

# ADOLESCENT FAMILY LIFE CARE PROGRAMS CORE BASELINE QUESTIONNAIRE

## FOR PREGNANT TEENS

### PRIVACY

We want you to know that:

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

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

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

To be completed by project staff:

1. Client ID:						
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2. Site Number:						
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	M	M	D	D	Y	Y
3. Today's Date:						

4. Site Name: \_\_\_\_\_

## GENERAL INSTRUCTIONS

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

**INCORRECT    CORRECT**



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

Follow the directions for responding to each kind of question. These are:

### 1. MARK ONE

What is the color of your eyes?

**Mark one**

- <sub>1</sub> Brown  
<sub>2</sub> Blue  
<sub>3</sub> Green  
<sub>4</sub> Another color

If the color of your eyes is green, you would mark the third box as shown.

### 2. MARK ONE

What is the color of your hair?

**Mark one**

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

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

## GENERAL INSTRUCTIONS (continued)

### 3. BLANK BOX

If a question has only a blank box, write your answer in the space provided.

**What is the name of the school you are currently attending?**

Springfield Middle School

### 4. MARK ONE OR MORE

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

**Mark one or more**

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

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

### 5. QUESTION WITH A SKIP

1. Do you ever eat chocolate?

**Mark one**

- Yes
- No → GO to 3

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

**Mark one**

- Yes
- No

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

**Mark one or more**

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

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

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

## ABOUT THE FUTURE

Think about the future and answer these questions:

1. How important is it to you to graduate high school? Or to graduate vocational or trade school?

**MARK ONE**

- <sub>1</sub> Not important at all
- <sub>2</sub> Somewhat important
- <sub>3</sub> Very important
- <sub>4</sub> Extremely important
- <sub>96</sub> Already graduated

Answer the next question using a scale from 1 to 5. 1 is "not at all," and 5 is "a lot."

2. How much do you want to get more education or training? This could be college, vocational or technical school, or a nursing certification.

**MARK ONE**

**NOT AT ALL****A LOT****DON'T KNOW**

- <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>    <sub>97</sub>

3. How important is it for you to get training to get the kind of job you want?

**MARK ONE**

**NOT IMPORTANT****VERY IMPORTANT****DON'T KNOW**

- <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>    <sub>97</sub>

## WHAT YOU THINK

4. Please mark how much you agree or disagree with this statement:

It is better for a person to get married than to go through life being single.

**MARK ONE**

- <sub>1</sub> Strongly agree
- <sub>2</sub> Agree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Disagree
- <sub>5</sub> Strongly disagree
- <sub>97</sub> Don't know

5. How much do you stay away from people who might get you into trouble?

**MARK ONE**

- <sub>1</sub> Almost never
- <sub>2</sub> Some of the time
- <sub>3</sub> Usually
- <sub>4</sub> Almost always

Please mark how much the following statements sound like you.

6. I think I should work to get something, if I really want it.

**MARK ONE**

- <sub>1</sub> Not at all like me
- <sub>2</sub> A little like me
- <sub>3</sub> Mostly like me
- <sub>4</sub> Very much like me
- <sub>97</sub> Don't know

7. I make decisions to help me reach my goals.

**MARK ONE**

- <sub>1</sub> Not at all like me  
<sub>2</sub> A little like me  
<sub>3</sub> Mostly like me  
<sub>4</sub> Very much like me  
<sub>97</sub> Don't know

8. Some young women feel they are not ready to be a parent. For these women, I think adoption is a good choice.

**MARK ONE**

- <sub>1</sub> Not at all like me  
<sub>2</sub> A little like me  
<sub>3</sub> Mostly like me  
<sub>4</sub> Very much like me  
<sub>97</sub> Don't know

The next question is about your mother or father. Or a person like a mother or father to you.

9. How often do you talk to your mother or father about your problems?

**MARK ONE**

- <sub>1</sub> Almost never  
<sub>2</sub> Some of the time  
<sub>3</sub> Usually  
<sub>4</sub> Almost always  
<sub>96</sub> There is no person who is like a mother or father to me

## ABOUT YOUR HEALTH

This next question is about your health.

10. These are some ways people try to avoid sexually transmitted diseases. What way(s) did you try this month?

**MARK ONE OR MORE**

- <sub>1</sub> No method used this month  
<sub>2</sub> Abstinence (did not have sex this month)  
<sub>3</sub> Condom  
<sub>4</sub> Female condom, vaginal pouch  
<sub>5</sub> Other method

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

11. How many weeks or months pregnant are you?

<sub>1</sub> Weeks or  <sub>2</sub> Months

12. Including this pregnancy, how many times have you been pregnant in your life?

**MARK ONE**

- <sub>1</sub> Once  
<sub>2</sub> Twice  
<sub>3</sub> Three times  
<sub>4</sub> More than three times

## ABOUT YOU

These questions ask about you.

13. How old are you?

**MARK ONE**

- <sub>1</sub> 12 years old or younger
- <sub>2</sub> 13 years old
- <sub>3</sub> 14 years old
- <sub>4</sub> 15 years old
- <sub>5</sub> 16 years old
- <sub>6</sub> 17 years old
- <sub>7</sub> 18 years old
- <sub>8</sub> 19 years old or older

14. What is your marital status?

**MARK ONE**

- <sub>1</sub> Single, never married (including living with someone or engaged)
- <sub>2</sub> Married
- <sub>3</sub> Separated or divorced
- <sub>4</sub> Widowed
- <sub>5</sub> Other (Describe \_\_\_\_\_)

15. Which of these statements best describes your relationship with the father of the baby you are expecting?

**MARK ONE**

- <sub>1</sub> We do not see or talk to each other
- <sub>2</sub> We hardly ever see or talk to each other
- <sub>3</sub> We are just friends
- <sub>4</sub> We are involved in an on-again, off-again relationship
- <sub>5</sub> We are romantically involved on a steady basis but are not married
- <sub>6</sub> We are married (**SKIP TO # 19**)
- <sub>7</sub> Don't know

**IF YOU ARE MARRIED TO THE FATHER OF THE BABY YOU ARE EXPECTING, SKIP TO # 19.**

16. Do you and the father of your baby have a legal agreement for child support, alimony, custody, visitation, or where the child will live?

- <sub>1</sub> Yes
- <sub>0</sub> No

17. Does the father of your baby give you money, buy clothes for the baby, pay for doctor visits, or provide other kinds of support?

- <sub>1</sub> Yes
- <sub>0</sub> No

18. Does the father of your baby do things to help you with your pregnancy? Some things may be to provide transportation to the pre-natal clinic or help with chores.

- <sub>1</sub> Yes
- <sub>0</sub> No

19. Who do you live with now?

**MARK ALL THAT APPLY**

- a. I live alone
- b. With husband
- c. With my mother (include stepmother)
- d. With my father (include stepfather)
- e. With baby's father
- f. With baby's father's mother
- g. With baby's father's father
- h. With partner
- i. With other relatives
- j. With friends
- k. In a group home/institution
- l. In a foster home
- m. Other (Describe \_\_\_\_\_)

20. Think about any children who may live with you. How many are under your care?

**MARK ONE**

- <sub>0</sub> Zero **(SKIP TO #22)**
- <sub>1</sub> One
- <sub>2</sub> Two
- <sub>3</sub> Three or more

21. How many of these children were born to you?

**MARK ONE**

- <sub>0</sub> Zero
- <sub>1</sub> One
- <sub>2</sub> Two
- <sub>3</sub> Three or more

22. Are you Hispanic or Latino?

- <sub>1</sub> Yes
- <sub>0</sub> No

23. Mark the box or boxes to describe your race.

**MARK ONE OR MORE**

- <sub>1</sub> White
- <sub>2</sub> Black or African American
- <sub>3</sub> Asian
- <sub>4</sub> Native Hawaiian or Other Pacific Islander
- <sub>5</sub> American Indian or Alaska Native
- <sub>6</sub> Other (Describe \_\_\_\_\_)

24. What is your current school status?

**MARK ONE**

- <sub>1</sub> In school or GED program
- <sub>2</sub> Graduated from high school or completed GED **(SKIP TO #26)**
- <sub>3</sub> Dropped out of school
- <sub>4</sub> Other  
(Describe \_\_\_\_\_)

25. **IF YOU HAVE NOT FINISHED HIGH SCHOOL OR COMPLETED YOUR GED:**

Do you want to have another baby before you finish high school?

- <sub>1</sub> Yes
- <sub>0</sub> No
- <sub>97</sub> Don't know

26. What is the highest grade you have completed?

**MARK ONE**

- <sub>1</sub> 8<sup>th</sup> grade or below
- <sub>2</sub> 9<sup>th</sup> grade
- <sub>3</sub> 10<sup>th</sup> grade
- <sub>4</sub> 11<sup>th</sup> grade
- <sub>5</sub> 12<sup>th</sup> grade
- <sub>6</sub> Some college
- <sub>7</sub> College degree or more
- <sub>97</sub> Don't know

27. Have you ever been in a job training program?

- <sub>1</sub> Yes
- <sub>0</sub> No **(SKIP TO #29)**

28. Did you ever complete a job training program?

**MARK ONE**

- <sub>1</sub> Yes
- <sub>2</sub> No and not now in a job training program
- <sub>3</sub> No and now in a job training program



29. How many hours do you work per week?

**WRITE 00 IF YOU DO NOT WORK**

Hours per week

30. Do you receive money or aid from any of the following sources?

**MARK ALL THAT APPLY**

- a. Medicaid
- b. Food stamps
- c. WIC (Women, Infants, and Children) Program
- d. TANF (Temporary Aid to Needy Families)
- e. Social Security
- f. Unemployment or Workers' Compensation
- g. Other public aid
- h. Child support
- i. My job
- j. Husband or partner
- k. Parent(s)
- l. Other (Describe \_\_\_\_\_)

31. What is your main source of financial support?

**MARK ONE**

- <sub>1</sub> My job
- <sub>2</sub> Husband or partner
- <sub>3</sub> Parents
- <sub>4</sub> Public aid
- <sub>5</sub> Other relatives
- <sub>6</sub> Other (Describe \_\_\_\_\_)

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