

# ADOLESCENT FAMILY LIFE PREVENTION PROGRAMS

## CORE FOLLOW-UP QUESTIONNAIRE

### PRIVACY

We want you to know that:

1. Your answers to these questions will help us learn what people your age know, think, and do.
2. You may skip any questions you do not want to answer. But we hope that you will answer as many questions as you can.
3. Your answers will be combined with those of other young people. We will keep your answers private.

PLEASE **DO NOT** WRITE YOUR NAME ANYWHERE ON THIS SURVEY!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0291. The time required to complete this information collection is estimated to average 22 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

U.S. Department of Health & Human Services; OS/OIRM/PRA;  
200 Independence Ave., S.W., Suite 531-H; Washington D.C. 20201  
Attention: PRA Reports Clearance Officer

To be completed by project staff:

1. Client ID:						
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2. Site Number:						
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M M D D Y Y

3. Today's Date:						
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4. Site Name: \_\_\_\_\_

M M D D Y Y

5. Baseline Survey Date:						
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Write the baseline survey date on page 3 in the instructions before item 13.

## GENERAL INSTRUCTIONS

- Read all the answers before marking your choice. If none of the printed answers exactly applies to you, black out the circle beside the answer that best fits.
- Use a pencil to complete the survey.
- Completely black out the circle beside your answer choice.

**INCORRECT      CORRECT**



- If you make a mistake, erase it cleanly and then mark the circle beside your correct answer choice.
- Do not make any stray marks.
- **PLEASE READ EACH QUESTION CAREFULLY.**

Follow these directions for answering each kind of question:

### 1. Mark ONE

What is the color of your eyes?

**Mark ONE**

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

If your eyes are green, you would mark the third circle as shown.

### 2. Mark ONE

What is the color of your hair?

**Mark ONE**

- 1 Brown
- 2 Black
- 3 Blonde
- 4 Red
- 5 Some other color (Describe)   Purple

If your hair is purple, you would mark "Some other color." Then you would write "purple" in the blank.

## GENERAL INSTRUCTIONS (*continued*)

### 3. Mark ALL THAT APPLY

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

**Mark ALL THAT APPLY**

- Rent a video
- Go to a baseball game
- Study at a friend's house

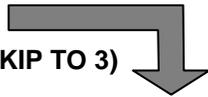
If you plan to rent a video and go to a baseball game, you mark both.

### 4. QUESTION WITH A SKIP

1. Do you ever eat chocolate?

**Mark ONE**

- Yes
- No (**SKIP TO 3**)



If you answered "Yes" to Question 1, you go to Question 2. After you answer Question 2, you go to Question 3.

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

**Mark ONE**

- Yes
- No

If you answered "No" to Question 1, you skip Question 2. Then you go to Question 3.

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

**Mark ALL THAT APPLY**

- Saw a play
- Went to a movie
- Attended a sporting event

## ACTIVITIES

The first question asks about activities you may do.

1. Think about activities that you do after school that are planned or that have adults there. These can be clubs, youth groups, or sports. They can also be lessons or other activities. How often do you do these activities?

**Mark ONE**

- <sub>0</sub>  0 times per week  
<sub>1</sub>  1 time per week  
<sub>2</sub>  2 times per week  
<sub>3</sub>  3 or more times per week

## WHAT YOU THINK

2. What do you think about each of these statements?

**Mark ONE ANSWER FOR EACH**

Strongly agree	Agree	Disagree	Strongly disagree
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- a. I know adults I could talk to about my problems ..... <sub>1</sub>  <sub>2</sub>  <sub>3</sub>  <sub>4</sub>

- b. I know adults who often cheer me on ..... <sub>1</sub>  <sub>2</sub>  <sub>3</sub>  <sub>4</sub>

3. Here are some things that people your age might say when they think of the future.

In general, do you agree or disagree with each statement?

**Mark ONE ANSWER FOR EACH**

Agree	Disagree
-------	----------

- a. I don't know what I want out of life..... <sub>1</sub>  <sub>0</sub>
- b. I have a clear picture of what I'd like to be doing in the future..... <sub>1</sub>  <sub>0</sub>
- c. I don't know what my long-range goals are..... <sub>1</sub>  <sub>0</sub>

## YOUR FAMILY

4. Who do you live with now?

**Mark ALL THAT APPLY**

- <sub>1</sub>  Mother (including stepmother, adoptive mother, or foster mother)  
<sub>2</sub>  Father (including stepfather, adoptive father, or foster father)  
<sub>3</sub>  Other adult relative(s)  
<sub>4</sub>  Other adult(s) I am not related to  
<sub>5</sub>  I do not live with any adults

5. For each of the following, does your family have rules?

**Mark ONE ANSWER FOR EACH**

Yes	No
-----	----

- a. The people I hang around with..... <sub>1</sub>  <sub>0</sub>
- b. Dating and going to parties with boys or girls ..... <sub>1</sub>  <sub>0</sub>
- c. Telling my parents where I am ..... <sub>1</sub>  <sub>0</sub>
- d. What movies or TV shows I can watch ..... <sub>1</sub>  <sub>0</sub>
- e. Hanging around with boys or girls when no adults are around .... <sub>1</sub>  <sub>0</sub>

6. How much do your parents **TRY** to know...

**Mark ONE ANSWER FOR EACH**

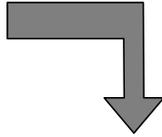
Try a lot	Try a little	Don't try
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- a. Who your friends are? .... <sub>3</sub>  <sub>2</sub>  <sub>1</sub>
- b. Where you go at night? ... <sub>3</sub>  <sub>2</sub>  <sub>1</sub>
- c. What you do with your free time? ..... <sub>3</sub>  <sub>2</sub>  <sub>1</sub>
- d. Where you are most afternoons after school?.. <sub>3</sub>  <sub>2</sub>  <sub>1</sub>

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

**Mark ONE**

- I do not have a mother or someone who is like a mother to me at all. **(SKIP TO 10)**
- I have a mother or someone who is like a mother to me (even if she does not live with me).



8. Answer the next question about your mother or someone who is like a mother to you.

How close do you feel to her?

**Mark ONE**

- Not very close
- A little close
- Pretty close
- Very close

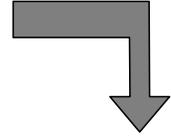
9. What do you think about these statements? They are about your mother or the person who is like a mother to you. For each, mark how true the statement is:

<b>Mark ONE ANSWER FOR EACH</b>	<b>Mostly true</b>	<b>Sometimes true</b>	<b>Hardly ever true</b>
a. It is easy to talk with her about things that happen in school...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is easy to talk with her about things that happen in my life...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

**Mark ONE**

- I do not have a father or someone who is like a father to me at all. **(SKIP TO 13 ON PAGE 3)**
- I have a father or someone who is like a father to me (even if he does not live with me).



11. Answer the next question about your father or someone who is like a father to you.

How close do you feel to him?

**Mark ONE**

- Not very close
- A little close
- Pretty close
- Very close

12. What do you think about these statements? They are about your father or the person who is like a father to you. For each, mark how true the statement is:

<b>Mark ONE ANSWER FOR EACH</b>	<b>Mostly true</b>	<b>Sometimes true</b>	<b>Hardly ever true</b>
a. It is easy to talk with him about things that happen in school ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. It is easy to talk with him about things that happen in my life ..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

These next two questions are about since you last took this survey on \_\_\_\_\_.  
MM/DD/YY

13. How often have you talked to one or both of your parents about any of these things?

<b>Mark ONE ANSWER FOR EACH</b>	<b>Not at all</b>	<b>1 time</b>	<b>2-3 times</b>	<b>4 times or more</b>
a. Dating behavior that is OK.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How your mother feels about teen sex .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How your father feels about teen sex .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How your friends feel about teen sex .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Questions about facts about sex .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Reasons for not having sex .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Things that happen to teens who have sex.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Why not having sex is important.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Diseases people can get when having sex .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. How babies are made.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. What TV, radio, movies, magazines, and/or the Internet say about sex .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. How your body grows and changes .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Peer pressure .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Sex in marriage.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
o. What other people will say or think about you or your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. How easy is it for you to talk to your parents about these things?

**Mark ONE**

- Never talk to my parents about these things
- Never easy
- A little easy
- Very easy

## WHAT YOUNG PEOPLE THINK AND DO

The next questions are about things that some young people think about or do.

Please remember that all of your answers will be kept private.

15. How much would you say that the following statement is true about you?

I can say "No" to activities that I think are wrong.

**Mark ONE**

- Very much like me
- Mostly like me
- Little like me
- Not at all like me
- Don't know

16. How often would you say that the following statement is true about you?

I have learned to stay away from people who might get me in trouble.

**Mark ONE**

- Almost always
- Usually
- Some of the time
- Almost never
- Don't know

## MORE QUESTIONS

Some of the following questions use the term “having sex.” We want to be clear on what that means. “Having sex” means vaginal intercourse.

Remember that all your answers will be kept private and will not be shared with anyone.

17. Think about the future. How important is it for you to not have sex until marriage?

- <sub>1</sub> Very important
- <sub>2</sub> Quite important
- <sub>3</sub> Somewhat important
- <sub>4</sub> Not too important
- <sub>5</sub> Not important at all

18. We would like for you to tell us how having sex as a teen might change a person's life.

Would having sex as a teen make it harder for...

**Mark ONE ANSWER FOR EACH**

	Yes, much harder	Yes, somewhat harder	No, not harder at all	Haven't thought about it yet
a. A person to study and stay in school in the future?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	97 <input type="radio"/>
b. A person to have a good marriage and a good family life one day?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	97 <input type="radio"/>
c. A teen to grow, learn to handle feelings, and make moral choices?.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	97 <input type="radio"/>

19. Here are some opinions teens have about sex. Please tell us how much you agree or disagree with each one.

**Mark ONE ANSWER FOR EACH**

	Agree a lot	Agree a little	Disagree a little	Disagree a lot
a. It is OK for unmarried teens to have sex if no one gets pregnant..	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
b. Only married people should have sex.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>
c. No sex is the only sure way to not get pregnant. It is also the only sure way to avoid health problems like diseases people can get when having sex.....	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>

20. Please tell us how much you agree or disagree with this statement.

**Mark ONE ANSWER FOR EACH**

Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
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- a. It would be OK for teens who have been dating for a long time to have sex..... 1  2  3  4

21. How much do you agree with each of these statements?

**Mark ONE ANSWER FOR EACH**

Agree a lot		Agree a little		Disagree a little		Disagree a lot
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- a. You would not be able to stay out of settings where you feel like you have to have sex..... 1  2  3  4  5  6  7

- b. You would not be able to say no to sex with someone who wants to have sex with you ..... 1  2  3  4  5  6  7

- c. You can avoid doing things that might lead you to have sex when you don't want to..... 1  2  3  4  5  6  7

- d. You can say no to sex even if the other person says they will break up with you if you don't have sex..... 1  2  3  4  5  6  7

- e. You would not be able to stay away from people who make you feel like you have to have sex..... 1  2  3  4  5  6  7

- f. You can say no to someone who wants you to have sex when you don't want to ..... 1  2  3  4  5  6  7

## WHAT YOU THINK AND DO

Some of the following questions use the term “having sex.” We want to be clear on what that means. “Having sex” means vaginal intercourse.

For the next few questions, we would like for you to think about the future. Please consider how likely the following things are to happen. Remember that all your answers will be kept private.

22. How likely is it that you will have sex in the next 12 months?

**Mark ONE**

- 1 Definitely likely
- 2 Probably likely
- 3 Somewhat likely
- 4 Not very likely
- 5 Not at all likely

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

23. I intend to wait until I am older before I have sex with someone.

**Mark ONE**

- 1 Strongly agree
- 2 Agree
- 3 In the middle
- 4 Disagree
- 5 Strongly disagree

24. I do not intend to wait until I am married before I have sex with someone.

**Mark ONE**

- 1 Strongly agree
- 2 Agree
- 3 In the middle
- 4 Disagree
- 5 Strongly disagree

25. How likely is it that you will use birth control or pregnancy protection when you have sex?

**Mark ONE**

- 1 Definitely likely
- 2 Probably likely
- 3 Somewhat likely
- 4 Not very likely
- 5 Not at all likely

These questions ask about things you may have done willingly. Willingly means you gave permission or said it was OK. It also means you did it because you wanted to, and not because someone made you. Remember that all your answers will be kept private.

26. Have you kissed someone on the lips other than a parent or relative?

- 1 Yes
- 0 No

27. Have you tongue kissed or French kissed?

- 1 Yes
- 0 No

28. If you are a boy, have you touched a girl's chest or breasts?

- 1 Yes
- 0 No
- 99 I'm a girl

29. If you are a girl, has someone touched your chest or breasts?

- 1 Yes
- 0 No
- 99 I'm a boy

30. Have you touched someone else's private parts below the waist under their clothes?

- 1 Yes
- 0 No

31. Has someone touched your private parts below the waist under your clothes?

- 1 Yes
- 0 No

32. Have you ever had sex?

Yes

No → **IF NO,  
SKIP TO PAGE 9**

33. Think about **the first time** you had sex.  
Did you or your partner use...

**Mark ALL THAT APPLY**

Birth control pills

Condoms

Depo-Provera (injectable birth control)

Withdrawal, pulling out

Some other method

(Describe \_\_\_\_\_)

None of the above

Not sure

34. Have you had sex during the last 6 months?

Yes

No

36. Think about **the last time** you had sex.  
Did you or your partner use...

**Mark ALL THAT APPLY**

Birth control pills

Condoms

Depo-Provera (injectable birth control)

Withdrawal, pulling out

Some other method

(Describe \_\_\_\_\_)

None of the above

Not sure

35. During the past 3 months, with how many people did you have sex?

**Mark ONE**

I have had sex, but not during the last 3 months

1 person

2 people

3 people

4 people

5 people

6 or more people

**GO TO THE NEXT PAGE**

**That's all!**  
**Thank you very much for your time.**