Comprehensive Abstinence & Safer Sex Intervention

Grantee Guide



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MODULE BY MODULE OUTLINE

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Activity D: PHAT! Be Proud! Be Responsible! Brainstorm	5
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Activity D: Understanding Peer Pressure	10
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Activity C: The Subject is: HIV (DVD & Discussion)	30
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Activity F: Talking Circle.	5
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Activity B: First Homework Assignment Review	10
Activity C: Sexually Transmitted Diseases Brainstorm and Discussion	15
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MODULE GOALS AND OBJECTIVES

Module 1:

Getting to Know You

Goals

The goals of this module are to:

- Provide participants with an overview of the program.
- Increase participants' personal investment in the program.
- Introduce group members to each other.
- Establish group rules.
- Build group cohesion, comfort, and feelings of safety and trust.
- Increase participants' confidence about making proud and responsible decisions to protect themselves and their community from HIV.
- Increase participants' ability to identify realistic goals for their future.

Learning Objectives

- Identify several rules for group participation that will facilitate discussion and learning.
- Identify what it means to be proud and responsible.
- Describe the benefits of "proud" and "responsible" behavior.
- Identify at least two reasons why teens have sex, the consequences of sex, and strategies for reducing those consequences.
- Describe at least one goal they wish to achieve in the future.
- Identify a barrier to achieving their personal goals.

Module 2:

Exploring and Expressing Sexual Feelings

Goals

The goals of this module are to:

- Increase knowledge of reproductive anatomy.
- Increase knowledge about physical development during puberty.
- Identify ways that participants can express themselves sexually without having sex.
- Increase participants' awareness of the pressures to become involved in sexual activities.
- Use information about peer pressure to help participants begin to understand the need to practice abstinence or safer sex.

Learning Objectives

- Match the anatomy word to the correct # on the picture of internal/external reproductive anatomy.
- Identify the physical development that occurs during puberty.
- Identify sexual messages from media, peers, and parents.
- Identify ways to express sexual feelings to a partner without transmitting a disease or creating a pregnancy.
- Explain how peer pressure affects safer sex or abstinence decision-making.
- Identify the sexual behaviors to avoid when practicing abstinence.

Module 3:

The Consequences of Sex: HIV Infection

Goals

The goals of this module are to:

- Increase participants' knowledge about HIV/AIDS and HIV risk associated behavior.
- Help participants identify behaviors that place people at risk for contracting sexually transmitted diseases, including HIV infection.

Learning Objectives

- Identify the basic facts about HIV/AIDS.
- Identify a person's level of risk of HIV infection as a result of various sexual and non-sexual behaviors.
- Acknowledge their perceived risk for HIV infection.
- Identify how HIV is transmitted.
- Identify which behaviors are low risk, high risk, and no risk for contracting
- Identify how HIV infection can be prevented.
- Define safer sex and abstinence.

Module 4:

A Plan to Reduce the Consequences of Sex

Goals

The goals of this module are to:

- Introduce participants to problem-solving steps as a way of thinking through and coping with sexual choices.
- Encourage participants to discuss the program with their parents and peers.
- Review and reinforce the information learned throughout previous activities.

Learning Objectives

- State and explain the three steps of problem solving.
- Explain how making their own decisions makes it more likely they will achieve their goals and dreams.
- State how using problem-solving steps can help avoid risky situations.
- Distinguish myths from facts about AIDS and HIV.
- Provide correct answers to review questions on HIV and AIDS.

Module 5:

Consequences of Sex: STD Infection

Goals

The goals of this module are to:

- Increase participants' knowledge about sexually transmitted diseases (STDs).
- Help participants identify strategies for preventing STDs.
- Increase participants' perceived vulnerability to STDs.

Learning Objectives

- Identify the most common STDs and their signs and symptoms.
- Identify how STDs, including HIV, are transmitted.
- Acknowledge their perceived risk for STDs.
- Identify how condoms can prevent STDs, including HIV, and pregnancy.

Module 6:

Consequences of Sex: Pregnancy

Goals

The goals of this module are to:

- Increase participants' understanding of pregnancy as a consequence of sex.
- Increase participants' perception that they are vulnerable to getting pregnant or getting someone pregnant.
- Increase participants' understanding of the consequences of teen pregnancy.
- Increase participants' knowledge of various types of contraceptive methods.
- Clarify participants' attitudes and beliefs about STDs and condom use.

Learning Objectives

- Distinguish myths from facts about pregnancy.
- Identify specific birth control methods that may be used to prevent pregnancy.
- Discuss their attitudes towards contraception use.
- Express positive feelings toward pregnancy prevention.

Module 7:

STD/HIV Vulnerability

Goals

The goals of this module are to:

- Increase participants' perceived vulnerability to HIV.
- Confront stereotypes about who becomes infected with HIV.
- Increase knowledge about how people can and cannot become infected.
- Reinforce knowledge about HIV and AIDS.
- Weaken negative beliefs and attitudes that foster risky sexual behaviors.

Learning Objectives

- Identify their attitudes toward risky sexual behavior.
- Problem-solve for risky sexual behavior situations.
- Recall correct information about HIV/AIDS.

Module 8:

Risky Sexual Behavior and Content Review

Goals

The goals of this curriculum are to:

- Review the information learned throughout previous activities.
- Examine attitudes about HIV and safer sex.
- Encourage participants to discuss the program and how they will teach their parents.
- Increase participants' understanding of their responsibility for practicing safer sex and abstinence.
- Reinforce participants' knowledge about HIV risk-associated behavior.

Learning Objectives

- Explain how making their own decisions will make it more likely that they will achieve their goals and dreams.
- State how using problem-solving steps can help avoid risky situations.
- Provide correct answers to review questions on HIV and AIDS.
- Identify a person's risk of HIV infection as a result of various sexual and nonsexual behaviors.

Module 9:

Sexual Responsibility: Abstinence Skills

Goals

The goals of this module are to:

- Increase participants' understanding of their responsibility in abstaining from sex.
- Increase participants' skills to abstain from sex.

Learning Objectives

- Express an increased understanding of their responsibility in abstaining from sex.
- Identify ways to make abstinence work for them.
- Identify the benefits of abstinence.
- Express positive feelings towards abstaining from sex.

Module 10:

Sexual Responsibility: Condom Use Skills

Goals

The goals of this module are to:

- Increase participants' understanding of their responsibility to use condoms if they choose to have sex.
- Increase participants' skills to use condoms correctly and consistently.
- Increase participants' understanding of barriers to condom use, and increase their strategies for reducing those barriers.
- Increase skills for advocating condom use behaviors.

Learning Objectives

- Express an increased understanding of their responsibility in using condoms.
- List the correct steps to using a condom.
- Demonstrate steps for correct condom use.
- Identify how condoms can prevent STDs, including HIV, and pregnancy.
- Identify barriers to using condoms and strategies for overcoming those barriers.
- Identify ways to make condoms a more pleasurable part of the sexual experience.
- Identify ways to advocate condom use to family members or friends.

Module 11:

Enhancing Sexual Responsibility Skills

Goals

The goals of this module are to:

- Help participants identify personal limitations regarding physical and sexual contact.
- Increase participants' self-efficacy and ability to resolve risky sexual situations that place them at risk for pregnancy and STDs, including HIV.
- Increase participants' refusal and negotiation skills regarding condom use.

Learning Objectives

- Identify the specific types of sexual physical contact within their personal comfort zone.
- Identify situations that place them at risk for STDs including HIV.
- Identify strategies for avoiding risky situations.
- Identify the body language and strategies needed for saying "NO" effectively.
- Express confidence in their ability to say "NO" to risky sexual situations.
- Demonstrate the ability to negotiate with a partner using the S.T.O.P.
 Technique.

Module 12:

Role-Plays: Refusal and Negotiation Skills

Goals

The goals of this module are to:

- Increase the participants' communication, negotiation, and refusal skills regarding abstinence and safer sex.
- Enhance participants' confidence to resist situations that place them at risk for STD/HIV infection and pregnancy.
- Increase participants' sense of pride and responsibility in negotiating abstinence and condom use.

Learning Objectives

- Identify strategies for negotiating abstinence or safer sex with a partner.
- Demonstrate the ability to negotiate abstinence with a partner.
- Demonstrate the ability to negotiate condom use with a partner.
- Express confidence in their ability to negotiate abstinence and safer sex.
- Express pride in sticking to their decision to abstain from risky sexual behaviors.

CORE ELEMENTS, KEY CHARACTERISTICS AND LOGIC MODEL

Core Elements:

Core Elements are the components of a curriculum that represent its theory and logic. They must be maintained with fidelity and without alteration in order to ensure the program's effectiveness. *Fidelity* means conducting a program by following the Core Elements, protocols, procedures, and content set by the research that determined the program's effectiveness.

The developers have determined that when teaching adolescents strategies to reduce their risk for HIV, STDs and pregnancy, one must go beyond simply giving students correct information. Instructors must also build students' perceptions of vulnerability and bolster positive attitudes and outcome expectancies while building self-efficacy and skills to negotiate and practice abstinence. As such, the core elements have been organized into two sections: Content Core Elements and Implementation Core Elements. Content Core Elements are the essential ingredients in what is being taught in the intervention that have been found to change risk behaviors. Implementation Core Elements are the essential ingredients in how the intervention can be implemented with fidelity, resulting in a positive learning experience with successful outcomes. A comprehensive list of these elements follows:

Content Core Elements

Content Core Element 1:

Teach correct information about HIV, STDs and pregnancy and prevention strategies, including:

- HIV: etiology, transmission and prevention
- STDs: etiology, types, transmission and prevention
- Pregnancy: biology and prevention
- Prevention strategies: negotiation, condom use and problem solving

Content Core Element 2:

Address behavioral attitudes/outcome expectancies:

- Prevention Belief: Abstinence can eliminate the risk of HIV, STDs and pregnancy and condom use can reduce these risks.
- Goals and Dreams Belief: Unprotected sex can interfere with one's goals and dreams for education and a career.
- Partner Reaction Belief: One's partner would not approve of using condoms and react negatively to it.
- Hedonistic Belief: A condom interferes with sexual pleasure, isn't natural, ruins the mood, doesn't fit, etc.
- Personal Vulnerability Belief: HIV, STDs or pregnancy could result from sex.

Content Core Element 3:

Build negotiation skills and problem-solving skills:

- Teach negotiation, refusal and reframing skills using the 4-step S.T.O.P.
 Technique to respond to partners' negative reactions towards abstinence or condom use.
- Use role-play activities to practice negotiation, refusal and reframing skills.
- Build participants' skills in problem solving and getting out of risky situations.
- Demonstrate proper condom use and have the participants practice this using anatomically correct penis models (or a similar type model).

Content Core Element 4:

Build self-efficacy in adolescents:

- Incorporate the theme Be Proud! Be Responsible! throughout the intervention.
- Build participants' confidence in their skills by incorporating positive reinforcement, support and constructive feedback in all intervention activities, especially the role-playing and practicing proper condom use activities.

Implementation Core Elements

Implementation Core Elements are integral to the intervention as they describe *how* the intervention should be implemented.

Implementation Core Element 1:

To demonstrate a caring and supportive attitude, the facilitator must:

- Create a supportive and caring environment.
- Demonstrate empathy throughout the intervention; students must understand that instructors truly care about them and their success. Active listening, eye contact, supportive and non-judgmental feedback, etc. are all essential.

Implementation Core Element 2:

Integrate and use the core intervention materials only:

- The Facilitator Curriculum Manual, posters and activity materials.
- The DVDs specifically selected for intervention.

Implementation Core Element 3:

Type of facilitator:

- Specially trained health educator, family life educators, HIV/STD and teen pregnancy prevention educators or staff working with youth in communitybased programs.
- Highly participatory and interactive skills.
- Able to work with youth, relate to them and their life circumstances and believe in them and in their resilience.

Implementation Core Element 4:

Implementation delivery style:

- Delivery of intervention must be highly participatory and very interactive.
- Facilitator cannot add any other educational materials, social gatherings, community events, etc. to this program during the span of the intervention and evaluation.

Key Characteristics:

Key Characteristics are activities and delivery methods for conducting a program that, while considered of great value and assistance, can be altered without changing the effectiveness of the program. These activities and delivery methods can be modified for different agencies and populations.

Changes to the Key Characteristics allow your agency to make accommodations to meet the needs of your participants. Adaptations to this program should only occur when steps can be taken to enhance the delivery of the program to the participants.

There are 8 Key Characteristics of the "Promoting Health Among Teens – Comprehensive" Intervention:

- Type of facilitator/educator: In the original study, the facilitators were community leaders, counselors and teachers. You may vary your facilitator type to include others such as health educators, nurses, etc. as long as they have experience working with teens. Peer facilitators, if desired, should be paired with an adult facilitator.
- 2. <u>Setting:</u> In the original study, the intervention was implemented in schools on Saturday. You may vary the setting to include other sites, such as clinics, community based organizations or schools during the regular school day or in after school programming, etc. However, the activities must remain interactive and all of the youth must have a chance to participate and practice new skills. If you are integrating this curriculum into the school class period, you must remember that class periods are less than an hour (for which the curriculum is designed). Contact Select Media (www.selectmedia.org) to determine how to best spread the curriculum over more than twelve sessions and still cover all of the material with fidelity.
- 3. Number of days to deliver modules: The intervention can be implemented in twelve sessions of sixty minutes each or in six 2-hour modules. In community settings, it can be implemented in a two-day format (6 hours each day, including time for lunch and snacks), a twelve-day format (1 hour each day). All 12 modules must be implemented in order. However, you should try to complete this intervention in a 2-week period, if possible.

- 4. <u>Gender composition of the group:</u> In the original study, the groups were mixed with boys and girls. You can vary this and deliver it with boys only, girls only or with mixed gender groups.
- 5. Race of facilitator: In the study, the facilitators were African American adults. You can use facilitators from different ethnic backgrounds as long as they demonstrate that they have the skills and characteristics of a good facilitator, including good listening skills, a caring and non-judgmental attitude, etc.
- 6. Race of the participants: In the original study, the participants were African American teens. You can vary this and use this curriculum with teens from different races. You might want to change the names of the teens in the role-plays and the settings of the situations to be culturally and ethnically appropriate/relevant.
- 7. Age of the participants: The students in the study were ages 11-14. This intervention can also be used with older teens. However, you should not implement with a mixed group (e.g., 11-year-olds with 15-year-olds). Divide the groups using similar age ranges.
- 8. <u>Group size</u>: In the original study, the group size was 6-12 teens in a group. If you want to enlarge your group be sure to add additional facilitators and/or time to ensure that the activities remain interactive and the youth are able to participate and practice new skills.

IMPLEMENTATION FIDELITY CONCERNS:

If you still have concerns about implementing with fidelity for this grant or wish to discuss your application in detail please contact Select Media (www.selectmedia. org) at 1-800-707-6334 or the Director of Training and Technical Assistance, Mika Keegstra, MPH at mika@ selectmedia.org

PHAT! COMPREHENSIVE LOGIC MODEL

Issue/Problem

Having unprotected sex due to:

- Limited information
- Negative attitudes and beliefs about abstinence and/or condom use
- Minimal negotiation skills for abstinence and/or condom use
- Low self-efficacy to negotiate abstinence or condom use
- Minimal problem-solving skills

Inputs

- Promoting Health Among Teens! Comprehensive curriculum and materials
- Facilitator training and materials
- Participant recruitment
- Agency space

Activities

- Provide activities that will increase knowledge about HIV/STD transmission and pregnancy prevention strategies
- View videos
- Provide opportunities to negotiate condom use and practice abstinence skills
- Provide activities on condom-use
- Facilitate activities that build confidence and self-efficacy to negotiate condom use and abstinence
- Provide activities that encourage proud and responsible behavior
- Facilitate activities that build skills in problem solving and how to get out of risky situations
- Create a caring and trusting group environment
- Facilitate referrals

Outputs

- Promoting Health Among Teens! Comprehensive implemented with fidelity
- Videos viewed
- Condom use and negotiation discussed
- Abstinence discussed
- Negotiation and refusal skills practiced, using role-plays
- Problem-solving skills acquired
- Referrals made

Immediate Outcomes

- Increased knowledge about HIV/STD transmission and infection, unplanned pregnancy, abstinence and condom use
- Heightened perception of risk for HIV/STD infection and unplanned pregnancy
- Bolstered positive attitudes and beliefs regarding abstinence and condom use negotiation
- Increased intentions to practice abstinence or use condoms consistently and correctly

Intermediate Outcomes

- Improved negotiation and refusal skills
- Reduced occurrence of unprotected sex
- Increased intentions to practice abstinence
- Increased consistency of correct condom use
- Increased confidence to use condoms

Long Term Outcomes

- Consistent condom use
- Reduction in risky behaviors
- Reduction of unprotected sex
- Delay in sexual debut

Impact

- Reduction in HIV and STDs among adolescents
- Reduction of unplanned pregnancy among adolescents

Assumptions

Adolescents may not use condoms if they:

- Don't perceive themselves to be at-risk
- Don't have knowledge about HIV/STD transmission, unplanned pregnancy, risk behaviors and condom use
- Have negative attitudes towards practicing abstinence or using condoms
- Fear their partner's reaction to abstinence or condom use
- Don't know how to express themselves sexually without having sex
- Don't know how to make condoms fun and pleasurable
- Don't have the skills to negotiate condom use or abstinence
- Don't have the confidence or power to negotiate condom use or abstinence
- Don't feel valued

Adolescents will change their behavior if:

- Program and messages targeted at them are specific
- Program is implemented in a caring and supportive manner
- They can learn the skills needed, i.e., condom use and negotiation skills.
- They have positive attitudes and beliefs towards condom use, e.g., condoms can be fun and pleasurable
- They have positive attitudes towards abstinence
- They feel that their partner will react positively to condom use or abstinence
- They feel that abstinence or condom use will prevent HIV/STD transmission and unplanned pregnancy
- They feel valued and believe in themselves and their skills
- They have opportunities to practice these skills with supportive feedback

SAMPLE OF PROGRAM MONITORING AND EVALUATION WITH SMART OBJECTIVES

Monitoring and evaluation often begins with the identification of program objectives. It is a good idea to write SMART process and outcome objectives for your evaluation program. To be SMART, these objectives must be Specific, Measurable, Appropriate, Realistic, and Time-Based.

• **Specific:** Identifies concrete events or actions that will take place;

answers the question, "Does the objective clearly specify

what will be accomplished?"

• Measurable: Quantifies resources, activities, or changes; answers the

question, "Does the objective state how much is to be

delivered or how much change is expected?"

• Appropriate: Logically relates the overall problem statement and desired

effects of the program; answers the question, "Does

the objective make sense in terms of what the program is

attempting to accomplish?"

• **Realistic:** Provides an attainable action that can be achieved with

available resources and plans for implementation; answers the question, "Is the objective achievable given available

resources and experience?"

• Time-Based: Specifies the time within which the objective will be

achieved; answers the question, "Does the objective

specify when desired results will be achieved?"

You can refer to the following table to develop SMART objectives for your fundamental questions.

SMART Process Objectives:

These objectives address what processes or activities need to take place before HIV prevention outcome objectives can be met. The activities identified in the logic model in the previous section can be used to identify variables for SMART process objectives. SMART process objectives identify specific activities to be completed by specific dates, such as the number of teens to recruit with the characteristics of the adolescents in the target population or the use of skilled facilitators to implement group sessions.

Question	Monitoring and evaluation activity	Sources of information about the question	How answers can be used to improve the program
		Recruitment	
How many participants did we plan to recruit?¹ How many participants did we actually recruit?²	n/a Process monitoring	 Pre-Implementation planning data SMART Objectives Recruitment plan Number of participants recruited documented by session sign-in 	Data can be used to strengthen recruitment efforts and inform more accurate planning.
Was there a difference?	Process evaluation	sheetsComparison between planned and actual numbers of recruits	accurate planning.

Question	Monitoring and evaluation activity	Sources of information about the question	How answers can be used to improve the program			
	Ta	arget Population				
What are the characteristics of our target population (e.g., race, ethnicity, age, behaviors, and risk factors)?	n/a	 Pre-Implementation planning data Logic model's problem statement Participants' demographics and risk factors collected with a 	Data can be used to target recruitment activities and			
What were the characteristics of the participants?	Process monitoring	factors collected with a youth intake form • Comparison between the characteristics of participants you planned to recruit and the characteristics of the actual participants.	youth intake form Comparison between the characteristics of participants you planned to recruit and the characteristics of	youth intake form prov • Comparison between for	youth intake form • Comparison between	provide evidence of prevention needs for additional at-
Was there a difference?	Process evaluation			risk populations.		

Question	Monitoring and evaluation activity	Sources of information about the question	How answers can be used to improve the program
How many participants did we think would complete all sessions? What actually happened? Was there a difference?	n/a Process monitoring Process evaluation	 Pre-Implementation planning data SMART objectives Sign-in sheets from each session Comparison between planned and actual participation 	Data can be used to strengthen recruitment efforts, inform agency policies on use of incentives, and foster discussion of strategies for teen engagement.
	Fidelit	y of Implementation	
Was the program carried out in accordance with the Implementation Manual and with fidelity to core elements?	Process monitoring and process evaluation (also referred to as quality assurance)	 Fidelity checklists on required activities and core elements Quality assurance plan Notes from facilitators Notes from persons who observed the program 	Completed fidelity checklists and other sources of information can indicate whether the evidence- based program was implemented properly and can be used to understand subsequent outcome monitoring data.

Question	Monitoring and evaluation activity	Sources of information about the question Outcomes	How answers can be used to improve the program
What outcomes did we expect participants to achieve? What outcomes	n/a	 Pre-Implementation planning data Logic model's outcomes in terms of mediating variables 	
did participants actually experience?	Outcome monitoring	and behavior change variables Monitoring and	Positive outcomes can be used to show intervention
Was there a difference?	Assessment of pre- and post-test data	evaluation plan SMART objectives Data that measure mediating variables and variables for behavior change collected with a pre-and post-test instrument Comparison between planned outcomes and actual outcomes measured with outcome monitoring instruments/ tools	snow intervention success Post- test data that reveal unwanted outcomes can indicate that changes are needed in either program design or delivery or both.

PRE-QUESTIONNAIRE

Date: _____

The questions in this booklet are about things related to your health, as well as general questions about your background. Some questions ask about what you know; others as your opinion on things; and others ask about things you may or may not have done. The is always an answer that lets you tell us when you have not done things, as well as when have done them. Knowing what you have not done is just as important as knowing what have done.	ere n you
Some of the questions are very personal and ask about different sexual activities that so people do. These particular questions are very blunt and to the point—questions you probably have never seen on a questionnaire before. Most of the questions are not like however. If a question bothers you so much that you do not want to answer it, you can that question and continue with the questionnaire. We warn you about the questions that personal and blunt so that you will not be surprised when you see them. Please answer the questions honestly. Your answers will be kept completely confidential; no one from you school or home will ever see your answers. Please work by yourself, and do not talk will others while you are answering the questions.	this, skip at are all of your
IMPORTANT! WRITE YOUR CODE NUMBER HERE:	(1-4)
Ц	NE (5)
Time Started:	
Time Finished:	
Asst. Reqd.? Circle: (1) none (2) low (3) high	(6)
PLEASE PRINT THE FOLLOWING SENTENCE ON THE LINE BELOW:	
"The quick brown fox jumps over the lazy dog."	

(7-14)

A. BACKGROUND INFORMATION

We would like some general information about you, like your age, so we can describe the kinds of people who answered these questions.

1. How old are you? years						(16-17)
2. What is your gender?			Male		Female	(18)
3. Are you now in school?				No	□ Yes	(19)
If NO, what was the last grade	e you completed?					(20-21)
If YES, what grade are you in	now ?					(22-23)
4. Are you Black/African American?				No	□ Yes	(24)
5. Are you Hispanic/Latino?				No	□ Yes	(25)
6. If you are Hispanic/Latino, are you	:					(26)
☐ I am not Hispanic/Latino	□ Mexican					
□ Puerto Rican	☐ South American					
□ Dominican	☐ Central American					
□ Cuban	☐ Other (Specify cour	ntry: _)
7. Are you White?				No	□ Yes	(27)
8. Are you Caribbean/West Indian?				No	□ Yes	(28)
9. Are you American Indian or Alaska	n Native?			No	□ Yes	(29)
10. Are your parents married to each	other now?			No	□ Yes	(30)
11. Were your parents ever married	to each other?			No	□ Yes	(31)
12. Are your parents married, but cu	rrently separated?			No	□ Yes	(32)
13. Does your mother work?				No	□ Yes	(33)
14. Does your father work?				No	□ Yes	(34)
15. Did your mother finish high school	l? □ No □	l Yes		Do n	ot know	(35)
16. Did your father finish high school?	□ No □	Yes		Do n	ot know	(36)

17. Do	you live with your mother?	(37)
	☐ Yes, all or most of the time.	
	\square Yes, some of the time.	
	□ No, I do not live with my mother.	
18. Do	you live with your father?	(38)
	☐ Yes, all or most of the time.	
	$\ \square$ Yes, some of the time.	
	□ No, I do not live with my father.	

B. SEXUAL ATTITUDES

The following questions ask how you feel about different behaviors. Please indicate how good or bad an idea it is to do the following, whether others would approve or disapprove of the behavior, and whether you plan to do these behaviors in the next 3 months (90 days). Circle the NUMBER that best describes your feelings. Sexual intercourse refers to a male putting his penis in a female's vagina. (Try to answer the questions even if you have not had sexual intercourse or have never used condoms.)

How would the following people feel about you having sex in the next 3 months? (Circle one)

1	2	3	3		4	5			
Strongly Disapprove	Disapprove	In The	Middle	ddle Approve			Strongly Approve		
1. Yourself			1	2	3	4	5	(39)	
2. Most people w	ho are important to	you	1	2	3	4	5	(40)	
3. Your sexual pa	ortner		1	2	3	4	5	(41)	
4. Your mother			1	2	3	4	5	(42)	
5. Your father			1	2	3	4	5	(43)	
6. Your friends			1	2	3	4	5	(44)	

7. How likely is it t	7. How likely is it that you will decide to have sexual intercourse in the next 3 months? (45)										
1	2		3		4		5				
Very Unlikely	Unlikely	In T	he Midd	le	Like	ly	Very Lik	ely			
-	Try to answer the following questions even if you have not had sex or have never used condoms. How would the following people feel about you using a condom if you have sex in the next 3 months? (Circle one)										
1	2	3 4			5						
Strongly Disapprove	Disapprove	In T	he Mido	dle	Appro	ove	Strong Approv	-			
8. Yourself			1	2	3	4	5	(46)			
9. Most people wh	no are important to	you	1	2	3	4	5	(47)			
10. Your sexual pa	artner		1	2	3	4	5	(48)			
11. Your mother			1	2	3	4	5	(49)			
12. Your father			1	2	3	4	5	(50)			
13. Your friends			1	2	3	4	5	(51)			
14. How likely is it months?	that you will decid	de to us	se a con	dom if	you have	e sex in	the next 3	(52)			
1	2		3		4		5				
Very Unlikely	Unlikely	In T	he Midd	le	Like	ly	Very Lik	ely			
How much do y	ou agree or disa you h		with ead sex? (C			ving st	atements ab	out			
1	2		3		4		5				
Strongly Disagree	Disagree	In T	he Mido	dle	Agro	ee	Strong Agree	-			
							CODENO# 2 LINE #2	(1-4) (5)			
15. If I have sex, t			1	2	3	4	5	(6)			

16.	If I have sex, then I will be more popular with girls.	1	2	3	4	5		(7)
17.	If I have sex, I will get a bad reputation.		1	2	3	4	5	(8)
18.	If I have sex, I will get HIV.		1	2	3	4	5	(9)
19.	If I have sex, I will get a sexually transmitted disease (STD).		1	2	3	4	5	(10)
20.	If I have sex during my teen years, pregnancy could occur.		1	2	3	4	5	(11)
21.	If I have sex during my teen years, then my parents will find out.		1	2	3	4	5	(12)
22.	If I have sex, and my parents find out, then they will be angry at me.		1	2	3	4	5	(13)
23.	If I have sex before I am married, then God is likely to be angry at me.		1	2	3	4	5	(14)
24.	If I have sex during my teen years, then I am less likely to graduate from high school.		1	2	3	4	5	(15)
25.	If I have sex during my teen years, then I am less likely to have the career that I am hoping for.		1	2	3	4	5	(16)
26.	I plan to have sex in the next 3 months.		1	2	3	4	5	(17)

The following questions concern <u>not</u> having sex, also known as practicing abstinence. How much do you agree or disagree with each of the following statements about you <u>not</u> having sex? (Circle One)

1	2	3	4	ŀ	5		
Strongly Disagree	Disagree	In The Middle	Agı	ree	Stron Agre		
27. If I do not hav	•	1	2	3 4	5	(18)	

28.	. If I do <u>not</u> have sex, no one will want to go out with me.	1	2	3	4	5	(19)
29.	If I do not have sex with my partner, then they will break up with me.	1	2	3	4	5	(20)
30.	. If I do <u>not</u> have sex, my parents will be proud of me.	1	2	3	4	5	(21)
31.	. If I do <u>not</u> have sex during my teenage years, I will be proud of myself.	1	2	3	4	5	(22)
32.	. <u>Not</u> having sex will help me further my education.	1	2	3	4	5	(23)
33.	Not having sex will help me focus on getting a good job.	1	2	3	4	5	(24)
34.	. I will not have sex in the next 3 months.	1	2	3	4	5	(25)

Now, we would like to ask you some questions about you using condoms. How much do you agree or disagree with each of the following statements about condoms? Try to answer the questions even if you have not had sex or have never used condoms. (Circle One)

	1	2	3			4		5	
	Strongly Disagree	Disagree	In The N	Middle	P	Agree		Strong Agre	
35.	Condoms help	prevent pregnanc	y.	1	2	3	4	5	(26)
36.	Condoms help	prevent STDs.		1	2	3	4	5	(27)
37.	Condoms help	prevent HIV.		1	2	3	4	5	(28)
38.	A lot of times c you are using th	ondoms break wl nem.	nen	1	2	3	4	5	(29)
39.	When a condon feels good.	n is used, sex stil	I	1	2	3	4	5	(30)
40.	When a condon	n is used, sex is r	more fun.	1	2	3	4	5	(31)

41.	If I used a condom, sex would not feel as good.	1	2	3	4	5	(32)
42.	Sex feels unnatural when a condom is used.	1	2	3	4	5	(33)
43.	Condoms are embarrassing to use.	1	2	3	4	5	(34)
44.	Condoms make you not want to have sex because you have to stop to put one on.	1	2	3	4	5	(35)

Now we would like you to answer questions about how your sexual partner might react to you wanting to use condoms. Try to answer the following questions even if you do not have a sexual partner.

	1	2	3			4	5			
	Strongly Disagree	Disagree	In The M	iddle	P	gree		Strongly Agree		
45.		e to use a condor al partner think la people.		1	2	3	4	5	(36)	
46.	Saying we have saying to my so "I don't trust yo	•	m is like	1	2	3	4	5	(37)	
47.		ner is likely to bro had to use a con	-	1	2	3	4	5	(38)	
48.	If I had a condepartner would	om with me, my s not like it.	sexual	1	2	3	4	5	(39)	
49.	My sexual part we used a con	ner would be hap dom.	pier if	1	2	3	4	5	(40)	
50.	Condoms cost	too much.		1	2	3	4	5	(41)	
51.	It is hard for m	e to get condom	S.	1	2	3	4	5	(42)	
52.	It is too much condoms.	trouble to carry a	round	1	2	3	4	5	(43)	

53.	I can get condoms.	1	2	3	4	5	(44)
54.	It is easy for me to have a condom with me all of the time.	1	2	3	4	5	(45)
55.	I can get my sexual partner to agree to use a condom, even if they don't want to.	1	2	3	4	5	(46)
56.	I can say to my sexual partner that we should use a condom.	1	2	3	4	5	(47)
57.	Before we are ready to have sex, I can talk to my sexual partner about using a condom.	1	2	3	4	5	(48)
58.	I can put a condom on without turning my sexual partner off.	1	2	3	4	5	(49)
59.	I cannot talk to my sexual partner about using condoms.	1	2	3	4	5	(50)
60.	If I am sexually aroused, I can stop before sex to use a condom.	1	2	3	4	5	(51)
61.	I can say no to sex if my sexual partner and I do not have a condom.	1	2	3	4	5	(52)
62.	I can stop sex to get a condom, if I do not have one.	1	2	3	4	5	(53)
63.	I can use a condom, even if the room is dark.	1	2	3	4	5	(54)
64.	I can get my sexual partner to agree to use a condom without turning them off.	1	2	3	4	5	(55)
65.	I am sure that I can use a condom if I have sex.	1	2	3	4	5	(56)

(58)
(57)

C. HARD OR EASY?

Sometimes we want to do something, but it's hard to do it. For the statements below, circle the number that best expresses how easy or hard it would be for you to do each of the things listed. Use any number from 1 to 5. The higher the number, the easier you think it is to do the behavior. The lower the number, the harder you think it is to do the behavior. (Circle One)

	1	2	3	3		4		5	
	Very Hard	Hard	In the	Middle	I	Easy		Very Ea	sy
							COI	DENO #3	(1-4)
								LINE #3	(5)
1.	How easy or hard we not have sex in the		•	1	2	3	4	5	(6)
2.	How easy or hard w get your partner to sex, even if they did	use condom	•	1	2	3	4	5	(7)
3.	How easy or hard w		use	1	2	3	4	5	(8)

D. SEXUAL BEHAVIOR

The following questions ask you about different sexual behaviors you may or may not ever have done. There is always an answer that lets you tell us when you have not done things, as well as when you have done them. Sexual intercourse refers to a male putting his penis in a female's vagina. Please be honest.

a male putting his penis in a female's vagina. Please be honest.					
1.	Have you ever had	sexual intercourse (a boy's penis in a girl's vagina)?	(9)		
	□ No	□ Yes			

2. The first time you had sexual intercourse, did your partner force you to have sexual intercourse against your will?	(10)
\square I have never had sexual intercourse. \square No \square Yes	
3. The first time you had sexual intercourse, did you use a condom?	(11)
\square I have never had sexual intercourse. \square No \square Yes	
The following questions ask you about the <u>last time</u> you had sexual intercourse	e:
4. The last time you had sexual intercourse, did you use a condom?	(12)
\square I have never had sexual intercourse. \square No \square Yes	
5. The last time you had sexual intercourse, were you high on alcohol or drugs?	(13)
\square I have never had sexual intercourse \square No \square Yes	
6. The last time you had sexual intercourse, did you have a couple of drinks and/or any drugs before having sexual intercourse?	(14)
\square I have never had sexual intercourse. \square No \square Yes	
7. The last time you had sexual intercourse, how old was your partner? (15)	5-16)
7. The last time you had sexual intercourse, how old was your partner? (15 □ I have never had sexual intercourse. □ (Write in) years	
	old.
☐ I have never had sexual intercourse. ☐ (Write in) years The following questions ask about your activities in the past 3 months (90 days). Please use the calendar provided to help you answer these questions. Where	old.
☐ I have never had sexual intercourse. ☐ (Write in) years The following questions ask about your activities in the past 3 months (90 days) Please use the calendar provided to help you answer these questions. Where appropriate, if your answer is "zero" or "none" write the number "0".	old.
 ☐ I have never had sexual intercourse. ☐ (Write in)	old.
 ☐ I have never had sexual intercourse. ☐ (Write in)	old.
 ☐ I have never had sexual intercourse. ☐ (Write in)	old.
 ☐ I have never had sexual intercourse. ☐ (Write in)	old.

39

10.	In the past 3 months, how many times have you had sexual intercourse? times	(19-21)
11.	In the past 3 months, how many times did you use a condom when you had sexual intercourse?	al (22-24)
	☐ I have never had sexual intercourse	
	$\hfill\Box$ I did not have sexual intercourse in the past 3 months.	
	□times	
12.	In the past 3 months, how many partners have you had sexual intercourse with? partners	(25-26)
13.	In the past 3 months, on how many days did you have sexual intercourse? days	(27-28)
14.	In the past 3 months, on how many days did you have sexual intercourse without using a condom?	(29-30)
	☐ I have never had sexual intercourse	
	$\hfill\Box$ I did not have sexual intercourse in the past 3 months	
	□ days	
15.	In the past 3 months, on how many days did you get high on alcohol or another drug and then have sexual intercourse?	(31-32)
	☐ I have never had sexual intercourse	
	$\ \square$ I did not have sexual intercourse in the past 3 months.	
	□ days	
16.	In the past 3 months, on how many of those days when you got high on an alcoholic drink or another drug and then had sex, did you have sexual intercourse without using a condom?	(33-34)
	$\hfill\Box$ I have never got high and had sexual intercourse	
	$\hfill\Box$ I did not get high and have sexual intercourse in the past 3 months.	
	□days	

17. With whom	do you have se	x? (Circle one)	(35)			
☐ Guys or	nly 🗆 Girls	only				
☐ Both gi	rls and guys	☐ I have never had sex				
	E.	AIDS/STD TRUE-FALSE ITEMS				
check T for e is FALSE; a	TRUE or FALSE. Some of the statements below are true; some are false. Please check T for each statement that you think is TRUE; check F for each one you think is FALSE; and check "?" if you DO NOT KNOW whether the statement is true or false. The term STD means Sexually Transmitted Disease.					
1. A common s	symptom of STD	s in a man is discharge (drip) from his penis.	(36)			
□Т	□F	□ ?				
2. A common s	symptom of STD	es is burning with urination (peeing).	(37)			
□T	□ F	□ ?				
3. A common s	symptom of STD	es is a sore on the penis or vagina.	(38)			
□Т	□F	□ ?				
	symptom of STD itching or burnin	es in a woman is discharge from her vagina	(39)			
□Т	□ F	□ ?				
5. If you feel he	ealthy you don't	have an STD.	(40)			
□Т	□F	□ ?				
6. A woman wh	no has an STD c	an get an infection in her uterus and tubes.	(41)			
□Т	□F	□ ?				
7. A pregnant v	voman who has	an STD can give it to her baby.	(42)			
□Т	□F	□ ?				
8. If a person h	as an STD, the	person's sexual partner probably has it too.	(43)			
□Т	□F	□ ?				

9.	Having HIV/AID	S makes you m	ore likely to get other diseases.	(44)
	□Т	□F	□ ?	
10.	A person can person does	•	and give it to other people even if the	(45)
	□ T	□F	□ ?	
11.	Having sex w	ith a man who sl	hoots drugs is a way many women get HIV/AIDS.	(46)
	□ T	□F	□ ?	
12.		ex (i.e., male pe tting HIV/AIDS.	enis in butt/anus) increases your	(47)
	□ T	□F	□ ?	
13.	Using Vaselin STDs and HIV		when having sex lowers the chance of getting	(48)
	□ T	□F	□ ?	
14.	_	od chance you v h someone who	will get HIV/AIDS if you share a sink, shower, or has HIV/AIDS.	(49)
	□ T	□F	□ ?	
15.	HIV is present	t in blood, seme	n, and vaginal fluid.	(50)
	□ T	□F	□ ?	
16.	The penis sho	ould be hard whe	en the condom is put on it.	(51)
	□ T	□F	□ ?	
17.	When a condocondom.	om is placed on	the penis, space should be left at the tip of the	(52)
	□ T	□ F	□ ?	
18.	The condom	should be comp	letely unrolled before it is placed on the penis.	(53)
	□ T	□ F	□ ?	
19.	Storing or ca	rrying condoms	in a hot or warm place can destroy their effectiveness.	(54)
	□ T	□F	□ ?	

20. A girl can	ilot get pregna		(55)
□Т	□F	□ ?	
_	ashes herself o become pregr	out with a douche after she has sex, nant	(56)
□Т	□F	□ ?	
		(removes his penis) from the woman's vagina before ulates, comes) the woman can still become pregnant.	(57)
□Т	□F	□ ?	
_	_	control pills and does not take them one or two days se her chances of becoming pregnant.	(58)
□Т	□F	□ ?	
	and jelly forms a condom.	s of birth control that a girl uses work better if the	(59)
□Т	□F	□ ?	
□Т		☐ ? RSONAL ATTITUDES QUESTIONNAIRE	
Listed below	F. PE are statemer		
Listed below	F. PE are statemer	RSONAL ATTITUDES QUESTIONNAIRE nts concerning personal attitudes and traits. Please	false.
Listed below T for each st	F. PE are statemer tatement that	RSONAL ATTITUDES QUESTIONNAIRE Ints concerning personal attitudes and traits. Please is you think is true; check F for each one you think is CODENO #	false. 4 (1-4)
Listed below T for each st	F. PE are statemer tatement that	RSONAL ATTITUDES QUESTIONNAIRE Ints concerning personal attitudes and traits. Please It you think is true; check F for each one you think is CODENO # LINE #4	false. 4 (1-4) (5)
Listed below T for each st	F. PE are statement that mes hard for n	RSONAL ATTITUDES QUESTIONNAIRE Into concerning personal attitudes and traits. Please it you think is true; check F for each one you think is CODENO # LINE #4	false. 4 (1-4) (5)
Listed below T for each st	F. PE are statement that mes hard for n	RSONAL ATTITUDES QUESTIONNAIRE Into concerning personal attitudes and traits. Please it you think is true; check F for each one you think is CODENO # LINE #4 The to go on with my work if I am not encouraged.	false. 4 (1-4) (5) (6)
Listed below T for each st 1. It is sometime T 2. I sometime	F. PE are statement that mes hard for n	RSONAL ATTITUDES QUESTIONNAIRE Into concerning personal attitudes and traits. Please it you think is true; check F for each one you think is CODENO # LINE #4 The to go on with my work if I am not encouraged. ? en do not get my way.	false. 4 (1-4) (5) (6)

4. There have been times when I felt like going against people in authority even though I knew they were right.						
	□ T	□F	□ ?			
5.	No matter who	I am talking to,	I am always a good listener.	(10)		
	□ T	□F	□ ?			
6.	There have be	en times when I	took advantage of someone.	(11)		
	□ T	□F	□ ?			
7.	I am always wi	lling to admit it v	when I make a mistake.	(12)		
	□Т	□F	□ ?			
8.	I sometimes tr	y to get even, ra	ather than forgive and forget.	(13)		
	□ T	□F	□ ?			
9.	I am always co	ourteous, even to	o people who are disagreeable.	(14)		
	□ T	□F	□ ?			
10	. I have never I	been mad when	people have had ideas different from my own.	(15)		
	□Т	□F	□ ?			
11	. There have b	een times when	I was very jealous of good things happening to others.	(16)		
	□ T	□F	□ ?			
12	. I sometimes	get mad at peop	ole who ask favors of me.	(17)		
	□ T	□F	□ ?			
13	. I have never	said something i	in order to hurt someone's feelings.	(18)		
	□Т	□F	□ ?			
An	y comments yo	u wish to make	about the questions are welcome:			
-	If you are finished, check over the booklet for any questions you forgot to answer. Then sit quietly and do not disturb the others.					
TH	ANK YOU!					

POST-QUESTIONNAIRE

The questions in this booklet are about things related to your health, as well as general questions about your background. Some questions ask about what you know; others ask your opinion on things; and others ask about things you may or may not have done. There is always an answer that lets you tell us when you have not done things, as well as when yo have done them. Knowing what you have not done is just as important as knowing what you have done.						
Some of the questions are very personal and ask about different sexual activities that some people do. These particular questions are very blunt and to the point—questions you probably have never seen on a questionnaire before. Most of the questions are not like this, however. If a question bothers you so much that you do not want to answer it, you can skip that question and continue with the questionnaire. We warn you about the questions that are personal and blunt so that you will not be surprised when you see them. Please answer all of the questions honestly. Your answers will be kept completely confidential; no one from your school or home will ever see your answers. Please work by yourself, and do not talk with others while you are answering the questions.						
IMPORTANT!	WRITE YOUR COD	E NUMBER	HERE:			(1-4)
						LINE (5)
Time Started:		·				
Time Finished:						
	Asst. Reqd.?	Circle:	(1) none	(2) low	(3) high	(6)
PLEASE PRINT THE FOLLOWING SENTENCE ON THE LINE BELOW:						
"The quick brown fox jumps over the lazy dog."						

(7-14)

A. SEXUAL ATTITUDES

The following questions ask how you feel about different behaviors. Please indicate how good or bad an idea it is to do the following, whether others would approve or disapprove of the behavior, and whether you plan to do these behaviors in the next 3 months (90 days). Circle the NUMBER that best describes your feelings. Sexual intercourse refers to a male putting his penis in a female's vagina. (Try to answer the questions even if you have not had sexual intercourse or have never used condoms.)

How would the following people feel about you having sex in the next 3 months? (Circle one)

1	1 2 3 4			5				
Strongly Disapprove	Disapprove	In The	Middle	Ap	prove		Strong Appro	-
1. Yourself			1	2	3	4	5	(16)
2. Most people wh	no are important to	o you	1	2	3	4	5	(17)
3. Your sexual par	tner		1	2	3	4	5	(18)
4. Your mother			1	2	3	4	5	(19)
5. Your father			1	2	3	4	5	(20)
6. Your friends			1	2	3	4	5	(21)
7. How likely is it that you will decide to have sexual intercourse in the next 3 months? (22							(22)	
1	2	3	}		4		5	
Very Unlikely Unlikely In The Middle Likely						Very Lik	ely	

Try to answer the following questions even if you have not had sex or have never used condoms. How would the following people feel about you using a condom if you have sex in the next 3 months? (Circle one)

1	2	3	4	5
Strongly	Disapprove	In The Middle	Approve	Strongly
Disapprove				Approve

8. Yourself		1	2	3	4	5	(23)
9. Most people who	o are important to yo	ou 1	2	3	4	5	(24)
10. Your sexual par	rtner	1	2	3	4	5	(25)
11. Your mother		1	2	3	4	5	(26)
12. Your father		1	2	3	4	5	(27)
13. Your friends		1	2	3	4	5	(28)
14. How likely is it that you will decide to use a condom if you have sex in the next 3 months? (29							
1	2	3		4			5
Very Unlikely	Unlikely	In The Middle	е	Like	ly	Very	Likely

How much do you agree or disagree with each of the following statements about you having sex? (Circle One)

	1	2	3	}		4		5	
	Strongly Disagree	Disagree	In The	Middle	P	gree		Strong Agre	
15.	If I have sex, the more popular with			1	2	3	4	5	(30)
16.	If I have sex, the more popular with			1	2	3	4	5	(31)
17.	If I have sex, I wi	ll get a bad rep	utation.	1	2	3	4	5	(32)
18.	If I have sex, I wi	II get HIV.		1	2	3	4	5	(33)
19.	If I have sex, I witransmitted dise	-		1	2	3	4	5	(34)
20.	If I have sex duri pregnancy could		rs,	1	2	3	4	5	(35)
21.	If I have sex duri then my parents		rs,	1	2	3	4	5	(36)

22. If I have sex, and then they will be a		1	2	3	4	5	(37)
23. If I have sex before then God is likely	e I am married, to be angry at me.	1	2	3	4	5	(38)
24. If I have sex during then I am less like from high school.		1	2	3	4	5	(39)
25. If I have sex during then I am less like career that I am h	ly to have the	1	2	3	4	5	(40)
26. I plan to have sex	in the next 3 months.	1	2	3	4	5	(41)

The following questions concern <u>not</u> having sex, also known as practicing abstinence. How much do you agree or disagree with each of the following statements about you <u>not</u> having sex? (Circle One)

	1	2	3			4		5	
	Strongly Disagree	Disagree	In The N	liddle	A	gree		Strong Agre	
27.	If I do <u>not</u> have people will call			1	2	3	4	5	(42)
28.	If I do <u>not</u> have no one will wan	sex, t to go out with r	ne.	1	2	3	4	5	(43)
29.		sex with my part reak up with me.	ner,	1	2	3	4	5	(44)
30.	If I do <u>not</u> have my parents will	sex, be proud of me.		1	2	3	4	5	(45)
31.		sex during my te proud of myself.	enage	1	2	3	4	5	(46)
32.	Not having sex further my educ			1	2	3	4	5	(47)

33. Not having sex will help me						
focus on getting a good job.	1	2	3	4	5	(48)
34. I will not have sex in the next 3 months.	1	2	3	4	5	(49)

Now, we would like to ask you some questions about you using condoms. How much do you agree or disagree with each of the following statements about condoms? Try to answer the questions even if you have not had sex or have never used condoms. (Circle One)

	1	2	3			4		5		
	Strongly Disagree In The Disagree		In The I	Middle Agree				Strongly Agree		
35.	Condoms help	prevent pregnand	cy.	1	2	3	4	5	(50)	
36.	Condoms help	prevent STDs.		1	2	3	4	5	(51)	
37.	Condoms help	prevent HIV.		1	2	3	4	5	(52)	
38.	A lot of times you are using	condoms break w them.	hen	1	2	3	4	5	(53)	
39.	When a condo	om is used, sex sti	II	1	2	3	4	5	(54)	
40.	When a condo	om is used, sex is	more fun.	1	2	3	4	5	(55)	
41.	If I used a cor not feel as go	ndom, sex would od.		1	2	3	4	5	(56)	
42.	Sex feels unna condom is use			1	2	3	4	5	(57)	
43.	Condoms are	embarrassing to u	ıse.	1	2	3	4	5	(58)	
44.		ke you not want to have to stop to pu		1	2	3	4	5	(59)	

Now we would like you to answer questions about how your sexual partner might react to you wanting to use condoms. Try to answer the following questions even if you do not have a sexual partner.

	1	2	3			4		5		
	Strongly Disagree	Disagree	In The M	liddle	A	gree		Strongly Agree		
								DENO #2 LINE #2	2 (1-4) (5)	
45.		e to use a condor al partner think l a people.		1	2	3	4	5	(6)	
46.	Saying we have saying to my see "I don't trust yo	· · · · · · · · · · · · · · · · · · ·	m is like	1	2	3	4	5	(7)	
47.	•	tner is likely to bre had to use a con	-	1	2	3	4	5	(8)	
48.	If I had a condepartner would	om with me, my s not like it.	exual	1	2	3	4	5	(9)	
49.	My sexual part we used a con	tner would be hap	pier if	1	2	3	4	5	(10)	
50.	Condoms cost	too much.		1	2	3	4	5	(11)	
51.	It is hard for m	ne to get condoms	S.	1	2	3	4	5	(12)	
52.	It is too much condoms.	trouble to carry a	round	1	2	3	4	5	(13)	
53.	I can get cond	oms.		1	2	3	4	5	(14)	
54.	It is easy for m with me all of t	ne to have a condithe time.	om	1	2	3	4	5	(15)	
55.	-	exual partner to a , even if they don'	_	1	2	3	4	5	(16)	

56.	I can say to my sexual partner that we should use a condom.	1	2	3	4	5	(17)
57.	Before we are ready to have sex, I can talk to my sexual partner about using a condom.	1	2	3	4	5	(18)
58.	I can put a condom on without turning my sexual partner off.	1	2	3	4	5	(19)
59.	I cannot talk to my sexual partner about using condoms.	1	2	3	4	5	(20)
60.	If I am sexually aroused, I can stop before sex to use a condom.	1	2	3	4	5	(21)
61.	I can say no to sex if my sexual partner and I do not have a condom.	1	2	3	4	5	(22)
62.	I can stop sex to get a condom, if I do not have one.	1	2	3	4	5	(23)
63.	I can use a condom, even if the room is dark.	1	2	3	4	5	(24)
64.	I can get my sexual partner to agree to use a condom without turning them off.	1	2	3	4	5	(25)
65.	I am sure that I can use a condom if I have sex.	1	2	3	4	5	(26)
66.	I will try to get my sexual partner to agree to use condoms if we have sex in the next 3 months.	1	2	3	4	5	(27)
67.	I plan to use condoms if I have sex in the next 3 months.	1	2	3	4	5	(28)

B. HARD OR EASY?

Sometimes we want to do something, but it's hard to do it. For the statements below, circle the number that best expresses how easy or hard it would be for you to do each of the things listed. Use any number from 1 to 5. The higher the number, the easier you think it is to do the behavior. The lower the number, the harder you think it is to do the behavior. (Circle One)

	1	2	;	3		4		5	
	Very Hard	Hard	In the	Middle	ı	Easy		Very E	asy
1.	How easy or hard not have sex in the		•	1	2	3	4	5	(29)
2.	How easy or hard get your partner sex, even if they	to use condon	ns during	1	2	3	4	5	(30)
3.	How easy or hard condoms when y		use	1	2	3	4	5	(31)

C. AIDS/STD TRUE-FALSE ITEMS

TRUE or FALSE. Some of the statements below are true; some are false. Please check T for each statement that you think is TRUE; check F for each one you think is FALSE; and check "?" if you DO NOT KNOW whether the statement is true or false. The term STD means Sexually Transmitted Disease.

1.	A common syn	nptom of STDs	in a man is discharge (drip) from his penis.	(32)
	□Т	□F	□ ?	
2.	A common syn	nptom of STDs	is burning with urination (peeing).	(33)
	□ T	□F	□ ?	
3.	A common syn	nptom of STDs	is a sore on the penis or vagina.	(34)
	□ T	□F	□ ?	
4.	,	nptom of STDs hing or burning.	in a woman is discharge from her vagina	(35)
	□Т	□F	□ ?	

5. If you feel healthy you don't have an STD.							
□Т	□F	□ ?					
6. A woman wh	o has an STD ca	an get an infection in her uterus and tubes.	(37)				
□Т	□F	□ ?					
7. A pregnant v	voman who has	an STD can give it to her baby.	(38)				
□Т	□F	□ ?					
8. If a person h	as an STD, the p	person's sexual partner probably has it too.	(39)				
□Т	□F	□ ?					
9. Having HIV/	AIDS makes you	more likely to get other diseases.	(40)				
□Т	□F	□ ?					
•	an have HIV/AID: s <u>not</u> look sick.	S and give it to other people even if the	(41)				
□Т	□F	□ ?					
11. Having sex	with a man who	shoots drugs is a way many women get HIV/AIDS.	(42)				
□Т	□F	□ ?					
_	I sex (i.e., male getting HIV/AIDS	oenis in butt/anus) increases your	(43)				
□Т	□F	□ ?					
13. Using Vase STDs and F		nt when having sex lowers the chance of getting	(44)				
□Т	□F	□ ?					
	good chance you with someone wh	u will get HIV if you share a sink, shower, or no has HIV.	(45)				
□Т	□F	□ ?					
15. HIV is prese	nt in blood, sem	en, and vaginal fluid.	(46)				
□Т	□F	□ ?					

6. The penis should be hard when the condom is put on it. (4)								
□ T	□F	□ ?						
When a cond condom.	om is placed on	the penis, space should be left at the tip of the	(48)					
□Т	□F	□ ?						
The condom	should be comp	eletely unrolled before it is placed on the penis.	(49)					
□Т	□F	□ ?						
_		in a hot or warm place can destroy their	(50)					
□Т	□F	□ ?						
A girl can <u>not</u>	get pregnant th	ne first time she has sex.	(51)					
□Т	□F	□ ?						
_		ith a douche after she has sex,	(52)					
□Т	□F	□ ?						
		_	(53)					
□Т	□F	□ ?						
_	_	•	(54)					
□Т	□F	□ ?						
		pirth control that a girl uses work better if the	(55)					
□Т	□F	□ ?						
	□ T When a cond condom. □ T The condom □ T Storing or cateffectiveness □ T A girl can not she won't bed she won't bed on the reaches could be a guy he reaches could be a guy	□ T □ F When a condom is placed on condom. □ T □ F The condom should be composed on condom. □ T □ F Storing or carrying condoms effectiveness. □ T □ F A girl can not get pregnant the condom should be composed on the condom should be composed on the condom seffectiveness. □ T □ F If a girl washes herself out we she won't become pregnant condom should be composed on the condom seffectiveness. □ T □ F A girl washes herself out we she won't become pregnant condom should be composed on the condom seffectiveness. □ T □ F The foam and jelly forms of the condom seffectiveness.	When a condom is placed on the penis, space should be left at the tip of the condom. T F ? The condom should be completely unrolled before it is placed on the penis. T F ? Storing or carrying condoms in a hot or warm place can destroy their effectiveness. T F ? A girl can not get pregnant the first time she has sex. T F ? If a girl washes herself out with a douche after she has sex, she won't become pregnant T F ? Even if a guy withdraws (removes his penis) from the woman's vagina before he reaches climax (ejaculates, comes) the woman can still become pregnant. T F ? A girl who is taking birth control pills and does not take them one or two days in a row does not increase her chances of becoming pregnant. T F ? The foam and jelly forms of birth control that a girl uses work better if the boy uses a condom.					

D. Debrief Questions

The questions in this section concern your feelings about the program. Tell us how you felt about the program by circling how you best feel about the statement. Please answer all of the questions honestly. Your opinions are valuable to us.

CODENO# 3 (1-4)
LINE #3 (5)

1. What did you like about the overall program? (6)

2. What didn't you like about the overall program? (7)

For questions 1 - 7 please use the scale below.

1	2	3		4		5	5
Disliked Very Much	Disliked	Neither Liked or Disliked		Liked		Liked Mu	-
How much did y program activiti		1	2	3	4	5	(8)
4. How much did you part of the activ		1	2	3	4	5	(9)
5. How much did you that you were in		1	2	3	4	5	(10)
6. How much did y	ou like your facilitato	or? 1	2	3	4	5	(11)
7. How much did your you did in your	ou like the activities group?	1	2	3	4	5	(12)

55

For questions 8 and 9 please use the scale below.

1	2	,	3		4			
Not at all	Very Little	Mode	erately		Very Mu	ıch		
8. How much could you the group activities?	really get into	1	2	3	4	(13)		
9. How much did you to your thoughts in the		1	2	3	4	(14)		
10. How comfortable d and sharing your th	id you feel talking oughts in the group?	1	2	3	4	(15)		
11. How comfortable d the exercises, gam	id you feel during es, or role -playing?	1	2	3	4	(16)		
12. In general, how mu from the activities?	ch did you learn	1	2	3	4	(17)		
13. How much did you videos you saw?	learn from the	1	2	3	4	(18)		
14. How much did you small group activitie		1	2	3	4	(19)		
15. Would you recomm project to other tee		1	2	3	4	(20)		

For the following questions please use the scale below.

1	2	3		4		5	
Disagree	Disagree	Neither Agree		Agree		Agre	ee
Strongly		Nor Disagree				Stron	gly
16. My facilitator re he or she is tea	-	1	2	3	4	5	(21)
17. My facilitator is model for me.	a good role	1	2	3	4	5	(22)

18. My facilitator really under youth my age.	rstands	1	2	3	4	5	(23)
19. My facilitator shows resp the group's feelings.	ect for	1	2	3	4	5	(24)
20. My facilitator is very frier	ndly.	1	2	3	4	5	(25)
21. My facilitator was well-pr	epared.	1	2	3	4	5	(26)
22. My facilitator knows a lo	about life.	1	2	3	4	5	(27)
23. Have you discussed the who was in a different gr	_	ger					(28)
□ No □ Yes							
24. If you have discussed the different group than you,		_		n a			(29)
25. If you have discussed the different group than you,		_	no was ii	1 a			(30)
26. Has any other teenager	who lives with you par	rticipate	d in the	progran	n?		(31)
□ No □ Yes							
27. Do you have a relative w	ho has participated in	the pro	gram?				(32)
□ No □ Yes							

Any comments you wish to make about the questions are welcome:
If you are finished, check over the booklet for any questions you forgot to answer. Then sit quietly and do not disturb the others.
THANK YOU!

