

MITRE Pregnancy Prevention in Adolescents
 Youth Baseline Survey
 April 2020

- This document presents the items MITRE will use to evaluate contracted programs' impact on youth knowledge, attitude, beliefs, intentions, and behavior.
- The list of items is organized by category and does not necessarily reflect the ordering of items in the final survey instrument.
- Skip and display patterns are noted in square brackets. MITRE plans to administer the survey electronically to automate skip and display patterns.
- MITRE will facilitate translation services for contracted programs that serve a population literate in a language other than English.

DEMOGRAPHIC INFORMATION/FAMILY/ENVIRONMENT/BACKGROUND

Item #	Item	Source	Classification/Notes	
D1	What is your date of birth? MARK (X) ONE MONTH AND ONE YEAR	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.1 Part A	Age	
D2	What grade are you currently in, or if you aren't in school right now, what grade did you last complete? MARK (X) ONE <input type="checkbox"/> 4th <input type="checkbox"/> 5th <input type="checkbox"/> 6th <input type="checkbox"/> 7th <input type="checkbox"/> 8th <input type="checkbox"/> 9th	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.2 Part A Modifications made- Changed from "What grade are you in?"; added lower grade levels	Education	

	<input type="checkbox"/> 10th <input type="checkbox"/> 11th <input type="checkbox"/> 12th			
D3	Are you a...? MARK (X) ONE <input type="checkbox"/> Male <input type="checkbox"/> Female	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.3 Part A	Biological sex	
D4	Are you Hispanic or Latino? MARK (X) ONE <input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.4 Part A	Ethnicity	
D5	What is your race? YOU MAY MARK (X) MORE THAN ONE ANSWER <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.5 Part A	Race	
D6	When you are at home or with your family, what language or languages do you usually speak? YOU MAY MARK (X) MORE THAN ONE ANSWER <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese language such as Mandarin or Cantonese <input type="checkbox"/> Other <i>PRINT OTHER LANGUAGES</i>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.6 Part A	Language spoken with family	
D7	Which of the following best describes where you live? <input type="checkbox"/> You live in one home	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-	Living arrangement	

	<input type="checkbox"/> You live in two or more homes, and go back and forth <input type="checkbox"/> You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) <input type="checkbox"/> Other (You live in a residential facility, detention center, or another type of facility)	0360) Concordance Item #2.1a Part A Modifications made: Added “other” category		
D8	Do you currently live in a group home? Yes No	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0990-0382) OICA Follow-Up Survey Item #1.4	Living arrangement	
D9	[Display if response to D7 was live in one home or live in two or more homes and response to D8 was no.] Who lives in your home with you? Check all that apply. A. Your biological mother B. A stepmother or adoptive mother C. A foster mother D. Your biological father E. A stepfather or adoptive father F. A foster father G. Your parent’s partner, boyfriend or girlfriend H. Grandparents I. Older brothers or sisters J. Younger brothers or sisters K. Aunts, uncles, other relatives L. Other adults not related to you M. Other kids not related to you N. You live by yourself [If two or more homes, repeat question for other homes: “Now think about the other	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #2.2 Part A Modifications made: separated people not related to you into children and adults, changed ordering of response options for mother and father items	Living arrangement	

	home you live in. Who lives there with you?"]			
D10	Are you now, or have you ever been, in foster care? Yes No	Added by MITRE	Living arrangement	
D11	[Display if response was Yes to D10] How old were you when you entered the foster care system? Less than 1 year old 1 year old 2 years old ... 16 years old	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0990-0382) OICA Follow-Up Survey Item #1.3	Living arrangement	
D12	[Display if response to D7 was live in one home or live in two or more homes and response to D8 was no.] The following questions are about the food situation in your home during the last month . Please circle the answer that best describes you. 1. Did you worry that food at home would run out before your family got money to buy more? 2. Did the food that your family bought run out , and you didn't have money to get more? 3. Did your meals only include a few kinds of cheap foods because your family was running out of money to buy food? 4. How often were you not able to eat a balanced meal because your family didn't have enough money? 5. Did you have to eat less because	USDA Economic Research Service's Self-Administered Food Security Survey Module for Children Ages 12 Years and Older (Connell et al., 2004)	Family income/socio-economic status	

	<p>your family didn't have enough money to buy food?</p> <p>6. Has the size of your meals been cut because your family didn't have enough money for food?</p> <p>7. Did you have to skip a meal because your family didn't have enough money for food?</p> <p>8. Were you hungry but didn't eat because your family didn't have enough food?</p> <p>9. Did you not eat for a whole day because your family didn't have enough money for food?</p> <p>[Response options: A lot, Sometimes, Never]</p>			
D13	<p>In the last 12 months, how often did you attend religious services or activities?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> More than once a week</p> <p><input type="checkbox"/> Once a week</p> <p><input type="checkbox"/> 1-3 times per month</p> <p><input type="checkbox"/> Less than once a month</p> <p><input type="checkbox"/> Never</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.7 Part A</p>	<p>Religion</p>	
D14	<p>How important is religion in your life?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all important</p> <p><input type="checkbox"/> Somewhat important</p> <p><input type="checkbox"/> Very important</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.8 Part A</p>	<p>Religion</p>	
D15	<p>The following questions are about your mother or the person you think of as your mother. Do you have a mother or a person you think of as a mother, even if she's not alive now?</p> <p>Yes</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #2.6 Part A (Introductory Text)</p>	<p>Mother</p>	

	No	Modifications made- changed introduction from “the person you marked as your mother” to remove “you marked”. Added question to ask whether they had/have such a person in their lives.		
D16	[Display only if the response to D15 is Yes] How far did she go in school? MARK (X) ONE <input type="checkbox"/> She finished some high school but didn't graduate <input type="checkbox"/> She graduate from high school <input type="checkbox"/> She finished some college but didn't graduate <input type="checkbox"/> She graduated from college <input type="checkbox"/> Don't know	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Items #2.6 and #2.7 Part A	Mother	
D17	[Display only if the response to D15 is Yes] Is she alive? Yes No	Added by MITRE	Mother	
D18	[Display only if the response to D17 is Yes] How close do you feel to your mother or the person you think of as a mother? MARK (X) ONE <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #2.10 Part A	Mother	
D19	[Display only if the response to D17 is Yes]	Evaluation of Adolescent Pregnancy Prevention	Mother	

	<p>In general, how much do you think she cares about you?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Does not care at all</p> <p><input type="checkbox"/> Cares a little bit</p> <p><input type="checkbox"/> Cares somewhat</p> <p><input type="checkbox"/> Cares very much</p>	<p>Approaches (OMB No.: 0970-0360) Concordance Item #2.11 Part A</p>		
D20	<p>The following questions are about your father or the person you think of as a father. Do you have a father or a person you think of as a father, even if she's not alive now?</p> <p>Yes</p> <p>No</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #2.15 Part A (Introductory Text)</p> <p>Modifications made- changed introduction from "the person you marked as your father" to remove "you marked". Added question to ask whether they had/have such a person in their lives.</p>	Father	
D21	<p>[Display only if the response to D20 is Yes]</p> <p>How far did he go school?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> He finished some high school but didn't graduate</p> <p><input type="checkbox"/> He graduated from high school</p> <p><input type="checkbox"/> He finished some college but didn't graduate</p> <p><input type="checkbox"/> He graduated from college</p> <p><input type="checkbox"/> Don't know</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #2.15 and #2.16 Part A</p>	Father	
D22	<p>[Display only if the response to D20 is Yes]</p> <p>Is he alive?</p> <p>Yes</p>	<p>Added by MITRE</p>	Father	

	No			
D23	<p>[Display only if the response to D22 is Yes] How close do you feel to your father or the person you think of as your father? MARK (X) ONE <input type="checkbox"/> Not at all close <input type="checkbox"/> A little close <input type="checkbox"/> Somewhat close <input type="checkbox"/> Very close</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #2.18 Part A</p>	Father	
D24	<p>[Display only if the response to D22 is Yes] In general, how much do you think he cares about you? MARK (X) ONE <input type="checkbox"/> Does not care at all <input type="checkbox"/> Cares a little bit <input type="checkbox"/> Cares somewhat <input type="checkbox"/> Cares very much _</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #2.19 Part A</p>	Father	
D25	<p>Transition: The next questions are about relationships, abstinence, birth control, and sexually transmitted diseases.</p> <p>In the past 12 months, have you received information or learned about any of the following? MARK (X) ONE FOR EACH QUESTION Yes, No a. Relationships, dating, marriage, or family life b. Abstinence from sex c. Methods of birth control d. Where to get birth control</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0990-0382) Engender Health Survey Item #1.7 Part A</p>	Previous exposure to sexual health information	

	<p>e. Sexually transmitted diseases, also known as STDs</p> <p>f. How to talk to your partner about whether to have sex or whether to use birth control</p> <p>g. How to say no to sex</p> <p>h. How babies are made</p>			
D26	<p>How much would you be interested in attending a program that gives you information on relationships, abstinence, birth control, and sexually transmitted diseases?</p> <p>A. Very interested</p> <p>B. A little interested</p> <p>C. Not at all interested</p>	Added by MITRE	Matching variable for comparison youth who do not participate in a program	

BEHAVIOR (B)

Item #	Item/Scale	Source	Classification/Notes
B1	<p>In the past year, how much have you talked to your parent(s) or guardian(s) about the following topics?</p> <ul style="list-style-type: none"> a. Using condoms b. Using other forms of birth control, like birth control pills c. Sexually transmitted diseases (STDs) d. HIV/AIDS e. Getting pregnant/getting someone else pregnant f. Waiting to have sex until you're older or sexual abstinence <p>In the past year, how much have you talked to your best friend about the following topics?</p> <ul style="list-style-type: none"> a. Using condoms b. Using other forms of birth control, like birth control pills c. Sexually transmitted diseases (STDs) d. HIV/AIDS e. Getting pregnant/getting someone else pregnant f. Waiting to have sex until you're older or sexual abstinence <p>In the past year, have you had a boyfriend/girlfriend or someone you liked "more than friends" who you have talked to or hung out with?</p> <p>Yes No (Skip to end of survey)</p> <p>In the past year, how much have you talked to your</p>	<p>Adolescent Sexual Communication Scale (Widman & Stewart, 2020)</p> <p>Modifications made: Added mention of guardian(s) to the parent sub-scale</p>	<p>Protective behaviors-communication with parents</p>

	<p>boyfriend/girlfriend about the following topics?</p> <ol style="list-style-type: none"> a. Using condoms b. Using other forms of birth control, like birth control pills c. Sexually transmitted diseases (STDs) d. HIV/AIDS e. Getting pregnant/getting someone else pregnant f. Waiting to have sex until you're older or sexual abstinence <p>[Response options for all sub-scales: Never talked about this, Talked about this 1 time, Talked about this 2 or 3 times, Talked about this 4 to 6 times, Talked about this 7+ times]</p>		
B2	<p>How many times in the last 6 months has a boyfriend or girlfriend done these things to you?</p> <ul style="list-style-type: none"> • 22b Said things to hurt your feelings on purpose • 22c Insulted you in front of others • 22e Would not let you do things with other people • 22f Threatened to start dating someone else • 22i Did something just to make you jealous • 22j Blamed you for bad things they did • 22k Threatened to hurt you • 22l Made you describe where you were every minute of the day • 22n Put down your looks • Pushed, grabbed, shoved, or kicked you • 23a Called you names, put you down, or said really mean things to you on Snapchat, Instagram, Facebook or other social media and messaging apps 	<p>Evaluation of the Safe Dates Project (OMB No.: 0920-0783) Youth Dating Survey Items 22, 23, 24, 25</p> <p>Item stem wording taken from Miller et al. (2015) Teen Dating Violence Measures- Perpetration and Victimization</p> <p>Modifications made: Changed personal pronouns from first to second person to be consistent with other items in this survey. Deleted 22 & 24 a, d, g, h, m, o. Added "Pushed, grabbed, shoved, or kicked you/them." Deleted 23 & 25 f. Re-worded references to social media and messaging apps to reference current popular apps.</p>	Risk behaviors- dating violence

- 23b Called your cellphone or sent you messages when you didn't want them to, just to make you mad
- 23c Sent you messages that asked you to engage in sexual acts when you didn't want to
- 23d Spread rumors about you on Snapchat, Instagram, Facebook or other social media and messaging apps
- 23e Used your posts or messages on Snapchat, Instagram, Facebook or other social media and messaging apps to harass you or put you down
- 23g Shared private or embarrassing pictures or videos of you on Snapchat, Instagram, Facebook or other social media and messaging apps
- 23h Used Snapchat, Instagram, Facebook or other social media and messaging apps to threaten to hurt you physically

How many times in the last 6 months have you done these things to a boyfriend or girlfriend?

- 24b Said things to hurt their feelings on purpose
- 24c Insulted them in front of others
- 24e Would not let them do things with other people
- 24f Threatened to start dating someone else
- 24i Did something just to make them jealous
- 24j Blamed them for bad things you did
- 24k Threatened to hurt them
- 24l Made them describe where they were every minute of the day
- 24n Put down their looks

	<ul style="list-style-type: none"> • Pushed, grabbed, shoved, or kicked them • 25a Called them names, put them down, or said really mean things to them on Snapchat, Instagram, Facebook or other social media and messaging apps • 25b Called their cellphone or sent them messages when they didn't want you to, just to make them mad • 25c Sent them messages that asked them to engage in sexual acts when they didn't want to • 25d Spread rumors about them on Snapchat, Instagram, Facebook or other social media and messaging apps • 25e Used their posts or messages on Snapchat, Instagram, Facebook or other social media and messaging apps to harass them or put them down • 25g Shared private or embarrassing pictures or videos of them on Snapchat, Instagram, Facebook or other social media and messaging apps • 25h Used Snapchat, Instagram, Facebook or other social media and messaging apps to threaten to hurt them physically <p>[Response options for all sub-scales: Never, 1-3 times, 4-9 times, 10 or more times]</p>		
B3	<p>The next question asks about cigarette smoking. During the past 30 days, have you smoked cigarettes, even once?</p> <p>A. Yes B. No</p>	Added by MITRE	Risk behaviors- drug and alcohol use

B4	<p>The next question asks about electronic vapor products, such as JUUL, Vuse, MarkTen, blu, KandyPens, PaxEraPro, and APX Vape. Electronic vapor products include e-cigarettes, e-cigars, e-hookahs, marijuana vape pens, hookah pens, and mods.</p> <p>During the past 30 days, have you used an electronic vapor product, even once?</p> <p>A. Yes B. No</p>	<p>Introductory text is from Item #34 2019 National YRBS (OMB No.: 0920-0493)</p> <p>Question added by MITRE</p>	Risk behaviors- drug and alcohol use
B5	<p>The next question asks about drinking alcohol. This includes drinking beer, wine, wine coolers, and liquor such as rum, gin, vodka, or whiskey. For this question, drinking alcohol does not include drinking a few sips of wine for religious purposes.</p> <p>During the past 30 days, have you drank alcohol, even once?</p> <p>A. Yes B. No</p>	<p>Introductory text is from Item #41. 2019 National YRBS (OMB No.: 0920-0493)</p> <p>Question added by MITRE</p>	Risk behaviors- drug and alcohol use
B6	<p>The next question asks about marijuana use. Marijuana also is called pot, weed, or cannabis.</p> <p>During your life, have you ever used marijuana?</p> <p>A. Yes B. No</p>	<p>Introductory text is from Item #45. 2019 National YRBS (OMB No.: 0920-0493)</p> <p>Question added by MITRE</p>	Risk behaviors- drug and alcohol use
B7	<p>The next question asks about synthetic marijuana use. Synthetic marijuana also is called Spice, fake</p>	<p>Introductory text from item Item #48, 2019 National YRBS (OMB No.: 0920-</p>	Risk behaviors- drug and alcohol use

	<p>weed, K2, King Kong, Yucatan Fire, or Skunk.</p> <p>During your life, have you ever used synthetic marijuana?</p> <p>A. Yes B. No</p>	<p>0493)</p> <p>Question added by MITRE</p>	
B8	<p>The next question asks about the use of prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it. For this question, count drugs such as codeine, Vicodin, OxyContin, Hydrocodone, and Percocet.</p> <p>During your life, have you ever you taken prescription pain medicine without a doctor's prescription or differently than how a doctor told you to use it?</p> <p>A. Yes B. No</p>	<p>Introductory text from item #49, 2019 National YRBS (OMB No.: 0920-0493)</p> <p>Question added by MITRE</p>	Risk behaviors- drug and alcohol use
B9	<p>The next question asks about other drugs.</p> <p>During your life, have you ever you used cocaine, heroin, methamphetamines, ecstasy, or hallucinogenic drugs like LSD, acid, or mushrooms?</p> <p>A. Yes B. No</p>	<p>Question added by MITRE</p>	Risk behaviors- drug and alcohol use
B10	<p>The next set of questions are about your sexual history. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential.</p> <p>Have you ever had any kind of sex?</p>	<p>2019-2020 NHANES (OMB No.: 0920-095) Item # SXQ.615</p>	Sexual behavior

	<p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>		
B11	<p>[Display only if response was Yes for B10]</p> <p>During your life, with whom have you had sexual contact?</p> <p>MARK (X) ONE</p> <p>A. Females</p> <p>B. Males</p> <p>C. Females and males</p>	2019 National YRBS (OMB No.: 0920-0493) Item #65	Sexual Behavior
B12	<p>[Display only if response was Yes for B10]</p> <p>Have you ever had vaginal sex, also called sexual intercourse? This is when a man puts his penis into a woman's vagina.</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>2019 National YRBS (OMB No.: 0920-0493) Item #58</p> <p>Modifications made: defined sexual intercourse as "when a pan puts his penis into a woman's vagina"</p>	Sexual Behavior
B13	<p>[Display only if response was Yes for B12]</p> <p>The very first time you had sexual intercourse, how old were you?</p> <p> NUMBER OF YEARS OLD YOU WERE —</p> <p>Your best guess is fine.</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.4 Part B1	Sexual behavior
B14	<p>[Display only if response was Yes for B10]</p> <p>Now please think about the last 3 months. In the last 3 months, did you had sexual intercourse?</p> <p>A. Yes</p> <p>B. No</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.11 Part B1</p> <p>Modifications: changed response set from number of times to yes/no</p>	Sexual behavior
B15	<p>[Display only if response was Yes for B14]</p> <p>In the past 3 months, did you have sexual intercourse without using a condom?</p> <p>A. Yes</p> <p>B. No</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #4.12 Part B1	Sexual behavior

		Modificiation: Changed “how many times” to “did you” have sexual intercourse	
B16	<p>[Display only for females, and only if response was Yes for B14] The next question is about your use of the following methods of birth control: Birth control pills The shot (like, Depo Provera) The patch The ring (like, NuvaRing) IUD (like, Mirena or Paragard) Implants (like, Implanon)</p> <p>In the past 3 months, did you have sexual intercourse without using any of these methods of birth control? A. Yes B. No</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #4.13 Part B1</p> <p>Modifications made: Deleted “condoms” from the list and will add display logic so this question is only for girls who have previously had sex. Made response choice yes/no.</p>	Sexual behavior
B17	<p>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 <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.14 Part B1	Sexual behavior
B18	<p>[Display only if response was Yes for B17] Now please think about the last 3 months. In the last 3 months, did you have oral sex? A. Yes B. No</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.17 Part B1	Sexual behavior
B19	<p>[Display only if response was Yes for B17] In the past 3 months, did you have you oral sex without using a condom or dental dam? A. Yes B. No</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #4.18 Part B1	Sexual behavior

		Modifications made: changed time responses to yes/no and added “and dental dam”.	
B20	<p>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?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.19 Part B1	Sexual behavior
B21	<p>[Display only if response was Yes for B20]</p> <p>Now please think about the last 3 months. In the last 3 months, did you have anal sex?</p> <p>A. Yes</p> <p>B. No</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.21 Part B1</p> <p>Modifications made: changed time responses to yes/no</p>	Sexual behavior
B22	<p>[Display only if response was Yes for B20]</p> <p>In the past 3 months, did you have you anal sex without using a condom?</p> <p>A. Yes</p> <p>B. No</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #4.22 Part B1</p> <p>Modifications made: changed time responses to yes/no</p>	Sexual behavior
B23	<p>FOR GIRLS ONLY—To the best of your knowledge, have you ever been pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>FOR BOYS ONLY – To the best of your knowledge, have you ever gotten someone pregnant, even if no child was born?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.24c Part B1 and Item #4.25b Part B1	Pregnancy outcome

	<input type="checkbox"/> No		
B24	<p>In the last 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease, or STD, like gonorrhea, Chlamydia, syphilis, or HIV?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.27 Part B1	Sexual health behavior
B25	<p>In the last 12 months, have you been told by a doctor or other health professional that you had a sexually transmitted disease, or STD?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p>	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #4.28 Part B1	STD outcome

INTENTIONS (I)

Item #	Item	Source	Justification/Notes
I1	Do you intend to have oral sex in the next year? MARK (X) ONE <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #3.15 Part A	Sexual behavior intentions
I2	Do you intend to have sexual intercourse in the next year? MARK (X) ONE <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #3.16 Part A	Sexual behavior intentions
I3	[Not displayed if “No, definitely not” is response for I2] If you have sexual intercourse in the next year, do you intend to use a condom? MARK (X) ONE <input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #3.17 Part A	Sexual behavior intentions
I4	[Only display for females; Not displayed if “No, definitely not” is response for I2] The next question is about your intention to use other methods of birth control, NOT including condoms: Birth control pills The shot (like, Depo Provera) The patch The ring (like, NuvaRing)	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Concordance Item #3.18 Part A	Sexual behavior intentions

	<p>IUD (like, Mirena or Paragard) Implants (like, Implanon)</p> <p>If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?</p> <p><input type="checkbox"/> Yes, definitely <input type="checkbox"/> Yes, probably <input type="checkbox"/> No, probably not <input type="checkbox"/> No, definitely not</p>		
I5	<p>How likely is it that you will do each of the following things? MARK (X) ONE Not at all likely, A little likely, Somewhat likely, Very likely</p> <p>a. Graduate from high school? b. Go to a technical or vocational school after high school? c. Go to college? d. Graduate from a 2-year or community college program? e. Graduate from a 4-year college program?</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #1.11 Part A</p>	<p>Educational intentions</p>

KNOWLEDGE (K)

Item #	Item	Source	Classification/Notes
K1	<p>The next series of questions is about condoms, birth control pills, pregnancy and sexually transmitted diseases, also called STDs.</p> <p>If a condom is used correctly, how much can it decrease the risk of pregnancy?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #3.5 Part A</p> <p>Modifications made- Removed “don’t know” as a response option because of follow-up certainty question.</p>	Knowledge- condoms
K2	<p>How confident are you that your answer is correct?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all confident</p> <p><input type="checkbox"/> A little confident</p> <p><input type="checkbox"/> Somewhat confident</p> <p><input type="checkbox"/> Very confident</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #3.5a Part A</p>	Change in certainty
K3	<p>If a condom is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p> <p><input type="checkbox"/> Don’t know</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #3.6 Part A</p>	Knowledge- condoms
K4	<p>If a condom is used correctly, how much can it decrease the risk of getting Chlamydia and gonorrhea?</p> <p>MARK (X) ONE</p> <p><input type="checkbox"/> Not at all</p> <p><input type="checkbox"/> A little</p> <p><input type="checkbox"/> A lot</p>	<p>Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0970-0360) Baseline Item #3.7 Part A</p>	Knowledge- condoms

	<input type="checkbox"/> Don't know		
K5	A condom can be used more than once. True False	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0990-0382) OICA Follow-Up Survey Item #2.5c	Knowledge- condoms
K6	A sexually active girl can become pregnant if she forgets to take her birth control pills for several days in a row. True False	Evaluation of Adolescent Pregnancy Prevention Approaches (OMB No.: 0990-0382) OICA Follow-Up Survey Item #2.5a	Knowledge- birth control
K7	A person who has Genital Herpes must have open sores to give the infection to his or her sexual partner. True False	Sexually Transmitted Disease-Knowledge Questionnaire (STD-KQ; Jaworski & Carey, 2007) Item #21	Knowledge- STD/HIV transmission
K8	If a person had Gonorrhea in the past he or she is immune (protected) from getting it again. True False	Sexually Transmitted Disease Knowledge Questionnaire (STD-KQ; Jaworski & Carey, 2007) Item #24	Knowledge- STD/HIV transmission
K9	Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV. True False	Brief HIV Knowledge Questionnaire (HIV-KQ-18; Carey & Schroder, 2002) Item #5	Knowledge- STD/HIV transmission
K10	A person can get HIV from oral sex. True False	Brief HIV Knowledge Questionnaire (HIV-KQ-18; Carey & Schroder, 2002) Item #17	Knowledge- STD/HIV transmission

ATTITUDES AND BELIEFS (A)

Item #	Item/Scale	Source	Classification/Notes
A1	<p>In your opinion, how likely or unlikely is it that each of the following things would happen to you personally if you were to have sexual intercourse? (If you've never had sexual intercourse, please try to imagine and make your best guess.)</p> <p>[Items will be displayed in randomized order]</p> <ol style="list-style-type: none"> 1. Get pregnant or get someone pregnant 2. Enjoy it 3. Get a sexually transmitted disease 4. Feel guilty 5. Be more popular 6. Have fun 7. Nothing about my life would change 8. Get into trouble with your parents 9. Get a bad reputation 10. Feel more loved and wanted 11. Lose your self-respect 12. Feel more attractive 13. Keep your boyfriend or girlfriend from breaking up with you 14. Feel pleasure 15. Feel closer to your partner 16. Disappoint people who are important to you 17. Feel satisfied 18. Get HIV/AIDS 19. Feel excited 20. Feel more grown up <p>[Response options: very unlikely, somewhat unlikely, somewhat likely, very likely]</p>	Adolescent Sexual Expectancies Scale (ASEXS; Bourdeau et al., 2011)	Expectancy beliefs about the consequences of sexual behavior
A2	Please fill in the answer for each question that best describes how you feel.	Sexual Risk Behavior Beliefs and Self-Efficacy Scales (Basen-Engquist et al.,	Addresses: <ul style="list-style-type: none"> • Attitudes about

	<ol style="list-style-type: none"> 1. I believe people my age should wait until they are older before they have sex. 2. I believe it's OK for people my age to have sex with a steady boyfriend or girlfriend. 3. I believe condoms (rubbers) should always be used if a person my age has sexual intercourse. 4. I believe condoms (rubbers) should always be used if a person my age has sexual intercourse, even if the girl uses hormonal birth control. 5. I believe condoms (rubbers) should always be used if a person my age has sexual intercourse, even if the two people know each other very well. 6. I believe condoms (rubbers) should always be used if a person my age has anal sex. 7. I believe condoms (rubbers) or dental dams should always be used if a person my age has oral sex. <p>[Response options: Definitely Yes, Probably Yes, Probably No, Definitely No]</p> <p>The following questions ask you about your <i>friends</i> and what they think. Even if you're not sure, mark the answer that you think best describes what they think.</p> <ol style="list-style-type: none"> 1. Most of my friends believe people my age should wait until they are older before they have sex. 2. Most of my friends believe it's OK for people my age to have sex with a steady boyfriend or girlfriend. 3. Most of my friends believe condoms (rubbers) should always be used if a person my age has sexual intercourse. 	<p>2020)</p> <p>Modifications made to Your Beliefs scale: changed sex to sexual intercourse in items 3, 4, and 5. Added items 6 and 7. Changed original ordering of items.</p> <p>Modifications made to What do your friends believe? scale: Same changes that were made to Your Beliefs scale.</p>	<p>sexual intercourse</p> <ul style="list-style-type: none"> • Norms about sexual intercourse • Attitudes about condom use • Norms about condom use • Barriers to condom use
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	<p>4. Most of my friends believe condoms (rubbers) should always be used if a person my age has sexual intercourse, even if the girl uses hormonal birth control.</p> <p>5. Most of my friends believe condoms (rubbers) should always be used if a person my age has sexual intercourse, even if the two people know each other very well.</p> <p>6. Most of my friends believe condoms (rubbers) should always be used if a person my age has anal sex.</p> <p>7. Most of my friends believe condoms (rubbers) or dental dams should always be used if a person my age has oral sex.</p> <p>[Response options: Definitely Yes, Probably Yes, Probably No, Definitely No]</p> <p>What do you think about condoms? Please tell us how much you agree or disagree with the following statements.</p> <ol style="list-style-type: none"> 1. It would be embarrassing to buy condoms (rubbers) in a store. 2. I would feel uncomfortable carrying condoms (rubbers) with me. 3. It would be wrong to carry a condom (rubber) with me because it would mean that I'm planning to have sex. <p>[Response options: I strongly agree, I kind of agree, I kind of disagree, I strongly disagree]</p>		
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References

- Basen-Engquist, K., Masse, L. C., Coyle, K., Kirby, D., Parcel, D., Banspach, S., Nodora, J. (2020). Sexual risk behavior beliefs and self-efficacy scales. In R. R. Milhausen, J. K. Sakaluk, T. D. Fisher, C. M. Davis, W. L. Yarber (Eds.), *Handbook of Sexuality-Related Measures* (4th ed., pp. 381-384). New York, NY: Routledge.
- Bourdeau, B., Grube, J. W., Bersamin, M. M., Fisher, D. A. (2011). The role of beliefs in sexual behavior of adolescents: Development and validation of an Adolescent Sexual Expectancies Scale (ASEXS). *Journal of Research on Adolescence*, 21(3), 639-648.
- Carey, M. P. & Schroder, K. E. E. (2002). Development and psychometric evaluation of the brief HIV knowledge questionnaire. *AIDS Education and Prevention*, 14(2), 172-182.
- Connell, C. L, Nord, M., Lofton, K. L., Yadrick, K. (2004). Food security of older children can be assessed using a standardized survey instrument. *Journal of Nutrition*, 134(10), 2566-2572.
- Jaworski, B. C. & Carey, M. P. (2007). Development and psychometric evaluation of a self-administered questionnaire to measure knowledge of sexually transmitted diseases. *AIDS and Behavior*, 11(4), 557-574.
- Widman & Stewart. (2020). Adolescent Sexual Communication Scale. In R. R. Milhausen, J. K. Sakaluk, T. D. Fisher, C. M. Davis, W. L. Yarber (Eds.), *Handbook of Sexuality-Related Measures* (4th ed., pp. 251-253). New York, NY: Routledge.