

Assessment of a QDS Data Collection System in HIV Prevention  
Program Evaluation

#0920-0840

Expiration date: 31 January 2013

ATTACHMENT 1

QDS Survey

Assessment of a QDS Data Collection System in HIV Prevention Program  
Evaluation  
QDS Survey

Approval 01/21/2010  
OMB control Number 0920-0840  
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*The first set of questions will ask about your general background.*

**Client Information (To be completed by client)**

|  |
|--|
| <b>1. What <u>year</u> were you born?</b> _ _ _ _ <b>How old are you?</b> _____  |
| <b>2. In which state do you currently live?</b> _____ <b>Zip code</b> _____  |
| <b>3. What is your ethnicity?</b> (Choose one)<br><input type="checkbox"/> Hispanic or Latino<br><input type="checkbox"/> Not Hispanic or Latino<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Decline to answer  |
| <b>4. What is your race?</b> (Choose all that apply)<br><input type="checkbox"/> American Indian or Alaska Native<br><input type="checkbox"/> Asian<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Pacific Islander<br><input type="checkbox"/> White<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Decline to answer |
| <b>5. Do you speak English?</b> [Choose one]<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Decline to answer  |

**6. Which language do you speak most times?** (Choose one)

- English
- Spanish
- Creole/French
- Other (specify) \_\_\_\_\_
- Decline to answer

**7. What was your sex at birth?** (*This is the biological sex on your birth certificate.*) (Choose one)

- Male
- Female
- Decline to answer

**8. How do you currently identify yourself?** (Choose one)

- Male
- Female
- Transgender – Male to female
- Transgender – Female to male
- Decline to answer
- Other (Specify if gender other than the choices above) \_\_\_\_\_

**9. Do you consider yourself to be . . .** (Choose one)

- Gay, Homosexual, Same Gender Loving, etc
- Bisexual
- Heterosexual or “Straight”
- Questioning
- Decline to answer
- Other (Specify if gender other than the choices above): \_\_\_\_\_

**10. Are you currently in a primary relationship with someone?** *This would be someone you live with or see a lot, and to whom you have felt a special emotional commitment or call your boyfriend/girlfriend.* (Choose one)

- Yes
- No { *Skip to Q13* }
- Decline to answer

**11. Is this primary partner a male or female?** (Choose one)

- Male
- Female
- Decline to answer

**12. How long have you been with this primary partner?** (Choose one)

- Less than 6 months
- 6 months to 1 year
- 1 to 5 years

- Longer than 5 years
- Decline to answer

**13. What best describes your employment status? (Choose one)**

- Employed full-time
- Employed part-time
- Unemployed
- Decline to answer

**14. Are you currently a student? (Choose one)**

- Yes (full-time)
- Yes (part-time)
- Not a student
- Decline to answer

**15. What is the highest level of education that you have completed? (Choose one)**

- |  |  |
|--|--|
| <input type="checkbox"/> No schooling completed        | <input type="checkbox"/> Bachelor's degree                     |
| <input type="checkbox"/> 8 <sup>th</sup> grade or less | <input type="checkbox"/> Post-graduate (Master's degree)       |
| <input type="checkbox"/> Some high school              | <input type="checkbox"/> Post-graduate (Doctoral-level degree) |
| <input type="checkbox"/> High school graduate/GED      | <input type="checkbox"/> Decline to answer                     |
| <input type="checkbox"/> Some college                  |  |

*These next questions will ask you about your experiences. Some questions may be very personal, but remember that all information you give will be kept private and will not be connected to your name. Please try to be as honest and open as possible. There are no right or wrong answers.*

**16. Have you been in jail, prison, or juvenile hall for more than a week in the last 3 months? [Choose one]**

- Yes
- No
- Decline to answer

**17. Have you ever been tested for HIV? [Choose one]**

- Yes
- No (*Skip to Q22*)
- Don't know
- Decline to answer

**18. What was the result of your last HIV test? (Choose one)**

- Positive (*Skip to Q20*)
- Negative
- Preliminary positive (Rapid test result was positive) (*Skip to Q20*)
- Indeterminate (Result was not clear) (*Skip to Q22*)
- Don't know
- Decline to answer

|   |  |                                    |                              |                              |   |   |                                     |                                     |  |  |
|---|--|------------------------------------|------------------------------|------------------------------|---|---|-------------------------------------|-------------------------------------|--|--|
| <p><b>19. When was your last negative HIV test?</b> __ __/__ __ __ __ (skip to Q22)</p> <p><input type="checkbox"/> Don't remember the year    <input type="checkbox"/> Decline to answer</p>   |  |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <p><b>20. When did you first test positive for HIV?</b> __ __/__ __ __ __</p> <p><input type="checkbox"/> Don't remember the year    <input type="checkbox"/> Decline to answer</p>   |  |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <p><b>21. Are you seeing a primary health care provider (i.e. doctor) for HIV-related care?</b> (Choose one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Decline to answer</p>   |  |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <p><b>22. Have you had Syphilis, Gonorrhea or Chlamydia in...</b></p> <table style="width: 100%; border: none;"> <tr> <td style="text-align: center; width: 50%;"><b>Last 12 months?</b> (Choose one)</td> <td style="text-align: center; width: 50%;"><b>Last 3 months?</b> (Choose one)</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> Yes</td> </tr> <tr> <td><input type="checkbox"/> No (Skip to Q24)</td> <td><input type="checkbox"/> No (Skip to Q24)</td> </tr> <tr> <td><input type="checkbox"/> Don't know</td> <td><input type="checkbox"/> Don't know</td> </tr> <tr> <td><input type="checkbox"/> Decline to answer</td> <td><input type="checkbox"/> Decline to answer</td> </tr> </table> | <b>Last 12 months?</b> (Choose one)        | <b>Last 3 months?</b> (Choose one) | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | <input type="checkbox"/> No (Skip to Q24) | <input type="checkbox"/> No (Skip to Q24) | <input type="checkbox"/> Don't know | <input type="checkbox"/> Don't know | <input type="checkbox"/> Decline to answer | <input type="checkbox"/> Decline to answer |
| <b>Last 12 months?</b> (Choose one)   | <b>Last 3 months?</b> (Choose one)         |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <input type="checkbox"/> Yes  | <input type="checkbox"/> Yes               |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <input type="checkbox"/> No (Skip to Q24)   | <input type="checkbox"/> No (Skip to Q24)  |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <input type="checkbox"/> Don't know   | <input type="checkbox"/> Don't know        |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <input type="checkbox"/> Decline to answer  | <input type="checkbox"/> Decline to answer |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <p><b>23. Were you told you had Syphilis, Gonorrhea or Chlamydia by a medical provider or were you self-diagnosed?</b> (Choose one)</p> <p><input type="checkbox"/> Medical provider</p> <p><input type="checkbox"/> Self-diagnosed</p> <p><input type="checkbox"/> Decline to answer</p>   |  |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <p><b>24. Where have you been living primarily for the last 3 months?</b> (Choose one)</p> <p><input type="checkbox"/> Stable housing (Includes apartments, houses, foster homes, dorms, long-term residences, housing for military staff, and boarding homes as long as they are not time-limited and do not involve "couch-surfing".)</p> <p><input type="checkbox"/> Non-stable housing (Includes transient or transitional housing shelters, and couch-surfing)</p> <p><input type="checkbox"/> Decline to answer</p>   |  |                                    |                              |                              |   |   |                                     |                                     |  |  |
| <p><b>25. In the past 3 months, were you homeless at any time? That is, you slept in a shelter for homeless people, on the streets, or another place not intended for sleeping.</b> (Choose one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Decline to answer</p>   |  |                                    |                              |                              |   |   |                                     |                                     |  |  |

The next set of questions asks about alcohol and drugs that you may have used in the last 12 months.

|  |
|--|
| <p><b>26. In the last 12 months, have you used alcohol or drugs?</b> (Choose one)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (Skip to Q39)</p> <p><input type="checkbox"/> Decline to answer</p> |
| <p><b>27. Which substances have you used (last 12 months)?</b> (Choose all that apply)</p>   |

|  |  |
|--|--|
| <input type="checkbox"/> Alcohol   | <input type="checkbox"/> Heroin (injected, smoked, or snorted) |
| <input type="checkbox"/> Amphetamines, meth, speed, crystal, ice, or crank | <input type="checkbox"/> Hormones, Botox, steroids, silicone   |
| <input type="checkbox"/> Club drugs such as GHB, Ketamine                  | <input type="checkbox"/> Marijuana                             |
| <input type="checkbox"/> Cocaine (injected, smoked, or snorted)            | <input type="checkbox"/> Poppers (Amyl nitrate)                |
| <input type="checkbox"/> Crack   | <input type="checkbox"/> Other (specify): _____                |
| <input type="checkbox"/> Downers (Valium, Activan, Xanax)                  | <input type="checkbox"/> Don't know                            |
| <input type="checkbox"/> Ecstasy   | <input type="checkbox"/> Decline to answer                     |
| <input type="checkbox"/> Hallucinogens such as LSD                         |  |

**28. In the last 12 months, have you injected drugs?** [Choose one]

- Yes  
 No (*Skip to Q39*)  
 Decline to answer

**29. (If you indicated "Yes" in Q28) Which drugs did you inject (last 12 months)** (Choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Amphetamines, meth, speed, crystal, ice, or crank | <input type="checkbox"/> Heroin                              |
| <input type="checkbox"/> Club drugs such as GHB, Ketamine                  | <input type="checkbox"/> Hormones, Botox, steroids, silicone |
| <input type="checkbox"/> Cocaine   | <input type="checkbox"/> Marijuana                           |
| <input type="checkbox"/> Crack   | <input type="checkbox"/> Poppers (Amyl nitrate)              |
| <input type="checkbox"/> Downers (Valium, Activan, Xanax)                  | <input type="checkbox"/> Other (specify): _____              |
| <input type="checkbox"/> Ecstasy   | <input type="checkbox"/> Don't know                          |
| <input type="checkbox"/> Hallucinogens such as LSD                         | <input type="checkbox"/> Decline to answer                   |

**30. In the last 12 months, have you shared needles, let someone else use your needles, or borrowed someone else's needles to inject drugs?** (Choose one)

- Yes  
 No  
 Decline to answer

*The next set of questions asks about alcohol and drugs that you may have used in the last 3 months.*

**31. In the last 3 months, have you used alcohol or drugs?** (Choose one)

- Yes  
 No (*Skip to Q39*)  
 Decline to answer

**32. Which substances have you used (last 3 months)?** (Choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Alcohol   | <input type="checkbox"/> Heroin (injected, smoked, or snorted) |
| <input type="checkbox"/> Amphetamines, meth, speed, crystal, ice, or crank | <input type="checkbox"/> Hormones, Botox, steroids, silicone   |
| <input type="checkbox"/> Club drugs such as GHB, Ketamine                  | <input type="checkbox"/> Marijuana                             |
| <input type="checkbox"/> Cocaine (injected, smoked, or snorted)            | <input type="checkbox"/> Poppers (Amyl nitrate)                |
| <input type="checkbox"/> Crack   | <input type="checkbox"/> Other (specify): _____                |
| <input type="checkbox"/> Downers (Valium, Activan, Xanax)                  | <input type="checkbox"/> Don't know                            |
| <input type="checkbox"/> Ecstasy   | <input type="checkbox"/> Decline to answer                     |
| <input type="checkbox"/> Hallucinogens such as LSD                         |  |

**33. In the last 3 months, have you injected drugs?** (Choose one)

- Yes
- No (*Skip to Q39*)
- Decline to answer

**34. Which drugs did you inject (last 3 months)?** (Choose all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Amphetamines, meth, speed, crystal, ice, or crank | <input type="checkbox"/> Heroin                              |
| <input type="checkbox"/> Club drugs such as GHB, Ketamine                  | <input type="checkbox"/> Hormones, Botox, steroids, silicone |
| <input type="checkbox"/> Cocaine   | <input type="checkbox"/> Marijuana                           |
| <input type="checkbox"/> Crack   | <input type="checkbox"/> Poppers (Amyl nitrate)              |
| <input type="checkbox"/> Downers (Valium, Activan, Xanax)                  | <input type="checkbox"/> Other (specify): _____              |
| <input type="checkbox"/> Ecstasy   | <input type="checkbox"/> Don't know                          |
| <input type="checkbox"/> Hallucinogens such as LSD                         | <input type="checkbox"/> Decline to answer                   |

**35. In the last 3 months, have you shared needles, let someone else use your needles, or borrowed someone else's needles to inject drugs?** (Choose one)

- Yes
- No (*Skip to Q39*)
- Decline to answer

**36. (If you indicated "Yes" in Q35) Out of all the times you injected drugs in the last 3 months, how often did you share needles/syringes with someone else?** (Choose one)

- Almost never
- Less than half the time
- Half the time
- More than half the time
- Almost all the time
- All the time
- None
- Decline to answer

**37. (If you indicated "Yes" in Q35) Out of all the times you injected drugs in the last 3 months, how often did you share needles/syringes with someone whose HIV status was unknown to you?** (Choose one)

- Almost never
- Less than half the time
- Half the time
- More than half the time
- Almost all the time
- All the time
- None
- Decline to answer

**38. (If you indicated "Yes" in Q35) Out of all the times you injected drugs in the last 3 months, how often did you share needles/syringes with someone whose HIV status was different from your own status?** (Choose one)

- Almost never
- Less than half the time
- Half the time
- More than half the time
- Almost all the time
- All the time
- None
- Decline to answer

The next set of questions asks about sex behaviors that you may have done in the last 12 months. These questions ask about anal and vaginal sex. They are NOT asking about oral sex (that is, giving/getting blow jobs or head).

\*\*\*Anal sex means putting your penis (dick) in someone's anus (butt) or someone putting his penis (dick) in your anus (butt).

\*\*\*Vaginal sex means putting your penis (dick) in someone's vagina (pussy).

\*\*\*Primary partner refers to someone you live with or see a lot, and to whom you have felt a special emotional commitment or call your boyfriend.

**39. In the last 12 months, have you had anal or vaginal sex with a...** (Choose all that apply)

- Male (If checked ask Q39a)
- Female (If checked ask Q39b)
- Transgender (If checked ask Q39c)
- I have not had anal/vaginal sex in last 12 months (*Skip to Q51*)
- Decline to answer

**39a. (If you indicated "Male" in Q39) In the last 12 months were all of your male sexual partner(s):**

(Choose one)

- Primary partner(s)
- Non-primary partner(s)
- Both
- Decline to answer

**39b. (If you indicated "Female" in Q39) In the last 12 months were all of your female sexual partner(s):**

(Choose one)

- Primary partner(s)
- Non-primary partner(s)
- Both
- Decline to answer

**39c. (If you indicated "Transgender" in Q39) In the last 12 months were all of your female sexual partner(s):**

(Choose one)

- Primary partner(s)
- Non-primary partner(s)



Both

Decline to answer

**40. Select all the behaviors below that you did with a male, female, or transgender person in the last 12 months.**

Had anal or vaginal sex with someone:

... without a condom (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... while drunk or high on drugs (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... that you met on the Internet (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... so you could get drugs, money, a place to stay, clothing, or something else you needed (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... who has sex with others so he or she could get drugs, money, a place to stay, clothing, or something else he or she needed (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... who you knew was an injection drug user (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... whose HIV status was unknown to you (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... whose HIV status was different from your own HIV status (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... who was anonymous (you do not know the person's name or have no way to contact the person again in the future) (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... who was over age 30 (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

... who was a hemophiliac/recipient of blood transfusion or transplant (Check all that apply for gender or choose none or decline to answer)

- Male
- Female
- Transgender
- None
- Decline to answer

*The next set of questions asks about sex behaviors that you may have done in the last 3 months.*

\*\*\*Anal sex means putting your penis (dick) in someone's anus (butt) or someone putting his penis (dick) in your anus (butt).

\*\*\*Vaginal sex means putting your penis (dick) in someone's vagina (pussy).

\*\*\*Primary partner refers to someone you live with or see a lot, and to whom you have felt a special emotional commitment or call your boyfriend.

**41. In the last 3 months, have you had anal or vaginal sex with a... (Choose all that apply)**

Male      What is the total # of male partners that you had anal sex within the last 3 months? \_\_\_\_\_

Female      What is the total # of female partners that you had vaginal or anal sex within the last 3 months? \_\_\_\_\_

Transgender      What is the total # of transgendered partners that you had vaginal or anal sex within the last 3 months? \_\_\_\_\_

I have not had anal/vaginal sex in the last 3 months (*Skip to Q51*)

Decline to answer

**42. In the last 3 months, have you had unprotected anal or vaginal sex (without a condom) with a...**

(Choose all that apply)

Male      What is the total # of male partners that you had unprotected anal sex within the last 3 months?  
\_\_\_\_\_

Female      What is the total # of female partners that you had unprotected vaginal or anal sex within the last 3 months? \_\_\_\_\_

Transgender      What is the total # of transgendered partners that you had unprotected vaginal or anal sex within the last 3 months? \_\_\_\_\_

I have not had unprotected anal/vaginal sex in the last 3 months (*Skip to Q51*)

Decline to answer

**43. Out of all the times you had anal or vaginal sex in the last 3 months, how often did you have unprotected sex (without a condom)? (Choose one)**

- Almost never
- Less than half the time
- Half the time
- More than half the time
- Almost all the time
- All the time
- Decline to answer

**44. Out of all the times you had anal or vaginal sex in the last 3 months, how often did you have unprotected sex (without a condom) with a primary partner? (Choose one)**

- Almost never

- Less than half the time
- Half the time
- More than half the time
- Almost all the time
- All the time
- I have not had unprotected sex with a primary partner
- Decline to answer

**45. Out of all the times you had anal or vaginal sex in the last 3 months, how often did you have unprotected sex (without a condom) with a non-primary partner? (Choose one)**

- Almost never
- Less than half the time
- Half the time
- More than half the time
- Almost all the time
- All the time
- I have not had unprotected sex with a non-primary partner
- Decline to answer

**46. Out of all the times you had anal or vaginal sex in the last 3 months, how often did you have unprotected sex (without a condom) with someone whose HIV status was unknown to you? (Choose one)**

- Almost never
- Less than half the time
- Half the time
- More than half the time
- Almost all the time
- All the time
- I have not had unprotected sex with someone whose HIV status is unknown to me
- Decline to answer

**47. Out of all the times you had anal or vaginal sex in the last 3 months, how often did you have unprotected sex (without a condom) with someone whose HIV status was different from your own status? (Choose one)**

- Almost never
- Less than half the time
- Half the time
- More than half the time
- Almost all the time
- All the time
- I have not had unprotected sex with someone whose HIV status was different from my own
- Decline to answer

**48. How many people did you have unprotected anal or vaginal sex (without a condom)?** Enter number for each item.

... while drunk or high on drugs

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

... that you met on the Internet

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

... so you could get drugs, money, a place to stay, clothing, or something else you needed

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

... who had sex with others so he or she could get drugs, money, a place to stay, clothing, or something else he or she needed

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

... that you knew was an injection drug user

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

... whose HIV status was unknown to you

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

... whose HIV status was different from your own HIV status

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

... that was anonymous (you do not know the person's name or have no way to contact the person again in the future)

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

... that was over age 30

Male \_\_\_\_\_

Female \_\_\_\_\_

Transgender \_\_\_\_\_

Decline to answer

**48a. (If you indicated that you had sex with a “Male” in Q42) In the last 3 months how many male partner(s) did you have unprotected sex (without a condom) with?**

Primary partner(s) \_\_\_\_\_

Non-primary partner(s) \_\_\_\_\_

Decline to answer

**48b (If you indicated that you had sex with a “Female” in Q42) In the last 3 months how many female partner(s) did you have unprotected sex with (without a condom)?**

Primary partner(s) \_\_\_\_\_

Non-primary partner(s) \_\_\_\_\_

Decline to answer

**48c. (If you indicated that you had sex with a “Transgender” in Q42) In the last 3 months how many transgendered partner(s) did you have unprotected sex with (without a condom)?**

Primary partner(s) \_\_\_\_\_

Non-primary partner(s) \_\_\_\_\_

Decline to answer

**49. (If you indicated that you had unprotected sex while drunk/high in Q48) Which drugs were you using? (Choose all that apply)**

Alcohol

Amphetamines, meth, speed, crystal, ice, or crank

Club drugs such as GHB, Ketamine

Cocaine (injected, smoked, or snorted)

Crack

Downers (Valium, Activan, Xanax)

Ecstasy

Hallucinogens such as LSD

Heroin (injected, smoked, or snorted)

Marijuana

Poppers (Amyl nitrate)

Other (specify): \_\_\_\_\_

Don't know

Decline to answer

**50. (If you indicated that you had unprotected sex while drunk/high in Q48) Who did you have unprotected anal or vaginal sex with while you were drunk or high? (Choose one)**

Primary partners

Non-primary partners

Both

Decline to answer

*The next set of questions asks about how much you enjoy having sex with a condom. Please be as honest as you*

can in your answers. All information will be kept confidential and cannot be linked to you by name.

|  |   |  |   |   |   |  |                              |
|--|---|--|---|---|---|--|------------------------------|
| <b>51. How satisfying is anal sex when:</b> (Choose one)   |   |  |   |   |   |  |                              |
|  | <b>Not at all<br/>satisfying</b>                  | <b>Slightly<br/>satisfying</b>             | <b>Moderately<br/>satisfying</b>          | <b>Very<br/>satisfying</b>                    | <b>Extremely<br/>satisfying</b>           | <b>Don't<br/>know</b>                      | <b>Decline<br/>to answer</b> |
| ... your partner is wearing a condom<br>and you are on the bottom?   | <input type="checkbox"/>                          | <input type="checkbox"/>                   | <input type="checkbox"/>                  | <input type="checkbox"/>                      | <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/>     |
| ... you are wearing a condom and<br>your partner is on the bottom?   | <input type="checkbox"/>                          | <input type="checkbox"/>                   | <input type="checkbox"/>                  | <input type="checkbox"/>                      | <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/>     |
| <b>52. Does it take ...</b> (Choose one)   |   |  |   |   |   |  |                              |
|  | <b>A great deal<br/>of the fun<br/>out of sex</b> | <b>A lot<br/>of the fun<br/>out of sex</b> | <b>Some<br/>of the fun<br/>out of sex</b> | <b>A little<br/>of the fun<br/>out of sex</b> | <b>None<br/>of the fun<br/>out of sex</b> | <b>Don't<br/>know</b>                      | <b>Decline<br/>to answer</b> |
| ... when your partner is wearing a<br>condom and you are on the bottom?  | <input type="checkbox"/>                          | <input type="checkbox"/>                   | <input type="checkbox"/>                  | <input type="checkbox"/>                      | <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/>     |
| ... when you are wearing a condom<br>and your partner is on the bottom?  | <input type="checkbox"/>                          | <input type="checkbox"/>                   | <input type="checkbox"/>                  | <input type="checkbox"/>                      | <input type="checkbox"/>                  | <input type="checkbox"/>                   | <input type="checkbox"/>     |
| <b>53. Safer sex is...</b> (Choose one)  |   |  |   |   |   |  |                              |
| <input type="checkbox"/> Much more pleasurable than unsafe sex   |   |  |   |   |   |  |                              |
| <input type="checkbox"/> A little more pleasurable than unsafe sex   |   |  |   |   |   |  |                              |
| <input type="checkbox"/> Equally as pleasurable as unsafe sex.   |   |  |   |   |   |  |                              |
| <input type="checkbox"/> A little less pleasurable than unsafe sex.  |   |  |   |   |   |  |                              |
| <input type="checkbox"/> Much less pleasurable than unsafe sex   |   |  |   |   |   |  |                              |
| <input type="checkbox"/> Don't know  |   |  |   |   |   |  |                              |
| <input type="checkbox"/> Decline to answer   |   |  |   |   |   |  |                              |
| <b>54. How much does pausing to put on a condom ruin the sexual mood?</b> (Choose one)                           |   |  |   |   |   |  |                              |
| <input type="checkbox"/> Not at all  | <input type="checkbox"/> A little                 | <input type="checkbox"/> A moderate amount | <input type="checkbox"/> A lot            | <input type="checkbox"/> A great deal         | <input type="checkbox"/> Don't know       | <input type="checkbox"/> Decline to answer |                              |
|  |   |  |   |   |   |  |                              |
|  | <b>Not difficult<br/>at all</b>                   | <b>Slightly<br/>difficult</b>              | <b>Moderately<br/>difficult</b>           | <b>Very<br/>difficult</b>                     | <b>Extremely<br/>difficult</b>            |  |                              |
| <b>55. How difficult is it for a man to have an orgasm<br/>while using condoms?</b> (Choose one)                 | <input type="checkbox"/>                          | <input type="checkbox"/>                   | <input type="checkbox"/>                  | <input type="checkbox"/>                      | <input type="checkbox"/>                  |  |                              |
| <b>56. How difficult is it for a man to keep his erection<br/>stay hard) when wearing a condom?</b> (Choose one) | <input type="checkbox"/>                          | <input type="checkbox"/>                   | <input type="checkbox"/>                  | <input type="checkbox"/>                      | <input type="checkbox"/>                  |  |                              |

The next few questions ask about how difficult it is for you to practice safer sex.

|  |                                 |                               |                                 |                           |                                |
|--|---------------------------------|-------------------------------|---------------------------------|---------------------------|--------------------------------|
|  | <b>Not difficult<br/>at all</b> | <b>Slightly<br/>difficult</b> | <b>Moderately<br/>difficult</b> | <b>Very<br/>difficult</b> | <b>Extremely<br/>difficult</b> |
|--|---------------------------------|-------------------------------|---------------------------------|---------------------------|--------------------------------|

|  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 57. If a man you are having sex with starts to do something unsafe sexually, how difficult is it for you to stop him? (Choose one) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. If you are really turned on, how difficult is it for you to use a condom? (Choose one)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. How difficult is it for you to tell a male sex partner not to do something you think is risky? (Choose one)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. How difficult is it for you to let a male sex partner know that you want to practice safe sex? (Choose one)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

The next few questions relate to what you think your friends think about safer sex.

|  |
|--|
| 61. How many of your gay/bi/transgender friends always use condoms when having anal sex with new partners? (Choose one)<br><input type="checkbox"/> None <input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All<br><input type="checkbox"/> I don't have gay/bi/transgender friends ( <i>Skip to Q73</i> )<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer |
| 62. How important do your gay/bi/transgender friends think it is to use a condom when having anal sex with a new male partner? (Choose one)<br><input type="checkbox"/> Not important at all <input type="checkbox"/> Slightly important <input type="checkbox"/> Moderately important <input type="checkbox"/> Very important<br><input type="checkbox"/> Extremely important<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer                       |
| 63. How many of your gay/bi/transgender friends <u>only</u> engage in safe sex practices? (Choose one)<br><input type="checkbox"/> None <input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer   |
| 64. How many of your gay/bi/transgender friends think you should always have anal sex with a condom? (Choose one)<br><input type="checkbox"/> None <input type="checkbox"/> Less than half <input type="checkbox"/> About half <input type="checkbox"/> More than half <input type="checkbox"/> All<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer  |

The next few questions involve you talking to your friends about safer sex.

|   |
|---|
| How many times in the past 3 months have you and your gay/bi/transgender friends... (Choose one)  |
| 65. ... talked about the importance of having safe sex?<br>Enter # of times _____<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer |
| 66. ... shared ideas about how to avoid unsafe sex?   |



Enter # of times \_\_\_\_\_

Don't know  Decline to answer

**67. ... encouraged each other to practice safe sex?**

Enter # of times \_\_\_\_\_

Don't know  Decline to answer

**68. ... told each other that you practice safe sex?**

Enter # of times \_\_\_\_\_

Don't know  Decline to answer

**69. ... talked about negotiating condom use with a potential sex partner?**

Enter # of times \_\_\_\_\_

Don't know  Decline to answer

**70. ... given each other condoms or safer sex literature?**

Enter # of times \_\_\_\_\_

Don't know  Decline to answer

**71. ... encouraged each other to get tested for HIV?**

Enter # of times \_\_\_\_\_

Don't know  Decline to answer

**72. ... talked about having taken the HIV antibody test?**

Enter # of times \_\_\_\_\_

Don't know  Decline to answer

*The next few questions ask you about your views about men who have sex with men.*

**73. Do your religious beliefs make you feel any guilt about having sex with other men? (Choose one)**

No guilt at all  A little guilt  A moderate amount of guilt  A lot of guilt  A great deal of guilt

Don't know  Decline to answer

**74. Does having sex with other men make you dislike yourself? (Choose one)**

Not at all  A little  A moderate amount  A lot  A great deal

Don't know    Decline to answer

**75. Do you ever wish that you were attracted only to women?** (Choose one)

Not at all    A little    A moderate amount    A lot    A great deal  
 Don't know    Decline to answer

*The next set of questions asks about pride in being gay or bisexual.*

**76. How happy are you about being gay or bisexual?** (Choose one)

Not at all    A little    A moderate amount    A lot    A great deal  
 I don't consider myself to be gay or bisexual (Skip to Q79)  
 Don't know    Decline to answer

**77. How much pride do you feel in being gay or bisexual?** (Choose one)

Not at all    A little    A moderate amount    A lot    A great deal  
 Don't know    Decline to answer

**78. How comfortable are you with your sexual attraction to other men?** (Choose one)

Not comfortable at all    Slightly comfortable    Moderately comfortable    Very comfortable  
 Extremely comfortable  
 Don't know    Decline to answer

*Please indicate how much you agree or disagree with each of the following statements.*

**79. My friends really try to help me if I need it.** (Choose one)

Disagree Strongly    Disagree Moderately    Disagree Slightly    Agree Slightly    Agree Moderately  
 Agree Strongly  
 Don't know    Decline to answer

**80. I can count on my friends when things go wrong.** (Choose one)

Disagree Strongly    Disagree Moderately    Disagree Slightly    Agree Slightly    Agree Moderately  
 Agree Strongly    Don't know    Decline to answer

**81. I have friends with whom I can share my joys and sorrows.** (Choose one)

Disagree Strongly    Disagree Moderately    Disagree Slightly    Agree Slightly    Agree Moderately  
 Agree Strongly  
 Don't know    Decline to answer

**82. I can talk about my problems with my friends.** (Choose one)

Disagree Strongly    Disagree Moderately    Disagree Slightly    Agree Slightly    Agree Moderately

|   |
|---|
| <input type="checkbox"/> Agree Strongly<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer   |
| <b>83. Being with my gay/bi/transgender friends help me feel good about myself. (Choose one)</b><br><input type="checkbox"/> Disagree Strongly <input type="checkbox"/> Disagree Moderately <input type="checkbox"/> Disagree Slightly <input type="checkbox"/> Agree Slightly <input type="checkbox"/> Agree Moderately<br><input type="checkbox"/> Agree Strongly <input type="checkbox"/> I do not have gay/bi/transgender friends (Skip to Q87)<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer |
| <b>84. Gay/bi/transgender friends provide me with helpful information or advice. (Choose one)</b><br><input type="checkbox"/> Disagree Strongly <input type="checkbox"/> Disagree Moderately <input type="checkbox"/> Disagree Slightly <input type="checkbox"/> Agree Slightly <input type="checkbox"/> Agree Moderately<br><input type="checkbox"/> Agree Strongly<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer  |
| <b>85. My gay/bi/transgender friends are good at helping me solve problems. (Choose one)</b><br><input type="checkbox"/> Disagree Strongly <input type="checkbox"/> Disagree Moderately <input type="checkbox"/> Disagree Slightly <input type="checkbox"/> Agree Slightly <input type="checkbox"/> Agree Moderately<br><input type="checkbox"/> Agree Strongly<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer   |
| <b>86. I have a deep sharing relationship with my gay/bi/transgender friends. (Choose one)</b><br><input type="checkbox"/> Disagree Strongly <input type="checkbox"/> Disagree Moderately <input type="checkbox"/> Disagree Slightly <input type="checkbox"/> Agree Slightly <input type="checkbox"/> Agree Moderately<br><input type="checkbox"/> Agree Strongly<br><input type="checkbox"/> Don't know <input type="checkbox"/> Decline to answer   |

*This last set of questions asks about HIV-related messages you may have seen lately and, also, about involvement you may have had in HIV-related activities.*

|  |
|--|
| <b>87. Have you experienced any of the following in the past 3 months? (Check all that apply)</b><br><input type="checkbox"/> Saw an ad encouraging me to be safe or use condoms, or an ad promoting local HIV prevention activities<br><input type="checkbox"/> Saw HIV prevention outreach in a local bar or other community location<br><input type="checkbox"/> Had a discussion about HIV prevention, safer sex, HIV testing, or received condoms from a local outreach worker<br><input type="checkbox"/> Picked up free condoms and/or lube<br><input type="checkbox"/> Asked someone or searched for information about HIV/AIDS<br><input type="checkbox"/> Saw an Mpowerment Project advertisement<br><input type="checkbox"/> Visited the Mpowerment Project website<br><input type="checkbox"/> I have not experienced any of these in the past 3 months<br><input type="checkbox"/> Don't know<br><input type="checkbox"/> Decline to answer |
| <b>88. How many times have you done any of these in the past 3 months?</b><br><input type="checkbox"/> Enter the # of times that you have volunteered with a local HIV prevention effort _____   |

- Don't know
- Decline to answer

**Enter the # of times that you have participated in a small-group discussion about safer sex or HIV prevention \_ \_ \_**

- Don't know
- Decline to answer

**Enter the # of times that you have volunteered for the Mpowerment Project \_ \_ \_**

- Don't know
- Decline to answer

**Enter the # of times that you have attended an Mpowerment Project event \_ \_ \_**

- Don't know
- Decline to answer

**Enter the # of times that you have visited the Mpowerment Project space \_ \_ \_**

- Don't know
- Decline to answer

**Thank you! You have now finished completing the survey. Please let a staff member know that you are finished.**