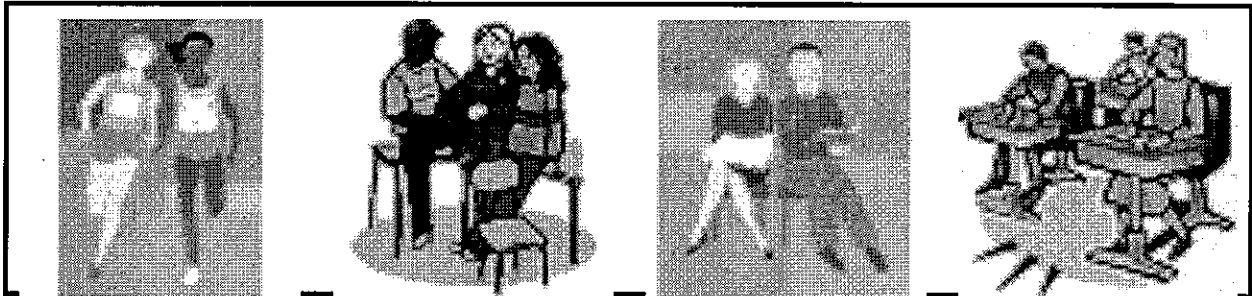


AFFIX STUDENT LABEL

TEEN ACTIVITIES AND ATTITUDES STUDY

WAVE 1 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 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.

It is important that you follow the directions for responding to each kind of question. These are:

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? Purple

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?

Springfield Middle School

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

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.

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

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.

SECTION 1: ABOUT YOU AND YOUR FAMILY

The first few questions ask about you and your family.

1.1 Are you a girl or boy?

- 1 Girl
- 0 Boy

1.2 NOT IN THIS VERSION.

1.3 NOT IN THIS VERSION.

1.4 What is your ethnic background?

- 1 Hispanic or Latino
- 0 Not Hispanic or Latino

1.5 Check the box or boxes that describes your race or ethnicity.

MARK (X) ONE OR MORE

- a. American Indian or Alaska Native
- b. Asian
- c. Black or African-American
- d. Native Hawaiian or Other Pacific Islander
- e. White

1.6 What is the main language you speak at home?

MARK (X) ONE

- 0 English
- 1 Spanish
- 2 An Asian language
- 3 Another language

1.7 How important is religion in your life?

MARK (X) ONE

- 0 Not important
- 1 A little important
- 2 Pretty important
- 3 Very important

1.8 About how often do you go to religious services, for example at a church, temple or mosque?

MARK (X) ONE

- 0 Never
- 1 Sometimes, but not every week
- 2 Once a week
- 3 More than once a week

1.9 Who do you live with now?

MARK (X) ALL THAT APPLY

PARENTS:

- a. My biological mother
- b. My biological father
- c. My stepmother, adoptive, or foster mother
- d. My stepfather, adoptive, or foster father

ADULT RELATIVES:

- e. Grandparent(s)
- f. Aunt(s), uncle(s)
- g. Other adult relative(s) (not brothers and sisters)
- h. Other adults I am not related to

**SISTERS AND BROTHERS
(include step- or half-):**

- i. My older sister(s)
- j. My older brother(s)
- k. My younger sister(s)
- l. My younger brother(s)

OTHER PEOPLE:

- m. Cousin(s)
- n. Other children I am related to
- o. Other children I am not related to

1.10 How many people do you live with now?

- Do NOT count yourself

_____ PEOPLE

**ABOUT YOUR MOTHER/
FEMALE GUARDIAN**

1.11 Please mark which of the following is true for you.

MARK (X) ONE

- 1 I live with my biological mother
- 2 I don't live with my biological mother but I see her a lot
- 3 I don't see my biological mother a lot, but I live with someone who is like a mother to me

1.11a **Who is this person?**

MARK (X) ONE

- 1 Stepmother
- 2 Adoptive mother
- 3 Foster mother
- 4 Grandmother
- 5 Aunt
- 6 Someone else

- 0 I do not see my biological mother and do not live with someone who is like a mother to me → **GO TO 1.20 (PAGE 7)**

1.12 Answer the next few questions about the person you just checked above, either your mother or someone who lives with you who is like a mother to you.

How far in school did she go?

MARK (X) ONE

- 0 Did not finish high school
- 1 Graduated from high school, but did not go to college
- 2 Started college, but did not finish
- 3 Graduated from college
- 0 Don't know

1.13 Is she working now?

MARK (X) ONE

- 0 She is not working at a job
- 1 Yes, working part-time (less than 30 hours a week)
- 2 Yes, working full-time (30 hours a week or more)
- 3 Don't know

1.14 How often do you and she do things together that you enjoy?

MARK (X) ONE

- 0 Never
- 1 Hardly ever
- 2 Sometimes
- 3 Often

1.15 How close do you feel to her?

MARK (X) ONE

- 0 Not very close
- 1 A little close
- 2 Pretty close
- 3 Very close

1.16 Does she spend enough time with you?

MARK (X) ONE

- 0 Not enough time, but I don't want more
- 1 Not enough time. I wish she spent more time with me
- 2 She spends enough time with me

1.17 How often do you argue with her?

MARK (X) ONE

- 0 Never
- 1 Hardly ever
- 2 Sometimes
- 3 Often

1.18 Which of the following things have you done with her in the past month?

MARK (X) ONE ANSWER FOR EACH

YES

NO

- | | | |
|--|----------------------------|----------------------------|
| a. Gone shopping | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. Played a sport or game | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Gone to a service or activity at a church, temple or mosque | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. Talked about a party you went to or dating | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Gone to a movie, play, museum, concert, or sports event | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| f. Had a serious argument about your behavior | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| g. Talked about a problem you were having with your friends | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| h. Talked about problems with your school work or grades | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

1.19 Here are some statements about you and your mother or the person you live with who is like a mother to you. For each one, mark a box to tell us how true the statement is:

<i>MARK (X) ONE ANSWER FOR EACH</i>		MOSTLY TRUE	SOMETIMES TRUE	HARDLY EVER TRUE
a.	She is warm and loving toward me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	She allows me to make decisions by myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	When I do something wrong that is important, she helps me understand why it is wrong	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d.	I like the way she and I talk with each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e.	I like my relationship with her	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f.	She doesn't agree with many of the things I want to do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g.	She yells at me for no reason	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h.	I am comfortable talking with her about things that happen in school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i.	I am comfortable talking with her about things that happen with my friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

ABOUT YOUR FATHER/ MALE GUARDIAN

1.20 Please mark which of the following is true for you.

MARK (X) ONE

-1 I live with my biological father
-2 I don't live with my biological father but I see him a lot
- 3 I don't see my biological father a lot, but I live with someone who is like a father to me

1.20a **Who is this person?**

MARK (X) ONE

- 1 Stepfather
- 2 Adoptive father
- 3 Foster father
- 4 Grandfather
- 5 Uncle
- 6 Someone else

- 0 I do not see my biological father and do not live with someone who is like a father to me → **GO TO 1.25 (PAGE 9)**

1.21 Answer the next few questions about the person you just checked above, either your father or someone who lives with you who is like a father to you.

How far in school did he go?

MARK (X) ONE

- 0 Did not finish high school
- 1 Graduated from high school, but did not go to college
- 2 Started college, but did not finish
- 3 Graduated from college
- 0 Don't know

1.22 Is he working now?

MARK (X) ONE

- 0 He is not working at a job
- 1 Yes, working part-time (less than 30 hours a week)
- 2 Yes, working full-time (30 hours a week or more)
- 0 Don't know

1.23 Which of the following things have you done with him in the past month?

MARK (X) ONE ANSWER FOR EACH

	YES	NO
a. Gone shopping	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Played a sport or game	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Gone to a service or activity at a church, temple or mosque	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. Talked about a party you went to or dating	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Gone to a movie, play, museum, concert, or sports event	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Had a serious argument about your behavior	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. Talked about a problem you were having with your friends	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. Talked about problems with your school work or grades	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.24 Here are some statements about you and your father or the person you live with who is like a father to you. For each one, mark a box to tell us how true the statement is:

<i>MARK (X) ONE ANSWER FOR EACH</i>		MOSTLY TRUE	SOMETIMES TRUE	HARDLY EVER TRUE
a.	He is warm and loving toward me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b.	He allows me to make decisions by myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c.	When I do something wrong that is important, he helps me understand why it is wrong	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d.	I like the way he and I talk with each other	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e.	I like my relationship with him	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f.	He doesn't agree with many of the things I want to do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g.	He yells at me for no reason	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h.	I am comfortable talking with him about things that happen in school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
i.	I am comfortable talking with him about things that happen with my friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

ABOUT YOUR FAMILY

The next questions are about your family and family rules.

1.25 My parents . . .

MARK (X) ONE

- 1 are married to each other
- 2 are divorced
- 3 are separated
- 4 have never been married to each other
- 0 I'm not sure

1.26 For each of the following, tell us if your family has strict rules, some rules, or no rules.

MARK (X) ONE ANSWER FOR EACH	STRICT RULES	SOME RULES	NO RULES
a. How much television I watch	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b. Which television programs I watch	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c. Doing my homework	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
d. The people I hang around with	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
e. Dating and going to parties with boys and girls	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
f. Telling my parents where I am	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
g. The time I must be home on weekend nights	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

1.27 How often do you and your parents argue about these rules?

MARK (X) ONE

- 0 Never
- 1 Hardly ever
- 2 Sometimes
- 3 Often

1.28 How many hours a day do you usually watch TV?

_____ HOURS PER DAY

1.29 NOT IN THIS VERSION.

1.30 A lot of things can happen in families. In the last 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 brothers or sisters dropped out of school	1 <input type="checkbox"/>	0 <input type="checkbox"/>
h. My family went on welfare	1 <input type="checkbox"/>	0 <input type="checkbox"/>
i. My family went off of welfare	1 <input type="checkbox"/>	0 <input type="checkbox"/>

SECTION 2: ABOUT SCHOOL

These next questions ask about school.

2.1 What grade are you in?

MARK (X) ONE

- 3 3rd grade
- 4 4th grade
- 5 5th grade
- 6 6th grade
- 7 7th grade
- 8 8th grade
- 9 9th grade
- 10 10th grade
- 98 Other

2.2 How long have you been attending this school?

MARK (X) ONE

- 1 One year or less
- 2 Two years
- 3 Three or more years

2.3 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"/>

2.4 On your last report card, what grade did you get in math?

MARK (X) ONE

- 4 A (or high pass)
- 3 B → (or pass/satisfactory)
- 2 C →
- 1 D (or low pass)
- 0 F (or fail)
- N DON'T GET GRADES

2.5 On your last report card, what grade did you get in reading or English?

MARK (X) ONE

- 4 A (or high pass)
- 3 B → (or pass/satisfactory)
- 2 C →
- 1 D (or low pass)
- 0 F (or fail)
- N DON'T GET GRADES

2.6 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 team	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. Mostly watch TV or hang out	1 <input type="checkbox"/>	0 <input type="checkbox"/>
k. Some other club	1 <input type="checkbox"/>	0 <input type="checkbox"/>

2.7 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

SECTION 3: SOME THINGS YOU 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.

<i>MARK (X) ONE ANSWER FOR EACH</i>		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	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	For me, good luck is more important than hard work for success	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	I can't do things as well as most other people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	My plans hardly ever work out	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e.	When I make plans, I know I can make them work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f.	Chance and luck are important for what happens in my life	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <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.

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

<i>MARK (X) ONE ANSWER FOR EACH</i>		DEFINITELY TRUE	SOMEWHAT TRUE	A LITTLE TRUE	NOT TRUE
a.	I would do almost anything on a dare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	I like to test myself sometimes by doing something a little risky	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	I keep out of trouble at all costs	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	I often act before I think	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e.	Before I do something, I think about what my friends would think about it	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3.3 Have you ever tried cigarette smoking, even one or two puffs?

- 0 No
- 1 Yes

3.4 How old were you when you smoked a whole cigarette for the first time?

_____ YEARS OLD

- N I have never smoked a whole cigarette

3.5 During the past month, how often have you smoked cigarettes?

MARK (X) ONE

- 0 Not at all
- 1 Only a few times
- 2 1 or 2 times a week
- 3 Several times a week or more

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

MARK (X) ONE

- 0 None
- 1 A few
- 2 Some
- 3 Most

3.7 How often do you drink alcohol, like beer, wine, or liquor?

MARK (X) ONE

- 0 I never have
- 1 Only a few times ever
- 2 1 or 2 times a month
- 3 A few times a week

3.8 How old were you when you had your first drink of alcohol, other than just sips?

_____ YEARS OLD

- N I have never had a drink of alcohol other than just sips

3.9 How many of your friends have tried marijuana (pot or hash)?

MARK (X) ONE

- 0 None
- 1 A few
- 2 Some
- 3 Most

3.10 How often do you use marijuana?

MARK (X) ONE

- 0 I never have
- 1 Only a few times
- 2 1 or 2 times a month
- 3 A few times a week

3.11 How old were you when you tried marijuana for the first time?

_____ YEARS OLD

- N I have never tried marijuana

3.12 Have you ever gone out alone with a boyfriend or girlfriend on a date?

- 0 No
- 1 Yes

3.12a How old were you when you first went out alone on a date?

_____ YEARS OLD

3.13 About how often do you go out alone with a boyfriend or girlfriend on a date?

MARK (X) ONE

- N Haven't started dating yet
- 1 Almost never
- 2 1 or 2 times a month
- 3 3 or more times a month

3.14 Do you usually go out with the same person on a date?

MARK (X) ONE

- N Haven't started dating yet
- 0 No
- 1 Yes

3.15 Have you ever kissed and necked with someone of the opposite sex?
[Grade 7 and above ONLY]

- 0 No
- 1 Yes

3.16 Have you ever been involved in "petting" with someone of the opposite sex? By "petting" we mean heavy kissing and touching or being touched.
[Grade 7 and above ONLY]

- 0 No
- 1 Yes

Some of the following questions use the terms "sexual intercourse" or "having sex." We want to be clear on what this means. Sometimes it is also called "going all the way," or "doing it." Remember, all your answers will be kept private and will not be shared with anyone.

3.17 If you were going out with someone you really liked and did not want to have sex, could you do each of the following?
[Grade 7 and above ONLY]

MARK (X) ONE ANSWER FOR EACH

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

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

MARK (X) ONE

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

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

MARK (X) ONE

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

3.20 Have you been taught about puberty? This means the physical changes in your body and your emotions that happen when young people develop sexually.

- 0 No
- 1 Yes

3.21 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. The female menstrual cycle--that is, the monthly cycle or period | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| b. How girls get pregnant | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. How you get or how to avoid getting sexually transmitted diseases (STDs) | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. How to say "NO" to sex | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| e. Ways to prevent pregnancy | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

3.22 Did you ever have any classes in school or some other place on these things:

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. How girls get pregnant? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| c. Sexually transmitted diseases (STDs)? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |
| d. How to say "NO" to sex? | 1 <input type="checkbox"/> | 0 <input type="checkbox"/> |

3.23 Do you think sexual feelings are controllable?

MARK (X) ONE

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

3.24 If you had sexual intercourse (went all the way) once, could you get a sexually transmitted disease?

MARK (X) ONE

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

3.25 If you had sexual intercourse (went all the way) once, could you get pregnant?

MARK (X) ONE

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

3.26 Which of the following can you get from having sexual intercourse?

<i>MARK (X) ONE ANSWER FOR EACH</i>		CAN GET	CAN'T GET	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 or Clap or Drip	1 <input type="checkbox"/>	0 <input type="checkbox"/>	D <input type="checkbox"/>
d.	Genital herpes or herpes or herpes simplex virus	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"/>

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

<i>MARK (X) ONE ANSWER FOR EACH</i>		ALWAYS	USUALLY	SOMETIMES	NEVER
a.	Using a condom prevents girls from getting pregnant	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Using a condom prevents HIV	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	Using a condom prevents sexually transmitted diseases (STDs) such as chlamydia and herpes	3 <input type="checkbox"/>	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

The next questions are about when you feel is the right time to start having sex.

- By “having sex” and “sexual intercourse,” we mean “going all the way” or “doing it.”
- By “abstaining,” we mean not having sexual intercourse.

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

3.28 How much do you agree or disagree with each of the following statements about when it is okay to have sex?

		ALWAYS OKAY	SOMETIMES OKAY	NEVER OKAY
<i>MARK (X) ONE ANSWER FOR EACH</i>				
a.	Sexual intercourse before marriage is okay if the couple is in love	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
b.	Sexual intercourse before marriage is okay if the couple is <u>not</u> in love	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>
c.	Sexual intercourse before marriage is okay if the couple is planning to get married	2 <input type="checkbox"/>	1 <input type="checkbox"/>	0 <input type="checkbox"/>

Now we would like you to tell us how having sex as a teenager would change a person’s life.

3.29 Would 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

3.30 Would having sexual intercourse as a teenager 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

3.31 Would having sexual intercourse as a teenager make it harder for someone to get a good job or be successful in a career?

MARK (X) ONE

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

3.32 Do you think it would be wrong for you to have sexual intercourse before you are married?

MARK (X) ONE

- 0 No
- 1 Yes
- 2 Not sure

3.33 What is the chance you will have sexual intercourse during the next year?
[Grade 7 and above ONLY]

MARK (X) ONE

- 2 Definitely will do it
- 1 Maybe will do it
- 0 Definitely will remain abstinent--will not have sexual intercourse

3.34 What is the chance you will have sexual intercourse before you finish high school?
[Grade 7 and above ONLY]

MARK (X) ONE

- 2 Definitely will do it
- 1 Maybe will do it
- 0 Definitely will remain abstinent--will not have sexual intercourse

3.35 What is the chance you will have sexual intercourse before you are married?
[Grade 7 and above ONLY]

MARK (X) ONE

- 2 Definitely will do it
- 1 Maybe will do it
- 0 Definitely will remain abstinent--will not have sexual intercourse

3.36 How often during the past year have your parents talked with you about what's right and wrong in sexual behavior?

MARK (X) ONE

- 0 Never
- 1 1 or 2 times
- 2 A few times
- 3 Many times

3.37 How often during the past year have you asked your parents questions about sex?

MARK (X) ONE

- 0 Never
- 1 1 or 2 times
- 2 A few times
- 3 Many times

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

MARK (X) ONE

- 3 Very comfortable
- 2 Comfortable
- 1 Not too comfortable
- 0 Not at all comfortable

3.39 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. My church
- i. TV shows, movies
- j. Magazines
- k. The Internet

3.40 Here are some opinions pre-teens and teens have about sex. 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.	It is against my values for me to have sexual intercourse as a teenager	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b.	It is against my values for me to have sexual intercourse before I am married	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c.	It is against my mother's values for me to have sexual intercourse before I am married	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d.	It is against my father's values for me to have sexual intercourse before I am married	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e.	Having sexual intercourse is a way to keep my boyfriend or girlfriend	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f.	Having sexual intercourse is something only married people should do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g.	I think it is OK to say "NO" when someone wants to touch me or wants me to touch them	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h.	Having sexual intercourse would just be doing what everybody else is doing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i.	Having sexual intercourse would be a way to be popular	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j.	"Petting" (heavy kissing and touching) can lead to sexual intercourse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k.	People who want to have sexual intercourse should respect the right of others to say "NO" ..	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l.	It is OK for unmarried people to have sexual intercourse if they use birth control	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m.	It is OK for unmarried teens to have sexual intercourse if they use birth control	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n.	Teens who have been dating for a long time should have sexual intercourse if their partner wants to	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o.	Having sexual intercourse would be a way for me to show that I love someone	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3.41 At any time in your life have you ever had sexual intercourse? By this we mean have you "gone all the way" or "done it."
[Grade 7 and above ONLY]

- 0 No
- 1 Yes

3.42 Have you had sexual intercourse during the past three months?
[Grade 7 and above ONLY]

MARK (X) ONE

- N I have never had sexual intercourse
- 0 No
- 1 Yes

3.43 Please check the statement that best describes your feelings.
[Grade 7 and above ONLY]

MARK (X) ONE

- 1 I have never had sexual intercourse and that is fine with me
- 2 I have never had sexual intercourse, but wish I had
- 3 I have had sexual intercourse, but wish I hadn't
- 4 I have had sexual intercourse and I don't regret it

3.44 How many of your friends think it is okay for young people your age to have sexual intercourse?

MARK (X) ONE

- 0 None of them think it is okay
- 1 A few of them
- 2 Most of them

3.45 Is there any pressure from your friends to have sexual intercourse?
[Grade 7 and above ONLY]

MARK (X) ONE

- 0 No pressure at all
- 1 A little pressure
- 2 Some pressure
- 3 A lot of pressure

3.46 How many of your friends think someone should wait until marriage before having sexual intercourse?

MARK (X) ONE

- 0 None of them think this
- 1 A few of them
- 2 Most of them

Thank you for your participation! Those are all of the questions. Please close your questionnaire booklet.

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