

BARCODE LABEL

TEEN ACTIVITIES AND ATTITUDES STUDY

WAVE 2 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. You may skip any questions you do not wish to answer, however, we hope that you answer as many questions as you can.
3. Your responses will be combined with those of other students, and the answers you give will never be identified as yours.

Mathematica Policy Research
Princeton, NJ

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to survey is voluntary. Public burden for this survey is estimated to average 45 minutes per response. Send comments regarding this burden estimate or any other aspect of this survey, including suggestions for reducing the burden, to the U.S. Department of Health and Human Services, Room 0990-0233, Washington DC 20210 (Paperwork Reduction Project 0990-0233).

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 green, you would mark ✕ in the third 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? _____

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

3. BLANK LINES

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

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

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 ✕ each box as shown

GENERAL INSTRUCTIONS *(continued)*

5. QUESTION WITH A SKIP

1. Do you ever eat chocolate?

Mark (X) one

- 1 Yes
0 No - GO to 2

→ A. Do you always brush your teeth after eating chocolate?

Mark (X) one

- 1 Yes
0 No



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

Mark (X) all that apply

- 1 Saw a play
2 Went to a movie
3 Attended a sporting event

Because you answered "Yes," you follow the arrow to part A. After you answer A, you will answer Question 2.

If you answered "No" to Question 1, you would skip part A and go right to Question 2.

SECTION 1: ABOUT 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 school.

1.1 Please mark each activity that you do in school or after school.

MARK (X) ONE ANSWER FOR EACH	YES	NO
a. Band, orchestra, chorus, choir or other music group	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. School play or musical	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Student government or student council	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Hobby club like photography, chess	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Sports teams like soccer, basketball, or baseball	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Dance, gymnastics	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Girl Scouts, Boy Scouts, Girls Clubs, Boys Clubs, or 4-H	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Community service or volunteer activity	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. Church or religious youth groups	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. Watch TV or hang out	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Some other club or activity	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.2 There are many things that students might say to describe their schools. Please read these sentences and tell us if it is true or not true for your school.

MARK (X) ONE ANSWER FOR EACH	TRUE	NOT TRUE
a. It's easy to make friends at this school	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Most of my classes are boring	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. You can get away with almost anything at this school	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Most teachers are willing to help kids with their school problems	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Most teachers are willing to help kids with other problems	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.3 Who is usually home when you come home from school?

MARK (X) ALL THAT APPLY

- a. Grandparent(s)
- b. Parent(s)
- c. Older brother or sister
- d. Younger brother or sister
- e. An adult other than your parent or grandparent
- f. No one is usually home

1.4 A lot of things can happen in families. In the past year, have any of these things happened?

MARK (X) ONE ANSWER FOR EACH

	YES	NO
a. We moved to a new home	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. One of my parents got married	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. My parents got divorced or separated	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. One of my parents lost a job	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. One of my parents started to work	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. One of my unmarried sisters got pregnant	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. One of my unmarried brothers got a girl pregnant	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. One of my brothers or sisters dropped out of school	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. My family went on welfare	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. My family went off of welfare	1 <input type="checkbox"/>	0 <input type="checkbox"/>

SECTION 2: ATTITUDES AND EXPERIENCES

The next questions are about sexual activity, when you feel is the right time to start having sexual intercourse and when you should abstain.

- "Sexual intercourse" means "going all the way." It is the act by which babies are made.
- "Abstaining," means not having sexual intercourse.

Remember, all your answers will be kept private and will not be shared with anyone at your school.

The first few questions below ask for your opinions on issues around sexual intercourse.

- 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 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

- 2.3 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

- 2.4 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

STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
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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. I have my own set of rules to guide my sexual behavior	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. My friends and I agree on what is right and wrong about teens having sexual intercourse	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. "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"/>
g. 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"/>
h. 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"/>
i. Having sexual intercourse is a way to be popular	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
j. 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"/>
k. 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"/>
l. It is against my parent's or guardian's values for me to have sexual intercourse before I am married	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

2.5 (continued)

MARK (X) ONE ANSWER FOR EACH		STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE
m.	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"/>
n.	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"/>
o.	Having a good marriage is important to me	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
p.	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"/>
q.	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"/>
r.	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"/>
s.	People can control their sexual urges	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
t.	It is likely that unmarried teens will get AIDS or other sexually transmitted diseases if they have sexual intercourse	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
u.	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"/>
v.	It is OK for unmarried teens to have sexual intercourse if they use birth control [Grade 7 and above ONLY]	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
w.	Having sexual intercourse is just doing what everybody else is doing [Grade 7 and above ONLY]	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?
[Grade 7 and above ONLY]

0 No → **GO TO 2.10 (PAGE 9)**

1 Yes



2.9a How much pressure do you feel?
[Grade 7 and above ONLY]

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 wanted to have sexual intercourse with you. But, you don't want to have sexual intercourse. Could you do each of the following?
 [Grade 7 and above ONLY]

MARK (X) ONE ANSWER FOR EACH

YES	MAYBE	NO
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a. Stick with your decision not to have sexual intercourse	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Talk to your boyfriend/girlfriend about your decision not to have sexual intercourse	2 <input type="checkbox"/>	1 <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)	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Say "NO" to having sexual intercourse, and explain your reasons	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Stop seeing your boyfriend/girlfriend if he keeps pushing you to have sexual intercourse	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

2.11 Have you taken a public or written pledge to remain a virgin until marriage?

0 No → **GO TO 3.1**

1 Yes



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

RECORD MONTH AND YEAR BELOW.

_____ MONTH _____ YEAR

SECTION 3: SOME THINGS YOU MIGHT THINK OR DO

3.1 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 don't have enough control over the way my life is going	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	For me, good luck is more important than hard work for success	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	I can't do things as well as most other people	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	My plans hardly ever work out	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	When I make plans, I know I can make them work	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f.	Chance and luck are important for what happens in my life	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3.2 Please tell us how much you agree or disagree with each of the following.

MARK (X) ONE ANSWER FOR EACH		AGREE A LOT	AGREE A LITTLE	DISAGREE A LITTLE	DISAGREE A LOT
a.	Difficult problems make me very upset	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	When making decisions, I usually go with my "gut feeling". I don't think too much about the consequences of each choice	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	When I have a problem to solve, one of the first things I do is get as many facts about the problem as possible	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	When I attempt to solve a problem, I usually try to think of as many different approaches as possible	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	I have a lot to be proud of	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f.	I like myself just the way I am	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g.	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"/>
h.	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.

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

	DEFINITELY TRUE	SOMEWHAT TRUE	A LITTLE TRUE	NOT TRUE
MARK (X) ONE ANSWER FOR EACH				
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"/>
e. Before I do something, I think about what my friends would think about it	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

3.4 During the past month, have you smoked cigarettes?

0 No → **GO TO 3.5**

1 Yes



3.4a 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

3.5 Do any of your friends drink alcohol, like beer or wine or liquor like vodka, gin, or whiskey?

0 No → **GO TO 3.6 (PAGE 12)**

1 Yes



3.5a How many of your friends drink alcohol, like beer or wine or liquor like vodka, gin, or whiskey?

MARK (X) ONE

1 Only 1 or 2 friends

2 Several

3 Most

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

0 No → **GO TO 3.7**

1 Yes



3.6a How often in your life have you drunk alcohol, like beer or wine or liquor?

MARK (X) ONE

1 1 or 2 times in my life

2 Only a few times ever

3 1 or 2 times a month

4 About once a week

5 A few times a week

3.7 Do any of your friends use marijuana (pot or hash)?

0 No → **GO TO 3.8**

1 Yes



3.7a How many of your friends use marijuana (pot or hash)?

MARK (X) ONE

1 Only 1 or 2 friends

2 Several

3 Most

3.8 Have you ever used marijuana?

0 No → **GO TO 3.9**

1 Yes



3.8a How many times have you used marijuana?

MARK (X) ONE

1 1 or 2 times in my life

2 Only a few times

3 1 or 2 times a month

4 About once a week

5 A few times a week

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

0 No → **GO TO 3.10**

1 Yes



3.9a 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

3.10 Do you have a steady boyfriend/girlfriend?

0 No → **GO TO 3.12**

1 Yes



3.11 How old is your current boyfriend/girlfriend?

_____ YEARS OLD

3.12 Have you ever dated anyone more than a year older than you?

0 No

1 Yes

3.13 The next questions ask about romantic relationships. If you had an ideal romantic relationship, which of the following would you do or want to happen, *in the next year*?

		Would Do or Want to Happen	Would Not Do or Want to Happen	DON'T KNOW
MARK (X) ONE ANSWER FOR EACH				
a.	We would go out together in a group	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
b.	I would meet my boyfriend/girlfriend's parents	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
c.	I would tell other people that we were a couple	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
d.	I would see less of my other friends so I could spend more time with my boyfriend/girlfriend	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
e.	We would go out together alone	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
f.	We would hold hands	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
g.	I would give my boyfriend/girlfriend a present	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
h.	My boyfriend/girlfriend would give me a present	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
i.	I would tell my boyfriend/girlfriend that I loved him/her	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
j.	My boyfriend/girlfriend would tell me that he/she loved me	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
k.	We would think of ourselves as a couple	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
l.	We would kiss	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
m.	We would have sexual intercourse [Grade 7 and above ONLY]	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
n.	We would talk about protection from pregnancy and sexually transmitted diseases [Grade 7 and above ONLY]	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
o.	I would get pregnant/My girlfriend would get pregnant [Grade 7 and above ONLY]	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
p.	We would get married [Grade 7 and above ONLY]	1 <input type="checkbox"/>	0 <input type="checkbox"/>	<input type="checkbox"/>

3.14 How do your parents feel about boys and girls being at your house together when no adult is home?

MARK (X) ONE

- 0 They don't allow this
- 1 They might allow this
- 2 They think it is okay/they trust me
- 3 Don't know

3.15 Do any of your friends' parents allow boys and girls to be there together when no adult is home?

- 0 No
- 1 Yes

3.16 During the past year, have you ever talked with one or both of your parents about any of these things:

MARK (X) ONE ANSWER FOR EACH

YES	NO
-----	----

a. Puberty - that is, the physical changes in your body and your emotions that happen when young people develop sexually	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. How girls get pregnant	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. The female menstrual cycle--that is, the monthly cycle or period	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. How you get or how to avoid getting sexually transmitted diseases (STDs)	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. How to say "NO" to sex	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Ways to prevent pregnancy	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. What can happen if someone gets a sexually transmitted disease	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Reasons to remain abstinent--that is, not to have sexual intercourse	1 <input type="checkbox"/>	0 <input type="checkbox"/>

SECTION 4: HEALTH CLASSES AND SEX EDUCATION

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.

4.1 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

	YES	NO
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. Self esteem or how to feel good about yourself?	1 <input type="checkbox"/>	0 <input type="checkbox"/>
o. Alcohol and/or drug use?	1 <input type="checkbox"/>	0 <input type="checkbox"/>

4.1a Did you mark the “yes” box for any of the topics listed above in questions 4.1a-4.1o?

- 0 No → **GO TO 4.6 (PAGE 17)**
- 1 Yes

4.2 Thinking about these classes or special programs you have attended during the past year, how often did you hear or talk about the following things?

		A Lot	Some	A Little	Not At All
MARK (X) ONE ANSWER FOR EACH					
a.	You should not have sexual intercourse unless you are married to your boyfriend/girlfriend. Did you hear or talk about this	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	It's OK to have sexual intercourse if you use a condom or take birth control. Did you hear or talk about this	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	It's OK to have sexual intercourse as long as you have sex with just one person. Did you hear or talk about this	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	It's OK to have sexual intercourse with someone you love. Did you hear or talk about this	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

4.3 During the past year, how much did these classes or special programs help you in the following areas?

		A Lot	Some	A Little	Not At All
MARK (X) ONE ANSWER FOR EACH					
a.	Learning how to handle problems and pressures that come up in life	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Learning how to stay away from things that could cause problems in your later life	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	Helping you and your parents talk about important things	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	Feeling more confident in your ability to resist peer pressure to have sexual intercourse	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	Resisting pressure to drink alcohol or do drugs	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f.	Understanding how girls get pregnant	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g.	Understanding how someone gets AIDS or other sexually transmitted diseases (STDs)	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h.	Thinking about or planning your future	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i.	Learning how to make good decisions and choices	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

4.4 Have either of your parents ever gone to a class or meeting that discussed any of the topics we just asked about?

MARK (X) ONE

- 0 No
- 1 Yes, with me
- 2 Yes, not with me
- 3 Don't know

4.5 In general, how much did any of these classes or special programs help you deal better with your friends and your concerns about growing up?

MARK (X) ONE

- 0 Not at all helpful
- 1 A little helpful
- 2 Very helpful

4.6 During the past year, have you asked your parents questions about sex?

- 0 No
- 1 Yes

4.7 How often during the past year have you and your parents talked about what's right and wrong or good and bad about having sex?

MARK (X) ONE

- 0 Never
- 1 1 or 2 times
- 2 More than 2 times

4.8 How comfortable are you talking to your parents about sex?

MARK (X) ONE

- 0 Not at all comfortable
- 1 A little comfortable
- 2 Very comfortable

4.9 From where have you learned the most about sex?

- a. My mother
- b. My father
- c. Other adult relatives (not brothers and sisters)
- d. Adult friends
- e. Brothers and sisters
- f. Friends my own age
- g. My school classes or teachers
- h. Other special groups or programs
- i. My church
- j. TV shows, movies
- k. Magazines
- l. The Internet

4.10 Did you participate in a program called (INSERT PROGRAM NAME)?

- 0 No → **GO TO 4.14 (PAGE 18)**
- 1 Yes

4.11 How useful do you think (INSERT PROGRAM NAME) is?

MARK (X) ONE

- 0 Not very useful
- 1 Somewhat useful
- 2 Very useful

4.12 Now think about your 5 closest friends. Do you ever talk with these friends about what you learned from (INSERT PROGRAM NAME)?

0 No → GO TO 4.14

1 Yes

4.13 How often do you talk with these friends about what you learned from (INSERT PROGRAM NAME)?

MARK (X) ONE

0 Not very much

1 A little

2 Some

3 A lot

4.14 Thinking about your 5 closest friends, how many of them ever participated in a program called (INSERT PROGRAM NAME)?

MARK (X) ONE

0 None → GO TO 4.20

1 One or two of them

2 Three or four of them

3 All of them

4.15 How useful do these friends think (INSERT PROGRAM NAME) is?

MARK (X) ONE

0 Not very useful

1 Somewhat useful

2 Very useful

4.16 Do you ever talk with these friends about what they learned from (INSERT PROGRAM NAME)?

0 No → GO TO 4.20

1 Yes

4.17 How often do your friends talk with you about what they learned from (INSERT PROGRAM NAME)?

MARK (X) ONE

0 Not very much

1 A little

2 Some

3 A lot

4.18 NO Q4.18 IN THIS VERSION

4.19 NO Q4.19 IN THIS VERSION

4.20 Have you ever had sexual intercourse?
Sexual intercourse means "going all the way"
and is the act that makes babies.
[Grade 7 and above ONLY]

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

[Grade 7 and above ONLY]

5.1 Have you ever been involved in "petting" with someone of the opposite sex? By "petting" we mean heavy kissing and touching or being touched.

- 0 No
1 Yes

5.2 Have you ever "made out" with someone of the opposite sex?

- 0 No
1 Yes

5.3 How comfortable would you be saying "no" to a sexual come-on?

MARK (X) ONE

- 3 Very comfortable
2 A little comfortable
1 Very uncomfortable

5.4 What is the chance you will have sexual intercourse as an unmarried teen?

MARK (X) ONE

- 2 I definitely will do it
1 I might do it
0 I definitely will remain abstinent--will not have sexual intercourse

5.5 Would having a child before you were married make you better 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.	It is against my religious beliefs	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	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"/>
c.	I haven't found the right person	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	I wouldn't feel comfortable doing it	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e.	I haven't had the opportunity	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f.	I don't feel I am ready	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g.	I don't want to disappoint my parents	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h.	I don't want to be used or taken advantage of	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i.	I want to wait until I'm married	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"/>

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 be happier	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 get along better with my parents	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 have more friends	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d.	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"/>
e.	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"/>
f.	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

[Grade 7 and above ONLY]

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

_____ YEARS OLD

6.2 How old was the oldest person you have had sex with?

_____ YEARS OLD

6.3 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

6.4 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

YES

NO

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

6.5 Now think about the last time you had sexual intercourse. Did you or your sexual partner use any of the following that last time?

MARK (X) ONE ANSWER FOR EACH

YES

NO

- | | | |
|-----------------------------------|----------------------------|----------------------------|
| a. Condoms | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Birth control pills | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Depo-Provera or Norplant | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Morning After pills | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Other | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. ONLY HAD SEX ONCE ... | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

6.6 When was the last time you had sexual intercourse?

MARK (X) ONE

- 1 Within the last month
- 2 2-6 months ago
- 3 7-12 months ago
- 4 More than 1 year ago

6.7 Did you drink alcohol or use drugs before you had sexual intercourse the last time?

- 0 No
- 1 Yes

6.8 Do you think you will have sexual intercourse during the next year?

MARK (X) ONE

- 2 I definitely will have sexual intercourse during the next year
- 1 I might have sexual intercourse during the next year
- 0 I definitely will not have sexual intercourse during the next year

The next questions are about sexually transmitted diseases.

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

- 0 No
- 1 Yes

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

MARK (X) ONE ANSWER FOR EACH

	NO	YES	DON'T KNOW
a. chlamydia	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
b. syphilis	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
c. gonorrhea	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
d. HIV or AIDS	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
e. genital herpes	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
f. genital warts [or HPV]	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
g. trichomoniasis [or trich]	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
h. hepatitis B	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
i. bacterial vaginosis [Females ONLY]	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>
j. non-gonococcal vaginitis [Females ONLY]	0 <input type="checkbox"/>	1 <input type="checkbox"/>	D <input type="checkbox"/>

6.12 How many times have you been pregnant? [Females ONLY]

_____ TIMES

6.13 How old were you when you got pregnant for the first time? [Females ONLY]

_____ YEARS OLD

6.14 How old was your boyfriend when you became pregnant for the first time? [Females ONLY]

_____ YEARS OLD

6.15 How did your first pregnancy end? [Females ONLY]

MARK (X) ONE

- 1 You are still pregnant
- 2 a live birth
- 3 still birth or miscarriage
- 4 an abortion

6.11 Have you ever been pregnant? Be sure to include if you are currently pregnant and any past pregnancy that ended in an abortion, stillbirth, miscarriage, or a live birth after which the baby died. [Females ONLY]

MARK (X) ONE

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

YOU HAVE FINISHED THE SURVEY. PLEASE CLOSE YOUR BOOKLET.

6.16 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]

MARK (X) ONE

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

YOU HAVE FINISHED THE SURVEY. PLEASE CLOSE YOUR BOOKLET.

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

_____ TIMES

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

_____ YEARS OLD

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

_____ YEARS OLD

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

_____ BIRTHS

THANK YOU FOR COMPLETING THE SURVEY.

PLEASE PUT THIS BOOKLET BACK IN THE ENVELOPE.