

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?

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

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

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

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

	Agree	Disagree	Don't know
a. Unless you have sex with a lot of people, STIs (sexually transmitted infections) are not something you have to worry about	⁰¹ ○	⁰² ○	⁷⁷ ○
b. STIs (sexually transmitted infections) can only be spread when people show symptoms	⁰¹ ○	⁰² ○	⁷⁷ ○
c. If someone I was dating had an STI (sexually transmitted infection), I would know it	⁰¹ ○	⁰² ○	⁷⁷ ○
d. STIs (sexually transmitted infections) are annoying, but they do not have any serious health effects	⁰¹ ○	⁰² ○	⁷⁷ ○

9. You can get an STI (sexually transmitted infection) from the following sexual activities **(check all that apply)**:

- ⁰¹ Vaginal sex (penis in vagina)
- ⁰² Oral sex
- ⁰³ Anal sex
- ⁰⁴ Genital to genital touching
- ⁰⁵ Kissing
- ⁷⁷ Don't Know

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

- ⁰¹ Vaginal sex (penis in vagina)
- ⁰² Oral sex
- ⁰³ Anal sex
- ⁰⁴ Genital to genital touching
- ⁰⁵ Kissing
- ⁷⁷ Don't Know

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

		Yes	No	Don't know
a.	Some kinds of cancer	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁷⁷ <input type="radio"/>
b.	Problems with fertility, that is, difficulty having children	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁷⁷ <input type="radio"/>
c.	Increased risk for HIV/AIDS	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁷⁷ <input type="radio"/>

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

b. Preventing HIV/AIDS? *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

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?

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


14. Do you agree or disagree with these opinions?

	Agree	Disagree	Don't know
a. Buying condoms is embarrassing.	01 <input type="radio"/>	02 <input type="radio"/>	77 <input type="radio"/>
b. It is hard to bring up the topic of condoms with the person you're having sex with.	01 <input type="radio"/>	02 <input type="radio"/>	77 <input type="radio"/>
c. Birth control is very expensive.	01 <input type="radio"/>	02 <input type="radio"/>	77 <input type="radio"/>

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

⁰² 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.*

⁰¹ Yes

⁰² No

⁷⁷ Don't know

- ❖ *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)*

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

⁰² 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

⁰² 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.***

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) _____

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) _____

⁰⁵ 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.*

- ⁰¹ You have never had sex
- ⁰² It is too expensive
- ⁰³ You are afraid of what people might think
- ⁰⁴ You do not think you are at risk
- ⁰⁵ You do not want to know if you have something
- ⁰⁶ You do not know where to go to get tested
- ⁰⁷ You do not know what is involved in getting tested
- ⁰⁸ You do not know what it means to have a positive test
- ⁰⁹ 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.]

- ⁰¹ Yes, definitely
- ⁰² Yes, probably
- ⁰³ No, probably not
- ⁰⁴ No, definitely not
- ⁰⁵ 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?

- ⁰¹ Yes, definitely
- ⁰² Yes, probably
- ⁰³ No, probably not
- ⁰⁴ No, definitely not
- ⁰⁵ 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.*

- ⁰¹ Yes, definitely
⁰² Yes, probably
⁰³ No, probably not
⁰⁴ No, definitely not
⁰⁵ 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

- ⁰¹ Yes
⁰² No
⁰³ Maybe
⁷⁷ Don't know, haven't thought about it

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

- ⁰¹ Yes
⁰² No
⁰³ Maybe
⁷⁷ 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 or information on birth control, pregnancy, or STIs (sexually transmitted infection) would you go to the school nurse?

- ⁰¹ Yes
⁰² No
⁰³ Not sure
⁰⁴ 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 Yes

⁰² 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 Yes

⁰² No

⁰³ Not sure

41. Do you need your parents' permission to go to any of these places?

⁰¹ Yes

⁰² No

⁰³ Not sure

42. If you went for treatment, does the doctor or nurse *have* to tell your parents about the visit?

⁰¹ Yes

⁰² No

⁰³ 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.***

- ⁰¹ Physical exam/Check up
- ⁰² Birth control
- ⁰³ STI (sexually transmitted infection)
- ⁰⁴ Pregnancy test
- ⁰⁵ Pregnancy termination (abortion)
- ⁰⁶ Other (specify) _____
- ⁰⁷ Do not remember

46. During your last visit, how often...

	Never	Sometimes	Usually	Always
a. were office staff helpful?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
b. did you have a hard time speaking with a doctor or other health provider?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>
c. did doctors or other health providers explain things in a way that you could understand?	⁰¹ <input type="radio"/>	⁰² <input type="radio"/>	⁰³ <input type="radio"/>	⁰⁴ <input type="radio"/>

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

- ⁰¹ Yes
- ⁰² No
- ⁰³ 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	Very important	Somewhat important	Not important
Location is close, or easy to get to	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Separate entrance or waiting room for teens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Magazines and posters on the walls that are made for teens	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Private exam and counseling areas	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Educational materials that are available to take with you	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Mobile clinic that visits your school or neighborhood	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Other (please explain) _____	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

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

c. Services	Very important	Somewhat important	Not important
Free or low-cost services	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Many services are available including pregnancy and birth control counseling, HIV and other sexually transmitted infection (STI) testing and treatment	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Flexible hours (for example, lunch, evening, and weekend appointments)	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Referrals to other services like mental health and social services	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Help making appointments with doctors or other types of services	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Walk-in appointments available	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Information about services available on the Internet	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>
Other (please explain) _____	01 <input type="radio"/>	02 <input type="radio"/>	03 <input type="radio"/>

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.***

- | | |
|--|---|
| <input type="checkbox"/> ⁰¹ Mom | <input type="checkbox"/> ⁰⁸ Uncle |
| <input type="checkbox"/> ⁰² Dad | <input type="checkbox"/> ⁰⁹ Cousin |
| <input type="checkbox"/> ⁰³ Brother or sister | <input type="checkbox"/> ¹⁰ Other relative |
| <input type="checkbox"/> ⁰⁴ Your child | <input type="checkbox"/> ¹¹ Friend |
| <input type="checkbox"/> ⁰⁵ Grandmother | <input type="checkbox"/> ¹² Stepmom, stepdad, or parent's
boyfriend or girlfriend |
| <input type="checkbox"/> ⁰⁶ Grandfather | |
| <input type="checkbox"/> ⁰⁷ Aunt | |

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

Survey ID _____

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.