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OMB Control No: 0990-0452

Expiration Date: 08/31/2020

ATTITUDES, BEHAVIORS, AND CHOICES STUDY

FOLLOW UP SURVEY

PRIVACY

Thank you for your help with this important study. It will help us understand what things are like for people your age today. 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. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.**
- 2. The answers you give will never be identified as yours. Your responses will be combined with those of other**

THE PAPERWORK REDUCTION ACT OF 1995

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0452. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

START HERE

SECTION 1: BACKGROUND INFORMATION

Verification 1.1: In what month and year were you born?

/ MONTH / YEAR

If BaselineEthnicity=missing

1.2. Are you Hispanic or Latino?

MARK (X) ONE

Yes

No

If BaselineRace=missing

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

Other (specify)

1.4. What grade are you currently in? (If during the summer break): If you are currently on summer break, please answer this question about the last school year.

MARK (X) ONE

- 5th grade or below
- 6th grade
- 7th grade
- 8th grade
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- Not currently enrolled in any school

IF NOT CURRENTLY IN SCHOOL

1.5. Do you have any of these degrees or certificates?

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. A high school diploma.....	<input type="checkbox"/>	<input type="checkbox"/>
b. A GED.....	<input type="checkbox"/>	<input type="checkbox"/>

SKIP IF 1.4 = NOT CURRENTLY ENROLLED

1.6. How often would you say you skip school?

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

1.7. How many times have you been suspended or expelled from school?

MARK (X) ONE

- Never
- Once
- More than once

SKIP IF RESPONDENT HAS DIPLOMA OR GED

1.8. 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: INFORMATION, THOUGHTS, AND OPINIONS

2.1. In the past 6 months, that is since last [FILL MONTH (CURRENT DATE-6 MONTHS)], how often 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. *Please do not include any individual discussions with a parent or other adult.*

MARK (X) ONE FOR EACH QUESTION

	NEVER	1 – 2 TIMES	3 – 5 TIMES	6 – 9 TIMES	10 OR MORE TIMES
a. Relationships, dating, or marriage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Abstinence from sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Methods of birth control, such as condoms, pills, the patch, the shot, the ring, IUD, or an implant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Where to get birth control.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexually transmitted diseases, also known as STDs or STIs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.2. 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At your age right now, having sex would create problems.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At your age right now, not having sex is important for you to be safe and healthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Having sex at your age would make you less likely to graduate from high school.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Having sex at your age would make you less likely have the career that you are hoping for.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. It is against your beliefs to have sex before marriage.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.3. In the past 6 months, about how many times have you asked one or both of your parents/guardians questions about sex?

TIMES

2.4. 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 my parents/guardians about sex
- Somewhat comfortable
- Comfortable
- Very comfortable

2.5a. How much do you agree or disagree with the following statement?

If my dating partner wanted to have sex, but I didn't, I would find it pretty hard to say "no."

MARK (X) ONE

- Strongly Agree
 - Agree
 - Neither agree nor disagree
- Disagree
- Strongly Disagree

2.5b. How much do you agree or disagree with the following statement?

If I didn't want to have sex and was with someone who was pushing me to have sex, I could say "no".

MARK (X) ONE

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

2.5c. How much do you agree or disagree with the following statement?

I could say “no” to having sex if I was with someone who didn’t want to use a condom.

MARK (X) ONE

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree

2.6. 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Condoms decrease sexual pleasure.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Condoms are embarrassing to use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condoms ruin the mood because you have to stop to put one on.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Sex feels unnatural when a condom is used.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Condoms are important to make sex safer.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Using condoms means you don't trust your partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. You would be concerned your partner would break up with you if you suggested using a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Using condoms is morally wrong.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. It is too much trouble to carry around condoms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Condoms are a hassle to use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Condoms are pretty easy to get.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.7. The next series of statements is about how confident you feel doing different things. 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. I can say to my partner that we should use a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I feel confident talking about condom use.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I feel confident I could put a condom on myself or my partner.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I could get my partner to agree to use a condom without turning them off.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I could not put a condom on my partner or myself without ruining the mood.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If I were "turned on" I could stop before sex to use a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I could get my partner to use a condom, even if they didn't want to.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I am sure that I can use a condom if I have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.8. 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

2.9. 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

2.10. 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

2.11. 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

2.12. Can you get a sexually transmitted disease, also known as an STD or STI, from having oral sex?

MARK (X) ONE

- Yes
- No
- Don't know

2.13. Can you get a sexually transmitted disease, also known as an STD or STI, from having anal sex?

MARK (X) ONE

- Yes
- No
- Don't know

2.14. 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Condoms have an expiration date.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When putting on a condom, it is important to leave a space at the tip.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is okay to use petroleum jelly or Vaseline as a lubricant when using latex condoms.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. When using a condom, it is important for the man to pull out right after ejaculation.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Wearing two latex condoms will provide extra protection.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.15. 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 less effective if a woman misses taking them for two or three days in a row.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. After a woman stops taking birth control pills, she is unable to get pregnant for at least two months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In order to get the birth control pill, a woman must have a pelvic exam.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It is not necessary for women to "take a break" from the pills every couple of years.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Birth control pills can reduce the risk of getting a sexually transmitted disease (STD).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.16. The next statements are 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A woman can use an IUD, even if she has never had a child.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Women who use IUDs cannot use tampons.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A woman can get an IUD without going to a doctor's office, clinic or medical professional.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. An IUD cannot be felt by a woman's partner during sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. IUDs can move around in a woman's body.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. An IUD prevents pregnancy for at least 3 years.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.17. The next statements are about long-acting methods and other hormonal methods 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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Even if a woman is late getting her birth control shot, she is still protected from pregnancy for at least 3 more months.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Women using the vaginal ring, NuvaRing, must have it inserted by a doctor or health care provider every month.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Long acting methods like the implant (Implanon or Nexplanon) or an IUD (Mirena, ParaGard, or Skyla) can be removed early if a woman changes her mind about wanting to get pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Long-acting methods like the implant, an IUD, or the shot can reduce the risk of getting a sexually transmitted disease (STD).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.18. The next statements are about sexually transmitted diseases, also known as STDs or STIs, and HIV/AIDS. 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. You can have an STD and feel healthy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A woman who has a STD can get an infection in her uterus and fallopian tubes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A person with the HIV/AIDS can give it to other people only if they look and feel sick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The HIV virus is present in blood, semen, and vaginal fluid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.19. 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. During a woman's monthly cycle, there are certain days when she is more likely to become pregnant if she has sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The very first time a woman has sex, she cannot get pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Douching (washing the vagina) after sex can prevent pregnancy.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Pregnancy is much less likely to occur if a couple has sex standing up.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The only way to completely prevent pregnancy is by not having sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 3: HEALTH AND SEXUAL BEHAVIOR

3.1. How do you describe your gender?

MARK (X) ONE

- Male
- Female
- Transgender
- Unsure
- Other (specify)

3.2. 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 sure
- Other (specify)

3.3. In the past 3 months, have you sent nude or nearly nude pictures or videos of yourself to others?

MARK (X) ONE

- Yes
- No

3.4. In the past 3 months, have you received nude or nearly nude pictures or videos of someone else?

MARK (X) ONE

- Yes
- No

3.5. In the past 3 months, have you touched someone's private parts? Private parts are the parts of the body covered by underwear or a bra.

MARK (X) ONE

Yes

No

3.6. In the past 3 months, other than a doctor or a nurse, have you let someone touch your private parts?

MARK (X) ONE

Yes

No

3.7. 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 3.13**

3.8. 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 **GO TO 3.13**

3.9. In the past 3 months, how many DIFFERENT PEOPLE have you had vaginal sex with, even if only one time?

NUMBER OF PEOPLE – Your best guess is fine.

3.10. In the past 3 months, how many times have you had vaginal sex?

NUMBER OF TIMES – Your best guess is fine.

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

- Condoms
- Birth control pills
- The shot (such as Depo-Provera)
- The patch (such as Ortho-Evra)
- g (such as NuvaRing)
- IUD (such as Mirena, ParaGard, or Skyla)
- Implant (such as Implanon or Nexplanon)

In the past 3 months, how many times have you had vaginal sex without you or your partner using any of these methods of birth control?

NUMBER OF TIMES – Your best guess is fine.

3.12. In the past 3 months, how many times have you had vaginal sex without using a condom?

NUMBER OF TIMES – Your best guess is fine.

ALL

3.13. Do you intend to have vaginal sex in the next 3 months, if you have the chance?

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

3.14. If you were to have vaginal sex in the next 3 months, do you intend to use (or have your partner use) a condom?

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

3.15. If you were to have vaginal sex in the next 3 months, do you intend to use (or have your partner use) any of these methods of birth control?

- Birth control pills
- The shot (such as Depo-Provera)
- The patch (such as Ortho-Evra)
- The ring (such as NuvaRing)
- IUD (such as Mirena, ParaGard, or Skyla)
- Implants (such as Implanon or Nexplanon)

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

3.16. Oral sex is when someone puts his or her mouth on another person's penis, anus or vagina, or lets someone else put his or her mouth on their own penis, anus or vagina.

Have you ever had oral sex?

MARK (X) ONE

- Yes →
- No **GO TO 3.20**

3.17. 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 3.20**

3.18. In the past 3 months, how many times have you had oral sex?

NUMBER OF TIMES – Your best guess is fine.

3.19. In the past 3 months, how many times have you had oral sex without using a condom or a dental dam?

NUMBER OF TIMES – Your best guess is fine.

ALL

3.20. Do you intend to have oral sex in the next 3 months, if you have the chance?

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

3.21. If you were to have oral sex in the next 3 months, do you intend to use (or have your partner use) a condom or dental dam?

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

3.22. 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 3.26**

3.23. 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 3.26**

3.24. In the past 3 months, how many times have you had anal sex?

NUMBER OF TIMES – Your best guess is fine.

3.25. In the past 3 months, how many times have you had anal sex without using a condom?

NUMBER OF TIMES – Your best guess is fine.

ALL

3.26. Do you intend to have anal sex in the next 3 months, if you have the chance?

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

3.27. If you were to have anal sex in the next 3 months, do you intend to use (or have your partner use) a condom?

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

If 3.7 OR 3.16 OR 3.22= YES, SKIP TO SECTION 4

3.28. In the past 3 months, have you hung out alone with someone you were attracted to?

MARK (X) ONE

- Yes
- No

3.29. In the past 3 months, have you kissed someone you were attracted to on the mouth?

MARK (X) ONE

- Yes →
- No → **GO TO 3.31**

3.30. In the past 3 months, have you tongue kissed or French kissed someone?

MARK (X) ONE

- Yes
- No

3.31. In the past 3 months, have you laid down alone with someone you were attracted to?

MARK (X) ONE

- Yes
- No

3.32. In the past 3 months, have you had a boyfriend or girlfriend?

MARK (X) ONE

- Yes →
- No

GO TO 3.34

3.33. In the past 3 months, how many boyfriends or girlfriends have you had?

3.34. 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

3.35 How many of your friends who are your age think the following things?

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It would be okay for them to have sex as long as they used birth control, like a condom.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It would be okay for them to have sex if they were dating the same person for a long time.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They should wait until they are older to have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They should wait until marriage to have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3.36. How many of your friends who are your age have had sex?

MARK (X) ONE

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

3.37. Here are some reasons people your age might choose not to have sex. How important to you are the following reasons?

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.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't want to disappoint my parents.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am too young to have sex.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I want to wait until I'm in a serious relationship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I want to wait until I'm married.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is against my personal beliefs.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I haven't met the right person yet.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I haven't had the chance.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I do not want to get pregnant or get someone pregnant.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 4: HEALTHCARE AND PREGNANCY

4.1. In the past 6 months, that is since [FILL MONTH CURRENT DATE-6 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.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Where to get birth control.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Sexually transmitted diseases, also known as STDs or STIs.....	<input type="checkbox"/>	<input type="checkbox"/>
d. The HPV vaccine, also known as Gardasil or Cervarix.....	<input type="checkbox"/>	<input type="checkbox"/>

4.2. In the past 6 months, that is since [FILL MONTH CURRENT DATE-6 MONTHS], did you get any of the following types of birth control from a doctor, nurse, or clinic?

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. Condoms.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control pills.....	<input type="checkbox"/>	<input type="checkbox"/>
c. The patch, such as Ortho-Evra.....	<input type="checkbox"/>	<input type="checkbox"/>
d. The shot, such as Depo-Provera.....	<input type="checkbox"/>	<input type="checkbox"/>
e. The ring, such as NuvaRing.....	<input type="checkbox"/>	<input type="checkbox"/>
f. An IUD, such as Mirena, ParaGard, or Skyla.....	<input type="checkbox"/>	<input type="checkbox"/>
g. An implant, such as Implanon or Nexplanon.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Emergency contraceptive pills, such as Plan B.....	<input type="checkbox"/>	<input type="checkbox"/>
j. Another method <i>PRINT OTHER METHOD USED</i> ↴	<input type="checkbox"/>	<input type="checkbox"/>

4.3. Now think about the past 3 months. In the past 3 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.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Gonorrhea.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Genital herpes.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Syphilis.....	<input type="checkbox"/>	<input type="checkbox"/>
e. HIV infection or AIDS.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Human papilloma virus, also known as HPV or genital warts.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD</i> ↗	<input type="checkbox"/>	<input type="checkbox"/>

4.4. In the past 3 months, have you talked about contraception or sexually transmitted diseases (STDs) with someone you were in a relationship with?

MARK (X) ONE

- Yes
- No

4.5. 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
- No

SECTION 5: SMOKING, ALCOHOL, DRUG USE, AND HEALTH

- 5.1. 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 outside the study team.

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

- 5.2. 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

5.3. Now think 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 5.5**
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

5.4. 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

5.5. 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

5.6. 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

SECTION 6: YOUR RELATIONSHIPS

6.1. 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

6.2. In past 3 months, have you been contacted by someone you met online to meet in-person?

MARK (X) ONE

- Yes
- No

6.3. In the past 3 months, have you contacted someone you met online to try and meet up in-person?

MARK (X) ONE

- Yes
- No

6.4. 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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There are times when hitting or pushing between people who are dating is okay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A good dating relationship is based on mutual respect, not just sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People who make their dating partner jealous deserve to be hit or pushed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It would be easy to trust someone you are dating, even when you're apart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding a disagreement with someone you are dating is always better than talking about your problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>