Questionnaire Instructions:

1. PREP questionnaires are confidential. Your answers will be kept private and will not be revealed to anyone outside the evaluation team.

2. Do NOT write your name on the questionnaire.

3. Use a black or blue pen to bubble in your answers.

4. You may skip any question you do not wish to answer, but we hope that you will answer all of the questions.

5. When you complete the questionnaire, place it in an envelope. Seal the envelope and give the SEALED envelope to your teacher.
Date: ___ ___ / ___ ___ / ___ ___

Please enter your ID code:

<table>
<thead>
<tr>
<th>First Letter of Teacher’s First Name</th>
<th>First Letter of Teacher’s Last Name</th>
<th>3-Digit Student Enrollment Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>N</td>
<td>0</td>
</tr>
<tr>
<td>B</td>
<td>O</td>
<td>1</td>
</tr>
<tr>
<td>C</td>
<td>P</td>
<td>2</td>
</tr>
<tr>
<td>D</td>
<td>O</td>
<td>3</td>
</tr>
<tr>
<td>E</td>
<td>P</td>
<td>4</td>
</tr>
<tr>
<td>F</td>
<td>R</td>
<td>5</td>
</tr>
<tr>
<td>G</td>
<td>T</td>
<td>6</td>
</tr>
<tr>
<td>H</td>
<td>U</td>
<td>7</td>
</tr>
<tr>
<td>I</td>
<td>V</td>
<td>8</td>
</tr>
<tr>
<td>J</td>
<td>W</td>
<td>9</td>
</tr>
<tr>
<td>K</td>
<td>X</td>
<td>0</td>
</tr>
<tr>
<td>L</td>
<td>Y</td>
<td>1</td>
</tr>
<tr>
<td>M</td>
<td>Z</td>
<td>2</td>
</tr>
</tbody>
</table>

School/Organization:

**CREC Schools**
- Academy of Aerospace and Engineering (AAE) HS
- Medical Professions and Teacher Preparation Academy (MPTPA)
- Metropolitan Learning Center (MLC)
- Public Safety Academy (PSA)
- Two Rivers (TR)

**Technical Schools**
- Abbott THS
- Bullard-Havens THS
- Cheney THS
- Ellis THS
- Goodwin THS
- Grasso THS
- Kaynor THS
- Norwich THS
- O’Brien THS
- Platt THS
- Prince THS
- Vinal THS
- Whitney THS
- Wilcox THS
- Windham THS
- Wolcott THS
- Wright THS

**Public High Schools**
- Bloomfield HS
- Branford HS
- Bulkeley HS
- East Hartford HS
- Hamden HS
- Farmington HS
- Newington HS
- Opportunity HS
- Weaver-Culinary Arts Academy
- Weaver-Journalism & Media Academy
- Windham HS
- Windsor HS
- Other High School:

____________
Please answer the following questions to the best of your ability. This first set of questions has to do with you.

1. How old are you?
   MARK ONLY ONE ANSWER
   - 10
   - 11
   - 12
   - 13
   - 14
   - 15
   - 16
   - 17
   - 18
   - 19
   - 20
   - 21 or older

2. Are you Hispanic or Latino?
   MARK YES OR NO
   - Yes
   - No
   → PLEASE GO TO Q. 4

3. Are you...
   MARK ONLY ONE ANSWER
   - Mexican, Mexican American, Chicano/a
   - Puerto Rican
   - Cuban
   - Another Hispanic, Latino/a or Spanish origin

4. What is your race?
   MARK ALL THAT APPLY
   - American Indian or Alaska Native
   - Asian
   - Black or African American
   - Native Hawaiian or Other Pacific Islander
   - White or Caucasian

5. Are you male or female?
   MARK ONLY ONE ANSWER
   - Male
   - Female

6. Do you consider yourself to be one or more of the following?
   MARK ALL THAT APPLY
   - Straight
   - Gay or Lesbian
   - Transgender
   - Bisexual
   - Something else/I have not decided
7. What grade are you in? (If you are currently on vacation or in summer school, indicate the grade you will be in when you go back to school.)
MARK ONLY ONE ANSWER

- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- 10th
- 11th
- 12th
- My school does not assign grade levels
- I dropped out of school, and I am not working on getting a high school diploma or GED
- I am working towards a GED
- I have a high school diploma/GED but I am not currently enrolled in college/technical school
- I have a high school diploma/GED and I am currently enrolled in college/technical school

8. What is the zip code where you live?

9. Do you live with…?
MARK (●) ALL THAT APPLY

- mother
- father
- mother’s partner
- father’s partner
- siblings
- grandparent(s)
- foster parents
- I live in a group home
- other
10. In the past three months, how often would you say you…

<table>
<thead>
<tr>
<th>MARK ONLY ONE ANSWER PER ROW</th>
<th>All of the Time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. cared about doing well in school?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. shared ideas or talked about things that really matter with a parent/guardian?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. resisted or said no to peer pressure?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. managed conflict without causing more conflict?</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

The next questions ask about sexual intercourse and your risk of pregnancy and sexually transmitted diseases. Remember, all of your responses will be kept private.

11. If you have the chance, do you intend to have sexual intercourse in the next 6 months? By sexual intercourse, we mean the act that makes babies.

MARK ONLY ONE ANSWER

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

12. Have you ever had sexual intercourse? By sexual intercourse, we mean the act that makes babies.

MARK YES OR NO

- ○ Yes
- ○ No STOP → PLEASE GO TO Q.18 (PAGE 6)

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

MARK YES OR NO

- ○ Yes
- ○ No

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

MARK ONLY ONE ANSWER

- ○ 0, I have never been pregnant or gotten someone pregnant
- ○ 1 pregnancy
- ○ 2 pregnancies
- ○ 3 or more pregnancies
15. In the past 3 months, with how many people did you have sexual intercourse, even if only one time?  
MARK ONLY ONE ANSWER  
○ 0, I did not have sexual intercourse in the past 3 months → PLEASE GO TO Q.18  
○ 1 person  
○ 2-3 people  
○ 4 or more people  

16. When you had sexual intercourse in the past 3 months, how often did you or a partner use birth control?  
By birth control, we mean using birth control pills, condoms, the shot (Depo Provera), the patch, the ring (NuvaRing), IUD (Mirena or Paragard), or implant (Implanon).  
MARK ONLY ONE ANSWER  
○ All of the time  
○ Most of the time  
○ Some of the time  
○ None of the time  

17. When you had sexual intercourse in the past 3 months, how often did you or a partner use a condom?  
MARK ONLY ONE ANSWER  
○ All of the time  
○ Most of the time  
○ Some of the time  
○ None of the time  

18. In the past 3 months, how often would you say you…  
MARK ONLY ONE ANSWER PER ROW  

<table>
<thead>
<tr>
<th>All of the Time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. knew how to manage stress?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>b. managed money carefully?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>c. had friendships that kept you out of trouble?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>d. were respectful towards others?</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Thank you for participating in this survey!