



Manhood 2.0 Program Evaluation

Baseline Survey

Thank you for your help with this important study. It will help us understand what things are like for young men your age today. Everything you say will be kept confidential.

We want you to know that:

1. You may skip any questions you do not wish to answer.
2. The answers you give will never be reported as yours. Your responses will be combined with those of other young men in the study.
3. Please choose answers that are most true for you.
4. Please erase completely if you need to change an answer.

Today's Date: _____

Participant ID Number: _____

Section 1: You and Your Background

We will ask you for your contact information so that we can keep up with you throughout the study.

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Email: _____

Preferred method of contact (phone or email): _____

If you live with a parent or guardian, please provide their phone number. Otherwise, please provide contact information for someone else who can get in touch with you. This can be a family member, friend, or other contact.

Other contact name: _____

Relationship to other contact: _____

Other contact's Phone Number: _____

Other contact's Email: _____

1. On what month, day, and year were you born?

| | | |
|---|---|--|
| Mark (X) one month <input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December | Mark (X) one day <input type="radio"/> 1 <input type="radio"/> 16 <input type="radio"/> 2 <input type="radio"/> 17 <input type="radio"/> 3 <input type="radio"/> 18 <input type="radio"/> 4 <input type="radio"/> 19 <input type="radio"/> 5 <input type="radio"/> 20 <input type="radio"/> 6 <input type="radio"/> 21 <input type="radio"/> 7 <input type="radio"/> 22 <input type="radio"/> 8 <input type="radio"/> 23 <input type="radio"/> 9 <input type="radio"/> 24 <input type="radio"/> 10 <input type="radio"/> 25 <input type="radio"/> 11 <input type="radio"/> 26 <input type="radio"/> 12 <input type="radio"/> 27 <input type="radio"/> 13 <input type="radio"/> 28 <input type="radio"/> 14 <input type="radio"/> 29 <input type="radio"/> 15 <input type="radio"/> 30 <input type="radio"/> <input type="radio"/> 31 | Mark (X) one year <input type="radio"/> 1994 <input type="radio"/> 1995 <input type="radio"/> 1996 <input type="radio"/> 1997 <input type="radio"/> 1998 <input type="radio"/> 1999 <input type="radio"/> 2000 <input type="radio"/> 2001 <input type="radio"/> 2002 <input type="radio"/> 2003 <input type="radio"/> 2004 |
|---|---|--|

2. What grade are you in? (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

- 8th grade or less
- 9th grade
- 10th grade
- 11th grade
- 12th grade
- I dropped out of school, and I am not working on getting a high school diploma or GED
- I am working towards a GED
- I have a high school diploma/GED but I am not currently enrolled in college/technical school
- I have a high school diploma/GED and I am currently enrolled in college/technical school

3. Which of the following best describes you?

Mark (X) one

- Male
- Female
- Transgender
- Unknown
- Other

4. Are you of Hispanic or Latino origin?

Mark (X) one

- Yes
- No

5. What best describes your racial or ethnic background?

Select (X) all that apply

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

6. Who lives with you in your home? If you live in two or more homes, please think about the home where you spend most of your time.

Select (X) all the people who live with you.

- Your mother, or the person you think of as your mother
- Your father, or the person you think of as your father
- Any grandparents
- Any brothers or sisters
- Any aunts, uncles, or other relatives
- Your child
- Your current girlfriend/boyfriend
- Your spouse
- Friends or roommates
- You live by yourself

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

Mark (X) one

- Only attracted to females
- Mostly attracted to females
- Equally attracted to females and males
- Mostly attracted to males
- Only attracted to males
- Questioning/not sure

8. During your life, with whom have you had sexual contact? By sexual contact, we mean touching private parts or having oral, anal, or vaginal sex.

Mark (X) one

- Females
- Males
- Females and males
- Have not had sexual contact

9. What is your current relationship status?

Mark (X) one

- Married
- Not married, but living together
- In a serious dating relationship
- In a casual dating relationship
- Only having sex
- Not in a relationship

10. How many biological children do you have?

Mark (X) one

- 0
- 1
- 2 or more

Now we're going to ask you some questions about your family, your upbringing, and where you live.

11. Did your mother have a baby when she was a teenager?

Mark (X) one

- Yes
- No
- Don't Know
- I do not have a mother or person I think of as a mother

12. Did your father have a baby when he was a teenager?

Mark (X) one

- Yes
- No
- Don't Know
- I do not have a father or person I think of as a father

13. Before age 18, were your parents separated or divorced?

Mark (X) one

- Yes
- No
- Parents were never married
- Don't Know/Not Sure
- Do not want to answer

14. Before age 18, did you live with anyone who...

Mark (X) one for each question

| | Yes | No | Don't Know/ Not Sure | Do Not Want to Answer |
|--|-----------------------|-----------------------|-------------------------|--------------------------|
| a. Was depressed, mentally ill, or suicidal? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Was a problem drinker or alcoholic? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Used illegal street drugs or who abused prescription medications? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Served time or was sentenced to serve time in prison, jail, or other correctional facility? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

15. Before age 18...

Mark (X) one for each question

| | Never | Once | More than Once | Don't Know/ Not Sure | Do Not Want to Answer |
|---|-----------------------|-----------------------|-----------------------|----------------------------|-----------------------------|
| a. How often did your parents or adults in your home ever hit, kick, punch, or beat each other up? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. How often did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way? Do not include spanking. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. How often did a parent or adult in your home ever curse at you, insult you, or put you down? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

16. Below are some events that may or may not have happened in your neighborhood.

Mark (X) one for each question

| | Never | Rarely | Sometimes | Very Often | Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. During the past year, how often was there a fight in which a weapon like a gun or knife was used in your neighborhood? Was it... | <input type="radio"/> |
| b. During the past three months, how often was there a violent argument between neighbors? Was it... | <input type="radio"/> |
| c. During the past year, how often was there people selling or using drugs in your neighborhood? Was it... | <input type="radio"/> |
| d. During the past year, how often was there a robbery or mugging in your neighborhood? Was it... | <input type="radio"/> |
| e. During the past year, how often have you witnessed someone make unwanted sexual comments to a woman or girl in your neighborhood? Was it... | <input type="radio"/> |

17. Please indicate how often this happens.

Mark (X) one for each question

| | Never | Rarely | Sometimes | Very Often | Always |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. How often do you get along well with people of different races, cultures, and religions? | <input type="radio"/> |
| b. How often do you listen to other people's ideas? | <input type="radio"/> |
| c. How often do you control your anger when you have a disagreement with a friend? | <input type="radio"/> |
| d. How often can you discuss a problem with a friend without making things worse? | <input type="radio"/> |
| e. How often do you respect other points of view, even if you disagree? | <input type="radio"/> |

18. During the past year, did you ever feel so sad or hopeless almost every day for two weeks or more in a row that you stopped doing some usual activities?

Mark (X) one

- Yes
- No

19. When you feel sad, depressed, or stressed whom do you seek help from **first**?

Mark (X) one

- Mother
- Father
- Both parents together
- Girlfriend or partner
- Male friend
- Female friend
- Sibling
- I don't seek help from anyone
- Don't know

Section 2: Sexual and Reproductive Health Services

The next question asks about your experience with birth control and use of sexual and reproductive health services with a sexual partner.

20. Have you ever...

Select (X) all that apply

- Gone with a partner to a Planned Parenthood clinic or other clinic for family planning services
- Paid/helped pay for birth control method or family planning clinic visits for a partner
- Looked for information on different birth control methods (for example, side effects, how well they work, etc.) with a partner
- Helped remind a partner to use their birth control method regularly (for example, to take pills or return to the clinic when they're due for a shot)
- Picked up birth control prescription for a partner
- I have not done any of these things

21. In the past 3 months, have you received any information or learned about any of the following?

| Mark (X) one for each question | Yes | No |
|---|-----------------------|-----------------------|
| a. Relationships, dating, or marriage | <input type="radio"/> | <input type="radio"/> |
| b. Abstinence from sex | <input type="radio"/> | <input type="radio"/> |
| c. Condoms | <input type="radio"/> | <input type="radio"/> |
| d. Other methods of birth control, such as birth control pills, the shot, the patch, the ring, the IUD, the implant, etc. | <input type="radio"/> | <input type="radio"/> |
| e. Sexually transmitted diseases also known as STDs/STIs | <input type="radio"/> | <input type="radio"/> |



IF YOU SAID NO TO 21a, 21b, 21c, 21d, and 21e, GO TO QUESTION 23

22. Thinking about the past 3 months, did you get this information on relationships, abstinence, birth control, or sexual transmitted diseases at each of the following places?

| Mark (X) one for each question | Yes | No |
|---|-----------------------|-----------------------|
| a. School class | <input type="radio"/> | <input type="radio"/> |
| b. Community center, after-school activity (such as LAYC), or religious class | <input type="radio"/> | <input type="radio"/> |
| c. Doctor, nurse, or clinic (health center) | <input type="radio"/> | <input type="radio"/> |
| d. Friends | <input type="radio"/> | <input type="radio"/> |
| e. Parents, other family members, or group home | <input type="radio"/> | <input type="radio"/> |
| f. Internet and social media | <input type="radio"/> | <input type="radio"/> |
| g. Other | <input type="radio"/> | <input type="radio"/> |

23. In the past year, have you visited a health care provider (clinic or doctor's office) for any sexual or reproductive health services? These services include testicular exams, condom/birth control counseling; testing, treatment, or counseling for sexually transmitted infections or HIV/AIDS, and other similar services. Remember that all of your answers will be kept private.

Mark (X) one

Yes

No

The next questions ask about testing for STDs/STIs.

24. Have you ever been tested for an STD/STI? (STD/STI means a sexually transmitted disease/infection like genital warts, herpes, Chlamydia, gonorrhea, syphilis, HIV, or Trichomonas)

Mark (X) one

Yes

No

25. Have you ever been told by a doctor or nurse that you have an STD/STI? (STD/STI means a sexually transmitted disease/infection like genital warts, herpes, Chlamydia, gonorrhea, syphilis, HIV, or Trichomonas)

Mark (X) one

Yes

No

Section 3: Sexual Behaviors

The next questions are about vaginal sex. By vaginal sex, we mean a penis in a vagina. Please do not report on episodes of oral or anal sex in this section. Remember that all of your answers will be kept private.

26. Have you ever had vaginal sex?

Yes

No  -> Go to Question 36

27. How old were you when you first had vaginal sex?

_____ (specify age)

28. Now please think about the past 3 months. In those 3 months, did you have vaginal sex, even once?

Mark (X) one

Yes

No  -> Go to Question 33

29. In the past 3 months, with how many people did you have vaginal sex?

_____ (specify number of people)

30. In the past 3 months, have you had vaginal sex with someone...

Select (X) all that apply

Younger than 20

Younger than 18

Younger than you

None of the above

31. In the past 3 months, have you had vaginal sex without using a condom?

Mark (X) one

Yes

No

32. In the past 3 months, did you have vaginal sex without you or your sexual partner using any method of birth control (including condoms)?

Methods of birth control can include condoms, birth control pills, the shot (for example, Depo Provera), the patch (for example, Ortho Evra), the ring (for example, NuvaRing), an IUD (for example, Mirena, Skyla, or Paragard), or an implant (for example, Implanon or Nexplanon).

Mark (X) one

- Yes
- No

33. Now thinking about the last time you had vaginal sex, did you or your sexual partner use any of these methods of birth control?

Select (X) all that apply

- 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 and Nexplanon)
- Did not use any method



IF YOU SELECTED ONLY “CONDOM” OR ONLY “DID NOT USE ANY METHOD,” GO TO QUESTION 36.

34. How confident are you that your partner used the method(s) you reported in the last question?

Mark (X) one

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

35. How do you know that your partner used the method(s) you reported the last time you had vaginal sex?

Select (X) all that apply

- I saw her use the birth control (for example, take a pill, saw the patch or implant)
- She told me she was using birth control
- I went to the doctor/clinic/pharmacy with her to get the birth control
- I assumed she was using birth control
- I don't know if she used it
- Other

The following questions ask about oral sex. By oral sex, we mean a mouth on the genitals. This does not include vaginal or anal sex.

36. Now please think about the past 3 months. In the past 3 months, have you had oral sex, even once?

Mark (X) one

- Yes
- No  -> Go to Question 38

37. In the past 3 months, have you had oral sex without you or your partner using protection (for example, a condom or dental dam)?

Mark (X) one

- Yes
- No

The following questions ask about anal sex. By anal sex, we mean a penis in an anus, or butt. This does not include vaginal or oral sex.

38. Have you ever had anal sex?

Mark (X) one

- Yes
- No  -> Go to Question 41

39. Have you ever had anal sex without you or your partner using a condom?

Mark (X) one

Yes

No

40. Who have you ever had anal sex with?

Mark (X) one

Males

Females

Males and females

Section 4: Pregnancy

41. Have you ever had a pregnancy scare? (You were worried your sexual partner might be pregnant even though she was not).

Mark (X) one

- Yes
- No

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

Mark (X) one

- Yes
- No  -> **Go to Question 46**
- Don't Know  -> **Go to Question 46**

43. To the best of your knowledge, how many times have you gotten someone pregnant?

_____ (specify number of times)

44. How old were you when you first got someone pregnant?

_____ (specify age)

45. Think about the first time you got somebody pregnant. How old was your sexual partner when she found out she was pregnant?

Mark (X) one

- Under 18
- 18-19
- 20 or older

Section 5: Condom and Contraception Knowledge and Attitudes

46. How much do you know about the following?

| Mark (X) one for each question | Have Not Heard of It | I Don't Know Much | I Know Some | I Know a Lot |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Birth control pills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. The shot (for example, Depo Provera) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. The patch (for example, Ortho Evra) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. The ring (for example, NuvaRing) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. IUD (for example, Mirena, Skyla, or Paragard) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Implant (for example, Implanon or Nexplanon) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

47. For the following set of statements, please indicate whether you think the statement is true or false.

| Mark (X) one for each question | True | False | Don't Know |
|---|-----------------------|-----------------------|-----------------------|
| a. Condoms have an expiration date. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. It is okay to use petroleum jelly or Vaseline as a lubricant when using latex condoms. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. When using a condom, it is important for the man to pull out right after ejaculation. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. A person can be infected with an STD/STI and show no symptoms. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. If condoms are used correctly and consistently, they can decrease the risk of getting sexually transmitted infections (STDs/STIs). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. If birth control pills are used correctly and consistently, they can decrease the risk of getting sexually transmitted infections (STDs/STIs). | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. The birth control pill is more effective at preventing pregnancy than the condom. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

48. Please indicate if you agree or disagree with the following statements.

| Mark (X) one for each question | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Condoms are a hassle to use | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Condoms are easy to get | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Condoms mean you don't trust your partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. It does not matter whether you use birth control or not; when it's your time to get pregnant, it will happen | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

49. For the following set of statements, please indicate how likely you think it is that most women will experience the effect.

| Mark (X) one for each question | Not at All Likely | A Little Likely | Somewhat Likely | Extremely Likely |
|---|------------------------------|----------------------------|----------------------------|-----------------------------|
| a. If a woman uses the birth control pill or other hormonal methods, how likely is she to gain weight? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. If a woman uses the birth control pill or other hormonal methods, how likely is it to reduce her desire for sex? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. If a woman uses the birth control pill or other hormonal methods for many years, how likely is it to give her a serious health problem, like cancer? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

50. How important is it for you to...

| Mark (X) one for each question | Not at All Important | Somewhat Important | Important | Very Important |
|--|---------------------------------|-------------------------------|-----------------------|---------------------------|
| a. Go to a doctor or clinic with your partner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Help pay for your partner's birth control | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Remind your partner to use their birth control correctly (for example, take a pill every day, get a new shot) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

51. In a relationship, who should be responsible for the following...

| Mark (X) one for each question | All You | Mostly You | You and Your Partner | Mostly Your Partner | All Your Partner |
|---|-----------------------|-----------------------|---------------------------------|--------------------------------|-----------------------------|
| a. Condoms? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Birth control (other than condoms)? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Preventing pregnancy? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Deciding whether or not to have sex? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 6: Intentions

Now we would like you to think about things you may do in the future, if you have the chance.

52. How likely is it that you will get someone pregnant in the next year?

Mark (X) one

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

53. If you got a female pregnant right now, how would you feel?

Mark (X) one

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

54. If you were to have vaginal sex in the next 3 months, do you intend to use a condom?

Mark (X) one

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

55. If you were to have vaginal sex in the next 3 months, do you intend to use (or have your partner use) any method of birth control (including condoms) to protect against pregnancy? *Methods of birth control can include condoms, birth control pills, the shot (for example, Depo Provera), the patch (for example, Ortho Evra), the ring (for example, NuvaRing), an IUD (for example, Mirena, Skyla, or Paragard), or an implant (for example, Implanon or Nexplanon).*

Mark (X) one

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

56. If you were to have vaginal sex in the next 3 months, do you intend to use a condom and have your partner use a method of birth control?

Mark (X) one

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

Section 7: Gender

57. For each statement below, please choose whether you STRONGLY DISAGREE, DISAGREE, AGREE, or STRONGLY AGREE with that statement.

| Mark (X) one for each question | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. A guy takes responsibility for his actions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. A guy never needs to hit another guy to get respect. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. It bothers me when a guy acts like a girl. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Guys should sleep with as many girls as possible. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. If a guy tells people his problems, he will look weak. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. In a good dating relationship, the guy gets his way most of the time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Guys should only have sex with girls. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

58. For each statement below, please choose whether you STRONGLY DISAGREE, DISAGREE, AGREE, or STRONGLY AGREE with that statement.

| Mark (X) one for each question | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I would be friends with a guy who is gay. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. A guy should share in household chores. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Guys don't turn down sex. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. It is normal for most guys to have sex during high school. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Guys have girlfriends for fun more than love. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Guys tell girls they love them when they don't. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Guys lose interest in a girl after they have sex with her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Guys fool girls into having sex with them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

59. For each statement below, please choose whether you STRONGLY DISAGREE, DISAGREE, AGREE, or STRONGLY AGREE with that statement.

| Mark (X) one for each question | Strongly Disagree | Disagree | Agree | Strongly Agree |
|--|------------------------------|-----------------------|-----------------------|---------------------------|
| a. A girl wearing revealing clothing deserves to have comments made about her. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. If a girl is forced to have sex it is often because she did not say "no" clearly enough. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. In a sexual relationship, it is mainly a girl's responsibility to make decisions about birth control. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Girls who cheat on their boyfriends deserve to be hurt physically. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Girls who cheat on their boyfriends deserve to be hurt emotionally. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Girls should get turned on when a guy is rough with them. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Girls usually say no to sex when they really mean yes. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. It is a girl's responsibility to avoid getting pregnant. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 8: Communication

The next sets of questions are about sexual consent. Sexual consent means that each person agrees to a sexual activity.

60. In the past year, did you talk about the following with any partners you had sex with or were thinking about having sex with?

Mark (X) one for each question

| | Yes | No | No partner in past year |
|--|-----------------------|-----------------------|-------------------------|
| a. What it means to be a man | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Whether or not to have sex | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Whether or not you would like to get pregnant | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Using protection against pregnancy | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Using protection against STDs/STIs | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Sexual consent | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

61. In the past 3 months, did you talk about the following with friends and/or family?

Mark (X) one for each question

| | Yes | No |
|---|-----------------------|-----------------------|
| a. What it means to be a man | <input type="radio"/> | <input type="radio"/> |
| b. Whether or not to have sex | <input type="radio"/> | <input type="radio"/> |
| c. Whether or not you would like to get somebody pregnant | <input type="radio"/> | <input type="radio"/> |
| d. Using protection against pregnancy | <input type="radio"/> | <input type="radio"/> |
| e. Using protection against STDs/STIs | <input type="radio"/> | <input type="radio"/> |
| f. Sexual consent | <input type="radio"/> | <input type="radio"/> |

62. In the past year, how often have you...

Mark (X) one for each question

| | Never | Rarely | Sometimes | Very Often | Always |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| a. Verbally asked a partner for sexual consent | <input type="radio"/> |
| b. Verbally given a partner sexual consent | <input type="radio"/> |

63. The following questions are about sexual intercourse and consent.

| Mark (X) one for each question | Yes | No | Don't Know |
|--|-----------------------|-----------------------|-----------------------|
| a. Is someone consenting to have sexual intercourse with you if they make out with you clothed? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Is someone consenting to have sexual intercourse with you if they agreed to have sex with you before but do not want to at this time? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Is someone consenting to have sexual intercourse with you if they say no, but keep responding to you in a sexual way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Is someone consenting to have sexual intercourse with you if they say yes and seem comfortable? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Is someone consenting to have sexual intercourse with you if they do not say no, but are very intoxicated? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

64. Please indicate if you agree or disagree with the following.

| Mark (X) one for each question | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|--------------------------|-----------------------|-----------------------|-----------------------|
| a. I feel confident that I can talk to my partner about using birth control. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I feel confident that I can say no to sex if my partner won't use a condom or birth control. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I feel confident that I can stop having sex in the moment if my partner says no. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. I feel confident that I can talk to my partner about whether I want to have children. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Section 9: Relationships

65. In a healthy relationship (serious, casual, or just having sex), how important is it that people...

| Mark (X) one for each question | Not At All Important | Somewhat Important | Important | Very Important |
|--|-----------------------------|---------------------------|-----------------------|-----------------------|
| a. Do not try to make each other feel jealous? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Discuss disagreements respectfully? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Enjoy spending time together? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Listen to each other's problems? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

The next questions ask about how you acted with a partner (girlfriend/boyfriend, spouse, or sexual partner) in the past year.

66. In the past year, how often has a partner...

Mark (X) one for each question

| | Never | Once | More than once | No partner in past year |
|--|-----------------------|-----------------------|-----------------------|-------------------------|
| a. Called you names, insulted you, or treated you disrespectfully? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Threatened you with violence? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Pushed or shoved you in a playful way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Pushed or shoved you in anger? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Thrown something at you that could hurt you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Slapped, hit, or kicked you in anger? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Caused you to have an injury, such as a sprain, bruise, or cut? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

67. In the past year, how often have you...

Mark (X) one for each question

| | Never | Once | More than once | No partner in past year |
|--|-----------------------|-----------------------|-----------------------|-------------------------|
| a. Called a partner names, insulted them, or treated them disrespectfully? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Threatened a partner with violence? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Pushed or shoved a partner in a playful way? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Pushed or shoved a partner in anger? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Thrown something at a partner that could hurt them? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Slapped, hit, or kicked a partner in anger? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Caused a partner to have an injury, such as a sprain, bruise, or cut? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Felt afraid that your partner would hurt you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Felt afraid that you would hurt your partner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

68. In the past year, how often did you...

Mark (X) one for each question

| | Never | Once | More than once | No partner in past year |
|--|-----------------------|-----------------------|-----------------------|-------------------------|
| a. Do things to show you care about a partner? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Feel like you could count on a partner to be there for you? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Listen to a problem your partner was having? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Make your partner feel good about themselves? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

69. Please indicate how much this statement describes you.

I have goals in my life.

Mark (X) one

- Not at all like me
- A little like me
- Mostly like me
- Exactly like me

70. Please indicate how often this happens.

How often do you make plans to achieve your goals?

Mark (X) one

- Never
- Rarely
- Sometimes
- Very Often
- Always

71. Please indicate how much these statements describe you.

Mark (X) one for each question

| | Not at all like me | A little like me | Mostly like me | Exactly like me |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| a. I expect good things to happen to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. I am excited about my future. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. I trust my future will turn out well. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

THANK YOU!

You are done! Thank you for filling out this survey. All of your answers are confidential.