since the last survey, using a calendar as a memory cue. They were asked if they had had sexual intercourse, if they carried condoms or had quick access to them, and if they had talked to a health professional about a sex-related issue. Students reporting intercourse in the given period were asked if they had ever avoided sex because they did not have a condom, and if they had used alcohol or drugs before sex.

Continuous measures of sexual activity were conceptualized to coincide with treatment in the Jemmott et al. study. These measures were asked only at the follow-up surveys and included frequency of intercourse since the last survey among sexually active students (“Since the last survey, how many times did you have sex?”) and frequency of protected intercourse (“Since the last survey, when you had sex, how many times did you use a condom?”). The difference between these two frequencies yielded the frequency of unprotected intercourse and the proportion of unprotected episodes (proportional measure).

**Demographic.** Age, gender, ethnicity (white, black, Hispanic, other), living arrangement (with two parents vs. other) and parents’ education (at least one parent having had some postsecondary education vs. other) were assessed at baseline. An estimation of students’ neighborhood socioeconomic status was generated by using the proportion of households in their neighborhood that were at or below the federal poverty line, based on the 2000 U.S. census (range, 1–70%); this was done by linking the student’s address to data for that specific census tract. The proportion of curriculum sessions attended was measured by the facilitators.

**Curriculum fidelity, facilitator performance and student assessment.** Facilitators completed a checklist after each of the six class sessions. In addition to attendance, they recorded their command of the session materials (10-point scale, ranging from low to high), their perceived rapport with students (on the same scale) and how closely they followed the original curriculum as outlined in the training manual (four-point scale, ranging from not at all to completely). They also recorded whether they completed each of the specific activities (25 in all) within the designated sessions (and if not, why), and if they were unable to complete an activity, whether they completed it at a later session. Finally, at the immediate posttest (within a week of the last session), students responded to a number of items (using four-point scales): how well their facilitators presented the material and how comfortable they were in doing so (ranging from not at all to extremely); how much the curriculum challenged how students thought about their health (ranging from not at all to extremely); how comfortable students were with the activities and with potentially discussing a personal concern with their facilitator (ranging from not at all to extremely); the general classroom environment (ranging from chaotic to orderly); and how seriously their peers regarded the curriculum (ranging from not at all to very seriously).

### Analyses

Univariate statistics were used to assess whether student characteristics differed between the intervention and control groups at baseline. Continuous independent variables were compared using t tests, and chi-square tests were used to compare categorical variables. Preliminary analyses revealed small but significant differences between the intervention and control groups in gender, ethnicity, neighborhood socioeconomic status and session attendance. Therefore, to control for possible confounding, these variables as well as age were included as covariates in subsequent analyses.

To test the impact of the curriculum on the change in outcomes, we used general linear model analyses, with group membership (intervention=1, control=0) as the fixed effect and covariates (those mentioned above plus sexual experience at baseline and baseline measure of...