OMB Control No: XXXX-XXXX

Expiration Date:

Attitudes, Behaviors, and Choices Study

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| BASELINE SURVEY |

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| THE PAPERWORK REDUCTION ACT OF 1995Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, 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. |

# SECTION 1: BACKGROUND INFORMATION

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| **1.1. In what month and year were you born?**

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| / MONTH / YEAR |

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| **1.2. Are you Hispanic or Latino?** ***MARK (X) ONE*** Yes No |

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| **1.3. What is your race?** ***YOU MAY MARK (X) MORE THAN ONE ANSWER*** American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White |

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| **1.4. What grade are you currently in?**  ***MARK (X) ONE*** 5th grade or below 6th grade 7th grade 8th grade 9th grade 10th grade 11th grade 12th grade |

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| **1.5. How often would you say you skip school?** ***MARK (X) ONE*** Never or almost never Sometimes, but less than once a weekNot every day, but at least once a weekDaily or almost every day |

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| **1.6. How many times have you been suspended or expelled from school?** ***MARK (X) ONE*** Never OnceMore than once  |

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| **1.7. How likely is it that you will graduate from high school?** ***MARK (X) ONE***  Not at all likely A little bit likely Somewhat likely Very likely |

# SECTION 2: FAMILY AND RELATIONSHIPS

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| 2.1. Do you have someone in your life right now who cares for you as a mother figure? *This could be your biological mother, stepmother, adoptive mother, or some other adult you think of as a mother.****MARK (X) ONE*** Yes No **GO TO QUESTION 2.5** |

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| 2.2. How much of the time do you live with her?***MARK (X) ONE*** None of the time Some of the time All of the time |

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| 2.3. What is the highest level of education she has achieved?***MARK (X) ONE*** Less than high school High school graduate or GED Some college but no degree 2-year or 4-year college graduate (Associate’s or Bachelor’s degree) Graduate or professional school Don’t know |

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| 2.4. How close do you feel to her?***MARK (X) ONE*** Not at all close Not very close Somewhat close Very close |

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| 2.5. Do you have someone in your life right now who cares for you as a father figure? *This could be your biological father, stepfather, adoptive father, or some other adult you think of as a father.****MARK (X) ONE*** Yes No **GO TO 2.9** |

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| 2.6. How much of the time do you live with him?***MARK (X) ONE*** None of the time Some of the time All of the time |

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| 2.7. What is the highest level of education he has achieved?***MARK (X) ONE*** Less than high school High school graduate or GED Some college but no degree 2-year or 4-year college graduate (Associate’s or Bachelor’s degree) Graduate or professional school Don’t know |

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| 2.8. How close do you feel to him?***MARK (X) ONE*** Not at all close Not very close Somewhat close Very close |

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| 2.9. In the past 12 months, how many times have you changed where you live? ***MARK (X) ONE*** Never Once Twice Three times Four times or more |

# SECTION 3: INFORMATION, THOUGHTS, AND OPINIONS

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| **3.1. In the past 12 months, did you attend any classes or sessions where the following were discussed?****These classes or sessions could have been in health class at school, through a program at a community center such as the Boys Club or Girls Club, or at the YMCA.** *MARK (X) ONE FOR EACH QUESTION* |
|  | **YES** | **NO** |
| a. Relationships, dating, or marriage  |  |  |
| b. Abstinence from sex  |  |  |
| c. Methods of birth control, such as condoms, pills, the patch, the shot, the ring, IUD, or an implant  |  |  |
| d. Where to get birth control  |  |  |
| e. Sexually transmitted diseases, also known as STDs or STIs  |  |  |

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| **3.2. How strongly do you agree or disagree with each of the following statements?***MARK (X) ONE FOR EACH QUESTION* |
|  | **STRONGLY AGREE** | **AGREE** | **NEITHER AGREE NOR DISAGREE** | **DISAGREE** | **STRONGLY DISAGREE** |
| a. Having sex is a good thing for you to do at your age  |  |  |  |  |  |
| b. At your age right now, having sex would create problems  |  |  |  |  |  |
| c. At your age right now, not having sex is important for you to be safe and healthy  |  |  |  |  |  |
| d. At your age right now, it is okay for you to have sex if you use birth control, such as condoms, pills, the patch, the shot, the ring, IUD, or an implant  |  |  |  |  |  |
| e. It is against your beliefs to have sex before marriage  |  |  |  |  |  |
| f. It is against your beliefs to use any form of birth control, such as condoms, pills, the patch, the shot, the ring, IUD, or an implant  |  |  |  |  |  |

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| 3.3. In the past 3 months, about how many times have you asked one or both of your parents/guardians questions about sex?TIMES |

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| 3.4. How comfortable are you talking to your parents/guardians about sex? Please answer for the parent/guardian whom you feel most comfortable talking to. ***MARK (X) ONE*** I don’t feel comfortable talking to a parent/guardian about sex Somewhat comfortable Comfortable  Very comfortable |

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| 3.5a. Sometimes people don’t want to have sex but have difficulty saying “no.” If you were with someone you have known for a few days or less, how likely is it you would be able to say “no” to having sex? *MARK (X) ONE* Not at all likelyA little bit likelySomewhat likelyVery likely3.5b. If you were with someone you have dated for a long time, how likely is it you would be able to say “no” to having sex? *MARK (X) ONE* Not at all likelyA little bit likelySomewhat likelyVery likely3.5c. If you were with someone with whom you have already had sex, how likely is it you would be able to say “no” to having sex? *MARK (X) ONE* Not at all likelyA little bit likelySomewhat likelyVery likely3.5d. If you were with someone who is pushing you to have sex, how likely is it you would be able to say “no” to having sex? *MARK (X) ONE* Not at all likelyA little bit likelySomewhat likelyVery likely3.5e. If you were with someone who does not want to use a condom, how likely is it you would be able to say “no” to having sex? *MARK (X) ONE* Not at all likelyA little bit likelySomewhat likelyVery likely |

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| 3.6. The next series of statements is about condom use. How strongly do you agree or disagree with each of these statements?***MARK (X) ONE FOR EACH QUESTION*** |
|  | **STRONGLY AGREE** | **AGREE** | **NEITHER AGREE NOR DISAGREE** | **DISAGREE** | **STRONGLY DISAGREE** |
| a. Condoms should always be used if a person your age has sex  |  |  |  |  |  |
| b. Condoms decrease sexual pleasure  |  |  |  |  |  |
| c. Condoms are important to make sex safer  |  |  |  |  |  |
| d. Using condoms means you don’t trust your partner  |  |  |  |  |  |
| e. Using condoms is morally wrong  |  |  |  |  |  |
| f. Condoms are a hassle to use  |  |  |  |  |  |
| g. Condoms are pretty easy to get  |  |  |  |  |  |

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| 3.7. If condoms are used correctly and consistently, how much can they decrease the risk of pregnancy?***MARK (X) ONE*** Not at all A little A lotCompletely Don’t know |

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| 3.8. If condoms are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?***MARK (X) ONE*** Not at all A little A lotCompletely Don’t know |

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| 3.9. If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy?***MARK (X) ONE*** Not at all A little A lotCompletely Don’t know  |

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| 3.10. If birth control pills are used correctly and consistently, how much can they decrease the risk of getting HIV, the virus that causes AIDS?***MARK (X) ONE*** Not at all A little A lotCompletely Don’t know |

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| 3.11. Can you get a sexually transmitted disease, also known as an STD or STI, from having oral sex? Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their own penis or vagina.***MARK (X) ONE*** Yes NoDon’t know |

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| 3.12. Can you get a sexually transmitted disease, also known as an STD or STI, from having anal sex? Anal sex is when a male puts his penis in someone else’s anus, or their butt, or someone lets a male put his penis in their own anus or butt.***MARK (X) ONE*** Yes NoDon’t know |

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| **3.13. The next statements are about condoms. Please select whether you think each statement is true, false, or you don’t know.** *MARK (X) ONE FOR EACH QUESTION* |
|  | **TRUE** | **FALSE** | **DON’T KNOW** |
| a. It is okay to use the same condom more than once  |  |  |  |
| b. Condoms have an expiration date  |  |  |  |
| c. When putting on a condom, it is important to leave a space at the tip  |  |  |  |
| d. It is okay to use petroleum jelly or Vaseline as a lubricant when using latex condoms  |  |  |  |
| e. When using a condom, it is important for the man to pull out right after ejaculation  |  |  |  |
| f. Wearing two latex condoms will provide extra protection  |  |  |  |

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| **3.14. The next statements are about birth control pills. Please select whether you think each statement is true, false, or you don’t know.** *MARK (X) ONE FOR EACH QUESTION* |
|  | **TRUE** | **FALSE** | **DON’T KNOW** |
| a. Birth control pills are effective, even if a woman misses taking them for two or three days in a row  |  |  |  |
| b. Women should “take a break” from the pills every couple of years  |  |  |  |
| c. After a woman stops taking birth control pills, she is unable to get pregnant for at least two months  |  |  |  |
| d. In order to get the birth control pill, a woman must have a pelvic exam  |  |  |  |
| e. Birth control pills can reduce risk of getting a sexually transmitted disease (STD)  |  |  |  |

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| **3.15. The next statements are about about IUDs (such as Mirena, ParaGard, or Skyla). Please select whether you think each statement is true, false, or you don’t know.** *MARK (X) ONE FOR EACH QUESTION* |
|  | **TRUE** | **FALSE** | **DON’T KNOW** |
| a. All IUDs are banned from use in the United States  |  |  |  |
| b. A woman can use an IUD, even if she has never had a child  |  |  |  |
| c. Women who use IUDs cannot use tampons  |  |  |  |
| d. A woman can get an IUD without going to a doctor’s office, clinic or medical professional.  |  |  |  |
| e. An IUD cannot be felt by a woman’s partner during sex  |  |  |  |
| f. IUDs can move around in a woman’s body  |  |  |  |
| g. An IUD is effective (prevents pregnancy) for **at least** 3 years  |  |  |  |

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| **3.16. The next statements are about other forms of birth control. Please select whether you think each statement is true, false, or you don’t know.** *MARK (X) ONE FOR EACH QUESTION* |
|  | **TRUE** | **FALSE** | **DON’T KNOW** |
| a. Women using the birth control shot, Depo-Provera, must get an injection every 3 months  |  |  |  |
| b. Even if a woman is late getting her birth control shot, she is still protected from pregnancy for at least 3 more months  |  |  |  |
| c. Women using the vaginal ring, NuvaRing, must have it inserted by a doctor or health care provider every month  |  |  |  |
| d. Long acting methods like the implant (Implanon or Nexplanon) or an IUD (Mirena, ParaGard, or Skyla) cannot be removed early, even if a woman changes her mind about wanting to get pregnant  |  |  |  |
| e. Long-acting methods like the implant or an IUD can make it more difficult to become pregnant in the future when a woman is no longer using them.  |  |  |  |
| f. Long-acting methods like the implant, an IUD, or the shot can reduce the risk of getting a sexually transmitted disease (STD).  |  |  |  |

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| **3.17. The next statements are about pregnancy. Please select whether you think each statement is true, false, or you don’t know.** *MARK (X) ONE FOR EACH QUESTION* |
|  | **TRUE** | **FALSE** | **DON’T KNOW** |
| a. The very first time you have sex, you cannot get pregnant  |  |  |  |
| b. Douching (washing the vagina) after sex can prevent pregnancy  |  |  |  |
| c. Pregnancy is much less likely to occur if a couple has sex standing up  |  |  |  |
| d. The only way to completely prevent pregnancy is by not having sex  |  |  |  |
| e. During a woman’s monthly cycle, there are certain days when she is more likely to become pregnant if she has sex  |  |  |  |

# SECTION 4: HEALTH AND SEXUAL BEHAVIOR

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| **4.1. How do you describe your gender?** ***MARK (X) ONE*** Male Female Transgender Unsure Other (specify)  |

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| **4.2. The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers will be kept private and will not be shared with anyone.****People are different in their sexual attraction to other people. Which best describes your feelings? Are you…?** ***MARK (X) ONE*** Only attracted to females Mostly attracted to females Equally attracted to females and males Mostly attracted to males Only attracted to males Questioning/not sureOther (specify)  |

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| **4.3.**  **Have you ever sent nude or nearly nude pictures or videos of yourself to others?*****MARK (X) ONE*** Yes No |

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| **4.4.**  **Have you ever received nude or nearly nude pictures or videos of someone else?*****MARK (X) ONE*** Yes No |

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| **4.5. Have you ever touched someone’s private parts? Private parts are the parts of the body covered by underwear or a bra.*****MARK (X) ONE*** Yes No |

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| **4.6. Other than a doctor or a nurse, have you ever let someone touch your private parts?*****MARK (X) ONE*** Yes No |

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| **4.7. The next questions are about vaginal sex. By vaginal sex, we mean a male putting his penis into a female's vagina. Have you ever had vaginal sex?*****MARK (X) ONE*** Yes No **GO TO 4.15** |

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| **4.8. The very first time you had vaginal sex, how old were you?** ***MARK (X) ONE***11 years old or younger12 years old13 years old14 years old15 years old16 years old17 years old18 years old or older |

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| **4.9. The first time you had vaginal sex, did you or your partner use any of these methods of birth control?** ***MARK (X) ONE FOR EACH QUESTION*** |
|  | **YES** | **NO** | **DON’T KNOW** |
| a. Condoms  |  |  |  |
| b. Birth control pills  |  |  |  |
| c. The patch, such as Ortho-Evra  |  |  |  |
| d. The shot, such as Depo-Provera or other injectable birth control  |  |  |  |
| e. The ring, such as NuvaRing  |  |  |  |
| f. An IUD, such as Mirena, ParaGard, or Skyla  |  |  |  |
| g. An implant, such as Implanon or Nexplanon  |  |  |  |
| h. Withdrawal or pulling out  |  |  |  |
| i. Emergency contraceptive pills, such as Plan B  |  |  |  |
| j. Another method *PRINT OTHER METHOD USED* |  |  |  |
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| **4.10. How many DIFFERENT PEOPLE have you ever had vaginal sex with, even if only one time?** NUMBER OF PEOPLE – Your best estimate is fine. |

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| **4.11. Now please think about the past 3 months. In the past 3 months, have you had vaginal sex, even once?*****MARK (X) ONE*** Yes No **SKIP TO 4.15** |

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| **4.12. In the past 3 months, how many TIMES have you had vaginal sex?** NUMBER OF TIMES – Your best estimate is fine. |

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| **4.13. The next question is about your use of the following methods of birth control:*** Condoms
* Birth control pills
* The shot (Depo-Provera)
* The patch (Ortho-Evra)
* The ring (NuvaRing)
* IUD (Mirena, ParaGard, or Skyla)
* Implant (Implanon or Nexplanon)

 **In the past 3 months, how many TIMES have you had vaginal sex without using any of these methods of birth control?** NUMBER OF TIMES – Your best estimate is fine. |

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| **4.14. In the past 3 months, how many TIMES have you had vaginal sex without using a condom?** NUMBER OF TIMES – Your best estimate is fine. |

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| ALL4.15. Do you intend to have vaginal sex in the next year, if you have the chance?***MARK (X) ONE*** Yes, definitely Yes, probably No, probably not No, definitely not |

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| **4.16. Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their own penis or vagina. Have you ever had oral sex?*****MARK (X) ONE*** Yes No **SKIP TO 4.21** |

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| **4.17. The very first time you had oral sex, how old were you?** ***MARK (X) ONE***11 years old or younger12 years old13 years old14 years old15 years old16 years old17 years old18 years old or older |

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| **4.18. Now please think about the past 3 months. In the past 3 months, have you had oral sex?*****MARK (X) ONE*** Yes No **SKIP TO 4.21** |

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| **4.19. In the past 3 months, how many TIMES have you had oral sex?** NUMBER OF TIMES – Your best estimate is fine. |

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| **4.20. In the past 3 months, how many TIMES have you had oral sex without using a condom?** NUMBER OF TIMES – Your best estimate is fine. |

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| **ALL****4.21. Anal sex is when a male puts his penis in someone else’s anus, or their butt, or someone lets a male put his penis in their own anus or butt. Have you ever had anal sex?*****MARK (X) ONE*** Yes No **GO TO PROGRAMMER BOX 1** |

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| **Programmer box 1:****Not sexually active – skip to 4.26 (hung out alone)****Sexually active – skip to 5.1** |

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| **4.22. The very first time you had anal sex, how old were you?** ***MARK (X) ONE***11 years old or younger12 years old or younger13 years old14 years old15 years old16 years old17 years old18 years old or older |

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| **4.23. Now please think about the past 3 months. In the past 3 months, have you had anal sex?*****MARK (X) ONE*** Yes No **GO TO 5.1** |

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| **4.24. In the past 3 months, how many TIMES have you had anal sex?** NUMBER OF TIMES – Your best estimate is fine. |

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| **4.25. In the past 3 months, how many TIMES have you had anal sex without using a condom?** NUMBER OF TIMES – Your best estimate is fine.-**Skip to 5.1** |

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| **4.26. Have you ever hung out alone with someone you were attracted to?*****MARK (X) ONE*** Yes No **SKIP TO 4.28** |

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| **4.27. How old were you the first time you hung out alone with someone you were attracted to?*****MARK (X) ONE*** Don’t know/Can’t rememberYEARS OLD |

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| **4.28. Have you ever kissed someone you were attracted to on the mouth?*****MARK (X) ONE*** Yes No **GO TO 4.30** |

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| **4.29. Have you ever tongue kissed or French kissed someone?*****MARK (X) ONE*** Yes No |

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| **4.30. Have you ever laid down alone with someone you were attracted to?*****MARK (X) ONE*** Yes No |

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| **4.31. Have you ever had a boyfriend or girlfriend?*****MARK (X) ONE*** Yes No **GO TO 4.33** |

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| **4.32. How many boyfriends or girlfriends have you had?** |

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| **4.33. In general, how much pressure, if any, do you feel from your friends to have sex?*****MARK (X) ONE*** A lot of pressure Some pressure A little pressure No pressure |

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| **4.34. How many of your friends who are your age think the following things? Your best guess is fine.** ***MARK (X) ONE FOR EACH***  |
|  | **NONE** | **SOME** | **HALF** | **MOST** | **ALL** | **DON’T KNOW** |
| a. Having sex is a good thing for them to do at their age  |  |  |  |  |  |  |
| b. It would be okay for them to have sex as long as they used birth control, like a condom  |  |  |  |  |  |  |
| c. It would be okay for them to have sex if they were dating the same person for a long time  |  |  |  |  |  |  |
| d. They should wait until they are older to have sex  |  |  |  |  |  |  |
| e. They should wait until marriage to have sex  |  |  |  |  |  |  |

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| **4.35. How many of your friends who are your age have had sex? Your best guess is fine.*****MARK (X) ONE*** None Some Half Most All Don’t know |

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| 4.36. Here are some reasons people your age might choose NOT to have sex. How important is each of these reasons to YOU?***MARK (X) ONE FOR EACH QUESTION*** |
|  | **VERY IMPORTANT** | **SOMEWHAT IMPORTANT** | **NOT TOO IMPORTANT** | **NOT AT ALL IMPORTANT** |
| a. I don’t want to get a sexually transmitted disease, also known as an STD or an STI  |  |  |  |  |
| b. I don’t want to disappoint my parents  |  |  |  |  |
| c. I am too young to have sex  |  |  |  |  |
| d. I want to wait until I’m married  |  |  |  |  |
| e. It is against my personal beliefs  |  |  |  |  |
| f. I haven’t met the right person yet  |  |  |  |  |
| g. I haven’t had the chance  |  |  |  |  |
| h. I do not want to get pregnant or get someone pregnant  |  |  |  |  |

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| 4.37. How strongly do you agree or disagree that each of the following statements are benefits to you of waiting to have sex?  *MARK (X) ONE FOR EACH* |
|  | **STRONGLY AGREE** | **AGREE** | **NEITHER AGREE NOR DISAGREE** | **DISAGREE** | **STRONGLY DISAGREE** |
| a. Respect for yourself  |  |  |  |  |  |
| b. Keeping true to religious beliefs  |  |  |  |  |  |
| c. Respect from friends  |  |  |  |  |  |
| d. Better chance for a good marriage in the future  |  |  |  |  |  |

# SECTION 5: HEALTHCARE AND PREGNANCY

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| **5.1. In the past 12 months, did you receive information from a doctor, nurse, or clinic about any of the following?** ***MARK (X) ONE FOR EACH QUESTION*** |
|  | **YES** | **NO** |
| a. Methods of birth control, such as condoms, birth control pills, the patch, the shot, the ring, IUD, or an implant  |  |  |
| b. Where to get birth control  |  |  |
| c. Sexually transmitted diseases, also known as STDs or STIs  |  |  |
| d. The HPV vaccine, also known as Gardasil  |  |  |

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| **5.2. In the past 12 months, did you get any type of birth control from a doctor, nurse, or clinic, such as condoms, birth control pills, the patch, the shot, the ring, IUD, or an implant?*****MARK (X) ONE*** Yes No |

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| **5.3. Have you ever been told by a doctor, nurse, or some other health professional that you had any of the following sexually transmitted diseases?** ***MARK (X) ONE FOR EACH QUESTION*** |
|  | **YES** | **NO** |
| a. Chlamydia  |  |  |
| b. Gonorrhea  |  |  |
| c. Genital herpes  |  |  |
| d. Syphilis  |  |  |
| e. HIV infection or AIDS  |  |  |
| f. Human papilloma virus, also known as HPV or genital warts  |  |  |
| g. Another sexually transmitted disease (STD) *PRINT OTHER STD* |  |  |
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| 5.4. Have you ever talked about contraception or sexually transmitted diseases with someone you were attracted to? ***MARK (X) ONE*** Yes No |

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| **ASK IF 4.7=YES. IF 4.7=NO, SKIP TO 5.6.****5.5. To the best of your knowledge, are you currently or have you ever been pregnant, or have you gotten someone pregnant?*****MARK (X) ONE*** Yes  **GO TO 6.1**  No |

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| **5.6. Do you want to have children in the future?*****MARK (X) ONE*** Yes No  **GO TO 6.1** |

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| **5.7. If it were just up to you, what age would you like to have your first child?**YEARS OLD  |

# SECTION 6: SMOKING, ALCOHOL, DRUG USE, AND HEALTH

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| **6.1. The next questions are about tobacco, alcohol, drugs, and general health. Please be as honest as possible, and remember that your answers will be kept private and will not be shared with anyone.** **During the past 30 days, on how many days did you use an electronic vapor product such as blu, NJOY, Vuse, MarkTen, Logic, Vapin Plus, eGo, and Halo?**  **Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens, e-hookahs, and hookah pens?** ***MARK (X) ONE*** 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 |

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| **6.2. Now think about cigarettes. Do not include electronic vapor products. During the past 30 days, on how many days did you smoke one or more cigarettes?** ***MARK (X) ONE*** 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 |

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| **6.3. The next two questions ask about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For these questions, drinking alcohol does not include drinking a few sips of wine for religious purposes.****During the past 30 days, on how many days did you have at least one drink of alcohol?** ***MARK (X) ONE*** 0 days **GO TO 6.5** 1 or 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 to 29 days All 30 days |

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| **6.4. During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a couple hours?** ***MARK (X) ONE*** 0 days 1 day 2 days 3 to 5 days 6 to 9 days 10 to 19 days 20 or more days |

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| **6.5. During the past 30 days, on how many days did you use marijuana, also called weed or pot?** ***MARK (X) ONE*** 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 |

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| **6.6. During the past 30 days, on how many days did you use any other type of illegal drug, inhalant, or a prescription drug in a way that was not prescribed?** ***MARK (X) ONE*** 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 |

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| **6.7. Now thinking about experiences throughout your life, how many times have you experienced the following things?** ***MARK (X) ONE FOR EACH QUESTION*** |
|  | **NEVER** | **ONCE** | **TWO OR THREE TIMES** | **FOUR OR MORE TIMES** |
| a. Heard gunshots in your neighborhood  |  |  |  |  |
| b. Witnessed a shooting  |  |  |  |  |
| c. Been robbed or mugged  |  |  |  |  |
| d. Been fearful that someone you are dating might physically hurt you  |  |  |  |  |

**SECTION 7: YOUR RELATIONSHIPS**

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| **7.1. The next questions are about your experiences and attitudes toward relationships and dating. How would you define your current relationship status?** ***MARK (X) ONE*** Not currently in a relationship or dating Casually dating Seriously dating Engaged Married |

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| **7.2. Have you ever been contacted online or through social media by a complete stranger who wanted to meet in-person?*****MARK (X) ONE*** Yes No |

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| **7.3. Have you ever contacted a complete stranger online or through social media who you wanted to meet in-person?*****MARK (X) ONE*** Yes No |

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| 7.4. How much do you agree or disagree with each of the following statements? *MARK (X) ONE FOR EACH QUESTION* |
|  | **STRONGLY AGREE** | **AGREE** | **NEITHER AGREE NOR DISAGREE** | **DISAGREE** | **STRONGLY DISAGREE** |
| a. In a good dating relationship, you don’t always get your own way  |  |  |  |  |  |
| b. There are times when hitting or pushing between people who are dating is okay  |  |  |  |  |  |
| c. A good dating relationship is based on mutual respect, not just sex  |  |  |  |  |  |
| d. People who make their dating partner jealous deserve to be hit or pushed  |  |  |  |  |  |
| e. It would be easy to trust someone you are dating, even when you’re apart  |  |  |  |  |  |
| f. Avoiding a disagreement with someone you are dating is always better than talking about your problems  |  |  |  |  |  |

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| **Thank you for****completing this survey!** |