

**INSTRUMENT #5**  
**MASTER FOLLOW-UP SURVEY**

OMB Control No:  
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**MATHEMATICA**  
Policy Research



# PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

## MASTER FOLLOW-UP SURVEY

### PART A

#### PRIVACY

**Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, community, future goals, and also your attitudes and behaviors. Your answers and everything you say will be kept private. Your name will not be on the survey. Please answer all questions as well as you can.**

**We want you to know that:**

- 1. Your participation in this survey is voluntary.**
- 2. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.**
- 3. The answers you give will be kept private. Your responses will be combined with those of other people your age.**

**Mathematica Policy Research**

#### THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 45 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.

## GENERAL INSTRUCTIONS

1. PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED! USE A PEN OR PENCIL.

PLEASE READ EACH QUESTION CAREFULLY. There are different ways to answer the questions in this survey. It is important that you follow the instructions when answering each kind of question. Here are some examples.

### EXAMPLE 1: MARK (X) ONE ANSWER

What is the color of your eyes?

MARK (X) ONE

Brown

Blue

Green

Another color

If the color of your eyes is brown, you would mark (X) the first box as shown.

2. EXAMPLE 2: MARK (X) ONE ANSWER and FILL IN THE BLANK

What is the color of your hair?

MARK (X) ONE

Brown

Black

Blond

Red

Some other color PRINT OTHER COLOR

If the color of your hair is purple, you would mark (X) the last box and write the word "purple" in the blank as shown. BE SURE TO WRITE CLEARLY.

3. EXAMPLE 3: YOU MAY MARK (X) MORE THAN ONE ANSWER

Do you plan to do any of the following next week?

SELECT ONE OR MORE

Watch a movie

Go to a baseball game

Study at a friend's house

If you plan to rent a movie and go to a baseball game next week, you would mark (X) both boxes.

**4. EXAMPLE 4: QUESTION WITH A SKIP**

**1. Do you ever eat chocolate?**

MARK (X) ONE

Yes

No → GO TO QUESTION 3

Because you answered “Yes” to question 1, you would continue to question 2 and then question 3.

If you answered “No” to question 1, you would skip question 2 and go right to question 3.

**2. Do you always brush your teeth after eating chocolate?**

MARK (X) ONE

Yes

No

**3. Did you do any of the following last week?**

SELECT ONE OR MORE

Went to a play

Went to a movie

Attended a sporting event

**5. EXAMPLE 5: FILL IN THE NUMBER**

**In the last seven (7) days, how many chocolate bars have you eaten?**

NUMBER OF CHOCOLATE BARS – Your best estimate is fine.

Fill in the boxes with the correct number. For any number less than 10, put a zero (0) in the first box. For example, if you had eaten 2 chocolate bars in the last 7 days, you would write “0” in the first box and “2” in the second box. If you had eaten 15 chocolate bars, you would write “1” in the first box and “5” in the second box.

**6. EXAMPLE 6: MARK (X) ONE ANSWER FOR EACH QUESTION**

**In the last 12 months, have you done any of the following?**

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. Walked a dog on a leash?.....		
b. Played Frisbee?.....		
c. Weeded a garden?.....		
d. Eaten a piece of fresh fruit?.....		
e. Played a piano?.....		
f. Watched a movie?.....		

Mark (x) either “yes” or “no” for each of the six (6) questions (a–f) by marking (x) one of the of two boxes in

7. **EXAMPLE 7: MARK (X) ONE MONTH AND ONE YEAR**

In what month and year did you finish elementary school?

*MARK (X) ONE MONTH AND ONE YEAR*

<u>Month</u> finished
January
February
March
April
May
June
July
August
September
October
November
December

<u>Year</u> finished
2010
2009
2008
2007
2006
2005
2004
2003
2002
2001
2000
1999

**If you finished elementary school in June of 2009, you would mark (X) the box next to June and mark (X) the box next to 2009.**

# START HERE!

## SECTION 1: YOU AND YOUR BACKGROUND

### 1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

#### Month born

January  
February  
March  
April  
May  
June  
July  
August  
September  
October  
November  
December

#### Year born

2002  
2001  
2000  
1999  
1998  
1997  
1996  
1995  
1994  
1993  
1992  
1991

### 1.2. Are you male or female?

MARK (X) ONE

Male

Female

**1.3. Are you Hispanic/Latino/a?**

*MARK (X) ONE*

Yes

No **GO TO QUESTION 1.5**



**1.4. Are you...?**

*MARK (X) ALL THAT APPLY*

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban

Another Hispanic, Latino, or Spanish origin

**1.5. What is your race?**

*SELECT ONE OR MORE*

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

**1.6. Are you currently enrolled in school? If you are currently on summer vacation but plan to return to school, mark "yes."**

*MARK (X) ONE*

Yes

No

**1.7. What is the highest grade you have completed?**

**MARK (X) ONE**

- Less than 7th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Higher than 12th grade

**1.8. Do you have any of these?**

**MARK (X) ONE FOR EACH QUESTION**

- |  | <b>YES</b> | <b>NO</b> |
|--|------------|-----------|
| a. A high school diploma   |            |           |
| b. A GED certificate   |            |           |
| c. A certificate or license from a trade school or vocational training program |            |           |
| d. A degree from a community college   |            |           |

**1.9. What kind of grades do you or did you usually get in school? *If you are not currently attending school, answer based on the last school you attended.***

**MARK (X) ONE**

- My courses are not graded
- Mostly As
- About half As and half Bs
- Mostly Bs
- About half Bs and half Cs
- Mostly Cs
- About half Cs and half Ds
- Mostly Ds
- Mostly below Ds



**1.10. For the last school you attended or the school you are now attending, how often would you say you cut classes?**

*MARK (X) ONE*

- Never or almost never
- Sometimes, but less than once a week
- Not every day, but at least once a week
- Daily or almost every day

**1.11. Thinking about all of the schools you have ever attended, how many times have you been suspended or expelled from school?**

*MARK (X) ONE*

- Never
- Once
- More than once

**1.12. How likely is it that you will do each of the following things?**

*MARK (X) ONE FOR EACH QUESTION*

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHA T LIKELY	VERY LIKELY	ALREAD Y DID THIS
--	----------------------	------------------------	---------------------	----------------	-------------------------

- a. Graduate from high school.....
- b. Graduate from a 4-year college.....

**1.13. How much do you agree or disagree with the following statements?**

*MARK (X) ONE FOR EACH QUESTION*

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. I have specific goals for my future career.....				
b. I have a plan for achieving my future career goals.....				
c. Planning for a career is not worth the effort.....				
d. I haven't thought much about my future career.....				
e. If I have a career, I won't be able to enjoy other things in life				
f. Going to college is important for getting a good job				

**1.14. How important do you think it is to do each of the following things?**

*MARK (X) ONE FOR EACH QUESTION*

	<b>NOT THAT IMPORTANT</b>	<b>SOMEWHAT IMPORTANT</b>	<b>VERY IMPORTANT</b>	<b>EXTREMELY IMPORTANT</b>
a. Keep track of your expenses				
b. Compare prices when you shop				
c. Set aside money for future purchases				

## SECTION 2: FAMILY

**2.1. Now we have some questions about your mother and father, or the people you think of as your mother and father.**

**In the past 3 months, how many TIMES have you talked with your mother or your father about each of the following things?**

*MARK (X) ONE FOR EACH QUESTION*

- |   | NEVER | 1-2<br>TIMES | 3-9<br>TIMES | 10 OR MORE<br>TIMES |
|---|-------|--------------|--------------|---------------------|
| a. How things are going with school work or with your grades  |       |              |              |                     |
| b. A personal problem you were having                         |       |              |              |                     |
| c. Romantic relationships or dating                           |       |              |              |                     |
| d. How to resist pressures to have sex                        |       |              |              |                     |
| e. Avoiding drugs or alcohol                                  |       |              |              |                     |
| f. Whether you should be having sex at this time in your life |       |              |              |                     |

**2.2. The next few questions ask about your biological parents.**

**Do you live with your biological mother?**

*MARK (X) ONE*

- None of the time
- Some of the time
- Most of the time
- All of the time

**2.3. Do you live with your biological father?**

*MARK (X) ONE*

- None of the time
- Some of the time
- Most of the time
- All of the time

**2.4. In the past 12 months, how many times have you moved?**

*MARK (X) ONE*

- Never
- Once
- Twice
- Three times
- Four times or more

**2.5. How long have you lived [where you live now<sup>1</sup>]?**

*MARK (X) ONE*

- Less than 1 month
- 1 month to 3 months
- More than 3 months to 6 months
- More than 6 months to 1 year
- More than 1 year

**2.6. All together, how many times have you run away from home for at least one night?**

*MARK (X) ONE*

- Never
- Once
- Twice
- Three times or more

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<sup>1</sup> This wording may be adjusted slightly, depending on the program setting of the sites recruited into the study (foster care homes, juvenile justice facilities, etc.).

## SECTION 3: YOUR RELATIONSHIPS

3.1. The next question is about how you deal with different situations.

How well can you do each of the following?

MARK (X) ONE FOR EACH QUESTION

- |  | I AM BAD<br>AT THIS | I AM<br>OKAY AT<br>THIS | I AM<br>GOOD AT<br>THIS | I AM<br>EXTREMELY<br>GOOD AT<br>THIS |
|--|---------------------|-------------------------|-------------------------|--------------------------------------|
| a. Admit that you might be wrong during a disagreement                   |                     |                         |                         |                                      |
| b. Avoid saying things that could turn a disagreement into a big fight   |                     |                         |                         |                                      |
| c. Accept another person's point of view even if you don't agree with it |                     |                         |                         |                                      |
| d. Listen to another person's opinion during a disagreement              |                     |                         |                         |                                      |
| e. Work through problems without arguing                                 |                     |                         |                         |                                      |

3.2. The next questions are about your experiences and attitudes toward romantic relationships and dating.

How would you define your current relationship status?

MARK (X) ONE

- Married
- Engaged
- Seriously dating
- Casually dating
- Not currently in a relationship or dating

**3.3. How much do you agree or disagree with the following statements?**

*MARK (X) ONE FOR EACH QUESTION*

- |   | <b>STRONGLY<br/>DISAGREE</b> | <b>DISAGREE</b> | <b>AGREE</b> | <b>STRONGLY<br/>AGREE</b> |
|---|------------------------------|-----------------|--------------|---------------------------|
| 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. Someone who makes their dating partner jealous deserves 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. |                              |                 |              |                           |

**3.4. Have you ever been fearful that someone you were dating or having sex with might physically hurt you?**

*MARK (X) ONE*

- Yes
- No

**3.5. Do you consider yourself to be one or more of the following?**

*SELECT ONE OR MORE*

- Straight
- Gay or Lesbian
- Transgender
- Bisexual
- Something else or I have not decided

**SECTION 4: INFORMATION. THOUGHTS AND OPINIONS**

**4.1. In the past 12 months, have you attended any classes or information sessions about sex and sexual health?**

MARK (X) ONE FOR EACH QUESTION

10 OF 10

- a. Relationships,
- b. Abstinence from sex
- c. Methods of birth control, such as condoms, pills, etc.
- d. Where to get birth control
- e. Sexually transmitted diseases, also known as STDs or STIs

**4.2. Where did you attend these classes or information sessions? For example, did you attend them in health class at school, or through a program at a community center such as the Boys Club or Girls Club, or the YMCA? If you attended these classes or sessions at more than one place, please list all of these places in the spaces provided below.**

PLACE 1:

PLACE 2:

ADDITIONAL PLACES:

**4.3. How strongly do you agree or disagree with each of the following statements?**

*MARK (X) ONE FOR EACH QUESTION*

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. Having sexual intercourse is a good thing for you to do at your age				
b. At your age right now, having sexual intercourse would create problems				
c. At your age right now, not having sexual intercourse is important for you to be safe and healthy				
d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom, the pill, etc.				
e. It is against your values to have sexual intercourse before marriage				

**4.4. Sometimes people don't want to have sex, but have a hard time saying "no". How likely is it you would be able to say "no" to having sexual intercourse...**

*MARK (X) ONE FOR EACH QUESTION*

	<b>NOT AT ALL LIKELY</b>	<b>A LITTLE BIT LIKELY</b>	<b>SOMEWHA T LIKELY</b>	<b>VERY LIKELY</b>
a. With someone you have known for a few days or less?.....				
b. With someone you have dated for a long time?.....				
c. With someone with whom you have already had sexual intercourse?				
d. With someone who is pushing you to have sexual intercourse?				
e. With someone who does not want to use a condom?				



**4.5. 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*

- |  | <b>STRONGLY<br/>DISAGREE</b> | <b>DISAGREE</b> | <b>NEITHER<br/>AGREE NOR<br/>DISAGREE</b> | <b>AGREE</b> | <b>STRONGLY<br/>AGREE</b> |
|--|------------------------------|-----------------|---|--------------|---------------------------|
| a. Condoms should always be used if a person your age has sexual intercourse |                              |                 |   |              |                           |
| b. Condoms are important to make sex safer                                   |                              |                 |   |              |                           |
| c. Using condoms means you don't trust your partner                          |                              |                 |   |              |                           |
| d. Using condoms is morally wrong  |                              |                 |   |              |                           |

**4.6. 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 lot
- Completely
- Don't know

**4.7. 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 lot
- Completely
- Don't know

**4.8. 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 lot
- Completely
- Don't know

**4.9. 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 lot
- Completely
- Don't know

**4.10. The next list of questions is about sexually transmitted diseases, also known as an STDs or STIs, including HIV, the virus that causes AIDS. Please answer each question.**

*MARK (X) ONE FOR EACH QUESTION*

- |   | YES | N<br>O | Don't<br>Know |
|---|-----|--------|---------------|
| a. Can you get a sexually transmitted disease, also known as an STD or STI, from having oral sex? |     |        |               |
| b. Can you tell if people have HIV, the virus that causes AIDS, by looking at them?               |     |        |               |
| c. Can a woman give HIV to a man if they are having sexual intercourse without a condom?          |     |        |               |
| d. Can a person who has sexual intercourse only with people he or she knows well ever get HIV?    |     |        |               |
| e. Can a pregnant woman who has HIV pass it on to her newborn baby?                               |     |        |               |

**4.11. Which of the following methods offers the MOST protection against HIV, the virus that causes AIDS, and other sexually transmitted diseases, also known as STDs or STIs?**

*MARK (X) ONE*

Birth control pills

The shot (Depo-Provera)

Condoms

The patch

Don't know

**4.12. Have you ever had sexual intercourse, oral sex, or anal sex?**

Yes → **GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE**

No → **GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE**

**Complete the correct Part B (B1 or B2),  
but not both.**

**Put this booklet back in  
the envelope and  
Go to Part B1 or Part B2.**

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# PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

## FOLLOW-UP SURVEY

### PART B1

**Please be sure that you have the correct Part B.**

**If you answered "Yes" to the last question of Part A, you have the correct version of Part B. If you answered "No," please put this version back in your envelope and fill out Part B2 instead.**

**Thank you.**

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## PART B

5.1. 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.

Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?

MARK (X) ONE

- No      STOP AND GO TO PART B2.
- Yes     CONTINUE WITH THIS BOOKLET.

5.2. The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.

Have you ever had sexual intercourse?

MARK (X) ONE

- Yes
- No      GO TO 5.10



5.3. The very first time you had sexual intercourse, how old were you?

MARK (X) ONE

- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old or older

5.4. The first time you had sexual intercourse, did you or your partner use any of these methods of birth control?

MARK (X) ONE FOR EACH QUESTION

- |  | YES | NO |
|--|-----|----|
| a. Condoms.....  |     |    |
| b. Birth control pills or the patch.....               |     |    |
| c. Depo-Provera or other injectable birth control..... |     |    |
| d. NuvaRing or the ring.....                           |     |    |
| e. Withdrawal or pulling out.....                      |     |    |
| f. Another method <i>PRINT OTHER METHOD USED</i> ..... |     |    |

**5.5. How many DIFFERENT PEOPLE have you ever had sexual intercourse with, even if only one time?**

NUMBER OF PEOPLE – Your best estimate is fine.

**5.6. Now please think about the past 3 months. In the past 3 months, have you had sexual intercourse?**

*MARK (X) ONE*

Yes

No **GO TO 5.10**



**5.7. In the past 3 months, how many TIMES have you had sexual intercourse?**

NUMBER OF TIMES – Your best estimate is fine.

**5.8. In the past 3 months, how many TIMES have you had sexual intercourse without using a condom?**

NUMBER OF TIMES – Your best estimate is fine.

**5.9. The next question is about your use of the following methods of birth control:**

- Condoms
- Birth control pills
- The shot (Depo-Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implant (Implanon)

**In the past 3 months, how many TIMES have you had sexual intercourse without using any of these methods of birth control?**

NUMBER OF TIMES – Your best estimate is fine.

**5.10. Do you intend to have sexual intercourse in the next year, if you have the chance?**

*MARK (X) ONE*

Yes, definitely

Yes, probably

No, probably not

No, definitely not

**5.11. 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 penis or vagina.**

**Have you ever had oral sex?**

*MARK (X) ONE*

Yes

No **GO TO 5.16**



**5.12. The very first time you had oral sex, how old were you?**

*MARK (X) ONE*

12 years old or younger

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old or older

**5.13. Now please think about the past 3 months. In the past 3 months, have you had oral sex?**

*MARK (X) ONE*

Yes

No **GO TO 5.16**



**5.14. In the past 3 months, how many **TIMES** have you had oral sex?**

NUMBER OF TIMES – Your best estimate is fine.

**5.15. 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.



**5.16. 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 anus or butt.**

**Have you ever had anal sex?**

*MARK (X) ONE*

Yes

No **GO TO 5.21**



**5.17. The very first time you had anal sex, how old were you?**

*MARK (X) ONE*

12 years old or younger

13 years old

14 years old

15 years old

16 years old

17 years old

18 years old or older

**5.18. 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 5.21**



**5.19. In the past 3 months, how many **TIMES** have you had anal sex?**

NUMBER OF TIMES – Your best estimate is fine.

**5.20. 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.

**5.21. Have you ever had oral sex or anal sex with a person the same sex as you?**

*MARK (X) ONE*

Yes

No

## SECTION 6: HEALTHCARE AND PREGNANCY

**6.1. In the past 12 months, how often did you receive information from a doctor, nurse, or clinic about any of the following?**

*MARK (X) ONE FOR EACH QUESTION*

- |  | NEVER | 1 - 2<br>TIMES | 3 - 5<br>TIMES | 6 - 9<br>TIMES | 10 OR<br>MORE<br>TIMES |
|--|-------|----------------|----------------|----------------|------------------------|
| a. Methods of birth control, such as condoms, pills, etc.    |       |                |                |                |                        |
| b. Where to get birth control                                |       |                |                |                |                        |
| c. Sexually transmitted diseases, also known as STDs or STIs |       |                |                |                |                        |

**6.2. In the past 12 months, did you get any type of birth control from a doctor, nurse, or clinic, such as condoms, pills, the shot, an implant, the ring, etc.?**

*MARK (X) ONE*

Yes

No **GO TO 6.4**

**6.3. What type of birth control did you receive?**

*SELECT ONE OR MORE*

Condoms

Birth control pills

The shot (Depo-Provera)

The patch

The ring (NuvaRing)

IUD (Mirena or Paragard)

Implant (Implanon)

Emergency Contraception (Plan B)

Other *PRINT OTHER TYPE*



**6.4. In the past 12 months, have you 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* .....

**6.5. These next few questions are about pregnancy. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?**

*MARK (X) ONE*

Yes

No **GO TO 6.8**

**6.6. To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?**

NUMBER OF TIMES

**6.7. Have you ever had a baby or has anyone you got pregnant actually had the baby?**

*MARK (X) ONE*

Yes

No

Don't know

**6.8. If you got pregnant now or you got someone pregnant now, how would you feel?**

*MARK (X) ONE*

Very happy

A little happy

Neither happy nor upset

A little upset

Very upset

## SECTION 7: ALCOHOL AND DRUG USE AND HEALTH

**7.1. The next questions are about 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 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

**7.2. During the past 30 days, on how many days did you have one or more alcoholic beverages?**

*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

**7.3. During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a few hours?**

*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

**7.4. 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

**7.5. 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

**7.6. 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 threatened with a gun or knife
- e. Been beaten up badly enough that you needed to go to the doctor, even if you did not end up going.....
- f. Been touched by someone or forced to touch someone in a sexual way when you did not want to.....



**Thank you for  
completing this survey!**



**MATHEMATICA**  
Policy Research

OMB Control No:  
Expiration Date:

**MATHEMATICA**  
Policy Research



# PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

## FOLLOW-UP SURVEY

### PART B2

**Please be sure that you have the correct Part B.**

**If you answered "No" to the last question of Part A, you have the correct version of Part B. If you answered "Yes," please put this version back in your envelope and fill out Part B1 instead.**

**Thank you.**

**Mathematica Policy Research**

#### THE PAPERWORK REDUCTION ACT OF 1995

Public 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.



## PART B

→  
5.1. This **booklet** is for youth who have not had sex. We want to be sure you are in the correct booklet. We know we asked this before but...

Just to confirm, have you ever had sexual intercourse, oral sex, or anal sex?

MARK (X) ONE

- Yes      **STOP AND GO TO PART B1.**  
No      **CONTINUE WITH THIS BOOKLET.**

5.2. The first questions in this booklet are about your future plans.

Do you expect to get married in the future?

MARK (X) ONE

- Yes  
No      **GO TO 5.5**

↓  
5.3. If it were just up to you, what age would you like to get married?

MARK (X) ONE

- Younger than 20 years old  
20 to 24 years old  
25 to 29 years old  
30 to 34 years old  
35 to 39 years old  
40 to 44 years old  
45 years old or older

5.4. If you met the right person, would you be willing to get married before these things happened?

MARK (X) ONE FOR EACH QUESTION

- |  | YES | NO |
|--|-----|----|
| a. You had been dating for at least a year.....    |     |    |
| b. You had lived together.....                     |     |    |
| c. You had your family's approval.....             |     |    |
| d. You had graduated from high school.....         |     |    |
| e. You had graduated from a four-year college..... |     |    |
| f. You had a full-time job.....                    |     |    |

**5.5. In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?**

*MARK (X) ONE*

- A lot of pressure
- Some pressure
- A little pressure
- No pressure

**5.6. 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 sexual intercourse is a good thing for them to do at their age						
b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom						
c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time						
d. They should wait until they are older to have sexual intercourse						
e. They should wait until marriage to have sexual intercourse						

**5.7. How many of your friends who are your age have had sexual intercourse? Your best guess is fine.**

*MARK (X) ONE*

- None
- Some
- Half
- Most
- All
- Don't know

**5.8. Here are some reasons people your age might choose NOT to have sexual intercourse. 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 values
- 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

**5.9. How strongly do you agree or disagree that each of the following statements are benefits to you of waiting to have sexual intercourse?**

*MARK (X) ONE FOR EACH*

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
-------------------	-------	----------	----------------------

- a. Respect for yourself.....
- b. Keeping true to religious values.....
- c. Respect from friends.....
- d. Better chance for a good marriage in the future.....

**5.10. Do you think it's embarrassing for people your age to admit they are virgins?**

*MARK (X) ONE*

Yes

No

**5.11. Do you think it's embarrassing for girls your age to get pregnant?**

*MARK (X) ONE*

Yes

No

**5.12. In the group you hang out with, how important is it to have a girlfriend or boyfriend or to be going out with someone?**

*MARK (X) ONE*

Very important

Not too important

Not important at all

**5.13. Do you intend to have sexual intercourse in the next year, if you have the chance?**

*MARK (X) ONE*

Yes, definitely

Yes, probably

No, probably not

No, definitely not

## SECTION 6: HEALTHCARE AND PREGNANCY

**6.1. In the past 12 months, how often did you receive information from a doctor, nurse, or clinic about any of the following?**

*MARK (X) ONE FOR EACH QUESTION*

- |  | NEVER | 1 - 2<br>TIMES | 3 - 5<br>TIMES | 6 - 9<br>TIMES | 10 OR<br>MORE<br>TIMES |
|--|-------|----------------|----------------|----------------|------------------------|
| a. Methods of birth control, such as condoms, pills, etc.    |       |                |                |                |                        |
| b. Where to get birth control                                |       |                |                |                |                        |
| c. Sexually transmitted diseases, also known as STDs or STIs |       |                |                |                |                        |

**6.2. In the past 12 months, did you get any type of birth control from a doctor, nurse, or clinic, such as condoms, pills, the shot, an implant, the ring, etc.?**

*MARK (X) ONE*

Yes

No **GO TO 6.4**

**6.3. What type of birth control did you receive?**

*MARK (X) ALL THAT APPLY*

Condoms

Birth control pills

The shot (Depo-Provera)

The patch

The ring (Nuva Ring)

IUD (Mirena or Paragard)

Implant (Implanon)

Emergency Contraception (Plan B)

Other (Specify)



**6.4. In the past 12 months, did you receive information about any of the following sexually transmitted diseases, also known as STDs or STIs?**

*MARK (X) ONE FOR EACH QUESTION*

YES NO

- a. Chlamydia.....
- b. Gonorrhoea.....
- 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*.....

**6.5. These next few questions are about your future plans. Do you want to have children in the future?**

*MARK (X) ONE*

Yes

No **GO TO 6.8**



**6.6. If it were just up to you, what age would you like to have your first child?**

YEARS OLD

**6.7. If it were just up to you, how many children would you like to have?**

*MARK (X) ONE*

One

Two

Three or more

**6.8. If you got pregnant now or you got someone pregnant now, how would you feel?**

*MARK (X) ONE*

Very happy

A little happy

Neither happy nor upset

A little upset

Very upset

## SECTION 7: ALCOHOL AND DRUG USE AND HEALTH

**7.1. The next questions are about 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 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

**7.2. During the past 30 days, on how many days did you have one or more alcoholic beverages?**

*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

**7.3. During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a few hours?**

*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

**7.4. 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

**7.5. 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*

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- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
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**7.6. Now thinking about experiences throughout your life, how many times have you experienced the following things?**

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