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# PROGRAM EVALUATION COMPENDIUM







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COMPENDIUM

*By Lori Rolleri, Nicole Trevino, Mandy Colbert, Jenifer DeAtley,  
and Elizabeth Witwer*



EngenderHealth  
for a better life

EngenderHealth is a leading global women's health organization committed to the belief that reproductive health is a human right and that access to reproductive health services is vital for women and girls to reach their full potential. We train health care professionals and partner with governments and communities to make high-quality sexual and reproductive health services available today and for generations to come. To learn more about EngenderHealth, visit [www.engenderhealth.org](http://www.engenderhealth.org).

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EngenderHealth  
440 Ninth Avenue, 12th Floor  
New York, NY, 10001 U.S.A.  
Telephone: 212-561-8000  
Fax: 212-561-8067  
e-mail: [info@engenderhealth.org](mailto:info@engenderhealth.org)  
[www.engenderhealth.org](http://www.engenderhealth.org)

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# **SECTION 1**

## **INTRODUCTION TO THE GENDER MATTERS PROGRAM EVALUATION COMPENDIUM**

## Gender Matters Overview

A Three-Component Pregnancy and Sexually Transmitted Infection (STI) Prevention Program

### Gender Matters— Three Program Components

1. 20-hour Gen.M curriculum
2. Social media campaign
3. Youth-generated messages about gender, relationships, sexual decision making, and prevention of pregnancy and STIs

Gender Matters comprises three complementary components: 1) the 20-hour Gen.M curriculum, 2) a social media campaign, and 3) the recording of youth-generated messages about gender, relationships, sexual decision making, and pregnancy and STI prevention. Essential to all three components is exploring how inequitable and unhealthy gender norms affect adolescent sexual decision making. Gender is an important theme that runs

through all Gender Matters activities and is a key element of the program's theory of change. Each of the three Gender Matters components is described in greater detail in the *Gender Matters Program Implementation and Adaptation Manual*.

## The Purpose of the Gender Matters Program Evaluation Compendium

The *Gender Matters Program Evaluation Compendium* is a comprehensive resource designed to support program planners and evaluators interested in conducting formative, process, and/or outcome evaluations of the Gender Matters program. The compendium provides:

- Basic information on program evaluation as an introduction to get you started
- Information, outcomes, and lessons learned on Gender Matters research and evaluation conducted between 2010 and 2015 in Austin, Texas
- Existing Gender Matters evaluation instruments
- Other materials to assist with planning and conducting an evaluation of Gender Matters
- A supplemental reading list on program evaluation

In addition to the *Gender Matters Program Evaluation Compendium*, the *Gender Matters Program Implementation and Adaptation Manual* and the *Gender Matters Facilitator Training Manual* complete a suite of helpful resources for anyone involved in implementing and evaluating the Gender Matters program.

## Why Evaluate Gender Matters?

Organizations that decide to implement the Gender Matters program will most likely want to conduct evaluation activities for several reasons. For example, the organization may need to report to its funder on process measures, such as the number of youth served,

participant satisfaction, resources used, etc. In other instances, the organization may want to demonstrate changes in knowledge, attitudes, and behaviors among the youth participating in Gender Matters. Planning a realistic and feasible set of evaluation activities can generate important data that may be shared with stakeholders and used to make ongoing improvements to the program.

Moreover, evaluation is not just something to do because your funder requires it. Program evaluation ensures that you are providing the highest quality programming, meeting the needs of your participants, and delivering the intervention by means of trained and competent staff. It also helps those who invest in your organizations and programs know that their funding is benefiting the people that are being served, which in turn sustains your services.

The Gender Matters evaluation team recommends that evaluation be conducted during all phases of programmatic work, from planning and development to post-implementation. At each phase, evaluation activities should be designed and used to inform, improve, and/or assess the program content, format, and quality.

Some program planners prefer not to lead evaluation activities. In many cases, it is a good idea for a program planner to bring in other staff members or outside consultants who can offer their specialized evaluation skills and objective perspectives. Consultant evaluators are often available in the community, through local universities and nonprofit organizations. Your funder may also have recommendations for good evaluators.

### **How to Use the Gender Matters Program Evaluation Compendium**

The *Gender Matters Program Evaluation Compendium* consists of seven sections presented in a logical sequence (listed below). However, users of this manual should feel free to flip between sections in a way that best meets their needs.

1. Introduction to the Gender Matters Evaluation Continuum
2. Three Types of Evaluation
3. Types of Data and Data Collection
4. Tips for Planning a Gender Matters Evaluation
5. Supplemental Reading Resources
6. Gender Matters Evaluation Instruments
7. Appendixes



## SECTION 2

# THREE TYPES OF EVALUATION

There are three types of evaluation research: formative evaluation, process evaluation and outcome evaluation. Each of these evaluation types is described below.

#### Benefits of Formative Evaluation

- Informs adaptations that can better customize the implementation of Gender Matters with your specific youth population and implementation site
- Helps develop research questions for process and outcome evaluation
- Assesses key challenges and considerations before beginning implementation
- Informs staff training
- Provides baseline data that can be used to assess the impact of the evaluation

#### Formative Evaluation

A formative evaluation is conducted **prior to program implementation**. It aims to collect qualitative and/or quantitative data that are used to inform the development/adaptation of a program. In the case of Gender Matters, formative research might focus on knowledge, attitudes, and perspectives regarding teenage sexual behavior and teen pregnancy, as well as gender role behavior in intimate relationships and sexual interactions. All of this information is useful for adapting Gender Matters for a specific community of youth.

Quantitative methods can provide a better understanding of the target population's baseline knowledge, attitudes, skills, and behaviors related to the goal of the program, because it is easier to compare

between baseline responses (before the intervention) and follow-up responses (after the intervention). Research participants often complete a survey questionnaire that contains predominantly closed-ended questions, to improve the ability to compare their responses pre- and post-intervention. This can help determine changes in knowledge, attitudes, behaviors and beliefs. (More information about quantitative research methods is found below.)

Qualitative methods in formative evaluations are used to provide data on the experiences of members of the implementation population and how they relate to the issues discussed in the program. This methodology also provides insight into the language they use to describe and discuss these topics. The open-ended questions that typify this research enable study participants to define the terms and scope of their responses, rather than having them predefined by the researcher. (More information about qualitative research methods is found below.)

For a description of the formative evaluation findings collected during the Austin, Texas, study (2010–2015) of Gender Matters, see pages 18–21 of the *Gender Matters Program Implementation and Adaptation Manual*.

### Process Evaluation

A process evaluation assesses aspects of the implementation process that may influence the program's effectiveness. It should be based on qualitative and quantitative data to provide a robust view that considers fidelity to the program as well as quality and areas of improvement. Examples of process evaluation include:

- **Program satisfaction studies**, which assess participants' overall satisfaction with the program as well as their satisfaction with specific aspects of the program and program delivery.

Satisfaction data can often be collected through surveys, focus groups, or interviews. These data can help support customization of the curriculum to the needs of the population being served. This could include making aspects of the curriculum more culturally relevant, more age-appropriate, or more or less interactive—depending on the group with which you are implementing.

- **Feedback from program delivery staff**, to assess their perspectives on the strengths and weaknesses of the program, as well as the challenges they experienced while delivering the program. Feedback from program delivery staff can be collected via fidelity tracking logs, interviews, self-administered surveys, or focus groups. This can help determine whether all aspects of the curriculum are feasible for you to implement in the setting in which the program is being provided. For instance, if you have adapted Gender Matters for implementation in a school-based setting, rather than a community-based setting, is the adjusted schedule working well?
- **Fidelity monitoring studies**, which employ trained observers to watch the program being delivered and to rate the fidelity with which the program protocol/curriculum was followed. This kind of evaluation is often done through observations and questionnaires and can be used to identify key areas of training needed for staff, changes to curriculum content, and/or changes in the pedagogical methods used to deliver curriculum. By monitoring fidelity, you may discover that numerous staff are struggling with the delivery of a specific activity within Gender Matters. Knowing this information informs decisions about adaptations and needs for staff booster training.

### Benefits of Process Evaluation

- Helps in making continuous improvements during program implementation based on the observations you are making along the way
- Identifies areas for staff development and training
- Provides an opportunity for participants and staff to deliver feedback about the program

### Pilot Youth and Program Youth

If you plan to conduct an outcome evaluation of the program, individuals who participated in the piloting phase should not be recruited into the intervention once it is finalized and formally introduced. They are not equivalent to the rest of those in the intervention group because they are “repeat” participants and not new participants.

as needed, to ensure that the program will be delivered with the highest quality.

After the pilot program has been run, quantitative and qualitative data are collected from program participants, as well as from the program delivery staff, to assess their satisfaction with the program and the delivery/implementation experience, the strengths and weaknesses of each, the implementation challenges they encountered and how they solved them, and any suggestions they have for revisions in the program. Data collected from this research should inform final revisions in program content, activities, and delivery mode, resulting in a final program design, protocol, or curriculum that is ready to be implemented at full scale.

### Benefits of Outcome Evaluation Data

- Determines if your program had positive outcomes and benefited the participants in the ways you intended (e.g., changes in knowledge, attitudes and/or behaviors)
- Explains why the program did not meet the outcomes you expected and how to make improvements for the next implementation or program
- Provides information to share with funders, your board of directors, the community you work within and other stakeholders
- Builds your skills for improving future programs and reporting systems
- Provides justification for continuation of the program

A process evaluation is conducted during two different phases of program staging:

1) program piloting, and 2) full-scale program implementation. Piloting involves a full implementation of the program with a small number of people from the group for which the program was developed (the target population). Once the draft of the customized Gender Matters program (including adaptations) has been completed, it is important to conduct a process evaluation during the piloting phase to test adaptations and make improvements

During the formal program implementation phase, process evaluation continues and includes the three types of studies noted above. A cost-effective strategy for collecting participant satisfaction data is to include these questions with the outcome evaluation (see below) so that both are collected in the same survey/questionnaire.

### Outcome Evaluation

Outcome evaluation assesses whether the program has accomplished its stated objectives (i.e., changes in knowledge, attitudes, behaviors, etc.). To conduct an outcome evaluation, the program objectives must be clearly defined prior to implementation. Each objective is measured by a reliable and valid scale of questions (e.g., a pregnancy risk knowledge scale consisting of five questions about pregnancy risk; a condom attitudes scale consisting of six

condom attitude questions; a single question assessing the frequency of condom use during vaginal sex in the past three months). Behavioral outcome objectives for Gender Matters are derived from its logic model in Appendix C and are found on page 2 of the Gen.M curriculum. Examples of behavioral outcome measures associated with Gender Matters Behavioral Objectives can be found in Table 1.

**Table 1: Examples of matching behavioral objectives to behavioral outcome measures**

Gender Matters behavioral objectives	Associated behavioral outcome measures
<b>Delay onset of sexual intercourse</b>	<ul style="list-style-type: none"> <li>• Ever had sexual intercourse</li> <li>• Had sexual intercourse in the last three months</li> </ul>
<b>Increase the use of contraceptive methods, including hormonal contraception and the intrauterine device</b>	<ul style="list-style-type: none"> <li>• Used hormonal birth control method at last sex</li> <li>• Had unprotected sex in last three months (did not use hormonal method or condom at least once)</li> </ul>
<b>Increase consistent and correct use of condoms</b>	<ul style="list-style-type: none"> <li>• Used condom at last sex</li> <li>• Had unprotected sex in last three months (did not use hormonal method or condom at least once)</li> </ul>

Outcome evaluations compare measures of participants' responses to the outcome variables (e.g., knowledge, attitudes, behaviors, and beliefs) prior to implementation of the program (pretest or baseline data) with measures taken after program implementation (posttest or follow-up data).

The goal is to observe statistically significant positive changes in the outcomes over time. Outcome evaluations often use closed-ended questions to collect quantitative data in survey questionnaires. This makes the data analysis easier and less time-consuming than using open-ended questions.

Ideally, outcome evaluations compare change in the outcome measures in two groups of individuals: those who received the program (intervention group) and those who did not receive the intervention (comparison or control group). If we observe positive change in the intervention group and little, no, or negative changes in the control group, it increases

### Length of Time between Pretest and Posttest

The longer the length of time between pretests and post-tests, the more compelling the results may be (18 months follow-up data vs. three months follow-up data). However, it is important to note that more resources and time are required to conduct follow-up data collection at 12 months or longer.

our confidence that the positive change in the intervention group is due to exposure to the program and not to some other factor.

Evaluators use sociodemographic information (age, sex, race/ethnicity, socioeconomic status) to assess the comparability of intervention and control group respondents. The more similar these two groups are on these sociodemographic characteristics, the more likely it is that any observed differences in respondents' posttest scores are in fact

due to effects of the program. If the groups are dissimilar, preexisting differences may have contributed to differences in the outcomes found in posttest scores.

The best way to ensure comparability between the intervention and control groups is to *randomly* assign study participants to one group or the other. Random assignment is often challenging to carry out, especially when evaluation resources or expertise are limited. In cases where random assignment to the intervention and control group is not possible, the strategy noted above (comparing the two groups based on important characteristics) provides the ability to determine whether the two groups are well-matched or comparable. At the data analysis phase, a researcher can introduce the results of these “comparability analyses” into the outcome analysis to increase the likelihood that positive change in the intervention and not the control group is due to exposure to the program.

### Reality Check

Sometimes it is impossible or impractical to include a control group in an outcome evaluation. In such situations, it is far better to conduct the evaluation assessing change in only the intervention group than to forgo an evaluation completely.

While it is easy to consider each type of evaluation only during the specific phase of program planning and implementation it is focused on, all three types of evaluation should be carefully considered in the earliest stages of program planning. This will assist you in developing the resources and processes you need to successfully implement the evaluations you will conduct. In this section, you will find a more thorough description of types of data, how these are collected, and each type of program evaluation.





# SECTION 3

## TYPES OF DATA AND DATA COLLECTION

In planning your evaluation, you can choose to collect two types of data: 1) quantitative, or numerically based, data; and 2) qualitative, or language-based, data. Below we describe each kind of data, with examples of collection methods.

### Quantitative Data

Quantitative research typically refers to the collection of numerical data. Common sources of such data include program service statistics logs (e.g., numbers of youth participating in a program), archival demographic data (e.g., number of teen births in a particular zip code or a city), and questionnaires consisting largely of close-ended questions. Closed-ended questions offer response categories with a limited number of answers, each of which has a unique numeric code. Examples of closed-end questions are true/false questions, multiple choice questions, and Likert-scale questions. Below find a few examples:

#### *True-False*

A woman cannot get pregnant the first time she has sex.

- True
- False

#### *Multiple Choice*

The organ that produces sperm is called the:

- a. Testicle
- b. Scrotum
- c. Penis
- d. Ovary

#### *Likert Scale*

Over the last three months, how frequently have you used a condom when you had vaginal sex?

- |                  |                  |                  |                 |            |
|------------------|------------------|------------------|-----------------|------------|
| 1                | 2                | 3                | 4               | 5          |
| None of the time | Some of the time | Most of the time | All of the time | Don't know |

Quantitative data analysis is based on statistical methods that range from straightforward descriptive statistics to far more complex statistical techniques. In the simplest of analyses, frequencies of a variable (e.g., the number of sexual partners a respondent had in the past six months) are presented to illustrate the number and percentage of people who gave each possible response, as well as the “average” response captured by the mean, median, and/or mode of that variable. Simple bivariate analysis can be conducted to assess the association between one predictor variable (whether the respondent was in the control or the intervention group) and an outcome variable (e.g., whether the respondent/respondent’s partner used a condom every time they had vaginal sex in the past six months). Moving up in complexity, multivariate analysis assesses the net effects of several predictor variables on a specified outcome variable. In the event that multivariate analysis is desired, a biostatistician should be consulted.

### Qualitative Data

Qualitative research typically includes the collection of data using open-ended questions instead of predefined response categories (such as the Likert scale shown above). Such research provides more leeway for participants to apply their own frame of reference/understanding when responding to the question. Sometimes qualitative research is conducted in a one-on-one interview; other times, a focus group might consist of a facilitator and a small number of participants. Qualitative data may also be gathered through open-ended questions in a survey, as well as by the collection of observational data, such as with a fidelity monitoring tool.

Examples of an open-ended survey question to evaluate program satisfaction include:

- *What were a couple of the things you liked best about participating in the program?*
- *If you could change one thing about the program, what would you change?*
- *How will you use what you learned during the program?*

Qualitative data are generally analyzed using data analysis software that allows for the organization and electronic review of different data-sources. The type of qualitative analysis that is conducted should be guided by the primary research questions. Often analysts will familiarize themselves with data and begin to generate codes or “markers” to organize the data in a way that tracks meaningful trends, patterns, or themes. The qualitative analysis process is typically very iterative; as the analyst(s) generate new codes and themes, they review and reassess the data, often until there is uniformity and agreement on key trends across content. Once a level of uniformity in coding is reached, the data can be further synthesized and meaningful interpretations made.

## Collecting Evaluation Data

Systematically collecting data by using the appropriate method is essential to evaluation efforts. The following section provides a brief overview of the different data collection methodologies available for evaluation purposes. Each of these strategies may be based on the collection of qualitative and/or quantitative data and can either be used alone or in conjunction with another method.

### Document Review

Document review is the collection of data through the review of existing documents—including internal documents, such as organizational records, and external documents, such as research studies or local and state data reports (e.g., the Centers for Disease Control and Prevention Youth Risk Behavior Surveillance System). Reviewing documents is important for gathering background information, determining the need and appropriate implementation path for a program, and developing other evaluation tools for data collection. Conducting a review requires access to and proper analysis of existing documents. Although document reviews are inexpensive, unobtrusive, and can provide good background data, it is important to be aware of document sources, including biases, inaccuracies in information, and the date a document was written, as well as the time needed to properly analyze documents. For more information on conducting a document review, visit: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief18.pdf>.

### Questionnaires

Questionnaires are used to collect answers to a set of questions from individuals and can be administered through face-to-face interviews, paper surveys, over the telephone, electronically, and through the mail. Questionnaires can be used to gather data about individual knowledge, beliefs, attitudes, and behaviors at a low cost. They can also ensure participant confidentiality, as responses can be anonymous and untraceable to a particular person. It is essential when developing questionnaires to clearly define objectives by determining what information you want from participants and how you will use responses to answer your evaluation questions. Often, too many questions are asked and then not analyzed. For more information on using questionnaires, visit: <http://www.cdc.gov/healthyyouth/evaluation/pdf/brief14.pdf>.

### Interviews

Interviews are used to gather information from participants orally. There are three types of interview approaches: informal conversational, semi-structured, and standardized open-ended.

- *Informal conversational interviews* have the least structure. In these types of interviews, the wording of questions is typically not predetermined, and conversations occur spontaneously.

- *Semi-structured interviews* have an outline of topics to cover; however, the interviewer has free range to change the wording and sequence of the questions asked.
- *Standardized open-ended questions* are the most structured approach and include a set protocol of questions and probes, with very little flexibility to change wording or sequence.

Interviews are helpful in gaining more in-depth subjective information about an individual's perceptions, feelings, attitudes, and experiences. When planning for an interview, to procure valuable responses from participants, it is essential to determine the focus of the interviews, create an interview guide, appropriately train interviewers, and pilot-test interview questions. Many in-person interviews are audio-recorded, with the permission of the participants, so narratives can be more accurately used in analysis. Although interviews allow for the opportunity to extract insightful narrative perspectives from participants, they are also susceptible to interview bias, can be intrusive, and may be time-consuming or costly to conduct. For more information on interviews, please visit [www.cdc.gov/healthyyouth/evaluation/pdf/brief17.pdf](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief17.pdf).

### Focus Groups

Focus groups consist of a group interview format made up of people who share similar characteristics. Facilitators guide group dialogue based on a set list of topics and questions. Focus groups collect qualitative data that are descriptive in nature and cannot be measured numerically. They allow for the collection of subjective insights in a group setting and can be used as an additional source of rich qualitative data. Prior to conducting a focus group, it is important to create a focus group guide that includes a series of questions and prompts for the facilitator to use. While focus groups can be quick and easy to set up and are useful for gaining insight into a topic from a group perspective, they are susceptible to facilitator bias and response bias, demand excellent facilitation skills to keep the conversation focused, require intensive data analysis and planning, and do not provide valid information at the individual level. For more information on conducting focus groups, please visit [www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief13.pdf).

### Observations

Observation is the collection of data through watching and noting events and behaviors that occur in a natural setting. Observations can be overt (meaning others are aware that they are being observed) or covert (meaning others are unaware that they are being observed). Observations can also be direct, in which interactions are watched as they occur, or indirect, in which the results of an interaction, process, or behavior are watched. There is also participant observation, where the observer seeks to have intimate familiarity with the participants to ascertain in-depth and key insights into a group's practices through intensive involvement.

Observation is helpful in monitoring a situation and understanding it as it is occurring. It can provide rich information on interactions and individual behaviors, as well as data on a particular setting or environment. When planning to conduct an observation, it is important to determine the focus, design a data collection system, select appropriate sites, and train observers. Although there are many benefits to observations, including collecting direct information where it occurs and not relying on what people say, it is still susceptible to observation bias and the “Hawthorne Effect” (people performing better when they know they are being observed), and it can be expensive and time-consuming. For more information on conducting observations, please visit [www.cdc.gov/healthyyouth/evaluation/pdf/brief16.pdf](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief16.pdf).





# **SECTION 4**

## TIPS FOR PLANNING A GENDER MATTERS EVALUATION

1. **Start Thinking about Evaluation at the Beginning.** Planning for an outcome evaluation should begin during the program design phase. Such timing will maximize the chances that:
  - The program objectives chosen for evaluation are clearly defined.
  - The program as designed (i.e., content, dose, activities and implementation protocols) can realistically be expected to impact the chosen objectives in a positive direction.
  - The chosen objectives can be measured with the resources (time, staff, and money) available for the outcome evaluation.

If you are going to bring on an evaluator, do so at the beginning of program planning and involve him or her in planning and implementing the program, as well as in designing the evaluation, developing instruments, collecting, analyzing, and presenting data, and making recommendations for continuous quality improvement.

2. **Focus Your Evaluation Efforts.** Focus on a selected number of research questions. Be realistic about what you can actually evaluate. Even for projects with well-funded evaluation budgets, it is unrealistic to evaluate everything. What do you *really* need to know to satisfy your team, your organization, and your funder? Articulate the questions, and let them be the anchor to all of your evaluation work.
3. **Prepare for the Evaluation.** Conducting evaluation studies requires money, staff, and time. Consider using Appendix A: *Gender Matters Evaluation Planning and Decision Tool* and Appendix B: *Gender Matters Evaluation Work Plan* in helping you prepare for a Gender Matters evaluation.
4. **Determine Whether or Not You Need IRB Approval.** For more information about conducting evaluation studies with human subjects and the need for Institutional Review Board approval, visit: <https://www.irb.cornell.edu/faq/>.
5. **Prepare and Collect Parent Consent Forms.** An example of a parent consent form used for Gender Matters can be found in Appendix 9 of the *Gender Matters Program Implementation and Adaption Manual*.
6. **Select an Evaluator with the Right Experience.** Ideally, priority should be given to finding an evaluator who has experience doing research in curriculum-based adolescent sexual and reproductive health programs and collaborating with program staff.

Many organizations lack the resources to hire a full-time researcher/evaluator to be involved in planning, implementing, and analyzing data from the outset of a program. However, local universities with departments in public health, social work, education, etc., can be excellent sources of assistance in this area. By building relationships and offering part-time positions/internships to graduate students who are actively engaged in research and evaluation coursework (and who have faculty supervision),

## SECTION 4: TIPS FOR PLANNING A GENDER MATTERS EVALUATION

organizations can tap into a mutually beneficial, cost-effective resource for research and evaluation.

7. **Give Yourself Enough Time.** Any time that data are being collected from people, especially youth, it is important to provide enough time to prepare for the many other aspects that accompany delivery of the program and gain permission to conduct evaluation research. Some important aspects to build into your timeline and task list include developing forms and a process for gaining parental consent to participant in both the Gender Matters Program and the evaluation (see the *Gender Matters Program Implementation and Adaption Manual* for examples), obtaining Institutional Review Board permission to conduct research with youth, finding an evaluator, designing instruments, conducting a pilot implementation, and analyzing data after the pilot implementation and after the full implementation. Also, consider the school's (or other sites') calendar and key holidays or other events that may affect implementation or participation.
8. **Use Nonprogram Staff to Collect Data.** Ideally, evaluation data should be collected by staff not associated with program delivery. If program delivery staff conduct the interviews or distribute the questionnaires for the outcome evaluation, they may affect the results of that evaluation. It is frequently the case that program participants do not want to disappoint the staff who delivered the program, and so they may provide the answers that they think the staff want to hear, rather than honestly answering the questions. Evaluation data should be collected by program staff, volunteers, or research assistants not involved in direct program implementation. When none of these options are possible, have program staff collect data from participants with whom they did not deliver the intervention.
9. **Consider Incentives.** Incentives often are used to motivate teachers to get students to turn in permission forms, to complete their evaluations, or to attend focus groups. Incentives are a great way of showing others that their time and effort are valuable to the project. You do not want to incentivize getting permission for participating in the evaluation, however, as this would be manipulative. It is customary to offer incentives to those who have already committed to participating in the evaluation, such as providing gift cards or other incentives once the evaluation is complete.
10. **Create and Use Systems to Communicate about Your Data.** Develop a system to manage the data you are collecting. Determine who on your team can have access to it. Determine how you will use these data and how you will communicate about what you are learning, internally and externally.



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# **SECTION 5**

## GENDER MATTERS

### EVALUATION INSTRUMENTS

This section describes the instruments used to evaluate Gender Matters during the original study in Austin, Texas (2010–2015). Examples of the actual instruments are presented below, illustrating each of the types of research we noted previously. The instruments fall into three main categories: Formative Evaluation, Process Evaluation, and Outcome Evaluation.

## Formative Evaluation Instruments

### Instrument 1: Formative Participant Surveys

- 1A: Girls
- 1B: Boys

**What they are:** Formative research surveys were utilized to gather formative data on the baseline sexual and reproductive health and relationship knowledge, attitudes, and behavior of boys and girls within the Gen.M target population. For Gen.M, the survey questionnaires included basic sociodemographic questions (e.g., age, gender, sexual orientation, and race/ethnicity), measures of knowledge surrounding pregnancy and STI prevention, attitudes surrounding relationships with partners, teenage pregnancy, and gender roles.

**How and when to use them:** This instrument should be used prior to substantive curriculum development in an effort to understand the baseline sexual and reproductive health knowledge, attitudes, behaviors, and beliefs of the sample population. It should be administered to individuals from the same pool that program participants will be selected or sampled (in this case, the Travis County Summer Youth Employment Program), to ensure that programmatically relevant data are gathered. While Gen.M constructed closed-ended, gender-specific questionnaires, this instrument can also include open-ended questions. Including a limited number of open-ended questions on a predominantly closed-ended questionnaire is one way to gather qualitative data in situations where resource constraints make it impossible to conduct both quantitative and qualitative formative research. However, instruments that include both closed- and open-ended questions may contribute to participant fatigue in filling out a longer, more involved survey.

**Important note:** For Gen.M, the evaluators constructed separate questionnaires for boys and girls because certain questions had to be phrased differently by sex. For example, girls were asked if they had ever been pregnant, while boys were asked if they had ever gotten a girl pregnant. When there are several questions that require different wording or that are asked of one sex but not of the other, it is easier for study respondents if two separate questionnaires are drafted. This eliminates the need for them to follow skip patterns and find the questions appropriate for them.

### Instrument 2A: Formative Focus Groups or In-Depth Interviews—Girls

### Instrument 2B: Formative Focus Groups or In-Depth Interviews—Boys

**What they are:** Qualitative research (focus groups or in-depth interviews) provides a more nuanced landscape of the knowledge, attitudes, beliefs, and behavioral practices surrounding relationships and sex, as well as a clearer sense of how target youth conceptualize and communicate about these topics. These data are extremely helpful in designing/adapting programs.

Focus groups are facilitated discussions that assist in gathering qualitative data from participants or other stakeholder groups. Typically, questions are defined ahead of time, trained facilitators ask participants the set of questions, and another person records what is said, either in writing or by audio recording or video recording. The questions asked in focus groups are typically very specific and designed to elicit the most important information needed from stakeholder groups.

In-depth interviews are one-on-one conversations used to gather the same type of information that focus groups gather, but with one person at a time. Often called key informant interviews, these are conducted with someone who has specialized knowledge or experience that you would like to capture in your qualitative data. As with a focus group, the questions for interviews are typically determined in advance and may be used with several interviewees.

**How and when to use them:** As with formative participant surveys, formative studies collecting qualitative data from participants should be conducted prior to substantive curriculum design and initiation of a pilot program. These data should be collected by staff trained in qualitative data collection, as well as in the focus of the program to be developed/adapted.

Focus groups should be comprised of roughly three to eight respondents from the same pool from which program participants will be selected or sampled (in this case, participants in the Travis County Summer Youth Employment Program). The goal of this research is to solicit open, honest communication on topics related to sex, relationships, and gender. Therefore, if conducting focus groups, you must carefully consider the sociodemographic composition of the groups (such as gender, race/ethnicity, age, and socioeconomic position), to ensure a productive and open environment for disclosure.

Gen.M conducted gender-segregated focus groups but did not divide the groups by race/ethnicity. Community stakeholder feedback indicated that race/ethnic-specific focus groups were not necessary. Decisions on if and how to separate focus groups based on various sociodemographic variables must be determined based on the goals of the focus group, the research question(s), and community feedback.

**Important note:** The decision to conduct in-depth interviews or focus groups depends on several factors. From an economic perspective, in-depth interviews are more costly than focus groups, since they involve a one-on-one interviewing, whereas focus groups involve one facilitator and multiple participants. Despite the cost, in-depth interviews are helpful when the focus is on particularly sensitive topics or those for which participants may not answer honestly in a group situation but would in a one-on-one interview. Focus groups are often helpful when the goal is to assess group norms about the topics in question.

### **Process Evaluation Instruments**

Process evaluation includes different types of data collection conducted at different phases of program implementation. Quantitative and/or qualitative data from participants and program delivery staff should be collected immediately after the pilot version of the program is implemented, as well as immediately after the final version of the program is delivered to a cohort of program participants. Fidelity monitoring and program quality assessments should be collected during the final program implementation.

#### **Instrument 3A: Participant Satisfaction Survey**

#### **Instrument 4A: In-Depth/Focus Group Participant Interviews**

**What they are:** These instruments collect data on participants' perceptions, assessments, and satisfaction with the program overall, as well as with specific components of the program. These may include the program delivery staff, curriculum content, format and delivery mode, perceptions of knowledge gained, attitudinal shifts, and changes in behavior/behavioral intentions on topics covered in the program, as well as comfort with and feelings about group members. These instruments might also probe what were the main take-home messages that participants got from the program, with a particular focus on those about gender.

Participant satisfaction surveys contain primarily closed-ended questions about their satisfaction with the program, as well as with specific program components. This instrument can also contain a small number of open-ended questions to elicit more detailed participant feedback on various topics. The in-depth interview/focus group guides contain open-ended questions that allow program participants to define the important areas of feedback they have about the program. These can be framed as the final piece that participants need to complete prior to the end of the pilot or regular program implementation.

**How and when to use them:** The participant data serve a different function depending on when they are collected. When collected immediately after the pilot version of the program, they inform final revisions in program content, activities, and delivery mode. Conducting qualitative studies with program participants is particularly important at this time, as the rich data they provide can suggest meaningful improvements to the program.

When they are collected after the final version of the program has been implemented, the results document participants' level of satisfaction, as well as differences in satisfaction for various groups of program participants. These data may aid program staff and researchers in understanding the results of the outcome evaluation. At this phase, quantitative participant satisfaction data are preferred.

**Important note:** The sample for qualitative participant studies does not have to include all program participants, as such an approach would be too costly and time-consuming. Rather, a sample of program participants should be drawn with careful attention to its representativeness in relation to factors that may influence program satisfaction. For example, the sample should contain approximately equal numbers of male and female participants, participants from the key racial/ethnic groups participating, older and younger participants, and (in small-group interventions where several groups are run at the same time) participants from each of the small groups.

**Instrument 5A: Facilitator Interview Guide**

**Instrument 5B: Facilitator Interview Guide—One Returning, One New Facilitator**

**Instrument 5C: Facilitator Interview Guide—Two Returning Facilitators**

**What it is:** Interviews with program delivery staff are focused on their perspectives on the programs' strengths, weaknesses, group dynamics and climate, participants' engagement with content, and challenges and successes of program implementation. In small-group interventions where two facilitators lead each group, in-depth interviews should be conducted with both facilitators at the same time. Facilitator-pair interviews can also probe and track their experiences in collaborating with staff from partner organizations involved in the program's development and implementation. The quality of these collaborations is critical for programmatic success.

This type of research typically employs qualitative rather than quantitative data, so as to elicit feedback from as broad a sample as possible. This is particularly true when these interviews are conducted after the program has been piloted. Staff who conducted the pilot possess unique insights into the program's strengths and weaknesses. A qualitative interview gives them the freedom to define the scope of the feedback they provide. This feedback is critical for improving the final version of the program.

**How and when to use it:** Program delivery interviews should occur with facilitators/facilitator pairs after the pilot program and after each year of programmatic implementation. While post-pilot interviews may allow for more substantive changes and improvements to the program, continuing to conduct interviews with program delivery staff after each year of implementation can be a helpful way to track the challenges of program implementation. A grounded sense of the implementation challenges can help program managers interpret findings regarding program efficacy.

## Instrument 6A: Program Observation and Quality Assessment (POQA)

**What it is:** The POQA measures the quality of group facilitation and management.

**How and when to use it:** The POQA is a tool from the Department of Health and Human Services that can be administered by the program developers or by observers who are trained in how to use the form, who are familiar with the intricacies of the Gen.M curriculum, and who have strong group facilitation and management skills. This instrument offers an ordered way to measure the quality of a program's implementation. The instrument is to be completed after viewing an entire session (or day) of the program. Feedback should be shared with the group facilitators, accompanied by brainstorming and suggestions for how to strengthen their performance. If possible, it is recommended that 10% of the sessions conducted by each facilitator/facilitator pair be observed. In Gen.M, each day (of the five-day program) was considered a session. We therefore attempted to observe each facilitator pair once for half a day during the five-day program.

**Important note:** The bulk of the data gathered from this instrument are quantitative (measuring the quality of different facilitation components on a scale of 1 to 5, from poor to excellent), allowing for program delivery staff to get quantitative feedback on the assessed quality of their group facilitation and management. The instrument also provides an open field for the trained observer to note additional thoughts on the perceived strengths of the session and of the program deliverer's facilitation of the material.

Furthermore, it is important to note that these questions are multidimensional, meaning they ask the observer to evaluate several of the facilitator's behaviors in a single question. Multidimensional questions are not ideal, as they are more difficult to ascertain what a score means. The questions provided can serve as a template for writing your own observation and quality assessment questions. Supplemental questions could address: facilitator's preparation, participation management, space management, how they encouraged youth, communication of goals, welcoming atmosphere, transitions, and ability to manage the emotional climate. If you chose to write your own observation and quality assessment questions, single- dimension questions will give you a clearer understanding of the facilitator's actions, struggles, and strengths.

*Example of a multidimensional question (weak question):*

How well did the facilitators manage youth participation?

1	2	3	4	5
Poor		Average		Excellent

- 1: *Facilitators did not elicit participation from quiet youth; facilitators did not manage dominant talkers; group was loud and unfocused.*
- 5: *Facilitators were able to draw out quiet youth; facilitators managed dominant talkers; group remained focused and on task.*

*Example of a single-dimensional question (strong question)*

How well did the facilitators elicit participation from quieter youth?

1	2	3	4	5
Poor		Average		Excellent

- 1: *Facilitators did not elicit participation from quiet youth*
- 5: *Facilitators were able to draw out quiet youth*

**Instrument 7A: Curriculum Fidelity Monitoring Log**

**What it is:** Fidelity is the extent to which the program plan/curriculum is delivered as it was designed to be delivered. Gen.M has a detailed curriculum guide with lesson plans for each session. The curriculum fidelity monitoring log is used to track if the activities and messages of the program are implemented as written, as well as the level of consistency with and/or deviation from the curriculum across program delivery staff. For every session in Gen.M, the monitoring log lists every activity, as well as all of the components of the activities that are supposed to be delivered. The observer attends the sessions, records whether each activity was delivered as designed, and writes comments when deviations occur.

**How and when to use it:** Gender Matters program staff should familiarize the observer with this instrument and with the Gen.M curriculum, to ensure an understanding of the core components of the different activities and sessions. The fidelity log should be completed after witnessing a one-half-day workshop session.

## Outcome Evaluation Instruments

Instrument 8A: Participant Baseline Survey Part 1

Instrument 8B: Participant Baseline Survey Part 2A

Instrument 8C: Participant Baseline Survey Part 2B

Instrument 9A: Participant Six-Month Follow-Up Interview

Instrument 10A: Participant 18-Month Follow-Up Interview

**What it is:** Participant outcome evaluation surveys enable researchers to assess the extent to which the program achieved its objectives. The surveys primarily consist of closed-ended questions that capture two types of information: respondents' scores on each outcome variable, and relevant sociodemographic information about respondents (e.g., age, race/ethnicity, gender, sexual orientation, sexual activity status, and pregnancy history). The outcome variables are key to assessing the efficacy of the program.

Sociodemographic data are collected in outcome evaluations for several reasons. First, they provide a description of the nature of the sample included in the evaluation, as well as enabling researchers to determine the comparability of study participants in the intervention and control groups (if the study design includes both groups). Finally, the sociodemographic data can be used to understand whether the program was more effective in certain subgroups of program participants (e.g., among men or older participants) than in others (e.g., among women or younger participants).

**When and how to use it:** To assess whether programs accomplished their objectives, we compare each evaluation study participant's score on each of the outcome measures prior to program initiation (pretest or baseline) and after program completion (posttest or follow-up). The goal is to detect positive change in these measures over time.

The easiest and most cost-effective time to gather baseline data is at the beginning of the first program session/visit. In a similar fashion, the easiest time to gather follow-up data is at the end of the last program session/visit. At such times, program participants are physically at the site and do not have to be located by telephone or computer for their interviews. Contacting and locating program participants can be quite time- and labor-intensive. Collecting follow-up data immediately after the intervention provides an assessment of whether there was immediate change in study outcomes.

There are, however, two problems with limiting post-intervention assessments to immediate follow-up:

- You do not know if any positive change in the outcome variables (e.g., a gain in knowledge, or a positive attitude change) that you observe at immediate follow-up will persist over time.
- Sometimes it takes time for change to occur. This is particularly true with adolescent sexual behavior, which may be episodic during the teen years. As such, you may

observe no change in protected sex (e.g., increased condom use) at immediate follow-up because study participants may not have had sex over the program period. A three-month follow-up might in fact capture improved condom use that would be missed at immediate follow-up.

As such, follow-up interviews are often conducted at multiple points, immediately after the final program session, and then again at one or more points after that (e.g., three months, six months, one year, 18 months, and/or two years later). The longer the interval post-implementation, the more difficult it is to locate program participants. Increasing the number of follow-up interviews also increases the cost of the outcome evaluation study. However, the longer the interval post-implementation, the more meaningful the results to determine if changes persist over time.

**Important note:** Do not forsake an outcome evaluation, even if you cannot afford the cost of re-interviewing study participants after an immediate follow-up. It is better to have an outcome evaluation that compares pretest and immediate posttest data than to have no outcome evaluation at all.

Collecting follow-up data at points after the final day of program delivery requires up-to-date contact/location information on program participants. Typically, this information includes: phone numbers (cell, land lines), e-mail addresses, and the names, phone numbers, and e-mails of 2–3 other people who will know where to reach the participant (in case a participant's phone gets disconnected). Even if the study is implemented in a clinic or school where such information is on file, it is helpful to validate or update that information on the final day of program implementation and at each follow-up interview.

Follow-up interviews can be conducted by telephone or by mailing/e-mailing the questionnaire to participants. Telephone interviews are more expensive, as they must be administered by an interviewer and require that an interviewer reach the participant and then conduct the interview by phone, one study participant at a time. However, response rates (the percentage of program participants who complete the interview) are notably lower when follow-up questionnaires are sent by mail/e-mail.

When the outcome evaluation includes a control group, all interviews of control group respondents should be conducted at approximately the same time as those of program participants.



# GENDER MATTERS EVALUATION INSTRUMENTS

## **Formative Evaluation**

Instrument 1: Formative Participant Surveys

- 1A: Girls
- 1B: Boys

Instrument 2: Formative Focus Groups or In-Depth Interviews

- 2A: Girls
- 2B: Boys

## **Process Evaluation**

Instrument 3A: Participant Satisfaction Survey

Instrument 4A: In-Depth/Focus Group Participant Interviews

Instrument 5A: Facilitator Interview Guide

Instrument 5B: Facilitator Interview Guide—One Returning Facilitator,  
One New Facilitator

Instrument 5C: Facilitator Interview Guide—Two Returning Facilitators

Instrument 6A: Program Observation and Quality Assessment (POQA)

Instrument 7A: Curriculum Fidelity Monitoring Log

## **Outcome Evaluation**

Instrument 8A: Participant Baseline Survey Part 1

Instrument 8B: Participant Baseline Survey Part 2A

Instrument 8C: Participant Baseline Survey Part 2B

Instrument 9A: Participant Six-Month Follow-Up Interview

Instrument 10A: Participant 18-Month Follow-Up Interview

**Instrument 1A: Formative Participant Survey—Girls**

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**PLEASE DO NOT PUT YOUR NAME ON THIS SURVEY**

1. Are you (circle one) Female? Male?

2. How old are you now?

3. What grade are you in at school? \_\_\_\_\_

4. Are you Hispanic or Latino?  Yes  No

5. How would you best identify yourself? **(CIRCLE ONE)**

- White
- Black or African American
- Hispanic/Latino
- Other \_\_\_\_\_

6. Tell us whether the following statements are definitely true, probably true, probably false, definitely false, or something you do not know.

6a. In Texas, teenagers **CANNOT** get tested for sexually transmitted diseases (like gonorrhea or chlamydia) without a parent's permission.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

6b. In Texas, teenage girls **CANNOT** get a birth control method at a family planning or health clinic without a parent's permission.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

6c. I would know where to go if I wanted to get a birth control method like the pill or shot.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

6d. I would know where to go if I wanted to get tested for a sexually transmitted disease (STD) like gonorrhea or chlamydia.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

6e. I have enough money to pay to get tested for sexually transmitted diseases (STDs) if I needed to.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

7. In your opinion, at what age is it okay for girls to begin having sex?

years old

**8. How do you feel about each of the following statements?**

8a. Teenage girls **DON'T** feel really good about themselves unless they have a boyfriend.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8b. When a teenage girl has a boyfriend, other girls look up to her.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8c. When a teenage girl gets pregnant, other girls look up to her.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8d. Getting pregnant in the next year or two would hurt my chances of being successful in life.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8e. If I got pregnant in the next year or two, **my parents** would be really unhappy.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8f. If I got pregnant in the next year or two, **I** would be really unhappy.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8g. If a girl and boy have sex, the girl is more responsible for preventing pregnancy than the boy.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

**9. Imagine that you have a boyfriend who wants to have sex with you, but you're not sure you want to have sex with him. If he said he would break up with you unless you had sex with him, what do you think you would do? (CIRCLE THE BEST ANSWER)**

- Definitely have sex with him
- Probably have sex with him
- Probably refuse to have sex with him
- Definitely refuse to have sex with him
- Not sure what I would do

**10. Which best describes you? (CIRCLE ONE)**

- I have a boyfriend now.  **GO TO QUESTION 11**
- I have no boyfriend now, but I had a boyfriend in the past 12 months.  **GO TO QUESTION 12**
- I have not had a boyfriend in the past 12 months.  **GO TO QUESTION 13**

**11. We are interested in how you and your current boyfriend make decisions. Who USUALLY has more say about each of the things listed below?**

11a. The things you do together—who has more say about that?

- You
- Your boyfriend
- Both of you equally

11b. How often you and your current boyfriend see each other—who has more say about that?

- You
- Your boyfriend
- Both of you equally

11c. When you talk about serious things—who has more say about that?

- You
- Your boyfriend
- Both of you equally

11d. Whether you have sex—who has more say about that?

- You
- Your boyfriend
- Both of you equally
- We have never had sex

11e. Whether you use condoms—who has more say about that?

- You
- Your boyfriend
- Both of you equally
- We have never had sex

**IF YOU ANSWERED QUESTIONS 11A–11E, SKIP TO QUESTION 13.**

**12. We are interested in how you and your most recent boyfriend in the past 12 months made decisions. Who USUALLY had more say about each of the things listed below?**

12a. The things you did together—who had more say about that?

You    Your most recent boyfriend    Both of you equally

12b. How often you and your most recent boyfriend saw each other—who had more say about that?

You    Your most recent boyfriend    Both of you equally

12c. When you talked about serious things—who had more say about that?

You    Your most recent boyfriend    Both of you equally

12d. Whether you had sex—who had more say about that?

You    Your most recent boyfriend    Both of you equally    We have never had sex

12e. Whether you used condoms—who had more say about that?

You    Your most recent boyfriend    Both of you equally    We have never had sex

**IF YOU ANSWERED QUESTIONS 12A–12E, GO TO QUESTION 13.**

**13. Tell us whether the following statements are definitely true, probably true, probably false, definitely false, or something that you do not know.**

13a. Even if a boy withdraws (pulls his penis out of a girl before he comes), she can get pregnant.

Definitely True    Probably True    Probably False    Definitely False    Don't Know

13b. Hormonal contraception (like the pill or shot) is very dangerous for teenage girls.

Definitely True    Probably True    Probably False    Definitely False    Don't Know

14. What is your zip code?

15. How many YEARS have you lived in the United States? \_\_\_\_\_  
(If you have **always** lived in the United States, write in your age.)

16. How often do you attend church or religious services? (**Circle one**)

- a. Several times a week
- b. Once a week
- c. A few times a month
- d. Once every few months
- e. Once a year or less

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS SURVEY!  
WE APPRECIATE YOUR RESPONSES.**

## Instrument 1B: Formative Participant Survey—Boys

Office Use Only

ID#:

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### PLEASE DO NOT PUT YOUR NAME ON THIS SURVEY

1. Are you (circle one) Female? Male?

2. How old are you now? 

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3. What grade are you in at school? \_\_\_\_\_

4. Are you Hispanic or Latino?  Yes  No

5. How would you best identify yourself? (**CIRCLE ONE**)

White

Black or African American

Hispanic/Latino

Other \_\_\_\_\_

6. Tell us whether the following statements are definitely true, probably true, probably false, definitely false, or something you do not know.

6a. In Texas, teenagers **CANNOT** get tested for sexually transmitted diseases (like gonorrhea or chlamydia) without a parent's permission.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

6b. In Texas, teenage girls **CANNOT** get a birth control method at a family planning or health clinic without a parent's permission.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

6c. I would know where to go if I wanted to get a birth control method like the pill or shot.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

6d. I would know where to go if I wanted to get tested for a sexually transmitted disease (STD) like gonorrhea or chlamydia.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

6e. I have enough money to pay to get tested for sexually transmitted diseases (STDs) if I needed to.  
 Definitely True      Probably True      Probably False      Definitely False      Don't Know

7. In your opinion, at what age is it okay for boys to begin having sex?

years old

8. How do you feel about each of the following statements?

8a. Boys **DON'T** feel really good about themselves unless they have a girlfriend.  
 Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8b. One of the ways in which a boy can show he is a real man is by getting a girl pregnant.  
 Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8c. Getting a girl pregnant in the next year or two would hurt my chances of being successful in life.  
 Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8d. If I got a girl pregnant in the next year or two, **my parents** would be really unhappy.  
 Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree


8e. If I got a girl pregnant in the next year or two, **I** would be really unhappy.  
 Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

8f. If a girl and boy have sex, the girl is more responsible for preventing pregnancy than the boy.  
 Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

9. Which best describes you? (CIRCLE ONE)

I have a girlfriend now.  GO TO QUESTION 10

I have no girlfriend now, but I had a girlfriend in the past 12 months.  GO TO QUESTION 11

I have not had a girlfriend in the past 12 months.  GO TO QUESTION 12

**10. We are interested in how you and your current girlfriend make decisions. Who USUALLY has more say about each of the things listed below?**

10a. The things you do together—who has more say about that?

You            Your girlfriend            Both of you equally

10b. How often you and your current boyfriend see each other—who has more say about that?

You            Your girlfriend            Both of you equally

10c. When you talk about serious things—who has more say about that?

You            Your girlfriend            Both of you equally

10d. Whether you have sex—who has more say about that?

You            Your girlfriend            Both of you equally            We have never had sex

10e. Whether you use condoms—who has more say about that?

You            Your girlfriend            Both of you equally            We have never had sex

**IF YOU ANSWERED QUESTIONS 10A–10E, SKIP TO QUESTION 12.**

**11. We are interested in how you and your most recent girlfriend in the past 12 months made decisions. Who USUALLY had more say about each of the things listed below?**

11a. The things you did together—who had more say about that?

You    Your most recent girlfriend            Both of you equally

11b. How often you and your most recent boyfriend saw each other—who had more say about that?

You    Your most recent girlfriend            Both of you equally

11c. When you talked about serious things—who had more say about that?

You    Your most recent girlfriend            Both of you equally

11d. Whether you had sex—who had more say about that?

You    Your most recent girlfriend            Both of you equally            We have never had sex

11e. Whether you used condoms—who had more say about that?

You      Your most recent girlfriend      Both of you equally      We have never had sex

**IF YOU ANSWERED QUESTIONS 11A–11E, GO TO QUESTION 12.**

**12. Tell us whether the following statements are definitely true, probably true, probably false, definitely false, or something that you do not know.**

12a. Even if a boy withdraws (pulls his penis out of a girl before he comes), she can get pregnant.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

12b. Hormonal contraception (like the pill or shot) is very dangerous for teenage girls.

Definitely True      Probably True      Probably False      Definitely False      Don't Know

**13. Almost finished. How do you feel about the following statements?**

13a. In a good dating relationship, the boy gets his way most of the time.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

13b. I can respect a boy who backs down from a fight.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

13c. It's ok for a boy to say no to sex.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

13d. Boys should not let it show when their feelings are hurt.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

13e. If a boy talks about his problems, he will look weak.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

13f. I think it's important for a boy to go after what he wants, even if it means hurting other people's feelings.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

13g. I think it's important for a boy to tell his friends he is having sex even if he is not.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

13h. It's embarrassing for a boy when he needs to ask for help.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

13i. I think it's important for a boy to talk about his feelings, even if people might laugh at him.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

14. What is your zip code?

15. How many YEARS have you lived in the United States? \_\_\_\_\_  
(If you have **always** lived in the United States, write in your age.)

16. How often do you attend church or religious services? (**Circle one**)

- a. Several times a week
- b. Once a week
- c. A few times a month
- d. Once every few months
- e. Once a year or less

**THANK YOU FOR TAKING THE TIME TO FILL OUT THIS SURVEY!  
WE APPRECIATE YOUR RESPONSES.**

## Instrument 2A: Formative Focus Group Guide—Girls

### Introduction

Thank you for agreeing to participate in this discussion. As we explained earlier today, we are developing a program for participants in the Summer Youth Employment Program that will focus on how to build healthy relationships and prevent teenage pregnancy. In today's discussion, we will ask you some questions about relationships between boys and girls that will help us design the program.

I will be taping the discussion, but if you want to say something that you do not want recorded, just tell me and I will turn the tape recorder off. You don't have to answer any questions that you do not want to answer in our conversation today. Finally, one ground rule of this conversation is that nothing that gets said in this room will leave this room. So, I hope that you will be comfortable sharing your ideas in our discussion today.

### Question 1

Think about the girls that you're friends with. Do they have relationships with boys?

#### PROBES:

What kinds of relationships? What does it mean to have a relationship?

How do these relationships start?

Do teen girls have one relationship at a time, or do they have different boyfriends at the same time? Tell me more about that.

Are there different ways in which boys and girls are expected to act when it comes to having relationships with each other? Tell me more.

Think about girls you know. How do they view a girl who has had a relationship, compared with a girl who has not had a relationship? How does that work? Why do you think that is?

### Question 2

Are the teens you know who are your age having sex?

#### PROBES:

What do you mean by "having sex"?

Think about girls you know who are having sex. How well do they know the boys they have sex with? (i.e., how long have they known each other? Are they boyfriend/girlfriend? How do the girls feel about the boys they have sex with? Do they care about them?)

When do girls use birth control when they have sex? When don't they use birth control? What method? Why and why not?

**(IF NOT CLEAR FROM ANSWER ABOVE)** Who decides whether a birth control method will be used? How does that work?

Who decides whether a couple will use a condom when they have sex? Who decides about that? If a girl has a condom and asks a boy to use it, how will he react?

Are there different ways in which boys and girls are expected to act when it comes to having sex? Tell me more.

Think about girls you know. How do they view a girl who has had sex compared with a girl who has not had sex? How does that work? Why do you think that is? Does it matter how old the girl is?

### Close

Thank you so much for your input. This has been very helpful to us. As I said at the beginning, we are going to use what you shared with us today to plan a program on building healthy relationships for SYEP teens. Do you have any advice for us on what you think we should include in this program?

Thank you for your help with this important project.

## Instrument 2B. Formative Focus Group Guide—Boys

### Introduction

Thank you for agreeing to participate in this discussion. As we explained earlier today, we are developing a program for participants in the Summer Youth Employment Program that will focus on how to build healthy relationships and prevent teenage pregnancy. In today's discussion, we will ask you some questions about relationships between boys and girls that will help us design the program.

I will be taping the discussion, but if you want to say something that you do not want recorded, just tell me and I will turn the tape recorder off. You don't have to answer any questions that you do not want to answer in our conversation today. Finally, one ground rule of this conversation is that nothing that gets said in this room will leave this room. So, I hope that you will be comfortable sharing your ideas in our discussion today.

### Question 1

Think about boys that you're friends with. Do they have relationships with girls?

#### **PROBES:**

What kinds of relationships? What does it mean to have a relationship?

How do these relationships start?

Do the boys have one relationship at a time, or do they have relationships with different girls at the same time? Tell me more about that.

Are there different ways in which boys and girls are expected to act when it comes to having relationships with each other? Tell me more.

Think about boys your age. How do they view a boy who is in a relationship with a girl, compared with a boy who has never had a relationship with a girl? Why do you think that is?

## Question 2

Are the teens you know who are your age having sex?

### PROBES:

What do you mean by “having sex”?

Think of the boys you know who are having sex. How well do they know the girls they have sex with? (i.e., how long have they known each other? How do they feel about the girls they have sex with? Do they care about them? Are they boyfriend/girlfriend? Do they respect the girls they’re having sex with?)

When do boys use condoms during sex? When don’t they use condoms? Why and why not? If a girl has a condom and asks a boy to use it, how will he react?

**(IF NOT CLEAR FROM THE ANSWER ABOVE)** Who decides whether a condom will be used? How does that work?

What about using a female birth control method like the pill or shot? Who decides about that? How does that work? (If **“a girl decides”**: Do boys know if the girl they are having sex with is using a birth control method?)

Are there different ways in which boys and girls are expected to act when it comes to having sex? Tell me more.

Think about boys your age. How do they view a boy who hasn’t had sex, compared with a boy who has had sex? How does that work? Why do you think that that is? Does it matter how old the boy is?

### Close

Thank you so much for your input. This has been very helpful to us. As I said at the beginning, we are going to use what you shared with us today to plan a program on building healthy relationships for SYEP teens. Do you have any advice for us on what you think we should include in this program?

Thank you for your help with this important project.

Instrument 3A. Participant Satisfaction Survey

Office Use Only  
ID#: \_\_\_\_\_ Form Serial #: \_\_\_\_\_

1. What is your date of birth?

\_\_\_\_\_  
Month                  Day                  Year

2. What is your sex?

Male                   Female

2a. Are you Latino?

Yes                   Go to Question 3  
 No                   Go to Question 2b

2b. What race do you identify with?

African American  
 White  
 Other: \_\_\_\_\_

3. What school did you go to last year?

\_\_\_\_\_ (Name of school)

4. Overall, how satisfied were you with the Gen.M workshops?

Very Satisfied          Somewhat Satisfied          Somewhat Unsatisfied          Very Unsatisfied

5. Would you recommend Gen.M to your friends?

I definitely would          I probably would          I probably would not          I definitely would not

6. How much do you feel that you learned from the Gen.M workshops?

I learned a lot          I learned some          I learned a little          I did not learn anything

Over 

For the questions below (7–13), please put a check in the box that most closely represents your feelings.

		Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree
7.	I liked the other teens in the Gen.M workshops.				
8.	I felt comfortable saying personal things in front of the group.				
9.	I felt like the other teens in my group were similar to me.				
10.	I was often bored in the Gen.M group.				
11.	I felt really involved in the Gen.M workshops.				
12.	I will stay in touch with other teens from my group after the summer is over.				
13.	I wish I could go to more Gen.M workshops.				

Now we are going to ask about the adult group leaders from your Gen.M workshops:

14. I liked the group leaders of my Gen.M workshops.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

15. I felt like I could trust my group leaders.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

16. The group leaders were able to get everyone to talk.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

17. Check your **THREE favorite workshop days** from the list below. (Remember, please only select three workshop days.)

- Day 1: Understanding Gender
- Day 2: Healthy Relationships
- Day 3: Are You Ready to Become a Parent?
- Day 4: Skills for Preventing Pregnancy
- Day 5: Taking Action to Prevent Teen Pregnancy

**For the next few questions, please think about Gen.M and how it may have influenced you. You may not have thought about these situations before, but please still answer the questions. Think about what you would do and answer as best you can.**

18. Would you say that being in Gen.M has made you more likely or less likely to have vaginal sex in the next year? By “vaginal sex,” we mean when a boy puts his penis in a girl’s vagina.

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

19. If you were to have vaginal sex in the next year, would you say that being in Gen.M has made you more likely or less likely to use (or ask your partner to use) any of these methods of birth control? *Birth control pills, the shot (Depo Provera), the patch, the ring (NuvaRing), the IUD (Mirena or Paragard), or the implant (Implanon)*

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

Over 

20. If you were to have vaginal sex in the next year, would you say that being in Gen.M has made you more likely or less likely to use (or ask your partner to use) a condom?

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

21. Would you say that being in Gen.M has made you more likely or less likely to abstain from vaginal sex in the next year (abstaining means choosing not to have sex)?

- Much more likely
- More likely
- About the same
- Less likely
- Much less likely

22. Tell us how strongly you agree or disagree with each of the following statements:

a. Gen.M changed my attitudes about how boys should act.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

b. Gen.M strengthened the attitudes I already had about how boys should act.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

c. I already agreed with the new gender messages about how boys should act before I participated in Gen.M.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

d. Most of my friends at home and in school agree with the new gender messages about how boys should act.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

e. (BOYS ONLY) It would be difficult to apply the new gender messages from GenM to my life, to act like the boys in those messages.

Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

23. Now that you have participated in Gen.M, can you give an example of a gender message about boys that you do not agree with?

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24. Now that you have participated in Gen.M, can you give an example of a new gender message about boys that you agree with?

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25. Tell us how strongly you agree or disagree with each of the following statements:

- a. Gen.M changed my attitudes about how girls should act.  
Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree
- b. Gen.M strengthened the attitudes I already had about how girls should act.  
Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree
- c. I already agreed with the new gender messages about how girls should act before I participated in Gen.M.  
Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree
- d. Most of my friends at home and in school agree with the new gender messages about how girls should act.  
Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree
- e. (GIRLS ONLY) It would be difficult to apply the new gender messages from GenM to my life, to act like the girls in those messages.  
Strongly agree      Somewhat Agree      Somewhat Disagree      Strongly Disagree

Over 

26. Now that you have participated in Gen.M, can you give an example of a gender message about boys that you do not agree with?

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27. Now that you have participated in Gen.M, can you give an example of a new gender message about boys that you agree with?

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**The last two questions are about other education that you've had about sexual health and pregnancy.**

28. In the last 12 months, did you participate in any of the programs listed below that provide information on relationships, abstinence, birth control, or sexually transmitted diseases?

*LifeWorks' Real Talk—It's Your Game* program in your middle school (Webb, Parades, Fulmore)

Yes

No

*Planned Parenthood's Reducing the Risk* program in your high school (LBJ, Crockett, Reagan, Austin)?

Yes

No

*Austin LifeCare's LifeGuard* program?

Yes

No

*SafePlace's Expect Respect* program?

Yes

No

29. Please list any other programs that provide information on relationships, abstinence, birth control, or sexually transmitted diseases that you have participated in over the past 12 months.

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**Finished—Thank You!**

## Instrument 4A: In-Depth/Focus Group Participant Interviews

1. It has been a few weeks since you finished Gen.M. Looking back on it now, how do you feel about your experience?

PROBE: Can you tell me what you liked best about Gen.M and what you liked least? Why?

2. How did you feel about the kids in your Gen.M group? Did you like them?

PROBE: Why do you think that is?

3. Now think about the boys in the group. Did they remind you of the boys you know at home or school? In what ways were they similar? In what ways were they different?

4. Now think about the girls in the group. Did they remind you of the girls you know from home or school? In what ways were they similar? In what ways were they different?

PROBE IF FRIENDS NOT MENTIONED IN EITHER OF THE TWO ABOVE QS:  
Were the kids from your Gen.M group at all like your friends? In what ways were they similar? In what ways were they different?

5. Were there times during Gen.M when you did not feel comfortable sharing your opinion with the group? Can you tell me a little bit about that situation?

PROBE: Why do you think you felt uncomfortable?

PROBE: Were there times in your group when you disagreed with what was being said? What did you do about that? Did you share your opinion or did you keep it to yourself? Why do you think you responded in that way?

6. DON'T ASK IF THE MAJORITY OF THEIR RESPONSE TO THE KIDS IN GEN.M WAS NEGATIVE: Would you like to stay in touch with the kids from your Gen.M group? Why? Why not?

PROBE: IF Respondent WANTS TO STAY IN TOUCH: Do you think that you will stay in touch with them? What might make that hard?

PROBE: IF Respondent WANTS TO STAY IN TOUCH: What methods will you use to stay in touch with them (phone, text, social media)?

7. Can you tell me in your own words the most important take-home messages that you got from Gen.M? (WRITE UP TO 3 ON INDIVIDUAL INDEX CARDS) IF R ONLY SAYS ONE OR TWO, PROBE: Anything else?  
PROBE: FOR EACH MESSAGE LISTED: Why is that message particularly important to you?
8. (SHOW R ALL 3 CARDS) Now I'd like you to think about September, when school starts. How easy do you think it will be for you to do these things? Tell me more about that.  
PROBE: Will it be easier to do some of these things than others? Why?
9. DO NOT ASK IF INFO FOR FRIENDS IS ALREADY GIVEN: What about your friends at home or school? Do they do any of these things?  
PROBE: Which do they do and which don't they do? Tell me more about that.
10. Is there anything that your group leader talked about during Gen.M that you don't agree with?  
PROBE: Why didn't you agree?  
PROBE: Was there anything that you didn't agree with at the beginning of Gen.M but did agree with at the end? Tell me about that.
11. Before we close, is there anything else you'd like to tell me about your experience at Gen.M?

Thank you!

## Instrument 5A: Facilitator Pair Interview Guide

### Introduction

Thank you for being here. In this interview, I'm going to ask you about your experience with facilitating the Gen.M workshops. I want to remind you that this is a confidential interview. I am going to take notes while we talk and record the conversation as back-up. Only the researchers and I will have access to those notes and tape recordings. If you would rather that the conversation not be taped, that is OK. Alternatively, if you would like to say something without being recorded, I can pause the tape recording at that point. The information that you give us in this interview will be summarized and relayed back to EngenderHealth staff for the purposes of improving the program, but your specific answers will remain anonymous. The summarized information will also be provided to Mathematica Policy Research to help inform a larger study on the effectiveness of different pregnancy prevention approaches, which Mathematica is conducting for the U.S. Department of Health and Human Services. I would like you to keep this in mind as we talk, so you can feel free to give me an honest opinion about your experiences.

Do you have any questions before we begin?

1. Overall, how do you think your group went? What worked well and what didn't? (8 MINUTES MAX—MAKE SURE THE QUIETER FACILITATOR ANSWERS TOO)

PROBE: Were there particular sessions where kids seemed more engaged than others? What were they? Particular activities or types of activities? Particular topics?

2. Can you tell me about the main goals of Gen.M and how effectively you thought that the curriculum accomplished those goals?

3. What were the most notable dynamics between the youth participants in your group? Can you give me some examples of those dynamics?

PROBE: Was there anything about the dynamic in your group that you think promoted positive engagement with the curriculum?

PROBE: Was there anything about the dynamic that made it difficult to achieve the goals of the curriculum?

4. To what extent do you feel that the youth in your group expressed their honest opinions about the issues covered in the curriculum? Can you give me some examples of situations in which you felt that kids were/were not being honest?

PROBE IF NOT MUCH HONESTY: Why do you think they weren't inclined to speak honestly in the group?

5. During the week-long workshop, to what extent do you think the kids in your group thought critically about traditional gender roles? Did you notice a difference at the start of the week as compared with the end? If so, please describe it. Do you think the activities in the curriculum helped foster this critical thinking? How so?

PROBE: To what extent do you think the kids understood how traditional gender roles influence their sexual decision making and behavior? Did you notice a difference at the start of the week as compared with the end?

6. To what extent did participants act out traditional ideas about masculinity and femininity in your group? Did you observe any gender stereotypes in the things they said or the ways in which they interacted? Can you give me some examples?

PROBE IF THIS HAPPENED (*MAKE NOTE OF WHETHER THIS ISSUE IS DISCUSSED IN RESPONSE TO THE PROBE OR BROUGHT UP BY THE FACILITATOR*): How did this affect the group dynamic? How did it affect your ability to deliver the part of the curriculum that challenged traditional gender roles?

7. FOR SECOND-YEAR FACILITATORS: How would you compare your experience facilitating Gen.M this year with your experience last year?

PROBE: Can you tell me more about that? PROBE: What do you think explains the differences in your experience?

FOR FIRST-YEAR FACILITATORS: Now that you have finished the first session of Gen.M, do you think that the training provided by EngenderHealth helped you in teaching the curriculum's lessons? Why or why not?

8. FOR SECOND-YEAR FACILITATORS: Overall, were there any differences in the nature of the collaboration between EngenderHealth and SafePlace this year versus last year?

PROBE: Can you tell me more about that?

9. Is there anything else you would like to tell me about your experience with facilitating Gen.M?

## Instrument 6A: Program Observation and Quality Assurance (PDQA)

### Introduction

The purpose of this observation form is to measure the fidelity and quality of program implementation. Please use the guidelines below when completing the observation form and do not change the scoring provided; for example, do not circle multiple answers or score a 1.5 rather than a 1 or a 2.

**You should complete the observation form *after viewing the entire session*. Prior to observation, you should read through the questions to become familiar with them.**

It is also helpful to take notes during your observation; for example, for Question 1, each time an implementer gives explanations, place a checkmark next to the appropriate rating. Each question measures multiple-dimensions of the facilitators behavior. Use the scoring guides under each question to help you determine the appropriate score for each question.

### Observation and Assessment Form At-A-Glance

*A quick guide to what you are watching for during presentations and scoring afterwards*

1. Facilitators' preparation for the session
2. Facilitators' explanation of activities
3. Facilitators' ability to keep track of time
4. Presentation of materials seemed rushed or hurried
5. Participants appear to understand the material
6. Group members' participation in discussions and activities
7. Facilitators manage youth participation
8. Facilitators use the space around them
9. Facilitators support and encourage youth
10. Facilitators'
  - a. Knowledge of the program
  - b. Ability to communicate session goals
  - c. Level of enthusiasm
  - d. Poise and confidence
  - e. Rapport and communication with participants
  - f. Effective addressing of questions/concerns
  - g. Provision of a welcoming atmosphere
  - h. Effective transitioning from one activity to another
  - i. Effective management of the emotional climate

<p><b>Observer:</b></p> <p><b>Observation Date:</b></p> <p><b>Component / Session Number:</b></p>	<p><b>Facilitators:</b></p> <p><b>Group #:</b></p>
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**Instructions**

The following questions assess the overall quality of the program session and delivery of the information. Use your best judgment and do not circle more than one response.

**1. In general, how clear were the program facilitators’ explanations of activities? Q1**

1	2	3	4	5
Not clear		Somewhat clear		Very clear

- 1: Most participants did not understand the instructions and could not proceed; many clarifying questions were asked.
- 3: About half of the group understood, while the other half asked questions for clarification.
- 5: 90–100% of the participants began and completed the activity/discussion with no hesitation and no clarifying questions.

**2. To what extent did the facilitators keep track of time during the session and activities? Q2**

1	2	3	4	5
Not on time		Some loss of time		Well on time

- 1: Facilitators did not have time to complete the material (particularly at the end of the session); facilitators regularly allowed discussions to drag on (e.g., participants seemed bored or began discussing nonrelated issues in small groups).
- 3: Facilitators missed a few points; facilitators sometimes allowed discussions to drag on.
- 5: Facilitators completed all content of the session; facilitators completed activities and discussions in a timely manner (using the suggested time limitations in the program manual, if available).

**3. To what extent did the presentation of materials seem rushed or hurried? Q3**

1    2    3    4    5  
**Very rushed    Somewhat rushed    Not rushed**

1: *Facilitators did not allow time for discussion; facilitators did not have time for examples; facilitators told participants that they were in a hurry; facilitators' body language suggested stress or hurry.*

3: *Facilitators sometimes deleted discussion/activities; facilitators sometimes stated but did not explain material.*

5: *Facilitators did not rush participants or speech, but still completed all of the material; facilitators appeared relaxed.*

**4. To what extent did the participants appear to understand the material? Q4**

1    2    3    4    5  
**Little understanding    Some understanding    Good understanding**

*Use your best judgment based on participants' conversations and feedback.*

*Roughly: 1=fewer than 25% seemed to understand; 3=about half seemed to understand; 5=75–100% understood.*

**5. How actively did the group members participate in discussions and activities? Q5**

1    2    3    4    5  
**Little participation    Some participation    Active participation**

*Use your best judgment based on listening to the discussions and feedback.*

*Roughly, 1=fewer than 25% participated; 3=about half participated; 5=75–100% participated.*

6. Using the scale provided, rate the facilitators on the following qualities:

a) *Knowledge of the program Q6a*

1	2	3	4	5
<b>Poor</b>		<b>Average</b>		<b>Excellent</b>

- 1: *Facilitators could not answer questions; facilitators mispronounced names; facilitators read from the manual.*
- 5: *Facilitators provided information above and beyond what is in the manual; facilitators seemed very familiar with the concepts; facilitators answered questions with ease.*

b) *Level of enthusiasm Q6b*

1	2	3	4	5
<b>Poor</b>		<b>Average</b>		<b>Excellent</b>

- 1: *Facilitators presented information in a dry and boring way, lacked a personal connection to material, appeared “burned out.”*
- 5: *Facilitators made clear that the program is a great opportunity, got participants talking and excited, were outgoing.*

c) *Poise and confidence Q6c*

1	2	3	4	5
<b>Poor</b>		<b>Average</b>		<b>Excellent</b>

- 1: *Facilitators appeared nervous or hurried, did not make good eye contact.*
- 5: *Facilitators did not hesitate in addressing concerns, were well-organized, were not nervous.*

**d) Rapport and communication with participants Q6d**

1	2	3	4	5
Poor		Average		Excellent

- 1: Facilitators did not remember participants' names, did not "connect" with participants, acted distant or unfriendly.
- 5: Facilitators got participants talking and excited, were very friendly, used people's names when appropriate, seemed to understand the community and its needs.

**e) Effectively addressed questions/concerns Q6e**

1	2	3	4	5
Poor		Average		Excellent

- 1: Facilitators engaged in "power struggles," responded negatively to comments, gave inaccurate information, did not direct participants elsewhere for further information if needed.
- 5: Facilitators answered questions of fact with information and questions of value with validation; if they did not know the answer, they were honest about it and directed participants elsewhere.

**7. Rate the overall quality of the program session. Q7**

1	2	3	4	5
Poor		Average		Excellent

Summary measure of all the preceding questions—assesses the extent of material covered and performance of the facilitators.

**Excellent sessions look like:**

- *Participants are doing rather than talking about activities.*
- *Responses to questions are nonjudgmental.*
- *Questions of fact are answered with information, questions of value are answered with validation.*
- *Time management is good and session is well-organized.*
- *Session has adequate pacing—not too fast, but does not drag.*
- *Facilitators use effective checks for understanding.*
- *Facilitators are supportive of and encouraging toward youth.*

**Poor sessions look like:**

- *Facilitators present content in lecture style.*
- *Facilitators read the content from the notebook.*
- *Facilitators stumble along with the content, failing to make connections to what has been discussed previously or what participants are contributing.*
- *Participants are uninvolved.*
- *Facilitators get into power struggles with participants about the content.*
- *Facilitators offer judgmental responses.*
- *Facilitators have flat affect and boring style.*
- *Session is unorganized and random.*
- *Facilitators lose track of time.*

**8. Please note at least one major strength of the session and/or facilitators' delivery of the material.**

## Instrument 7A: Fidelity Monitoring Log

Your Name: \_\_\_\_\_ Cofacilitator's Name: \_\_\_\_\_

Workshop session dates: \_\_\_\_\_

### Purpose of this Log

The curriculum fidelity monitoring log assesses whether the core components of the *Gender Matters* curriculum have been fully implemented as written and is used to gather information about any changes made to the curriculum during implementation.

### Directions

Please complete the appropriate section for each workshop day after you have facilitated that day. It is best to complete the form right after the workshop, to minimize recall errors. For each of the activities in the session, please indicate whether you have completed the session as described in the curriculum, made any changes, or did not complete the activity. Describe any changes that you have made to the activity, however small you feel they may have been (i.e., using pairs instead of small groups, or eliminating discussion questions due to lack of time). You will submit the log to project staff at the completion of the entire workshop week.

## Gen.M Workshop Session 1: Understanding Gender

Facilitator Names: _____	Group: _____
Date: _____	Observer Name: _____
No. of Participants: _____	

Did you complete each activity below?				
Activity 1: Welcome and Overview	Activity 2: Values Clarification	Activity 3: Gender Messages	Activity 4: Gender in the Media	Activity 5: Video Review— It's about Me
<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely
<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
If you made any changes, please describe them here; if you did not complete an activity, please describe why here. Include additional information, as necessary, to help us understand how the workshops went.				

\_\_\_\_: total no. of activities completed **out of 5**.

\_\_\_\_: total no. of activities not completed.

## Gen.M Workshop Session 2: Healthy Relationships

Facilitator Names: _____	Group: _____
Date: _____	Observer Name: _____
No. of Participants: _____	

Did you complete each activity below?				
Activity 1: Session 2 Check-In	Activity 2: Healthy Relationships and Deal-Breakers	Activity 3: Assertive Communication	Activity 4: What Is Consent?	Activity 5: Video Review—Creative Expressions
<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No
If you made any changes, please describe them here; if you did not complete an activity, please describe why here. Include additional information, as necessary, to help us understand how the workshops went.				

\_\_\_\_\_: total no. of activities completed **out of 5**.

\_\_\_\_\_: total no. of activities not completed.

### Gen.M Workshop Session 3: Big Decisions

Facilitator Names: _____	Group: _____
Date: _____	Observer Name: _____
No. of Participants: _____	

Did you complete each activity below?				
Activity 1: Session 3 Check-In	Activity 2: Life Changes	Activity 3: Sexual Decision Making	Activity 4: Ways to Show You Care	Activity 5: Video Review— Gender Fishbowl
<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No	<input type="checkbox"/> Yes, completely <input type="checkbox"/> Yes, with changes <input type="checkbox"/> No
If you made any changes, please describe them here; if you did not complete an activity, please describe why here. Include additional information, as necessary, to help us understand how the workshops went.				

\_\_\_\_: total no. of activities completed **out of 5**.

\_\_\_\_: total no. of activities not completed.

## Gen.M Workshop Session 4: Skills For Preventing Pregnancy

Facilitator Names: _____	Group: _____
Date: _____	Observer Name: _____
No. of Participants: _____	

Did you complete each activity below?					
Activity 1: Session 4 Check-In	Activity 2: Keeping the Egg and Sperm Apart	Activity 3: The Truth about STIs	Activity 4: How to Use Condoms	Activity 5: Condom Obstacles	Activity 6: Video Review— Condom Slogans
<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely
<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
If you made any changes, please describe them here; if you did not complete an activity, please describe why here. Include additional information, as necessary, to help us understand how the workshops went.					

\_\_\_\_\_: total no. of activities completed **out of 6**.

\_\_\_\_\_: total no. of activities not completed.

## Gen.M Workshop Session 5: Taking Action to Prevent Teen Pregnancy

Facilitator Names: _____	Group: _____
Date: _____	Observer Name: _____
No. of Participants: _____	

Did you complete each activity below?					
Activity 1: Session 5 Check-In	Activity 2: Birth Control Report	Activity 3: The Clinic	Activity 4: Game Show Review	Activity 5: Video Review— Making a Commitment	Activity 6: Closing Activity— Spider Web
<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely	<input type="checkbox"/> Yes, completely
<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes	<input type="checkbox"/> Yes, with changes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
If you made any changes, please describe them here; if you did not complete an activity, please describe why here. Include additional information, as necessary, to help us understand how the workshops went.					

\_\_\_\_: total no. of activities completed **out of 6**.

\_\_\_\_: total no. of activities not completed.



Instrument 8A: Baseline Survey A

GENERAL INSTRUCTIONS

- 1. PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED! USE A PEN OR PENCIL.

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

EXAMPLE 1: MARK (X) ONE ANSWER

What is the color of your eyes?

MARK (X) ONE

- Brown
- Blue
- Green
- Another color

If the color of your eyes is brown, you would mark (X) the first box as shown.

- 2. EXAMPLE 2: MARK (X) ONE ANSWER and FILL IN THE BLANK

What is the color of your hair?

MARK (X) ONE

- Brown
- Black
- Blond
- Red
- Some other color PRINT OTHER COLOR     Purple

If the color of your hair is purple, you would mark (X) the last box and write the word "purple" in the blank as shown. BE SURE TO WRITE CLEARLY.

### 3. EXAMPLE 3: YOU MAY MARK (X) MORE THAN ONE ANSWER

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

If you plan to rent a movie and go to a baseball game next week, you would mark (X) both boxes.

### 4. EXAMPLE 4: QUESTION WITH A SKIP

1. Do you ever eat chocolate?

MARK (X) ONE

- Yes
- No → GO TO QUESTION 3

Because you answered "Yes" to question 1, you would continue to question 2 and then question 3.

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

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

MARK (X) ONE

- Yes
- No

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

YOU MAY MARK (X) MORE THAN ONE ANSWER

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

### 5. EXAMPLE 5: FILL IN THE NUMBER

In the last seven (7) days, how many chocolate bars have you eaten?

0	2
---	---

NUMBER OF CHOCOLATE BARS—Your best guess is fine.

Fill in the boxes with the correct number. For any number less than 10, put a zero (0) in the first box. For example, if you had eaten two chocolate bars in the last seven days, you would write "0" in the first box and "2" in the second box. If you had eaten 15 chocolate bars, you would write "1" in the first box and "5" in the second box.

**6. EXAMPLE 6: MARK (X) ONE ANSWER FOR EACH QUESTION**

In the last 12 months, have you done any of the following?

MARK (X) ONE FOR EACH QUESTION

	YES	NO
a. Walked a dog on a leash	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Played Frisbee	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Weeded a garden	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Eaten a piece of fresh fruit	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e. Played a piano	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Watched a movtie	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Mark (x) either "yes" or "no" for each of the six (6) questions (a-f) by marking (x) one of the two boxes in each row.

**7. EXAMPLE 7: MARK (X) ONE MONTH AND ONE YEAR**

In what month and year did you finish elementary school?

MARK (X) ONE MONTH AND ONE YEAR

Month finished	Year finished
<input type="checkbox"/> January	<input type="checkbox"/> 2010
<input type="checkbox"/> February	<input checked="" type="checkbox"/> 2009
<input type="checkbox"/> March	<input type="checkbox"/> 2008
<input type="checkbox"/> April	<input type="checkbox"/> 2007
<input type="checkbox"/> May	<input type="checkbox"/> 2006
<input checked="" type="checkbox"/> June	<input type="checkbox"/> 2005
<input type="checkbox"/> July	<input type="checkbox"/> 2004
<input type="checkbox"/> August	<input type="checkbox"/> 2003
<input type="checkbox"/> September	<input type="checkbox"/> 2002
<input type="checkbox"/> October	<input type="checkbox"/> 2001
<input type="checkbox"/> November	<input type="checkbox"/> 2000
<input type="checkbox"/> December	<input type="checkbox"/> 1999

If you finished elementary school in June 2009, you would mark (X) the box next to June and mark (X) the box next to 2009.

## 8. EXAMPLE 8: FOR GIRLS OR FOR BOYS

1a. FOR GIRLS: Do you want to be a mother someday?

MARK (X) ONE

- Yes  No } → GO TO 2

1b. FOR BOYS: Do you want to be a father someday?

MARK (X) ONE

- Yes  No } → GO TO 2

2. Do you have any brothers or sisters?

MARK (X) ONE

- Yes  
 No

Some questions are just for girls and some questions are just for boys. These questions are marked with FOR GIRLS or FOR BOYS. If a question is not marked specifically FOR GIRLS or FOR BOYS, then it is a question for everyone to answer.

In the example, if you are a girl, you would answer 1a (FOR GIRLS), skip 1b (FOR BOYS), and then answer question 2, for everyone. If you are a boy, you would skip 1a (FOR GIRLS), answer 1b (FOR BOYS), and answer question 2, for everyone.

**START HERE!****Section 1: You and Your Background****1.1. In what month and year were you born?**

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> born	<u>Year</u> born
<input type="checkbox"/> January	<input type="checkbox"/> 2002
<input type="checkbox"/> February	<input type="checkbox"/> 2001
<input type="checkbox"/> March	<input type="checkbox"/> 2000
<input type="checkbox"/> April	<input type="checkbox"/> 1999
<input type="checkbox"/> May	<input type="checkbox"/> 1998
<input type="checkbox"/> June	<input type="checkbox"/> 1997
<input type="checkbox"/> July	<input type="checkbox"/> 1996
<input type="checkbox"/> August	<input type="checkbox"/> 1995
<input type="checkbox"/> September	<input type="checkbox"/> 1994
<input type="checkbox"/> October	<input type="checkbox"/> 1993
<input type="checkbox"/> November	<input type="checkbox"/> 1992
<input type="checkbox"/> December	<input type="checkbox"/> 1991

**1.2. What is the last school grade that you completed?**

MARK (X) ONE

- 6
- 7
- 8
- 9
- 10
- 11
- 12

**1.3. Are you male or female?**

MARK (X) ONE

- Male
- Female

**1.4. Are you Hispanic/Latino?**

MARK (X) ONE

- Yes
- No

**1.5. What is your race?**

YOU MAY MARK (X) MORE THAN ONE ANSWER

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Some Other Race *PRINT OTHER RACE* \_\_\_\_\_

**1.6. When you are at home or with your family, what language or languages do you usually speak?**

YOU MAY MARK (X) MORE THAN ONE ANSWER

- English
- Spanish
- Chinese language, such as Mandarin or Cantonese
- Some other language *PRINT OTHER LANGUAGE(S)* \_\_\_\_\_

1.7. What is the main language that you speak at home?

MARK (X) ONE

- English
- Spanish
- Chinese language, such as Mandarin or Cantonese
- Some other language PRINT OTHER LANGUAGE \_\_\_\_\_

1.8. In the past 12 months, how often did you attend religious services or activities?

MARK (X) ONE

- Never
- Less than once a month
- 1–3 times per month
- Once a week
- More than once a week

1.9. How important is religion in your life?

MARK (X) ONE

- Not at all important
- Somewhat important
- Very important

**1.10. In the past 12 months, have you received any information about or learned about any of the following?**

MARK (X) ONE FOR EACH QUESTION

	Yes	No
a. Relationships, dating, marriage, or family life	<input type="checkbox"/>	<input type="checkbox"/>
b. Abstinence from sex	<input type="checkbox"/>	<input type="checkbox"/>
c. Methods of birth control	<input type="checkbox"/>	<input type="checkbox"/>
d. Where to get birth control	<input type="checkbox"/>	<input type="checkbox"/>
e. Sexually transmitted diseases, also known as STDs	<input type="checkbox"/>	<input type="checkbox"/>
f. How to talk to your partner about whether to have sex or whether to use birth control	<input type="checkbox"/>	<input type="checkbox"/>
g. How to say no to sex	<input type="checkbox"/>	<input type="checkbox"/>
h. How babies are made	<input type="checkbox"/>	<input type="checkbox"/>

**1.11. How likely is it that you will do each of the following things?**

MARK (X) ONE FOR EACH QUESTION

	Not at all likely	A little bit likely	Somewhat likely	Very likely
a. Graduate from high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Go to a technical or vocational school after high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Go to college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Graduate from a 2-year or community college program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Graduate from a 4-year college program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Section 2: Family

The next questions are about where you live and who lives with you.

### 2.1. Which of the following best describes where you live?

MARK (X) ONE

- You live in one home → GO TO 2.2
- You live in two or more homes and go back and forth → GO TO 2.3
- You are homeless (living on the street, in a car or shelter, or staying with friends/relatives) → GO TO 2.4

### 2.2. Who lives with you in your home?

MARK (X) ALL THAT APPLY

- Your biological mother
- Your biological father
- A stepmother or adoptive mother
- A foster mother
- A stepfather or adoptive father
- A foster father
- Your parent's partner, boyfriend, or girlfriend
- Any grandmothers
- Any grandfathers
- Any older brothers or sisters
- Any younger brothers or sisters
- Any aunts, uncles, or other relatives
- Any other people you are not related to
- You live by yourself

**AFTER ANSWERING GO TO 2.4**

### 2.3 Who lives with you in each of your homes?

MARK (X) ALL THAT APPLY

MAIN HOME	OTHER HOME(S)
<p>Mark (X) all the people who live with you in your MAIN home</p> <p><input type="checkbox"/> Your biological mother</p> <p><input type="checkbox"/> Your biological father</p> <p><input type="checkbox"/> A stepmother or adoptive mother</p> <p><input type="checkbox"/> A foster mother</p> <p><input type="checkbox"/> A stepfather or adoptive father</p> <p><input type="checkbox"/> A foster father</p> <p><input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any older brothers or sisters</p> <p><input type="checkbox"/> Any younger brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Any other people you are not related to</p> <p><input type="checkbox"/> You live by yourself</p>	<p>Mark (X) all the people who live with you in your OTHER home(s)</p> <p><input type="checkbox"/> Your biological mother</p> <p><input type="checkbox"/> Your biological father</p> <p><input type="checkbox"/> A stepmother or adoptive mother</p> <p><input type="checkbox"/> A foster mother</p> <p><input type="checkbox"/> A stepfather or adoptive father</p> <p><input type="checkbox"/> A foster father</p> <p><input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend</p> <p><input type="checkbox"/> Any grandmothers</p> <p><input type="checkbox"/> Any grandfathers</p> <p><input type="checkbox"/> Any older brothers or sisters</p> <p><input type="checkbox"/> Any younger brothers or sisters</p> <p><input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p><input type="checkbox"/> Any other people you are not related to</p> <p><input type="checkbox"/> You live by yourself</p>

## Mother

2.4. **Now we have some questions about your mother, or the person you think of as your mother. Is this person...?**

MARK (X) ONE

- Your biological mother—that is, the woman who gave birth to you
- Your stepmother or adoptive mother
- Your foster mother
- Your grandmother
- Your aunt or your older sister
- Some other adult
- I don't have a mother or person I think of as my mother → GO TO 2.12

**The following questions are about the person you marked as your mother or the person you think of as your mother.**

2.5. **Did she graduate from high school?**

MARK (X) ONE

- Yes
- No
- Don't know

2.6. **Did she graduate from a 4-year college?**

MARK (X) ONE

- Yes
- No
- Don't know

**2.7. Is she working now?**

MARK (X) ONE

- She is not working at a paid job.
- Yes, she is working part-time or less than 30 hours a week.
- Yes, she is working full-time or at more than one job for 30 hours a week or more.
- Yes, she works, but I don't know how many hours.
- I don't know if she is working.

**2.8. How close do you feel to your mother or the person you think of as your mother?**

MARK (X) ONE

- Not at all close
- A little close
- Somewhat close
- Very close

**2.9. In general, how much do you think she cares about you?**

MARK (X) ONE

- Does not care at all
- Cares a little bit
- Cares somewhat
- Cares very much

**2.10. Whether you have done this or not, how would she feel about your having sex at this time in your life?**

MARK (X) ONE

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

**2.11. How would she feel about your having a baby at this time in your life?***MARK (X) ONE*

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

**Father****2.12. Next we have some questions about your father, or the person you think of as your father. Is this person...?***MARK (X) ONE*

- Your biological father—that is, the man who is genetically related to you
- Your stepfather or adoptive father
- Your foster father
- Your grandfather
- Your uncle or your older brother
- Some other adult
- I don't have a father or person I think of as my father → GO TO 2.20a

**The following questions are about the person you marked as your father or the person you think of as your father.**

**2.13. Did he graduate from high school?***MARK (X) ONE*

- Yes
- No
- Don't know

**2.14. Did he graduate from a 4-year college?**

MARK (X) ONE

- Yes
- No
- Don't know

**2.15. Is he working now?**

MARK (X) ONE

- He is not working at a paid job.
- Yes, he is working part-time or less than 30 hours a week.
- Yes, he is working full-time or at more than one job for 30 hours a week or more.
- Yes, he works, but I don't know how many hours.
- I don't know if he is working.

**2.16. How close do you feel to your father or the person you think of as your father?**

MARK (X) ONE

- Not at all close
- A little close
- Somewhat close
- Very close

**2.17. In general, how much do you think he cares about you?**

MARK (X) ONE

- Does not care at all
- Cares a little bit
- Cares somewhat
- Cares very much

**2.18. Whether you have done this or not, how would he feel about your having sex at this time in your life?**

MARK (X) ONE

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

**2.19. How would he feel about your having a baby at this time in your life?**

MARK (X) ONE

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove

**2.20a. Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have passed away, please answer about their relationship when both were alive.**

MARK (X) ONE

- They are married to each other.
- They used to be married to each other but are now separated.
- They used to be married to each other but are now divorced.
- They have never been married to each other.
- I don't know.

**2.20b. Do your biological mother and biological father live together now?**

MARK (X) ONE

- Yes
- No
- One or both of my biological parents have passed away.
- I don't know.

**2.21. In the past 12 months, how many TIMES have you talked with at least one of your parents or guardians about...?**

MARK (X) ONE FOR EACH QUESTION

	Never	1-2 Times	3-9 times	10 or more times
a. How things are going with school work or with your grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. A personal problem you were having	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. How to have good romantic relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Strategies for safe dating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. How to resist pressures to have sex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding drugs and alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Pregnancy or birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Sexually transmitted diseases (also known as STDs), HIV, or AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Section 3: Views and Perceptions

3.1. This section is about what sex means to boys and girls your age.  
 How strongly do you agree or disagree with the following statements?

MARK (X) ONE FOR EACH

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. It is embarrassing for a 16-year-old boy if he has never had sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It is alright for a boy to pressure a girl to have sex if she has had sex with him in the past.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. When a girl says no to sex, she expects the boy to keep trying.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. One way for a guy to prove he is a real man is to have sex with a lot of girls.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. A guy should have sexual intercourse as early as he can in his life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is alright for a boy to pressure a girl to start having sex if they have been dating for nine months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.2. FOR GIRLS ONLY: This section is about how girls feel about boys.  
How strongly do you agree or disagree with the following statements?**

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Teenage girls who have a boyfriend feel better about themselves than girls who don't have a boyfriend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. When a teenage girl has a boyfriend, other girls look up to her.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A girl is likely to feel bad about herself if she has never had a boyfriend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. A girl who really likes a guy needs to have sex with him to prevent him from finding someone else.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.3. FOR GIRLS**

**If you got pregnant now, how would you feel?**

MARK (X) ONE

- Very happy
- A little happy
- Neither happy nor upset
- A little upset
- Very upset

**3.4. FOR BOYS ONLY: This section is about how boys feel and behave.  
How strongly do you agree or disagree with the following statements?**

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The best way for a boy to show he is strong is to act tough.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Boys should let it show when their feelings are hurt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In a good dating relationship, the boy gets his way most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. It's embarrassing for a boy when he needs to ask for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.5. FOR BOYS**

**If you got someone pregnant now, how would you feel?**

MARK (X) ONE

- Very happy
- A little happy
- Neither happy nor upset
- A little upset
- Very upset

### 3.6. FOR BOTH BOYS AND GIRLS

The next section is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse, we mean a male putting his penis into a female's vagina. How strongly do you agree or disagree with the following statements?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Having sexual intercourse is a good thing for you to do at your age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. At your age right now, having sexual intercourse would create problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. At your age right now, not having sexual intercourse is important for you to be safe and healthy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It is against your values to have sexual intercourse before marriage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.7. This section is about what happens if a girl gets pregnant around your age, or a boy gets a girl pregnant. How strongly do you agree or disagree with the following statements?**

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Getting pregnant/getting a girl pregnant in the next year or two would hurt my chances of being successful in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. If a girl and boy have sex, the girl is more responsible for preventing pregnancy than the boy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. If I got pregnant/got a girl pregnant in the next year or two, I would have to become a responsible adult before I wanted to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I got pregnant/got a girl pregnant in the next year or two, my life would become a lot better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.8. Imagine you are alone with someone you like very much. How likely is it that you could...?**

MARK (X) ONE FOR EACH QUESTION

	Not at all likely	A little bit likely	Somewhat likely	Very likely
a. Stop them if they wanted to touch your chest and you did not want them to do that (FOR GIRLS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Stop them if they wanted to touch your private parts below the waist, meaning the parts of the body covered by underwear, and you did not want them to do that	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Avoid having sexual intercourse if you didn't want to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.9. The next section is about condom use. How strongly do you agree or disagree with the following statements?**

MARK (X) ONE FOR EACH QUESTION

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Very likely
a. Condoms should always be used if a person your age has sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Condoms are a hassle to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Condoms are important to make sex safer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using condoms means you don't trust your partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Using a condom is one way for a boy to show he cares about his partner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If a girl asks a boy to use a condom, it means she doesn't trust him.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. If two people love each other, they don't have to use condoms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Girls who carry condoms get bad reputations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Condoms are pretty easy to get.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Using condoms is morally wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Condoms decrease sexual pleasure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.10. The next series of questions is about condoms, birth control pills, pregnancy, and sexually transmitted diseases, also known as STDs.**

If a condom is used correctly, how much can it decrease the risk of pregnancy?

MARK (X) ONE

- Not at all
- A little
- A lot
- Don't know → GO TO 3.11

**3.10a. How confident are you that your answer is correct?***MARK (X) ONE*

- Not at all confident
- A little confident
- Somewhat confident
- Very confident

**3.11. If a condom is used correctly, how much can it decrease the risk of getting HIV, the virus that causes AIDS?***MARK (X) ONE*

- Not at all
- A little
- A lot
- Don't know

**3.12. If birth control pills are used correctly, how much can they decrease the risk of pregnancy?***MARK (X) ONE*

- Not at all
- A little
- A lot
- Don't know → GO TO 3.13

**3.12a. How confident are you that your answer is correct?***MARK (X) ONE*

- Not at all confident
- A little confident
- Somewhat confident
- Very confident

3.13. If birth control pills are used correctly, how much can they decrease the risk of getting HIV, the virus that causes AIDS?

MARK (X) ONE

- Not at all
- A little
- A lot
- Don't know

3.14. The next section is about other methods of birth control, NOT including condoms. How strongly do you agree or disagree with the following statements?

MARK (X) ONE FOR EACH

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Birth control should always be used if a person your age has sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control is a hassle to use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Birth control is pretty easy to get.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Birth control is important to make sex safer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Birth control has too many negative side effects.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Using birth control is morally wrong.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.15. The following questions are about how you can get birth control where you live. How true do you think it is that...?:**

MARK (X) ONE FOR EACH

	Definitely true	Probably true	Probably false	Definitely false	Don't know
a. In Texas, teenage girls can get a birth control method like the pill or the shot at a family planning or health clinic without their parents' permission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I would know where to go if I wanted (or my girlfriend wanted) to get a birth control method like the pill or the shot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I would know where to go if I wanted to get tested for a sexually transmitted disease (STD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. If I/my girlfriend wanted birth control pills, I would have enough money to pay for them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3.16. In the past 3 months, how many TIMES have you gone out on a date?**

Zero or None → GO TO 3.18

NUMBER OF TIMES—Your best guess is fine.

**3.17. Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?**

NUMBER OF PEOPLE—Your best guess is fine.

**3.18. Do you intend to have sexual intercourse in the next year?**

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not → GO TO 3.21

**3.19. If you have sexual intercourse in the next year, do you intend to use a condom?**

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

**3.20. The next question is about your intention to use other methods of birth control, NOT including condoms:**

- Birth control pills
- The shot (Depo Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implants (Implanon)

**If you have sexual intercourse in the next year, do you intend to use any of these other methods of birth control?**

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

**3.21. Do you intend to have sexual intercourse without being married?**

MARK (X) ONE

- Yes, definitely
- Yes, probably
- No, probably not
- No, definitely not

**3.22. Have you ever had sexual intercourse?**

- Yes → GO TO PART B1 AND PUT THIS BOOKLET BACK IN THE ENVELOPE
- No → GO TO PART B2 AND PUT THIS BOOKLET BACK IN THE ENVELOPE

**Complete the correct Part B (B1 or B2),  
but not both.**

**Put this booklet back in the envelope and  
Go to Section 4 Part B1 or Section 4 Part B2.**

## Instrument 8B: Participant Baseline Survey Part B

### Section 4 Part B1: Sexual History

- 4.1. The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers are confidential, and everything you say will be kept private.

The first questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina.

Just to confirm, have you ever had sexual intercourse?

MARK (X) ONE

- No → STOP AND GO TO PART B2  
 Yes → CONTINUE WITH THIS BOOKLET

- 4.2. The very first time you had sexual intercourse, what month and year was it?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of First Sexual Intercourse	<u>Year</u> of First Sexual Intercourse
<input type="checkbox"/> January	<input type="checkbox"/> 2011
<input type="checkbox"/> February	<input type="checkbox"/> 2010
<input type="checkbox"/> March	<input type="checkbox"/> 2009
<input type="checkbox"/> April	<input type="checkbox"/> 2008
<input type="checkbox"/> May	<input type="checkbox"/> 2007
<input type="checkbox"/> June	<input type="checkbox"/> 2006
<input type="checkbox"/> July	<input type="checkbox"/> 2005
<input type="checkbox"/> August	<input type="checkbox"/> 2004
<input type="checkbox"/> September	<input type="checkbox"/> 2003
<input type="checkbox"/> October	<input type="checkbox"/> 2002
<input type="checkbox"/> November	<input type="checkbox"/> 2001
<input type="checkbox"/> December	<input type="checkbox"/> 2000 or earlier

4.3. The very first time you had sexual intercourse, how old were you?

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NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

4.4. The very first time you had sexual intercourse, how old was your partner?

MARK (X) ONE

- Three or more years younger than you
- A year or two younger than you
- The same age as you
- A year or two older than you
- Three or more years older than you

4.5. The very first time you had sexual intercourse, would you say that it was voluntary or not voluntary?

MARK (X) ONE

- Voluntary
- Not voluntary

4.6. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also known as STDs.

The first time you had sexual intercourse, did you or your partner use any type of birth control—including condoms or any other method?

MARK (X) ONE

- Yes
- No → GO TO 4.8

4.7. The first time you had sexual intercourse, did you or your partner use...?

MARK (X) ONE FOR EACH QUESTION

	Yes	No
a. Condoms	<input type="checkbox"/>	<input type="checkbox"/>
b. Birth control pills or the patch	<input type="checkbox"/>	<input type="checkbox"/>
c. Depo-Provera or other injectable birth control	<input type="checkbox"/>	<input type="checkbox"/>
d. NuvaRing or the ring	<input type="checkbox"/>	<input type="checkbox"/>
e. Withdrawal or pulling out	<input type="checkbox"/>	<input type="checkbox"/>
f. Another method? PRINT OTHER METHOD USED	<input type="checkbox"/>	<input type="checkbox"/>

4.8. Have you had sexual intercourse more than one time?

MARK (X) ONE

- Yes
- No → GO TO 4.14

4.9. How many DIFFERENT PEOPLE have you ever had sexual intercourse with, even if only one time?

NUMBER OF PEOPLE—Your best guess is fine.

4.10. Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?

- None → GO TO 4.14

NUMBER OF TIMES—Your best guess is fine.

4.11. In the past 3 months, how many TIMES have you had sexual intercourse without using a condom?

- None

NUMBER OF TIMES—Your best guess is fine.

4.12. The next question is about your use of the following methods of birth control:

- Condoms
- Birth control pills
- The shot (Depo Provera)
- The patch
- The ring (NuvaRing)
- IUD (Mirena or Paragard)
- Implants (Implanon)

In the past 3 months, how many TIMES have you had sexual intercourse without using any of these methods of birth control?

- None

NUMBER OF TIMES—Your best guess is fine.

4.13. Now think about when you had sexual intercourse in the past 3 months and WERE using birth control. In the past 3 months, how many TIMES did you have intercourse when you used a condom AND were using another method of birth control in the preceding list?

None

--	--

NUMBER OF TIMES—Your best guess is fine.

4.14. FOR BOYS AND GIRLS

a. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?

MARK (X) ONE

Yes

No → GO TO 4.15

b. To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?

None

--	--

NUMBER OF TIMES—Your best guess is fine.

c. Have you ever had a baby, or has anyone you got pregnant actually had the baby?

MARK (X) ONE

Yes

No

Don't know

4.15. In the past 12 months, have you spoken with a doctor or nurse about sex, birth control, or sexually transmitted diseases, also known as STDs?

MARK (X) ONE

Yes

No

**4.16. In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease (STD), like gonorrhea, chlamydia, syphilis, or HIV?**

MARK (X) ONE

Yes

No

**4.17. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease (STD)?**

MARK (X) ONE

Yes

No

**4.18. Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?**

MARK (X) ONE

Yes

No

**4.19. Have you ever been fearful that someone you were dating or having sex with might physically hurt you?**

MARK (X) ONE

Yes

No

I have never dated anyone.

## Section 5: Alcohol and Drug Use

- 5.1. The next questions are about alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.

Have you ever had an alcoholic drink, such as beer, wine, or other liquor, NOT counting any times you just had a sip?

MARK (X) ONE

- Yes  
 No → GO TO 5.5

- 5.2. The very first time you had an alcoholic drink, how old were you?

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NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

- 5.3. During the past 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages?

MARK (X) ONE

- More than 25 days  
 5 to 25 days  
 1 to 4 days  
 0 (zero) days

- 5.4. During the past 30 days, on how many days did you have 5 or more drinks in a row?

MARK (X) ONE

- More than 25 days  
 5 to 25 days  
 1 to 4 days  
 0 (zero) days

5.5. **Have you ever used marijuana, also called weed or pot?**

MARK (X) ONE

- Yes
- No → GO TO 5.7

5.6. **During the past 30 days, on how many days did you use marijuana?**

MARK (X) ONE

- More than 25 days
- 5 to 25 days
- 1 to 4 days
- 0 (zero) days

5.7. **Have you ever used any other type of illegal drug—for example, methamphetamine, speed, PCP, ecstasy, or any form of cocaine, such as crack?**

MARK (X) ONE

- Yes
- No

5.8. **Have you ever used any prescription pills or other prescription drugs that were not prescribed for you?**

MARK (X) ONE

- Yes
- No

5.9. **Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents, to get high?**

MARK (X) ONE

- Yes
- No

## Section 6: Friends and Relationships

### 6.1. How many of your friends who are your age think the following things? Your best guess is fine.

MARK (X) ONE FOR EACH

	None	Some	Half	Most	All	Don't know
a. Having sexual intercourse is a good thing for them to do at their age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They should wait until they are older to have sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They should wait until marriage to have sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 6.2. How many of your friends who are your age have had sexual intercourse?

MARK (X) ONE

- None
- Some
- Half
- Most
- All
- Don't know

6.3. In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?

MARK (X) ONE

- A lot of pressure
- Some pressure
- A little pressure
- No pressure

6.4. People are different in their sexual attraction to other people. Which of the following best describes you?

MARK (X) ONE

- I am only attracted to males.
- I am attracted to both males and females.
- I am only attracted to females.
- I am not attracted to either males or females.
- I am not sure.

6.5. How much do you feel that your friends care about you?

MARK (X) ONE

- Do not care at all
- Care a little bit
- Care somewhat
- Care very much

**Please put all three parts of the survey back into the envelope and give the envelope back to the moderator.**

**Thank you!**

**We thank you for completing this survey!**

## Instrument 8C: Participant Baseline Survey Part 2B

## Section 4 Part B2: Sexual Attitudes

- 4.1. This booklet is for youth who have not had sex. We want to be sure you are in the correct booklet. We know we asked this before but...

Just to confirm, have you ever had sexual intercourse?

MARK (X) ONE

- Yes → STOP AND GO TO PART B1  
 No → CONTINUE WITH THIS BOOKLET

- 4.2. The first two questions in this booklet are about your schooling.

Do you expect that you will graduate from high school?

MARK (X) ONE

- Yes  
 I already graduated from high school.  
 No → GO TO 4.4

4.3. In what month and year do you expect to graduate from high school? (If you already graduated, in what month and year did you graduate from high school?)

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Graduation	<u>Year</u> of Graduation
<input type="checkbox"/> January	<input type="checkbox"/> 2018 or later
<input type="checkbox"/> February	<input type="checkbox"/> 2017
<input type="checkbox"/> March	<input type="checkbox"/> 2016
<input type="checkbox"/> April	<input type="checkbox"/> 2015
<input type="checkbox"/> May	<input type="checkbox"/> 2014
<input type="checkbox"/> June	<input type="checkbox"/> 2013
<input type="checkbox"/> July	<input type="checkbox"/> 2012
<input type="checkbox"/> August	<input type="checkbox"/> 2011
<input type="checkbox"/> September	<input type="checkbox"/> 2010
<input type="checkbox"/> October	<input type="checkbox"/> 2009
<input type="checkbox"/> November	<input type="checkbox"/> 2008
<input type="checkbox"/> December	<input type="checkbox"/> 2007 or earlier

4.4. The next questions are about where you live.

In the past 7 days, did you spend any nights somewhere like a shelter, at someone else's home, in a car, on the street, or in any other temporary housing because you did not have a regular place to stay?

MARK (X) ONE

- Yes → GO TO 4.11
- No

4.5. In how many homes, places, or households do you live: one, two, or three or more?

MARK (X) ONE

- 1 home → GO TO 4.9
- 2 homes
- 3 or more homes

4.6. Do you consider one of these homes to be your main home?

MARK (X) ONE

- Yes
- No

4.7. Thinking about the past 30 days, how many nights did you spend in each home?

FILL IN TWO OR THREE NUMBERS

--	--

Number of nights at home #1—Your best guess is fine.

--	--

Number of nights at home #2—Your best guess is fine.

--	--

Number of nights at another home or other homes—Your best guess is fine.

4.8. Is there anyone who moves with you from home to home?

MARK (X) ONE

- Yes
- No

4.9. Is your home or any of your homes a group home or halfway house?

MARK (X) ONE

- Yes
- No

4.10. This question is about who lives with you in your home. If you have more than one home, please think about your main home.

How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital?

--	--

NUMBER OF PEOPLE

4.11. These next few questions are about you and your friends.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. You have friends who will give you good advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You have a friend who cares about you	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You have a friend you can talk to when you need to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. You have someone who you can call your best friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.12. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. When you start a project, you finish it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You only work as hard as you have to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. You are someone people can count on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When you do work, you do a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.13. Here are some reasons people your age might choose NOT to have sexual intercourse. How important is each of these reasons to you?**

MARK (X) ONE FOR EACH QUESTION

	Very important	Somewhat important	Not too important	Not at all important
a. I don't want to get a sexually transmitted disease, also known as an STD.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I don't want to disappoint my parents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. I am too young to have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. My boyfriend or girlfriend doesn't want to have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. I want to wait until I'm married.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. It is against my personal values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. I haven't met the right person yet.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. I haven't had the chance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. I don't want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. FOR GIRLS I do not want to get pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. FOR BOYS I do not want to get a girl pregnant.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.14. Have you ever done any of the following?**

MARK (X) ONE FOR EACH QUESTION

	Yes	No
a. Kissed someone on the lips	<input type="checkbox"/>	<input type="checkbox"/>
b. French kissed—that is put your tongue in someone's mouth while kissing	<input type="checkbox"/>	<input type="checkbox"/>
c. Touched another person's private parts	<input type="checkbox"/>	<input type="checkbox"/>
d. Let someone touch your private parts	<input type="checkbox"/>	<input type="checkbox"/>

4.15. **Have you ever been in a situation where someone touched you in a sexual way that you did not want, or someone forced you to touch him or her in a sexual way that you did not want to?**

MARK (X) ONE

Yes

No

4.16. **Have you ever been fearful that someone you were dating might physically hurt you?**

MARK (X) ONE

Yes

No

I have never dated anyone

4.17. **In the past 12 months, have you spoken with a doctor or nurse about sex, birth control, or sexually transmitted diseases, also known as STDs?**

MARK (X) ONE

Yes

No

4.18. **If you decided to have sexual intercourse outside of marriage, how likely is it that you would use a condom or other contraceptive method?**

MARK (X) ONE

Not at all likely

A little bit likely

Somewhat likely

Very likely

I don't plan to have sexual intercourse outside of marriage.

## Section 5: Alcohol and Drug Use

The next questions are about alcohol and drugs. Please be as honest as possible, and remember that everything you tell us will be kept private.

- 5.1. Have you ever had an alcoholic drink, such as beer, wine, or other liquor, NOT counting any times you just had a sip?

MARK (X) ONE

Yes

No → GO TO 5.5

- 5.2. The very first time you had an alcoholic drink, how old were you?

--	--

NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

- 5.3. During the past 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages?

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

- 5.4. During the past 30 days, on how many days did you have 5 or more drinks in a row?

MARK (X) ONE

More than 25 days

5 to 25 days

1 to 4 days

0 (zero) days

5.5. **Have you ever used marijuana, also called weed or pot?**

MARK (X) ONE

- Yes
- No → GO TO 5.7

5.6. **During the past 30 days, on how many days did you use marijuana?**

MARK (X) ONE

- More than 25 days
- 5 to 25 days
- 1 to 4 days
- 0 (zero) days

5.7. **Have you ever used any other type of illegal drug—for example, methamphetamine, speed, PCP, ecstasy, or any form of cocaine, such as crack?**

MARK (X) ONE

- Yes
- No

5.8. **Have you ever used any prescription pills or other prescription drugs that were not prescribed for you?**

MARK (X) ONE

- Yes
- No

5.9. **Have you ever used an inhalant, such as sniffed glue, breathed the contents of spray cans, or inhaled any paints or solvents, to get high?**

MARK (X) ONE

- Yes
- No

## Section 6: Friends and Relationships

### 6.1. How many of your friends who are your age think the following things? Your best guess is fine.

MARK (X) ONE FOR EACH

	None	Some	Half	Most	All	Don't know
a. Having sexual intercourse is a good thing for them to do at their age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. It would be okay for them to have sexual intercourse as long as they used birth control, like a condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. They should wait until they are older to have sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. They should wait until marriage to have sexual intercourse.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 6.2. How many of your friends who are your age have had sexual intercourse?

MARK (X) ONE

- None
- Some
- Half
- Most
- All
- Don't know

6.3. In general, how much pressure, if any, do you feel from your friends to have sexual intercourse?

MARK (X) ONE

- A lot of pressure
- Some pressure
- A little pressure
- No pressure

6.4. People are different in their sexual attraction to other people. Which of the following best describes you?

MARK (X) ONE

- I am only attracted to males.
- I am attracted to both males and females.
- I am only attracted to females.
- I am not attracted to either males or females.
- I am not sure.

6.5. How much do you feel that your friends care about you?

MARK (X) ONE

- Do not care at all
- Care a little bit
- Care somewhat
- Care very much

**Please put all three parts of the survey back into the envelope and give the envelope back to the moderator.**

**Thank you!**

**We thank you for completing this survey!**

**Instrument 9A: Six-Month Follow-Up Survey**

**Added Variables**

<b>Random Assignment</b>	C Control T Treatment
<b>Baseline Status Date</b>	Date baseline instrument was statused (same as or close to complete date)
<b>Baseline Status</b>	Status code for baseline survey 050 Self-administered hard copy complete 059 Self-administered hard copy partial
<b>Cohort</b>	1 2
<b>mo6_FU_Status</b>	Status code for 6-month survey 040 Hard copy complete 049 Hard copy partial
<b>Date_6_mo_FU_completed</b>	Date 6-month instrument was statused (same as or close to complete date)

## Introduction

**INTERVIEWERS: INSTRUCTIONS TO YOU ARE IN BLUE BOLD CAPS. DO NOT READ TEXT IN BLUE BOLD CAPS ALOUD. INSTRUCTIONS ARE ALSO WRITTEN IN BLACK ITALICS. ALSO DO NOT READ TEXT IN BLACK ITALICS TO RESPONDENTS. READ RESPONSES ONLY WHEN INSTRUCTED TO.**

### GET RESPONDENT ON PHONE

Hello. My name is \_\_\_\_\_, and I'm calling from Mathematica Policy Research. Could I speak with **[RESPONDENT'S NAME]**, please?

**RESOLVE ANY QUESTIONS AND ATTEMPT TO GET RESPONDENT ON PHONE OR MAKE APPOINTMENT TO CALL BACK.**

### **INTRODUCTION WITH RESPONDENT**

[Hello. My name is \_\_\_\_\_, and I'm calling from Mathematica Policy Research.]

I'm calling as part of a research study that you agreed to participate in called Gender Matters or Gen.M, a youth development program that encourages youth to engage in positive relationships. You might remember filling out a survey about six months ago. I'm calling to do the current survey with you, which is very similar. It will ask about you, your family and friends, your views, and your behaviors.

### **START**

Before we begin the survey, I need to tell you that your participation in this study is voluntary, and we want you to know that:

- The answers you give to this survey will never be identified as yours. All of your responses will be kept private and will not be shared with anyone. However, if you tell me that someone is hurting you or that you are going to hurt yourself, I am required to report this information to people who can help you.
- We hope that you will answer all the questions honestly, but you may skip any questions you do not want to answer.
- And, we will send you a \$25 gift card after we complete the survey.

Some of the questions we ask could be considered sensitive. Are you somewhere you can freely answer questions?

Do you have any questions before we begin?

**\*\*YOUR RESPONSE TO ANY QUESTIONS ABOUT SURVEY CONTENT SHOULD BE: "JUST ANSWER THE QUESTION THE BEST YOU CAN."**

## Section 1: You and Your Background

### 1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> born	<u>Year</u> born
01 <input type="checkbox"/> January	01 <input type="checkbox"/> 2002
02 <input type="checkbox"/> February	01 <input type="checkbox"/> 2001
03 <input type="checkbox"/> March	03 <input type="checkbox"/> 2000
04 <input type="checkbox"/> April	04 <input type="checkbox"/> 1999
05 <input type="checkbox"/> May	05 <input type="checkbox"/> 1998
06 <input type="checkbox"/> June	06 <input type="checkbox"/> 1997
07 <input type="checkbox"/> July	07 <input type="checkbox"/> 1996
08 <input type="checkbox"/> August	08 <input type="checkbox"/> 1995
09 <input type="checkbox"/> September	09 <input type="checkbox"/> 1994
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 1993
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 1992
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 1991

### 1.2. What grade are you in? [IF NECESSARY, READ: If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school.]

MARK (X) ONE

- 01  6
- 02  7
- 03  8
- 04  9
- 05  10
- 06  11
- 07  12
- 08  Ungraded
- 09  College/technical school
- 10  Not currently in school  → **GO TO 1.4**

1.3. What high school do you attend?

PRINT NAME OF SCHOOL: \_\_\_\_\_  
UPPERCASE

1.4. Are you male or female?

MARK (X) ONE

- 1  Male  
2  Female

1.5. Are you Hispanic or Latino?

MARK (X) ONE

- 1  Yes  
2  No

1.6. What is your race? **[READ CHOICES]**

YOU MAY MARK (X) MORE THAN ONE ANSWER

[0=Unmarked]

- 1  American Indian or Alaska Native  
1  Asian  
1  Black or African American  
1  Native Hawaiian or Other Pacific Islander  
1  White

1.7. The next series of questions is about whether you have received any information or learned anything about a few topics.

In the past 12 months, have you received any information or learned about...

MARK (X) ONE FOR EACH QUESTION

	Yes	No
a. Relationships, dating, marriage, or family life	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. [REPEAT STEM] Abstinence from sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. [REPEAT STEM] Methods of birth control	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. Where to get birth control	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Sexually transmitted diseases, also known as STDs	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. How to talk to a partner about whether to have sex or whether to use birth control	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g. [REPEAT STEM] How to say no to sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h. How babies are made	1 <input type="checkbox"/>	2 <input type="checkbox"/>

1.7b. INTERVIEWER: DID THE RESPONDENT SAY “YES” TO ANY ITEM IN 1.7 ABOVE?

MARK (X) ONE

- 1  Yes
- 2  No → GO TO 1.11

- 1.8. Now I am going to ask you about the number of times you got information on relationships, abstinence, birth control, or sexually transmitted diseases from various places in the past 12 months. Your answer choices are **[READ ANSWER CHOICES]**.

In the past 12 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases from the following sources?

<i>MARK (X) ONE FOR EACH</i>	Never	1-3 times	4-9 times	10 or more times
a. A school class	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> A church, synagogue, mosque or religious classes outside of school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. A community center, youth organization, or after-school activity	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. <b>[REPEAT STEM]</b> A doctor, nurse, or clinic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. Your friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. Your parents or other relatives or family members	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. The internet or media	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. <b>[REPEAT STEM]</b> A summer youth program	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. Another person or place PRINT OTHER SOURCE	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

---

UPPERCASE

- 1.9. Was ANY of the information you received helpful to you?

*MARK (X) ONE*

- 1  Yes  
 2  No → GO TO 1.11

1.10. Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was helpful to you? **[READ ANSWER CHOICES]**

SELECT ONE OR MORE

[0=Unmarked]

- 1  A school class
- 1  A church, synagogue, mosque, or religious classes outside of school
- 1  A community center, youth organization, or after-school activity
- 1  A doctor, nurse, or clinic
- 1  Your friends
- 1  Your parents or other relatives or family members
- 1  The internet or media
- 1  A summer youth program
- 1  Another person or place

PRINT OTHER SOURCE \_\_\_\_\_  
UPPERCASE

1.11. The next series of questions is about how strongly you agree or disagree with a list of statements. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree with the following?

MARK (X) ONE FOR EACH

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. You can do things now that will help you to be healthy when you are an adult. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Nothing you do as a teen will affect how healthy you are as an adult. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. Taking risks as a teen, like drinking and drugs, does not really matter for your health in the long run.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. The good and bad decisions you make as a teen will affect your health as an adult.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

1.12. In the past 30 days, how often have you felt that you were unable to control the important things in your life? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 1  Never
- 2  Almost never
- 3  Sometimes
- 4  Fairly often
- 5  Very often

1.13. In the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 1  Never
- 2  Almost never
- 3  Sometimes
- 4  Fairly often
- 5  Very often

## Section 2: Family

2.1. The next questions are about where you live and who lives with you.

Which of the following best describes where you live?

**[READ ANSWER CHOICES]**

MARK (X) ONE

- 1  You live in one home. ➔ GO TO 2.2
- 2  You live in two or more homes and go back and forth. ➔ GO TO 2.3
- 3  **OTHER ➔ GO TO 2.4**

2.2. This question is about who lives with you in your home. I will read a list of people, and you can tell me if they live with you in your home.

Does... **[READ FIRST CHOICE]** live with you in your home?

MARK (X) ALL THAT APPLY

[0=Unmarked]

- 1  Your biological mother
- 1  **[INSERT RESPONSE IN STEM]** Your biological father
- 1  A stepmother or adoptive mother
- 1  A foster mother
- 1  A stepfather or adoptive father
- 1  **[INSERT RESPONSE IN STEM]** A foster father
- 1  Your parent's partner, boyfriend, or girlfriend
- 1  Any grandmothers
- 1  Any grandfathers
- 1  Any older brothers or sisters
- 1  Any younger brothers or sisters
- 1  Any aunts, uncles, or other relatives
- 1  Any other people you are not related to

2.2b. **AFTER ANSWERING 2.2 ➔ GO TO 2.4**

2.3. This question is about who lives with you in each of your homes. First, I will read a list of people, and you can tell me if they live with you in your main home. Then we will cover your other home or homes.

Does...**[READ FIRST CHOICE]** live with you in your main home?

**[REPEAT SERIES FOR OTHER HOME WITH THIS STEM:]**

Does...**[READ FIRST CHOICE]** live with you in your other home or homes?

MARK (X) ALL THAT APPLY

[1=Marked 0=Umarked]

MAIN HOME	OTHER HOME(S)
Mark (X) <u>all</u> the people who live with you in your MAIN home	Mark (X) <u>all</u> the people who live with you in your OTHER home(s)
1 <input type="checkbox"/> Your biological mother	1 <input type="checkbox"/> Your biological mother
1 <input type="checkbox"/> <b>[REPEAT STEM]</b> Your biological father	1 <input type="checkbox"/> <b>[REPEAT STEM]</b> Your biological father
1 <input type="checkbox"/> A stepmother or adoptive mother	1 <input type="checkbox"/> A stepmother or adoptive mother
1 <input type="checkbox"/> A foster mother	1 <input type="checkbox"/> A foster mother
1 <input type="checkbox"/> A stepfather or adoptive father	1 <input type="checkbox"/> A stepfather or adoptive father
1 <input type="checkbox"/> <b>[REPEAT STEM]</b> A foster father	1 <input type="checkbox"/> <b>[REPEAT STEM]</b> A foster father
1 <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend	1 <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend
1 <input type="checkbox"/> Any grandmothers	1 <input type="checkbox"/> Any grandmothers
1 <input type="checkbox"/> Any grandfathers	1 <input type="checkbox"/> Any grandfathers
1 <input type="checkbox"/> Any older brothers or sisters	1 <input type="checkbox"/> Any older brothers or sisters
1 <input type="checkbox"/> Any younger brothers or sisters	1 <input type="checkbox"/> Any younger brothers or sisters
1 <input type="checkbox"/> Any aunts, uncles, or other relatives	1 <input type="checkbox"/> Any aunts, uncles, or other relatives
1 <input type="checkbox"/> Any other people you are not related to	1 <input type="checkbox"/> Any other people you are not related to
<b>READ 'OTHER HOME' LIST WITH 2ND STEM</b>	

**Mother**

2.4. Now we have some questions about your mother, or the person you think of as your mother. Is this person... **[READ ANSWER CHOICES]**

MARK (X) ONE

- 1  Your biological mother, that is, the woman who gave birth to you
- 2  Your stepmother or adoptive mother
- 3  Your foster mother
- 4  Your grandmother
- 5  Your aunt or your older sister
- 6  Some other adult
- 7  You don't have a mother or person you think of as your mother. → GO TO 2.9

Please answer the following questions about the person you just said in the last question is your mother or the person you think of as your mother.

2.5. Is she working now? Here are the options. **[READ ANSWER CHOICES]**

MARK (X) ONE

- 1  She is not working at a paid job.
- 2  Yes, she is working part-time or less than 30 hours a week.
- 3  Yes, she is working full-time or at more than one job for 30 hours a week or more.
- 4  Yes, she works, but I don't know how many hours
- 5  I don't know if she is working.

2.6. How comfortable are you with sharing ideas or talking with her about things that are important to you? **[READ ANSWER CHOICES]**

MARK (X) ONE

- 1  Not at all comfortable
- 2  Somewhat comfortable
- 3  Comfortable
- 4  Very comfortable

2.7. Now thinking about your biological mother—that is, the woman who gave birth to you—how old is she, or would she be if she were alive?

00-99 [0 = Unmarked]

NUMBER OF YEARS OLD—Your best guess is fine.

1  I do not know about my biological mother. ➔ GO TO 2.9

2.8. Again, thinking about your biological mother and all of the children she has ever had—how old is the oldest one? If the oldest one is not alive, how old would that child be if he or she were still living?

00-99 [0=Unmarked]

NUMBER OF YEARS OLD—Your best guess is fine.

1  I do not know about my biological mother.

### Father

2.9. Next, we have some questions about your father, or the person you think of as your father. Is this person...? [READ ANSWER CHOICES]

MARK (X) ONE

- 1  Your biological father—that is, the man who is genetically related to you
- 2  Your stepfather or adoptive father
- 3  Your foster father
- 4  Your grandfather
- 5  Your uncle or your older brother
- 6  Some other adult
- 7  You don't have a father or person you think of as your father. ➔ GO TO 2.12

2.10. Please answer the following questions about the person you just said in the last question is your father or the person you think of as your father.

Is he working now? Here are the options. [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 1  He is not working at a paid job.
- 2  Yes, he is working part-time or less than 30 hours a week.
- 3  Yes, he is working full-time or at more than one job for 30 hours a week or more.
- 4  Yes, he works, but I don't know how many hours.
- 5  I don't know if he is working.

2.11. How comfortable are you with sharing ideas or talking with him about things that are important to you? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 1  Not at all comfortable
- 2  Somewhat comfortable
- 3  Comfortable
- 4  Very comfortable

2.12. Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have died, please answer about their relationship when both were alive.

[\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 1  They are married to each other.
- 2  They were married to each other, but then separated.
- 3  They were married to each other, but then divorced.
- 4  They were never married to each other.
- 5  I don't know.

2.13. The next series of questions is about how many times you have talked with at least one of your parents or guardians about certain things in the last 12 months. Your answer choices are **[READ CHOICES]**.

In the past 12 months, how many TIMES have you talked with at least one of your parents or guardians about...?

MARK (X) ONE FOR EACH QUESTION

	Never	1-2 times	3-9 times	10 or more times
a. How things are going with school work or with your grades <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> A personal problem you were having <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. How to have good romantic relationships <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Strategies for safe dating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. How to resist pressures to have sex	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. <b>[REPEAT STEM]</b> Avoiding drugs and alcohol <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. Pregnancy or birth	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. Sexually transmitted diseases, also known as STDs, HIV, or AIDS	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

### Parents

2.14. The next questions ask what your parents know about your activities. By parents, we mean the parents or guardians you live with most of the time.

Thinking about the past month, how often did your parents know where you were after school? **[READ ANSWER CHOICES]**

MARK (X) ONE

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never

2.15. Thinking about the past month, how often did your parents know who you were going to be with before you went out? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  I did not go out

2.16. Thinking about the past month, how often did your parents know where you were when you went out at night? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 1  Always
- 2  Usually
- 3  Sometimes
- 4  Rarely
- 5  Never
- 6  I did not go out at night

2.17. If you were going to be home late, would your parents expect you to call?

MARK (X) ONE

- 1  Yes
- 2  No

## Section 3: Views and Perceptions

- 3.1. The next section is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse, we mean a male putting his penis into a female's vagina. Your answer choices are [\[READ CHOICES\]](#).

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

MARK (X) ONE FOR EACH QUESTION

- |  | Strongly Agree             | Agree                      | Disagree                   | Strongly Disagree          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Having sexual intercourse is a good thing for you to do at your age.<br><a href="#">[READ CHOICES]</a>                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. <a href="#">[REPEAT STEM]</a> At your age right now, having sexual intercourse would create problems.<br><a href="#">[READ CHOICES]</a> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. <a href="#">[REPEAT STEM]</a> At your age right now, not having sexual intercourse is important for you to be safe and healthy.         | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom.                           | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| e. It is against your values to have sexual intercourse before marriage.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

3.2. The next section is about what sex means to boys and girls your age. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree the following statements?

MARK (X) ONE FOR EACH

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. It is embarrassing for a 16-year-old boy if he has never had sexual intercourse. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> It is alright for a boy to pressure a girl to have sex if she has had sex with him in the past.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> When a girl says no to sex, she expects the boy to keep trying.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. One way for a guy to prove he is a real man is to have sex with a lot of girls.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. A guy should have sexual intercourse as early as he can in his life.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. <b>[REPEAT STEM]</b> It is alright for a boy to pressure a girl to start having sex if they have been dating for nine months.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 3.3. The next series of questions is about how likely it is that you will do certain things. Your answer choices are **[READ CHOICES]**. For these questions, imagine you are alone with someone you like very much.

How likely is it that you could...?

MARK (X) ONE FOR EACH QUESTION

	Not at all likely	A little bit likely	Somewhat likely	Very likely
a. <b>FOR GIRLS:</b> Stop them if they wanted to touch your chest and you did not want them to do that <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Stop them if they wanted to touch your private parts below the waist, meaning the parts of the body covered by underwear, and you did not want them to do that <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> Avoid having sexual intercourse if you didn't want to <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

- 3.4. This section is about what happens if a girl gets pregnant around your age, or a boy gets a girl pregnant. Your answer choices are **[READ CHOICES]**.

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

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Getting pregnant or getting a girl pregnant in the next year or two would hurt your chances of being successful in life. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> If a girl and boy have sex, the girl is more responsible for preventing pregnancy than the boy. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> If you got pregnant or got a girl pregnant in the next year or two, you would have to become a responsible adult before you wanted to.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. If you got pregnant or got a girl pregnant in the next year or two, your life would become a lot better.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3.5. This section is about boys and girls. Your answer choices are again **[READ CHOICES]**.

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

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The best way for a boy to show he is strong is to act tough. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. Boys should let it show when their feelings are hurt. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. In a good dating relationship, the boy gets his way most of the time.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. A girl who really likes a guy needs to have sex with him to prevent him from finding someone else.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. It's embarrassing for a boy when he needs to ask for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

3.6. **FOR GIRLS ONLY**

This section is about how girls feel. Your answer choices are again **[READ CHOICES]**.

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

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Teenage girls who have a boyfriend feel better about themselves than girls who don't have a boyfriend. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. When a teenage girl has a boyfriend, other girls look up to her.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. A girl is likely to feel bad about herself if she has never had a boyfriend.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

### 3.7. FOR GIRLS ONLY

If you got pregnant now, how would you feel? **[READ CHOICES]**.

MARK (X) ONE

- 1  Very happy
- 2  A little happy
- 3  Neither happy nor upset
- 4  A little upset
- 5  Very upset

### 3.8. FOR BOYS ONLY

If you got someone pregnant now, how would you feel? **[READ CHOICES]**.

MARK (X) ONE

- 1  Very happy
- 2  A little happy
- 3  Neither happy nor upset
- 4  A little upset
- 5  Very upset

3.9. This section is about condom use. Your answer choices are **[READ CHOICES]**.

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

MARK (X) ONE FOR EACH QUESTION

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Condoms should always be used if a person your age has sexual intercourse. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
b. Using condoms means you don't trust your partner. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> Condoms are important to make sex safer.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
d. Condoms are a hassle to use.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
e. Using a condom is one way for a boy to show he cares about his partner.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
f. Using condoms is morally wrong. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
g. <b>[REPEAT STEM]</b> If two people love each other, they don't have to use condoms.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
h. Girls who carry condoms get bad reputations.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
i. Condoms are pretty easy to get.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
j. If a girl asks a boy to use a condom, it means she doesn't trust him. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

3.10. The next series of questions is about condoms, birth control pills, pregnancy, and sexually transmitted diseases, also known as STDs.

If condoms are used correctly and consistently, how much can they reduce the risk of pregnancy? **[READ CHOICES]**.

MARK (X) ONE

- 1  Not at all
- 2  A little
- 3  A lot
- 4  Completely
- 5  I don't know. ➔ GO TO 3.11

3.10a. How confident are you that your answer to the last question is correct? **[READ CHOICES]**.

MARK (X) ONE

- 1  Not at all confident
- 2  A little confident
- 3  Somewhat confident
- 4  Very confident

3.11. If condoms are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS? **[READ CHOICES]**

MARK (X) ONE

- 1  Not at all
- 2  A little
- 3  A lot
- 4  Completely
- 5  I don't know.

3.12. If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy? **[READ CHOICES]**

MARK (X) ONE

- 1  Not at all
- 2  A little
- 3  A lot
- 4  Completely
- 5  I don't know. → GO TO 3.13

3.12a. How confident are you that your answer to the last question is correct? **[READ CHOICES]**

MARK (X) ONE

- 1  Not at all confident
- 2  A little confident
- 3  Somewhat confident
- 4  Very confident

3.13. If birth control pills are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS? **[READ CHOICES]**

MARK (X) ONE

- 1  Not at all
- 2  A little
- 3  A lot
- 4  Completely
- 5  I don't know.

3.14. The next section is about other methods of birth control, NOT including condoms. Your answer choices will be **[READ CHOICES]**.

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

MARK (X) ONE FOR EACH

- |  | Strongly agree             | Agree                      | Neither agree nor disagree | Disagree                   | Strongly disagree          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Birth control should always be used if a person your age has sexual intercourse.<br><b>[READ CHOICES]</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. <b>[REPEAT STEM]</b> Birth control is a hassle to use. <b>[READ CHOICES]</b>                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. <b>[REPEAT STEM]</b> Birth control is pretty easy to get.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Birth control is important to make sex safer.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Birth control has too many negative side effects.   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| f. <b>[REPEAT STEM]</b> Using birth control is morally wrong.  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

3.15. The following questions are about how you can get birth control where you live. Your answer choices are **[READ CHOICES]**.

How true do you think it is that...?

MARK (X) ONE FOR EACH

- |  | Definitely true            | Probably true              | Probably false             | Definitely false           | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. In Texas, teenage girls can get a birth control method like the pill or the shot at a family planning or health clinic without their parents' permission<br><b>[READ CHOICES]</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. <b>[REPEAT STEM]</b> You would know where to go for birth control methods like the pill or the shot for you or your partner<br><b>[READ CHOICES]</b>                              | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. You would know where to go if you wanted to get tested for a sexually transmitted disease (STD)<br><b>[READ CHOICES]</b>  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. You would have enough money to pay for birth control pills for you or your partner  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

3.16. In the past 3 months, how many TIMES have you gone out on a date?

[0 = Unmarked]

1  Zero or none → GO TO 3.18

00-99

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NUMBER OF TIMES—Your best guess is fine.

3.17. Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?

00-99

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NUMBER OF PEOPLE—Your best guess is fine.

3.18. In the past 6 months, have you had a boyfriend or girlfriend?

MARK (X) ONE

1  Yes

2  No → GO TO 3.20

3.19. In the past 6 months, how many different boyfriends or girlfriends have you had?

00-99

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NUMBER OF PEOPLE—Your best guess is fine.

3.20. Do you intend to have sexual intercourse in the next year, if you have the chance? **[READ CHOICES].**

MARK (X) ONE

1  Yes, definitely

2  Yes, probably

3  No, probably not

4  No, definitely not

3.21. If you were to have sexual intercourse in the next year, do you intend to use or have your partner use a condom? **[READ CHOICES]**.

MARK (X) ONE

- 1  Yes, definitely
- 2  Yes, probably
- 3  No, probably not
- 4  No, definitely not

3.22. The next question is about your intention to use other methods of birth control, NOT including condoms: **[READ CHOICES]**.

- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- IUD or Mirena or Paragard
- Implants or Implanon

If you were to have sexual intercourse in the next year, do you intend to use, or have your partner use, any of these other methods of birth control?  
**[READ CHOICES]**

MARK (X) ONE

- 1  Yes, definitely
- 2  Yes, probably
- 3  No, probably not
- 4  No, definitely not

3.23. Do you intend to have sexual intercourse without being married?  
**[READ CHOICES]**

MARK (X) ONE

- 1  Yes, definitely
- 2  Yes, probably
- 3  No, probably not
- 4  No, definitely not

3.24. Have you ever had sexual intercourse?

- 1  Yes
- 2  No → GO TO 4.17

## Section 4: Sexual History

4.1. The next questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female’s vagina. Please be as honest as possible. Your answers will be kept private.

4.2. Have you had sexual intercourse more than one time?

MARK (X) ONE

- 1  Yes → GO TO 4.4
- 2  No
- 

4.3a. When you had sexual intercourse, what month and year was it?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Sexual Intercourse	<u>Year</u> of Sexual Intercourse
01 <input type="checkbox"/> January	01 <input type="checkbox"/> 2016
02 <input type="checkbox"/> February	02 <input type="checkbox"/> 2015
03 <input type="checkbox"/> March	03 <input type="checkbox"/> 2014
04 <input type="checkbox"/> April	04 <input type="checkbox"/> 2013
05 <input type="checkbox"/> May	05 <input type="checkbox"/> 2012
06 <input type="checkbox"/> June	06 <input type="checkbox"/> 2011
07 <input type="checkbox"/> July	07 <input type="checkbox"/> 2010
08 <input type="checkbox"/> August	08 <input type="checkbox"/> 2009
09 <input type="checkbox"/> September	09 <input type="checkbox"/> 2008
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 2007
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 2006
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 2005
	13 <input type="checkbox"/> 2004
	14 <input type="checkbox"/> 2003 or earlier

4.3b. When you had sexual intercourse, how old were you?

00-99

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NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

4.3c. When you had sexual intercourse, how old was your partner?

**[READ CHOICES]**

MARK (X) ONE

- 1  Three or more years younger than you
- 2  A year or two younger than you
- 3  The same age as you
- 4  A year or two older than you or
- 5  Three or more years older than you

4.3d. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also known as STDs.

When you had sexual intercourse, did you or your partner use any type of birth control, including condoms or any other method?

MARK (X) ONE

- 1  Yes
- 2  No → GO TO 4.13a

4.3e. When you had sexual intercourse, did you or your partner use...?

MARK (X) ONE FOR EACH QUESTION

	Yes	No
a. Condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Birth control pills or the patch	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Depo-Provera or other injectable birth control	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. NuvaRing or the ring	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Withdrawal or pulling out	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Another method? PRINT OTHER METHOD USED	1 <input type="checkbox"/>	2 <input type="checkbox"/>

## 4.3f. AFTER ANSWERING 4.3e → GO TO 4.13a

4.4. The very first time you had sexual intercourse, how old were you?

00-99

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NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

4.5. The very first time you had sexual intercourse, how old was your partner?  
[READ CHOICES]

MARK (X) ONE

- 1  Three or more years younger than you
- 2  A year or two younger than you
- 3  The same age as you
- 4  A year or two older than you or
- 5  Three or more years older than you

4.6. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also known as STDs.

The first time you had sexual intercourse, did you or your partner use any type of birth control—including condoms or any other method?

MARK (X) ONE

- 1  Yes
- 2  No

4.7. Now I would like to ask you about the most recent time you had sexual intercourse.

The most recent time you had sexual intercourse, what month and year was it?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month of Most Recent Sexual Intercourse</u>	<u>Year of Most Recent Sexual Intercourse</u>
01 <input type="checkbox"/> January	01 <input type="checkbox"/> 2016
02 <input type="checkbox"/> February	02 <input type="checkbox"/> 2015
03 <input type="checkbox"/> March	03 <input type="checkbox"/> 2014
04 <input type="checkbox"/> April	04 <input type="checkbox"/> 2013
05 <input type="checkbox"/> May	05 <input type="checkbox"/> 2012
06 <input type="checkbox"/> June	06 <input type="checkbox"/> 2011
07 <input type="checkbox"/> July	07 <input type="checkbox"/> 2010
08 <input type="checkbox"/> August	08 <input type="checkbox"/> 2009
09 <input type="checkbox"/> September	09 <input type="checkbox"/> 2008
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 2007
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 2006
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 2005
	13 <input type="checkbox"/> 2004
	14 <input type="checkbox"/> 2003 or earlier

4.7b. The **most recent** time you had sexual intercourse, did you or your partner use...?

MARK (X) ONE FOR EACH QUESTION

	Yes	No
a. Condoms	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Birth control pills or the patch	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Depo-Provera or other injectable birth control	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d. NuvaRing or the ring	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e. Withdrawal or pulling out	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f. Another method? PRINT OTHER METHOD USED	1 <input type="checkbox"/>	2 <input type="checkbox"/>

\_\_\_\_\_

4.8. How many DIFFERENT PEOPLE have you **ever** had sexual intercourse with, even if only one time?

00-99

NUMBER OF PEOPLE—Your best guess is fine.

4.9. Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?

1  None → GO TO 4.13a [0=Unmarked]

00-99

NUMBER OF TIMES—Your best guess is fine.

4.10. In the past 3 months, how many TIMES have you had sexual intercourse **without using a condom?**

1  None [0=Unmarked]

00-99

NUMBER OF TIMES—Your best guess is fine.

4.11. The next question is about your use of the following methods of birth control:  
**[READ METHODS].**

- Condoms
- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- IUD or Mirena or Paragard
- Implants or Implanon

**In the past 3 months, how many TIMES have you had sexual intercourse without using any of these methods of birth control?**

1  None [0=Unmarked]

00-99

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NUMBER OF TIMES—Your best guess is fine.

4.12. Now think about when you had sexual intercourse in the past 3 months and WERE using birth control. In the past 3 months, how many TIMES did you have intercourse when you used a condom AND were using another method of birth control in the list I read?

1  None [0=Unmarked]

00-99

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NUMBER OF TIMES—Your best guess is fine.

4.13a. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?

MARK (X) ONE

1  Yes

2  No → GO TO 4.14

4.13b. To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?

1  None [0=Unmarked]

00-99

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NUMBER OF TIMES—Your best guess is fine.

**4.13c. Have you ever had a baby, or has anyone you got pregnant actually had the baby?**

MARK (X) ONE

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

**4.14. In the past 12 months, have you spoken with a doctor or nurse about sex, birth control, or sexually transmitted diseases, also known as STDs?**

MARK (X) ONE

- 1  Yes
- 2  No

**4.15. In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease or STD, like gonorrhea, chlamydia, syphilis, or HIV?**

MARK (X) ONE

- 1  Yes
- 2  No

**4.16. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease or STD?**

MARK (X) ONE

- 1  Yes
- 2  No

**4.16b. AFTER ANSWERING 4.16 → GO TO 5.1**

## Section 4.2

THESE QUESTIONS ARE FOR YOUTH WHO HAVE NOT HAD SEX.

4.17. The next two questions are about your schooling.

Do you expect that you will graduate from high school? [\[READ CHOICES\]](#).

MARK (X) ONE

- 1  Yes
- 2  I already graduated from high school.
- 3  No → GO TO 4.19

4.18. **IF YES:** In what month and year do you expect to graduate from high school?  
**IF THEY ALREADY GRADUATED:** In what month and year did you graduate from high school?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Graduation	<u>Year</u> of Graduation
01 <input type="checkbox"/> January	01 <input type="checkbox"/> 2018 or later
02 <input type="checkbox"/> February	02 <input type="checkbox"/> 2017
03 <input type="checkbox"/> March	03 <input type="checkbox"/> 2016
04 <input type="checkbox"/> April	04 <input type="checkbox"/> 2015
05 <input type="checkbox"/> May	05 <input type="checkbox"/> 2014
06 <input type="checkbox"/> June	06 <input type="checkbox"/> 2013
07 <input type="checkbox"/> July	07 <input type="checkbox"/> 2012
08 <input type="checkbox"/> August	08 <input type="checkbox"/> 2011
09 <input type="checkbox"/> September	09 <input type="checkbox"/> 2010
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 2009
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 2008
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 2007 or earlier

4.19. In how many homes, places, or households do you live: one, two, or three or more?

MARK (X) ONE

- 1  1 home → GO TO 4.23
- 2  2 homes
- 3  3 or more homes

4.20. Do you consider one of these homes to be your main home?

MARK (X) ONE

- 1  Yes
- 2  No

4.21. The next question is about the number of nights you spent in each home in the past 30 days. Thinking about the past 30 days, how many nights did you spend at home number 1?

Thinking about the past 30 days, how many nights did you spend at home number 2?

Thinking about the past 30 days, how many nights did you spend at any other home or homes?

FILL IN TWO OR THREE NUMBERS

00-99

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Number of nights at home no. 1—Your best guess is fine.

00-99

--	--

Number of nights at home no. 2—Your best guess is fine.

00-99

--	--

Number of nights at another home or other homes—Your best guess is fine.

4.22. Is there anyone who moves with you from home to home?

MARK (X) ONE

- 1  Yes  
2  No

4.23. **IF THEY ONLY HAVE 1 HOME:** Is your home a group home or halfway house?

**IF THEY HAVE 2 OR MORE HOMES:** Are any of your homes a group home or halfway house?

MARK (X) ONE

- 1  Yes  
2  No

4.24. This question is about who lives with you in your home. If you have more than one home, please think about your main home.

How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital?

00-99

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NUMBER OF PEOPLE

4.25. These next few questions are about you and your friends. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

- |  | Strongly agree             | Agree                      | Disagree                   | Strongly disagree          |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You have friends who will give you good advice<br><b>[READ CHOICES]</b>             | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| b. <b>[REPEAT STEM]</b> You have a friend who cares about you<br><b>[READ CHOICES]</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| c. You have a friend you can talk to when you need to                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| d. You have someone who you can call your best friend                                  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |

4.26. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly agree	Agree	Disagree	Strongly disagree
a. When you start a project, you finish it <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> You only work as hard as you have to <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. You are someone people can count on	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. When you do work, you do a good job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

4.27. The next section is about reasons people your age might choose NOT to have sexual intercourse and how important these reasons are to you. Your answer choices are **[READ CHOICES]**.

How important is this reason to you?

MARK (X) ONE FOR EACH QUESTION

	Very important	Somewhat important	Not too important	Not at all important
a. You don't want to get a sexually transmitted disease, also known as an STD.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> You don't want to disappoint your parents. <b>[READ CHOICES]</b>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c. You are too young to have sex.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d. Your boyfriend or girlfriend doesn't want to have sex.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e. <b>[REPEAT STEM]</b> You want to wait until you're married.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f. It is against your personal values.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g. You haven't met the right person yet.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h. You haven't had the chance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i. You don't want to.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j. <b>FOR GIRLS</b> You do not want to get pregnant.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k. <b>FOR BOYS</b> You do not want to get a girl pregnant.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

**4.28. Have you ever done any of the following?**

MARK (X) ONE FOR EACH QUESTION

- |   | Yes                        | No                         |
|---|----------------------------|----------------------------|
| a. Kissed someone on the lips   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. French kissed—that is put your tongue in someone’s mouth while kissing | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Touched another person’s private parts                                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Let someone touch your private parts                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |

**4.29. In the past 12 months, have you spoken with a doctor or nurse about sex, birth control, or sexually transmitted diseases, also known as STDs?**

MARK (X) ONE

- 1  Yes  
2  No

**4.30. If you decided to have sexual intercourse outside of marriage, how likely is it that you would use a condom or other contraceptive method? [\[READ CHOICES\]](#)**

MARK (X) ONE

- 1  Not at all likely  
2  A little bit likely  
3  Somewhat likely  
4  Very likely  
5  You don’t plan to have sexual intercourse outside of marriage.

## Section 5: Alcohol and Drug Use—For All Respondents

- 5.1. The next questions are about alcohol and drugs. Please be as honest as possible, and remember that everything you tell me will be kept private.

Have you ever had an alcoholic drink, such as beer, wine, or other liquor, NOT counting any times you just had a sip?

MARK (X) ONE

- 1  Yes  
2  No → GO TO 5.5

- 5.2. The very first time you had an alcoholic drink, how old were you?

00-99

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NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

- 5.3. During the past 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages? **[READ CHOICES STARTING FROM BOTTOM]**

MARK (X) ONE

- 1  Other  
2  5 to 25 days  
3  1 to 4 days or  
4  0 days

- 5.4. During the past 30 days, on how many days did you have 5 or more drinks in a row? **[READ CHOICES STARTING FROM BOTTOM]**

MARK (X) ONE

- 1  Other  
2  5 to 25 days  
3  1 to 4 days or  
4  0 days

5.5. Have you ever used marijuana, also called weed or pot?

MARK (X) ONE

- 1  Yes
- 2  No

5.6. Have you ever used any other type of illegal drug, prescription drug, or inhalant that was not prescribed for you?

MARK (X) ONE

- 1  Yes
- 2  No

## Section 6: Friends and Relationships—For All Respondents

6.1. The next series of questions is about how many of your friends think certain things. Your answer choices are **[READ CHOICES]**. Your best guess is fine.

How many of your friends who are your age think that...?

MARK (X) ONE FOR EACH

- |  | None                       | Some                       | Half                       | Most                       | All                        | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Having sexual intercourse is a good thing for them to do at their age <b>[READ CHOICES]</b>   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| b. <b>[REPEAT STEM]</b> It would be okay for them to have sexual intercourse as long as they used birth control, like a condom <b>[READ CHOICES]</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| c. It would be okay for them to have sexual intercourse if they were dating the same person for a long time  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| d. They should wait until they are older to have sexual intercourse  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| e. They should wait until marriage to have sexual intercourse  | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

6.2. How many of your friends who are your age have had sexual intercourse?

**[READ CHOICES]**

MARK (X) ONE

- 1  None
- 2  Some
- 3  Half
- 4  Most
- 5  All
- 6  Don't know

6.3. In general, how much pressure, if any, do you feel from your friends to have sexual intercourse? **[READ CHOICES]**

MARK (X) ONE

- 1  A lot of pressure
- 2  Some pressure
- 3  A little pressure or
- 4  No pressure

6.4. How much do you feel that your friends care about you? **[READ CHOICES]**

MARK (X) ONE

- 1  Do not care at all
- 2  Care a little bit
- 3  Care somewhat or
- 4  Care very much

6.5. **DETERMINE WHETHER THE RESPONDENT IS IN THE TREATMENT OR CONTROL GROUP AND GO TO THE CORRECT QUESTION.**

- 1  **TREATMENT** → **GO TO 7.1**
- 2  **CONTROL** → **GO TO 7.6**

## Section 7: For Treatment Group Only

7.1. How many other people do you know of at your high school who participated in Gen.M this past summer?

1  None → GO TO 7.3      0=Unmarked

00-99

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NUMBER OF PEOPLE—Your best guess is fine.

7.2. How often do you hang out with any of those kids? **[READ CHOICES]**

MARK (X) ONE

1  A lot

2  Sometimes

3  Rarely

4  Never

7.3. Did you attend an event sponsored by Gen.M after you completed your summer Gen.M group?

MARK (X) ONE

1  Yes

2  No

7.4. If a friend asked, how likely would you be to recommend Gen.M to them? **[READ CHOICES]**

MARK (X) ONE

1  Not at all likely

2  A little likely

3  Somewhat likely

4  Very likely

- 7.5. The next series of questions is about how many times you have done the following things in the past six months. Your answer choices are **[READ CHOICES]**.

In the past six months, how many times have you ...?

MARK (X) ONE FOR EACH

- |  |                            |                            |                            |                            |                            |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. Gotten together with members of your Gen.M group <b>[READ CHOICES]</b>          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| b. [REPEAT STEM] Texted members of your Gen.M group <b>[READ CHOICES]</b>          | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| c. Spoken to a member of your group on the phone                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| d. Friended somebody from your group on Facebook                                   | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |
| e. Been in touch with members of your group in any other way <b>[READ CHOICES]</b> | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> |

- 7.6. Okay, that was the end of our survey. Thank you so much for your help with this study.

I'd like to confirm your address, so that we are sure you will receive your \$25 gift card.

**CONFIRM ADDRESS, AND UPDATE IF NECESSARY.**

I would also like to confirm your other contact information, so that we will be able to reach you for the final of our three Gender Matters surveys, 12 months from now.

**CONFIRM OR ADD CELL PHONE NUMBER(S) AND OTHER PHONE NUMBERS. BE SURE TO INDICATE WHETHER THE PHONE IS A CELL PHONE AND WHOSE PHONE IT IS.**

**CONFIRM OR ADD E-MAIL ADDRESS, AND ADDRESS, AND UPDATE IF NECESSARY.**

**CONFIRM ADDITIONAL CONTACT INFORMATION AS WELL, AND UPDATE IF NECESSARY.**

That's it. Thank you so much again!

Good-bye.

## Instrument 10A: Participant 18-Month Follow-Up Interview

### Added Variables

<b>Random_Assignment</b>	C Control T Treatment
<b>BaselineStatusDate</b>	Date baseline instrument was stasured (same as or close to complete date)
<b>BaselineStatus</b>	Status code for baseline survey 050 Self-administered hard copy complete 059 Self-administered hard copy partial
<b>Cohort</b>	1
<b>mo6_FU_Status</b>	Status code for 6-month survey 000 Untouched case 040 Hard copy complete 049 Hard copy partial
<b>Date_6_mo_FU_completed</b>	Date six-month instrument was stasured (same as or close to complete date)
<b>Mo18_FU_Status</b>	Status code for 18-month survey 040 Hardcopy complete 049 Hardcopy partial
<b>Date_18_mo_FU_completed</b>	Date 18-month instrument was stasured (same as or close to complete date)

### Introduction

**INTERVIEWERS: INSTRUCTIONS TO YOU ARE IN BLUE BOLD CAPS. DO NOT READ TEXT IN BLUE BOLD CAPS ALOUD. INSTRUCTIONS ARE ALSO WRITTEN IN BLACK ITALICS. ALSO DO NOT READ TEXT IN BLACK ITALICS TO RESPONDENTS. READ RESPONSES ONLY WHEN INSTRUCTED TO.**

### GET RESPONDENT ON PHONE

Hello. My name is \_\_\_\_\_, and I'm calling from Mathematica Policy Research. Could I speak with **[RESPONDENT'S NAME]**, please?

**RESOLVE ANY QUESTIONS AND ATTEMPT TO GET RESPONDENT ON PHONE OR MAKE APPOINTMENT TO CALL BACK.**

### INTRODUCTION WITH RESPONDENT

[Hello. My name is \_\_\_\_\_, and I'm calling from Mathematica Policy Research.]

I'm calling as part of a research study that you agreed to participate in called Gender Matters or Gen.M, a youth development program that encourages youth to engage in positive relationships. You might remember responding to a survey about 12 months ago. I'm calling to do the final survey with you, which is very similar. It will ask about you, your family and friends, your views, and your behaviors.

### START

Before we begin the survey, I need to tell you that your participation in this study is voluntary, and we want you to know that:

- The answers you give to this survey will never be identified as yours. All of your responses will be kept private and will not be shared with anyone. However, if you tell me that someone is hurting you or that you are going to hurt yourself, I am required to report this information to people who can help you.
- We hope that you will answer all the questions honestly, but you may skip any questions you do not want to answer.
- And, we will send you a \$25 gift card after we complete the survey.

Some of the questions we ask could be considered sensitive. Are you somewhere you can freely answer questions?

Do you have any questions before we begin?

**\*\*YOUR RESPONSE TO ANY QUESTIONS ABOUT SURVEY CONTENT SHOULD BE: "JUST ANSWER THE QUESTION THE BEST YOU CAN."**

## Section 1: You and Your Background

### 1.1. In what month and year were you born?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> born	<u>Year</u> born
01 <input type="checkbox"/> January	01 <input type="checkbox"/> 2002
02 <input type="checkbox"/> February	01 <input type="checkbox"/> 2001
03 <input type="checkbox"/> March	03 <input type="checkbox"/> 2000
04 <input type="checkbox"/> April	04 <input type="checkbox"/> 1999
05 <input type="checkbox"/> May	05 <input type="checkbox"/> 1998
06 <input type="checkbox"/> June	06 <input type="checkbox"/> 1997
07 <input type="checkbox"/> July	07 <input type="checkbox"/> 1996
08 <input type="checkbox"/> August	08 <input type="checkbox"/> 1995
09 <input type="checkbox"/> September	09 <input type="checkbox"/> 1994
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 1993
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 1992
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 1991

### 1.2. What grade are you in? [IF NECESSARY, READ: If you are currently on vacation between grades, please indicate the grade you will be in when you go back to school.]

MARK (X) ONE

- 01  6
- 02  7
- 03  8
- 04  9
- 05  10
- 06  11
- 07  12
- 08  Ungraded
- 09  College/technical school  → GO TO 1.4
- 10  Not currently in school

1.3. What high school do you attend?

PRINT NAME OF SCHOOL: \_\_\_\_\_  
UPPERCASE

1.4. Are you male or female?

MARK (X) ONE

01  Male

02  Female

1.5. Are you Hispanic or Latino?

MARK (X) ONE

01  Yes

02  No

1.6. What is your race? **[READ CHOICES]**

YOU MAY MARK (X) MORE THAN ONE ANSWER

[0=Unmarked]

01  American Indian or Alaska Native

01  Asian

01  Black or African American

01  Native Hawaiian or Other Pacific Islander or

01  White

1.7. The next series of questions is about whether you have received any information or learned anything about a few topics.

In the past 12 months, have you received any information or learned about...?

MARK (X) ONE FOR EACH QUESTION

	Yes	No
a. Relationships, dating, marriage, or family life	01 <input type="checkbox"/>	02 <input type="checkbox"/>
b. [REPEAT STEM] Abstinence from sex	01 <input type="checkbox"/>	02 <input type="checkbox"/>
c. [REPEAT STEM] Methods of birth control	01 <input type="checkbox"/>	02 <input type="checkbox"/>
d. Where to get birth control	01 <input type="checkbox"/>	02 <input type="checkbox"/>
e. Sexually transmitted diseases, also known as STDs	01 <input type="checkbox"/>	02 <input type="checkbox"/>
f. How to talk to a partner about whether to have sex or whether to use birth control	01 <input type="checkbox"/>	02 <input type="checkbox"/>
g. [REPEAT STEM] How to say no to sex	01 <input type="checkbox"/>	02 <input type="checkbox"/>
h. How babies are made	01 <input type="checkbox"/>	02 <input type="checkbox"/>

1.7b. INTERVIEWER: DID THE RESPONDENT SAY “YES” TO ANY ITEM IN 1.7 ABOVE?

MARK (X) ONE

- 01  Yes
- 02  No → GO TO 1.11

1.8. Now I am going to ask you about the number of times you got information on relationships, abstinence, birth control, or sexually transmitted diseases from various places in the past 12 months. Your answer choices are **[READ ANSWER CHOICES]**.

In the past 12 months, how many times did you get information on relationships, abstinence, birth control, or sexually transmitted diseases from the following sources?

<i>MARK (X) ONE FOR EACH</i>	Never	1-3 times	4-9 times	10 or more times
a. A school class	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> A church, synagogue, mosque or religious classes outside of school	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. A community center, youth organization, or after-school activity	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. <b>[REPEAT STEM]</b> A doctor, nurse, or clinic	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. Your friends	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. Your parents or other relatives or family members	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
g. The internet or media	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
h. <b>[REPEAT STEM]</b> A summer youth program	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
i. Another person or place PRINT OTHER SOURCE	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

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UPPERCASE

1.9. Was ANY of the information you received helpful to you?

MARK (X) ONE

- 01  Yes
- 02  No → GO TO 1.11

1.10. Thinking about the past 12 months, where did you get information on relationships, abstinence, birth control, or sexually transmitted diseases that was **helpful** to you? **[READ ANSWER CHOICES]**

SELECT ONE OR MORE

[0-Unmarked]

- 01  A school class
- 01  A church, synagogue, mosque, or religious classes outside of school
- 01  A community center, youth organization, or after-school activity
- 01  A doctor, nurse, or clinic
- 01  Your friends
- 01  Your parents or other relatives or family members
- 01  The internet or media
- 01  A summer youth program
- 01  Another person or place

PRINT OTHER SOURCE \_\_\_\_\_

UPPERCASE

1.11. The next series of questions is about how strongly you agree or disagree with a list of statements. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree with the following?

MARK (X) ONE FOR EACH

- |   | Strongly Agree              | Agree                       | Disagree                    | Strongly Disagree           |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| a. You can do things now that will help you to be healthy when you are an adult. <b>[READ CHOICES]</b>              | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |
| b. <b>[REPEAT STEM]</b> Nothing you do as a teen will affect how healthy you are as an adult. <b>[READ CHOICES]</b> | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |
| c. Taking risks as a teen, like drinking and drugs, does not really matter for your health in the long run          | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |
| d. The good and bad decisions you make as a teen will affect your health as an adult.                               | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |

1.12. In the past 30 days, how often have you felt that you were unable to control the important things in your life? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 01  Never
- 02  Almost never
- 03  Sometimes
- 04  Fairly often
- 05  Very often

1.13. In the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 01  Never
- 02  Almost never
- 03  Sometimes
- 04  Fairly often
- 05  Very often

## Section 2: Family

The next questions are about where you live and who lives with you.

2.1. Which of the following best describes where you live?

**[READ ANSWER CHOICES]**

MARK (X) ONE

- 01  You live in one home. ➔ GO TO 2.2
- 02  You live in two or more homes and go back and forth. ➔ GO TO 2.3
- 03  **OTHER ➔ GO TO 2.4**

2.2. This question is about who lives with you in your home. I will read a list of people, and you can tell me if they live with you in your home.

Does... **[READ FIRST CHOICE]** live with you in your home?

MARK (X) ALL THAT APPLY

[1= Marked 0=Unmarked]

- 01  Your biological mother
- 01  **[INSERT RESPONSE IN STEM]** Your biological father
- 01  A stepmother or adoptive mother
- 01  A foster mother
- 01  A stepfather or adoptive father
- 01  **[INSERT RESPONSE IN STEM]** A foster father
- 01  Your parent's partner, boyfriend, or girlfriend
- 01  Any grandmothers
- 01  Any grandfathers
- 01  Any older brothers or sisters
- 01  Any younger brothers or sisters
- 01  Any aunts, uncles, or other relatives
- 01  Any other people you are not related to

2.2a. AFTER ANSWERING ➔ GO TO 2.4

2.3. This question is about who lives with you in each of your homes. First, I will read a list of people, and you can tell me if they live with you in your main home. Then we will cover your other home or homes.

Does...**[READ FIRST CHOICE]** live with you in your main home?

**[REPEAT SERIES FOR OTHER HOME WITH THIS STEM:]**

Does...**[READ FIRST CHOICE]** live with you in your other home or homes?

MARK (X) ALL THAT APPLY

[1=Marked 0=Umarked]

MAIN HOME	OTHER HOME(S)
<p>Mark (X) <u>all</u> the people who live with you in your MAIN home</p> <p>01 <input type="checkbox"/> Your biological mother</p> <p>01 <input type="checkbox"/> <b>[REPEAT STEM]</b> Your biological father</p> <p>01 <input type="checkbox"/> A stepmother or adoptive mother</p> <p>01 <input type="checkbox"/> A foster mother</p> <p>01 <input type="checkbox"/> A stepfather or adoptive father</p> <p>01 <input type="checkbox"/> <b>[REPEAT STEM]</b> A foster father</p> <p>01 <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend</p> <p>01 <input type="checkbox"/> Any grandmothers</p> <p>01 <input type="checkbox"/> Any grandfathers</p> <p>01 <input type="checkbox"/> Any older brothers or sisters</p> <p>01 <input type="checkbox"/> Any younger brothers or sisters</p> <p>01 <input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p>01 <input type="checkbox"/> Any other people you are not related to</p> <p><b>READ "OTHER HOME(S)" LIST WITH 2ND STEM</b></p>	<p>Mark (X) <u>all</u> the people who live with you in your OTHER home(s)</p> <p>01 <input type="checkbox"/> Your biological mother</p> <p>01 <input type="checkbox"/> <b>[REPEAT STEM]</b> Your biological father</p> <p>01 <input type="checkbox"/> A stepmother or adoptive mother</p> <p>01 <input type="checkbox"/> A foster mother</p> <p>01 <input type="checkbox"/> A stepfather or adoptive father</p> <p>01 <input type="checkbox"/> <b>[REPEAT STEM]</b> A foster father</p> <p>01 <input type="checkbox"/> Your parent's partner, boyfriend, or girlfriend</p> <p>01 <input type="checkbox"/> Any grandmothers</p> <p>01 <input type="checkbox"/> Any grandfathers</p> <p>01 <input type="checkbox"/> Any older brothers or sisters</p> <p>01 <input type="checkbox"/> Any younger brothers or sisters</p> <p>01 <input type="checkbox"/> Any aunts, uncles, or other relatives</p> <p>01 <input type="checkbox"/> Any other people you are not related to</p>

## Mother

2.4. Now we have some questions about your mother, or the person you think of as your mother. Is this person...? [READ ANSWER CHOICES]

MARK (X) ONE

- 01  Your biological mother—that is, the woman who gave birth to you
- 02  Your stepmother or adoptive mother
- 03  Your foster mother
- 04  Your grandmother
- 05  Your aunt or your older sister
- 06  Some other adult
- 07  You don't have a mother or person you think of as your mother. → GO TO 2.9

2.5. Please answer the following questions about the person you just said in the last question is your mother or the person you think of as your mother.

Is she working now? Here are the options. [READ ANSWER CHOICES]

MARK (X) ONE

- 1  She is not working at a paid job.
- 2  Yes, she is working part-time or less than 30 hours a week.
- 3  Yes, she is working full-time or at more than one job for 30 hours a week or more.
- 4  Yes, she works, but you don't know how many hours
- 5  You don't know if she is working.

2.6. How comfortable are you with sharing ideas or talking with her about things that are important to you? [READ ANSWER CHOICES]

MARK (X) ONE

- 1  Not at all comfortable
- 2  Somewhat comfortable
- 3  Comfortable
- 4  Very comfortable

- 2.7. Now thinking about your biological mother—that is, the woman who gave birth to you—how old is she, or would she be if she were alive?

00-99      1 = Marked      0 = Unmarked

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NUMBER OF YEARS OLD—Your best guess is fine.

- 01  I do not know about my biological mother. ➔ GO TO 2.9

- 2.8. Again, thinking about your biological mother and all of the children she has ever had—how old is the oldest one? If the oldest one is not alive, how old would that child be if he or she were still living?

00-99      1 = Marked      0 = Unmarked

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NUMBER OF YEARS OLD—Your best guess is fine.

- 01  I do not know about my biological mother.

### Father

- 2.9. Next, we have some questions about your father, or the person you think of as your father. Is this person... **[READ ANSWER CHOICES]**

MARK (X) ONE

- 01  Your biological father—that is, the man who is genetically related to you
- 02  Your stepfather or adoptive father
- 03  Your foster father
- 04  Your grandfather
- 05  Your uncle or your older brother
- 06  Some other adult
- 07  You don't have a father or person you think of as your father. ➔ GO TO 2.12

2.10. Please answer the following questions about the person you just said in the last question is your father or the person you think of as your father.

Is he working now? Here are the options. [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 01  He is not working at a paid job.
- 02  Yes, he is working part-time or less than 30 hours a week.
- 03  Yes, he is working full-time or at more than one job for 30 hours a week or more.
- 04  Yes, he works, but you don't know how many hours.
- 05  You don't know if he is working.

2.11. How comfortable are you with sharing ideas or talking with him about things that are important to you? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 01  Not at all comfortable
- 02  Somewhat comfortable
- 03  Comfortable
- 04  Very comfortable

2.12. Which of the following best describes the relationship between your biological mother and biological father? If one or both of your biological parents have died, please answer about their relationship when both were alive.

[\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 01  They are married to each other.
- 02  They were married to each other, but then separated.
- 03  They were married to each other, but then divorced.
- 04  They were never married to each other.
- 05  You don't know.

2.13. The next series of questions is about how many times you have talked with at least one of your parents or guardians about certain things in the last 12 months. Your answer choices are **[READ CHOICES]**.

In the past 12 months, how many TIMES have you talked with at least one of your parents or guardians about...?

MARK (X) ONE FOR EACH QUESTION

	Never	1-2 times	3-9 times	10 or more times
a. How things are going with school work or with your grades <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> A personal problem you were having <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. How to have good romantic relationships <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Strategies for safe dating	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. How to resist pressures to have sex	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. <b>[REPEAT STEM]</b> Avoiding drugs and alcohol <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
g. Pregnancy or birth	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
h. Sexually transmitted diseases, also known as STDs, HIV, or AIDS	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

**Parents**

2.14. The next questions ask what your parents know about your activities. By parents, we mean the parents or guardians you live with most of the time.

Thinking about the past month, how often did your parents know where you were after school? **[READ ANSWER CHOICES]**

MARK (X) ONE

- 01  Always
- 02  Usually
- 03  Sometimes
- 04  Rarely
- 05  Never

2.15. Thinking about the past month, how often did your parents know who you were going to be with before you went out? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 01  Always
- 02  Usually
- 03  Sometimes
- 04  Rarely
- 05  Never
- 06  You did not go out

2.16. Thinking about the past month, how often did your parents know where you were when you went out at night? [\[READ ANSWER CHOICES\]](#)

MARK (X) ONE

- 01  Always
- 02  Usually
- 03  Sometimes
- 04  Rarely
- 05  Never
- 06  You did not go out at night

2.17. If you were going to be home late, would your parents expect you to call?

MARK (X) ONE

- 01  Yes
- 02  No

### Section 3: Views and Perceptions

3.1. The next series of questions is about your views on sexual intercourse. In this survey, when we ask about sexual intercourse, we mean a male putting his penis into a female’s vagina. Your answer choices are **[READ CHOICES]**.

**How strongly do you agree or disagree that...?**

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Having sexual intercourse is a good thing for you to do at your age <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> At your age right now, having sexual intercourse would create problems <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> At your age right now, not having sexual intercourse is important for you to be safe and healthy	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. At your age right now, it is okay for you to have sexual intercourse if you use birth control, like a condom	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. It is against your values to have sexual intercourse before marriage	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

3.2. The next questions are about what sex means to boys and girls your age. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH

- |   | Strongly Agree              | Agree                       | Disagree                    | Strongly Disagree           |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| a. It is embarrassing for a 16-year-old boy if he has never had sexual intercourse <b>[READ CHOICES]</b>                        | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |
| b. <b>[REPEAT STEM]</b> It is alright for a boy to pressure a girl to have sex if she has had sex with him in the past          | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |
| c. <b>[REPEAT STEM]</b> When a girl says no to sex, she expects the boy to keep trying  | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |
| d. One way for a guy to prove he is a real man is to have sex with a lot of girls   | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |
| e. A guy should have sexual intercourse as early as he can in his life  | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |
| f. <b>[REPEAT STEM]</b> It is alright for a boy to pressure a girl to start having sex if they have been dating for nine months | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> |

3.3. The next series of questions is about how likely it is that you will do certain things. Your answer choices are **[READ CHOICES]**. For these questions, imagine you are alone with someone you like very much.

How likely is it that you could...?

MARK (X) ONE FOR EACH QUESTION

	Not at all likely	A little bit likely	Somewhat likely	Very likely
a. <b>FOR GIRLS:</b> Stop them if they wanted to touch your chest and you did not want them to do that <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Stop them if they wanted to touch your private parts below the waist, meaning the parts of the body covered by underwear, and you did not want them to do that <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> Avoid having sexual intercourse if you didn't want to <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

3.4. These questions are about what happens if a girl gets pregnant around your age, or a boy gets a girl pregnant. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Getting pregnant or getting a girl pregnant in the next year or two would hurt your chances of being successful in life <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> If a girl and boy have sex, the girl is more responsible for preventing pregnancy than the boy <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> If you got pregnant or got a girl pregnant in the next year or two, you would have to become a responsible adult before you wanted to	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. If you got pregnant or got a girl pregnant in the next year or two, your life would become a lot better	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

3.5. These questions are about boys and girls. Your answer choices are again **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. The best way for a boy to show he is strong is to act tough <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Boys should let it show when their feelings are hurt <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. In a good dating relationship, the boy gets his way most of the time	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. A girl who really likes a guy needs to have sex with him to prevent him from finding someone else	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. It's embarrassing for a boy when he needs to ask for help	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

3.6. **FOR GIRLS ONLY**

These questions are about how girls feel. Your answer choices are again **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. Teenage girls who have a boyfriend feel better about themselves than girls who don't have a boyfriend <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. When a teenage girl has a boyfriend, other girls look up to her	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. A girl is likely to feel bad about herself if she has never had a boyfriend	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

**3.7. FOR GIRLS ONLY**

If you got pregnant now, how would you feel? **[READ CHOICES]**.

MARK (X) ONE

- 01  Very happy
- 02  A little happy
- 03  Neither happy nor upset
- 04  A little upset
- 05  Very upset

**3.8. FOR BOYS ONLY**

If you got someone pregnant now, how would you feel? **[READ CHOICES]**.

MARK (X) ONE

- 01  Very happy
- 02  A little happy
- 03  Neither happy nor upset
- 04  A little upset
- 05  Very upset

3.9. The next series of questions is about condom use. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Condoms should always be used if a person your age has sexual intercourse <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Using condoms means you don't trust your partner <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> Condoms are important to make sex safer	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
d. Condoms are a hassle to use	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
e. Using a condom is one way for a boy to show he cares about his partner	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
f. Using condoms is morally wrong <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
g. <b>[REPEAT STEM]</b> If two people love each other, they don't have to use condoms	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
h. Girls who carry condoms get bad reputations	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
i. Condoms are pretty easy to get	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
j. If a girl asks a boy to use a condom, it means she doesn't trust him <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>

3.10. The next series of questions is about condoms, birth control pills, pregnancy, and sexually transmitted diseases, also known as STDs.

If condoms are used correctly and consistently, how much can they reduce the risk of pregnancy? **[READ CHOICES]**.

MARK (X) ONE

- 01  Not at all
- 02  A little
- 03  A lot
- 04  Completely
- 05  You don't know. ➔ GO TO 3.11

3.10a. How confident are you that your answer to the last question is correct? **[READ CHOICES]**.

MARK (X) ONE

- 01  Not at all confident
- 02  A little confident
- 03  Somewhat confident
- 04  Very confident

3.11. If condoms are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS? **[READ CHOICES]**

MARK (X) ONE

- 01  Not at all
- 02  A little
- 03  A lot
- 04  Completely
- 05  You don't know.

3.12. If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy? **[READ CHOICES]**

MARK (X) ONE

- 01  Not at all
- 02  A little
- 03  A lot
- 04  Completely
- 05  You don't know. → GO TO 3.13

3.12a. How confident are you that your answer to the last question is correct? **[READ CHOICES]**

MARK (X) ONE

- 01  Not at all confident
- 02  A little confident
- 03  Somewhat confident
- 04  Very confident

3.13. If birth control pills are used correctly and consistently, how much can they reduce the risk of getting HIV, the virus that causes AIDS? **[READ CHOICES]**

MARK (X) ONE

- 01  Not at all
- 02  A little
- 03  A lot
- 04  Completely
- 05  You don't know.

3.14. The next series of questions is about other methods of birth control, NOT including condoms. Your answer choices will be **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
a. Birth control should always be used if a person your age has sexual intercourse <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> Birth control is a hassle to use <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
c. <b>[REPEAT STEM]</b> Birth control is pretty easy to get	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
d. Birth control is important to make sex safer	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
e. Birth control has too many negative side effects	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
f. <b>[REPEAT STEM]</b> Using birth control is morally wrong	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>

3.15. The following questions are about how you can get birth control where you live. Your answer choices are **[READ CHOICES]**.

How true do you think it is that...?

MARK (X) ONE FOR EACH

	Definitely true	Probably true	Probably false	Definitely false	Don't know
a. In Texas, teenage girls can get a birth control method like the pill or the shot at a family planning or health clinic without their parents' permission <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> You would know where to go for birth control methods like the pill or the shot for you or your partner <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
c. You would know where to go if you wanted to get tested for a sexually transmitted disease (STD) <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
d. You would have enough money to pay for birth control pills for you or your partner	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>

3.16. In the past 3 months, how many TIMES have you gone out on a date?

00-99 [1 = Marked 0 = Unmarked]

01  Zero or none → GO TO 3.18

00-99

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NUMBER OF TIMES—Your best guess is fine.

3.17. Thinking about these dates in the past 3 months, how many DIFFERENT PEOPLE did you go out on a date with?

00-99

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NUMBER OF PEOPLE—Your best guess is fine.

3.18. In the past 6 months, have you had a boyfriend or girlfriend?

MARK (X) ONE

01  Yes

02  No → GO TO 3.20

3.19. In the past 6 months, how many different boyfriends or girlfriends have you had?

00-99

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NUMBER OF PEOPLE—Your best guess is fine.

3.20. Do you intend to have sexual intercourse in the next year, if you have the chance? **[READ CHOICES].**

MARK (X) ONE

01  Yes, definitely

02  Yes, probably

03  No, probably not

04  No, definitely not

3.21. If you were to have sexual intercourse in the next year, do you intend to use or have your partner use a condom? [\[READ CHOICES\]](#).

MARK (X) ONE

- 01  Yes, definitely  
 02  Yes, probably  
 03  No, probably not  
 04  No, definitely not

3.22. The next question is about your intention to use other methods of birth control, NOT including condoms: [\[READ CHOICES\]](#).

- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- IUD or Mirena or Paragard
- Implants or Implanon

If you were to have sexual intercourse in the next year, do you intend to use, or have your partner use, any of these other methods of birth control?  
[\[READ CHOICES\]](#)

MARK (X) ONE

- 01  Yes, definitely  
 02  Yes, probably  
 03  No, probably not  
 04  No, definitely not

3.23. Do you intend to have sexual intercourse without being married?  
[\[READ CHOICES\]](#)

MARK (X) ONE

- 01  Yes, definitely  
 02  Yes, probably  
 03  No, probably not  
 04  No, definitely not

3.24. Have you ever had sexual intercourse?

- 01  Yes  
 02  No → GO TO 4.17

## Section 4: Sexual History

4.1. The next questions are about sexual intercourse. By sexual intercourse, we mean a male putting his penis into a female's vagina. Please be as honest as possible. Your answers will be kept private.

4.2. Have you had sexual intercourse more than one time?

MARK (X) ONE

01  Yes → GO TO 4.4

02  No

4.3a. When you had sexual intercourse, what month and year was it?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Sexual Intercourse	<u>Year</u> of Sexual Intercourse
01 <input type="checkbox"/> January	01 <input type="checkbox"/> 2016
02 <input type="checkbox"/> February	02 <input type="checkbox"/> 2015
03 <input type="checkbox"/> March	03 <input type="checkbox"/> 2014
04 <input type="checkbox"/> April	04 <input type="checkbox"/> 2013
05 <input type="checkbox"/> May	05 <input type="checkbox"/> 2012
06 <input type="checkbox"/> June	06 <input type="checkbox"/> 2011
07 <input type="checkbox"/> July	07 <input type="checkbox"/> 2010
08 <input type="checkbox"/> August	08 <input type="checkbox"/> 2009
09 <input type="checkbox"/> September	09 <input type="checkbox"/> 2008
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 2007
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 2006
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 2005
	13 <input type="checkbox"/> 2004
	14 <input type="checkbox"/> 2003 or earlier

4.3b. When you had sexual intercourse, how old were you?

00-99

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NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

4.3c. When you had sexual intercourse, how old was your partner?

**[READ CHOICES]**

MARK (X) ONE

- 01  Three or more years younger than you
- 02  A year or two younger than you
- 03  The same age as you
- 04  A year or two older than you or
- 05  Three or more years older than you

4.3d. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also known as STDs.

When you had sexual intercourse, did you or your partner use any type of birth control, including condoms or any other method?

MARK (X) ONE

- 01  Yes
- 02  No → GO TO 4.13a

4.3e. When you had sexual intercourse, did you or your partner use...?

MARK (X) ONE FOR EACH QUESTION

	Yes	No
a. Condoms	01 <input type="checkbox"/>	02 <input type="checkbox"/>
b. Birth control pills or the patch	01 <input type="checkbox"/>	02 <input type="checkbox"/>
c. Depo-Provera or other injectable birth control	01 <input type="checkbox"/>	02 <input type="checkbox"/>
d. NuvaRing or the ring	01 <input type="checkbox"/>	02 <input type="checkbox"/>
e. Withdrawal or pulling out	01 <input type="checkbox"/>	02 <input type="checkbox"/>
f. Another method? PRINT OTHER METHOD USED	01 <input type="checkbox"/>	02 <input type="checkbox"/>

---

**4.3f. AFTER ANSWERING 4.3e → GO TO 4.13a**

**4.4. The very first time you had sexual intercourse, how old were you?**

00-99

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NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

**4.5. The very first time you had sexual intercourse, how old was your partner?**  
**[READ CHOICES]**

MARK (X) ONE

- 01  Three or more years younger than you
- 02  A year or two younger than you
- 03  The same age as you
- 04  A year or two older than you or
- 05  Three or more years older than you

**4.6. Birth control methods are something used to reduce the risk of pregnancy, and some can reduce the risk of sexually transmitted diseases, also known as STDs.**

**The first time you had sexual intercourse, did you or your partner use any type of birth control—including condoms or any other method?**

MARK (X) ONE

- 01  Yes
- 02  No

4.7. Now I would like to ask you about the most recent time you had sexual intercourse.

The most recent time you had sexual intercourse, what month and year was it?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Most Recent Sexual Intercourse	<u>Year</u> of Most Recent Sexual Intercourse
01 <input type="checkbox"/> January	01 <input type="checkbox"/> 2016
02 <input type="checkbox"/> February	02 <input type="checkbox"/> 2015
03 <input type="checkbox"/> March	03 <input type="checkbox"/> 2014
04 <input type="checkbox"/> April	04 <input type="checkbox"/> 2013
05 <input type="checkbox"/> May	05 <input type="checkbox"/> 2012
06 <input type="checkbox"/> June	06 <input type="checkbox"/> 2011
07 <input type="checkbox"/> July	07 <input type="checkbox"/> 2010
08 <input type="checkbox"/> August	08 <input type="checkbox"/> 2009
09 <input type="checkbox"/> September	09 <input type="checkbox"/> 2008
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 2007
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 2006
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 2005
	13 <input type="checkbox"/> 2004
	14 <input type="checkbox"/> 2003 or earlier

4.7b. The most recent time you had sexual intercourse, did you or your partner use...?

MARK (X) ONE FOR EACH QUESTION

- |   | Yes                         | No                          |
|---|-----------------------------|-----------------------------|
| a. Condoms  | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
| b. Birth control pills or the patch               | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
| c. Depo-Provera or other injectable birth control | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
| d. NuvaRing or the ring                           | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
| e. Withdrawal or pulling out                      | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
| f. Another method? PRINT OTHER METHOD USED        | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
- 

4.8. How many DIFFERENT PEOPLE have you ever had sexual intercourse with, even if only one time?

00-99

NUMBER OF PEOPLE—Your best guess is fine.

4.9. Now please think about the past 3 months. In the past 3 months, how many TIMES have you had sexual intercourse?

01  None → GO TO 4.13a [0=Unmarked]

00-99

NUMBER OF TIMES—Your best guess is fine.

4.10. In the past 3 months, how many TIMES have you had sexual intercourse without using a condom?

01  None

00-99 [0 = Unmarked]

NUMBER OF TIMES—Your best guess is fine.

4.11. The next question is about your use of the following methods of birth control:  
**[READ METHODS].**

- Condoms
- Birth control pills
- The shot or Depo-Provera
- The patch
- The ring or NuvaRing
- IUD or Mirena or Paragard
- Implants or Implanon

**In the past 3 months, how many TIMES have you had sexual intercourse without using any of these methods of birth control?**

01  None

00-99 [0 = Unmarked]

--	--

NUMBER OF TIMES—Your best guess is fine.

4.12. Now think about when you had sexual intercourse in the past 3 months and WERE using birth control. In the past 3 months, how many TIMES did you have intercourse when you used a condom AND were using another method of birth control in the list I read?

01  None

00-99 [0 = Unmarked]

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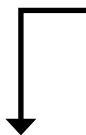
NUMBER OF TIMES—Your best guess is fine.

4.13a. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?

MARK (X) ONE

01  Yes

02  No → GO TO 4.14



4.13b. To the best of your knowledge, how many TIMES have you been pregnant or gotten someone pregnant?

01  None

00-99 [0 = Unmarked]

--	--

NUMBER OF TIMES—Your best guess is fine.

**4.13c. Have you ever had a baby, or has anyone you got pregnant actually had the baby?**

MARK (X) ONE

- 01  Yes  
02  No  
03  I don't know.

**4.14. In the past 12 months, have you spoken with a doctor or nurse about sex, birth control, or sexually transmitted diseases, also known as STDs?**

MARK (X) ONE

- 01  Yes  
02  No

**4.15. In the past 12 months, have you been tested by a doctor or nurse for a sexually transmitted disease or STD, like gonorrhea, chlamydia, syphilis, or HIV?**

MARK (X) ONE

- 01  Yes  
02  No

**4.16. In the past 12 months, have you been told by a doctor or nurse that you had a sexually transmitted disease or STD?**

MARK (X) ONE

- 01  Yes  
02  No

**4.16b. AFTER ANSWERING 4.16 → GO TO 5.1**

**Section 4.2**

THESE QUESTIONS ARE FOR YOUTH WHO HAVE NOT HAD SEX.

4.17. The next two questions are about your schooling.

Do you expect that you will graduate from high school? **[READ CHOICES].**

MARK (X) ONE

- 01  Yes
- 02  You already graduated from high school.
- 03  No → GO TO 4.19

4.18. **IF YES:** In what month and year do you expect to graduate from high school?

**IF HE/SHE ALREADY GRADUATED:** In what month and year did you graduate from high school?

MARK (X) ONE MONTH AND ONE YEAR

<u>Month</u> of Graduation	<u>Year</u> of Graduation
01 <input type="checkbox"/> January	01 <input type="checkbox"/> 2018 or later
02 <input type="checkbox"/> February	02 <input type="checkbox"/> 2017
03 <input type="checkbox"/> March	03 <input type="checkbox"/> 2016
04 <input type="checkbox"/> April	04 <input type="checkbox"/> 2015
05 <input type="checkbox"/> May	05 <input type="checkbox"/> 2014
06 <input type="checkbox"/> June	06 <input type="checkbox"/> 2013
07 <input type="checkbox"/> July	07 <input type="checkbox"/> 2012
08 <input type="checkbox"/> August	08 <input type="checkbox"/> 2011
09 <input type="checkbox"/> September	09 <input type="checkbox"/> 2010
10 <input type="checkbox"/> October	10 <input type="checkbox"/> 2009
11 <input type="checkbox"/> November	11 <input type="checkbox"/> 2008
12 <input type="checkbox"/> December	12 <input type="checkbox"/> 2007 or earlier

**4.19. In how many homes, places, or households do you live: one, two, or three or more?**

MARK (X) ONE

- 01  1 home → GO TO 4.23  
02  2 homes  
03  3 or more homes

**4.20. Do you consider one of these homes to be your main home?**

MARK (X) ONE

- 01  Yes  
02  No

**4.21. The next question is about the number of nights you spent in each home in the past 30 days. Thinking about the past 30 days, how many nights did you spend at home number 1?**

**Thinking about the past 30 days, how many nights did you spend at home number 2?**

**Thinking about the past 30 days, how many nights did you spend at any other home or homes?**

FILL IN TWO OR THREE NUMBERS

00-99

Number of nights at home no. 1—Your best guess is fine.

00-99

Number of nights at home no. 2—Your best guess is fine.

00-99

Number of nights at another home or other homes—Your best guess is fine.

**4.22. Is there anyone who moves with you from home to home?**

MARK (X) ONE

- 01  Yes  
02  No

- 4.23. **IF THEY ONLY HAVE 1 HOME:** Is your home a group home or halfway house?  
**IF THEY HAVE 2 OR MORE HOMES:** Are any of your homes a group home or halfway house?

MARK (X) ONE

- 01  Yes  
 02  No

- 4.24. This question is about who lives with you in your home. If you have more than one home, please think about your main home.

How many people usually live in your home, including all children and anyone who normally lives there even if they are not there now, like someone who is away traveling or in a hospital?

00-99

		NUMBER OF PEOPLE
--	--	------------------

- 4.25. These next few questions are about you and your friends. Your answer choices are **[READ CHOICES]**.

How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. You have friends who will give you good advice <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> You have a friend who cares about you <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. You have a friend you can talk to when you need to	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. You have someone who you can call your best friend	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

4.26. How strongly do you agree or disagree that...?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. When you start a project, you finish it <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> You only work as hard as you have to <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. You are someone people can count on	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. When you do work, you do a good job	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

4.27. The next series of questions is about reasons people your age might choose NOT to have sexual intercourse and how important these reasons are to you. Your answer choices are **[READ CHOICES]**.

How important is this reason to you?

MARK (X) ONE FOR EACH QUESTION

	Strongly Agree	Agree	Disagree	Strongly Disagree
a. I don't want to get a sexually transmitted disease, also known as an STD	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. <b>[REPEAT STEM]</b> You don't want to disappoint your parents. <b>[READ CHOICES]</b>	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. You are too young to have sex	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Your boyfriend or girlfriend doesn't want to have sex	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. <b>[REPEAT STEM]</b> You want to wait until you're married	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. It is against your personal values	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
g. You haven't met the right person yet	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
h. You haven't had the chance	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
i. You don't want to	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
j. <b>FOR GIRLS</b> You do not want to get pregnant	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
k. <b>FOR BOYS</b> You do not want to get a girl pregnant	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

**4.28. Have you ever done any of the following?**

MARK (X) ONE FOR EACH QUESTION

- |   | Yes                         | No                          |
|---|-----------------------------|-----------------------------|
| a. Kissed someone on the lips   | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
| b. French kissed—that is put your tongue in someone’s mouth while kissing | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
| c. Touched another person’s private parts                                 | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |
| d. Let someone touch your private parts                                   | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> |

**4.29. In the past 12 months, have you spoken with a doctor or nurse about sex, birth control, or sexually transmitted diseases, also known as STDs?**

MARK (X) ONE

- 01  Yes
- 02  No

**4.30. If you decided to have sexual intercourse outside of marriage, how likely is it that you would use a condom or other contraceptive method? [\[READ CHOICES\]](#)**

MARK (X) ONE

- 01  Not at all likely
- 02  A little bit likely
- 03  Somewhat likely
- 04  Very likely
- 05  You don’t plan to have sexual intercourse outside of marriage.

## Section 5: Alcohol and Drug Use—For All Respondents

- 5.1. The next questions are about alcohol and drugs. Please be as honest as possible, and remember that everything you tell me will be kept private.

Have you ever had an alcoholic drink, such as beer, wine, or other liquor, NOT counting any times you just had a sip?

MARK (X) ONE

- 01  Yes
- 02  No → GO TO 5.5
- 5.2. The very first time you had an alcoholic drink, how old were you?

00-99

--	--

NUMBER OF YEARS OLD YOU WERE—Your best guess is fine.

- 5.3. During the past 30 days, not including any times you just had a sip, on how many days did you have one or more alcoholic beverages? **[READ CHOICES STARTING FROM BOTTOM]**

MARK (X) ONE

- 01  Other
- 02  5 to 25 days
- 03  1 to 4 days or
- 04  0 days

- 5.4. During the past 30 days, on how many days did you have 5 or more drinks in a row? **[READ CHOICES STARTING FROM BOTTOM]**

MARK (X) ONE

- 01  Other
- 02  5 to 25 days
- 03  1 to 4 days or
- 04  0 days

5.5. Have you ever used marijuana, also called weed or pot?

MARK (X) ONE

- 01  Yes
- 02  No

5.6. Have you ever used any other type of illegal drug, prescription drug, or inhalant that was not prescribed for you?

MARK (X) ONE

- 01  Yes
- 02  No

## Section 6: Friends and Relationships—For All Respondents

6.1. The next series of questions is about how many of your friends think certain things. Your answer choices are **[READ CHOICES]**. Your best guess is fine.

How many of your friends who are your age think ... ?

MARK (X) ONE FOR EACH

- |  | None                        | Some                        | Half                        | Most                        | All                         | Don't know                  |
|--|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| a. Having sexual intercourse is a good thing for them to do at their age <b>[READ CHOICES]</b>   | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> | 05 <input type="checkbox"/> | 06 <input type="checkbox"/> |
| b. <b>[REPEAT STEM]</b> It would be okay for them to have sexual intercourse as long as they used birth control, like a condom <b>[READ CHOICES]</b> | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> | 05 <input type="checkbox"/> | 06 <input type="checkbox"/> |
| c. <b>[REPEAT STEM]</b> It would be okay for them to have sexual intercourse if they were dating the same person for a long time                     | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> | 05 <input type="checkbox"/> | 06 <input type="checkbox"/> |
| d. They should wait until they are older to have sexual intercourse  | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> | 05 <input type="checkbox"/> | 06 <input type="checkbox"/> |
| e. They should wait until marriage to have sexual intercourse  | 01 <input type="checkbox"/> | 02 <input type="checkbox"/> | 03 <input type="checkbox"/> | 04 <input type="checkbox"/> | 05 <input type="checkbox"/> | 06 <input type="checkbox"/> |

6.2. How many of your friends who are your age have had sexual intercourse? **[READ CHOICES]**

MARK (X) ONE

- 01  None
- 02  Some
- 03  Half
- 04  Most
- 05  All
- 06  Don't know

6.3. In general, how much pressure, if any, do you feel from your friends to have sexual intercourse? **[READ CHOICES]**

MARK (X) ONE

- 01  A lot of pressure
- 02  Some pressure
- 03  A little pressure or
- 04  No pressure

6.4. How much do you feel that your friends care about you? **[READ CHOICES]**

MARK (X) ONE

- 01  Do not care at all
- 02  Care a little bit
- 03  Care somewhat or
- 04  Care very much

6.5. Okay, that was the end of our survey. Thank you so much for your help with this study.

I'd like to confirm your address, so that we are sure you will receive your \$25 gift card.

**CONFIRM ADDRESS, AND UPDATE IF NECESSARY.**

That's it. Thank you so much again!

Good-bye.





# SUPPLEMENTAL READING RESOURCES

## Supplemental Reading Resources

### Gender Matters Suite of Resources

DeAtley, J., Rolleri, L., and Levack, A. 2015. *Gender Matters program implementation and adaptation manual*. New York: EngenderHealth.

DeAtley, J., Rolleri, L., and Levack, A. 2015. *Gender Matters facilitator training manual*. New York: EngenderHealth.

### Formative Assessment

#### Introduction to Program Evaluation for Public Health Programs: A Self-Study Guide

<http://www.cdc.gov/EVAL/guide/introduction/index.htm>

#### Getting To Outcomes 2004: Promoting Accountability Through Methods and Tools for Planning, Implementation, and Evaluation

[http://www.rand.org/content/dam/rand/pubs/technical\\_reports/2004/RAND\\_TR101.pdf](http://www.rand.org/content/dam/rand/pubs/technical_reports/2004/RAND_TR101.pdf)

### Program Adaptation

Rolleri, L., Fuller, T. R., Firpo-Triplett, R., et al. 2014. Adaptation guidelines for evidence-based adolescent pregnancy and STI/HIV prevention curricula: From development to practice. *American Journal of Sexuality Education* 9(2):135–154.  
<http://www.tandfonline.com/doi/abs/10.1080/VCTPRxYUUs>.

ETR Associates and U.S. Centers for Disease Control and Prevention (CDC) Division of Reproductive Health. 2012. *General adaptation guidance: A guide to adapting evidence-based sexual health curricula*. Santa Cruz, CA. Accessed at: <http://recapp.etr.org/recapp/documents/programs/GeneralAdaptationGuidanceFINAL.pdf>.

Kirby, D., Coyle, K., Alton, F., et al. 2011. *Reducing adolescent sexual risk: A theoretical guide for developing and adapting curriculum-based programs*. Scotts Valley, CA: ETR Associates. Accessed at: [http://pub.etr.org/upfiles/reducing\\_adolescent\\_sexual\\_risk.pdf](http://pub.etr.org/upfiles/reducing_adolescent_sexual_risk.pdf).

CDC. 2008. Little (PSBA) GTO : 10 steps to promoting science-based approaches (PSBA) to teen pregnancy prevention using Getting To Outcomes (GTO)—A Summary. Atlanta. Accessed at: [www.cdc.gov/TeenPregnancy/PDF/LittlePSBA-GTO.pdf](http://www.cdc.gov/TeenPregnancy/PDF/LittlePSBA-GTO.pdf).

### Program Evaluation

#### Office of Adolescent Health—TPP Resource Center

[http://www.hhs.gov/ash/oah/oah-initiatives/teen\\_pregnancy/training/evaluation.html](http://www.hhs.gov/ash/oah/oah-initiatives/teen_pregnancy/training/evaluation.html)

CDC. 2005. Selecting an evaluation consultant. *Evaluation Briefs*. No. 1. Atlanta. Accessed at: [www.cdc.gov/healthyyouth/evaluation/pdf/brief1.pdf](http://www.cdc.gov/healthyyouth/evaluation/pdf/brief1.pdf).

University of Kansas Work Group for Community Health and Development. [no date]. Developing an evaluation plan. Chapter 36 in *Community Tool Box*. Accessed at: <http://ctb.ku.edu/en/table-of-contents/evaluate/evaluation/evaluation-plan/main>.

W.K. Kellogg Foundation. 1998. *W.K. Kellogg Foundation evaluation handbook*. Battle Creek, MI. Accessed at: [www.epa.gov/evaluate/pdf/eval-guides/evaluation-handbook.pdf](http://www.epa.gov/evaluate/pdf/eval-guides/evaluation-handbook.pdf).

Innovation Network. [no date]. *Evaluation plan workbook*. Washington, DC. Accessed at: [www.innonet.org/client\\_docs/File/evaluation\\_plan\\_workbook.pdf](http://www.innonet.org/client_docs/File/evaluation_plan_workbook.pdf).

Better Evaluation. [no date]. Better Evaluation rainbow framework: Framework overview. Accessed at: <http://betterevaluation.org/plan>.

American Evaluation Association. Accessed at: [www.eval.org](http://www.eval.org).



# APPENDIXES

## Appendixes

Appendix A: Gender Matters Evaluation Planning and Decision Tool

Appendix B: Gender Matters Evaluation Work Plan

Appendix C: Gender Matters Logic Model

Appendix D: Parental Consent Form

Appendix E: Youth Assent Form

## Appendix A: Gender Matters Evaluation Planning and Decision Tool

In the Gender Matters Evaluation Planning and Decision Tool, you will find a place to write in the research questions you are aiming to answer on the top heading. Under that heading is a series of questions to help you focus on how you will answer the research question. As you answer the questions for each of your research questions, the value of the question and the feasibility of getting a valid answer may arise. If so, reconsider whether this research question is worth the effort.



What is your research question? In other words, what do you want to know?						
Will you find your answer in formative, process, and/or outcome evaluation?	Will use you qualitative and/or quantitative methods?	Can you use instruments in the Gender Matters Program Evaluation Compendium? Which ones?	Will you need to adapt or create new instruments? Describe.	Who needs to be involved?	What resources are needed?	How much time is needed?
What is your research question? In other words, what do you want to know?						
Will you find your answer in formative, process, and/or outcome evaluation?	Will use you qualitative and/or quantitative methods?	Can you use instruments in the Gender Matters Program Evaluation Compendium? Which ones?	Will you need to adapt or create new instruments? Describe.	Who needs to be involved?	What resources are needed?	How much time is needed?

## Appendix B: Gender Matters Evaluation Work Plan

In the Gender Matters Work Plan, you will find a list of the major tasks involved in developing and conducting an evaluation study for Gender Matters. Review the list of major tasks with your team and decide on action steps, timeline, and persons responsible. Revisit the work plan regularly, and make adjustments as needed.

### Gender Matters Evaluation Work Plan

Evaluation Task	Action Steps	Timeline	Person(s) Responsible	Notes
1. Convene evaluation team				
2. Establish research questions				
3. Select evaluation types (e.g., formative, process, and/or outcome)				
4. Select research methods (i.e., quantitative or qualitative)				
5. Select, adapt, or create instruments				
6. Pilot instruments, if needed				
7. Draft an evaluation plan				
8. Obtain Institutional Review Board approval, if needed				
9. Administer parental consent, if needed				
10. Administer instruments (e.g., baseline and endline for outcome evaluation)				
11. Collect data				
12. Analyze data				
13. Summarize and present data				
14. Use what you learn!				



## Appendix C: Gender Matters Theory-of-Change Logic Model

Gen.M's theory-of-change logic model was built using the Behavior-Determinant-Intervention (BDI) Logic Model process (Kirby, 2004). The logic model demonstrates the links among Gender Matters' goal, behavioral outcomes, determinants, and learning activities. Note that the logic model applies only to Component 1: The 20-Hour Curriculum and Component 3: Youth-Generated Video Messages. Component 2: Social Media is not considered a core component of the Gender Matters intervention.



## Curriculum Activities Designed to Change Determinants

- 1.3 Gender Messages
- 1.4 Gender in the Media
- 2.2 Healthy Relationships and Deal-Breakers
- 2.3 Assertive Communication
- 2.4 What Is Consent?
- 3.3 Sexual Decision Making
- 3.5 Video Review: Gender Fishbowl
- 4.1 Session 4 Check-In
- 4.2 Keeping the Egg and Sperm Apart
- 4.3 The Truth about STIs
- 4.4 How to Use Condoms
- 5.2 Birth Control Report
- 5.3 The Clinic

- 1.2 Values Clarification
- 1.3 Gender Messages
- 1.4 Gender in the Media
- 2.2 Healthy Relationships and Deal-Breakers
- 3.4 Ways to Show You Care
- 3.5 Video Review: Gender Fishbowl
- 4.4 How to Use Condoms
- 4.5 Condom Obstacles
- 4.6 Video Review: Condom Slogans
- 5.2 Birth Control Report
- 5.3 The Clinic

## Determinants of Behaviors

### KNOWLEDGE

1. Gender norms and how they affect health
2. Gender norms and how they affect relationships
3. Gender norms and how they affect sexual decision making
4. How the media affect development of gender norms
5. Characteristics of healthy and unhealthy relationships
6. Three communication styles
7. Consent and its importance
8. Acceptable and unacceptable reasons to have sex
9. Personal limits
10. Male and female reproductive systems
11. How a pregnancy occurs
12. STI transmission, symptoms, testing, treatment, and prevention
13. Benefits of condoms
14. Contraceptive methods
15. Sexual and reproductive health (SRH) clinic services

### ATTITUDES/VALUES/BELIEFS

1. Healthy and equitable values and attitudes about gender
2. Empathy for others' gendered experience
3. Positive attitude about knowing and acting against deal-breakers
4. Positive attitude about alternatives to sex
5. Positive attitude about using condoms
6. Positive attitude about contraception
7. Positive attitude about visiting an SRH clinic

## Health Goal

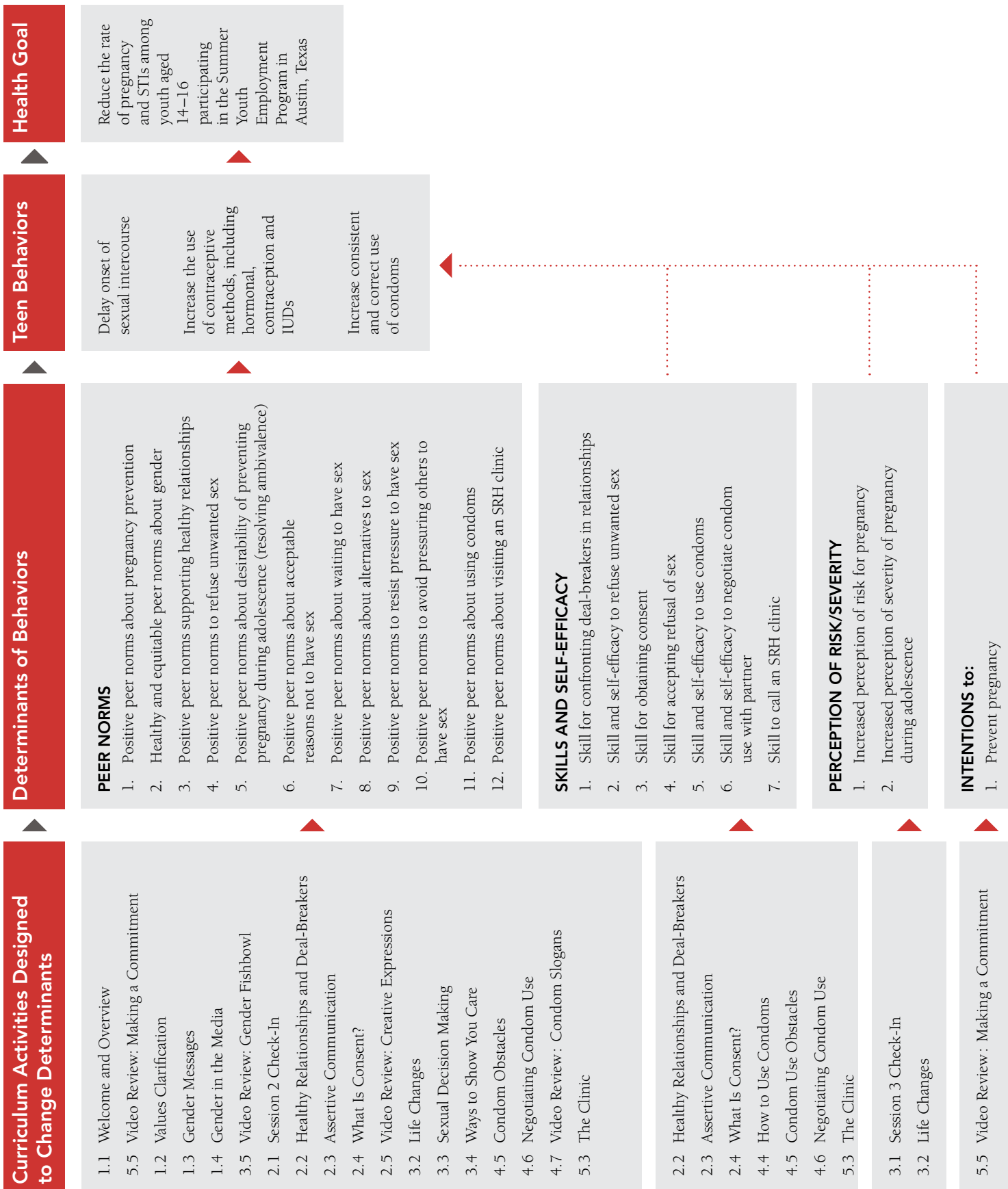
Reduce the rate of pregnancy and STIs among youth aged 14–16 participating in the Summer Youth Employment Program in Austin, Texas

## Teen Behaviors

Delay onset of sexual intercourse

Increase the use of contraceptive methods, including hormonal, contraception and IUDs

Increase consistent and correct use of condoms



## Appendix D. Parental Consent Form

Dear Parent or Guardian:

Hello! [Organization] is conducting an important study of the Gender Matters program in your community. All girls and boys 14-16 years old are invited to participate. We are requesting your permission for your child to participate in the study.

Half of the youth in the study will be selected at random—like in a lottery or coin flip—to take part in a program called *Gender Matters*. This program teaches about healthy relationships, how to delay sexual activity, family planning methods, and how to avoid pregnancy. Whether or not you give permission for your child to be in the study has no effect on your child's participation at [organization]. If you do give permission but your child is not selected for *Gender Matters*, your child can still participate in [organization].

All participants in the study, whether selected for *Gender Matters* or not, will be asked to complete three surveys over the next two years. The first survey will be administered in [month]. Researchers from [evaluation organization] will survey youth on their attitudes, beliefs, and activities. The surveys will ask about families and friends, attitudes and knowledge about relationships and sexual health, specific sexual activity and behavior, and drug and alcohol use. Your child will receive \$20 for finishing the first survey and a \$25 gift card for the second and third surveys. The researchers may also invite youth who are selected for *Gender Matters* to participate in a focus group discussion and to complete additional questionnaires about their experiences in *Gender Matters*.

All information collected in the study will be kept private to the extent possible by law. If you let your child participate, the information he/she provides will be combined with information from other youth to determine the effectiveness of the *Gender Matters* program. No unauthorized person will see the answers your child gives or know whose they were, and your child's name will not be attached to the answers. The information may be inspected, however, by the Institutional Review Board at [organization], organizations that are responsible for protecting participants in studies like this.

Participation in the study is voluntary. If you agree that your child can participate, you or your child can still decide to end their participation later, or your child can decide to complete only parts of the surveys. Please let us know whether or not you will allow your child to be in the study by completing and signing the attached form and returning it before you leave.

The only risk to your child connected with the study is that he/she may be uncomfortable answering some survey questions. If that happens, your child can refuse to answer those questions.

If you have questions about the *Gender Matters* program or about your child's participation, please contact [info@engenderhealth.org](mailto:info@engenderhealth.org).

## Appendix E. Youth Assent Form

### Evaluation of Adolescent Pregnancy Prevention Approaches (PPA)

(Sponsored by the United States Department of Health and Human Services)

*An adult at \_\_\_\_\_ has explained to me the Gender Matters Evaluation. I was told that I have been selected to be a part of the study and that my parents/guardians have agreed to my participation. The study was described to me, and any questions I had were answered. I understand I will be asked to complete several questionnaires and that the information I provide is private and will not be provided to people outside of the study or shown to my parents. If I have questions about my rights as a research volunteer, I can contact [evaluation organization]:*

*I understand that participation is voluntary, and I agree to participate in the study. I understand that I am allowed to stop participating in the study at any time, without penalty.*

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

E mail: \_\_\_\_\_

Cell phone: (        ) \_\_\_\_\_ - \_\_\_\_\_  
Area code

.....  
I certify that the staff members assigned to explain the study to participants were trained to do so in terms participants would understand.

\_\_\_\_\_



EngenderHealth  
440 Ninth Avenue, 12th Floor  
New York, NY, 10001 U.S.A.  
Telephone: 212-561-8000  
Fax: 212-561-8067  
e-mail: [info@engenderhealth.org](mailto:info@engenderhealth.org)  
[www.engenderhealth.org](http://www.engenderhealth.org)



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