Mason-Lewis
Advocacy Program Evaluation

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with
Xiaohan Hong

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Mason-Lewis Advocacy Program Evaluation

Executive Summary

The 1993 Legislature passed ESHB 1408, which established a statewide media campaign and local community-based programs to prevent teenage pregnancy. The overall goal of the legislation was to reduce teen births. The legislation called for changes in county teenage pregnancy rates to be used as an evaluation measure for the local community-based programs. The Washington State Institute for Public Policy has provided trends of statewide and 39 county birthrates from 1980-1993, because accurate pregnancy rates are not available (see Statewide and County Birthrates, June 1995).

This report provides preliminary results from an outcome evaluation of the community-based teen pregnancy prevention program, known as the “advocacy program,” that began its services in Lewis and Mason Counties in July 1994. This evaluation covers the period July 1994 through April 1995. The advocacy program was one of 12 community-based programs selected by the Department of Health (DOH) to receive state funds under ESHB 1408. It was the only community-based program whose design was appropriate for, and whose staff agreed to participate in, an outcome evaluation.

Two paid adult staff in the Lewis and Mason County Planned Parenthood Clinics provided personalized services to teens who voluntarily came, or were referred by local agencies, to the clinics. The advocates addressed issues in the teens’ lives that might be related to preventing pregnancy. The goal was to provide attention and services to teens who were trying to prevent pregnancies, just as services are available in the community to teens who were pregnant and parenting.

Preliminary Findings

• Through April 1995, there were no pregnancies in the experimental group that received advocacy program services and three pregnancies in the control group.

• The agencies in Lewis and Mason Counties were able to easily randomly assign teens to the experimental group or the control group by day of birth, without interfering with program services.

• A total of 114 teens were in the experimental and 93 teens in the control group. The teens were sexually active and at risk of teenage pregnancy.

• A six-month follow-up survey was conducted so that preliminary results would be available by June 30, 1995. A total of 43 teens (15 experimental and 28 controls) completed a follow-up survey.
Background

In 1993 the Washington State Legislature passed ESHB 1408 The Teenage Pregnancy Prevention Act, which established a statewide media campaign and local community-based programs to prevent teenage pregnancy. The Department of Health (DOH) was named as the state agency to implement the Act. The Act specified that the community-based programs should represent different communities throughout the state, and that the programs should be varied, offering education and services that emphasized abstinence, prevention, and contraception.

The Washington State Institute for Public Policy, through an interagency agreement, agreed to conduct impact evaluations of the community-based programs selected by DOH to receive state funding. Although impact evaluation was specified in the contracts, the DOH did not require programs to participate, because the evaluation component had not been discussed in the original Request for Proposals. The Mason-Lewis program was the only community-based program that agreed to participate in an outcome evaluation.

The Lewis and Mason Program was evaluated because: 1) it would have enough clients to make an evaluation possible, 2) its staff members were willing to cooperate in an experimentally-designed evaluation, and 3) its staff members were curious to learn if the advocacy service was or was not effective.

The DOH also contracted with the Washington Alliance concerned with School-Aged Parenting (WACSAP) to write process evaluations describing how the 12 community-based programs implemented their services.

The Teen Advocacy Program

The goal of the teen advocacy program was to prevent teenage pregnancy and childbirth. Program staff noted that teens who were pregnant or parenting received social and medical services from the Washington State First Steps program; however, teens who were at risk, but not pregnant, received little attention or services that could prevent pregnancy. The program provided attention and appropriate services to randomly selected teens who were trying to prevent pregnancy (see the services listed on page 2). The control group of teens did not receive advocacy program services.

The program was coordinated by the Olympia office of Planned Parenthood of Seattle-King County and implemented at clinics in Lewis and Mason Counties. Two adult employees in the Lewis and Mason County Planned Parenthood Clinics provided counseling and other services to teens who voluntarily appeared, or were referred, to the Planned Parenthood Clinics from July 1994 through April 1995. Advocates met with the teens and became their primary contact in the clinic. The advocates attempted to resolve important and pressing issues in the clients’ lives that might lead to pregnancy. The advocates could work outside of the clinic, to help a teen re-enroll in school or help a teen make contact with other community resources appropriate to her needs.

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1 A Medical Assistance Administration, Department of Social and Health Services program providing Medical Assistance coverage to children under age 18 whose family income is between 100% and 200% of the federal poverty level, and who are not otherwise eligible for Medical Assistance.
Teen Advocate Services

- Greet patients, explain Planned Parenthood services, and give a tour of the clinic.
- Conduct an initial counseling session to assess the teen’s risk level for pregnancy.
- Develop a case management plan for the teen.
- Help patients make follow-up appointments, if necessary.
- Make contacts with community services, if necessary, or accompany to re-enroll in school.
- Organize peer group support activities and learning experiences for teens.
- Provide information about birth control methods.

Teens in the Evaluation

The teens who were potential participants in the teen advocacy program were either volunteers, who walked into the clinic, or referrals who were referred by school counselors or other social service programs, between July 1994 and April 1995. Only the volunteers were used in this impact evaluation to ensure a valid comparison with the control group.

The timing of the intervention services provided by the advocates appeared to be appropriate because the clients came to the clinics for reproductive health service, a pregnancy test, counseling, or contraceptives. Since they chose to initiate contact with Planned Parenthood, it is assumed they were sexually active, or about to be, and at risk of pregnancy.

Table 1, on the next page, shows the characteristics of all of the 207 teens who were in the evaluation.

Table 2 on page 5, shows the outcome of the six-month follow-up.

Table 3 on page 6, shows the characteristics of the 43 teens who completed the six-month follow-up survey.
### TABLE 1

**CHARACTERISTICS OF ALL TEENS IN THE EVALUATION**

<table>
<thead>
<tr>
<th></th>
<th>Experimentals (Total=114)</th>
<th>Controls (Total=93)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>87 %</td>
<td>84%</td>
</tr>
<tr>
<td>Minorities</td>
<td>13 %</td>
<td>16%</td>
</tr>
<tr>
<td>Age Range</td>
<td>13-19</td>
<td>12-18</td>
</tr>
<tr>
<td>Most Grades Were</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Cs” or Lower</td>
<td>26%</td>
<td>39%</td>
</tr>
<tr>
<td>Wanted GED or to Quit</td>
<td>4%</td>
<td>9%</td>
</tr>
<tr>
<td>Wanted H.S. Diploma</td>
<td>27%</td>
<td>30%</td>
</tr>
<tr>
<td>Wanted Some College</td>
<td>30%</td>
<td>28%</td>
</tr>
<tr>
<td>Wanted College Degree</td>
<td>34%</td>
<td>29%</td>
</tr>
<tr>
<td>Lived With Two Parents</td>
<td>53%</td>
<td>43%</td>
</tr>
<tr>
<td>Lived With Single Parent</td>
<td>17%</td>
<td>28%</td>
</tr>
<tr>
<td>Lived With Relatives</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Lived With Others</td>
<td>24%</td>
<td>22%</td>
</tr>
<tr>
<td>Lived Alone</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Families Received</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Assistance</td>
<td>28%</td>
<td>15%</td>
</tr>
<tr>
<td>Mother Was a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teenage Parent</td>
<td>54%</td>
<td>47%</td>
</tr>
<tr>
<td>Mother Did Not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have H.S. Diploma</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Father Did Not</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have H.S. Diploma</td>
<td>18%</td>
<td>19%</td>
</tr>
<tr>
<td>Had Sexual Intercourse</td>
<td>91%</td>
<td>95%</td>
</tr>
<tr>
<td>Had Sexual Intercourse Before Age 16</td>
<td>68%</td>
<td>60%</td>
</tr>
<tr>
<td>Ever Pregnant</td>
<td>18%</td>
<td>15%</td>
</tr>
</tbody>
</table>
The Hypothesis to Test

Hypothesis:

Teens who receive advocacy services will have fewer pregnancies than teens who do not receive services.

How The Hypothesis Was Tested

Teens were asked if they were willing to participate in a study to test the effectiveness of Planned Parenthood services, when they came into the clinic. They were informed that if they agreed to participate, they would be paid $5.00 for completing a research survey in six months. If they agreed to the oral description of the study, they were asked to read a written consent form. If they agreed to participate in the study, they signed the consent form (see the consent form in the Appendix). If they did not agree, they received the standard services.

The teens who signed the consent form were given a one-page baseline research survey of 16 questions (see research survey in the Appendix). This survey could be completed in a few minutes. Research survey forms were completed by all teens who agreed to be in the research study, before random assignment was done. Information used in the evaluation was available from the standard clinic intake forms and from the one-page baseline research survey.

The random assignment was based on the teen’s birth date, which she had written on the clinic’s intake forms. The teens assigned to the experimental group met with a teen advocate and the teens assigned to the control group did not. Both groups received the regular clinical services available.

If the teen advocacy service is effective, fewer teens in the experimental group will become pregnant than teens in the control group. Outcome data about pregnancy was available from the six-month follow-up survey (see six-month follow-up research survey in the Appendix). The follow-up survey was completed by 43 teens (15 experimentals and 28 controls) through the end of April 1995. Teens were paid $5.00 for completing the survey. The follow-up surveys were completed in person at the clinic or by telephone.

Outcome Results

Although only 43 teens have been in the program or control group for six months, early indications are promising: There have been no pregnancies among the teens that received teen advocacy services and three pregnancies among the control group. The preliminary results are shown in Table 2 on the following page. The characteristics of the 43 teens who completed the six-month follow-up survey are shown in Table 3 on page 6. When more follow-up surveys are obtained, a check for non-response bias will be conducted.
**TABLE 2**

DIFFERENCES BETWEEN THE EXPERIMENTAL AND CONTROL GROUPS AFTER SIX MONTHS

<table>
<thead>
<tr>
<th></th>
<th>Experimentals (Total = 15)</th>
<th>Controls (Total = 28)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever Pregnant at Intake</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Ever Pregnant at 6 Months</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>20%</td>
<td>11%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>21%</td>
</tr>
<tr>
<td></td>
<td>Experimentals (Total=15)</td>
<td>Controls (Total=28)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>White</td>
<td>100%</td>
<td>89%</td>
</tr>
<tr>
<td>Minorities</td>
<td>0%</td>
<td>11%</td>
</tr>
<tr>
<td>Age Range</td>
<td>14-18</td>
<td>14-18</td>
</tr>
<tr>
<td>Most Grades Were</td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Cs” or Lower</td>
<td>20%</td>
<td>32%</td>
</tr>
<tr>
<td>Wanted GED or to Quit</td>
<td>0%</td>
<td>7%</td>
</tr>
<tr>
<td>Wanted H.S. Diploma</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>Wanted Some College</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>Wanted College Degree</td>
<td>33%</td>
<td>32%</td>
</tr>
<tr>
<td>Lived With Two Parents</td>
<td>60%</td>
<td>46%</td>
</tr>
<tr>
<td>Lived With Single Parent</td>
<td>7%</td>
<td>29%</td>
</tr>
<tr>
<td>Lived With Relatives</td>
<td>7%</td>
<td>7%</td>
</tr>
<tr>
<td>Lived With Others</td>
<td>26%</td>
<td>14%</td>
</tr>
<tr>
<td>Lived Alone</td>
<td>0%</td>
<td>4%</td>
</tr>
<tr>
<td>Family Received Public Assistance</td>
<td>27%</td>
<td>14%</td>
</tr>
<tr>
<td>Mother Was a Teenage Parent</td>
<td>53%</td>
<td>54%</td>
</tr>
<tr>
<td>Mother Did Not Have H.S. Diploma</td>
<td>27%</td>
<td>29%</td>
</tr>
<tr>
<td>Father Did Not Have H.S. Diploma</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>Had Sexual Intercourse</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Had Sexual Intercourse Before Age 16</td>
<td>67%</td>
<td>61%</td>
</tr>
<tr>
<td>Ever Pregnant</td>
<td>20%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Discussion and Conclusions

At this point in the Lewis-Mason Counties’ community-based program (11 months of operation), it is possible to say that random assignment of teens was easily accomplished without interfering with program services. Advocacy services have been provided to the experimental group of teens. A six-month follow-up survey was obtained from most of those teens who agreed to be in the research study and who have been in the study for at least six months; some of the teens have not yet been in the study for six months.

With only a six-month follow-up, and only 43 teens in the follow-up group, it is not possible to assess the effectiveness of this community-based program. However, it is possible to rigorously evaluate this program; with a longer follow-up period and with more teens, definitive results for an impact evaluation can be obtained. With more teens in the follow-up, a check for a non-response bias between the experimental and control groups will be conducted.

The Institute suggests to the community-based program staff, and to DOH, that if the program continues to receive state funding, it should continue to collect follow-up data. The follow-up data could be collected annually. A definitive impact evaluation needs a longer follow-up period and more teens.

The Institute has also conducted an analysis of birthrates for the state and for each of the 39 counties, including Lewis and Mason. A review of the birthrate trends in Lewis and Mason Counties (attached), shows there has been a great fluctuation over the years, especially within the 18- to 19-year-old age range. This age range is important because it comprises approximately half of all teen births. With this pattern of teenage childbirth rates in these two counties, it is not wise to assess the effectiveness of the program on the basis of only one year of birth rates. Lewis and Mason Counties have relatively small teenage populations, and a few births may increase or decrease the birth rate in any given year.

Because this program model may be effective, was easy to implement, and was easy to evaluate, the program model and evaluation design are being emulated by other programs in the state. With more teens, a longer follow-up period, and a check for non-response bias, credible outcome measures can be obtained.
Date __/____/____

Name ___________________________ Birthdate __/__/____ Age __________

last first middle initial

Address ___________________________ Apt # ______ City __________ State ______ Zip ______

Home Phone ______ Work Phone ______ School ______

Medical Emergency Contact Name ___________________________

Address ___________________________ Street __________ City __________ State ______ Zip ______

Phone (____ ) ____________ Relationship ___________________________

All information is confidential; it will not be released without your written permission EXCEPT under the following circumstances: by law we must report suspected child abuse and some positive results for Sexually Transmitted Diseases, and we must comply with legal subpoenas for medical records.

We MUST contact you in case of abnormal test results or in an emergency

Please check ALL ways you prefer to be contacted

☐ by mail at home
☐ by phone at home
☐ by phone at work
☐ other ___________________________

SEX Female ☐ Male ☐

MARITAL STATUS Never Married ☐ Married/Living with Partner ☐

Previously Married (Separated, Divorced, Widowed) ☐

RACE African-American ☐ Alaskan Native ☐ Asian/Pacific Islander ☐ Caucasian ☐

Hispanic ☐ Native American ☐ Other ___________________________

INCOME AND FAMILY SIZE Are you employed Full-Time ☐ Part-Time ☐ Not at all ☐

Who supports you? Self ☐ Partner ☐ Parent ☐ Other ___________________________

What is your monthly income before taxes ___________________________

How many people (including yourself) are supported by this income? ___________________________

Do you receive medical coupons from welfare? Yes ☐ No ☐

May another person(s) pick up supplies for you? Yes ☐ No ☐

Name of Person(s) ___________________________

______________________________

For clinic use only:

Fee Category: __________ SUB: __________ Exam: ________ 3 mo. supplies: New ☐ Annual ☐

If adjusted from schedule, explain: __________________________

Patient # ___________________________
PRE-EXAM
Information given

Declined educator ☐ Signature

SCREENER
1. Choice of method

2. Pregnancy concerns: Yes ☐ No ☐

3. Pregnancy option

4. Other concerns

5. Information given: HIV ☐ BCM ☐ STD ☐ Nutrition ☐ Rubella/Cholesterol ☐
   Other ☐

6. Sent to: Client Educator ☐ Counselor ☐ Signature

POST-EXAM
Information given

Referrals

Declined educator ☐ Signature

CLIENT EDUCATOR
Information given: AB packet ☐ Pre-Natal packet ☐ Undecided packet ☐

Other information/concerns discussed

Referrals:

Signature of Client Educator

SUMMARY OF COUNSELING
☐ Basic Visit Counseling (Birth control method, fee set, brief STD and medical history)

Please check if these topics were covered beyond basic visit counseling:

☐ Abstinence (ABS)  ☐ Pregnancy Options (POC)
☐ Infertility (INF)  ☐ STD Education (STD)
☐ Information and Referral (INR)  ☐ Sexuality (SEX)
☐ Natural Family Planning (NFP)  ☐ Sterilization (STR)
☐ Nutrition (NUT)  ☐ Substance Abuse (SUB)
☐ Preconceptional (PRE)  ☐ Tobacco (TOB)

Referrals:
☐ Abortion (ABO)
☐ Parenting (PAR)
☐ Adoption (ADO)
☐ Undecided (UND)
☐ Medical/General (MED)
Date __/__/__

Name ____________________________________________

Birthdate __/__/____

First Day of Last Normal Period __/__/__

What are your main concerns today? ________________________________

Planned Parenthood can help women and men who have concerns about sexuality, sexual assault, rape, drug/alcohol abuse or emotional problems. We can also help if you are in a situation or relationship where you feel you are or were sexually, physically or emotionally abused.

I would like to talk with someone today [ ]

Planned Parenthood also provides HIV/AIDS testing. Please ask a staff person for details.

GENERAL HEALTH HISTORY

Do you have any major illnesses, health problems or recent changes in your health? Yes [ ] No [ ]
If yes, please give date(s) and describe ________________________________________________________________

Are you allergic to any medications, shellfish, latex or metals? _______________________

Except for birth control pills, do you take any medications or street drugs? _______________________

Do you smoke cigarettes? Yes [ ] No [ ]
If yes, how many per day? _______________________
Do you drink alcohol? Yes [ ] No [ ]
If yes, how much per week? _______________________

Are you concerned that you might have a problem with alcohol, cigarettes, or other drugs? Yes [ ] No [ ]

Have you ever had any of the following? (Please check and indicate when this happened. You may use the lines below if you need more space to write)

Yes No Dates

Severe headaches _______________________
Spots in front of the eyes _______________________
Eye problems _______________________
Epilepsy / Seizures _______________________
Numbness or pain in arm or leg _______________________
Varicose veins _______________________
Heart trouble _______________________
Heart attack or stroke _______________________
Hypertension (high blood pressure) _______________________
Blood clots in leg or lungs _______________________
High Cholesterol _______________________
Uterine abnormalities _______________________
Ovarian Cysts _______________________
Anemia _______________________
Sickle Cell Anemia or trait _______________________
Genetic conditions _______________________
Surgery on the genitals or reproductive organs _______________________
Abdominal surgery _______________________
Breast problems _______________________
Breast surgery _______________________
Stomach or intestinal problems _______________________
Diabetes _______________________
Gall bladder disease _______________________
Hepatitis (Liver infection, jaundice) _______________________
German Measles (rubella) _______________________
Cancer _______________________
Depression _______________________

FAMILY MEDICAL HISTORY

I am unable to give a family history because I was adopted.

Have your parents, brothers, or sisters had any of the following:

Yes No Which Person(s)?

Breast Cancer _______________________
Diabetes _______________________
High Cholesterol _______________________
High blood pressure, Heart attack or Stroke _______________________

Did your mother take DES or other hormones while pregnant with you? Yes [ ] No [ ] Unsure [ ]

Did your mother have miscarriages or problem pregnancies? Yes [ ] No [ ] Unsure [ ]
**INFECTION/STD**

Have you ever had any of the following?

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder or Kidney infection</td>
</tr>
<tr>
<td>Chlamydia</td>
</tr>
<tr>
<td>Gonorrhea</td>
</tr>
<tr>
<td>Herpes</td>
</tr>
<tr>
<td>PID (Pelvic Inflammatory Disease)</td>
</tr>
<tr>
<td>Syphilis</td>
</tr>
<tr>
<td>Yeast Infection (Monilia)</td>
</tr>
<tr>
<td>Bacterial Vaginosis</td>
</tr>
<tr>
<td>Abnormal Pap Smear</td>
</tr>
</tbody>
</table>

Do you currently have any of the following symptoms?

(Use lines below if you need more space to write)

- [ ] Yes
- [ ] No

<table>
<thead>
<tr>
<th>For how long?</th>
</tr>
</thead>
<tbody>
<tr>
<td>unusual discharge from the genitals</td>
</tr>
<tr>
<td>itching or burning in the genital area</td>
</tr>
<tr>
<td>rash/bumps/sores in the genital area</td>
</tr>
<tr>
<td>irregular bleeding</td>
</tr>
<tr>
<td>bleeding after intercourse</td>
</tr>
<tr>
<td>pain during or after intercourse</td>
</tr>
<tr>
<td>pain during or after orgasm</td>
</tr>
<tr>
<td>abdominal pain</td>
</tr>
<tr>
<td>lower backache</td>
</tr>
<tr>
<td>fever</td>
</tr>
<tr>
<td>pain with urination</td>
</tr>
<tr>
<td>burning with urination</td>
</tr>
<tr>
<td>frequent urination</td>
</tr>
<tr>
<td>small amounts of urine</td>
</tr>
<tr>
<td>bloody urine</td>
</tr>
</tbody>
</table>

Has your sexual partner(s) had any of the symptoms listed above?

- [ ] Yes
- [ ] No
- [ ] Unsure

If yes, which symptoms, and for how long?

How many sexual partners have you had in the last year?

- [ ] Male
- [ ] Female
- [ ] Both
- [ ] Neither

Have you douched within the past two days?

- [ ] Yes
- [ ] No

Would you like to be tested for gonorrhea today?

- [ ] Yes
- [ ] No

Would you like to be tested for Chlamydia today?

- [ ] Yes
- [ ] No

**PREGNANCY**

Have you ever been pregnant?

- [ ] Yes
- [ ] No

If yes, age at first pregnancy?

Total number of pregnancies

<table>
<thead>
<tr>
<th>number / date or year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abortion</td>
</tr>
<tr>
<td>Live births</td>
</tr>
<tr>
<td>Living children</td>
</tr>
<tr>
<td>Still births</td>
</tr>
<tr>
<td>Miscarriages</td>
</tr>
</tbody>
</table>

Have you had any problem pregnancies?

- [ ] Yes
- [ ] No

| Birth Defects |
| Gestational Diabetes |
| Ectopic |
| Caesarean |
| Toxemia |

Other

Do you think you may be pregnant now?

- [ ] Yes
- [ ] No

Have you noticed any of the following symptoms?

(Please check all that apply and indicate how long these have been going on)

- [ ] Tender or larger breasts
- [ ] Nausea or vomiting
- [ ] Tiredness/Fatigue
- [ ] Frequent urination
- [ ] Constipation

If you are pregnant, are you considering:

- Parenting
- Abortion
- Adoption
- Undecided

**NEW PATIENT MEDICAL INFORMATION**

Will this be your first pelvic exam?

- [ ] Yes
- [ ] No

If no, what was the date of your last Pap Smear?

Age at first intercourse

Age at first menstrual period?

How many days do you bleed during a normal period?____

How many days of heavy flow?____ Of light flow?____

How many days between periods?

(From the first day of one period to the first day of the next period)

Do you have bleeding between periods?

- [ ] Yes
- [ ] No

Do you have pain with your periods?

- [ ] Yes
- [ ] No

If yes, is the pain?

- [ ] Mild
- [ ] Moderate
- [ ] Severe

| Birth Control Pills |
| Natrual Family Planning |
| Norplant |
| No Method |
| IUD |
| Sterilization |
CONSENT FORM  
TEEN ADVOCACY SERVICES RESEARCH STUDY  

Researchers: Carol Webster, Ph.D., and Gregory Weeks, Ph.D.  
Washington State Institute for Public Policy  
The Evergreen State College  
Phone: 866-6000, extension 6380  

You are being invited to participate in a research study that will evaluate a new Planned Parenthood service, called "teen advocacy." The purpose of the study is to determine if "teen advocacy" services reduce teen pregnancy. Your participation is voluntary. If you choose to participate, you may withdraw from the study at any time and you will still receive all other Planned Parenthood services.  
If you agree to participate in the study, you will be randomly assigned. This means you have a 50% chance of being assigned to receive teen advocacy services and a 50% percent chance of being assigned not to receive the services. Teen advocacy services are listed on the back of this page. You will still receive all of Planned Parenthood's other services. Participation in this study involves answering a questionnaire (green sheet) today and a similar questionnaire in six months. The answers you give are confidential and private. You may refuse to answer any or all of the questions and you will still receive clinical services at Planned Parenthood.  
Your answers will be analyzed by researchers at the Washington State Institute for Public Policy in Olympia. Your name and any other identification will be removed from your questionnaire and Planned Parenthood forms. The researchers will use your answers to write a report for the Legislature and the Department of Health about how effective the new service is in reducing teen pregnancy.  
If you agree to participate, you will be contacted by Planned Parenthood in 6 months and asked to answer the second questionnaire. Planned Parenthood will contact you during your scheduled visit to the clinic, by phone or mail, or whatever type of contact you indicated on the pink form. If Planned Parenthood cannot find you, the researchers will try to contact you using the same approach you indicated. If you prefer that the researchers try to contact you in a different way, please indicate your preference on the back of this sheet.  

If you answer the second questionnaire in 6 months, you will receive $5.00.  

The research study has been explained to me. I voluntarily consent to participate in the research study described above. I have had the opportunity to ask questions of the Planned Parenthood staff about the research study. I understand that any future questions I may have about the research or about my rights will be answered by someone at Planned Parenthood or by one of the researchers above. I understand that my name and other identifiers will be removed and the answers to the survey will be kept in a locked cabinet for up to five years after I sign this, and then destroyed.  

<table>
<thead>
<tr>
<th>Your Signature</th>
<th>Date</th>
<th>Planned Parenthood Staff</th>
<th>Date</th>
</tr>
</thead>
</table>

I voluntarily authorize Planned Parenthood to release the health care information I gave on the pink and blue intake forms to the researchers for the research study described above. I understand the information will be kept confidential and stored in a locked cabinet for up to five years after I sign this, and then destroyed.  

<table>
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</table>

(over)  
12
TEEN ADVOCACY SERVICES

The teen advocate will:

- Greet patients, explain Planned Parenthood services, and give a tour of the clinic.
- Conduct an initial counseling session to assess the teen’s risk level for pregnancy.
- Develop a case management plan for the teen.
- Provide information about birth control methods.
- Help patients make follow-up appointments, if necessary.
- Make contacts with community services, if necessary, or accompany to re-enroll in school.
- Organize peer group support activities and learning experiences for teens.

RECONTACT INFORMATION

We will need to contact you in six months to have you answer a short questionnaire. If you want us to contact you then in the same way you asked Planned Parenthood to contact you in case of emergency, you do not need to fill out this form. If you prefer a different type of contact for this research, please check all the ways you prefer to be contacted for the purposes of this research study.

[ ] by mail at home
[ ] by phone at home
[ ] by mail at work
[ ] by phone at work
[ ] other: ____________________________

If you want to change the way you would be contacted for the follow-up questionnaire in six months, please call Planned Parenthood at:  
Lewis County: 330-2899  
Mason County: 426-2933
RESEARCH SURVEY

Please circle or write in your answer

1. What was the last grade/year you completed in school?
   _____ grade/year

2. In your current/last year in school, how were your grades?
   a. Mostly As
   b. Mostly Bs
   c. Mostly Cs
   d. Mostly Ds
   e. Mostly Fs

3. Looking ahead, what would you like to do about school?
   a. Quit as soon as possible
   b. Get a G.E.D.
   c. Finish high school and get a diploma
   d. Get some college or other training
   e. Finish college
   f. None of the above/not applicable

4. How many adults (18 years old or older) live in your home?
   a. None
   b. _____ adults (18 years or older)

5. Do you receive any financial support (housing, food, clothing, allowance) from the adult(s) in your home?
   a. Yes
   b. No
   c. Not applicable

6. Not counting you, how many other children (under 18 years old) live in your home?
   a. None
   b. _____ other children (under 18 years)

7. Who do you live with?
   a. Your mother (or stepmother) and father (or stepfather)
   b. Your mother (or stepmother) only
   c. Your father (or stepfather) only
   d. Other relatives (but not your mother or father)
   e. Some other arrangement. Explain below:

8. Which best describes your home?
   a. Trailer/Mobile home
   b. Motel/Hotel/Shelter
   c. Apartment
   d. House
   e. Other. Explain below:

9. How many rooms (do not count bathrooms) are there in your home?
   a. One
   b. Two
   c. Three
   d. Four
   e. Five
   f. Six or more
   g. Other/none applicable

10. How old was your mother when her first child was born (this could be you or your older sister or brother)?
     a. _____ years old
     b. Don't know
11. What is the highest diploma or degree your mother earned in school?
   a. She did not finish high school
   b. She did not finish high school, but she received a GED
   c. She graduated and received a high school diploma
   d. Vocational training certificate or a two-year college degree
   e. Four-year college degree or more
   f. Don’t know

12. What is the highest diploma or degree your father earned in school?
   a. He did not finish high school
   b. He did not finish high school, but he received a GED
   c. He graduated and received a high school diploma
   d. Vocational training certificate or a two-year college degree
   e. Four-year college degree or more
   f. Don’t know

13. Does the person in your home, who gives you the most financial support, receive public assistance ("DSHS," AFDC, "welfare," food stamps, medical coupons)?
   a. Yes
   b. No
   c. Don’t know
   d. Not applicable

14. Do you receive public assistance?
   a. Yes
   b. No
   c. Don’t know

15. Have you ever had sexual intercourse ("gone all the way")?
   a. No
   b. Yes

YOU HAVE FINISHED THE SURVEY. THANK YOU VERY MUCH!

You will be contacted in 6 months and asked to fill out a similar survey.

When you complete that survey, you will be given $5.00.
SIX-MONTH FOLLOWUP RESEARCH SURVEY

Please circle or write in your answer

1. What was the last grade/year you completed in school?
   _____ grade/year

2. In your current/last year in school, how were your grades?
   a. Mostly As
   b. Mostly Bs
   c. Mostly Cs
   d. Mostly Ds
   e. Mostly Fs

3. Looking ahead, what would you like to do about school?
   a. Quit as soon as possible
   b. Get a G.E.D.
   c. Finish high school and get a diploma
   d. Get some college or other training
   e. Finish college
   f. None of the above/not applicable

4. How many adults (18 years old or older) live in your home?
   a. None
   b. _____ adults (18 years or older)

5. Do you receive any financial support (housing, food, clothing, allowance) from the adult(s) in your home?
   a. Yes
   b. No
   c. Not applicable

6. Not counting you, how many other children (under 18 years old) live in your home?
   a. None
   b. _____ other children (under 18 years)

7. Who do you live with?
   a. Your mother (or stepmother) and father (or stepfather)
   b. Your mother (or stepmother) only
   c. Your father (or stepfather) only
   d. Other relatives (but not your mother or father)
   e. Some other arrangement. Please explain below:

8. Which best describes your home?
   a. Trailer/Mobile Home
   b. Motel/Hotel/Shelter
   c. Apartment
   d. House
   e. Other. Please explain below:

9. How many rooms (do not count bathrooms) are there in your home?
   a. One
   b. Two
   c. Three
   d. Four
   e. Five
   f. Six or more
   g. Other/none applicable

10. Does the person in your home, who gives you the most financial support, receive public assistance ("DSHS," AFDC, "welfare," food stamps, medical coupons)?
    a. Yes
    b. No
    c. Don't know
    d. Not applicable
11. Do you receive public assistance?
   a. Yes
   b. No
   c. Don’t know

12. Have you ever had sexual intercourse ("gone all the way")?
   a. No
   b. Yes

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Have you ever been pregnant?
[ ] Yes [ ] No
If yes, age at first pregnancy? _______
Total number of pregnancies? _______

<table>
<thead>
<tr>
<th>number/date or year</th>
<th>Number of abortions</th>
<th>Number of live births</th>
<th>Number of living children</th>
<th>Number of still births</th>
<th>Number of miscarriages</th>
</tr>
</thead>
</table>

Have you noticed any of the following symptoms? (Please check all that apply and indicate how long these have been going on.)
[ ] Tender or larger breasts
[ ] Nausea or vomiting
[ ] Tiredness/Fatigue
[ ] Frequent urination
[ ] Constipation

Have you had any problem pregnancies?
Yes [ ] No [ ]
[ ] Birth Defects
[ ] Gestational
[ ] Ectopic
[ ] Caesarean
[ ] Toxemia
[ ] Other. Please explain: _____________________________

If you are pregnant, are you considering:
[ ] Parenting [ ] Abortion
[ ] Adoption [ ] Undecided

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YOU HAVE FINISHED THE SURVEY. THANK YOU VERY MUCH!

You may be contacted again in the future and asked to fill out a new survey.

When you complete this survey, you will receive $5.00.