

OMB Control No: 0970 – 0531  
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# Youth Survey of Relationships, Education, and Behavior

## 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 25 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 0970-0531, Exp: 07/31/2022. 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).

# SECTION A - EDUCATION

These first questions are about your education during the 2020-2021 school year.

ALL

- A1.** Were you enrolled in high school during the 2020-2021 school year?  
If you are homeschooled instead of attending a public or private school for some or all classes, please select "yes."
- Yes.....1 GO TO A3
  - No.....0 GO TO A2

A1=0

- A2.** Did you receive a high school diploma or high school equivalency certificate (such as a GED or HiSET) prior to the 2020-2021 school year?
- Yes.....1 Screen out
  - No.....0 GO TO A4

A1=1

- A3.** Is your school on summer break?
- Yes.....1 GO TO A4
  - No.....0 GO TO A4

A1=1 OR (A1 = 0 AND A2 = 0)

- A4.** What type of school [IF A3=0: are you currently enrolled in/ IF A3=1 were you enrolled in for most of the 2020-2021 school year]?  
Please only select "homeschool" if that is the school you are normally enrolled in, regardless of the pandemic. This should not include taking classes remotely at home because of COVID 19.
- Private, religious.....1
  - Private, not religious.....2
  - Public school or charter school.....3
  - Homeschool for some or all classes (only select if some or all of your classes are not part of a public or private school class).....4
  - Other (*Please describe*).....99
-

A1=1 OR (A1 = 0 AND A2 = 0)

**A5.** What grade [are you currently in/were you in during the 2020-2021 school year]?

If school is ungraded or homeschool, please provide the grade equivalent.

- 8th grade.....8
- 9th grade.....9
- 10th grade.....10
- 11th grade.....11
- 12th grade.....12

A1=1 AND A4 NE 4 OR A1 = 0 AND A2 = 0 AND A4 NE 4

**A6.** Due to the COVID-19 pandemic, schools have operated differently during the 2020-2021 school year.

Please select all of the ways you [attended/have attended] school during the 2020-2021 school year.

*Select one or more*

- Remote/distance learning using virtual learning (online).....1
- Remote/distance learning using paper packets (not online).....2
- In-person all days.....3
- Hybrid - Sometimes you attend remotely and sometimes you attend in-person.....4
- Something else (*Please describe*).....5

IF A6 > 1 SELECTED

**A7.** Which of the following best describes how you attended school for most of the last school year?

- Only remote/distance learning using virtual learning (online).....1
- Only remote/distance learning using paper packets (not online).....2
- In-person all days.....3
- Hybrid - Sometimes you attend remotely and sometimes you attend in-person.....4
- Something else (*Please describe*).....5

## SECTION B - RELATIONSHIP WITH PARENTS OR GUARDIANS

These next few questions are about your family and your relationship with your parent(s) or guardian(s).

|     |
|-----|
| ALL |
|-----|

**B1.** Have you ever discussed the following with any of your parent(s) or guardian(s)?

|   | Yes                     | No                      |
|---|-------------------------|-------------------------|
| a. School work or grades  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| b. Shows or videos you watched on TV or online  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| c. Video games or games you played on your phone  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| d. Your social media or internet use  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| e. What you did with friends  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| f. Who you were dating  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| g. Your education and career goals  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| h. Resisting pressure and risks related to alcohol, tobacco, vaping products, and other drugs         | 1 <input type="radio"/> | 0 <input type="radio"/> |
| i. What makes a healthy relationship or marriage  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| j. How to resist pressure to have sex as a teen   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| k. Understanding reproduction, pregnancy, and birth   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| l. 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"/> |
| m. Sexually transmitted diseases (STDs) or infections (STIs)  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| n. Reasons for waiting to have sex  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| o. How to talk to your partner about whether to have sex  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| p. Sexual violence, assault, stalking, and harassment   | 1 <input type="radio"/> | 0 <input type="radio"/> |
| q. How you are feeling  | 1 <input type="radio"/> | 0 <input type="radio"/> |
| r. COVID-19 safety precautions  | 1 <input type="radio"/> | 0 <input type="radio"/> |

ASK FOR EACH B1=1

- B2.** Since the COVID-19 pandemic began, would you say that you discussed [FILL FOR EACH B1a-q=1; EXCLUDE B1r=1] with your parent(s) or guardian(s)...
- Much less than before.....1
  - A little less than before.....2
  - About the same as before.....3
  - A little more than before.....4
  - Much more than before.....5

ALL

- B3.** Since the COVID-19 pandemic began, has your in-person communication with your parent(s) or guardian(s)...
- Increased a little .....1
  - Increased a lot .....2
  - Stayed the same .....3
  - Decreased a little .....4
  - Decreased a lot.....5

ALL

**B4.** For the next series of questions, we want you to think about how things changed for you during the **most restrictive phases of the COVID-19 pandemic between March 2020-March 2021**, where things such as social distancing and quarantine were in effect.

Compared to before the most restrictive phase of the COVID-19 pandemic, were there more conflicts between you and your parent(s) or guardian(s) about:

|  | Much less conflict than before | A little less conflict than before | The same conflict as before | A little more conflict than before | Much more conflict than before | Does not apply to my household |
|--|--------------------------------|------------------------------------|-----------------------------|------------------------------------|--------------------------------|--------------------------------|
| a. How you spend your free time (e.g., watching TV, video games, hobbies, music or art activities, social media)                                   | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| b. House rules or consequences for breaking rules  | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| c. Schoolwork (e.g., completing assignments, grades, needing a quiet place to do schoolwork, having access to a computer or tablet for schoolwork) | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| d. Going out (e.g., to hang out with friends; going for a walk, bike ride, or a drive; curfew)   | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| e. Having your friends come over (e.g. who can visit, when they can visit)   | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| f. Doing your chores (e.g., cleaning your room, cleaning up after yourself, setting the table, laundry, yardwork)                                  | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| g. Privacy or personal space   | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| h. Your social media use (e.g., spending too much time on social media, what you share on social media, who you communicate with)                  | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| i. Your alcohol, tobacco or drug use   | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| j. Your technology use (e.g., "hogging"/not sharing gadgets or Wi-Fi services)   | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |
| k. Your dating and romantic relationships  | 1 <input type="radio"/>        | 2 <input type="radio"/>            | 3 <input type="radio"/>     | 4 <input type="radio"/>            | 5 <input type="radio"/>        | 97 <input type="radio"/>       |

ALL

**B5.** Compared to before the most restrictive phase of the COVID-19 pandemic, how often did your parent(s) or guardian(s) know:

|  | Much less than before the pandemic | A little less than before the pandemic | The same as before the pandemic | A little more than before the pandemic | Much more than before the pandemic | I didn't do this/not applicable |
|--|------------------------------------|--|---------------------------------|--|------------------------------------|---------------------------------|
| a. Where you are when you are away from home in your free time?  | 1 <input type="radio"/>            | 2 <input type="radio"/>                | 3 <input type="radio"/>         | 4 <input type="radio"/>                | 5 <input type="radio"/>            | 97 <input type="radio"/>        |
| b. Who you are with when you are away from home in your free time?                                       | 1 <input type="radio"/>            | 2 <input type="radio"/>                | 3 <input type="radio"/>         | 4 <input type="radio"/>                | 5 <input type="radio"/>            | 97 <input type="radio"/>        |
| c. What you watch on television or online?   | 1 <input type="radio"/>            | 2 <input type="radio"/>                | 3 <input type="radio"/>         | 4 <input type="radio"/>                | 5 <input type="radio"/>            | 97 <input type="radio"/>        |
| d. What you are posting on social media such as Instagram, Facebook, Twitter, Snapchat, or TikTok?       | 1 <input type="radio"/>            | 2 <input type="radio"/>                | 3 <input type="radio"/>         | 4 <input type="radio"/>                | 5 <input type="radio"/>            | 97 <input type="radio"/>        |
| e. Who you are messaging with on social media such as Instagram, Facebook, Twitter, TikTok, or Snapchat? | 1 <input type="radio"/>            | 2 <input type="radio"/>                | 3 <input type="radio"/>         | 4 <input type="radio"/>                | 5 <input type="radio"/>            | 97 <input type="radio"/>        |

ALL

**B6.** In general, how close do you currently feel to your parent(s) or guardian(s)?

- Not at all close.....1
- Not very close.....2
- Somewhat close.....3
- Very close.....4

- B7.** Compared to before the COVID-19 pandemic began, would you say you feel...
- Much closer to your parent(s)/guardian(s).....1
  - Somewhat closer to your parent(s)/guardian(s).....2
  - A little closer to your parent(s)/guardian(s).....3
  - A little more distant to your parent(s)/guardian(s).....4
  - Somewhat more distant to your parent(s)/guardian(s).....5
  - Much more distant to your parent(s)/guardian(s).....6
  - The relationship with your parent(s)/guardian(s) is the same as before the COVID-19 pandemic.....7



## SECTION C - EXPOSURE AND OPINIONS ABOUT SEX EDUCATION

The next questions are about any classes, sessions, or programs you 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).

ALL

**C1.** Have you ever had a class or series of classes in middle school or high school that taught **any** of the following topics? Sometimes these classes are referred to as sex education.

- 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.*

- Yes.....1 GO TO C2
- No.....0 GO TO C16

C1=1

**C2.** Now please think about the [current,] 2020-2021, school year.

Did you have any classes or series of classes that taught sex education during [this/the most recent] school year?

*These classes could include 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.*

- Yes.....1 GO TO C3
- No.....0 GO TO C15

C2=1

**C3.** Were the classes or series of classes that taught sex education during this school year the **first time** you have ever had any type of sex education?

*As a reminder, sex education classes cover things like how pregnancy occurs, waiting to have sex, birth control and sexually transmitted diseases or infections (also known as STDs or STIs).*

- Yes.....1 GO TO C5
- No.....0 GO TO C4
- Don't remember.....2 GO TO C5

IF C3=0

**C4.** What other grades did you receive sex education in?

*Select one or more*

- 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 remember.....9

C2=1

**C5.** Did your parents or guardians have to provide permission for you to participate in sex education this year?

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

C2=1

**C6.** Who led or taught the sex education class or classes you took during this school year?

*Select one or more*

- A teacher from your school (such as a health teacher, biology teacher, or physical education (PE) teacher).....1
- A school counselor or school nurse.....2
- An adult who is not from your school.....3
- A student or group of students trained to lead or teach the class.....4
- Someone else (*Please describe*).....5
- I don't know.....88

C2=1

**C7.** How was your sex education class taught this year?

- All remote/distance learning virtually.....1
- All in-person.....2
- Hybrid-some virtual and some in-person classes.....3
- Something else (*Please describe*).....4

C2=1

**C8.** Which of the following teaching methods were used in your sex education classes, sessions, or programs this year?

*Select one or more*

- Lecture by the teacher.....1
- Demonstration on how to use a condom.....2
- "Role plays" or skills practice.....3
- Videos.....4
- Small group discussions.....5
- Entire class discussions.....6
- Something else (*Please describe*).....99

C2=1

**C9.** Did the sex education class you had in school this year discuss the following topics?

|  | Yes                     | No                      | I Don't Remember         |
|--|-------------------------|-------------------------|--------------------------|
| a. Effectiveness of birth control for preventing pregnancy, HIV/AIDS, and other STDs or STIs   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| b. Where or how to get birth control   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| c. How to use a condom   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| d. How to use other methods of birth control   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| e. Reproductive biology and anatomy (including information about sex organs and the menstrual cycle or period)                           | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| f. How pregnancy occurs  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| g. How to avoid getting HIV/AIDS and other STDs or STIs  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| h. Developing healthy relationships (dating and marriage)  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| i. Developing communication skills   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| j. Waiting to have sex until marriage  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| k. How to talk to your partner about sex and using birth control   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| l. How to talk to your parents about sex   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| m. How alcohol or drugs might affect decisions about having sex  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| n. Setting goals and making plans for your future  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| o. The importance of consent (both partners agreeing) before engaging in sex   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| p. The laws regarding age of consent in my state   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| q. Laws around sharing information online or through text messages   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| r. Diverse gender identities and sexual orientations   | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| s. The risks of engaging in sexual activities online or virtually  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| t. How COVID-19 has impacted romantic relationships  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| u. Coping strategies for handling the stresses of the COVID-19 pandemic  | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |
| v. Something else ( <i>Please describe</i> )<br><div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div> | 1 <input type="radio"/> | 0 <input type="radio"/> | 88 <input type="radio"/> |

C2=1

**C10.** How much do you agree or disagree with the following statement?

The sex education I had this year made me more comfortable talking with my parents or another trusted adult about sex.

- Strongly disagree.....1
- Disagree.....2
- Agree.....3
- Strongly agree.....4

C2=1

**C11.** How much do you agree or disagree with the following statement?

The sex education I had this year prepared me to make healthy decisions about sex.

- Strongly disagree.....1
- Disagree.....2
- Agree.....3
- Strongly agree.....4

C2=1

**C12.** Overall, how satisfied were you with the sex education you received during this school year?

- Very unsatisfied.....1
- Unsatisfied.....2
- Satisfied.....3
- Very satisfied.....4

C2=1

**C13.** Even if you didn't attend all of the sessions or classes in your sex education program, how often during your sex education class or classes [FILL A-E]

Select one per row

|   | None of the time           | Some of the time           | Most of the time           | All of the time            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| a. did you feel interested in sessions and classes?   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. did you feel the material presented was clear?   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. did discussions or activities help you to learn program lessons?                           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. did you have a chance to ask questions about topics or issues that came up in the program? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. did you feel respected as a person?  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

C2=1

**C14.** What could be improved about the sex education you received this year?

Select one or more

- A more engaging instructor.....1
- Changing the method of delivery (in-person, virtual, combination).....2
- Including different topics.....3
- Including more activities and discussions.....4
- [IF RECEIVED IN SCHOOL] Taught outside of school.....5
- Something else (*Please describe*).....7

GO TO C16

C2=0

**C15.** Do you think the reason you did not receive sex education class or classes this past year was due to the COVID-19 pandemic? For example, if a health class or other elective where sex education topics are usually covered was not offered this year due to the pandemic.

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

ALL

**C16.** What topics do you think will be the most important for people your age to learn about in sex education in the next year?

|  | Not at all Important    | A little Important      | Somewhat important      | Very Important          |
|--|-------------------------|-------------------------|-------------------------|-------------------------|
| a. Effectiveness of birth control for preventing pregnancy, HIV/AIDS, and other STDs or STIs                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| b. Where or how to get birth control   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| c. How to use a condom   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| d. How to use other methods of birth control   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| e. 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"/> |
| f. How pregnancy occurs  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| g. 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"/> |
| h. Developing healthy relationships (dating and marriage)  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| i. Developing communication skills   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| j. Waiting to have sex until marriage  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| k. 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"/> |
| l. How to talk to your parents about sex   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| m. 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"/> |
| n. Setting goals and making plans for your future  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| o. 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"/> |
| p. 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"/> |
| q. 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"/> |
| r. Diverse gender identities and sexual orientations   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| s. The risks of engaging in sexual activities online or virtually  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| t. How COVID-19 has impacted romantic relationships  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| u. Coping strategies for handling the stresses of the COVID-19 pandemic  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |
| v. Something else ( <i>Please describe</i> )   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> | 4 <input type="radio"/> |

## SECTION D - SEXUAL RISK BEHAVIORS

We are interested in learning how things have changed for you since the start of the COVID-19 pandemic, which started over one year ago in **March 2020**. In this section we will ask questions about three time points: before the COVID-19 pandemic started, during the most restrictive phases of the pandemic, and over the past 3 months.

The following questions are about three types of sexual behaviors. We ask questions about oral, anal, and vaginal sex. Oral sex is when someone stimulates another's genitals with the mouth. Vaginal sex is when someone puts a penis into another's vagina. Anal sex is when someone puts a penis into another's anus, butt, or rectum.

ALL

- D1.** Have you ever had sex (this includes vaginal, oral, or anal sex)?
- Yes..... 1
  - No..... 0 GO TO D4

D1=1

- D2.** For the first questions we want you to think about the time in your life prior to **March 2020**, over a year ago, before the pandemic began in the United States.

Did you ever have oral, vaginal or anal sex **before March 2020**?

- Yes..... 1
- No..... 0

D1=1

- D3.** Now we want you to think about the time during the most restrictive phases of the COVID-19 pandemic between **March 2020-March 2021**, where things such as social distancing and quarantine were in effect.

Did you have oral sex, vaginal sex, or anal sex **between March 2020-March 2021**?

- Yes..... 1 GO TO D7
- No..... 0 GO TO D4

IF D1=0 OR D3=0

- D4.** People have different reasons for not having sex. Which of the following is true for you?
- You decided you did not want to have sex, even if you had the chance.....1 GO TO D5
  - You would have liked to have had sex, but did not have the chance.....2 GO TO D6



IF D4 = 1 OR M (A NOTE THAT RESPONDENTS ANSWERING THIS WILL BE A MIX OF THOSE WHO HAVE NEVER ENGAGED (D1=0) AND THOSE WHO HAVE NOT ENGAGED SINCE THE MOST RESTRICTIVE PHASE OF THE PANDEMIC (D3=0) SOME RESPONSES WILL ONLY SHOW FOR THOSE WHO HAVE ENGAGED EVER, D1=1.

**D5.** How important to you [is/was] each of the following reasons for not having sex [during the most restrictive phase of the pandemic]?

|  | Not important at all    | Somewhat important      | Very important          |
|--|-------------------------|-------------------------|-------------------------|
| a. My family's values or religious beliefs   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. My own personal values or religious beliefs                                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Because I want to wait until I am in a long-term relationship                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Because I want to wait until marriage   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. I don't want to be judged negatively by my peers                                | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. I feel I am too young to have sex   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| g. I feel that sex gets in the way of achieving the goals I have for myself        | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| h. I don't want to get pregnant or get my partner pregnant                         | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| i. I don't want to get an STD or STI   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| j. I'm in a relationship, but we are not ready                                     | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| k. I haven't found the right person  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| l. [show if ever sexually active, D1=1] I didn't like sex                          | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| m. [show if ever sexually active, ANY D1=1] I wish I had waited longer to have sex | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| n. I don't want to get COVID-19  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| o. Other reason ( <i>Please describe</i> )   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| <input style="width: 300px; height: 20px;" type="text"/>                           |                         |                         |                         |

IF D1=0 GO TO D20  
IF D1=1 AND D3=0 GO TO D12

IF D4 = 2

- D6.** Is the reason you did not have the chance to have sex because of COVID-19 related restrictions such as quarantine or social distancing?
- Yes.....1
  - No.....0

IF D1=0 GO TO D20  
IF D1=1 AND D3=0 GO TO D12

IF D3=1

- D7.** During the most restrictive phases of the COVID-19 pandemic **between March 2020-March 2021**, how many sexual partners did you have?
- 1 person.....1
  - 2 people.....2
  - 3 people.....3
  - 4 people.....4
  - 5 people.....5
  - 6 or more people.....6
  - Unsure/don't recall.....7

D3=1

**D8.** During the most restrictive phases of the COVID-19 pandemic **between March 2020-March 2021**, how often did you use a condom when you had sex?

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- Never..... 4

D3=1 AND D8=2,3,4

**D9.** Below are some reasons people may not use condoms. What are the reasons that you or your partner did not use condoms when having sex during the most restrictive phases of the COVID-19 pandemic **between March 2020-March 2021**?

*Select one or more*

- Condoms are against your personal values or religious beliefs to use..... 1
- Condoms are embarrassing to buy..... 2
- Condoms were difficult to find..... 3
- You didn't know where you can get condoms..... 4
- You didn't know how to use condoms..... 5
- You didn't think sex feels as good when a condom is used..... 6
- Your partner did not want to use one..... 7
- It was too hard to stop "in the moment" to use a condom..... 8
- Condoms were too expensive..... 9
- You or your partner didn't have one with you..... 10
- You did not feel comfortable asking your partner to use one..... 11
- You were having sex with just one partner ..... 12
- You or your partner(s) were using other birth control..... 13
- You and/or your partner(s) have been tested for STD/STIs..... 14
- Something else (*Please describe*)..... 15

D3=1

**D10.** During the most restrictive phases of the COVID-19 pandemic **between March 2020-March 2021**, how often did you or your partner use birth control, not including condoms when you had sex?

- All of the time.....1
- Most of the time.....2
- Some of the time.....3
- Never.....4
- I did not have vaginal sex in the past 3 months .....5
- I don't know if my partner(s) use birth control .....6

D3=1

**D11.** During the most restrictive phases of the COVID-19 pandemic **between March 2020-March 2021**, how easy or difficult was it for you or your partner to access birth control, other than condoms?

- Very easy.....1
- Somewhat easy.....2
- Somewhat difficult.....3
- Very difficult.....4
- I have not needed or tried to access birth control during the past 3 months  
.....  
5

D1=1

**D12.** Now we want you to think about the past 3 months. In the past 3 months, **that is since [MONTH YEAR 3 months ago]** have you had sex?

By sex we mean oral sex, vaginal sex, or anal sex.

- Yes.....1 GO TO D15
- No.....0 GO TO D13

IF D12=0

**D13.** People have different reasons for not having sex. Which of the following is true for you?

- You decided you did not want to have sex, even if you had the chance.....1 GO TO D14
- You would have liked to have had sex, but did not have the chance.....2 GO TO D20

IF D13=1,M

**D14.** How important to you is each of the following reasons for not having sex in the past 3 months?

|   | Not important at all    | Somewhat important      | Very important          |
|---|-------------------------|-------------------------|-------------------------|
| a. My family's values or religious beliefs                                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| b. My own personal values or religious beliefs                              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| c. Because I want to wait until I am in a long-term relationship            | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| d. Because I want to wait until marriage                                    | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| e. I don't want to be judged negatively by my peers                         | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| f. I feel I am too young to have sex  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| g. I feel that sex gets in the way of achieving the goals I have for myself | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| h. I don't want to get pregnant or get my partner pregnant                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| i. I don't want to get an STD or STI  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| j. I'm in a relationship, but we are not ready                              | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| k. I haven't found the right person   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| l. I didn't like sex  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| m. I wish I had waited longer to have sex                                   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| n. I don't want to get COVID-19   | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| o. Other reason ( <i>Please describe</i> )                                  | 1 <input type="radio"/> | 2 <input type="radio"/> | 3 <input type="radio"/> |
| <input type="text"/>  |                         |                         |                         |

GO TO D20

D12=1

**D15.** In the past 3 months, **that is since [MONTH YEAR 3 months ago]**, how many sexual partners did you have?

- 1 person.....1
- 2 people.....2
- 3 people.....3
- 4 people.....4
- 5 people.....5
- 6 or more people.....6
- Unsure/don't recall.....7

D12=1

**D16.** In the past 3 months, how often did you use a condom when you had sex?

- All of the time..... 1
- Most of the time..... 2
- Some of the time..... 3
- Never..... 4

D12=1 AND D16=2,3,4

**D17.** Below are some reasons people may not use condoms. What are the reasons that you or your partner have not used condoms when having sex in the past 3 months?

*Select one or more*

- Condoms are against your personal values or religious beliefs to use..... 1
- Condoms are embarrassing to buy..... 2
- Condoms are difficult to find..... 3
- You don't know where you can get condoms..... 4
- You don't know how to use condoms..... 5
- You don't think sex feels as good when a condom is used..... 6
- Your partner did not want to use one..... 7
- It is too hard to stop "in the moment" to use a condom..... 8
- Condoms are too expensive..... 9
- You or your partner didn't have one with you..... 10
- You did not feel comfortable asking your partner to use one..... 11
- You are having sex with just one partner ..... 12
- You or your partner(s) are using other birth control..... 13
- You and/or your partner(s) have been tested for STD/STIs..... 14
- Something else (*Please describe*)..... 15

D12=1

**D18.** In the past 3 months, how often did you or your partner use birth control, not including condoms when you had sex?

- All of the time.....1
- Most of the time.....2
- Some of the time.....3
- Never.....4
- I did not have vaginal sex in the past 3 months .....5
- I don't know if my partner(s) used birth control .....6

D12=1 & (D18 NE 5 OR 6)

**D19.** In the past 3 months, how easy or difficult has it been for you or your partner to access birth control, other than condoms?

- Very easy.....1
- Somewhat easy.....2
- Somewhat difficult.....3
- Very difficult.....4
- I have not needed or tried to access birth control during the past 3 months.....5

ALL

**D20.** Since the COVID-19 pandemic began, have you sexted with someone?

- Yes.....1
- No.....0

IF D20= 1

**D21.** Since the COVID-19 pandemic began, would you say you have sexted...

- A little more often than before.....1
- Much more often than before.....2
- About the same as before.....3
- A little less often than before.....4
- Much less often than before.....5
- I never sexted anyone before the COVID-19 pandemic.....6

ALL

- D22.** Since the COVID-19 pandemic began, have you watched pornographic videos?
- Yes.....1
  - No.....0

IF D22= 1

- D23.** Since the COVID-19 pandemic began, would you say you have watched pornographic videos...
- A little more often than before.....1
  - Much more often than before.....2
  - About the same as before.....3
  - A little less often than before.....4
  - Much less often than before.....5
  - I never watched pornographic videos before the COVID-19 pandemic.....6



## SECTION E - DEMOGRAPHICS

Thank you for your help with the survey so far. We are almost done. These final questions ask about demographics.

**E1.** How old are you?

YEARS (RANGE 14-19 years old)

ALL

**E2.** Are you of Hispanic or Latino/a/x, Chicano/a/x origin?

- Yes.....1
- No.....0

ALL

**E3.** 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

ALL

**E4.** What sex were you assigned at birth?

- Male.....1
- Female.....2
- Prefer not to answer.....3

ALL

**E5.** Which of the following best describes how you think of yourself?

- Male..... 1
- Female..... 2
- Transgender man..... 3
- Transgender woman..... 4
- Another gender identity..... 5
- Prefer not to answer..... 6

ALL

**E6.** People are different in their sexual attraction to other people.

Which best describes your feelings?

- Only attracted to females..... 1
- Mostly attracted to females..... 2
- Equally attracted to females and males..... 3
- Mostly attracted to males..... 4
- Only attracted to males..... 5
- Questioning/not sure..... 6
- Other (*Please describe*)..... 99

ALL

**E7.** In which state do you live?

STATE (DROP DOWN BOX FOR US STATES)