
African American STD Disparities Health Communication Project

#0920-0798

ATTACHMENT 5

PARTICIPANT DOMAIN ASSESSMENT STRUCTURED DATA COLLECTION

(PHASE 1 ONLY)

PARTICIPANT DOMAIN ASSESSMENT STRUCTURED DATA COLLECTION

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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0798).

Pile Sort of STDs:

1. What I would like you to do is read through the set of cards, each contains the name of an STD, and then sort them into piles so that like or similar ones are in the same piles. I am going to ask that you use at least two piles and no more than seven.

[After sorting is complete]

2. Can you tell me about each of the piles you have created? What names would you give each of them?

List of STDs to sort:

Bacterial Vaginosis	<i>Sometimes also referred to as,</i>	BV
Chancroid		
Chlamydia	<i>Sometimes also referred to as</i>	The Clam
Genital herpes		
Gonorrhea	<i>Sometimes also referred to as</i>	Dose, Clap, Drip
Hepatitis B	<i>Sometimes also referred to as</i>	Hep B
HIV	<i>Sometimes also referred to as</i>	Has the Package, HI-v
Human Papillomavirus	<i>Sometimes also referred to as</i>	HPV
Pubic lice	<i>Sometimes also referred to as</i>	Crabs

Syphilis	<i>Sometimes also referred to as</i>	Syph, Pox, Bad Blood
Trichomoniasis	<i>Sometimes also referred to as</i>	Trich
Genital Warts		

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Rating of STD Attributes:

Please indicate on the following seven point scale how *serious* you consider each of the following STDs to be. If you haven't heard of the STD or don't know enough about it to answer the question, check "don't know."

STDs = Sexually Transmitted Disease	Not Serious 1	Somewhat serious 2	Very Serious 3	Don't know 4
Bacterial Vaginosis (BV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chancroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia (The Clam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea (Dose, Clap, Drip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (Hep B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV (Has the Package, HI-v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pubic lice (Crabs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis (Syph, Pox, Bad Blood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis (Trich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate on the following seven point scale how **curable** you consider each of the following STDs. If you haven't heard of the STD or don't know enough about it to answer the question, check "don't know."

STDs = Sexually Transmitted Disease	Notcurable 1	Somewhat curable 2	Easily curable 3	Don't know 4
Bacterial Vaginosis (BV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chancroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia (The Clam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea (Dose, Clap, Drip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (Hep B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV (Has the Package, HI-v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pubic lice (Crabs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis (Syph, Pox, Bad Blood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis (Trich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate on the following seven point scale how ***at risk*** you consider yourself to be for each of the following STDs. If you haven't heard of the STD or don't know enough about it to answer the question, check "don't know."

STDs = Sexually Transmitted Disease	Not at all at risk 1	Somewhat at risk 2	Very much at risk 3	Don't know 4
Bacterial Vaginosis (BV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chancroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia (The Clam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea (Dose, Clap, Drip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (Hep B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV (Has the Package, HI-v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pubic lice (Crabs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis (Syph, Pox, Bad Blood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis (Trich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate on the following seven point scale how ***shameful*** people consider each of the following STDs to be for those infected. If you haven't heard of the STD or don't know enough about it to answer the question, check "don't know."

STDs = Sexually Transmitted Disease	Not at all at risk 1	Somewhat at risk 2	Very much at risk 3	Don't know 4
Bacterial Vaginosis (BV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chancroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlamydia (The Clam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital herpes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gonorrhea (Dose, Clap, Drip)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (Hep B)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV (Has the Package, HI-v)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pubic lice (Crabs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syphilis (Syph, Pox, Bad Blood)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trichomoniasis (Trich)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Genital Warts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>