaluation team will collect baseline information when youth are enrolled and two waves of follow-up data on outcomes. Comparison of outcomes for the program and control groups will indicate the effectiveness of the programs in reducing teen pregnancy and associated risk behaviors.

Copies of the instruments are available from Mathematica upon request.

## **8) Acceptance of Couple Violence Questionnaire**

This is an 11-item measure instructing respondents to rate on a 4-point Likert scale how strongly they agree or disagree with a statement. It has three subscales: male on female violence, female on male violence, and acceptance of general dating violence. In one study this instrument was used with 1,965 12-18 year olds to assess dating violence in schools.

Foshee, VA, Fothergill, K & Stuart, J. (1992) Results from the Teenage Dating Abuse Study Conducted in Githens Middle School and Southern High Schools. Technical Report. Chapel Hill, NC: University of North Carolina.

Foshee, VA, Bauman, KE, Zriaga, X, Helms, RW, Koch GG & Linder GF (1998). An Evaluation of Safe Dates, an Adolescent Dating Violence Prevention Program. *American Journal of Public Health*, 88 (1), 45-50.

## **9) Prevention Minimum Evaluation Data Set**

Prevention Minimum Evaluation Data Set (PMEDS) is a ready-to-use questionnaire for evaluating teen pregnancy prevention and teen STD/HIV/AIDS prevention programs. PMEDS has two parts. Part 1 contains a primary questionnaire applicable to all programs. Part 2 consists of 15 additional supplementary modules for optional use by programs with a more specific target population or intervention approach that matches the module's content. PMEDS facilitates the conducting of high-quality evaluations, first by highlighting important aspects of a program model that should be included in an evaluation, such as the demographic profile of the target population, the specific aspects of the intervention or treatment received by each participant, and the short-term outcomes and long-term goals that the program is trying to affect; second, by presenting measures for these evaluation constructs that have been extensively pretested and used in large-scale national studies and for which national comparison norms and data exist.

Additional information: <http://www.ncbi.nlm.nih.gov/pubmed/10350957>

## **10) National Survey of Drug Use and Health**

The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Public Health Service in the U.S. Department of Health and Human Services (DHHS). This is an annual nationwide survey involving interviews with approximately 70,000 randomly selected individuals aged 12 and older.

Additional information: <https://nsduhweb.rti.org/>

## **11) National Survey of Children's Exposure to Violence**

This a comprehensive nationwide survey of the incidence and prevalence of children's exposure to violence to date, sponsored by the Office of Juvenile Justice and Delinquency Prevention (OJJDP) and supported by the Centers for Disease Control and Prevention (CDC). Conducted between January and May 2008, it measured the past-year and lifetime exposure to violence for children age 17 and younger across several major categories: conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization (including exposure to community violence and family violence), school violence and threats, and Internet victimization.

Additional information: <https://www.ncjrs.gov/pdffiles1/ojjdp/227744.pdf>

## **12) Evaluation of the Title V Abstinence Education Programs**

This study was conducted by Mathematica Policy Research, Inc.. It was an evaluation of Section 510 Abstinence Education Programs. The evaluation addressed three important questions:

- (1) What are the nature and underlying theories of the abstinence education programs?
- (2) What are the implementation and operational experiences of local communities and schools that have received abstinence education funding? and
- (3) What are the impacts of abstinence education programs on the attitudes and intentions of youth to remain abstinent, on their sexual activity, and on their risks of pregnancy and sexually transmitted diseases (STDs)?

Study enrollment began in fall 1999 and continued through fall 2001. Youth were surveyed at or close to study enrollment (wave 1), between 6 and 12 months following enrollment (wave 2), and then 18 to 36 months later (wave 3). The final reports were released in 2007.

Copies of the survey instruments and reports are available from Mathematica upon request.

## **13) National Longitudinal Survey of Youth, 1997**

The NLSY97 consists of a nationally representative sample of approximately 9,000 youths who were 12 to 16 years old as of December 31, 1996. Round 1 of the survey took place in 1997. In that round, both the eligible youth and one of that youth's parents received hour-long personal interviews. In addition, during the screening process, an extensive two-part questionnaire was administered that listed and gathered demographic information on members of the youth's household and on his or her immediate family members living elsewhere. Youths are interviewed on an annual basis.

Additional information and instruments: <http://www.bls.gov/nls/nlsy97.htm>

## **14) KIPP i3 HS Student Web Survey Cohort 2**

As a requirement of its \$50 million Investing in Innovation (i3) grant from the U.S. Department of Education, the Knowledge Is Power Program (KIPP) Foundation has commissioned Mathematica Policy Research to conduct an independent, rigorous evaluation of KIPP as it “scales up.” The five-year project has three primary components: (1) an impact analysis, using both lottery-based (randomized control trial, or RCT) and quasi-experimental design (QED) methods, of the effect of KIPP schools on student achievement, attainment, and other outcomes; (2) an implementation analysis of KIPP’s leadership pathways at the local and national levels; and (3) a correlational analysis investigating factors related to impacts. This study builds on the current KIPP evaluation (project 06441) by including elementary schools (ES) and high schools (HS) in addition to middle schools (MS), and by adding qualitative analyses. A qualitative report describing leadership practices at the school, regional, and national level will be released in 2013. The final report, addressing all three evaluation components, will be released at the end of the project (September 2015).

Copies of the survey instruments are available from Mathematica upon request.

### **15) The Personal Responsibility Education Program (PREP) Evaluation**

The Personal Responsibility Education Program (PREP), funded under the Affordable Care Act of 2010, is a key element of a multipronged federal strategy to reduce teenage pregnancies and sexually transmitted infections (STIs). PREP provides grants to states to replicate, or substantially incorporate elements of, programs that have been shown to be effective at delaying sexual initiation, reducing pregnancy, and increasing contraceptive use among sexually active youth. Upon authorizing the PREP program, Congress required that it be evaluated. The evaluation will help the federal government, states, and local service providers learn more about program design, implementation, and outcomes. The Administration for Children and Families (ACF) within the U.S. Department of Health and Human Services has contracted with Mathematica Policy Research to document and assess this large-scale replication effort. The evaluation will study PREP programs nationwide, collecting data on programs operating in all states, and will also conduct an in-depth examination of a few selected PREP sites.

Copies of the survey instrument are available from Mathematica upon request.

### **16) The Evaluation of the Impact of the YouthBuild Program**

The Evaluation of the Impact of the YouthBuild program is a seven-year experimental design impact evaluation funded by the U.S. Department of Labor (DOL), Employment and Training Administration. YouthBuild is a youth and community development program that addresses several core issues facing low-income communities: housing, education, employment, crime prevention, and leadership development. The program primarily serves high school dropouts and focuses on helping them attain a high school diploma or general equivalency diploma and teaching them construction skills geared toward career placement. The evaluation will measure core program outcomes including educational attainment, postsecondary planning, employment, earnings, delinquency and involvement with the criminal justice system, and youth social and emotional development.

Copies of the survey instrument are available from Mathematica upon request.

### **17) The Fog Zone (2009)**

This national survey of fertility and contraceptive knowledge – the first of its kind to focus in-depth on the attitudes and behavior of unmarried young adults regarding pregnancy planning, contraception, and related issues – was commissioned by The National Campaign to Prevent Teen and Unplanned Pregnancy and conducted by the Guttmacher Institute. It gathered detailed results from a nationally representative probability sample of 1,800 unmarried men and women age 18-29.

Additional information and instruments: <http://thenationalcampaign.org/resource/fog-zone>

### **18) Pregnancy Risk Assessment Monitoring System (PRAMS)**

The Pregnancy Risk Assessment Monitoring System (PRAMS), is a surveillance project of the Centers for Disease Control and Prevention (CDC) and state health departments. PRAMS collects state-specific, population-based data on maternal attitudes and experiences before, during, and shortly after pregnancy.

Additional information and instruments: <http://www.cdc.gov/prams/>

### **19) Youth Risk Behavior Survey (YRBS)**

The Youth Risk Behavior Surveillance System (YRBSS) monitors six types of health-risk behaviors that contribute to the leading causes of death and disability among youth and adults, including:

- Behaviors that contribute to unintentional injuries and violence
- Sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases, including HIV infection
- Alcohol and other drug use
- Tobacco use
- Unhealthy dietary behaviors
- Inadequate physical activity

YRBSS includes a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.

Additional information and instruments: <http://www.cdc.gov/healthyyouth/yrbs/index.htm>

### **20) National Survey of Children's Health**

The National Survey of Children's Health (NSCH) touches on multiple, intersecting aspects of children's lives. The survey includes physical and mental health status, access to quality health care, as well as information on the child's family, neighborhood and social context. The NSCH is



a telephone survey conducted by the National Center of Health Statistics at the Centers for Disease Control under the direction and sponsorship of the federal Maternal and Child Health Bureau.

Additional information: <http://www.childhealthdata.org/learn/NSCH>

## **21) The Maternal and Infant Health Assessment (MIHA)**

The Maternal and Infant Health Assessment, or MIHA, is an annual, statewide-representative survey of women with a recent live birth in California. MIHA collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy.

Additional information:

[http://www.cdph.ca.gov/data/surveys/MIHA/Pages/MaternalandInfantHealthAssessment\(MIHA\)survey.aspx](http://www.cdph.ca.gov/data/surveys/MIHA/Pages/MaternalandInfantHealthAssessment(MIHA)survey.aspx)

## **22) Chafee Independent Living Evaluation**

The Chafee Independent Living Evaluation was funded by The Children's Bureau in the Administration for Children and Families and conducted by the Urban Institute and its partners—the Chapin Hall Center for Children at the University of Chicago and the National Opinion Research Center. The goal of the evaluation is to determine the effects of Independent Living Programs, funded under the John Chafee Foster Care Independence Program (CFCIP), in achieving key outcomes for participating youth including increased educational attainment, higher employment rates and stability, greater interpersonal and relationship skills, reduced non-marital pregnancy and births, and reduced delinquency and crime rates. In order to determine the short and long-term effects of Independent Living Programs on key outcomes noted above, youth were surveyed at three points over the course of the evaluation..

Additional information: <http://www.acf.hhs.gov/programs/opre/research/project/multi-site-evaluation-of-foster-youth-programs-chafee-independent-living>

## **23) Scales Referenced**

- The General Self-Efficacy Scale/Survey Form  
[http://www.thefindingsgroup.com/groups/measures/wiki/646f6/The\\_General\\_SelfEfficacy\\_Survey\\_Form.html](http://www.thefindingsgroup.com/groups/measures/wiki/646f6/The_General_SelfEfficacy_Survey_Form.html)
- The Zimbardo Time Perspective Inventory  
<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2657323/>
- The Connor-Davidson Resilience Scale <http://connordavidson-resiliencescale.com/>

- The Multidimensional Perceived Social Support Scale  
<http://www.ncbi.nlm.nih.gov/pubmed/2280326> and  
<http://www.yorku.ca/rokada/psyctest/socsupp.pdf>
- Youth Resiliency - Assessing Developmental Strengths  
[http://www.resiliencyinitiatives.ca/cms/wp-content/uploads/2013/03/YOUTH\\_ADMIN\\_GUIDE\\_Dec-21-2012.pdf](http://www.resiliencyinitiatives.ca/cms/wp-content/uploads/2013/03/YOUTH_ADMIN_GUIDE_Dec-21-2012.pdf)