Form Approved
OMB No. 0920-XXX
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XX/XX/20XX

#### **ATTACHMENT 3:**

#### PAPER AND PENCIL QUESTIONAIRE

### Statement of burden for paper and pencil questionnaire

Public reporting burden of this collection of information is estimated to average 10 minutes per response including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX)

## **Consumer Paper and Pencil Questionnaire**

# Knowledge, Attitudes, Beliefs about HIV

a. HIV is not my problem.  b. There are medications     available to treat HIV.  c. I don't need to worry     about getting HIV because     I know everything about     my girlfriend/partner.  d. HIV is not something I     think about often.  e. Knowing my HIV status     helps me take     responsibility for myself.  f. Knowing my HIV status     helps me take     responsibility for others.  g. HIV is not a big problem     in my community.  h. I should get tested for HIV     because I may be at risk.  i. People need education to						True	False	Don't Know
b. There is still no cure for HIV/AIDS. c. You can tell that somebody has HIV just by looking at them. d. A man may be at risk for HIV if he had unprotected anal or vaginal sex with a woman. By unprotected, we mean sex without a condom. e. There is a test available to tell whether a person has HIV. f. Treatment and support programs are available to people like me who might test positive for HIV. g. People are automatically tested for HIV when they go to the doctor if their blood is drawn.  Strongly Neither disagree Disagree agree/disagree Ag  a. HIV is not my problem. b. There are medications available to treat HIV. c. I don't need to worry about getting HIV because I know everything about my girlfriend/partner. d. HIV is not something I think about often. e. Knowing my HIV status helps me take responsibility for myself. f. Knowing my HIV status helps me take responsibility for others. g. HIV is not a big problem in my community. h. I should get tested for HIV because I may be at risk. i. People need education to	-	•	ough they h	ad sex with	only			
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	HIV.					_
	I am less likely than most					
	people to get HIV.					
H	IV Testing					
	1. Which of the following	g best desci	ribes your Hl	V testing beha	vior?	
	I have never been to I have ne					ure I am
	okay.  I have been tested a  I test regularly or a			_		d to HIV
	2. Have you ever been test	ed for HIV	?			
	Yes (Skip → to Q4) No					
	3. Below is a list of reason of these are the main remove of the following re[MARK ALL THAT A	asons why easons.				
	You have not been so You have not had up You were afraid to for You didn't want to to You didn't think you You don't like need.  You don't trust the property You had to wait too You didn't know when You trust your sex possesses Some other reason [	nprotected and out if you hink about under at riles results to be long for the here to get apartner	sex you were HIV HIV or about isk of being le kept private te results tested	ut being HIV p HIV positive e	ositive	
	SKIP TO Q10					
	4. When was your last HI	V test?				
	mm dd yy					
	5. Where did you have you	ır last HIV	test?			
	Private doctor STD or AIDS clinic	or testing	site			

	Hospital or emergency room Public health department At home Drug treatment facility Other location (SPECIFY)
6. I	How was the HIV test given to you?
	blood was drawn from your vein your finger was pricked and blood was taken from the prick your mouth was swabbed
7.	Which of these are the main reasons for your last HIV test? Please select one or more of the following reasons.  [MARK ALL THAT APPY]
	Just to find out, worried that you are infected A doctor, nurse or other health care provider asked you to The Health Department asked you to Your sex partner asked you to Because of your sex partner's pregnancy You found out your sex partner cheated Already had an STD You were starting a new relationship Other reason [SPECIFY]
8.	How often do you get an HIV test?
9.	Do you get an HIV test after any situation when you think you might have been exposed to HIV?
	Yes No
10.	Do you know a place where you can get an HIV test?
	☐ Yes ☐ No (Skip → to Q14)

11. Is this place in your	community?			
Yes No				
12. Do you know a plac	e where you	can get a FREE	HIV test?	
☐ Yes ☐ No (Skip → to 0	Q14)			
13. Is this place in your	community?			
Yes No				
14. Have you talked to	your partner a	about the import	ance of getting	an HIV test?
Yes No				
15. It is important to get tested for HIV so that people who test positive can start getting treated right away. (strongly agree, agree, neither agree/disagree, disagree, strongly disagree)				
		Neither		
Strongly disagree	Disagree		Agree	Strongly Agree
16. Have you ever talke family, about getting	-		partner, such as	friends or
Yes No				
17. When should you ge	et an HIV tes	t after having un	protected sex w	vith a woman?
0-3 months	3-6 month	us 7-1	12 months	more than 12 months
18. If a free test was ava	ailable to see	if you have HIV	, would you tak	ke it?
Yes				

themes or slogans?
KNOW HIV/AIDS  Yes  No
Rap it Up  Yes  No
Get tested. Get the results. Get on with your life.  Yes  No
Take Charge. Take the Test.  Yes  No
You know him. But you can't know everything.  Yes No
False campaign name to be determined Yes No
Risk Behaviors
These next few questions are about your personal behaviors including sexual activity. Please remember that your answers are kept private.
1. During the past 12 months, how many people did you have sex with?
NUMBER
How many of these people were women?
How many of these people were men?
2. How often did you and your sex partners use a condom?
Never Occasionally Usually Always

## **Demographics**

1.	How old are you?
2.	What is the highest grade or year of school you finished?
	Never attended school or only attended kindergarten Grades 1 through 8 (elementary) Grades 9 through 11 (some high school) Grade 12 or GED (high school graduate) College 1 year to 3 years (some college or technical school) College 4 years or more (college graduate)
3.	What is your annual household income from all sources?
4.	Less than \$5,000 \$5,000-\$9,999 \$10,000-\$14,999 \$15,000-\$19,999 \$20,000-\$24,999 \$25,000-\$29,999 \$30,000-\$34,999 \$35,000-\$39,999 \$40,000-\$44,999 \$45,000-\$49,999 \$50,000-or above  Do you have a primary care doctor?
	Yes No
5.	Do you have health insurance?
	☐ Yes ☐ No (Skip → to End)
6.	What kind of health insurance do you have (Please mark all that apply)
	<ul> <li>Medicare, a federal govt. program for people age 65 or older and certain disabled people</li> <li>Medicaid, a state program that helps people w/low income</li> <li>The military, TRICARE, or the VA</li> <li>The Indian Health Service</li> </ul>

	Some other source (please specify)
END	

END