Thank you for completing this survey. Your answers to these questions will be used for research purposes only. Your name will never be associated with your answers, and no parent, teacher, or principal will ever see your answers to these questions. This is strictly confidential (private), and it is very important that you answer the questions truthfully. This survey is voluntary, and you are not required to answer if you don’t want to. Some of the questions may feel quite personal, but please be honest, try to answer everything, and remember that your answers are completely confidential.

A. ABOUT YOU
These questions/items ask about you and your family.

1. What is your birth date?
   - MONTH: ☐ January ☐ February ☐ March ☐ April ☐ May ☐ June
   - DAY: ☐ ☐ ☐ ☐ ☐ ☐ ☐

2. Are you Hispanic or Latino?
   - Yes ☐ No ☐

3. What is your race? (MARK ALL THAT APPLY.)
   - African American ☐
   - American Indian or Alaskan Native ☐
   - Asian ☐
     - Chinese ☐
     - Filipino ☐
     - Japanese ☐
     - Korean ☐
     - Vietnamese ☐
     - Other Asian: ________________________________
   - Pacific Islander ☐
     - Micronesian ☐
     - Native Hawaiian ☐
     - Samoan ☐
     - Tongan ☐
     - Other Pacific Islander: ________________________________
   - White ☐
   - Other Race(s): ________________________________
5. When you are at home with your family, what language(s) do you usually speak? (MARK ALL THAT APPLY.)
   ○ English
   ○ Chinese (Mandarin or Cantonese)
   ○ Hawaiian
   ○ Illocano
   ○ Japanese
   ○ Spanish
   ○ Tagalog
   ○ Other: ____________________________________________

6. Do your parents (or guardians) speak English?
   ○ Yes ○ No

7. What grade are you in at school?
   ○ 6th Grade
   ○ 7th Grade
   ○ 8th Grade

8. What grades do you usually get in school? (mark only one)
   ○ Mostly As
   ○ Mostly Bs
   ○ Mostly Cs
   ○ Mostly Ds
   ○ Mostly Fs

9. What is your sex/gender?
   ○ Boy ○ Girl

10. Which of the following best describes you?
    ○ Heterosexual (attracted to the opposite sex)
    ○ Bisexual (attracted to both same and opposite sex)
    ○ Homosexual (Gay or Lesbian - attracted to same sex)
    ○ Not sure

B. KNOWLEDGE
   This section asks about your knowledge about pregnancy and STI (sexually transmitted infection) prevention.
   MARK ONLY ONE RESPONSE FOR EACH QUESTION.
   1. What is the only 100% effective way to prevent pregnancy? (mark only one)
      ○ Condoms
      ○ Not having sex
      ○ Birth control pills
2. You are at high risk of getting HIV from: (mark only one)
   - Vaginal sex with a condom
   - Using unsterilized needles during tattooing
   - Sitting on a toilet seat in a public bathroom

3. Which of the following is a viral STI (sexually transmitted infection)? (mark only one)
   - Chlamydia
   - HIV
   - Syphilis

4. You can usually tell when a person has an STI by: (mark only one)
   - Their reputation
   - The way they look
   - You can’t tell without a test

5. A pregnancy can occur as a result of: (mark only one)
   - Unprotected vaginal sex
   - Oral sex
   - Abstaining from sex

6. Which of these can help prevent the spread of STIs? (mark only one)
   - Birth control pills
   - Condoms, dental dams, and gloves
   - Spermicides and diaphragms

7. In order to use a condom effectively, you have to: (mark only one)
   - Check the expiration date
   - Buy the right brand
   - Unroll it prior to putting it on

8. Refusal skills to help you negotiate a pressure situation include: (mark only one)
   - Identify, redevelop, and redefine the situation
   - Stop talking to the person altogether and ignore them
   - Refuse the pressure, provide a reason, and offer an alternative

9. Which bodily fluid can transmit HIV? (mark only one)
   - Urine
   - Saliva
   - Semen

10. What type of birth control method prevents the female’s ovaries from releasing eggs? (mark only one)
    - Hormonal methods
    - Barrier methods
    - Abstinence
C. ATTITUDES
This section asks how important you think certain behaviors or activities are.
**MARK ONLY ONE RESPONSE FOR EACH QUESTION.**

<table>
<thead>
<tr>
<th></th>
<th>Not Important</th>
<th>Slightly Important</th>
<th>Important</th>
<th>Very Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Not having sex until I am ready</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Avoiding risky sexual behavior</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. Preventing unwanted sex as a teenager</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4. Knowing what kind of birth control methods I can use to prevent an unwanted pregnancy</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. Taking personal responsibility for my sexual health</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>6. Communicating openly about sexual intent with my partner</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>7. Knowing multiple ways to prevent STIs and HIV</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>8. Using condoms to prevent STIs and unwanted pregnancy</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>9. Using alternative ways to show affection other than having sex</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>10. Understanding changes that happen during puberty</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

D. SKILLS
This section asks about difficulty in having a healthy relationship and making good choices about sexual activity.
**MARK ONLY ONE RESPONSE FOR EACH QUESTION.**

<table>
<thead>
<tr>
<th></th>
<th>Very Difficult</th>
<th>Difficult</th>
<th>Easy</th>
<th>Very Easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Effectively communicating with my partner about my intentions and wishes about sexual activity</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Refusing unwanted and/or unprotected sex</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. Identifying a healthy, unhealthy, or abusive relationship</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4. Being able to follow the steps for correct condom use</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. Being able to get/buy condoms or other birth control</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

E. INTENTIONS
This section asks you to rate the likelihood of you doing certain behaviors, now or in the future.
**MARK ONLY ONE RESPONSE FOR EACH QUESTION.**

<table>
<thead>
<tr>
<th></th>
<th>Yes, Definitely</th>
<th>Yes, Probably</th>
<th>No, Probably Not</th>
<th>No, Definitely Not</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Abstain from vaginal sex to prevent unintended pregnancy</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>2. Abstain from oral, anal, and vaginal sex to prevent STIs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>3. Use effective birth control methods to prevent unintended pregnancy</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>4. Use barriers (condoms, dental dams, and/or gloves) to protect against STIs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>5. Refuse unwanted sexual pressure</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
<tr>
<td>6. Get tested for STIs</td>
<td>O</td>
<td>O</td>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>
F. PERSONAL EXPERIENCE

This section asks about any experience you may have had with sexual intercourse (which means a male putting his penis into a female's vagina).

1. Have you ever had sexual intercourse?
   - Yes ➔ ANSWER ALL QUESTIONS BELOW
   - No ➔ SKIP TO QUESTION 14 ON THE NEXT PAGE

2. How old were you when you first had sexual intercourse?
   ___________ years old

3. Have you been pregnant or gotten someone else pregnant (even if no child was born)?
   - Yes
   - No

4. If yes, how many times have you been pregnant or gotten someone else pregnant?
   ___________ times

5. Have you ever had sexual intercourse without using an effective method of birth control - including condoms, birth control pills, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), implant (Implanon)?
   - Yes
   - No

6. Now think about the past 3 months. In the past 3 months, have you had sexual intercourse even once?
   - Yes
   - No

7. If yes, how many times have you had sexual intercourse in the past 3 months?
   ___________ times

8. In the past 3 months, have you had sexual intercourse without you or your partner using a condom?
   - Yes
   - No

9. If yes, how many times have you had sexual intercourse without using a condom in the past 3 months?
   ___________ times

10. In the past 3 months, have you had sexual intercourse without you or your partner using an effective method of birth control - including condoms, birth control pills, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), implant (Implanon)?
    - Yes
    - No

11. If yes, how many times have you had sexual intercourse without using effective methods of birth control in the past 3 months?
    ___________ times

12. Have you ever been tested for STIs (sexually transmitted infections)?
    - Yes
    - No

13. Have you ever been treated for an STI (including HIV)?
    - Yes
    - No

LAST PAGE! 📃

Pre-Survey 5
14. Do you intend to have sexual intercourse in the next year, if you have the chance? (mark only one)

15. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) a condom? (mark only one)

16. If you were to have sexual intercourse in the next year, do you intend to use (or have your partner use) any of these methods of birth control: birth control pills, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), implant (Implanon)? (mark only one)

THANK YOU!