



**Substance Abuse and Mental Health Services Administration  
Center for Substance Abuse Prevention  
Data Coordination and Consolidation Center**

**National Minority Substance Abuse, HIV and Hepatitis  
Prevention Initiatives**

# **Adult Questionnaires Administration Guide**

**April 2008**

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## I. Overview of the Common Instrumentation

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The Substance Abuse and Mental Health Services Administration (SAMHSA) within the Center for Substance Abuse Prevention's (CSAP) National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives supports an array of activities to assist grantees in building a solid foundation for delivering and sustaining effective substance abuse prevention and related services. While grantees have substantial flexibility in designing their grant projects, all are required to base their project on the five steps of SAMHSA's Strategic Prevention Framework (SPF) to build service capacity specific to substance abuse, HIV, and hepatitis prevention services. Grantees must also conduct on-going monitoring and evaluations of their projects assessing program effectiveness including federal reporting for Government Performance Results Act (GPRA) of 1993, Performance Assessment Rating Tool (PART), SAMHSA National Outcome Measures (NOMS), Minority AIDS Initiative (MAI) and HIV Counseling and Testing.

### The Common Questionnaires

The common instrumentation includes baseline, exit and follow-up (post-exit) questionnaires for youths and adults. The common instruments must be used when collecting data at baseline (1<sup>st</sup> data entry point), exit (2<sup>nd</sup> data entry point), and post-exit/follow-up (3<sup>rd</sup> data entry point) with the intervention group and if any comparison/control group. Additional local evaluation instruments may be administered in conjunction with, but not instead of, the common instruments. Other common measures include the ongoing collection of dosage data for program participants.

#### 1. Youth and Adult Questionnaires

The structure of the questionnaires, including the constructs measured, internal consistency (based on data from the measure's original sample, not necessarily a target population similar to this initiative), and item location for each measure are depicted in table format in their corresponding sections within this guide. There are two common questionnaires, and each questionnaire has three versions, as follows:

Youth Questionnaire: Baseline, Exit, and Follow-up

Adult Questionnaire: Baseline, Exit, and Follow-up

#### 2. Translated Instruments

The common questionnaires are available in English *only* at the moment; if it becomes necessary to have a Spanish version available, one can be created upon request. Unfortunately, the number of Respondents with other language needs is not large enough to justify translation into additional languages. Grantees with other language needs should plan to translate the common questionnaire and instructions locally. A copy of the translated instruments should be forwarded to the DMT data collection manager, Laurie Brannon at:

Laurie Brannon  
6003 Executive  
Suite 400  
Rockville, MD 20852

(877) 654-6740  
lbrannon@constellagroup.com

3. Common Instrumentation Assessment Schedule

Instrument	Baseline	Exit	Follow-up
Youth Questionnaire	X	X	X
Adult Questionnaire	X	X	X
Dosage Data	Ongoing		

4. With Whom and When Should the Questionnaires be Administered?

The common design includes assessments at baseline, program exit, and three to six months post-exit (follow-up). The common questionnaires will be administered to all intervention (program participants) and IF ANY comparison/control youths and adults at baseline (1<sup>st</sup> data collection point) and exit (2<sup>nd</sup> data collection point) and follow-up (3<sup>rd</sup> data collection point). Comparison/control group participants must follow the same assessment schedule as their intervention counterparts. Comparison group instruments should be administered within two weeks before or after the administration of the intervention group instruments.

- Baseline Questionnaires: This questionnaire should be administered within 30 days of intake or before core program services begin and is considered to be the first data collection point.
- Exit Questionnaires: This questionnaire should be administered within 10 days post program exit or after core program services have ceased and is considered to be the second data collection point.
- Follow-up Questionnaires: This questionnaire should be administered within 30 days of the planned follow-up (post-exit) and is considered to be the third data collection point). Most study sites have a planned follow-up administration of 3 to 6 months after the end of intervention services.

5. Additional Common Measure: Dosage Data

Programs are required to collect dosage (services) data on each individual or group participating in the program (intervention participants only) using the common Individual and Group Dosage Record Form. Dosage data include the following: (1) the intervention type (i.e., individual-level education, group-level skills building training/education, health care services, etc.), (2) the prevention integration (i.e., both Hepatitis and HIV prevention, substance abuse prevention only, etc.), and (3) the intervention duration (recorded in minutes and rounded up or down to the closest 5-minute interval). Dosage data will be entered online via CSAMS website by the Project Director or Evaluator of the grant site. Once data is entered by the grant site and cleaned by the DCCC, dosage data will be available for download by the grant site for use in local data analysis and reporting. Dosage codebooks will be available upon request from the CSAM Technical Assistance Hotline.

## 6. Web-Based Data Entry Upload System

The Data Coordination and Consolidation Center (DCCC) has created CSAP's Services Accountability & Monitoring System (CSAMS), an online data entry system which provides prevention information, data collection tools, documents, data entry functions, and access to reporting statistics and tracking. All of the HIV Cohort 6 instruments can be found in the "Tools" section of this website. Common questionnaires are available in both Microsoft Word and PDF format for individual grant sites to download and make copies for administration to clients or participants. Site evaluators or data collectors are expected to enter client or participant responses to questionnaires through the CSAMS website. Sites will also be able to upload response databases through CSAMS that use the appropriate variable/value numbering (Questionnaire codebooks are also available on the "Tools" section of CSAMS website). Once data has been entered into CSAMS, the DCCC will clean data and each grant site will have access to their downloadable, clean, electronic data files.

Questions regarding the common instruments or submission to the DCCC should be addressed to the Technical Assistance Hotline for CSAMS, available Monday through Friday, from 9am to 6pm Eastern Standard Time via telephone, (240) 223-3002 or (877) 654-6740, or via email, CSAMShelp@csams.samhsa.gov.

### **Questions About the Common Instruments and Submission to the DCCC**

As previously mentioned, the DCCC has created CSAMS, an online data entry system through CSAP, where all instrumentation can be found and downloaded to record responses. Sites are able to enter the data online, or upload if necessary, on a continual basis. The DCCC will abstract data bi-annually for cleaning, analysis and reporting purposes; however the data will remain accessible for local evaluations.

## **II. General Administration Guidelines**

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The success of the data collection depends on careful preparation. This guide provides a detailed framework for planning and preparation, but the actual arrangements must be worked out in the context of each local program to maintain consistency within the coding and completion of the instruments. Major issues concerning the administration of the instrument (e.g., which version will be used, targeted group size, the use of translated versions), will be determined by your local evaluation team in consultation with your assigned CSAP Project Officer. The following steps will guide preparation for administering the common questionnaires at your site.

### **Develop Storage System**

Over the life of this initiative, each grantee will be collecting information that must be documented and organized. Each local evaluation team or the person responsible for data management will be required to store 1) individual questionnaires (Youth & Adult and Individual & Group Dosage) until they are entered or uploaded into CSAMS, 2) consent forms, and 3) tracking forms for each of the participants (intervention and control) in the study. Before initiating data collection, set up a filing and storage system that will accommodate these needs.

### **Select Questionnaire Administrators**

CSAP strongly recommends that the evaluator and/or evaluation staff administer the questionnaires. If there are extraordinary reasons why the evaluation staff cannot administer the questionnaires and program staff participate in the administration, then only program staff who are not service providers for those taking the survey should be involved. Program staff who participate in the administration should be trained by the local evaluator or evaluation staff. Case managers or other program staff who work closely with that target group of participants should not be administering the questionnaires. For actual administration, a program staff person should be onsite to introduce the evaluation staff (or other persons) who will be administering the questionnaire. The program staff person may then leave the room and come back later to talk to participants and conduct the debriefing.

## Arrange for Time and Place of Administration

Develop a clear understanding with program staff concerning the time and place of administration for the common questionnaire well ahead of time for both the intervention/treatment and the comparison/control group. The administration room should have adequate seating to accommodate the group(s) being tested, have adequate lighting and ventilation, and the seating should be spaced to ensure privacy.

## Familiarity with the Questionnaire

It is critical that the survey administrator be highly familiar with the common questionnaire prior to administering the instrument. The questionnaire should be read carefully until familiarity with the wording of all items is established. Relate the questionnaire to the item structure (outlined in Section V: Review of Questionnaire Items) for an understanding of the purpose of each set of items. The administrator should be prepared to answer questions from Respondents regarding the questionnaire items.

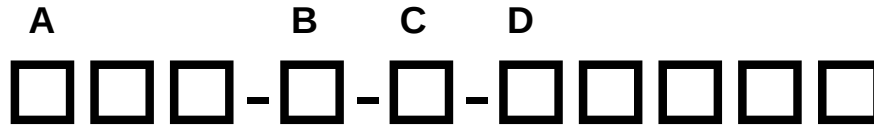
## Assign Individual Identification Numbers

Assign an identification number to each study participant, intervention/treatment and control/comparison. A ten (10) digit unique identification number (ID) is used on the forms in order to track the responses of an individual over time and across grantees. Each participant's name and unique 10 digit ID should be written on the face (cover) sheet of the survey and the same 10 digit ID entered on page 1 of the instrument. This should be completed by the Administrator prior to handing the instrument to the participant. Participant names must not be written on any other page but the face sheet. The 10-digit ID has the following components:

- Grantee Site Identifier (A): Each grantee has been assigned a site identification number by CSAP. The site identification numbers range from 601 to 681. Each grantee's identifier is a constant. Refer to table 1 on the following page for your grantee's number.
- Treatment/Comparison Group Type (B): Describe whether the Respondent is receiving treatment or intervention (coded as "1") or is a control or comparison participant (coded as "2").
- Administrative Format (C): Determine whether this Respondent received an individual/one-to-one intervention at the time of the encounter (coded as "1") or was involved in a group intervention at the time of the encounter (coded as "2").
- Individual Identifier (D): The Individual Identifier should begin with either a Y (assigned to those youth participants under 18 years) or an A (assigned to those adult participants over 18 years) followed by a randomly generated 4-digit number (ex.Y2942). This 5 piece number serves as the unique Individual Identifier for each survey Respondent. The unique identifier is assigned by the grantees. The 4 values following the Y or A should be **numeric values** (not alphanumeric) and only used once per grantee. Numbers can range from 0001 to 9999. Programs with multiple service locations may want to consider assigning a range of individual identifiers to each location to allow for easy identification of a participant's service location. For example, one location could be assigned numbers

1000 to 1999, numbers 2000 to 2999 to a second location, and so forth.

The unique ID number sequence is displayed as follows:



Example: A survey Respondent might have the following ID number: **601-1-2-A3543**. The number tells us that site 601 recoded Adult (A) participant 3543 as a member of the treatment group (1) and receiving a group intervention (2) at the time the form was completed.

**Table 1**  
**Grantee Identification Numbers for Cohort VI Grantees**

Site ID	Grant ID	Grantee
601	SP13236-01	Park Ridge Hospital/Unity Health System
602	SP13237-01	Serving Children & Adolescents in Need, Inc.
603	SP13238-01	Valley AIDS Council
604	SP13243-01	Wright State University
605	SP13249-01	School Board of Miami- Dade County Florida
606	SP14173-01	Roseland Christian Health Ministries
607	SP13258-01	AIDS/HIV Service Group
608	SP13259-01	The SAGE Project, Inc.
609	SP13262-01	Lakeview Center, Inc.
610	SP13265-01	Gaudenzia, Inc.
611	SP13268-01	AMASSI Center for South Central Las Angeles
612	SP13271-01	Sunrise Community Counseling Center
613	SP13273-01	Asian American Recovery Services, Inc.
614	SP13274-01	The Curators of the University of Missouri
615	SP13276-	Sasha Bruce Youthwork, Inc.



	01	
616	SP13281-01	Prototypes, Centers for Innovation, Mental Health and Social Services
617	SP13283-01	Duke University
618	SP13286-01	Health Initiatives for Youth
619	SP13293-01	The Osborne Association
620	SP13298-01	RESOURCE
621	SP13318-01	Terros, Inc.
622	SP13320-01	Mental Health Mental Retardation Tarrant County Addiction Services Division
623	SP13321-01	Friends Research Institute, Inc
624	SP13322-01	Minneapolis Urban League
625	SP13327-01	Nevada Hispanic Services, Inc.
626	SP13328-01	Orange County Bar Foundation
627	SP13330-01	Native American Health Center, Inc.
628	SP13331-01	City of Detroit Bureau of Substance Abuse Prevention, Treatment & Recovery
629	SP13334-01	Morehouse School of Medicine
630	SP13337-01	Greater Denver Interfaith Alliance
631	SP13338-01	Southern Arizona AIDS Foundation
632	SP13340-01	Access Community Health Network
633	SP13343-01	City of Chicago
634	SP13344-01	Dimock Community Health Center
635	SP13345-01	Fundacion Latino Americana Contra El Sida, Inc.
636	SP13350-01	Education and Assistance Corporation, Inc.
637	SP13352-01	New York City Department of Health and Mental Hygiene
638	SP13353-01	The Research Foundation of SUNY
639	SP13354-	The Wright House Wellness Center

	01	
640	SP13355-01	Pittsburgh AIDS Task Force
641	SP13364-01	New North Citizens' Council, Inc.

**Table 1  
Grantee Identification Numbers for Cohort VI Grantees**

<b>Site ID</b>	<b>Grant ID</b>	<b>Grantee</b>
642	SP13365-01	Council on Prevention & Educations: Substance, Inc.
643	SP13367-01	The Mid-Florida Center for Mental Health & Substance Abuse Services, Inc.
644	SP13368-01	Stewart-Marchman Center, Inc.
645	SP14172-01	Roseland Christian Health Ministries
646	SP13375-01	University of Texas Health Science Center
647	SP13377-01	Light of Restoration Ministries
648	SP13378-01	Broward County Board of County Commissioners
649	SP13381-01	Urban League of Greater Dallas and North Central Texas, Inc.
650	SP13382-01	Kulia Na Mamo
651	SP13385-01	William F. Ryan Community Health Center
652	SP13388-01	Bienestar Human Services, Inc.
653	SP13391-01	Latin American Youth Ctr.
654	SP13392-01	Alliance for Community Empowerment, Inc.
655	SP13393-01	Health Services Center, Inc.
656	SP13394-01	New Connections
657	SP13397-01	City of Hartford, CT
658	SP13399-01	Tarzana Treatment Centers, Inc.
659	SP13401-01	Latino Commission on Alcohol and Drug Abuse of Alameda County
660	SP13402-01	Special Health Resources for Texas, Inc.
661	SP13403-01	Tenderloin AIDS Resource Center
662	SP13405-01	Action for Boston Community Development, Inc.
663	SP13412-01	AIDS Resource Center of Wisconsin, Inc.
664	SP13415-01	Region XII Commission on Mental Health/ Pine Belt Mental Healthcare Resources
665	SP13416-01	Peer Assistance Services, Inc.
666	SP13423-01	Our Common Welfare, Inc.
667	SP13426-01	Association for the Advancement of Mexican Americans, Inc.
668	SP13427-01	The Crossroads Center
669	SP13431-01	Kansas City Free Health Clinic
670	SP13432-01	AIDS Service Center NYC (ASC)
671	SP13433-01	AIDS Council of Northeastern New York
672	SP13435-01	Wholistic Stress Control Institute
673	SP13439-01	Metropolitan Charities Community Service, Inc.
674	SP13442-01	Long Island Association for AIDS Care, Inc.
675	SP13443-01	Cambridge Cares About AIDS, Inc.
676	SP13444-01	AIDS Arms, Inc.

677	SP13448-01	The Colours Organization
678	SP13451-01	Aletheia House
679	SP13453-01	The Fortune Society
680	SP13456-01	Community Rehabilitation Ctr., Inc.
681	SP13536-01	The Village Virgin Islands Partners in Recovery

### **III. Questionnaire Administration Procedures**

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Specific procedures for administering the common questionnaires are provided in this section.

#### **Administration Staff**

The Center for Substance Abuse Prevention (CSAP) strongly recommends that the local evaluator and/or evaluation staff administer all common questionnaires. If evaluation staff cannot administer the questionnaire, program staff who have research experience should conduct the survey administration.

One or more survey administrators (proctors) should be present at the survey administration, to explain the process of filling out the questionnaire and to answer any questions that may arise. Additional involvement of the proctor in the questionnaire administration will vary depending upon the reading level and language of the Respondent. The Adult Questionnaire is rated at a 8<sup>th</sup> grade reading level the Flesch-Kincaid scale, therefore Respondents with lower reading levels may need partial proctoring (certain items read aloud) or full-proctoring (the entire instrument read aloud). In all cases, the Respondent should fill out his or her own instrument.

#### **Administration Time**

The questionnaire takes about 45–50 minutes to complete. CSAP recommends a 60-minute administration period to allow time for distributing the questionnaires, reading the instructions, collecting the completed questionnaires, and any local administration activities (e.g., distributing incentives, collecting tracking information).

#### **Administration Setting**

The questionnaire is designed to be administered in individual or group settings. The administration should be conducted in a quiet room with sufficient lighting and space, and with desks or tables to seat the Respondents. Some of the questions are sensitive, so the seating arrangements should provide privacy for each Respondent and maximize confidentiality.

#### **Pre-administration Tasks**

Before each administration, the survey staff should prepare the questionnaires by writing in the name of each survey Respondent on the front page of a questionnaire and their assigned 10 digit ID. It is also recommended that the survey staff mark off the correct 10 digit ID on page 2 of each questionnaire. Preparing each questionnaire before the administration will help reduce ID number coding errors.

#### **Administration Materials**

In addition to the prepared questionnaires, the following materials are needed for each administration session:

- No. 2 Pencils: A No. 2 pencil must be used to mark responses on the questionnaire. Bring enough pencils for everyone who will be in the session and a few extras in case

they are needed.

- *Two Large Envelopes or Folders:* One envelope or folder should be used to store the front tear-off pages of the questionnaires. These pages will have the individual's name and unique 10 digit ID recorded on them. The survey Respondents should be asked to tear off the front page of their questionnaire after they confirm that their name is on it and the correct 10 digit ID is entered at the top of page 2. The tear-off pages should be destroyed after the administration. The second envelope or folder should be used to store the completed questionnaires until they are entered or uploaded into CSAMS.
- *Roster:* It is helpful to have a roster available with the participants' names 10 digit ID number. This roster serves as a crosswalk between the study participants' names and their 10 digit ID number. Once the face sheet is separated from the questionnaire, the roster will be the only way to link the survey with the Respondent. The roster should also include each Respondent's other local identification number, if another local number is used by the site. This roster should be kept separate from the completed face sheets and questionnaires.
- *Incentive Materials:* These materials will be determined locally. Procedures for documenting the distribution of incentives are the responsibility of the grantees.

### Questionnaire Introduction

Introduce the questionnaire with a statement similar to the following:

**This questionnaire is being used to gather information of how to prevent substance abuse, HIV and Hepatitis infection. The questions are being asked of hundreds of other individuals throughout the United States. The findings will be used to help our country learn more about how to keep people from abusing drugs or alcohol and getting infected with HIV or Hepatitis.**

This questionnaire is voluntary. If you do not want to answer any of the questions, you do not have to. However, your answers are very important to us. Please answer the questions honestly, based on what you really do, think, and feel. Your answers will not be told to anyone in your family or community.

### Questionnaire Instructions

Read the following instructions to the survey Respondents:

1. **Check to make sure that the questionnaire has your name on the front page and an ID number written in below your name. Now check to make sure that the ID number marked at the top of the second page is the same number as the one on the first page. If the Date of Administration has not been marked, please mark today's date, which is \_\_\_ (today's date) \_\_\_.**
2. **Please tear off the front page of your questionnaire and pass it to me.**

**Do not write your name anywhere on this questionnaire.**

- 3. To answer each question, you should mark one of the answer circles by filling the circle completely. Some questions allow you to mark more than one answer. If you don't find an answer that fits exactly, choose the one that comes closest.**
- 4. Mark your answers carefully so we can tell which answer circle you chose. Make heavy dark marks that fill the circle completely. Do not mark between the circles.**
- 5. We would like you to work fairly quickly so that you can finish. Please work quietly by yourself. Raise your hand to let me know if you have a question or don't understand something.**
- 6. We think you will find the questionnaire to be interesting and that you will like filling it out. Before we begin, do you have any questions?**
- 7. Thank you very much for being an important part of this effort!**

#### **Full Proctoring of the Questionnaire**

Administering the questionnaire to Respondents with limited reading abilities (those with a reading level less than 8<sup>th</sup> grade) may require full proctoring (reading the entire common questionnaire aloud to Respondents). Full proctoring requires more time than self-administration; therefore, a 90-minute administration session is recommended when full proctoring is conducted. Prior to this type of session, the administrator should practice reading the questions aloud several times. At the beginning of the sessions, the administrator should instruct the Respondents on how the questionnaire will be read to them. It is important to tell the Respondents not to answer the questions out loud, but to simply mark their answers in the questionnaire.

#### **Responses to Questions During the Administration**

The questionnaire is designed to be self-administered. During the administration, it may be necessary to respond to Respondents' questions about the meaning of certain questions. You can provide verbal clarification to help the Respondents. Answer directly any questions related to the proper reading of a word or understanding what a word means. If they do not know the meaning of a word, define it in simple terms. If the Respondent asks a more general question about the meaning or intent of a question, tell them to answer according to "what it means to you." Section V in this guide provides instructions on how to respond to potential issues and questions that may be asked for each question.

If Respondents at your site have serious problems understanding the questionnaires, please contact your assigned CSAP Project Officer and explain the situation so that you can discuss how to proceed.

## **Administration Conclusion**

When everyone has completed the questionnaire, collect the questionnaire from each Respondent. Make sure that the cover sheet on each has been torn off. Place the questionnaires in the envelope or folder.

Thank all of the Respondents for taking the time to help with the survey.

Conclude with this debriefing statement:

**Some of the questions on this survey may have been troubling for some of you. If there is anyone who feels s/he would like to talk to someone about any concern or problem, please see \_\_\_\_\_ . S/he will be glad to listen to you and provide whatever help s/he can.**

## **Makeup Administrations**

When scheduled administrations of the instrument are complete, check the intervention and/or comparison group roster to determine if any scheduled Respondents missed the session. If there are missing Respondents, take the following steps:

- Arrange to attend the next program session and individually talk to Respondents who did not attend the questionnaire administration session.
- Try to arrange another time to administer the questionnaire; this can be done either in person, by phone, or by sending notes to the Respondents.
- If more than one Respondent missed the administration, try to arrange a group makeup time.
- If a Respondent still misses a group makeup, or if a group makeup cannot be arranged, make reasonable efforts to administer the questionnaire individually.

## IV. Instrument Overview

Outlined in Table 2 are the variables measured in the Adult Baseline, Exit and Follow-up (post exit) Questionnaires. The variables are grouped according to their measurement dimension. The first column of the table identifies the variable being measured by the question or set of questions. The second column contains the number of items comprising the measure, and the third column lists the corresponding question number(s) in the questionnaire. Included in the fourth column is the “source” of the measure or scale—in particular the original source from which the measure was adapted from. Accompanying the source is a numeric notation for the footnote containing the full source citation.

**Table 2**  
**Listing of Measurement Dimensions and Variables for the**  
**CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives**  
**Adult Questionnaire**

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
<b>Section One: Facts About You (Questions 1–22)</b>			
<i>Dimension: Demographics</i>			
Gender	1	1	HIV Cohort 3 #1 CSAT GPRA <sup>6</sup>
Date of Birth	3	2–4	NOMS #4 JSI Adult Form <sup>10</sup>
Ethnicity/Racial Identity	2	5,6	NOMS # 3 & #4 HIV Cohort 3 #2-4 and 6 JSI Adult Form <sup>10</sup>
Sexual Orientation	1	7	HIV Cohort 3 #7 JSI Adult Form <sup>10</sup>
Spoken Language	1	8	HIV Cohort 3 #8 JSI Adult Form <sup>10</sup>
Duration of Life in US	1	9	HIV cohort 3 #10 JSI Adult Form <sup>10</sup>
Living situation	2	10,11	HIV Cohort 3 #12 & 13 JSI Adult Form <sup>10</sup>
Children	2	12,13	Create by CSAP
Level of Education	3	14-16	HIV Cohort 3 #15-17 GPRA Adult <sup>4</sup>
Employment	1	17	HIV Cohort 3 #18 CSAT GPRA <sup>6</sup>



**Table 2**  
**Listing of Measurement Dimensions and Variables for the**  
**CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives**  
**Adult Questionnaire**

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Income	1	18	HIV Cohort 3 #19 CSAP Mentoring and Family Strengthening Families Study <sup>5</sup>
Employer Drug Test	1	19	NOMS Work Policy #1
Driving While Under the Influence	1	20	NOMS Crime & Justice #1
Experience with Penal System	2	21, 22	HIV Cohort 3 #21 & 22 CDC Coffee Shop Interview- Adult & Youth <sup>2</sup>
<b>Section Two: Cigarettes, Alcohol, and Other Drugs (Questions 23-42)</b>			
<i>Dimension: Alcohol, Tobacco, and Other Drugs—30-Day Use</i>			
Stress Due to Use	1	23	HIV Cohort 3 #51 GPRA Adult <sup>4</sup>
Emotional Problems Due to Use	1	24	HIV Cohort 3 #56 GPRA Adult <sup>4</sup>
30-Day Tobacco Use—Cigarettes	1	25	NOMS Drugs and Alcohol Use #1
30-Day Tobacco Use—Other Tobacco Products	1	26	NOMS Drugs and Alcohol Use #2
30-Day Alcohol Use	1	27	NOMS Drugs and Alcohol Use #3
30-Day Alcohol Abuse—Been Drunk or Very High	1	28	HIV Cohort 3 #29 GPRA Adult <sup>4</sup>
30-Day Marijuana Use	1	29	NOMS Drugs and Alcohol Use #4
30-Day Other Illegal Drug Use	1	30	NOMS Drugs and Alcohol Use #5
30-Day Cocaine and/or Crack Use	1	31	HIV Cohort 3 #34 & 35 GPRA Adult <sup>4</sup>
30-Day Methamphetamine Use	1	32	HIV Cohort 3 #39 GPRA Adult <sup>4</sup>
30-Day Abuse of Prescription Drugs	1	33	Created by CSAP
30-Day Injected Drug Use	1	34	HIV Cohort 3 #42 JSI Adult Form <sup>10</sup>
<i>Dimension: Alcohol, Tobacco, and Other Drugs—Age of First Use</i>			

**Table 2**  
**Listing of Measurement Dimensions and Variables for the**  
**CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives**  
**Adult Questionnaire**

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Age at 1 <sup>st</sup> Use—Cigarettes	1	35	NOMS #6
Age at 1 <sup>st</sup> Use—Other Tobacco Product	1	36	NOMS #7
Age at 1 <sup>st</sup> Use—Alcohol	1	37	NOMS #8
Age at 1 <sup>st</sup> Use—Marijuana or Hashish	1	38	NOMS #9
Age at 1 <sup>st</sup> Use—Other Illegal Drugs	1	39	NOMS #10
<i>Dimension: Alcohol, Tobacco, and Other Drugs—Perceptions of Disapproval &amp; Risk</i>			
Perception of Risk of ATOD Use	3	40-42	NOMS #11-13
<b>Section Three: Your Family and Friends (Questions 43-57)</b>			
Relationship Status	1	43	HIV Cohort 3 #59 Adult GPRA <sup>4</sup>
Parental Involvement in ATOD Prevention	1	44	NOMS Family #1
Family Cohesion Scale	6	45-50	HIV Cohort 3 #62-67 JSI Women's Form <sup>11</sup> CSAP Core Measure <sup>2, 3</sup>
Support & Resources	4	51-54	HIV Cohort 3 #127-129 Created by CSAP CSAT GPRA <sup>6</sup>
Spirituality & Religion	3	55-57	HIV Cohort 3 #124-126 CSAT GPRA <sup>6</sup>
<b>Section Four: Sexual Behavior (Questions 64–92)</b>			
<i>Dimension: Sexual Behavior</i>			
Ever Had Sexual Intercourse	1	58	HIV Cohort 3 #68 JSI Adult Form <sup>12</sup>
Oral Sex Experience	2	59,60	Created by CSAP HIV Cohort 3 #71 JSI Adult Form <sup>12</sup>
Vaginal Sex Experience	2	61,62	Created by CSAP HIV Cohort 3 #74 JSI Adult Form <sup>10</sup>
Anal Sex Experience	2	63,64	Created by CSAP HIV Cohort 3 #77

**Table 2**  
**Listing of Measurement Dimensions and Variables for the**  
**CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives**  
**Adult Questionnaire**

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
			JSI Adult Form <sup>10</sup>
Sexual Experiences	6	65-70	HIV Cohort 3 #79-80 Created by CSAP JSI Adult Form <sup>10</sup>
Sexual Intercourse During Last 30 Days	1	71	HIV Cohort 3 #82 JSI Adult Form <sup>10</sup>
Unprotected Sex	8	72-79	HIV Cohort 3 #82-90 JSI Adult Form <sup>10</sup>
Sex While Under the Influence	2	80,81	HIV Cohort 3 #91,92 JSI Adult Form <sup>10</sup>
Sexual Risk Behaviors	6	82-87	HIV Cohort 3 #82-87 JSI Adult Form <sup>10</sup>
Sexual Risk Behaviors—Next 3 Months	4	88-91	HIV Cohort 3 #88-91 JSI Adult Form <sup>10</sup>
<i>Dimension: Sexual Self-efficacy</i>			
Sexual Self-efficacy Scale	6	92-97	HIV Cohort 3 #109-114 JSI Adult Form <sup>10</sup>
6 Month Risk	5	98-102	HIV Cohort 3 #115-119 JSI Adult Form <sup>10</sup>
<b>Section Five: Knowledge- What You Know (Questions 103-120)</b>			
<i>Dimension: Knowledge of HIV/AIDS</i>			
Knowledge of HIV/AIDS Risks and Transmission	6	103-108	HIV Cohort 3 #113,114 & 117 Kaiser's National Survey of Teens on HIV/AIDS 2000
<i>Dimension: Knowledge of Hepatitis</i>			
Knowledge of Hepatitis Risks and Transmission	12	109-120	Created by CSAP Web MD
<b>Section Six: Health Care (121-135)</b>			
Health Care/Insurance	1	121	Created by CSAP
Prevention Messages & Sources	6	122-127	Created by CSAP
HIV Testing	3	128-130	Created by CSAP

**Table 2**  
**Listing of Measurement Dimensions and Variables for the**  
**CSAP National Minority Substance Abuse, HIV and Hepatitis Prevention Initiatives**  
**Adult Questionnaire**

Dimension/ Variable	Number of Items	Question Numbers	Measure Source
Hepatitis Testing	2	131,132	Created by CSAP
Hepatitis Vaccination	1	133	Created by CSAP
<i>Dimension: Questions about Taking the Survey</i>			
Comfort in Answering Questions	1	134	HIV Cohort 3 #145 JSI Women's Form <sup>11</sup>
Truthful Responses to Questions	1	135	HIV Cohort 3 #146 JSI Women's Form <sup>11</sup>

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## Review of Questionnaire Items

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This section provides a detailed review of the items in each section of the questionnaire. For each item, or group of items, potential issues are identified, and one or more recommended solutions are provided for each potential issue. The potential issues focus on questions that Respondents may ask about the items in the questionnaire. The recommended solutions are appropriate responses to questions that Respondents may ask. Following the recommended solutions, will allow for consistency in the way the questionnaire is administered across settings and sites.

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### Section One: Facts About You

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**General Section Comments:** The section asks seventeen basic questions about the Respondent such as gender, age, race, sexual orientation, primary language, place of origin, length of time in the United States, living situation, type of residence, grade level, drug and alcohol use and repercussions and experience with the penal system.

<b>1. How would you describe yourself?</b>
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**Potential Issue #1:** Respondent unsure what to answer (especially for transgendered individuals).

**Recommended Response:** Remind them that there are no right or wrong answers. Instruct them to answer based on which gender they most closely identify.

**Potential Issue #2:** Respondent may not understand the Transgender category.

**Recommended Response:** If Respondent considers him/herself to be transgendered, they should select this category. We are also interested in knowing whether they are biologically male, living as a female, or biologically female, living as a male.

**Comments on Item 2-4:** These questions are asked to determine the Respondent's age.

- |  |
|--|
| <b>2. In what year were you born?</b><br><b>3. In what month were you born?</b><br><b>4. On what day of the month were you born?</b> |
|--|

**Potential Issue:** Respondent may be confused about how to complete this question.

**Recommended Response:** Instruct the Respondent to provide their best estimate. For question 2, they are to write in the year they were born, **and** bubble in the corresponding values.

<b>5. Are you Hispanic or Latino?</b>
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**Potential Issue:** Respondent may not understand the question.

**Recommended Solution:** Does Respondent identify as a Hispanic/Latino(a) - or from one of the primarily Spanish-speaking countries of Central and South America, or the Caribbean.

**6. What is your race? (Select one or more)**

**Potential Issue:** Respondent confusion about which bubble to fill in.

**Recommended Solution:** Explain that the Respondents are to mark the major racial group they best feel describes them, even if the Respondent has identified him/herself as Hispanic/Latino(a). The Respondent may mark more than one group if they identify with two groups represented on the list. For example, if Respondent indicates they are half Asian & half African-American, fill in both the bubbles for Asian and African American. The intent of the question is to determine what race the Respondent considers himself or herself. For those Respondents that mark “yes” to the Hispanic ethnicity in Question 5, ask them to also mark any of the races that apply to them. If none of the races apply to them, ask them to select “Other.”

**7. How would you describe yourself? (Sexual orientation)**

**Potential Issue:** Respondent may be uncomfortable answering this question, or may express confusion over which response option to choose.

**Recommended Solution:** Remind the Respondent that all of their answers will be kept private and they will not be identified in any way. Ask them to choose the response that they feel best describes them as an individual- there are no right or wrong answers.

**8. What is your primary spoken language?**

**Potential Issue:** Some Respondents may indicate they speak more than one language and are unsure how to respond.

**Recommended Solution:** Ask Respondent to bubble in the language they are most comfortable with, or the language they speak and read most often.

**9. How long have you lived in the United States?**

**Potential Issue:** Respondent unsure about how long they have been in the U.S.

**Recommended Solution:** Ask the Respondent to provide their best estimate. The number of years should be rounded up. For instance, if Respondent lived in the United States for six months, please indicate “1 year.” If Respondent has left the United States or frequently visits his/her home country for extended periods of time, ask the Respondent to give total time he or she has lived in the U.S. Do not include short trips or summer vacations abroad as time not living in the U.S.

**10. With whom do you live? (Mark all that apply)**

**Potential Issue:** Respondent confusion about which bubble to fill in.

**Recommended Solution:** Respondent should mark all the people with whom he or she is currently living. If their current living situation is not represented by the categories (i.e. if the Respondent is currently living in a detention center, or group home), have them select “other.”

**11. Describe where you live.**

**Potential Issue:** Respondent is currently incarcerated, or in a residential treatment facility.

**Recommended Response:** Explain that the Respondent can mark “Other. “

**12. At what age did you have your first child?**

**Potential Issue:** Respondent does not remember how old they were when they had their first child.

**Recommended Solution:** Tell the Respondent to select the age that is closest to when they think they had their first child.

**13. How many children under the age of 18 are living with you?**

**Potential Issue:** Respondent has children that occasionally live with him or her.

**Recommended Solution:** Tell the Respondent to select the amount of children that live with him or her for more than 40% of the time.

**14. What is the highest level of education you have finished, whether or not you received a degree? (Mark only the grades you have completed)**

**Potential Issue:** Respondent may not know what grade to select.

**Recommended Solution:** We are interested in the highest grade Respondent completed. If it is the middle of the school year, have Respondent mark the grade/level they were in last year.

**15. If less than 12 years of education, do you have a GED (General Equivalency Diploma)?**

**Potential Issue:** Respondent is unsure about what a GED is.

**Recommended Solution:** Explain that is someone doesn't graduate from high school, sometimes they take a test, and if they pass, it is considered to be equivalent to completing school through twelfth grade.

**16. Have you completed a technical or trade school program (such as beautician, cosmetology, business, appliance repair, computer etc.)?**



**Potential Issue:** Confusion over what constitutes a “program.”

**Recommended Solution:** Explain that here a program is one that the Respondent has completed and obtained a certificate, license, or passed a test.

**17. Which of the following best describes you?**

**Potential Issue:** None of the employment statuses fit.

**Recommended Solution:** Ask the Respondent to select “Other.”

**18. Think about the household members that live with you right now. About how much income have you and/or your family members made in the last year before taxes? (Include child support, and/or cash payments from the government, for example, welfare (TANF), SSI,, or unemployment compensation)**

**Potential Issue #1:** Respondents may be uncomfortable answering this question; they may find it intrusive.

**Recommended Response:** Remind Respondents that their name is not on the survey, their answers will be kept confidential, and the information is very important to the study. The information will not be reported to welfare office or local government authorities.

For sites where surveys are administered via 1:1 interviewing or full or partial proctoring, it may be helpful to have a card with each response option on it and have the Respondent pick their income range from a list. Oftentimes Respondents are more comfortable saying “number 4” from the list, than stating their exact income. Just be sure that the responses are recorded correctly if this method is used.

**Potential Issue #2:** Term “household member” not clear.

**Recommended Response:** Explain that we are looking for any individual who currently lives with them; doesn’t necessarily need to be a family member. Instruct them that a tenant, or someone who rents a room from them is not considered a household member.

**Potential Issue #3:** Respondent is currently incarcerated or living in a residential treatment facility and receives no annual income.

**Recommended Response:** Ask Respondent to answer based on where their most recent living situation and who resided with them there.

**19. Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? Would you say more likely, less likely, or would it make no difference to you? (Check one)**

**Potential Issue #1:** Respondent may not have been in the work force and not know how to answer.

**Recommended Solution #1:** Explain to Respondent what the question means and ask them how likely they would be to work for an employer that randomly conducts drug testing.

**Potential Issue #2:** Respondent may not know what a drug test is.

**Recommended Solution #2:** Explain to the Respondent what a drug test is and ask them how likely they would be to work for an employer that randomly conducts drug testing.

**20. DURING THE PAST 12 MONTHS, have you driven a vehicle while you were under the influence of alcohol?**

**Potential Issue:** Respondent may not understand what constitutes being “under the influence.”

**Recommended Solution:** Explain to Respondent that “under the influence” means having had enough alcohol to feel the effects, thus impairing their driving ability.

**21. Have you ever been in adult detention, jail or prison for more than 3 days?**

**Potential Issue:** Respondent is uncomfortable answering and finds this question intrusive.

**Recommended Response:** Explain that this question is asked of everyone and there are no expectations about them, their past, or how they behave. If Respondent is still reluctant to answer, please indicate that their answers are voluntary and they do not have to answer these questions. If the Respondent indicates s/he has not been in jail or prison for more than 3 days, have them mark “No,” and skip to question 22.

**22. If Yes to question 21, how long has it been since you last got out of a juvenile detention, jail or prison?**

**Potential Issue:** Respondent doesn't remember how long ago it was.

**Recommended Response:** The question is asking, *if* the Respondent has ever been in jail or prison, how long ago was the most recent time. Ask Respondent to provide their best estimate.

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## Section Two: Cigarette, Alcohol, and Other Drugs

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**General Section Comments:** This set of questions asks about the use of alcohol, tobacco, and other drugs, and how people feel about substance use. Many of the questions ask about substance use within the past 30 days. These questions do NOT assume that a Respondent has used alcohol, tobacco, or other drugs.

**Potential Issue #1:** Respondents may be uncomfortable answering questions about health behaviors and illicit drug usage.

**Recommended Solution:** Remind Respondents that their names are not on the survey and information will not be reported on an individual level. Also explain that these

questions are being asked of everyone and there are no expectations about them.

**Potential Issue #2:** Respondent has limited ability to recall behaviors within certain time frames.

**Recommended Solution:** Explain that we only expect them to provide their best estimate and ask them to try to recall to the best of their ability.

**Potential Issue #3:** Respondents may be unclear as to the meaning of certain terms in this section.

**Recommended Solution:** Definitions are provided throughout this section, and common street terms of certain substances are also included. More detailed solutions are provided on a question-by-question basis. Explain that they should answer the question as best they can given the information that is in the question.

**Comments on Items 23-24:** These items are about how substance abuse may have affected the Respondent's personal life or vice versa.

**23. During the past 30 days, how stressful have things been for you because of your use of alcohol or other drugs?**

**Potential Issue:** Respondent may not understand the meaning of this question.

**Recommended Solution:** Ask Respondent if his or her drug use has caused them problems in their personal lives (such as financial difficulties) or in their relationships with others.

**24. During the past 30 days, has your use of alcohol or other drugs caused you to have emotional problems?**

**Potential Issue:** Respondent may not understand the meaning of this question.

**Recommended Solution:** Ask the Respondent if his or her drug use has caused them problems in their personal lives, such as depression, confusion, mood swings, etc.

**Comments on Items 25-34:** These items are asking the Respondents use of tobacco, alcohol, marijuana, and other illegal and specific drugs over the past 30 days. The specific definition of each substance is defined within the question.

**25. During the past 30 days, on how many days did you smoke part or all of a cigarette? (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)**

**Potential Issue:** Question may be unclear to Respondent.

**Recommended Solution:** Tell Respondent we are interested in the number of days, not the number of cigarettes, drags, puffs or occasions.

**26. During the past 30 days, on how many days did you use other tobacco products? (Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco form a pipe)**

**Potential Issue:** Question may be unclear to Respondent.

**Recommended Solution:** Tell Respondent we are interested in the number of days, not the amount of substances or the number of drags, puffs or occasions.

**Comments on Items 27-28:** These questions are about alcohol. By alcohol, we mean BEER, WINE, WINE COOLERS, or HARD LIQUOR. There are different groups of people in the United States that may use alcohol for religious reasons. However, this may not be true for your religious, cultural, or ethnic group. For example, some churches serve wine during a church service. If you drink wine at church or for some other religious reason, **do not** count these times in your answers to the questions below.

**27. During the past 30 days, on how many days did you drink one or more drinks of an alcoholic beverage?**

**Potential Issue:** Question may be unclear to Respondent.

**Recommended Solution:** Tell Respondent we are interested in the number of days, not the amount sips or occasions.

**28. During the past 30 days, on how many days have you been drunk or very high from drinking alcoholic beverages?**

**Potential Issue:** Question may be unclear to Respondent.

**Recommended Solution:** Tell Respondent we are interested in the number of days they have been drunk or high, not the number of drinks, or the number of occasions.

**Comments on Items 29:** These questions are about **MARIJUANA or HASHISH**. Marijuana is sometimes called weed, blunt, hydro, grass, or pot. Hashish is sometimes called hash or hash oil.

**29. During the past 30 days, on how many days did you use marijuana or hashish?**

**Potential Issue:** Question may be unclear to Respondent.

**Recommended Solution:** Tell Respondent we are interested in the number of days, not the number of puffs, or the number of occasions.

**Comments on Items 30-34:** These questions are about **OTHER ILLEGAL DRUGS**, excluding marijuana or hashish. Include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or to get high); heroin, crack or cocaine, methamphetamine; hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (MDMA), PCP, peyote (sometimes called angel dust); and prescription drugs used without a doctor's orders, just to feel good or to get high.

**30. During the past 30 days, on how many days did you use any other illegal drug?**

**Potential Issue:** Question may be unclear to Respondent.

**Recommended Solution:** Tell Respondent we are interested in the number of days, not the number of illegal drugs, or the number of occasions.

**Comments on Items 31-34:** These questions are about your use of several specific drugs. The definition of each drug is included in the question.

**31. During the past 30 days, on how many days did you use cocaine or crack?**

**Potential Issue:** Respondent may not know what cocaine or crack is.

**Recommended Solution:** Common street terms for crack include: 151, badrock, base, basing, cloud, crunch, dice, dime, glo, ice cube, *patico*, *piedra*, *roca*, *topo*, and *basa*. Common street terms for cocaine include: aspirin, C, candy sugar, *basuco*, *bazulco*, and *blanco/a*.

**32. During the past 30 days, on how many days did you use methamphetamine?**  
(Also called meth, crystal meth, crack, go, speed)

**Potential Issue:** Question may be unclear to Respondent.

**Recommended Solution:** Tell Respondent we are interested in the number of days, not the number of occasions.

**33. During the past 30 days, on how many days have you used prescription drugs without a doctor's orders, in order to feel good or to get high?**

**Potential Issue:** Question may be unclear to Respondent.

**Recommended Solution:** Tell Respondent we are interested in the number of days, not the number of occasions.

**34. During the last 30 days, on how many days have you injected any drugs?** (Count only injections without a doctor's orders, those you had just to feel good or to get high)

**Potential Issue:** Respondent is not clear as to what "injected any drugs" means.

**Recommended Solution:** Explain that the intent of this question is to determine whether they have used a needle to inject any illegal substances (this includes prescription medications obtained without a doctor's order, including steroids and/or hormones). Injections can be done either intravenously or into the muscle or under the skin.

**Comments on Items 35-39:** These items are asking the Respondents about the FIRST TIME they used of tobacco, alcohol, marijuana, and other illegal and specific drugs. The specific definition of each substance is defined within the question.

**35. How old were you the first time you smoked part or all of a cigarette?** (Include menthol and regular cigarettes and loose tobacco rolled into cigarettes)

**Potential Issue:** Respondent confusion about which bubble to fill in: might be unsure of how to respond based on the term “part or all.”

**Recommended Solution:** This question is interested in the age of first use regardless of the amount, even if it was just a few puffs.

**36. How old were you the first time you used any other tobacco product?** (Include any tobacco product other than cigarettes such as snuff, chewing tobacco, and smoking tobacco from a pipe)

**Potential Issue:** Respondent confusion about which bubble to fill in.

**Recommended Solution:** This question is interested in the age of first use regardless of the amount, even if it was just a few puffs.

**37. How old were you the first time you had a drink of an alcoholic beverage?** (Includes beer, wine, wine coolers, malt beverages, and liquor)- DO NOT include any time when you only had a sip or two from a drink.

**Potential Issue:** Respondent may not remember exactly when they first had a drink of an alcoholic beverage.

**Recommended Solution:** Ask Respondent to mark their best guess as to what age they were the first time they had an alcoholic beverage. Remind them that a sip or drink of alcohol for religious purposes (i.e., first communion, Sabbath dinner, etc.) is NOT what we are asking about here. We are interested in their first drink for nonreligious purposes.

**38. How old were you the first time you used marijuana or hashish?** (Also known as grass, pot, hash, or has oil)

**Potential Issue:** Respondent may not remember exactly when they first tried marijuana or hashish.

**Recommended Solution:** Have Respondent mark their best guess as to what age they were the first time they tried marijuana or hashish, even if it was one or two puffs.

**39. How old were you the first time you used any other illegal drug?** [Include substances like inhalants or sniffed substances such as glue, gasoline, paint thinner, cleaning fluid, or shoe polish (used to feel good or to get high); heroin, crack or cocaine, methamphetamine; hallucinogens (drugs that cause people to see or experience things that are not real) such as LSD (sometimes called acid), Ecstasy (MDMA), PCP, peyote (sometimes called angel dust); and prescription drugs used without a doctor’s orders, just to feel good or to get high]

**Potential Issue:** Respondent may not remember exactly how old they were the first

time they used other illegal drugs.

**Recommended Solution:** Have Respondent make their best guess as to what age they were the first time they tried an illegal drug.

**Comments on Items 40-42:** These questions ask the Respondent about what they think happens when people use tobacco, marijuana and alcohol. Remind Respondent that there are no wrong or right answers. Also mention that we are not implying that they do any of these things. We are only interested in what they think about these actions.

For these questions, the answers include:

<b>No risk</b>	You think nothing bad will happen if people do this.
<b>Slight risk</b>	You think something bad will happen if people do this.
<b>Moderate risk</b>	You are pretty sure something bad will happen if people do this.
<b>Great risk</b>	You really think something bad will happen if people do this.
<b>Don't Know or can't say</b>	You really don't know about this drug or don't know how bad it is for you.

40. How much do people risk harming themselves physically or in other ways when they smoke one or more packs of cigarettes per day?
41. How much do people risk harming themselves physically or in other ways when they smoke marijuana once or twice a week?
42. How much do people risk harming themselves physically or in other ways when they have five or more drinks of an alcoholic beverage once or twice a week?

**Potential Issue:** Respondent is not sure how to answer the question because he/she does not smoke, use marijuana, or drink alcohol.

**Recommended Solution:** Explain to Respondent that we would like their thoughts or opinions about adults who smoke, use illegal substances, or drink and drive, regardless of their own behavior.

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## Section Three: Your Family and Friends

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**General Section Comments:** This set of questions is about the Respondent and his or her family.

43. Describe your current relationship status:

**Potential Issue:** Respondent does not want to provide information.

**Recommended Solution:** Explain to the Respondent that his/her answer is completely confidential and that their names will not be associated with any responses.

**44. If you have children, DURING THE PAST 12 MONTHS, how many times have you talked with your children about the dangers or problems associated with the use of tobacco, alcohol, or other drugs?**

**Potential Issue:** Respondent may be confused by the question.

**Recommended Solution:** Explain to Respondent that this question is asking if they currently have any children, how many times they have discussed the topics of tobacco, alcohol, and drug use. If they cannot recall how many times, have them estimate the number to their best ability.

**Comments on Items 45-50:** These questions ask about the Respondent's relationship with their family. For these questions, the response categories are:

**I don't have any family**

<b>Not true</b>	This is NEVER true.
<b>Sometimes true</b>	This is true some of the time (this is true 50% of the time).
<b>Usually true</b>	This is true <i>ALMOST</i> all the time (this is true 75% of the time).
<b>Always true</b>	This is ALWAYS true.

- 45. I am available when others in my family want to talk to me.**  
**46. I listen to what other family members have to say, even when I disagree.**  
**47. Members of my family ask each other for help.**  
**48. Members of my family like to spend free time with each other.**  
**49. Members of my family feel very close to each other.**  
**50. We can easily think of things to do together as a family.**

**Potential Issue:** Respondent may be estranged from his or her family.

**Recommended Solution:** Ask the Respondent to answer the question as best as they can, as it applies to their relationship with their family.

**Comments on Items 51-54:** These questions ask about the people in the Respondent's life and the amount of social support he or she receives. The possible response categories are:

<b>Yes, there are people I can talk with</b>	There are people I can talk with about this topic.
<b>No, there is no one I can talk with</b>	There is no one I can talk about this topic.

- 51. Thinking about all the people you know, are there any people you could go to when you want to talk about things having to do with your own health?**  
**52. Are there any people you talk to about personal issues having to do with sex?**  
**53. Are there any people you talk to about personal issues having to do with alcohol or drugs?**



**54. Are there certain people you go to when you need to talk about other personal matters that you wouldn't tell just anyone?**

**Comments on Items 55-57:** The few questions ask Respondents about their religious or spiritual beliefs and how they may play out in their daily life.

**55. In general, how important are religious or spiritual beliefs in your day-to-day life?**

The possible response categories to this question are:

<b>Not at all important</b>	I am not religious or spiritual at all.
<b>Not too important</b>	Somewhat important, but not fairly important.
<b>Fairly important</b>	Important, but not very important.
<b>Very important</b>	Religious or spiritual beliefs guide my day-to-day life.

**Potential Issue:** Respondent may be unsure of what is meant by “religious or spiritual beliefs.”

**Recommended Solution:** Have Respondent answer the question, as it applies to **HIM** or **HER**. In general, a spiritual belief is a belief system based on something sacred.

**56. When you have problems or difficulties with your school (education), work, family, friends, or personal life, how often do you seek spiritual guidance and support?**

Possible response categories to this question are:

<b>Never</b>	I never seek spiritual guidance and/or support.
<b>Rarely</b>	I hardly ever seek spiritual guidance and/or support.
<b>Sometimes</b>	From time to time—occasionally.
<b>Almost always</b>	Most of the time.

**Potential Issue #1:** Respondent may be unsure as to what we mean by *spiritual guidance and support*.

**Recommended Solution:** *Spiritual guidance and support* may include going to church, temple or other place of worship, faith-based meetings, or retreats. It may also include speaking to a clergy or other faith representative.

**Potential Issue #2:** Does it include prayer?

**Recommended Solution:** No, we are interested in knowing if you sought guidance from a clergy-member or other spiritual leader.

**57. How spiritual or religious would you say you are?**

Possible response categories to this question are:

<b>Not spiritual/religious at all</b>	Spirituality/Religion is not important at all to me.
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**Not too spiritual/religious**  
**Fairly spiritual/religious**  
**Very spiritual/religious**

Spirituality/Religion is not very important to me.  
Spirituality/Religion is somewhat important to me.  
Spirituality/Religion is extremely important to me.

**Potential Issue:** Respondent may be unsure of what is meant by “religious or spiritual beliefs.”

**Recommended Solution:** Have Respondent answer the question, as it applies to **HIM** or **HER**. Ask, “What do the words ‘spiritual’ or ‘religious’ mean to you?”

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## Section Four: Sexual Behavior

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**General Section Comments:** This section asks a number of questions about the Respondent’s sexual behavior and their attitudes about certain sexual behaviors. Many of these questions are sensitive. The questions do not assume that the Respondent has engaged in any of the sexual behaviors stated in the questions.

Some of the questions ask about *having sex*. By *sex* or *sexual activity*, we mean a situation where two partners get sexually excited or aroused (turned on) by touching each other’s genitals (penis or vagina) or anus (butt) with their own genitals, hands or mouths.

When a male inserts his penis into his female partner’s vagina, the partners are considered to be having *vaginal sex*.

When one partner’s mouth touches the other partner’s genitals (penis or vagina) or anus during sex, the partners are considered to be having *oral sex*.

When a male’s penis is inserted into his male or female partner’s anus, the partners are considered to be having *anal sex*.

Some questions ask about “*sexual partners*.” A sexual partner is someone with whom you have sex, that is, engage in sexual activity.

Some questions refer to *protected sex* and *unprotected sex*. Protected sex is when a latex or polyurethane condom (rubber) is used to cover the penis; or a dental dam, or a female condom such as “Reality” is used to cover the vagina; or a dental dam is used to cover the anus. By unprotected sex, we mean vaginal, oral, or anal sex without a barrier such as a latex condom, dental dam, or female condom.

**Potential Issue:** Respondent may be uncomfortable answering these types of questions.

**Recommended Solution:** Remind Respondents that these questions are voluntary.

Explain to the Respondents that their answers are private—the page with Respondent’s name was taken off the survey. Also explain that these questions are being asked of everyone, and there are no expectations about them or certain individual behaviors.

**58. Have you ever had sex (either vaginal, oral or anal)?**

**Potential Issue:** Respondent may not understand the question.

**Recommended Solution:** Definitions for the terms are provided above. Have them answer the question as best they can with the information provided.

**59. Have you had oral sex in the last 30 days?**

**Potential Issue:** Respondent may not understand the question.

**Recommended Solution:** Definitions for the terms are provided above. Have them answer the question as best they can with the information provided.

**60. The last time you had oral sex, was it protected or unprotected?**

**Potential Issue:** Respondent may not understand the difference between **protected** and **unprotected** sex.

**Recommended Solution:** *Protected sex* (or safer sex) is when a latex condom (rubber) or a dental dam is used in sexual intercourse. A dental dam is a piece of latex that is placed on the vulva or anus. By unprotected sex, we mean vaginal, oral, or anal sex without the use of a latex condom or other barrier (i.e. female condom (“Reality”), dental dam, Saran Wrap, or finger cot).

**61. Have you had vaginal sex in the last 30 days?**

**Potential Issue:** See Question 59.

**62. The last time you had vaginal sex, was it protected or unprotected?**

**Potential Issue:** See Question 60.

**63. Have you had anal sex in the last 30 days?**

**Potential Issue:** See Question 59.

**64. The last time you had anal sex, was it protected or unprotected?**

**Potential Issue:** See Question 60.

**65. In the past 3 months, have you had sex with any men?**

**Potential Issue:** Unclear as to the meaning of “men”—sexually oriented male or biological male?

**Recommended Solution:** Explain that we are interested in knowing if the Respondent had sex with a biological male.

**66. Are you a woman who has sex with men?**

**Potential Issue:** Respondent may be unclear as to the meaning of the question.

**Recommended Solution:** Indicate to Respondent that we are interested in whether or not they now, or in the past, have had sex with men, regardless of the sexual orientation they marked on question 7.

**67. Are you a man who has sex with men?**

**Potential Issue:** Respondent may be unclear as to the meaning of the question.

**Recommended Solution:** Indicate to Respondent that we are interested in whether or not they now, or in the past, have had sex with men, regardless of the sexual orientation they marked on question 7.

**68. In the past 3 months, have you had sex with any women?**

**Potential Issue:** Unclear as to the meaning of “women”—sexually oriented female or biological female?

**Recommended Solution:** Explain that we are interested in knowing if the Respondent had sex with a biological female.

**69. Are you a man who has sex with women?**

**Potential Issue:** Respondent may be unclear as to the meaning of the question.

**Recommended Solution:** Indicate to Respondent that we are interested in whether or not they now, or in the past, have had sex with women, regardless of the sexual orientation they marked on question 7.

**70. Are you a woman who has sex with women?**

**Potential Issue:** Respondent may be unclear as to the meaning of the question.

**Recommended Solution:** Indicate to Respondent that we are interested in whether or not they now, or in the past, have had sex with women, regardless of the sexual orientation they marked on question 7.

**71. During the past 3 months, how many sexual partners have you had?**

**Potential Issue #1:** This question asks about “*sexual partners*.”

**Recommended Solution:** A sexual partner is someone with whom you have vaginal, oral, or anal sex. This includes sexual contact with the main partner and any other sexual partners.

**Potential Issue #2:** How to define the number of sexual partners?

**Recommended Solution:** Prompt the Respondent to estimate the actual sexual partners, not the number of contacts or days in the last 3 months that he or she had sex.

For Respondents who have a large number of partners, start by estimating daily, then weekly, then monthly sexual contacts.

**Comments on Items 72-79:** These questions ask about having unprotected sex under certain types of conditions.

**Potential Issue:** There may be some confusion between similar questions. Some questions ask about “ever” doing something, and other questions ask about doing the same thing during the “past 3 months.”

**Recommended Solution:** Explain that this pattern of questioning is repeated throughout this section, and that the Respondent should think about the time frames. The “ever” questions apply to one’s entire life, and the “past 3 month” questions focus on what they have done during the last 3 months only.

**72. Have you ever had unprotected sex (vaginal, anal or oral) with someone in exchange for money, drugs, or shelter?**

**Potential Issue:** Respondent does not understand the phrase “in exchange for money, drugs, or shelter.”

**Recommended Solution:** Explain to Respondent that we are interested in times when they traded, or were given money, drugs, or a place to stay in return for sex.

**73. In the past 3 months, have you had unprotected sex (vaginal, anal or oral) with someone in exchange for money, drugs, or shelter?**

**Potential Issue:** Respondent may be unsure of the difference between this question, and question 83.

**Recommended Solution:** Explain to Respondent that we are interested in times when they were given money, drugs, or a place to stay in return for sex during the past 3 months.

**74. Have you ever had unprotected sex (vaginal, anal or oral) with a partner you know had, or suspected of having, a sexually transmitted disease (STD)?**

**Potential Issue #1:** Respondent is unsure to which partner this question applies.

**Recommended Solution:** Tell the Respondent we are interested in any instance of unprotected sex. The question includes sexual contact with the main partner or other partners.

**Potential Issue #2:** Respondent is unaware whether or not their partner has an STD.

**Recommended Solution:** If the Respondent is unsure of the status of his or her sexual partner, have Respondent mark “Cannot remember or Don’t know”.

**Potential Issue #3:** Does STD include HIV or AIDS?

**Recommended Solution:** Yes, STD does include HIV or AIDS.

**75. In the past 3 months, have you had unprotected sex (vaginal, anal or oral) with a partner you know had, or suspected of having, a sexually transmitted disease (STD)?**

**Potential Issue #1:** Respondent has never had unprotected sexual contact.

**Recommended Solution:** Have the Respondent mark “No” and continue to the next question.

**Potential Issue #2:** Respondent has had unprotected sexual contact, but not within the 3 months.

**Recommended Solution:** This question is concerned with recent unprotected sexual intercourse. We are only interested in unprotected sex that occurred in the past 3 months. Have the Respondent mark “No” and continue to the next question.

**Potential Issue #3:** Respondent is unaware whether or not their recent partner had an STD.

**Recommended Solution:** If the Respondent is unsure of the status of his or her sexual partner, have Respondent give the best answer they can based upon their knowledge of their previous partner.

**76. Have you ever had unprotected sex (vaginal, anal or oral) with a partner you know had, or suspected of having HIV/AIDS?**

**Potential Issue #1:** Respondent is unsure to which partner this question applies.

**Recommended Solution:** Tell the Respondent we are interested in any instance of unprotected sex. The question includes sexual contact with the main partner or other partners.

**Potential Issue #2:** Respondent is unaware or unsure whether or not their partner has an HIV/AIDS.

**Recommended Solution:** If the Respondent is unsure of the status of his or her sexual partner, have Respondent give the best answer they can based upon their knowledge of their previous partner.

**77. In the past 3 months, have you had unprotected sex (vaginal, anal or oral) with a partner you know had, or suspected of having HIV/AIDS?**

**Potential Issue:** Respondent may be unsure as to how to respond to this question.

**Recommended Solution #1:** Tell the Respondent we are interested in any instance of unprotected sex that may have occurred in the past 3 months. The question includes sexual contact with the main partner or other partners.

**Recommended Solution #2:** If the Respondent is unsure of the HIV status of his or her sexual partner, have Respondent give the best answer they can based upon their knowledge of their previous partner.

**78. Have you ever had unprotected sex (vaginal, anal or oral) with someone you knew was, or suspected of being an injected drug user?**

**Potential Issue:** The Respondent may not know whether their partner was someone who injected drugs.

**Recommended Solution #1:** Tell the Respondent we are interested in any instance of unprotected sex with someone they knew was or who they suspected of being an injected drug user. The question includes sexual contact with the main partner or other partners.

**Recommended Solution #2:** If the Respondent cannot remember, or is unsure of his or her sexual partner injection drug use, have Respondent give the best answer they can based upon their knowledge of their previous partner.

**Comments on Items 80-81:** These questions ask the Respondent about sexual activity while under the influence of drugs or alcohol.

**80. Have you ever had sex while you were under the influence of drugs or alcohol?**

**Potential Issue:** Respondent may not be sure of the meaning of *influence of drugs or alcohol*.

**Recommended Solution:** Indicate to Respondent that we are interested in knowing if they have had sex while, or immediately after drinking or doing drugs.

**81. In the past 3 months, have you had sex while you were under the influence of drugs or alcohol?**

**Potential Issue:** See question 80, and note the time difference.

**Comments on Items 82-87:** The following group of questions ask the Respondent's opinion concerning certain activities. The Respondent should mark the answer that best describes what they think.

The response categories include:

**No risk**

You think nothing bad will happen if people do this.

**Slight Risk**

You think something bad MIGHT happen if people do this.

**Moderate Risk**  
**Great Risk**

You are pretty sure something bad will happen if people do this.  
You really think something bad will happen if people do this.

**How much do you think people risk harming themselves physically:**

- 82. If they have oral sex without a condom or dental dam?**
- 83. If they have vaginal sex without a condom?**
- 84. If they have anal sex without a condom?**
- 85. If they share non-sanitized needles/works when using drugs?**
- 86. If they have sex under the influence of alcohol?**
- 87. If they have sex while high on drugs?**

**Potential Issue:** Respondents ask if they must have a personal experience to answer.

**Recommended Solution:** No, the Respondent does not need personal experience to hold any opinion or belief. Ask the Respondent to read each question and mark the answer that best describes what they think. Remember there are no right or wrong answers.

**Comments Items on 88-91:** The following items are about things that may or may not have been done to the Respondent.

For these next few questions, the answers include:

- Never:** This has never happened to you.
- Rarely:** This hardly ever or rarely happens to you. (For example, it has only happened about 25% of the time.)
- Sometimes:** This happens occasionally, or some of the time. (For example, this may have happened about half (or 50%) of the time.)
- Often:** This happens to you most of the time. (For example, you may do this 75% of the time)
- Always:** This happens to you all of the time.

**In the past 3 months, how often has anyone...**

- 88. Emotionally abused you (swore at you, called you negative names, kept you from seeing family or friends)?**
- 89. Physically abused you (slapped you, beat, kicked, or choked you; threatened you with a knife or a gun)?**
- 90. Sexually abused you (forced you to have sex, physically hurt the sexual parts of your body)?**
- 91. Forced you to use drugs or alcohol?**

**Potential Issue:** Respondent may find the questions too personal or difficult to answer.

**Recommended Solution:** Please remind Respondent that these answers are confidential and that they do not have to answer these questions.



**Comments Items 92-97:** These questions ask how confident the Respondent is in his or her ability to do certain activities in their relationship with their MAIN partner.

For these next few questions, the answers include:

<b>Not at all</b>	This does NOT describe you.
<b>A little</b>	This only describes you a little.
<b>Somewhat</b>	This describes you pretty well.
<b>Very much</b>	This REALLY describes you.

- 92. Refuse to have sex with your partner because you weren't in the mood?
- 93. Ask your partner to wait while you got a condom/dental dam?
- 94. Tell your partner how to treat you sexually?
- 95. Refuse to engage in sexual practices you didn't like?
- 96. Ask your partner to use a condom/dental dam?
- 97. Refuse to have sex because your partner did not want to use a condom/dental dam?

**Potential Issue:** Respondent may indicate that s/he does not have a **MAIN** partner  
**Recommended Solution:** If Respondent indicates s/he does not currently have a **MAIN** partner, ask Respondent to answer these questions about the most recent relationship, or with the partner they spend most of their time? How confident was Respondent to be able to do this in their most recent relationship?

**Comments on Items 98-102:** The following set of questions the Respondent how likely they are to do something in the next 6 months. The possible response categories are:

<b>Not at all likely</b>	I probably will not do this.
<b>A little likely</b>	It is possible that I will do this.
<b>Somewhat likely</b>	It is very possible that I will do this.
<b>Very likely</b>	Probably will do this.

**Potential Issue:** There may be items that the Respondents do not feel are relevant for them.  
**Recommended Solution:** Choose the 'not at all likely' category.

- 98. To drink five or more alcoholic drinks in one sitting?

**Potential Issue:** Respondent may question the definition of *Alcoholic Drinks*.  
**Recommended Solution:** *Alcoholic drinks* includes beer, wine, wine coolers, and hard liquor.

- 99. To use any illegal drugs (including prescription drugs) to get high?

**Potential Issue:** Respondent may question the definition of *illegal drug*.

**Recommended Solution:** Illegal drugs are substances that are controlled or prohibited. Illegal drugs can also include prescription drugs taken without the advice of a doctor, or which are used for other than their intended purpose. Examples of illegal drugs include, but are not limited to:

**Marijuana** - 'Marijuana - pot, weed, blunt, whether prescribed or not. Marinol which also contains THC, is a legal drug and should only be counted if the client is using it in an unprescribed manner.

**Hashish** -Hash, junk, chive.

**Cocaine/crack**—Cocaine crystal, free-base cocaine, crack, or rock cocaine

**Nonprescription methadone**—Dolophine, LAAM

**Hallucinogens/psychedelics, PCP, MDMA, LSD, Mushrooms, or Mescaline**—

Psilocybin, peyote, green

**Methamphetamine or other amphetamines**—Monster, amp, benzedrine, dexedrine, ritalin, preludin

**Benzodiazepines**—Ativan, librium

**Barbiturates**—Amytal, seconal, phenobarbital

**Ketamine**—Ketalar, cat valium

**Other tranquilizers, downers, sedatives, or hypnotics**—Dalmane, haldol, quaaludes

**Inhalants**—Nitrous oxide, amyl nitrate, glue, solvents, gasoline, toluene, aerosols (hair spray, Lysol, air freshener)

#### 100. To use injection drugs without a doctor's orders, just to feel good or to get high?

**Potential Issue:** Respondent may be unsure what is meant by injection drugs.

**Recommended Solution:** Injected drugs are drugs used with a needle. They can be either intravenous (i.e. into the vein) or non-intravenous (i.e., into a muscle or under the skin). Do not count injection of legal and prescribed medications, i.e. insulin, hormones. However, include injection drugs taken without the advice of a doctor, including steroids and hormones.

#### 101. To use clean needles when injecting drugs?

**Potential Issue:** Respondent may not be clear on the definition of 'clean needles'.

**Recommended Solution:** By 'clean needles', we mean needles that have been cleaned or sterilized with bleach before use.

#### 102. To practice safe sex?

**Potential Issue:** Respondent may not be clear on the definition of "safe sex"

**Recommended Solution:** By "safe sex," we mean protected sex, or sex using a latex condom or other barrier method, such as the female condom (Reality), dental dam or finger cot.

## Section Five: Knowledge- What you Know

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**General Section Comments:** This sections asks the Respondent what they THINK about the given statements. Respondents are asked if each statement is true or false. The Respondent should read each statement and mark the answer that best describes what HE or SHE thinks. The shading on the instrument is only to make it easier to read. It does not imply anything about the nature of the questions or the answers. If the Respondent is unsure of what they think about a statement, they should mark “Don’t know” and continue to the next statement.

**Comments on Items 103-108:** These questions test the Respondent’s knowledge about HIV/AIDS and the risk of certain actions for contracting the HIV virus. Next to the listed question is the correct response choice in bold.

103. Only people who look sick can spread the HIV/AIDS virus. **False**
104. Only people who have sex with gay (homosexual) people get HIV/AIDS. **False**
105. Birth control pills protect women from getting the HIV/AIDS virus. **False**
106. There are drugs available to treat HIV which can lengthen the life of a person infected with the virus. **True**
107. There is no cure for AIDS. **True**
108. Young people under the age 18 need their parents’ permission to get an HIV test. **False**

**Potential Issue#1:** For Question 80, the Respondent may not know what birth control pills are.

**Recommended Solution:** Birth control pills, or “the Pill,” is a common name for oral contraception—or pills that can be taken by women to prevent pregnancies.

**Potential Issue #2:** For Question 81, the Respondent may not understand the use of the word “drugs.”

**Recommended Solution:** Explain to the Respondent that “drugs” refers to medication given by a doctor that is meant to help the person with HIV to live longer.

**Potential Issue #3:** For Question 84, the Respondent may not understand the question.

**Recommended Solution:** Explain to the Respondent that this asking if a person’s chances of contracting HIV will increase due to an STD that they already have.

**Potential Issue #4:** For Question 85, the Respondent may not understand the term “sharing intravenous needles.”

**Recommended Solution:** Explain to the Respondent that this question refers to putting a syringe (or “needle”) directly into one person’s blood stream (i.e. vein) and then using that same needle to inject a substance into another person’s blood stream.

**Comments on Items 109-120:** These questions test the Respondent’s knowledge about

Hepatitis and the risk of certain actions for contracting Hepatitis.

109. Hepatitis is a disease that causes inflammation of your liver. **True**
110. The causes of hepatitis include viruses, bacteria, alcohol and toxins, and parasites. **True**
111. Hepatitis (A, B, or C) **is not** a dangerous disease. **False**
112. The most common types of viral Hepatitis are Hepatitis A, Hepatitis B, and Hepatitis C. **True**
113. Hepatitis A is transmitted through contaminated food and water, while B and C are transmitted through exchanging bodily fluids. **True**
114. The best way to protect yourself from Hepatitis A or Hepatitis B is to get immunized (vaccinated). **True**
115. Hepatitis immunizations (vaccines) are common in the U.S. and can protect you for a lifetime for certain types of Hepatitis. **True**
116. Everyone who has Hepatitis C virus develops symptoms. **False**
117. There is a medical treatment for the chronic Hepatitis C virus. **True**
118. There is no vaccine for the Hepatitis C virus. **True**
119. The Hepatitis C virus can live outside the body for days. **True**
120. If a mother is infected with Hepatitis C virus, her newborn will more likely be infected. **False**

**Potential Issue #1:** For Question 109, the Respondent may not recognize the term “inflammation.”

**Recommended Solution:** Define the term for the Respondent: Inflammation is characterized by heat, swelling, pain, and dysfunction of the organ (liver).

**Potential Issue #2:** For Question 113, the Respondent may not understand the word “contaminated.”

**Recommended Solution:** Define the term for the Respondent: something is contaminated when it is exposed to the virus or bacteria.

**Potential Issue #3:** For Question 113, the Respondent may not understand the term “exchanging bodily fluids.”

**Recommended Solution:** Define the term for the Respondent to include any bodily fluid, such as saliva, semen, urine or blood that is passed from one person to another.

**Potential Issue #4:** For Question 114, the Respondent may not understand the word “immunized” or “vaccinated.”

**Recommended Solution:** Define the term vaccine for the Respondent as a medication in either solid or liquid form that is given by a doctor to protect the patient from an illness.

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## Section Six: Health Care

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**General Section Comments:** This next set of questions ask about the Respondent's access to health care, experiences related to health care, and other uses of health care.

**121. Do you have health insurance? [Including Medicare and Medicaid]**

**Potential Issue:** Respondent may not know if they have health insurance.

**Recommended Solution:** Ask the Respondent to give their best response based upon their experiences and knowledge.

**122. In the past 30 days, have you been in any classes or programs where they talked about preventing HIV (AIDS)?**

**Potential Issue:** Does class mean classroom?

**Recommended Solution:** No. A class is a group of people who study or learn about a subject, such as health or sex education in school. If Respondent has never taken an HIV class, go to question 123.

**123. Would you know where to go in your neighborhood to see a health care professional regarding HIV (AIDS) or other sexually transmitted health issues?**

**Potential Issue:** None.

**124. In the past 30 days, have you been in any classes or programs where they talked about preventing Hepatitis?**

**Potential Issue:** See Question 122.

**125. Would you know where to go in your neighborhood to see a health care professional regarding Hepatitis health issues?**

**Potential Issue:** None.

**126. In the past 30 days, have you been in any classes or programs where they talked about the prevention of drug or alcohol abuse?**

**Potential Issue:** See Question 122.

**127. Would you know where to go in your neighborhood to see a health care professional regarding a drug or alcohol problem?**

**Potential Issue:** None.

**128. Have you ever been tested for the HIV virus that causes AIDS?**

**Potential Issue:** Respondent may interpret this as asking for their HIV status.

**Recommended Solution:** We are only interested in whether they have been tested or not.

**129. If Yes to question 128, what type of HIV test was it?**

**Potential Issue #1:** Respondent may not know what kind of test was taken.

**Recommended Solution:** Have the Respondent select “Don’t Know” and continue to Question 130.

**Potential Issue #2:** Respondent may not know the difference between the test types.

**Recommended Solution:** Explain to the Respondent that each type requires a different bodily fluid: that either saliva was tested with a swab to the mouth, urine was tested by urinating in a cup, or blood was taken with a needle. If they are still unsure of which test they took, have them select “Don’t Know” and continue to Question 130.

**130. If Yes to question 128, did you receive or go back to get your results?**

**Potential Issue:** Respondent may interpret this as asking for their HIV status.

**Recommended Solution:** We are only interested in whether they have been tested or not. We do not want to know whether or not they have contacted HIV/AIDS.

**131. Have you ever been tested for Hepatitis A, B, or C?**

**Potential Issue:** Respondent may interpret this as asking for their Hepatitis status.

**Recommended Solution:** We are only interested in whether they have been tested or not.

**132. If Yes to question 131, did you receive or go back to get your results?**

**Potential Issue:** Respondent may interpret this as asking for their Hepatitis status.

**Recommended Solution:** We are only interested in whether they have been tested or not. We do not want to know if they have Hepatitis.

**133. Have you received the Hepatitis A or B vaccination?**

**Potential Issue #1:** Respondent may interpret this as checking on their Hepatitis status.

**Recommended Solution:** We are only interested in whether they have been vaccinated or not.

**Potential Issue #2:** Respondent may not remember if they were vaccinated against either Hepatitis A or Hepatitis B.

**Recommended Solution:** Ask the Respondent to give their best guess as to their vaccinations. Also, remind them that the vaccines are either given in 2 or 3 doses, so that they would need to have completed the set in order to be vaccinated.

**Comments on Items 134-135:** These questions are about the Respondent's experience in answering the survey.

**134. How comfortable was it for you to answer the questions in this survey?**

**Potential Issue:** Respondent questions the purpose of this question.

**Recommended Solution:** If a Respondent wonders why they are being asked this question, say that this question is often asked to help the researchers determine how much confidence they can have in the overall study findings.

**135. How truthful were you when answering the questions?**

**Potential Issue:** Respondent questions the purpose of this question.

**Recommended Solution:** If a Respondent wonders why they are being asked this question, say that this question is often asked to help the researchers determine how much confidence they can have in the overall study findings.

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