Teen Sexual Health Survey

Instructions

Thank you for taking part in our survey.

DO NOT write your name on this survey. The answers you give will be kept private. No one will know what you write. Answer the questions based on what you really think and really do.

Make sure to read every question. Some questions may not apply to you, and you should skip over them. You’ll know to skip a question when you see an arrow that tells you which question to answer next, like this:

○ Yes
○ No → Go to Question 2

You don’t need to fill in the bubbles completely like you would for a Scantron test. An X or a check is okay.

When you finish the survey, please seal it in the envelope provided and return it to the NORC interviewer.

Thank you very much for your help.
The first questions ask about your background.

1. What grade are you in?
   - 01  9th grade
   - 02  10th grade
   - 03  11th grade
   - 04  12th grade

2. What is your date of birth?
   
   [Month] [Day] [Year]

We are interested in your ideas about STIs (sexually transmitted infections) and pregnancy.

3. Did you sign up for texting from the CHAT Program?
   - 01  Yes
   - 02  No

4. How much do you know about how STIs (sexually transmitted infections) are spread?
   - 01  A lot
   - 02  Some
   - 03  Only a little
   - 04  Nothing at all
   - 77  Don’t know

5. How much do you know about how to prevent STIs (sexually transmitted infections)?
   - 01  A lot
   - 02  Some
   - 03  Only a little
   - 04  Nothing at all
   - 77  Don’t know
6. There are many issues facing high school students today. How big of a concern are the following issues for YOU personally?

<table>
<thead>
<tr>
<th></th>
<th>Very big concern for me</th>
<th>Somewhat big concern for me</th>
<th>Not a concern for me</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. AIDS and HIV, the virus that causes AIDS</td>
<td>01</td>
<td>02</td>
<td>04</td>
</tr>
<tr>
<td>b. STIs (sexually transmitted infections) other than HIV/AIDS, such as such as chlamydia or gonorrhea</td>
<td>01</td>
<td>02</td>
<td>04</td>
</tr>
<tr>
<td>c. Getting someone pregnant or becoming pregnant before you are ready, or when you don’t want to</td>
<td>01</td>
<td>02</td>
<td>04</td>
</tr>
</tbody>
</table>

7. Now, how big of a concern are these same issues for HIGH SCHOOL STUDENTS in general?

<table>
<thead>
<tr>
<th></th>
<th>Very big concern for high schoolers</th>
<th>Somewhat big concern for high schoolers</th>
<th>Not a concern for high schoolers</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. AIDS and HIV, the virus that causes AIDS</td>
<td>01</td>
<td>02</td>
<td>04</td>
</tr>
<tr>
<td>b. STIs (sexually transmitted infections) other than HIV/AIDS, such as such as chlamydia or gonorrhea</td>
<td>01</td>
<td>02</td>
<td>04</td>
</tr>
<tr>
<td>c. Teen pregnancy</td>
<td>01</td>
<td>02</td>
<td>04</td>
</tr>
</tbody>
</table>

8. Do you agree or disagree with these statements about STIs (sexually transmitted infections)?

<table>
<thead>
<tr>
<th></th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Unless you have sex with a lot of people, STIs (sexually transmitted infections) are not something you have to worry about</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>b. STIs (sexually transmitted infections) can only be spread when people show symptoms</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>c. If someone I was dating had an STI (sexually transmitted infection), I would know it</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>d. STIs (sexually transmitted infections) are annoying, but they do not have any serious health effects</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
</tbody>
</table>
9. You can get an STI (sexually transmitted infection) from the following sexual activities *(check all that apply)*:

- [ ] Vaginal sex (penis in vagina)
- [ ] Oral sex
- [ ] Anal sex
- [ ] Genital to genital touching
- [ ] Kissing
- [ ] Don’t Know

10. You can get pregnant from the following sexual activities *(check all that apply)*:

- [ ] Vaginal sex (penis in vagina)
- [ ] Oral sex
- [ ] Anal sex
- [ ] Genital to genital touching
- [ ] Kissing
- [ ] Don’t Know

11. Can STIs (sexually transmitted infections) cause the following?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Some kinds of cancer</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>b. Problems with fertility, that is, difficulty having children</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c. Increased risk for HIV/AIDS</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>
The next sets of questions ask about your ideas about protection from STIs (sexually transmitted infections) and protection from unplanned pregnancies (birth control).

12. Which of the following birth control methods, besides abstinence, is most effective at…

a. Preventing pregnancy? Choose one.
   - IUD, an intra-uterine device (for example, Mirena, Skyla, or Paragard) or
     Arm Implant (for example, Nexplanon or Implanon)
   - Birth control pills or the patch (for example, Ortho Evra) or the ring (for
     example, NuvaRing)
   - The shot (for example, Depo Provera)
   - Condom
   - Withdrawal (“Pulling out”)
   - Don’t Know

   - IUD, an intra-uterine device (for example, Mirena, Skyla, or Paragard) or
     Arm Implant (for example, Nexplanon or Implanon)
   - Birth control pills or the patch (for example, Ortho Evra) or the ring (for
     example, NuvaRing)
   - The shot (for example, Depo Provera)
   - Condom
   - Withdrawal (“Pulling out”)
   - Don’t Know

c. Preventing other STIs (sexually transmitted infections), such as chlamydia or
   gonorrhea? Choose one.
   - IUD, an intra-uterine device (for example, Mirena, Skyla, or Paragard) or
     Arm Implant (for example, Nexplanon or Implanon)
   - Birth control pills or the patch (for example, Ortho Evra) or the ring (for
     example, NuvaRing)
   - The shot (for example, Depo Provera)
   - Condom
   - Withdrawal (“Pulling out”)
   - Don’t Know
13. Do you agree or disagree with these statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It is safe to have sex without a condom once in a while.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>b. Unless you have a lot of sexual partners, you don’t need to use condoms.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>c. You can wear two condoms at the same time for extra protection.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>d. Using birth control might make you unable to have children in the future.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>e. You can get emergency birth control (Plan B or the “morning after pill”) to try and prevent a pregnancy.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>f. You need a doctor’s prescription to get Plan B or the “morning after pill.”</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>g. The best way to protect against both STIs (sexually transmitted infections) and unplanned pregnancies is to use a condom and another form of birth control.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
</tbody>
</table>

14. Do you agree or disagree with these opinions?

<table>
<thead>
<tr>
<th>Opinion</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Buying condoms is embarrassing.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>b. It is hard to bring up the topic of condoms with the person you’re having sex with.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
<tr>
<td>c. Birth control is very expensive.</td>
<td>01</td>
<td>02</td>
<td>77</td>
</tr>
</tbody>
</table>
There are many ways to be sexually active, but the next questions are just about vaginal sex. By vaginal sex, we mean a penis in a vagina. Please do not report on other types of sex in this section.

15. Have you ever had vaginal sex?
   
   01  Yes
   02  No → Go to Question 27 on page 9, look for the arrow

16. To the best of your knowledge, have you ever been pregnant or gotten someone pregnant, even if no child was born?
   
   01  Yes
   02  No
   77  Don’t know

17. To the best of your knowledge, how many times have you been pregnant or gotten someone pregnant?
   
   ______ # times
   
   02  Not sure

Now, think about the last time you had vaginal sex. (If you have never had vaginal sex, go to Question 27.)

18. The last time you had vaginal sex, did you or your partner use any of these methods of birth control? Check all that apply.

   01  Condom
   02  Birth control pills
   03  The shot (for example, Depo Provera)
   04  The patch (for example, Ortho Evra)
   05  The ring (for example, NuvaRing)
   06  IUD, an intra-uterine device (for example, Mirena, Skyla, or Paragard)
   07  Arm Implant (for example, Nexplanon or Implanon)
   08  Other (please describe)________________________________________
   09  Did not use any method of birth control
   10  Have never had vaginal sex
18a. Thinking of the last time you had sex, did you NOT use any birth control because of any of these reasons? Check all that apply.

- 01 You did not expect to have sex
- 02 You did not think you could get pregnant
- 03 You didn’t really mind if you got pregnant
- 04 You were worried about the side effects of birth control
- 05 Your partner did not want to use a birth control method
- 06 You could not get a birth control method
- 07 You were not taking, or using, your method consistently
- 08 I did use a method of birth control the last time I had sex

18b. Thinking of the last time you had sex, did you use emergency birth control (Plan B or the “morning after pill”) after you had unprotected sex?

- 01 Yes
- 02 No

Now, please think about the past 3 months.

19. In the past 3 months, have you had vaginal sex, even once?

- 01 Yes
- 02 No ➔ Go to Question 27 on page 9, look for the arrow

20. In the past 3 months, how many times have you had vaginal sex? Your best guess is okay.

   ________ # times

- 02 Not sure

21. In the past 3 months, have you had vaginal sex without you or your partner using a condom?

- 01 Yes
- 02 No
22. In the past 3 months, how many times have you had vaginal sex without you or your partner using a condom?

__________ # times

☐ Not sure

23. In the past 3 months, have you had vaginal sex without you or your partner using any other methods of birth control? Other types of birth control are listed in the box.

☐ Yes  ☐ No  ☐ Don’t know

24. In the past 3 months, how many times have you had vaginal sex without you or your partner using any of these methods of birth control?

__________ # times

☐ Not sure

25. In the past 3 months, how many times have you had vaginal sex without you or your partner using any method of birth control (that is, you didn’t use any of the methods above or use a condom)?

__________ # times

☐ Not sure

26. What is the method of birth control you or your partner uses most often when you have vaginal sex? Please choose only one.

☐ Condom  ☐ Birth control pills

☐ The shot (for example, Depo Provera)  ☐ The patch (for example, Ortho Evra)

☐ The ring (for example, NuvaRing)  ☐ IUD (for example, Mirena, Skyla, or Paragard)

☐ Implant (for example, Implanon or Nexplanon)  ☐ Other (please describe)________________________________________
The next questions ask about testing for STIs (sexually transmitted infections).

27. Have you ever been tested for STIs (sexually transmitted infections) including HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.)

01 ○ Yes
02 ○ No

28. Have you ever been told by a doctor or nurse that you had an STI (sexually transmitted infection) such as genital herpes, genital warts, chlamydia, syphilis, gonorrhea, AIDS, or HIV infection?

01 ○ Yes
02 ○ No

29. How many times have you been told by a doctor or nurse that you had an STI (sexually transmitted infection)?

________ # times

02 □ Not sure

30. Did you ever seek treatment for an STI (sexually transmitted infection)?

01 ○ Yes
02 ○ No

31. Where did you seek treatment? Check all that apply.

01 □ Hospital
02 □ Community health clinic
03 □ School health center
04 □ Doctor’s office
05 □ Other (Specify) ________________________________
06 □ Did not seek treatment
32. Have any of these reasons kept you from getting tested for STIs (sexually transmitted infections) or HIV/AIDS? *If there was more than one reason, check all that apply.*

- [ ] You have never had sex
- [ ] It is too expensive
- [ ] You are afraid of what people might think
- [ ] You do not think you are at risk
- [ ] You do not want to know if you have something
- [ ] You do not know where to go to get tested
- [ ] You do not know what is involved in getting tested
- [ ] You do not know what it means to have a positive test
- [ ] Other (Specify) ____________________________

The next questions ask about what you think will happen next year.

33. Do you think you will have vaginal sex in the next year?  
   [By vaginal sex, we mean a penis in a vagina.]

- [ ] Yes, definitely
- [ ] Yes, probably
- [ ] No, probably not
- [ ] No, definitely not
- [ ] Don’t know

34. If you were to have vaginal sex in the next year, do you plan to use (or have your partner use) a condom?

- [ ] Yes, definitely
- [ ] Yes, probably
- [ ] No, probably not
- [ ] No, definitely not
- [ ] Won’t have sex
35. If you were to have vaginal sex in the next year, do you plan to use (or have your partner use) any of these other methods of birth control? Other types of birth control are listed in the box.

- "Yes, definitely"
- "Yes, probably"
- "No, probably not"
- "No, definitely not"
- "Won’t have sex"

- Birth control pills
- The shot (for example, Depo Provera)
- The patch (for example, Ortho Evra)
- The ring (for example, NuvaRing)
- IUD (for example, Mirena, Skyla, or Paragard)
- Arm Implant (for example, Nexplanon or Implanon)

36. In the next year, will you get tested for each of the following?

a. HIV, the virus that causes AIDS

- "Yes"
- "No"
- "Maybe"
- "Don’t know, haven’t thought about it"

b. Other STIs (sexually transmitted infections) such as chlamydia or gonorrhea

- "Yes"
- "No"
- "Maybe"
- "Don’t know, haven’t thought about it"

The next series of questions ask about doctor office or health clinic visits.

37. If you needed any kind of services of information on birth control, pregnancy, or STIs (sexually transmitted infection) would you go to the school nurse?

- "Yes"
- "No"
- "Not sure"
- "My school doesn’t have a school nurse"
38. Do you know of a place (other than the school nurse) where you can go for any kind of services or information on birth control, pregnancy, or STIs (sexually transmitted infections)?
   01 O Yes
   02 O No  ➔ Go to Question 43 on the next page, look for the

39. If you needed services or information on birth control, pregnancy, or STIs (sexually transmitted infections), where could you go for treatment? Check all that apply.
   01 ☐ Hospital
   02 ☐ Doctor or nurse at a clinic
   03 ☐ Mobile units
   04 ☐ Other (specify) _______________________________________

40. Are any of these places easy for you to get to?
   01 O Yes
   02 O No
   03 O Not sure

41. Do you need your parents’ permission to go to any of these places?
   01 O Yes
   02 O No
   03 O Not sure

42. If you went for treatment, does the doctor or nurse have to tell your parents about the visit?
   01 O Yes
   02 O No
   03 O Not sure
43. Have you ever received services or information on **birth control** when visiting a health facility or doctor?

- 01 Yes
- 02 No → Go to Question 44 below

43a. *In the last six months* how many times have you received services or information on **birth control** from a health facility or doctor?

_________ # times

- 02 Not sure

43b. *Thinking about your last visit,* did you go to a:

- 01 Hospital
- 02 Doctor or nurse at a clinic
- 03 School health center
- 04 Mobile unit
- 05 Other (specify) _______________________________________
- 06 Don’t know

44. Have you ever received services or information on **STIs (sexually transmitted infections)** when visiting a health facility or doctor?

- 01 Yes
- 02 No → Go to Question 45 on the next page

44a. *In the last six months* how many times have you received services or information on **STIs (sexually transmitted infections)** from a health facility or doctor?

_________ # times

- 02 Not sure

44b. *Thinking about your last visit,* did you go to a:

- 01 Hospital
- 02 Doctor or nurse at a clinic
- 03 School health center
- 04 Mobile unit
- 05 Other (specify) _______________________________________
- 06 Don’t know
45. When you last visited a health facility or doctor, what were your reasons for going? **Check all that apply.**

- [ ] Physical exam/Check up
- [ ] Birth control
- [ ] STI (sexually transmitted infection)
- [ ] Pregnancy test
- [ ] Pregnancy termination (abortion)
- [ ] Other (specify) ________________________________
- [ ] Do not remember

46. During your last visit, how often…

<table>
<thead>
<tr>
<th></th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. were office staff helpful?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. did you have a hard time speaking with a doctor or other health provider?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. did doctors or other health providers explain things in a way that you could understand?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

47. During your last visit, did you feel comfortable enough to ask questions of the doctor or nurse?

- [ ] Yes
- [ ] No
- [ ] Not sure
48. Did you know that if you are more than 12 years old, you can see a doctor or nurse in Illinois about birth control, STIs (sexually transmitted infections), or pregnancy without your parents’ permission?

  01  ☐ Yes
  02  ☐ No
  03  ☐ Not sure

49. Would you see a doctor or nurse about birth control, STIs (sexually transmitted infections), or pregnancy without your parents’ permission?

  01  ☐ Yes
  02  ☐ No
  03  ☐ Not sure

50. Has there ever been a time when you thought you should see a doctor or nurse about birth control, STIs (sexually transmitted infections), or pregnancy, but you did not?

  01  ☐ Yes
  02  ☐ No  ➔ Go to Question 52 on the next page

51. What kept you from seeing the doctor or nurse when you thought you really needed to? *If there was more than one reason, check all that apply.*

  01  ☐ Didn't know whom to go see
  02  ☐ Had no transportation
  03  ☐ No one was available to go along
  04  ☐ Parent or guardian would not go
  05  ☐ Didn't want parents to know about my sexual activity
  06  ☐ Didn't know how to make an appointment
  07  ☐ Afraid of what the doctor would say or do
  08  ☐ Thought the problem would go away
  09  ☐ Worried about cost
  10  ☐ Embarrassed
  11  ☐ Other (Specify) ________________________________________
The next four questions ask about your family, friends, and teachers.

52. Have you ever talked about sex with your parents or guardian?
   01 ○ Yes
   02 ○ No
   77 ○ Don’t know

53. How comfortable do you feel talking to a parent or guardian about sex?
   01 ○ Not comfortable
   02 ○ Somewhat comfortable
   03 ○ Very comfortable

54. Do you have an adult in your life, outside of your parent or guardian, whom you can trust?
   01 ○ Yes
   02 ○ No
   77 ○ Don’t know

55. How often can you rely on your friends for help if you have a problem?
   01 ○ Never
   02 ○ Hardly ever or rarely
   03 ○ Some of the time
   04 ○ Often
56. If you could design a place to go for sexual health services, how important would the following things be to you – very, somewhat, or not at all?

### a. Building or clinic area

<table>
<thead>
<tr>
<th>Item</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location is close, or easy to get to</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Separate entrance or waiting room for teens</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Magazines and posters on the walls that are made for teens</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Private exam and counseling areas</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Educational materials that are available to take with you</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Mobile clinic that visits your school or neighborhood</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Other (please explain)</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
</tbody>
</table>

### b. Staff

<table>
<thead>
<tr>
<th>Item</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff who speak my own language (e.g., English, Spanish, Polish)</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Staff who are comfortable talking with teens</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Staff who know about the latest information about birth control, STIs (sexually transmitted infections), and sexual health</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Staff who are non-judgmental</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Staff who do not pressure me</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Staff who explain things in a way that I understand</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Other (please explain)</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
</tbody>
</table>

### c. Services

<table>
<thead>
<tr>
<th>Item</th>
<th>Very important</th>
<th>Somewhat important</th>
<th>Not important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Free or low-cost services</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Many services are available including pregnancy and birth control counseling, HIV and other sexually transmitted infection (STI) testing and treatment</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Flexible hours (for example, lunch, evening, and weekend appointments)</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Referrals to other services like mental health and social services</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Help making appointments with doctors or other types of services</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Walk-in appointments available</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Information about services available on the Internet</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
<tr>
<td>Other (please explain)</td>
<td>01</td>
<td>02</td>
<td>03</td>
</tr>
</tbody>
</table>
The last few questions are about you and your life.

57. Do you consider yourself mostly white or Caucasian, Black or African-American, American Indian, Asian or something else?

01 ○ White/Caucasian
02 ○ Black/African American
03 ○ American Indian or Alaskan Native
04 ○ Asian or Pacific Islander
05 ○ Other (specify) _________________________________
06 ○ Don’t Know

58. Do you consider yourself Hispanic or Latino?

01 ○ Yes
02 ○ No
03 ○ Don’t know

59. Which of the following best describes you?

01 ○ Female
02 ○ Male
03 ○ Transgender
04 ○ Unknown/Questioning
05 ○ Other (please specify) _________________________________

60. People are different in their sexual attraction to other people. Which best describes your feelings? Are you…

01 ○ Only attracted to females
02 ○ Mostly attracted to females
03 ○ Equally attracted to females and males
04 ○ Mostly attracted to males
05 ○ Only attracted to males
06 ○ Questioning/not sure
61. During your life, with whom have you had sexual activity? For this survey, sexual activity means touching genitals or having oral, anal, or vaginal sex.

- 01 I have never had sexual contact
- 02 Females only
- 03 Males only
- 04 Females and males

62. Who lives in the same household with you? **Check all that apply.**

- 01 Mom
- 02 Dad
- 03 Brother or sister
- 04 Your child
- 05 Grandmother
- 06 Grandfather
- 07 Aunt
- 08 Uncle
- 09 Cousin
- 10 Other relative
- 11 Friend
- 12 Stepmom, stepdad, or parent’s boyfriend or girlfriend

63. What language is usually spoken in your home?

- 01 English
- 02 Spanish
- 03 Both English and Spanish
- 04 Other
- 77 Don’t know

64. How far are you planning to go in school?

- 01 Won’t finish high school
- 02 Will graduate from high school
- 03 Will attend college or trade school, but probably won’t finish
- 04 Will graduate community college or trade school
- 05 Will graduate from a four year college
- 06 Other
- 77 Don’t know
Please tell us if there is something you would like to learn more about in the CHAT Program!

Please seal your survey in the envelope. Thank you very much for your help.