

***Mason-Lewis
Advocacy Program Evaluation***

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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 experimentals 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 Steps¹ 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.

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

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

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

Experimentals (Total = 15)		Controls (Total = 28)	
Ever Pregnant at <u>Intake</u>	Ever Pregnant at <u>6 Months</u>	Ever Pregnant at <u>Intake</u>	Ever Pregnant at <u>6 Months</u>
3	3	3	6
20%	20%	11%	21%

TABLE 3**CHARACTERISTICS OF TEENS WHO COMPLETED THE SIX-MONTH FOLLOW-UP SURVEY**

	Experimentals (Total=15)	Controls (Total=28)
White	100%	89%
Minorities	0%	11%
Age Range	14-18	14-18
Most Grades Were "Cs" or Lower	20%	32%
Wanted GED or to Quit	0%	7%
Wanted H.S. Diploma	33%	25%
Wanted Some College	33%	32%
Wanted College Degree	33%	32%
Lived With Two Parents	60%	46%
Lived With Single Parent	7%	29%
Lived With Relatives	7%	7%
Lived With Others	26%	14%
Lived Alone	0%	4%
Family Received Public Assistance	27%	14%
Mother Was a Teenage Parent	53%	54%
Mother Did Not Have H.S. Diploma	27%	29%
Father Did Not Have H.S. Diploma	33%	25%
Had Sexual Intercourse	100%	100%
Had Sexual Intercourse Before Age 16	67%	61%
Ever Pregnant	20%	11%

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.**

APPENDIX



Date ____/____/____

Name _____ Birthdate ____/____/____ Age _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ School _____

Medical Emergency Contact Name _____

Address _____

Phone (____) _____ Relationship _____
Area Code Street City State Zip

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)
- Infertility (INF)
- Information and Referral (INR)
- Natural Family Planning (NFP)
- Nutrition (NUT)
- Preconceptional (PRE)

- Pregnancy Options (POC)
- STD Education (STD)
- Sexuality (SEX)
- Sterilization (STR)
- Substance Abuse (SUB)
- 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.**

CONTRACEPTIVE

Do you wish to use a birth control method at this time?
Yes [] No []

What method(s) of birth control have you been using?

How long have you used that method? _____

Have you had any problems with your current method of birth control?
Yes [] No []

What method of birth control do you want to use now?

Do you want to have children in the future?
Yes [] No [] Maybe []

Have you had intercourse **without** using a method of birth control, since your last period? Yes [] No []

Please list the birth control methods you have used in the past

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 []

GENERAL HEALTH HISTORY

Have you had any major illnesses, health problems or recent changes in your health? Yes [] No []

If yes, please gives 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 | Date(s) |
|-----|-----|--|
| [] | [] | 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 _____ |

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.			
_____	_____	_____	_____
<i>Your Signature</i>	<i>Date</i>	<i>Planned Parenthood Staff</i>	<i>Date</i>

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.			
_____	_____	_____	_____
<i>Your Signature</i>	<i>Date</i>	<i>Planned Parenthood Staff</i>	<i>Date</i>

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?*
- She did not finish high school
 - She did not finish high school, but she received a GED
 - She graduated and received a high school diploma
 - Vocational training certificate or a two-year college degree
 - Four-year college degree or more
 - Don't know
12. *What is the highest diploma or degree your **father** earned in school?*
- He did not finish high school
 - He did not finish high school, but he received a GED
 - He graduated and received a high school diploma
 - Vocational training certificate or a two-year college degree
 - Four-year college degree or more
 - 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)?*
- Yes
 - No
 - Don't know
 - Not applicable
14. *Do you receive public assistance?*
- Yes
 - No
 - Don't know
15. *Have you ever had sexual intercourse ("gone all the way")?*
- No
 - 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.

For Clinic Use Only	
_____	By Phone
_____	In Person
Date	____/____/____

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

Have you ever been pregnant?

Yes No

Do you think you may be pregnant now?

Yes No

If yes, age at first pregnancy? _____

Total number of pregnancies? _____

Have you noticed any of the following symptoms? (Please check all that apply and indicate how long these have been going on.)

	number/date or year
Number of abortions	____/____
Number of live births	____/____
Number of living children	____/____
Number of still births	____/____
Number of miscarriages	____/____

Tender or larger breasts _____

Nausea or vomiting _____

Tiredness/Fatigue _____

Frequent urination _____

Constipation _____

Have you had any problem pregnancies?

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Birth Defects
<input type="checkbox"/>	<input type="checkbox"/>	Gestational
<input type="checkbox"/>	<input type="checkbox"/>	Ectopic
<input type="checkbox"/>	<input type="checkbox"/>	Caesarean
<input type="checkbox"/>	<input type="checkbox"/>	Toxemia
<input type="checkbox"/>	<input type="checkbox"/>	Other. Please explain:

If you are pregnant, are you considering:

Parenting Abortion

Adoption Undecided

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.

