



# PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP)

## BASELINE SURVEY

### NEW YORK

#### PRIVACY

**Thank you for your help with this important study. It will help us understand what things are like for people your age today and help to identify effective ways to reduce risk behaviors. This survey includes questions about your family, community, future goals, and also your attitudes and behaviors. Your answers and everything you say will be kept private. Your name will not be on the survey. Please answer all questions as well as you can.**

**We want you to know that:**

- 1. Your participation in this survey is voluntary.**
- 2. We hope that you will answer all the questions, but you may skip any questions you do not wish to answer.**
- 3. The answers you give will be kept private. Your responses will be combined with those of other people your age.**

**Mathematica Policy Research**

#### THE PAPERWORK REDUCTION ACT OF 1995

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

## GENERAL INSTRUCTIONS

1. PLEASE MARK ALL ANSWERS WITHIN THE WHITE BOXES PROVIDED! USE A BLACK PEN.

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: FILL IN THE NUMBER

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

0	2
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NUMBER OF CHOCOLATE BARS – Your best estimate 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 2 chocolate bars in the last 7 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.

# 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

#### Month born

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

#### Year born

- 2004
- 2003
- 2002
- 2001
- 2000
- 1999
- 1998
- 1997
- 1996
- 1995
- 1994
- 1993

### 1.2. Are you male or female?

MARK (X) ONE

- Male
- Female

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



*MARK (X) ONE*

- Yes
- No →

**1.4. 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

**1.5. What is the main language you speak at home?**

*MARK (X) ONE*

- English
- Spanish
- Some other language *PRINT OTHER LANGUAGE*

**1.6. What kind of grades do you or did you usually get in school?**

*MARK (X) ONE*

- My courses are not graded
- Mostly As
- About half As and half Bs
- Mostly Bs
- About half Bs and half Cs
- Mostly Cs
- About half Cs and half Ds
- Mostly Ds
- Mostly below Ds

**1.7. How often would you say you cut classes?**

*MARK (X) ONE*

- Never or almost never
- Sometimes, but less than once a week
- Not every day, but at least once a week
- Daily or almost every day

**1.8. Thinking about all of the schools you have ever attended, how many times have you been suspended or expelled from school?**

*MARK (X) ONE*

- Never
- One time
- Two times
- More than two times

**1.9. 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	SOMEWHA T LIKELY	VERY LIKELY	
a. Graduate from high school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Graduate from a 4-year college	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

*MARK (X) ONE FOR EACH QUESTION*

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. I have specific goals for my future career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I have a plan for achieving my future career goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Planning for a career is not worth the effort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. I haven't thought much about my future career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. If I have a career, I won't be able to enjoy other things in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Going to college is important for getting a good job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 2: FAMILY

### 2.1. 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
- Your adoptive mother
- Your foster mother
- Your grandmother
- Some other adult
- Don't have a mother or person you think of as your mother → **GO TO 2.4**

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

*MARK (X) ONE*

- Not at all close
- Not very close
- Somewhat close
- Very close
- Don't have a mother or person I think of as my mother

### 2.3. How would she feel if you got pregnant or got someone pregnant at this time in your life?

*MARK (X) ONE*

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove
- Don't have a mother or person I think of as my mother

**2.4. 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
- Your adoptive father
- Your foster father
- Your grandfather
- Some other adult
- Don't have a father or person you think of as your father → **GO TO 2.7**

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

*MARK (X) ONE*

- Not at all close
- Not very close
- Somewhat close
- Very close
- Don't have a father or person I think of as my father

**2.6. How would he feel if you got pregnant or got someone pregnant at this time in your life?**

*MARK (X) ONE*

- Strongly approve
- Approve
- Neither approve nor disapprove
- Disapprove
- Strongly disapprove
- Don't have a father or person I think of as my father

**2.7. In the past 3 months, how many TIMES have you talked with your mother or your father about each of the following things?**

*MARK (X) ONE FOR EACH QUESTION*

	1-2 TIMES	3-9 TIMES	10 OR MORE TIMES
NEVER			

- |   |                          |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 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. Romantic relationships or dating                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How to resist pressures to have sex                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Avoiding drugs or alcohol                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Whether you should be having sex at this time in your life | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**2.8. In the past 12 months, how many times have you moved?**

*MARK (X) ONE*

- Never
- One time
- Two times
- Three times
- Four times or more

**2.9. All together, how many times have you run away from home for at least one night?**

*MARK (X) ONE*

- Never
- One time
- Two times
- Three times or more

## SECTION 3: YOUR RELATIONSHIPS

### 3.1. The next question is about how you deal with different situations.

How well can you do each of the following?

MARK (X) ONE FOR EACH QUESTION

	I AM BAD AT THIS	I AM OKAY AT THIS	I AM GOOD AT THIS	I AM EXTREMELY GOOD AT THIS
a. Admit that you might be wrong during a disagreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Avoid saying things that could turn a disagreement into a big fight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Accept another person's point of view even if you don't agree with it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Listen to another person's opinion during a disagreement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Work through problems without arguing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3.2. The next questions are about your experiences and attitudes toward romantic relationships and dating.

How would you define your current relationship status?

MARK (X) ONE

- Married
- Engaged
- Seriously dating
- Casually dating
- Not currently in a relationship or dating

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

MARK (X) ONE FOR EACH QUESTION

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
a. In a good dating relationship, you don't always get your own way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. There are times when hitting or pushing between people who are dating is okay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. A good dating relationship is based on mutual respect, not just sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. People who make their dating partner jealous deserve to be hit or pushed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. It would be easy to trust someone you are dating, even when you're apart.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Avoiding a disagreement with someone you are dating is always better than talking about your problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### 3.4. Do you consider yourself to be one or more of the following?

YOU MAY MARK (X) MORE THAN ONE ANSWER

- Straight
- Gay or Lesbian
- Transgender
- Bisexual
- Something else/I have not decided

## SECTION 4: INFORMATION, THOUGHTS AND OPINIONS

**4.1. In the past 12 months, did you attend any classes or sessions about the following?**

*MARK (X) ONE FOR EACH QUESTION*

	YES	NO
a. Relationships, dating, or marriage	<input type="checkbox"/>	<input type="checkbox"/>
b. Abstinence from sex	<input type="checkbox"/>	<input type="checkbox"/>
c. Methods of birth control, such as condoms, pills, etc.	<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 or STIs	<input type="checkbox"/>	<input type="checkbox"/>

**4.2. Where did you attend these classes or information sessions, for example, in health class at school, or through a program at a community center such as the Boys Club or Girls Club, or the YMCA? If you attended these classes or sessions at more than one place, please list all of these places in the spaces provided below.**

I did not attend any classes or sessions

PLACE 1:

---

PLACE 2:

---

ADDITIONAL PLACES:

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**4.3. Sometimes people don't want to have sex but have difficulty saying "No." How likely is it you would be able to say "No" to having sexual intercourse...**

*MARK (X) ONE FOR EACH QUESTION*

	NOT AT ALL LIKELY	A LITTLE BIT LIKELY	SOMEWHAT LIKELY	VERY LIKELY
a. With someone you have known for a few days or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. With someone you have dated for a long time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. With someone with whom you have already had sexual intercourse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. With someone who is pushing you to have sexual intercourse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

e. With someone who does not want to use a condom?

**4.4. The next series of statements is about condom use. How strongly do you agree or disagree with each of these statements?**

*MARK (X) ONE FOR EACH QUESTION*

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE
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 important to make sex safer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Using condoms means you don't trust your partner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Using condoms is morally wrong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**4.5. If condoms are used correctly and consistently, how much can they decrease the risk of pregnancy?**

*MARK (X) ONE*

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

**4.6. If condoms are used correctly and consistently, 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
- Completely
- Don't know

**4.7. If birth control pills are used correctly and consistently, how much can they decrease the risk of pregnancy?**

*MARK (X) ONE*

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

**4.8. If birth control pills are used correctly and consistently, 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
- Completely
- Don't know

**4.9. Can you get a sexually transmitted disease, also known as an STD or STI, from having oral sex?**

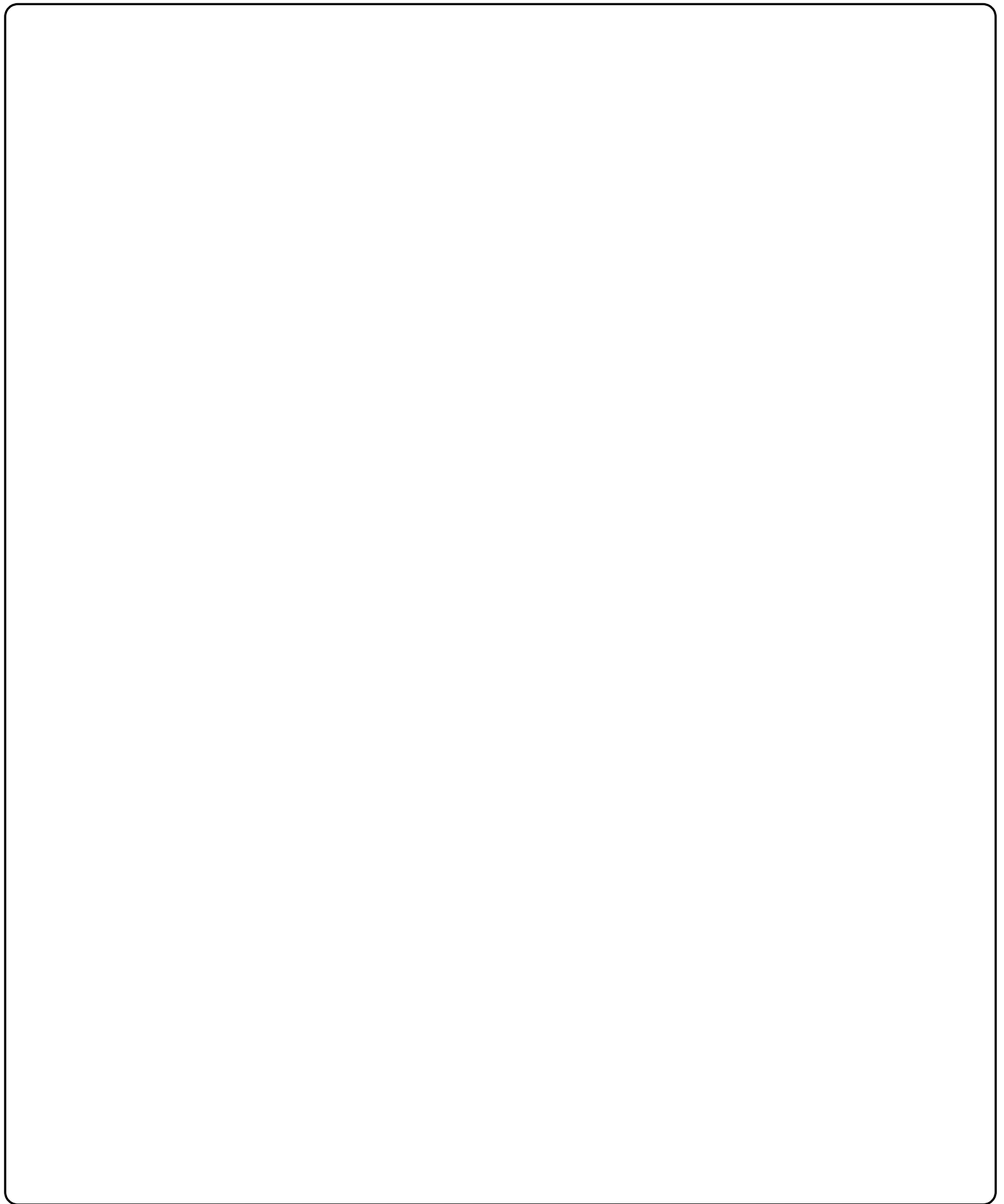
*MARK (X) ONE*

Yes

No

Don't know





## SECTION 5: BEHAVIOR

5.1. The next questions are about your sexual behaviors and experiences. Please be as honest as possible. Your answers will be kept private and will not be shared with anyone.

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



Have you ever had sexual intercourse?

*MARK (X) ONE*

Yes

No **GO TO 5.7**

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

*MARK (X) ONE*

- I have never had sexual intercourse
- 12 years old or younger
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old or older

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

- I have never had sexual intercourse
- NUMBER OF PEOPLE – Your best guess is fine.

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

None

NUMBER OF TIMES – Your best guess is fine.

**5.5. 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.

**5.6. 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)
- Implant (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.

**5.7. Do you intend to have sexual intercourse in the next year, if you have the chance?**

*MARK (X) ONE*

Yes, definitely

Yes, probably

No, probably not

No, definitely not

**5.8. Oral sex is when someone puts his or her mouth on another person's penis or vagina, OR lets someone else put his or her mouth on their penis or vagina.**

**Have you ever had oral sex?**

*MARK (X) ONE*

Yes

No **GO TO 5.11**

**5.9. Please think about the past 3 months. In the past 3 months, how many TIMES have you had oral sex?**

None

NUMBER OF TIMES – Your best guess is fine.

**5.10. In the past 3 months, how many TIMES have you had oral sex without using a condom?**

None

NUMBER OF TIMES – Your best guess is fine.

**5.11. Anal sex is when a male puts his penis in someone else's anus, or their butt, or someone lets a male put his penis in their anus or butt.**

**Have you ever had anal sex?**

*MARK (X) ONE*

Yes

No **GO TO 6.1**

**5.12. In the past 3 months, how many TIMES have you had anal sex?**

None

NUMBER OF TIMES – Your best guess is fine.

**5.13. In the past 3 months, how many TIMES have you had anal sex without using a condom?**

None

NUMBER OF TIMES – Your best guess is fine.



## SECTION 6: HEALTHCARE AND PREGNANCY

**6.1. In the past 12 months, did you receive information from a doctor, nurse, or clinic about any of the following?**

*MARK (X) ONE FOR EACH QUESTION*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Methods of birth control, such as condoms, pills, etc.    | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Where to get birth control                                | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Sexually transmitted diseases, also known as STDs or STIs | <input type="checkbox"/> | <input type="checkbox"/> |

**6.2. In the past 12 months, did you get any type of birth control from a doctor, nurse, or clinic, such as condoms, pills, the shot, an implant, the ring, etc.?**

*MARK (X) ONE*

- Yes  
 No

**6.3. In the past 12 months, have you been told by a doctor, nurse, or some other health professional that you had any of the following sexually transmitted diseases?**

*MARK (X) ONE FOR EACH QUESTION*

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Chlamydia   | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Gonorrhea   | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Genital herpes  | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Syphilis  | <input type="checkbox"/> | <input type="checkbox"/> |
| e. HIV infection or AIDS   | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Human Papilloma virus, also known as HPV or genital warts         | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Another sexually transmitted disease (STD) <i>PRINT OTHER STD</i> | <input type="checkbox"/> | <input type="checkbox"/> |

**6.4. These next few questions are about pregnancy. 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 6.7**

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

NUMBER OF TIMES

**6.6. Have you ever had a baby or has anyone you got pregnant actually had the baby?**

*MARK (X) ONE*

Yes

No

Don't know

**6.7. If you got pregnant now or 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

## SECTION 7: ALCOHOL AND DRUG USE AND HEALTH

**7.1. The next questions are about alcohol, drugs and general health. Please be as honest as possible, and remember that your answers will be kept private and will not be shared with anyone.**

**During the past 30 days, on how many days did you smoke one or more cigarettes?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.2. During the past 30 days, on how many days did you have one or more alcoholic beverages?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.3. During the past 30 days, on how many days did you have 5 or more drinks in a row, that is, within a few hours?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.4. During the past 30 days, on how many days did you use marijuana, also called weed or pot?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

**7.5. During the past 30 days, on how many days did you use any other type of illegal drug or inhale something to get high?**

*MARK (X) ONE*

- 0 days
- 1 or 2 days
- 3 to 5 days
- 6 to 9 days
- 10 to 19 days
- 20 to 29 days
- All 30 days

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

*MARK (X) ONE FOR EACH QUESTION*

	<b>STRONGLY DISAGREE</b>	<b>DISAGREE</b>	<b>AGREE</b>	<b>STRONGLY AGREE</b>
a. Nothing you do as a teen will affect how healthy you are as an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. You can do things now that will help you to be healthy when you are an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Taking risks as a teen, like drinking and doing drugs, does not really matter for your health in the long run	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The good and bad decisions you make as a teen will affect your health as an adult	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please put the survey back into the envelope and  
give it to the moderator.**

**Thank you!**

**Thank you for  
completing this survey!**



**MATHEMATICA**  
Policy Research