

OMB Control No: XXX-XXX  
Expiration Date:



# Parent Instrument

## Youth Empowerment IDEAS

### Parent Survey

#### THE PAPERWORK REDUCTION ACT OF 1995

This collection of information is voluntary and will be used to provide the Administration for Children and Families with information to help refine and guide program development in the area of adolescent pregnancy prevention. Public reporting burden for this collection of information is estimated to average 20 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. The OMB number and expiration date for this collection are OMB #: 0970-XXXX, Exp: XX/XX/XXXX. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Caryn Blitz at [Caryn.Blitz@acf.hhs.gov](mailto:Caryn.Blitz@acf.hhs.gov).

**LANG.** In what language would you like to complete the survey?

*Select one only*

- ☐ English.....1
- ☐ Spanish.....2

## **SECTION I - INTRODUCTION**

- I1.** On behalf of the Administration for Children and Families (ACF), we invite parents of youth age 14-18 to participate in an important survey. The purpose of the survey is to understand more about communication between youth and parents, attitudes and beliefs about youth sexual behaviors, and opinions on youth sexual health education. The study also has a Youth Survey. Information from the surveys will help inform future youth programming efforts.

At the end of this survey, we will ask for your permission to contact your teen to see if they are interested in completing the Youth version of the survey.

Your survey will take about 20 minutes.

A few things...

- o This survey is voluntary. That means you can choose whether or not to take it, and you can stop taking the survey at any time. We're excited to hear what you think and we hope you answer as many questions as you can, but it is OK to leave a question blank if you choose not to answer it.
- o Your answers will be kept private. Your answers will be combined with answers from other children and teens across the country. NO ONE will be told how you answered any of your questions.
- o There are NO wrong answers. We want you to answer truthfully and as best you can. This is a chance for you to have a voice: tell us what YOU think!
- o We encourage you to take the survey at any time when you have privacy. Your answers will automatically save as you answer the questions. While it's best to try and complete the survey at one time, you can close the survey any time and come back to it later. The survey will start where you last left off.
- o You will receive [FILL AMERIPOINTS] for completing the survey today.

If you have any questions or concerns about your participation in this study, you can contact AmeriSpeak Support at [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call (888) XXX-XXXX.

**A1.** Are you willing to complete this survey?

- ☐ Yes.....1
- ☐ No.....0      EXIT

## SECTION A - SCREENER

The first questions ask about your children ages 14 to 18 who live with you at least half of the time.

- A2.** Are you a parent or guardian to any children ages 14 to 18 years old who live with you at least half of the time? These could be your own biological children or children you are responsible for, such as stepchildren, adopted children, and foster children.

☐ Yes.....1 GO TO A3A  
☐ No.....0 THANK

A2=1

- A3a.** [FIRST LOOP: Next, we need a little bit of information about each child age 14 to 18 for whom you are a parent or guardian and who is living with you at least half of the time. Let's start with the oldest child/SUBSEQUENT LOOPS: Let's go to the next oldest child who is 14 to 18 years old]. What is his or her first name or initials?

NAME/INITIALS

- A3b.** How many years old is [NAME/Initials] right now?

YEARS

- A4a.** Is there another child for whom you are a parent or guardian, age 14 to 18 years and who lives with you at least half of the time?

☐ Yes.....1  
☐ No.....0

IF A4a=1, THEN LOOP A3a-b. ALLOW MAX 6  
LOOPS.

IF A4a=0, GO TO A4b.

*IF NUMBER OF CHILDREN >1, PROGRAM WILL  
RANDOMLY SELECT 1 CHILD AS FOCAL CHILD*

- A4b.** IF NUMBER OF CHILDREN >1: [We only have time to ask about one child on this survey and have randomly selected [NAME].] For many of the questions, we will ask you specifically to think about [NAME] when responding to the question.

## SECTION B – DEMOGRAPHICS OF YOUR CHILD

First, we are going to collect some demographic and education information about [NAME].

### B1. What is your relationship to [NAME]?

*Select one only*

- ☐ Mother (biological or adopted).....1
- ☐ Female guardian (stepmother, foster mother, or other female guardian).....2
- ☐ Father (biological or adopted).....3
- ☐ Male guardian (stepfather, foster father, or other male guardian).....4
- ☐ Sister.....5
- ☐ Brother.....6
- ☐ Grandmother.....7
- ☐ Grandfather.....8
- ☐ Aunt.....9
- ☐ Uncle.....10
- ☐ Other relative (*please describe*).....11

- ☐ Other nonrelative (*please describe*).....12

### B2. Is [NAME] Hispanic or Latino?

- ☐ Yes.....1
- ☐ No.....0

### B3. What race is [NAME]

*Select one or more*

- ☐ American Indian or Alaska Native.....1
- ☐ Asian.....2
- ☐ Black or African American.....3
- ☐ Native Hawaiian or Pacific Islander.....4
- ☐ White.....5

**B4. Is [NAME] currently enrolled in school? If [NAME] is homeschooled instead of attending a public or private school for some or all classes, please select "yes."**

*Select one only*

- ☐ Yes.....1
- ☐ Yes, but the school is currently on break.....2
- ☐ No.....0

**B5. Does [NAME] have a high school diploma, a high school equivalency certificate (such as a GED or HiSET), both, or neither?**

*Select one only*

- ☐ High school diploma only.....1
- ☐ High school equivalency certificate only.....2
- ☐ Both.....3
- ☐ Neither.....4

B4=1 OR 2 AND B5=4

**B6. What type of school is [NAME] currently enrolled in?**

*Select one only*

- ☐ Private, religious.....1
- ☐ Private, not religious.....2
- ☐ Public school or charter school.....3
- ☐ Homeschool for some or all classes.....4
- ☐ Other (*please describe*).....99

B4=1 OR 2 AND B5= 4

**B7. What grade is [NAME] currently in? If school is ungraded or homeschool, please provide the grade equivalent.**

*Select one only*

- ☐ 5th grade.....1
- ☐ 6th grade.....2
- ☐ 7th grade.....3
- ☐ 8th grade.....4
- ☐ 9th grade.....5
- ☐ 10th grade.....6
- ☐ 11th grade.....7
- ☐ 12th grade.....8
- ☐ Don't know.....d

GO TO C1.

B4=1 OR 2 AND B5=1, 2, OR 3

**B8. What type of school is [NAME] currently enrolled in?**

*Select one only*

- ☐ Business, technical, or vocational school after high school.....1
- ☐ 2-year college (community or junior college).....2
- ☐ 4-year college or university.....3
- ☐ Other (*please describe*).....99

GO TO C1.

B4=0 AND B5= 4

**B9. What is the highest grade in school that [NAME] completed?**

*Select one only*

- ☐ 8th grade or lower.....1
- ☐ 9th grade.....2
- ☐ 10th grade.....3
- ☐ 11th grade.....4
- ☐ 12th grade (but did not graduate or receive a high school equivalency certificate or alternative certificate).....5

## SECTION C - RELATIONSHIP WITH YOUR CHILD

In the next section, we are going to list some topics parents might talk about with their children.

**C1. Have you ever discussed the following with [NAME]?**

*SELECT ONE ONLY*

	Yes	No
a. School work or grades	1 <input type="radio"/>	0 <input type="radio"/>
b. Shows or videos they watch on TV or online	1 <input type="radio"/>	0 <input type="radio"/>
c. Video games or games they play on their phone	1 <input type="radio"/>	0 <input type="radio"/>
d. Their social media or internet use	1 <input type="radio"/>	0 <input type="radio"/>
e. What they do with friends	1 <input type="radio"/>	0 <input type="radio"/>
f. Who they are dating	1 <input type="radio"/>	0 <input type="radio"/>
g. Their education and career goals	1 <input type="radio"/>	0 <input type="radio"/>
h. Risks of alcohol, tobacco, vaping, and other drug use	1 <input type="radio"/>	0 <input type="radio"/>
i. How to resist pressure to use alcohol, tobacco, vaping products, and other drugs	1 <input type="radio"/>	0 <input type="radio"/>
j. What makes a healthy relationship or marriage	1 <input type="radio"/>	0 <input type="radio"/>
k. How to resist pressure to have sex as a teen	1 <input type="radio"/>	0 <input type="radio"/>
l. Understanding reproduction, pregnancy, and birth	1 <input type="radio"/>	0 <input type="radio"/>
m. How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 <input type="radio"/>	0 <input type="radio"/>
n. Sexually transmitted diseases (STDs) or infections (STIs)	1 <input type="radio"/>	0 <input type="radio"/>
o. Ways to have a healthy relationship without having sex	1 <input type="radio"/>	0 <input type="radio"/>
p. Reasons for waiting to have sex	1 <input type="radio"/>	0 <input type="radio"/>
q. How to talk to your partner about whether to have sex	1 <input type="radio"/>	0 <input type="radio"/>
r. Sexual violence, assault, stalking, and harassment	1 <input type="radio"/>	0 <input type="radio"/>

**C2. How comfortable are you talking to [NAME] about...?**

*SELECT ONE ONLY*

	Not at all comfortable	Somewhat comfortable	Comfortable	Very comfortable
a. School work or grades	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Shows or videos they watch on TV or online	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. Video games or games they play on their phone	1 <input type="radio"/>	3 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
d. Their social media or internet use	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
e. What they do with friends	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
f. Who they are dating	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
g. Their education and career goals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
h. Risks of alcohol, tobacco, vaping, and other drug use	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
i. How to resist pressure to use alcohol, tobacco, vaping products, and other drugs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
j. What makes a healthy relationship or marriage	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
k. How to resist pressure to have sex as a teen	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
l. Understanding reproduction, pregnancy, and birth	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
m. How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
n. Sexually transmitted diseases (STDs) or infections (STIs)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
o. Ways to have a healthy relationship without having sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
p. Reasons for waiting to have sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
q. How to talk to your partner about whether to have sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
r. Sexual violence, assault, stalking, and harassment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

C1a=0

**C3a. Why have you not discussed school work or grades with [NAME]? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1b=0

**C3b. Why have you not discussed shows or videos they watch on TV or online? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1c=0

**C3c. Why have you not discussed video games or games they play on their phone? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1d=0

**C3d. Why have you not discussed their social media or internet use? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1e=0

**C3e. Why have you not discussed what they do with their friends? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1f=0

**C3f. Why have you not discussed who they are dating? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1g=0

**C3g. Why have you not discussed their education and career goals? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1h=0

**C3h. Why have you not discussed risks of alcohol, tobacco, vaping, and other drug use? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1i=0

**C3i. Why have you not discussed how to resist pressure to use alcohol, tobacco, vaping products, and other drugs? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1j=0

**C3j. Why have you not discussed what makes a healthy relationship or marriage? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1k=0

**C3k. Why have you not discussed how to resist pressure to have sex as a teen? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1l=0

**C3l. Why have you not discussed reproduction, pregnancy, and birth? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1m=0

**C3m. Why have you not discussed how to get birth control? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1n=0

**C3n. Why have you not discussed sexually transmitted diseases (STDs) or infections (STIs) with [NAME]? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1o=0

**C3o. Why have you not discussed ways to have a healthy relationship without having sex? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1p=0

**C3p. Why have you not discussed reasons for waiting to have sex? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1q=0

**C3q. Why have you not discussed how to talk to a partner about whether to have sex? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

C1r=0

**C3r. Why have you not discussed sexual violence, assault, stalking, and harassment? If more than one reason applies, please select the most important reason to you.**

*Select one only*

- ☐ This is not something that I feel should ever be discussed between my child and me 1
- ☐ I want to wait until my child is older to discuss this with them.....2
- ☐ I don't feel that it is my role to discuss this with my child.....3
- ☐ I am not comfortable talking to my child about this.....4
- ☐ I don't feel that I know enough to talk with my child about this.....5
- ☐ Another guardian discussed this with my child.....6
- ☐ I don't think my teen needs this information.....7
- ☐ Some other reason (*please describe*).....8

**C4. Where would you most prefer [NAME] learns about the following? You may select up to three in each row.**

*SELECT NO MORE THAN THREE ON EACH ROW*

	Myself	Another parent/guardian	Friends/peers	Brother(s)/sister(s)	Other relatives/other trusted adults	Teachers or other adults at school	Place of worship	Online	TV, magazine s and/or books	Doctor/nurse/other health care professional	I don't want them to learn about this at this age	I don't want them to ever learn about this
a. Risks of alcohol, tobacco, vaping, and other drug use	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
b. How to resist pressure to use alcohol, tobacco, vaping products, and other drugs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
c. What makes a healthy relationship	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
d. How to resist pressure to have sex as a teen	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
e. Understanding reproduction, pregnancy, and birth	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
f. How to get birth control such as condoms, pills, the patch, the shot, the ring, IUD, or an implant	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
g. Sexually transmitted diseases (STDs) or infections (STIs)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
h. Ways to have a healthy relationship without having sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
i. Reasons for waiting to have sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
j. How to talk to a partner about whether to have sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>
k. Sexual violence, assault, stalking, and harassment	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	10 <input type="radio"/>	11 <input type="radio"/>	12 <input type="radio"/>

ANY C1a-r=1

**C5. Thinking about the discussions you have had with [NAME], how much of an influence do you think they will have on [NAME]'s decisions about sex?**

*Select one only*

- ☐ A lot.....1
- ☐ Some.....2
- ☐ Not much.....3
- ☐ No influence.....4

**The next questions are about how much you know about what [NAME] does in their free time.**

**C6. How often do you know...**

**SELECT ONE ONLY**

	Never	Sometimes	Often	Always	My child does not do this/Not applicable
a. Where [NAME] is when they are away from home in their free time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
b. Who [NAME] is with when they are away from home in their free time?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	
c. What [NAME] watches on television or online?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	NA <input type="radio"/>
d. What [NAME] is posting on social media such as Instagram, Facebook, Twitter, or Snapchat?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	NA <input type="radio"/>
e. Who [NAME] is messaging with on social media such as Instagram, Facebook, Twitter, or Snapchat?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	NA <input type="radio"/>

**C7. In general, how close do you feel you are with [NAME]?**

*Select one only*

- ☐ Not at all close.....1
- ☐ A little close.....2
- ☐ Close.....3
- ☐ Very close.....4

## SECTION D - YOUR OPINIONS ABOUT WORK, EDUCATION, AND RELATIONSHIPS

The following questions are about work, education, and relationships.

How much do you agree or disagree with each of the following statements?

**D1. I want my child to graduate from high school before getting a full-time job.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**D2. I want my child to get a full-time job before getting married.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**D3. I want my child to have children before getting a full-time job.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**D4. I want my child to get married before having children.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

## SECTION E - EXPOSURE AND OPINIONS ABOUT SEX EDUCATION

The next questions are about your opinions on sex education and about any classes, sessions, or programs [NAME] may have had on sex education. These are classes that cover things like pregnancy, waiting to have sex, birth control (such as condoms, pills, the patch, the shot, the ring, IUD, or an implant), and sexually transmitted diseases or infections (also known as STDs or STIs).

**E1.** Has [NAME] ever had a class or series of classes in middle school or high school that taught *any* of the following topics?

- How pregnancy occurs
- How STDs or STIs are transmitted
- Waiting to have sex or choosing not to have sex
- Birth control methods
- Condoms

Select “yes” even if just one topic was covered.

*Select one only*

- ☐ Yes.....1 GO TO E2
- ☐ No.....0 GO TO E3
- ☐ I don't know.....d GO TO E3

E1=1

**E2.** When did [NAME] take sex education class or classes in school?

*Select one or more*

- ☐ Elementary school.....1
- ☐ Middle school.....2
- ☐ High school.....3
- ☐ I don't know.....d

E2=2

**E2a.** Did [NAME] receive sex education class or classes in more than one grade in middle school?

*Select one only*

- ☐ Yes.....1
- ☐ No.....2
- ☐ I don't know.....3

E2=3

**E2b. Did [NAME] receive sex education class or classes in more than one grade in high school?**

*Select one only*

- ☐ Yes.....1
- ☐ No.....2
- ☐ I don't know.....3

**E3. Have you ever declined to allow [NAME] to participate in sex education in school?**

- ☐ Yes.....1
- ☐ No.....0

IF E1=0 or D, GO TO E11.

E1=1

**E4. Did [NAME] ever have any sex education class or classes in school that discussed choosing not to have sex?**

- ☐ Yes.....1 GO TO E5
- ☐ No.....0 GO TO E6
- ☐ I don't know.....d GO TO E6

E4=1

**E5. In what grade(s) did [NAME] receive sex education class or classes that covered choosing not to have sex?**

*Select one or more*

- ☐ Elementary school.....1
- ☐ Middle school.....2
- ☐ High school.....3
- ☐ I don't know.....d

E1=1

**E6. Overall, do you think your [NAME]'s school spends or spent too little time, too much time, or the right amount of time teaching about choosing not to have sex?**

*Select one only*

- ☐ Too little time.....1
- ☐ Too much time.....2
- ☐ The right amount of time.....3
- ☐ I don't know.....d

E1=1

**E7. Did [NAME] ever have any sex education in school that covered how to use birth control, such as condoms, pills, the patch, the shot, the ring, IUD, or an implant?**

*Select one only*

- ☐ Yes.....1 GO TO E8
- ☐ No.....0 GO TO E9
- ☐ I don't know.....d GO TO E9

E7=1

**E8. In what grade(s) did [NAME] receive sex education class or classes that covered how to use birth control?**

*Select one or more*

- ☐ Elementary school.....1
- ☐ Middle school.....2
- ☐ High school.....3
- ☐ I don't know.....d

E1=1

**E9. Overall, do you think [NAME]'s school spends or spent too little time, too much time, or the right amount of time teaching about birth control?**

*Select one only*

- ☐ Too little time.....1
- ☐ Too much time.....2
- ☐ The right amount of time.....3
- ☐ I don't know.....d

E1=1

**E10. How satisfied have you been with the sex education [NAME] has received in school?**

*Select one only*

- ☐ Very satisfied.....1
- ☐ Somewhat satisfied.....2
- ☐ Dissatisfied.....3
- ☐ Very dissatisfied.....4
- ☐ I don't know enough about what was covered.....5



ALL RESPONDENTS ANSWER E11-E17

**E11. Sex education can include a variety of topics. For each of the following topics, do you think the topic is appropriate for schools to teach middle school students, high school students, both age groups, or neither age group?**

SELECT ONE ONLY

	Appropriate for middle school students	Appropriate for high school students	Appropriate for both middle and high school students	Not appropriate for middle or high school students	I don't have an opinio n
a. Education about forms of birth control, such as condoms, birth control pills, the patch, the shot, the ring, IUD, or an implant	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
b. Effectiveness of birth control for preventing HIV/AIDS and other STDs or STIs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
c. Effectiveness of birth control for preventing pregnancy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
d. Where or how to get birth control	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
e. How to use a condom	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
f. How to use other methods of birth control	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
g. Reproductive biology and anatomy (including information about sex organs and the menstrual cycle or period)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
h. How pregnancy occurs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
i. How to avoid pregnancy	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
j. How to avoid getting HIV/AIDS and other STDs or STIs	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
k. Developing healthy relationships (dating and marriage)	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
l. Developing communication skills	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
m. Possible consequences of having sex as a teen	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
n. Possible consequences of pregnancy as a teen	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
o. Waiting to have sex until after graduating from high school	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
p. Waiting to have sex until marriage	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
q. How to say no to sex without losing the	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>

SELECT ONE ONLY

	Appropriate for middle school students	Appropriate for high school students	Appropriate for both middle and high school students	Not appropriate for middle or high school students	I don't have an opinio n
relationship					
r. Strategies for avoiding sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
s. How to make sex pleasurable	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
t. How to talk to your partner about sex and using birth control	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
u. How to talk to your parents about sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
v. How alcohol or drugs might affect decisions about having sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
w. Setting goals and making plans for their future	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
x. The importance of consent (both partners agreeing) before engaging in sex	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
y. The laws regarding age of consent in my state	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
z. How to identify unhealthy relationships	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
aa. How to get out of unhealthy relationships	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
bb. Having sex as a teen is okay	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
cc. How avoiding unhealthy risks, including sex and alcohol, can help them reach future goals	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
dd. Laws around sharing information online or through text messages	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
ee. Other topic ( <i>please describe</i> )	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>
<div></div>					

**E12. Has [NAME] ever had or are they currently taking any sex education outside of school? This could be at a place of worship, community center, after school program at school, a clinic, or some other place outside of the normal school day.**

- ☐ Yes.....1
- ☐ No.....0

**E13. If sex education is taught in middle school, would you like the opportunity to review the curriculum?**

- ☐ Yes.....1  
☐ No.....0

**E14. If sex education is taught in middle school, would you like the opportunity to decide whether or not [NAME] participates?**

- ☐ Yes.....1  
☐ No.....0  
☐ Not sure.....d

**E15. If sex education is taught in high school, would you like the opportunity to review the curriculum?**

- ☐ Yes.....1  
☐ No.....0

**E16. If sex education is taught in high school, would you like the opportunity to decide whether or not [NAME] participates?**

- ☐ Yes.....1  
☐ No.....0  
☐ Not sure.....d

**E17. Do you think teaching how to use types of birth control that are effective for long periods of time, like an IUD or an implant, makes it more likely for teens to have sex?**

*Select one only*

- ☐ Yes.....1  
☐ No.....0  
☐ Not sure.....d

## SECTION F - ATTITUDES AND BELIEFS ABOUT YOUTH SEXUAL BEHAVIOR

The following section is about your attitudes and beliefs about youth sexual behaviors. Sexual behaviors, or “sex,” can include vaginal, anal, or oral sex.

**F1. Which of the following statements is closest to your view about people [NAME]’s age having sex?**

*Select one only*

- ☐ It is okay for people [NAME]’s age to have sex if both people agree and use protection against pregnancy and STDs/STIs.....1
- ☐ It is not okay for people [NAME]’s age to have sex even if both people agree and use protection against pregnancy and STDs/STIs.....2
- ☐ Neither of these is closest to my view.....3
- ☐ I have no opinion.....4

**F2. Which of the following statements is closest to your view about sex and marriage?**

*Select one only*

- ☐ It is okay for people to have sex before they are married.....1
- ☐ Having sex is something only married people should do.....2
- ☐ Neither of these is closest to my view.....3
- ☐ I have no opinion.....4

**F3. Which of the following statements do you feel most strongly about people [NAME]’s age having sex?**

*Select one only*

- ☐ It’s okay for someone my child’s age to have sex without any commitments.....1
- ☐ It’s okay for someone my child’s age to have sex only if they are in a committed relationship or exclusively dating someone.....2
- ☐ It’s okay for someone my child’s age to have sex with someone they know well, but are not in a relationship with.....3
- ☐ It’s not okay for someone my child’s age to have sex.....4
- ☐ None of these are closest to my view.....5

How much do you agree or disagree with each of the following statements?

**F4. After teens have had sex, they can choose to stop having sex in the future.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**F5. Oral sex is not as big of a deal as vaginal sex.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**F6. It is okay for teens [NAME]'s age to have sex if both partners think they are ready.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**F7. At [NAME]'s age right now, having sex is okay if they are using protection against pregnancy and STDs/STIs.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**F8. I can have a big influence on my child's decisions about sex.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**F9. Teens should be able to get birth control that requires a prescription, such as birth control pills, without permission from parents.**

*Select one only*

- ☐ Strongly agree.....1
- ☐ Agree.....2
- ☐ Neither agree nor disagree.....3
- ☐ Disagree.....4
- ☐ Strongly disagree.....5

**F10. How common or typical do you think it is for teens to...**

**SELECT ONE ONLY**

	Very common	Somewhat common	Not common
a. Smoke cigarettes or vape?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
b. Drink beer or other alcohol?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
c. Use marijuana?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
d. Use other drugs?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>
e. Have sex?	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>

**F11. Do you think any of these factors send the message that teen sex is common?**

*Select one or more*

- ☐ Movies or television.....1
  - ☐ Music.....2
  - ☐ Books or magazines.....3
  - ☐ Social media, such as Instagram, Facebook, Twitter, YouTube, or Snapchat.....4
  - ☐ Pornography.....5
  - ☐ Sexting.....6
  - ☐ Websites that provide information about birth control and where to get it....7
  - ☐ A sex education class.....8
  - ☐ Condom demonstrations, where someone is showing how to use a condom.....9
  - ☐ Condom distribution, where condoms are offered to teens for free.....10
  - ☐ Their friends and peers.....11
  - ☐ Their romantic partners, boyfriends, or girlfriends.....12
  - ☐ Their parents.....13
  - ☐ Their brothers or sisters.....14
  - ☐ Other factor (*please describe*).....15
- 
- ☐ None of these.....16

**F12. How important is each of these to you when you think of your child having sex?**

SELECT ONE ONLY

	Not important at all	Somewhat important	Very important	Extremely important
a. Risk of pregnancy	1 ○	2 ○	3 ○	4 ○
b. Risk of STDs/STIs	1 ○	2 ○	3 ○	4 ○
c. They are not emotionally ready for sex	1 ○	2 ○	3 ○	4 ○
d. It is immoral or against religious teachings	1 ○	2 ○	3 ○	4 ○
e. Their education and career aspirations	1 ○	2 ○	3 ○	4 ○

## SECTION G - KNOWLEDGE OF YOUTH SEXUAL RISK BEHAVIORS

The next questions are about your knowledge of youth sexual risk behaviors.

- G1. About how many youth have had sexual intercourse by the end of their second (sophomore) year of high school?**

*Select one only*

- ☐ More than 3/4.....1
- ☐ Between 1/2 and 3/4.....2
- ☐ Between 1/4 and less than 1/2.....3
- ☐ Less than 1/4.....4

- G2. Do you think the percentage of teens having sex has been increasing, decreasing, or is about the same since you were a teen?**

*Select one only*

- ☐ Increasing.....1
- ☐ About the same.....2
- ☐ Decreasing.....3

- G3. Do you think [NAME] has ever had oral sex, vaginal sex, or anal sex?**

*Select one only*

- ☐ Yes.....1
- ☐ No.....0
- ☐ I don't know.....d

- G4. How confident are you in your response?**

*Select one only*

- ☐ Not at all confident.....1
- ☐ Not too confident.....2
- ☐ Somewhat confident.....3
- ☐ Very confident.....4

## SECTION H - DEMOGRAPHICS

This section will gather basic demographic information about you.

### H1. What is the highest degree or level of school that you have completed?

*Select one only*

- ☐ 8th grade or less.....1
- ☐ 9th grade.....2
- ☐ 10th grade.....3
- ☐ 11th grade.....4
- ☐ 12th grade - no diploma.....5
- ☐ Regular high school diploma, high school equivalency certificate, or other alternative credential.....6
- ☐ Business, technical, or vocational certificate.....7
- ☐ Some college credit, but no degree.....8
- ☐ Associate's degree (AA, AS).....9
- ☐ Bachelor's degree (BA, BS).....10
- ☐ Some graduate or professional school credit, but no degree.....11
- ☐ Graduate or professional degree (MA, PhD, MD, JD).....12

### H2. Are you married, widowed, divorced, separated, or have you never been married?

*Select one only*

- ☐ Married.....1 GO TO H4
- ☐ Widowed.....2 GO TO H3
- ☐ Divorced.....3 GO TO H3
- ☐ Separated.....4 GO TO H3
- ☐ Never been married.....5 GO TO H3

H2=2, 3, 4 OR 5

### H3. Is there a second parent or guardian living in this household?

*Select one only*

- ☐ Yes.....1 GO TO H4
- ☐ No.....0 GO TO H5

H2 OR H3=1

**H4. [H2=1: How is the person you are married to related to [NAME]? Is this person [NAME]'s...?**

*Select one only*

- ☐ Biological parent.....1
- ☐ Adoptive parent.....2
- ☐ Stepparent.....3
- ☐ Foster parent.....4
- ☐ Grandparent.....5
- ☐ Other (*please describe*).....99

**These next few questions are about the people you live with now. When answering these questions, please think about the place you consider to be your main home right now, the place where you spend the most time.**

**H5. Including yourself, how many adults age 18 or older currently live in your home? This may include older children who are at college and come home to live during breaks, or children that may live some of the time with one parent at a different home and some of the time in the same home you live.**

ADULTS AGE 18 OR OLDER

**H6. How many people younger than 18 years old currently live in your home? This may include older children who are at college and come home to live during breaks, or children that may live some of the time with one parent at a different home and some of the time in the same home you live in.**

PEOPLE YOUNGER THAN 18 YEARS OLD

**H7. How many older brothers or sisters does [NAME] have? Please include biological, adopted, step, and half siblings. If [NAME] has a sibling that is their same age, please count them here.**

NUMBER OF OLDER BROTHERS OR SISTERS

**H8. Thinking of [NAME]'s older brothers or sisters, how many currently live in this same home with you, either part or full-time? This may include older siblings who are at college and come home to live during breaks, or siblings that may live some of the time with one parent at a different home and some of the time in the same home you live.**

OLDER BROTHERS OR SISTERS LIVING IN HOME

**H9. How many younger brothers or sisters does [NAME] have? Please include biological, adopted, step, and half siblings.**

NUMBER OF YOUNGER BROTHERS OR SISTERS

**H10. Thinking of [NAME]'s younger brothers or sisters, how many currently live in this same home with you, either part or full-time? This may include younger siblings who are at college and come home to live during breaks, or siblings that may live some of the time with one parent at a different home and some of the time in the same home you live.**

YOUNGER BROTHERS OR SISTERS LIVING IN HOME

DISPLAY "CHILD" IF H6=1 (ONE PERSON YOUNGER THAN 18 YEARS OLD IN HOUSEHOLD). DISPLAY "CHILDREN" IF H6 > 1 (MORE THAN ONE PERSON YOUNGER THAN 18 YEARS OLD IN HOUSEHOLD). DISPLAY OPTION 1 (YOUR SPOUSE) ONLY IF H2=1.

**H11. Who lives with you in your home?**

*Select one or more*

- ☐ Your spouse.....1
- ☐ Biological [child/children].....2
- ☐ Adopted [child/children].....3
- ☐ Step [child/children].....4
- ☐ Foster [child/children].....5
- ☐ Your romantic partner, boyfriend, or girlfriend.....6
- ☐ Your mother.....7
- ☐ Your father.....8
- ☐ Any of your brothers or sisters.....9
- ☐ Any other children you are related to.....10
- ☐ Any other adults you are related to.....11
- ☐ Any other people you are not related to.....12

**H12. Are you currently employed? "Employed" means any job for pay that is regularly scheduled, that you are expected to perform. Please include full-time, part-time, or a temporary or summer job.**

- ☐ Yes.....1 GO TO H15
- ☐ No.....0 GO TO H13

H12=0

**H13. In the last 12 months, were you ever employed at a job for pay?**

- ☐ Yes.....1 GO TO H14
- ☐ No.....0 GO TO H16

H13=1

**H14. In the last 12 months, did you work full-time, part-time, or some of each?**

*Select one only*

- ☐ Full-time.....1
- ☐ Part-time.....2
- ☐ Some of each.....3

GO TO H16.

H12=1

**H15. Do you currently work full-time, part-time, or some of each?**

*Select one only*

- ☐ Full-time.....1
- ☐ Part-time.....2
- ☐ Some of each.....3

**H16. Last year, in 2019, what was your household or family's total income from all sources before taxes?**

*Select one only*

- ☐ Less than \$10,000.....1
- ☐ \$10,000 to under \$20,000.....2
- ☐ \$20,000 to under \$30,000.....3
- ☐ \$30,000 to under \$40,000.....4
- ☐ \$40,000 to under \$50,000.....5
- ☐ \$50,000 to under \$75,000.....6
- ☐ \$75,000 to under \$100,000.....7
- ☐ \$100,000 or more.....8

The next questions are going to ask you about your religious views and practices.

**H17. Which religion, if any, do you identify with?**

*Select one only*

- ☐ Christian-Catholic.....1
- ☐ Christian-Protestant (this includes many faiths, such as Baptist, Methodist, Congregational, Presbyterian, Lutheran, Episcopal).....2
- ☐ Jewish.....3
- ☐ Muslim.....4
- ☐ None/I don't identify with a religion.....5
- ☐ Other (*Please describe*).....99
- 
- ☐ I don't know.....d

**H17a. Would you consider yourself conservative in your religious practices?**

*Select one only*

- ☐ Yes.....1
- ☐ No.....2
- ☐ I don't know.....d

**H18. About how often do you attend religious services?**

*Select one only*

- ☐ More than once a week.....1
- ☐ Once a week.....2
- ☐ 2-3 times a month.....3
- ☐ Once a month (about 12 times a year).....4
- ☐ 3-11 times a year.....5
- ☐ Once or twice a year.....6
- ☐ Never.....7

**H19. Currently how important is religion in your daily life?**

*Select one only*

- ☐ Very important.....1
- ☐ Somewhat important.....2

☐ Not important.....3

**H20. Are you Hispanic or Latino?**

☐ Yes.....1

☐ No.....0

**H21. What is your race?**

*Select one or more*

☐ American Indian or Alaska Native.....1

☐ Asian.....2

☐ Black or African American.....3

☐ Native Hawaiian or Pacific Islander.....4

☐ White.....5

**H22a. What sex were you assigned at birth?**

*Select one only*

☐ Male.....1

☐ Female.....2

☐ Other.....3

☐ Prefer not to answer.....4

**H22b. Which of the following do you currently think of yourself as?**

*Select one only*

☐ Male.....1

☐ Female.....2

☐ Transgender man.....3

☐ Transgender woman.....4

☐ Another gender identity.....5

☐ Prefer not to answer.....6

**H23. Here is a seven-point scale on which the political views that people might hold are arranged from extremely liberal to extremely conservative. Where would you place yourself on this scale?**

*Select one only*

- ☐ Extremely liberal.....1
- ☐ Liberal.....2
- ☐ Slightly liberal.....3
- ☐ Moderate, middle of the road.....4
- ☐ Slightly conservative.....5
- ☐ Conservative.....6
- ☐ Extremely conservative.....7
- ☐ I don't know/Haven't thought about it.....d

**H24. In which state do you live?**

STATE

**H25. In which town or city do you live?**

TOWN OR CITY

**H26. What is your current ZIP Code?**

ZIP CODE

- ☐ Don't know.....d

## SECTION J - CONSENT FOR YOUTH PARTICIPATION

Thank you for your participation! We are also interested in learning about teenagers' thoughts and opinions around communication between youth and parents, attitudes and beliefs about youth sexual behaviors, and education on topics such as sexual behavior and health and well-being.

- J1. We would like to request your permission to contact [NAME] and invite [HIM/HER] to participate in the Youth Survey. The Youth Survey is split into two parts. Part 2 will be sent out approximately one week after Part 1.

Each part of the survey will take [NAME] about 20 minutes to complete.

Important things you should know are:

- The survey covers similar topics as the parent survey you just completed.
- The Youth Survey is voluntary. If you provide permission for [NAME] to participate, [NAME] may choose for themselves whether they participate or not.
- All questions in the survey are voluntary and [NAME] can skip any questions if they choose.
- We will encourage [NAME] to take the survey at a time when they have privacy.
- Teens in the AmeriSpeak panel will receive [FILL AMERIPOINTS] for completing Part 1 of the survey and [FILL AMERIPOINTS] for completing Part 2 of the survey. Teens not in the AmeriSpeak panel will receive a \$15 Amazon gift card for completing Part 1 and a \$20 Amazon gift card for completing Part 2.

If you provide permission for us to contact [NAME] to invite them to participate in the survey, we will request contact information for them (phone, email, or mailing address) so we may invite them to participate.

If you have any questions or concerns about your teen's participation in this study, you can contact AmeriSpeak Support at [support@AmeriSpeak.org](mailto:support@AmeriSpeak.org) or call (888) 326-9424.

Do you give permission for the study team to contact and invite [NAME] to participate in the Youth Survey?

- ☐ YES.....1
- ☐ NO.....0 THANK2

- J2. Can you please provide [NAME]'s email address so we can email them an invitation to the survey?

☐ [NAME] does not have an email address



**J3. In case we can't reach [NAME] by email or they do not have an email address, can you provide a phone number where we can reach [NAME]?**

☐ Prefer not to provide this

**J4. If we cannot reach [NAME] by email or phone, we will send [HIM/HER] a postcard invitation to participate in the survey. Can you provide a mailing address for [NAME]?**

Street Address 1:

Street Address 2:

City:

State:

Zip:

☐ Prefer not to provide this

A2=0 (NOT ELIGIBLE)

**THANK: Unfortunately, you are not eligible to participate in this survey. Thank you for your time.**

**THANK2: THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY!**