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BARCODE LABEL

# **TEEN ACTIVITIES AND ATTITUDES STUDY**

## **WAVE 4 QUESTIONNAIRE**

### **CONFIDENTIALITY**

We want you to know that:

1. We are asking you these questions in order to gather information about knowledge, attitudes, beliefs, and behaviors around issues that affect people your age.
2. We hope that you will answer as many questions as you can. You may skip any questions you do not wish to answer.
3. The answers you give will never be identified as yours. Your responses will be combined with those of other students.

Mathematica Policy Research, Inc.  
Princeton, NJ

## GENERAL INSTRUCTIONS

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

### 1. MARK (X) ONE

What is the color of your eyes?

**Mark (X) one**

- 1  Brown
- 2 ~ Blue
- 3 ~ Green
- 4 ~ Another color

If the color of your eyes is brown, you would mark W in the first box as shown

### 2. MARK (X) ONE

What is the color of your hair?

**Mark (X) one**

- 1 ~ Brown
- 2 ~ Black
- 3 ~ Blond
- 4 ~ Red
- 5  Some other color - What? purple

If the color of your hair is purple, you would mark W in the last box ASome other color@and write the word "purple" in the blank as shown

### 3. BLANK LINES

14. What is the name of the school you are currently attending?

\_\_\_\_\_

If a question has only line(s) for you to write an answer, write your answer in the space provided.

### 4. MARK ALL THAT APPLY

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

**Mark (X) all that apply**

- 1  Rent a videotape
- 2  Go to a baseball game
- 3 ~ Study at a friend's house

If you plan to rent a videotape and go to a baseball game next week, you would mark W each box as shown

## GENERAL INSTRUCTIONS

### 5. QUESTION WITH A SKIP

1. Do you ever eat chocolate?

*Mark (X) one*

0  No → **GO TO 3**

1  Yes



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

*Mark (X) one*

0  No

1  Yes

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

*Mark (X) all that apply*

1  Went to a play

2  Went to a movie

3  Attended a sporting event

Because you answered “Yes,” you continue to question 2. After you answer question 2, you will answer question 3.

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

## SECTION 1: DAILY ACTIVITIES AND SCHOOL

Thank you for agreeing to help us with this important study. This information will help us understand what things are like today for people your age. Your answers are confidential. Your name will not be on the questionnaire. Please answer all questions as best as you can.

The first questions ask about how you spend your time and things you like to do.

1.1 During the past week, how many times did you do each of the following . . .

	NOT AT ALL	1 OR 2 TIMES	3 OR 4 TIMES	5 OR MORE TIMES
<i>MARK (X) ONE ANSWER FOR EACH</i>				
a. Watch television or videos, or play video games? .....	0 ~	1 ~	2 ~	3 ~
b. Go rollerblading, skate boarding, biking, or something like that? .....	0 ~	1 ~	2 ~	3 ~
c. Play an active sport like basketball, soccer, field hockey, baseball, or football? .....	0 ~	1 ~	2 ~	3 ~
d. Do exercise like jogging, walking, karate, dancing, or swimming? .....	0 ~	1 ~	2 ~	3 ~
e. Hang out with friends? .....	0 ~	1 ~	2 ~	3 ~
f. Hang out with a boyfriend/girlfriend? .....	0 ~	1 ~	2 ~	3 ~

1.2 In an average week during the school year, how many hours do you spend working at a job for pay?

    |\_|\_| HOURS

1.3 During this school year, how many times did you skip school for a full day without an excuse?

\_\_\_\_\_ NUMBER OF TIMES

1.4 On weekdays, how many hours a day do you usually watch TV? Don't count weekends.

|\_|\_| HOURS

1.5 **NOT IN THIS VERSION.**

1.6 **NOT IN THIS VERSION.**

1.7 In the past 12 months, how often did you attend religious services?

**MARK (X) ONE**

- 3  Once a week or more
- 2  Once a month or more, but less than once a week
- 1  Less than once a month
- 0  Never

1.8 How important is religion to you?

**MARK (X) ONE**

- 3  Very important
- 2  Fairly important
- 1  Fairly unimportant
- 0  Not important at all

1.9 Many churches, synagogues, and other places of worship have special activities for teenagers—such as youth groups, Bible classes, or choir.

In the past year, how often did you attend such youth activities?

**MARK (X) ONE**

- 3  Once a week or more
- 2  Once a month or more, but less than once a week
- 1  Less than once a month
- 0  Never

The following questions are about any classes or special programs you might have participated in during the last year that talked about sexual activity and health.

1.10 In the past year, did you take a class or participate in a special program that talked about any of the following things? These could be classes that you took in school or someplace else.

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

	<b>YES</b>	<b>NO</b>
a. The female menstrual cycle—that is, the monthly cycle or period? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Physical development and puberty? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Dating? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Marriage and family life? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. The human body/reproduction/how girls get pregnant?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Ways people who have sex can prevent making babies? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Abstinence—that is, <u>not</u> having sexual intercourse? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. How to say “no” to sex? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Sexually transmitted diseases (STDs)? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Ways to show someone you care about them? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. How to talk with parents? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l. How to stand up for yourself/assertiveness skills?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
m. How to resist peer pressure to do things you don’t want to do? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
n. Alcohol and/or drug use? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

## SECTION 2: ATTITUDES AND EXPERIENCES

The first few questions below ask for your opinions on issues related to sexual intercourse. Sexual intercourse means “going all the way” and is the act that make babies.

2.1 Does having sexual intercourse as a teenager make it harder for someone to study and stay in school in the future?

**MARK (X) ONE**

- 0  No, not harder at all
- 1  Yes, somewhat harder
- 2  Yes, much harder

2.2 Does having sexual intercourse as a teenager make it harder for a teen to grow and develop emotionally and morally?

**MARK (X) ONE**

- 0  No, not harder at all
- 1  Yes, somewhat harder
- 2  Yes, much harder

2.3 Does having sexual intercourse before marriage make it harder for someone to have a good marriage and a good family life in the future?

**MARK (X) ONE**

- 0  No, not harder at all
- 1  Yes, somewhat harder
- 2  Yes, much harder

2.4 Is there a problem with unmarried teens having sexual intercourse if no pregnancy results from it?

**MARK (X) ONE**

- 0  No problem at all
- 1  Some problem
- 2  A big problem

2.5 For each of the following statements, please tell us if you strongly agree, agree, disagree, or strongly disagree.

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

	<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
a. Sexual relationships create more problems than they're worth for teens .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Sexual relationships make life too difficult for teens .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. A sexual relationship is one of the best things a young person can have .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. “Petting” (heavy kissing and touching) can lead to sexual intercourse .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. In a relationship between a boy and a girl, there are many more important things than sexual intercourse .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. It is OK to say “NO” when someone wants to touch me or wants me to touch them .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

2.5 (continued)

<b>MARK (X) ONE ANSWER FOR EACH</b>		<b>STRONGLY AGREE</b>	<b>AGREE</b>	<b>DISAGREE</b>	<b>STRONGLY DISAGREE</b>
g.	Having sexual intercourse is something only married people should do.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h.	It is against my values for me to have sexual intercourse as an unmarried teen....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i.	It would be OK for teens who have been dating for a long time to have sexual intercourse .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j.	It is OK for teenagers to have sexual intercourse before marriage if they plan to get married.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k.	Having a good marriage is important to me	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
l.	Having a good marriage does not seem realistic for me .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
m.	The best way for young people to avoid an unwanted pregnancy or a sexually transmitted disease is to wait until they are married to have sexual intercourse.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
n.	A teen who has had sexual intercourse outside of marriage would be better off to stop having sex and wait until marriage to have sexual intercourse again .....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
o.	It is likely that teens who have sexual intercourse before they are married will get pregnant.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
p.	It is OK for unmarried teens to have sexual intercourse if they use birth control.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

2.6 Do any of your 5 closest friends think it is okay for young people your age to have sexual intercourse?

- 0  No → **GO TO 2.7**  
 1  Yes

2.6a How many of your 5 closest friends think it is okay for young people your age to have sexual intercourse?

**MARK (X) ONE**

- 1  One or two of them  
 3  Three or four of them  
 5  All of them

2.7 Do any of your 5 closest friends think someone should wait until marriage before having sexual intercourse?

- 0  No → **GO TO 2.8**  
 1  Yes

2.7a How many of your 5 closest friends think someone should wait until marriage before having sexual intercourse?

**MARK (X) ONE**

- 1  One or two of them  
 3  Three or four of them  
 5  All of them



2.8 Have any of your 5 closest friends ever had sexual intercourse?

- 0  No → **GO TO 2.9**
- 1  Yes

2.8a How many of your 5 closest friends have had sexual intercourse?

**MARK (X) ONE**

- 1  One or two of them
- 3  Three or four of them
- 5  All of them

2.9 Do you feel pressure from your friends to have sexual intercourse?

- 0  No → **GO TO 2.10**
- 1  Yes

2.9a How much pressure do you feel?

**MARK (X) ONE**

- 1  A little pressure
- 2  Some pressure
- 3  A lot of pressure

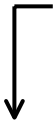
2.10 Imagine you had been going out with someone you really liked and this person decided he/she wanted to have sexual intercourse with you. But you don't want to have sexual intercourse. Could you do each of the following?

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

	YES	MAYBE	NO
a. Stick with your decision not to have sexual intercourse .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Talk to your boyfriend/girlfriend about your decision not to have sexual intercourse.....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Avoid getting into a situation that might lead to sexual intercourse (like going to a bedroom, drinking, doing drugs).....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Say "NO" to having sexual intercourse, and explain your reasons .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Stop seeing your boyfriend/girlfriend if he/she keeps pushing you to have sexual intercourse .....	1 <input type="checkbox"/>	2 <input type="checkbox"/>	0 <input type="checkbox"/>

2.11 Have you taken a public or written pledge to abstain from sex until marriage?

- 0  No → **GO TO QUESTION 3.1, NEXT PAGE**
- 1  Yes



2.12 In what month and year did you take this pledge?

**RECORD MONTH AND YEAR BELOW.**

\_\_\_\_\_                      \_\_\_\_\_  
 MONTH                      YEAR

## SECTION 3: HEALTH FACTS AND EDUCATION

3.1 Which of the following is a sexually transmitted disease (STD)?

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

	YES	NO	NOT SURE
a. AIDS or HIV .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
b. Diabetes .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
c. Gonorrhea .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
d. Genital herpes .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
e. Multiple Sclerosis .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
f. Syphilis .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
g. Chlamydia .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
h. Crabs .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
i. Tuberculosis .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
j. Genital warts .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
k. Hepatitis B .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
l. Jaundice .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
m. Human papilloma virus (HPV) .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>

3.2 For each of the following, please tell me if sexually transmitted diseases (STDs) can cause this or not.  
Can sexually transmitted diseases (STDs) cause . . .

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

	YES	NO	DON'T KNOW
a. Some kinds of cancer? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
b. Problems with fertility, that is problems getting pregnant? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
c. Increased risk for asthma? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>

3.3 Mark the answer that comes closest to what you think.

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

	USUALLY	SOMETIMES	NEVER	NOT SURE
a. If a condom is used correctly, it prevents girls from getting pregnant .....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
b. If a condom is used correctly, it prevents HIV .	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
c. If a condom is used correctly, it prevents chlamydia and gonorrhea .....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
d. If a condom is used correctly, it prevents herpes and HPV .....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>

3.4 Mark the answer that comes closest to what you think.

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

	USUALLY	SOMETIMES	NEVER	NOT SURE
a. If birth control pills are used correctly, they prevent girls from getting pregnant .....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
b. If birth control pills are used correctly, they prevent HIV .....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
c. If birth control pills are used correctly, they prevent chlamydia and gonorrhea .....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
d. If birth control pills are used correctly, they prevent herpes and HPV .....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>

3.5 If you had sexual intercourse only once without using a condom or other birth control, could you get a sexually transmitted disease?

**MARK (X) ONE**

- 0  No
- 1  Yes
- D  Don't know

3.6 If you had sexual intercourse only once without using a condom or other birth control, could you get pregnant?

**MARK (X) ONE**

- 0  No
- 1  Yes
- D  Don't know

3.7 Can you get AIDS or HIV from kissing?

**MARK (X) ONE**

- 0  No
- 1  Yes
- D  Don't know

3.8 About how many sexually active people under 25 in this country have an STD this year?

**MARK (X) ONE**

- 1  About 50%
- 2  About 25%
- 3  About 10%
- 4  About 1%
- D  Don't know

## SECTION 4: SOME THINGS YOU MIGHT THINK OR DO

4.1 Here are some opinions that students sometimes have about themselves. Please tell us how much you agree or disagree with each one.

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

	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT
a. I have a lot to be proud of.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. I like myself just the way I am.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. I feel like I am doing everything just about right.	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. I feel loved and wanted.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**The following questions are about things that some young people do. Please remember that all of your answers will be kept private and will not be shared with anyone.**

4.2 After reading each sentence, mark the one answer that tells us how true the sentence is for you.

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

	AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT
a. I would do almost anything on a dare.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. I like to test myself sometimes by doing something a little risky.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. I keep out of trouble at all costs.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. I often act before I think.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

4.3 During the past month, have you smoked cigarettes?

0  No → **GO TO 4.4**

1  Yes



4.3a How often have you smoked cigarettes during the past month?

**MARK (X) ONE**

1  Only a few times

2  1 or 2 times a week

3  Several times a week or more

4.4 Have you ever drunk alcohol, like beer or wine or liquor?

0  No → **GO TO 4.5**

1  Yes



4.4a How often in your life have you drunk alcohol, like beer or wine or liquor?

**MARK (X) ONE**

1  Only a few times ever

2  1 or 2 times a month

3  About once a week

4  A few times a week

4.5 Have you ever used marijuana?

0  No → **GO TO 4.6**

1  Yes



4.5a How many times have you used marijuana?

**MARK (X) ONE**

1  Only a few times ever

2  1 or 2 times a month

3  About once a week

4  A few times a week

4.6 Do you have a steady boyfriend/girlfriend?

0  No → **GO TO 4.8**

1  Yes

4.7 How old is he/she?

\_\_\_\_\_ YEARS OLD

4.8 Have you ever “made out” with someone?

0  No

1  Yes

4.9 Have you ever been involved in “petting” with someone? By “petting” we mean heavy kissing and touching or being touched.

0  No

1  Yes

4.10 Have you ever had sexual intercourse? Sexual intercourse means “going all the way” and is the act that makes babies.

0  No → **CLOSE THIS BOOKLET AND OPEN THE ENVELOPE LABELED “SECTION 5”**

1  Yes → **CLOSE THIS BOOKLET AND OPEN THE ENVELOPE LABELED “SECTION 6”**

## SECTION 5: THE FUTURE

5.1 Do you think you will abstain from sexual intercourse . . .

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

	YES	NO
a. from now until you complete high school? .....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. from now until you are at least 20 years old?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. from now until you are married?.....	1 <input type="checkbox"/>	0 <input type="checkbox"/>

5.2 Have you ever gone out alone with a boyfriend/girlfriend on a date?

- 0  No → **GO TO 5.4**  
1  Yes

5.3 How many times have you gone out alone on a date with a boyfriend/girlfriend?

**MARK (X) ONE**

- 1  Once or twice in my life  
2  Less than once a month  
3  1 or 2 times a month  
4  3 or more times a month

5.4 How comfortable would you be saying *Ano@to* a sexual come-on?

**MARK (X) ONE**

- 3  Very comfortable  
2  A little comfortable  
1  Very uncomfortable

5.5 Would having a child before you were married make you better off or worse off than you are now?

**MARK (X) ONE**

- 4  A lot better off  
3  Somewhat better off  
2  About the same as now  
1  A little worse off  
0  A lot worse off

5.6 How important to you are the following reasons for not having sex?

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

	Very Important	Somewhat Important	Not At All Important
a. I want to wait until I'm married.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. It is against my religious beliefs.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. I don't want to get AIDS or some other sexually transmitted disease.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. I haven't found the right person.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. I wouldn't feel comfortable doing it.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. I haven't had the opportunity.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. I don't feel I am ready.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. I don't want to disappoint my parents.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. I don't want to be used or taken advantage of.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. I want to finish my education.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. I do not want to get pregnant/get someone pregnant.....	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

5.7 Please tell me how much you agree or disagree with the following statements:

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

	STRONGLY AGREE	SOMEWHAT AGREE	SOMEWHAT DISAGREE	STRONGLY DISAGREE
a. If I don't have sexual intercourse as an unmarried teen, I will get along better with my parents.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. If I don't have sexual intercourse as an unmarried teen, I will have more friends.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. If I don't have sexual intercourse as an unmarried teen, I will keep my friends longer.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. A happy successful marriage is something I can achieve.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. I look forward to marriage as the healthiest place to have sex.....	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

**THANK YOU FOR COMPLETING THE SURVEY.**

**PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE.**

## SECTION 6: EXPERIENCES

6.1 Even though you have already had sex, do you think you will abstain from sexual intercourse . . .

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

<b>YES</b>	<b>NO</b>
------------	-----------

- |  |                            |                            |
|--|----------------------------|----------------------------|
| a. from now until you complete high school? .....      | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. from now until you are at least 20 years old? ..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. from now until you are married? .....               | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

6.2 How old were you when you had sexual intercourse for the first time?

\_\_\_\_\_ YEARS OLD

6.3 How old was the person you had sex with this first time?

\_\_\_\_\_ YEARS OLD

6.4 Think about the first time you had sexual intercourse. Which of the following 3 statements comes closest to describing how much you wanted that first intercourse to happen?

**MARK (X) ONE**

- 1  I really didn't want it to happen at the time
- 2  I had mixed feelings—part of me wanted it to happen at the time and part of me didn't
- 3  I really wanted it to happen at the time

6.5 Think about the first time you had sexual intercourse. Did you or your partner use any of the following that first time?

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

<b>YES</b>	<b>NO</b>
------------	-----------

- |                                  |                            |                            |
|----------------------------------|----------------------------|----------------------------|
| a. Condom .....                  | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Birth control pill .....      | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Depo-Provera or Norplant..... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Morning after pill .....      | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Other .....                   | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

6.6 With how many different people have you ever had sexual intercourse, even if only once?

\_\_\_\_\_ PARTNERS

6.7 With how many different people have you had sexual intercourse in the past 12 months?

0 ~ No partners → **GO TO 6.12, NEXT PAGE**

\_\_\_\_\_ PARTNERS

6.8 Now, think about (this person/these people) with whom you had sexual intercourse in the past 12 months. To the best of your knowledge, did any of them ever have a sexually transmitted disease (STD)?

**MARK (X) ONE**

- 0 ~ No
- 1 ~ Yes
- 0 ~ Don't know

6.9 About how many times have you had sexual intercourse in the past 12 months?

\_\_\_\_\_ TIMES



6.10 On how many of these occasions of sexual intercourse in the past 12 months did you or your partner use some form of birth control or pregnancy protection?

- 0 ~ None
- 1 ~ Some
- 2 ~ Half
- 3 ~ Most
- 4 ~ All

6.11 On how many of these occasions did you or your partner use a condom?

- 0 ~ None
- 1 ~ Some
- 2 ~ Half
- 3 ~ Most
- 4 ~ All

6.12 Have you ever been tested for a sexually transmitted disease (STD)?

- 0  No
- 1  Yes

6.13 Have you ever been told by a doctor or a nurse that you had any of the following sexually transmitted diseases (STDs)?

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

	NO	YES
a. Chlamydia .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
b. Syphilis .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
c. Gonorrhea.....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
d. HIV or AIDS .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
e. Genital herpes .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>
f. Genital warts [or HPV] .....	0 <input type="checkbox"/>	1 <input type="checkbox"/>

6.14 Are you pregnant now?  
[Females ONLY]

- 0  No
- 1  Yes


6.15 Have you been pregnant in the past?  
[Females ONLY]

- 0  No
- 1  Yes

6.16 Have you ever had a baby?  
[Females ONLY]

- 0  No
- 1  Yes

6.17 Have you ever gotten someone pregnant? Be sure to answer yes if your girlfriend is currently pregnant or any past pregnancy ended in a birth, an abortion, a stillbirth, a miscarriage, or a live birth after which the baby died.  
[Males ONLY]

- 1  Yes
- 0  No
- 0  Don't know  **GO TO 6.22, NEXT PAGE**

6.18 Altogether, how many times have you gotten anyone pregnant?  
[Males ONLY]

\_\_\_\_\_ TIMES

6.19 How old were you when you first got someone pregnant?  
[Males ONLY]

\_\_\_\_\_ YEARS OLD

6.20 How old was the youngest girl you got pregnant?  
[Males ONLY]

\_\_\_\_\_ YEARS OLD

6.21 How many of these pregnancies resulted in a live birth?  
[Males ONLY]

\_\_\_\_\_ BIRTHS

6.22 Have you ever been married?

0  No

1  Yes



6.23 In what month and year did you get married?

**RECORD MONTH AND YEAR BELOW.**

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

**THANK YOU FOR COMPLETING THE SURVEY.**

**PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE.**