

Prevention Education Pre-Test Questionnaire for College Women**INSTRUCTIONS:** Check the box ☒ next to your answer.

DATE: _____

INFORMATION ABOUT YOU

ID#: _ _ _ _ _

1. How old are you? _____ (Specify in years)

2. What is your classification in college?

- ☐ Freshman
☐ Sophomore
☐ Junior
☐ Senior
☐ Other (Specify) _____

3. How long have you been at this institution? _____ (Specify in months or years)

4. What is your race and ethnicity?

☐ I do not wish to provide this information.

Ethnicity: (Select one)

- ☐ Hispanic or Latina
☐ Not Hispanic or Latina

Race: (Select all that apply)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

5. What is your language of preference?

(Check all that apply)

- ☐ English
☐ Spanish
☐ Other (Specify) _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-XXXX. The time required to complete this information collection is estimated to average 20 minutes per respondent, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

U.S. Department of Health & Human Services
OS/OIRM/PRA
200 Independence Ave., S.W. Suite 531-H
Washington, D.C. 20201
Attention: PRA Reports Clearance Officer

6. What is your relationship status?

- ☐ Single
☐ Married
☐ Married but separated
☐ Common Law
☐ Common Law but separated
☐ Partnered
☐ Divorced
☐ Widowed
☐ Other (Specify) _____

7. Where do you currently live?

- ☐ On campus dorm/student housing
☐ At home with parents/relatives
☐ Off campus apartment with roommates
☐ Off campus with partner
☐ Don't have a stable living arrangement
☐ Other (Specify) _____

8. Do you have access to health care?

- ☐ Yes
☐ No
☐ Don't know

KNOWLEDGE ABOUT HIV

For each statement, please circle "True" (T), "False" (F), or "I don't know" (DK). If you do not know, please do not guess; instead, please circle "DK".

- | | | | |
|---|---|---|----|
| 1. Coughing and sneezing DO NOT spread HIV. | T | F | DK |
| 2. A person can get HIV by sharing a glass of water with someone who has HIV. | T | F | DK |
| 3. Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex. | T | F | DK |
| 4. A woman can get HIV if she has anal sex with a man. | T | F | DK |
| 5. Showering, or washing one's genitals/private parts after sex keeps a person from getting HIV. | T | F | DK |
| 6. All pregnant women infected with HIV will have babies born with HIV. | T | F | DK |
| 7. In general, people who have been infected with HIV quickly show serious signs of being infected. | T | F | DK |
| 8. There is a vaccine that can stop adults from getting HIV. | T | F | DK |

9. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.	T	F	DK
10. A woman cannot get HIV if she has sex during her period.	T	F	DK
11. There is a female condom that can help decrease a woman's chance of getting HIV.	T	F	DK
12. A natural skin condom works better against HIV than does a latex condom.	T	F	DK
13. A person will NOT get HIV if she or he is taking antibiotics.	T	F	DK
14. Having sex with more than one partner can increase a person's chance of being infected with HIV.	T	F	DK
15. Taking a test for HIV one week after having sex will tell a person if she or he has HIV.	T	F	DK
16. A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.	T	F	DK
17. A person can get HIV from unprotected oral sex.	T	F	DK
18. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.	T	F	DK
19. People can contract the HIV virus through tattooing or body piercing if sterile instruments are not used.	T	F	DK
20. It is easier for a woman to get HIV than to give it.	T	F	DK
21. A woman can give HIV to her baby or a sexual partner through breast milk.	T	F	DK
22. Taking an oral contraceptive or hormones decreases your risk to get HIV.	T	F	DK
23. Having unprotected sex with a partner is like having sex with all of their current and previous partners.	T	F	DK
24. When I get a pap smear, I'm automatically tested for STIs/STDs.	T	F	DK
25. Ethnic minority women have higher rates of HIV and STIs/STDs than white women.	T	F	DK

- | | | | |
|--|---|---|----|
| 26. Your HIV risk increases if you or your sexual partner injects drugs. | T | F | DK |
| 27. Douching decreases a woman's risk for getting HIV. | T | F | DK |
| 28. Using alcohol or party drugs increases the risk for getting HIV by impairing your judgement. | T | F | DK |

YOUR EXPERIENCES

- | | |
|---|--|
| <p>1. Have you ever engaged in:
(Select all that apply)</p> <p><input type="checkbox"/> Oral Sex</p> <p><input type="checkbox"/> Vaginal Sex</p> <p><input type="checkbox"/> Anal sex</p> <p><input type="checkbox"/> I have never engaged in oral, vaginal or anal sex.</p> <p>2. How old were you when you first had:</p> <p><input type="checkbox"/> Oral sex? Age _____</p> <p><input type="checkbox"/> Vaginal sex? Age _____</p> <p><input type="checkbox"/> Anal sex? Age _____</p> <p><input type="checkbox"/> I have never engaged in oral, vaginal or anal sex.</p> <p>3. How would you describe yourself?
(Select all that apply)</p> <p><input type="checkbox"/> Straight/Heterosexual</p> <p><input type="checkbox"/> Gay/Lesbian/Homosexual</p> <p><input type="checkbox"/> Bisexual</p> <p><input type="checkbox"/> Transgendered</p> <p><input type="checkbox"/> Unsure</p> <p><input type="checkbox"/> Other (Specify) _____</p> <p>4. When you have sex, you have sex with:
(Select One)</p> <p><input type="checkbox"/> Men</p> <p><input type="checkbox"/> Women</p> <p><input type="checkbox"/> Both</p> <p><input type="checkbox"/> Neither – I have never had oral, vaginal, or anal sex.</p> <p>5. Have you had sex in the past 30 days?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> | <p>6. In the past 30 days, how many times did you give oral sex? _____ (Please give number)</p> <p>7. In the past 30 days, how many times did you give oral sex without a latex barrier? _____ (Please give number)</p> <p>8. In the past 30 days, how many times did you receive oral sex? _____ (Please give number)</p> <p>9. In the past 30 days, how many times did you receive oral sex without a latex barrier? _____ (Please give number)</p> <p>10. In the past 30 days, how many times did you have vaginal sex? _____ (Please give number)</p> <p>11. In the past 30 days, how many times did you have vaginal sex without a condom? _____ (Please give number)</p> <p>12. In the past 30 days, how many times did you have anal sex? _____ (Please give number)</p> <p>13. In the past 30 days, how many times did you have anal sex without a condom? _____ (Please give number)</p> <p>14. In the past 30 days, did you have sex without a condom with someone who is not your spouse or primary partner?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> |
|---|--|

15. In the past 30 days, did you have sex without a condom with someone who shoots drugs with needles? *(Select one)*

- ☐ Yes
☐ No
☐ Don't know

16. In the past 30 days, did you have sex without a condom in exchange for drugs?

- ☐ Yes
☐ No

17. In the past 30 days, did you have sex without a condom because you feared losing a financial benefit (gas, grocery, rent, clothes, etc.)?

- ☐ Yes
☐ No

18. In the past 30 days, did you have sex without a condom while you or your partner were "high" on drugs or alcohol? *(Select one)*

- ☐ Yes
☐ No
☐ Don't know

19. In the past 30 days, **how many different** sexual partners have you had?
_____ *(Please give number)*

20. In the past 30 days, with **how many different** people have you engaged with in the following acts?

- ☐ Giving oral sex _____
☐ Receiving Oral sex _____
☐ Vaginal sex _____
☐ Anal sex _____

21. In the past 30 days, have you ever had sex without a condom because you feared losing a partner?

- ☐ Yes
☐ No

22. In the past 30 days, have you ever felt forced or intimidated into having sex without a condom?

- ☐ Yes
☐ No

23. What is the age of your current or last partner? _____

24. Have you ever been tested for a sexually transmitted infection/disease (STI/STD)? *(Select one)*

- ☐ Yes
☐ No
☐ Do not wish to answer

25. If yes, when were you last tested?
_____ *(mm/yy)*

26. Have you ever been treated for a sexually transmitted infection/disease (STI/STD)? *(Select one)*

- ☐ Yes
☐ No
☐ Do not wish to answer

27. Have you ever been tested for HIV?
(Select one)

- ☐ Yes
☐ No
☐ Do not wish to answer

28. If yes, when were you last tested?
_____ *(mm/yy)*

29. Have you ever been told that you have HIV? *(Select one)*

- ☐ Yes
☐ No
☐ Do not wish to answer

30. Have you had a pap smear in the last 12 months?

- ☐ Yes
☐ No

31. Have you ever spent time in a detention center, jail or prison?

- ☐ Yes
☐ No

32. Have any of your sexual partners been in a detention center, jail or prison?
(Select one)
☐ Yes
☐ No
☐ I don't know
33. Have you ever felt that alcohol or drugs were a problem for you?
☐ Yes
☐ No
34. Are you currently in a monogamous relationship?
☐ Yes
☐ No
35. Do you receive financial assistance from your sexual partner(s)?
☐ Yes
☐ No
36. Are you currently using contraceptives to keep from getting pregnant (i.e. birth control pills, diaphragms, etc.)?
(Select one)
☐ Yes
☐ No
☐ Not currently sexually active
37. Are you currently trying to get pregnant?
☐ Yes
☐ No
38. Do you have any children?
☐ Yes
☐ No
39. If yes, how many?
I have ____ children.
40. Have you ever been forced to have sex when you didn't want to?
☐ Yes
☐ No
41. Has your current partner ever physically hurt you?
☐ Yes
☐ No

42. Are you worried about getting HIV/AIDS?
☐ Not at all
☐ A little
☐ Somewhat
☐ A lot
43. Are you worried about getting a sexually transmitted infection/disease (STI/STD)?
☐ Yes
☐ No
44. Are you worried that you may already have been exposed to HIV/AIDS?
☐ Yes
☐ No
45. Would you use a female condom if your male sex partner didn't want to use a male condom?
☐ Yes
☐ No
46. Have you ever had unprotected sex with a new partner because you were upset with, just broke up with, or been dumped by your current partner?
☐ Yes
☐ No
47. Have you ever had unprotected sex with a new partner because you were upset about school or your grades?
☐ Yes
☐ No
48. Have you ever dated someone who you knew had HIV/AIDS?
☐ Yes
☐ No
49. Have you ever had unprotected oral, anal, or vaginal sex with someone who you knew was HIV positive?
☐ Yes
☐ No

50. If I were to suggest using a condom to a partner, I would feel afraid that he or she would reject me.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

51. If I were unsure of my partner's feelings about using condoms, I would not suggest using one.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

52. I would feel comfortable discussing condom use with a potential sexual partner.

- ☐ Strongly disagree
- ☐ Disagree
- ☐ Not sure
- ☐ Agree
- ☐ Strongly agree

53. How comfortable did you feel answering these questions honestly?

- ☐ Very uncomfortable
- ☐ Somewhat uncomfortable
- ☐ Somewhat comfortable
- ☐ Very comfortable