

Request for Sub-collection Under the  
Approved Generic ICR: Formative Research and Tool Development

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Minority HIV/AIDS Research Initiative (MARI) Project:

Sexual risk-taking among young black men who have sex with men:  
exploring the social and situational contexts of HIV risk,  
prevention, and treatment (BROTHERS CONNECT STUDY)

**Attachment 1b. ACASI Survey**

**“Sexual risk-taking among young black men who have sex with men:  
exploring the social and situational contexts of HIV risk, prevention, and  
treatment (BROTHERS CONNECT STUDY)”**

**ACASI Survey**

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## CROSS-SECTIONAL SURVEY ITEMS

Welcome to the Brothers Connect Study (BCS). The following questions will ask you a few questions about yourself. Some may be a bit more personal than others, which will require your honesty. Keep in mind that everything you tell us is confidential and will not be used for any other purposes other than for this research study.

### Measure of Demographic & Health-related Information

Now the following items will ask you about your age, education, ethnicity, relationship status, employment status, income, insurance status, sexual identification, HIV status, and other information. Please do your best to answer all questions.

1. What is your date of birth (month/day/year)?

*Response option: Fill in the blank*

2. Which best describes you based on US Census categories?

*Response options: Race: American Indian or Alaska Native (1), Asian (2), Black or African American (3), Native Hawaiian or Other Pacific Islander (4), White (5)*

*Ethnicity: Hispanic or Latino (1), Not Hispanic or Latino (2)*

3. Which best describes you based on how you see yourself?

*Response options: African-American/Black (1), Black Hispanic/Latino Latino (2), Afro-Caribbean/West Indian (3), Mixed-race (4), Other (5)*

4. Which best describes your education level?

*Response options: Grade School (1), Some High School (2), High School Diploma/GED (3), Some College (4), College Degree (5), Graduate Degree (6)*

5. Which of the following is closest to your current yearly income?

*Response options: \$0 - \$10,000 (1), \$11 - \$20,000 (2), \$21 - \$30,000 (3), \$31 - 40,000 (4), \$41 - 50,000 (5), \$51 - 60,000 (6), \$61 - 70,000 (7), \$70,000 + (8)*

6. What is your current employment status?

*Response options: Working (1), Student (2), Unemployed (3), Disability (5), Other (6)*

7. Do you currently have health insurance?

*Response options: Yes, I have private insurance (1), Yes, I have Medicaid (2), Yes, I have some other insurance (3), I don't have health insurance (5), I don't know if I have health insurance (6)*

8. How would you describe yourself?

*Response options: Married (1), Have a boyfriend or girlfriend (2), Single (3)*

9. Which of the following best describes you?

*Response options: Having sex with one partner (1), Having sex with more than one partner (2)*

10. How would you describe yourself?

*Response options: Gay/Homosexual (1), Bisexual (2), Heterosexual/Straight (3), Other (4)*

11. Would you describe yourself using any of the following terms? (Check all that apply)

*Response options: Same-gender loving (1), Two-spirited (2), Queer (3), Homothug (4)  
On the D.L. (Down Low) (5)*

12. Have you ever been tested for HIV?

*Response options: Yes, No*

**IF "NO" GO TO 13.**

13. When was your last HIV test?

*Response options: In the last 6 months (1), In the last year (2), 1 - 3 years ago (3), More than 3 years ago (4)*

14. What is your HIV-status?

*Response options: HIV-negative (1), HIV-positive (2), I don't know (3)*

**IF "HIV-NEGATIVE" GO TO 19**

15. What is your most recent CD4+ lymphocyte count (in copies/ml)?

*Response option: Fill in the blank*

16. What was the date of your most recent CD4+ lymphocyte count (month/day/year)?

*Response option: Fill in the blank*

17. What is your most recent HIV RNA viral load count (in copies/ml)?

*Response option: Fill in the blank*

18. What was the date of your most recent HIV RNA viral load count?

*Response option: Fill in the blank*

19. Are you currently taking any medication specifically for your HIV infection?

*Response options: Yes (1), No (0)*

20. Are you currently taking any medication for any mental health reasons, such as anxiety, depression, mood stabilization, bipolar disorder, or psychotic disorder?

*Response options: Yes (1), No (0)*

21. Have you ever been incarcerated (been put in jail or prison, or held over night after an arrest)?

*Response options: Yes (1), No (0)*

**IF "NO" GO TO 24**

22. How many times have you been incarcerated (been put in jail or prison, or held over night after an arrest)?

*Response option: Fill in the blank*

23. Have you been incarcerated in the past 90 days?

*Response options: Yes (1), No (0)*

**IF "NO" GO TO 24**

24. How many days in the past 90 days have you been incarcerated?

*Response option: Fill in the blank*

25. What is your zip code?

*Response option: Fill in the blank*

### **Connor-Davidson Resilience Scale**

***Ok, so now that you have told us a little about yourself, we'd like to ask you about some of your belief and feelings about life. Please answer each question as honestly as you can.***

**Response options: 0=Not true at all, 1= rarely true, 2= sometimes true, 3= often true, 4= true nearly all of the time.**

**Now please indicate how you have felt about the following statements:**

1) You are able to adapt to change

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

2) You have close and secure relationships

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

3) Sometimes fate or God can help

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

4) You can deal with whatever comes

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

5) Past success gives confidence for new challenge

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

6) You see the humorous side of things

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

7) You believe that coping with stress strengthens

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

8) You tend to bounce back after illness or hardship

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

9) Things happen for a reason

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

10) You give your best effort no matter what

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

11) You can achieve your goals

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

12) When things look hopeless, I don't give up

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

13) You know where to turn for help

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

14) When under pressure, you can focus and think clearly

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

15) You prefer to take the lead in problem solving

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

16) You are not easily discouraged by failure

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

17) You think of yourself as a strong person

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

18) You make unpopular or difficult decisions

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

19) You can handle unpleasant feelings

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

20) You have to act on a hunch

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

21) You have a strong sense of purpose

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

22) You are in control of your life

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

23) I like challenges

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

24) You work to attain your goals

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

25) You take pride in your achievements

*Response options:*

*Not true at all (0), rarely true (1), sometimes true (2), often true (3), true nearly all of the time (4)*

## **Mastery Scale**

*The following questions will ask you to tell us how much control you think you have over certain situations at this time in your life.*

*Now, please do your best to answer all questions honestly.*

1) You have little control over the things that happen to you.



*Response options:*

- 1 Not true
- 2 Somewhat true
- 3 Very true
- 0 Don't Know

- 2) There is really no way you can solve the problems you have.

*Response options:*

- 1 Not true
- 2 Somewhat true
- 3 Very true
- 0 Don't Know

- 3) There is little you can do to change many of the important things in your life.

*Response options:*

- 1 Not true
- 2 Somewhat true
- 3 Very true
- 0 Don't Know

- 4) You often feel helpless in dealing with problems in life.

*Response options:*

- 1 Not true
- 2 Somewhat true
- 3 Very true
- 0 Don't Know

- 5) Sometimes you feel that you are being pushed around in life. .

*Response options:*

- 1 Not true
- 2 Somewhat true
- 3 Very true
- 0 Don't Know

- 6) What happens to you in the future mostly depends on you. .

*Response options:*

- 1 Not true
- 2 Somewhat true
- 3 Very true
- 0 Don't Know

- 7) You can do just about anything you set your mind to. .

*Response options:*

- 1 Not true
- 2 Somewhat true
- 3 Very true
- 0 Don't Know

### **Attitudinal Familism Scale**

*So now we'd like to ask you to tell us your thoughts on family relationships and responsibilities.*

*How much do you agree or disagree with the following statements:*

- 1) A person should live near his or her parents and spend time with them on a regular basis.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 2) Aging parents should live with their relatives.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 3) A person should help his or her elderly parents in times of need, for example, help financially or share a house.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 4) Children should always help their parents with the support of younger brothers and sisters, for example, help them with homework, help the parents take care of the children, and so forth.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 5) A person should rely on his or her family if the need arises.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 6) A person should always support members of the extended family, for example, aunts, uncles, and in-laws, if they are in need even if it is a big sacrifice.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 7) Parents and grandparents should be treated with great respect regardless of their differences in views.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 8) A person should often do activities with his or her immediate and extended families, for example, eat meals, play games, go somewhere together, or work on things together.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 9) The family should control the behavior of children younger than 18.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 10) A person should cherish time spent with his or her relatives.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 11) Children should help out around the house without expecting an allowance.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 12) Children younger than 18 should give almost all their earnings to their parents.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 13) A person should feel ashamed if something he or she does dishonors the family name.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 14) Children should live with their parents until they get married.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 15) A person should always be expected to defend his or her family's honor no matter what the cost.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

- 16) A person should respect his or her older brothers and sisters regardless of their differences in views.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

17) A person should be a good person for the sake of his or her family.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

18) Children should obey their parents without question even if they believe they are wrong.

*Response options:*

*Strongly disagree (1) Disagree (2) Agree (3 ) Strongly Agree (4) Undecided (0)*

### **Childhood Poverty Experiences Measure**

*Now we'd like to ask you think about your childhood experiences. The following questions will ask you to describe your childhood. Please choose the response options provided to the best of your knowledge.*

1. When you were growing up, how often did your family run out of money for basic necessities?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

2. When you were growing up, how often did your family have to borrow money from friends or relatives to get by financially?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

3. When you were growing up, how often did your caretakers (such as your mother or father) have to have sex with someone in exchange for money, food, or housing?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)

- € Never (0)
- € Don't know (999)

4. When you were growing up, how often did your caretakers (such as your mother or father) have to look for work?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

### **Negative Experiences during Childhood - Homophobia**

*Many men have experienced rejection and homophobia (both inside and outside the Black community) because of their sexual orientation. We want to ask you about your experience.*

1. As you were growing up, how often were you made fun of or called names for being homosexual or effeminate?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

2. As you were growing up, how often were you hit or beaten up for being homosexual or effeminate?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

3. Currently, how often are you made fun of or called names for being homosexual or effeminate?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

4. As you were growing up, how often did you hear that homosexuals will be alone when they grow old?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

5. As you were growing up, how often did you hear that homosexuals are not normal?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

6. As you were growing up, how often did you feel that your homosexuality or bisexuality hurt and embarrassed your family?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

7. Currently, how often have you had to pretend that you're straight in order to be accepted?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

8. How often have you lost a job or career opportunity for being homosexual or bisexual?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

9. Currently, how often have you had to move away from family or friends because of your homosexuality or bisexuality?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

10. Currently, how often have you been harassed by the police for being homosexual or bisexual?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

### **Negative Experiences during Childhood - Racism**

*Many men have experienced rejection and discrimination (both inside and outside the Black community) because of their race or ethnicity. We want to ask you about your experience.*

1. As you were growing up, how often were you made fun of or called names because of your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

2. As you were growing up, how often were you hit or beaten up because of your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

3. Currently, how often have you been hit or beaten up because your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

4. Currently, how often have you been treated rudely or unfairly because of your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

5. Currently, how often have you been harassed by the police because of your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

6. How often have you been turned down for a job because of your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)



- € Never (0)
- € Don't know (999)

7. How often have you been made to feel uncomfortable in a white gay bar because of your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

8. How often have you had trouble finding a male lover or engaging in a romantic relationship with another man because of your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

9. In sexual relationships, how often do you find that men pay more attention to your race or ethnicity than to who you are as a person?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

10. How often have you been turned down for sex because of your race or ethnicity?

*Response options:*

- € Many times (3)
- € A few times (2)
- € Once or twice (1)
- € Never (0)
- € Don't know (999)

**The Structured Assessment Record of Alcoholic Homes (SARAH)**

**The following three sections will ask questions primarily on substance use. Some questions may apply to you while some questions may not. Please do your best to answer the following.**

1. Have you ever worried about your mother's/father's drinking or drug use when you are away from the house, like when you are in school?

*Response options: Yes (1), No (0)*

2. Have you ever gotten upset or nervous when you thought your mother/ father was going to start drinking or using drugs?

*Response options: Yes (1), No (0)*

3. Whenever your mother/father has been drinking or using drugs, have you ever gone to them and asked them to stop?

*Response options: Yes (1), No (0)*

4. Have you ever told your mother/father they have been drinking too much, or that they should not be using drugs?

*Response options: Yes (1), No (0)*

5. Have you ever tried to be nicer than usual, extra good, hoping that this might stop your mother/father from drinking or using drugs?

*Response options: Yes (1), No (0)*

**Now the following questions will ask about what you did to when a parent or guardian used substances. Please do your best to answer the following.**

1. When your mother/father was drinking or using drugs, did you ever try to stay out of their way by going to another part of the house?

*Response options: Yes (1), No (0)*

2. Have you ever left the house because of your mother's/father's drinking or drug use?

*Response options: Yes (1), No (0)*

3. When your mother/father has had too much to drink, or has taken drugs, have they ever said or done anything that upset you or hurt your feelings?

*Response options: Yes (1), No (0)*

4. Did your mother/father ever argue or fight when one of them had been drinking or using drugs?

Response options: Yes (1), No (0)

5. Has your mother/father ever thrown things or broken things when she/he has been drinking or using drugs?

Response options: Yes (1), No (0)

### **Substance Use Measure**

*Ok. The following questions ask you about your use of drugs and alcohol. Remember, your responses to these questions are confidential.*

***INSTRUCTIONS:*** Please answer the following questions, which ask about your own drug and alcohol use in the past 2 months. For each drug, please indicate if you have ever used it, if you have used it in the past 2 months, and how many days per week, on average, you used it.

Drug	Have you ever used...?	IF YES, have you used it in the past 2 months?	IF YES, on average, how many days per week did you use it?
------	------------------------	--	--

1. Marijuana (pot, weed)	No (0) Yes (1)	No (0) Yes (1)	None (0) 1-2 days/week (1) 3-4 days/week (2) 5-6 days/week (3) Every day (4)
2. Inhalants (whippets, poppers, etc)	No (0) Yes (1)	No (0) Yes (1)	None (0) 1-2 days/week (1) 3-4 days/week (2) 5-6 days/week (3) Every day (4)
3. Cocaine	No (0) Yes (1)	No (0) Yes (1)	None (0) 1-2 days/week (1) 3-4 days/week (2) 5-6 days/week (3) Every day (4)
4. Crack	No (0) Yes (1)	No (0) Yes (1)	None (0) 1-2 days/week (1) 3-4 days/week (2) 5-6 days/week (3) Every day (4)
5. Methamphetamine (crystal meth)	No (0) Yes (1)	No (0) Yes (1)	None (0) 1-2 days/week (1) 3-4 days/week (2) 5-6 days/week (3) Every day (4)
6. Ecstasy	No (0) Yes (1)	No (0) Yes (1)	None (0) 1-2 days/week (1) 3-4 days/week (2) 5-6 days/week (3) Every day (4)

7. Have you ever injected illegal drugs?

*Response options:* Yes (1), No (0)

8. Have you ever shared needles?

*Response options:* Yes (1), No (0)

9. In the past 2 months, on average, how many days a week did you drink alcohol?

Response options: None (0), 1-2 days per week (1), 3-4 days per week (2), 5-6 days per week (3),  
Everyday (4)

**IF "NONE" GO TO NEXT ASSESSMENT**

10. In the past 2 months, on the days that you drank, how many drinks did you usually have?

Response options: None (0), 1 or less (1), 2-3 (2), 4-5 (3), 6 or more (4)

### **CAGE (Alcohol Abuse Measure)**

1. Have you ever felt you should cut down on your drinking?

Response options: Yes (1), No (0)

2. Have people annoyed you by criticizing your drinking?

Response options: Yes (1), No (0)

3. Have you ever felt bad or guilty about your drinking?

Response options: Yes (1), No (0)

4. Have you ever had a drink first thing in the morning (as an "eye opener") to steady your nerves or get rid of a hangover?

Response options: Yes (1), No (0)

### **Parental Support Scale**

*The Following questions will ask about how much you feel supported by your parents. Please indicate if the following statements are true or not. Response options are: (1) Not true, (2) little true, (3) somewhat true, (4) pretty true, (5) very true.*

1) My Mother enjoys hearing about what I think.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

2) I rely on my Mother for emotional support.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

3) My Mother is good at helping me solve problems.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

4) I have a deep sharing relationship with my Mother.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

5) I rely on my Mother for moral support.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

6) My Father enjoys hearing about what I think.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

7) I rely on my Father for emotional support.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

8) My Father is good at helping me solve problems.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

9) I have a deep sharing relationship with my Father.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

10) I rely on my Father for moral support.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5), not applicable (999)*

### **Peer Support Scale**

*The Following questions will ask about how much you feel supported by your friends. Please indicate if the following statements are true or not. Response options are: (1) Not true, (2) little true, (3) somewhat true, (4) pretty true, (5) very true.*

*Please answer the following questions.*

- 1) My friends enjoy hearing about what I think.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5)*

- 2) I rely on my friends for emotional support.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5)*

- 3) My friends are good at helping me solve problems.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5)*

- 4) I have a deep sharing relationship with my friends.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5)*

- 5) I rely on my friends for moral support.

*Response options: Not true (1), little true (2), somewhat true (3), pretty true (4), very true (5)*

### **Measure of Friendship Network Composition**

*These questions ask about how the characteristics of your friends. Please answer them to the best of your ability.*

1. How would you describe the race/ethnicity of your friends?

*Response options:*

- € *Most are Black/African-American/Afro-Caribbean, (1)*
- € *Some are Black/African-American/Afro-Caribbean (2)*
- € *A few are Black/African-American/Afro-Caribbean (3)*
- € *None are Black/African-American/Afro-Caribbean (4)*

2. How would you describe the sexual orientation of your friends?

*Response options:*

- € *Most identify as gay (1)*
- € *Some identify as gay (2)*
- € *A few identify as gay (3)*
- € *None identify as gay (4)*

3. How would you describe the gender of your friends?

*Response options:*

- € *Most are them are males (1)*
- € *Some are males (2)*
- € *A few are males (3)*
- € *None are males, all of my friends are female (4)*

4. How would you describe the sexual behavior of your male friends?

*Response options:*

- € *Most have sex with other men (1)*
- € *Some have sex with other men (2)*
- € *A few have sex with other men (3)*
- € *None have sex with other men (4)*

## **Childhood Sexual Experiences**



**The following questions will ask you personal for personal information about your early sexual experiences. These questions will also require you to answer whether or not the event occurred, what age it happened and the date.**

1. How old were you when you had your first sexual contact of any kind, (manual, oral, genital, or anal).

\_\_ \_\_ years → **IF 13 YEARS OR OLDER, GO TO NEXT SECTION**

2. How old was your sexual partner?

\_\_ \_\_ years → **IF AGE DIFFERENCE IS 4 YEARS OR MORE, GO TO 6.**

3. Before you turned 13, were any of your sexual partners four or more years older than you?

[0] NO → **GO TO NEXT SECTION**

[1] YES

4. How old were you when it happened? \_\_ \_\_ years

5. How old was your partner? \_\_ \_\_ years

**When you respond to the questions that follow, please refer only to the first sexual partner you had who was four years older than you or more before you turned 13.**

6. Can you tell me the approximate date in which this sexual contact happened?

\_\_ \_\_ / \_\_ \_\_ / \_\_\_\_  
M M D D YYYY

7. How many times did it happen with that person before you turned 13?

\_\_ \_\_ \_\_ **IF ONLY ONE TIME, GO TO 9**

8. Please tell me the approximate date until when these sexual contacts lasted.

\_\_ \_\_ / \_\_ \_\_ / \_\_\_\_  
M M D D YYYY

9. Was your partner male or female?

[0] FEMALE

[1] MALE

10. Who was s/he? \_\_\_\_\_

[01] BROTHER

- [02] SISTER
- [03] FATHER
- [04] STEPFATHER
- [05] MOTHER
- [06] STEPMOTHER
- [07] GRANDFATHER
- [08] GRANDMOTHER
- [09] UNCLE
- [10] AUNT
- [11] COUSIN
- [12] OTHER: \_\_\_\_\_

11. Please tell me if any of the following happened:

- | NO  | YES |                                    |
|-----|-----|------------------------------------|
| [0] | [1] | a. The other exposed him/herself   |
| [0] | [1] | b. You exposed yourself            |
| [0] | [1] | c. Other fondled you               |
| [0] | [1] | d. You fondled the other           |
| [0] | [1] | e. You two deep kissed             |
| [0] | [1] | f. You masturbated the other       |
| [0] | [1] | g. Other masturbated you           |
| [0] | [1] | h. You gave a blow job             |
| [0] | [1] | i. Other gave you a blow job       |
| [0] | [1] | j. You rimmed the other            |
| [0] | [1] | k. Other rimmed you                |
| [0] | [1] | l. Other penetrated your anus      |
| [0] | [1] | m. You penetrated the other's anus |

IF PARTNER WAS A WOMAN

- |     |     |                                      |
|-----|-----|--------------------------------------|
| [0] | [1] | n. You put your tongue in her vagina |
| [0] | [1] | o. You penetrated her vagina         |
| [0] | [1] | p. Other: _____                      |

12. Did your partner physically force you to do something you did not want to do?

- [0] NO
- [1] YES

13. Did your partner threaten you in any way to get you to do something?

- [0] NO
- [1] YES

14. Did you feel emotionally hurt by this sexual activity?

- [0] NO
- [1] YES

15. Did you feel physically hurt by this sexual activity?

- [0] NO

- [1] YES
16. Did you let anybody know what took place shortly after it happened (within a year)?  
 [0] NO → **GO TO 19**  
 [1] YES
17. Did you tell what happened to...  
 NO YES  
 [0] [1] a. a family member  
 [0] [1] b. a peer  
 [0] [1] c. a teacher, clergy, police  
 [0] [1] d. other \_\_\_\_\_
18. Those who came to know about the event...  
 [1] were angry with you  
 [2] were indifferent  
 [3] were supportive  
 [4] gave mixed responses  
 [5] mixed responses from different people
19. Your reaction at the time of the event was...  
 [1] negative  
 [2] indifferent  
 [3] positive
20. Is your current view of the event...  
 [1] negative  
 [2] indifferent  
 [3] positive
21. Would you consider this event as sexual abuse?  
 [0] NO  
 [1] YES
22. Have you read any self help books dealing with sexual abuse or abuse survivors?  
 [0] NO  
 [1] YES
23. Have you discussed your experience before in psychotherapy or in self-help groups?  
 [0] NO  
 [1] YES

Ok, now you're going to be asked questions about your past and current sexual experiences. Your responses will not be met with any judgments. Therefore, your honesty is important to us.

### **The Condom Fit and Feel Scale**

The following questions will ask about your comfort with wearing a condom. Response options: "never applies"=1; "sometimes applies"=2; "often applies"= 3; and "always applies"= 4, Now, please indicate your comfort in wearing a condom:

1) Condoms fit fine

Response options:

1	2	3	4
Never applies	Sometimes applies	Often applies	Always applies

2) Condoms fit my penis just fine

Response options:

1	2	3	4
Never applies	Sometimes applies	Often applies	Always applies

3) Condoms feel comfortable once I have them on my penis

Response options:

1	2	3	4
Never applies	Sometimes applies	Often applies	Always applies

4) Condoms are too long

Response options:

1	2	3	4
Never applies	Sometimes applies	Often applies	Always applies

5) Condoms are too long for my penis

Response options:

1	2	3	4
Never applies	Sometimes applies	Often applies	Always applies

6) I have some unrolled condom left at the base of my penis after I unroll it

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

7) Condoms are too short

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

8) Condoms are too short for my penis

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

9) Condoms will not roll down far enough to cover my penis completely

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

10) Condoms feel too tight

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

11) Condoms are too tight on my penis

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

12) Condoms feel too tight along the shaft of my penis

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

13) Condoms feel too tight on the head of my penis

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

14) Condoms feel too tight around the base of my penis

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

15) Condoms feel too loose

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

16) Condoms are too loose on my penis

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

17) Condoms feel too loose along the shaft of my penis

*Response options:*

1	2	3	4
<i>Never applies</i>	<i>Sometimes applies</i>	<i>Often applies</i>	<i>Always applies</i>

18) Condoms feel too loose around the head of my penis

Response options:

1	2	3	4
Never applies	Sometimes applies	Often applies	Always applies

19) Condoms feel too loose around the base of my penis

Response options:

1	2	3	4
Never applies	Sometimes applies	Often applies	Always applies

### **Condom use Self-efficacy Scale**

*Now the following questions will ask about your confidence with using a condom or asking your sexual partner(s) to wear a condom. Response options: “not at all sure”=1, “sure”=2, “somewhat sure”=3, “maybe”=4, and “completely sure”=5. Now, please indicate how confident you are in wearing a condom and asking your sexual partner(s) to wear a condom:*

1) I can say no to sex with a new partner if we don't have a condom even if I want to have a relationship.

Response options:

1	2	3	4	5
Completely sure	Sure	Somewhat sure	Maybe	Not sure

2) I can avoid situations that can lead to unsafe sex when I don't have a condom.

Response options:

1	2	3	4	5
Completely sure	Sure	Somewhat sure	Maybe	Not sure

3) I can say no to sex if my partner and I don't have a condom even if we have not used one in the past.

Response options:

1	2	3	4	5
Completely sure	Sure	Somewhat sure	Maybe	Not sure

4) I can avoid getting high or drunk when I'm going to have sex.

Response options:

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

5) I can talk to a partner about using a condom before I become too aroused.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

6) I can always use a condom even if I am buying or selling sex or trading sex for drugs.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

7) I can talk to every partner about the importance of using condoms, even those I've had sex with before.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

8) I can always take a condom with me when I go out, just in case I need it.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

9) I can talk to every new partner about the importance of using condoms.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

10) I can find another pleasurable activity (such as mutual masturbation) when a condom isn't available.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

11) I can stop before sex to use a condom, even if I am very sexually aroused.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

12) I can always keep a supply of condoms at home.



*Response options:*

1	2	3	4	5
<i>Completely sure</i>	<i>Sure</i>	<i>Somewhat sure</i>	<i>Maybe</i>	<i>Not sure</i>

- 13) I can pull out (or have my partner pull out) while still erect after ejaculating (cumming) when having sex with a condom.

*Response options:*

1	2	3	4	5
<i>Completely sure</i>	<i>Sure</i>	<i>Somewhat sure</i>	<i>Maybe</i>	<i>Not sure</i>

- 14) I can use a condom with a partner even if the room is dark.

*Response options:*

1	2	3	4	5
<i>Completely sure</i>	<i>Sure</i>	<i>Somewhat sure</i>	<i>Maybe</i>	<i>Not sure</i>

- 15) I can use a condom without fumbling.

*Response options:*

1	2	3	4	5
<i>Completely sure</i>	<i>Sure</i>	<i>Somewhat sure</i>	<i>Maybe</i>	<i>Not sure</i>

- 16) I would feel more responsible if I used a condom.

*Response options:*

1	2	3	4	5
<i>Completely sure</i>	<i>Sure</i>	<i>Somewhat sure</i>	<i>Maybe</i>	<i>Not sure</i>

- 17) I can be the one to put the condom on, even if I'm with a new sexual partner and nervous.

*Response options:*

1	2	3	4	5
<i>Completely sure</i>	<i>Sure</i>	<i>Somewhat sure</i>	<i>Maybe</i>	<i>Not sure</i>

- 18) I can put a condom on (myself/my partner) so that it will not slip or break.

*Response options:*

1	2	3	4	5
<i>Completely sure</i>	<i>Sure</i>	<i>Somewhat sure</i>	<i>Maybe</i>	<i>Not sure</i>

- 19) I can get every partner who I've ever had sex with before to use a condom even if they don't want to.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

20) I can get every partner to use a condom even if we haven't used them in the past.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

21) I can get every partner to use a condom even if they don't want to.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

22) I can make sex fun using a condom with a new partner.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

23) I can make sex fun using a condom with a partner, even if we haven't used them in the past.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

24) I can put a condom on (myself/my partner) and enjoy the experience.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

25) I can be the one to put the condom on without ruining the mood.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

26) I can get a new partner to use a condom even if I'm drunk or high.

*Response options:*

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

27) I can get a partner who I haven't used condoms with before to use one, even if I'm drunk or high.

Response options:

1                      2                      3                      4                      5  
Completely sure    Sure                      Somewhat sure    Maybe                      Not sure

## **Partner Norms**

**Now, I am going to ask you to read some statements about how your sex partners may feel about sexual behaviors. I would like for you to think about all the sex partners you've had in the past 2 months when answering the following questions.**

1. Using condoms are viewed by most of my sex partners as the right thing to do.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

2. Most of my sex partners feel that using a condom means that you don't trust the other person.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

3. Most of my sex partners feel that sex is better without a condom.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

4. Most of my sex partners would get mad if I said we had to use a condom.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

5. Most of my sex partners are willing to try other non-penetrative ways of having sex.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

6. Most of my sex partners think it's important to talk about HIV, condoms, and/or safe sex practices.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

7. Most of my sex partners feel that sex without penetration is not good.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

8. Most of my sex partners wouldn't like it if I had a condom with me.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

9. Most of my sex partners prefer that we use condoms during sex.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

10. Most of my sex partners wouldn't like it if I suggest non-penetrative ways of having sex.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

## **Peer Norms**

**Directions:** Now we have a list of statements about that your friends may feel about sexual behavior. For each statement, indicate the number between "1" (Strongly Disagree) and "4" (Strongly Agree) that best represents your view. Thank you.

1. Most of my closest friends use condoms when they have sex.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

2. Using condoms is viewed by my closest friends as the right thing to do.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

3. My closest friends say "no" to sex if a partner won't use a condom.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

4. My closest friends talk about condoms with a partner.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

5. My closest friends discuss non-penetrative sexual practices.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

6. My closest friends are willing to try non-penetrative sex.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

7. My closest friends say 'no' to a partner who will not consider non-penetrative sex.

*Response options:*

*Strongly disagree (1), sort of disagree (2), sort of agree (3), strongly agree (4)*

## **STI History Measure**

*The following questions are about your personal history of sexually transmitted infections. Please answer the following to the best of your knowledge.*

STI	ITEM A Has a doctor or a nurse ever told you that you have_____?		ITEM B Has a doctor or a nurse told you that you have_____ in the past 3 months?	
	Yes (1)	No (0)	Yes (1)	No (0)
1. Gonorrhea	Yes (1)	No (0)	Yes (1)	No (0)
2. Chlamydia	Yes (1)	No (0)	Yes (1)	No (0)
3. Syphilis	Yes (1)	No (0)	Yes (1)	No (0)
4. Herpes	Yes (1)	No (0)	Yes (1)	No (0)
5. Warts/Molluscum	Yes (1)	No (0)	Yes (1)	No (0)
6. Hepatitis A	Yes (1)	No (0)	Yes (1)	No (0)
7. Hepatitis B	Yes (1)	No (0)	Yes (1)	No (0)
8. Hepatitis C	Yes (1)	No (0)	Yes (1)	No (0)
9. Intestinal Parasites	Yes (1)	No (0)	Yes (1)	No (0)

## **Brief Assessment of Sexual Risk**

*Now you are going to be asked some questions about your sexual behavior. Your answers are confidential and you are providing valuable information by answering truthfully.*

**THE MOST IMPORTANT THING IS THAT YOU ANSWER AS HONESTLY AS POSSIBLE. PLEASE TRY TO BE TOTALLY ACCURATE WHEN RESPONDING TO THESE QUESTIONS.**

*First, to make sure you understand the following questions, you should be familiar with the words that will be used to describe various kinds of sexual behaviors. In particular, we will be asking about Vaginal, Anal, and Oral Sex.*

*Vaginal sex: When a man puts his penis in a woman's vagina.  
(Some people call this "fucking")*

*Anal sex: When a man puts his penis in a woman's or a man's butt/anus.  
(Some people call this "butt fucking" or "ass fucking")*

*Oral sex: When a man puts his penis in a woman's or a man's mouth,  
(Some people call this "fellatio" or a "blow job")*

*OR When a woman or man puts her/his mouth on a woman's vagina.  
(Some people call this "cunnilingus" or "going down on her")*

*All of the questions refer to your behavior OVER THE LAST TWO MONTHS. Two months ago would be **[AUTOMATICALLY INSERT DATE]**. Consider all of your sexual activity between that date and today when answering these questions.*

*I'd like to ask if you have a primary sex partner. A primary sex partner is someone you have sex with that you consider to be in an intimate relationship with, such as a boyfriend or girlfriend.*

- |    |  |  |  |
|----|--|--|--|
| 1. | Do you have a primary sex partner?                       | “No” (0)<br>“Yes” (1)  | If “No” go to 2<br>If “Yes” go to 3                              |
| 2. | Have you had a primary sex partner in the past 2 months? | “No” (0)<br>“Yes” (1)  | If “No” go to<br><b>NPP</b><br>If “Yes” go to 3                  |
| 3. | What is the HIV-status of your primary sex partner?      | “HIV-negative” (1)<br>“HIV-positive” (2)<br>“Don’t know” (3) |  |
| 4. | What is/was the gender of your primary sex partner?      | “Male” (1)<br>“Female” (2)                                   | If “Male” go to<br><b>MPP</b><br>If “Female” go to<br><b>FPP</b> |

**(VERSION MPP: for Participant with Male Primary Partner)**

**First I would like to ask you about your sexual activity WITH THE MAN WHO IS YOUR PRIMARY PARTNER.**

In the past two months, how many times.....

1. did you put your penis in his butt? \_\_\_\_\_ **If "0" go to 3**
2. did you put your penis in his butt without a condom? \_\_\_\_\_ **If "0" go to 3**
3. did he put his penis in your butt? \_\_\_\_\_ **If "0" go to 5**
4. did he put his penis in your butt without a condom? \_\_\_\_\_ **If "0" go to 5**
5. did you have oral sex with him? \_\_\_\_\_

**Now I would like to ask you about other men, NOT INCLUDING the man who is your primary partner, if you indicated having one.**

6. In the past two months, with how many men (other than the man who is your primary partner) have you had sex with? \_\_\_\_\_ **If "0" go to 23**
7. How many of these men did you have oral sex only?  
"All of them" (1)  
"Some of them" (2)  
"None of them" (3)  
**If "All of them" go to 23**

**First let me ask you about the HIV-negative men you had sex with. These questions pertain only to your HIV-NEGATIVE male sex partners in the last 2 months.**

8. Did you have any HIV-negative male sex partners? "No" (0)  
"Yes" (1) **If "No" go to 13**
9. With how many of these men did you **put your penis in his butt** without a condom? \_\_\_\_\_ **If "0" go to 11**
10. How many times altogether did you **put your penis in a man's butt** without a condom? \_\_\_\_\_
11. How many of these men **put their penis in your butt** without a condom? \_\_\_\_\_ **If "0" go to 13**



12. How many times altogether did a man **put his penis in your butt** without a condom?\_\_\_\_\_

**Next let me ask you about the HIV-positive men you had sex with. These questions pertain only to your HIV-POSITIVE male sex partners in the last 2 months.**

13. Did you have any HIV-positive male sex partners? "No" (0)  
"Yes" (1)

If "No" go to 18

14. With how many of these men did you **put your penis in his butt** without a condom?\_\_\_\_\_

If "0" go to 16

15. How many times altogether did you **put your penis in a man's butt** without a condom?\_\_\_\_\_

16. How many of these men **put their penis in your butt** without a condom?\_\_\_\_\_

If "0" go to 18

17. How many times altogether did a man **put his penis in your butt** without a condom?\_\_\_\_\_

**Now let me ask you about the men you had sex with whose HIV-status you didn't know or were unsure about. These questions pertain only to your male partners in the last 2 months WHOSE HIV STATUS YOU DIDN'T KNOW.**

18. Did you have any male sex partners whose HIV-status you didn't know or were unsure of? "No" (0)  
"Yes" (1)

If "No" go to 23

19. With how many of these men did you **put your penis in his butt** without a condom?\_\_\_\_\_

If "0" go to 21

20. How many times altogether did you **put your penis in a man's butt** without a condom?\_\_\_\_\_

21. How many of these men **put their penis in your butt** without a condom?\_\_\_\_\_

If "0" go to 24

22. How many times altogether did a man **put his penis in your butt** without a condom?\_\_\_\_\_

**Now I would like to ask you about sexual activity with female partners.**

23. In the past two months, with how many women have you had sex with?\_\_\_\_\_

If "0" go to

next section

24. How many of these women did you only have oral sex with?

“All of them” (1)  
“Some of them” (2)  
“None of them” (3)

If “All of them” go to next section

*First let me ask you about the HIV-negative women you had sex with. These questions pertain only to your HIV-NEGATIVE female sex partners in the last 2 months.*

25. Did you have any HIV-negative female sex partners?

“No” (0)  
“Yes” (1)

If “No” go to 30

26. With how many of these women men did you **put your penis in her vagina** without a condom? \_\_\_\_\_

If “0” go to 28

27. How many times altogether did you **put your penis in a woman’s vagina** without a condom? \_\_\_\_\_

28. With how many of these women did you **put your penis in her butt** without a condom? \_\_\_\_\_

If “0” go to 30

29. How many times altogether did you **put your penis in a woman’s butt** without a condom? \_\_\_\_\_

*Next let me ask you about the HIV-positive women men you had sex with. These questions pertain only to your HIV-POSITIVE female sex partners in the last 2 months.*

30. Did you have any HIV-positive female sex partners?

“No” (0)  
“Yes” (1)

If “No” go to 35

31. With how many of these women men did you **put your penis in her vagina** without a condom? \_\_\_\_\_

If “0” go to 33

32. How many times altogether did you **put your penis in a woman’s vagina** without a condom? \_\_\_\_\_

33. With how many of these women did you **put your penis in her butt** without a condom? \_\_\_\_\_

If “0” go to 35

34. How many times altogether did you **put your penis in a woman's butt** without a condom? \_\_\_\_\_

*Now let me ask you about the women you had sex with whose HIV-status you didn't know or were unsure about. These questions pertain only to your female partners in the last 2 months WHOSE HIV STATUS YOU DIDN'T KNOW.*

35. Did you have any female sex partners whose HIV status you didn't know or were unsure of?

"No" (0)  
"Yes" (1)

If "No" go to next section

36. With how many of these women men did you **put your penis in her vagina** without a condom? \_\_\_\_\_

If "0" go to 38

37. How many times altogether did you **put your penis in a woman's vagina** without a condom? \_\_\_\_\_

38. With how many of these women did you **put your penis in her butt** without a condom? \_\_\_\_\_

If "0" go to next section

39. How many times altogether did you **put your penis in a woman's butt** without a condom? \_\_\_\_\_

**(VERSION FPP: for Participant with Female Primary Partner)**

**First I would like to ask you about your sexual activity WITH THE WOMAN WHO IS YOUR PRIMARY PARTNER.**

In the past two months, how many times.....

1. did you put your penis in her vagina? \_\_\_\_\_ If "0" go to 3
2. did you put your penis in her vagina without a condom? \_\_\_\_\_ If "0" go to 3
3. did you put your penis in her butt? \_\_\_\_\_ If "0" go to 5
4. did you put your penis in her butt without a condom? \_\_\_\_\_ If "0" go to 5
5. did you have oral sex with her? \_\_\_\_\_

**Now I would like to ask you about other women, NOT INCLUDING the woman who is your primary partner, if you indicated having one.**

6. In the past two months, with how many women (other than the woman who is your primary partner) have you had sex with? \_\_\_\_\_ If "0" go to 23
7. How many or these women did you have oral sex only?  
"All of them" (1)  
"Some of them" (2)  
"None of them" (3)  
If "All of them" go to 23

**First let me ask you about the HIV-negative women you had sex with. These questions pertain only to your HIV-NEGATIVE female sex partners in the last 2 months.**

8. Did you have any HIV-negative female sex partners? "No" (0)  
"Yes" (1) If "No" go to 13
9. With how many of these women men did you **put your penis in her vagina** without a condom? \_\_\_\_\_ If "0" go to 11
10. How many times altogether did you **put your penis in a woman's vagina** without a condom? \_\_\_\_\_
11. With how many of these women did you **put your penis in her butt** without a condom? \_\_\_\_\_ If "0" go to 13
12. How many times altogether did you **put your penis**

**in a woman's butt** without a condom?\_\_\_\_\_

**Next let me ask you about the HIV-positive women men you had sex with. These questions pertain only to your HIV-POSITIVE female sex partners in the last 2 months.**

13. Did you have any HIV-positive female sex partners? "No" (0)  
"Yes" (1) If "No" go to 18
14. With how many of these women men did you **put your penis in her vagina** without a condom?\_\_\_\_\_ If "0" go to 16
15. How many times altogether did you **put your penis in a woman's vagina** without a condom?\_\_\_\_\_
16. With how many of these women did you **put your penis in her butt** without a condom?\_\_\_\_\_ If "0" go to 18
17. How many times altogether did you **put your penis in a woman's butt** without a condom?\_\_\_\_\_

**Now let me ask you about the women you had sex with whose HIV-status you didn't know or were unsure about. These questions pertain only to your female partners in the last 2 months WHOSE HIV STATUS YOU DIDN'T KNOW.**

18. Did you have any female sex partners whose HIV status you didn't know or were unsure of? "No" (0)  
"Yes" (1) If "No" go to 23
19. With how many of these women men did you **put your penis in her vagina** without a condom?\_\_\_\_\_ If "0" go to 21
20. How many times altogether did you **put your penis in a woman's vagina** without a condom?\_\_\_\_\_
21. With how many of these women did you **put your penis in her butt** without a condom?\_\_\_\_\_ If "0" go to 23
22. How many times altogether did you **put your penis in a woman's butt** without a condom?\_\_\_\_\_

**Now I would like to ask you about sexual activity with male partners.**

23. In the past two months, with how many men have you had sex with?\_\_\_\_\_ If "0" go to next section

24. How many or these men did you have oral sex only? “All of them” (1)  
“Some of them” (2)  
“None of them” (3)

If “All of them” go to next section

*First let me ask you about the HIV-negative men you had sex with. These questions pertain only to your HIV-NEGATIVE male sex partners in the last 2 months.*

25. Did you have any HIV-negative male sex partners? “No” (0)  
“Yes” (1)

If “No” go to 30

26. With how many of these men did you **put your penis in his butt** without a condom? \_\_\_\_\_

If “0” go to 28

27. How many times altogether did you **put your penis in a man’s butt** without a condom? \_\_\_\_\_

28. How many of these men **put their penis in your butt** without a condom? \_\_\_\_\_

If “0” go to 30

29. How many times altogether did a man **put his penis in your butt** without a condom? \_\_\_\_\_

*Next let me ask you about the HIV-positive men you had sex with. These questions pertain only to your HIV-POSITIVE male sex partners in the last 2 months.*

30. Did you have any HIV-positive male sex partners? “No” (0)  
“Yes” (1)

If “No” go to 35

31. With how many of these men did you **put your penis in his butt** without a condom? \_\_\_\_\_

If “0” go to 33

32. How many times altogether did you **put your penis in a man’s butt** without a condom? \_\_\_\_\_

33. How many of these men **put their penis in your butt** without a condom? \_\_\_\_\_

If “0” go to 35

34. How many times altogether did a man **put his penis in your butt** without a condom? \_\_\_\_\_

***Now let me ask you about the men you had sex with whose HIV-status you didn't know or were unsure about. These questions pertain only to your male partners in the last 2 months WHOSE HIV STATUS YOU DIDN'T KNOW.***

35. Did you have any male sex partners whose HIV-status you didn't know or were unsure of?

"No" (0)  
"Yes" (1)

If "No" go to next section

36. With how many of these men did you **put your penis in his butt** without a condom? \_\_\_\_\_

If "0" go to 38

37. How many times altogether did you **put your penis in a man's butt** without a condom? \_\_\_\_\_

38. How many of these men **put their penis in your butt** without a condom? \_\_\_\_\_

If "0" go to next section

39. How many times altogether did a man **put his penis in your butt** without a condom? \_\_\_\_\_

**(VERSION NPP: for Participant with No Primary Partner)**

*I would like to ask you about your sexual activity with MALE partners.*

1. In the past two months, with how many men (other than the man who is your primary partner) have you had sex with? \_\_\_\_\_ If "0" go to 18
2. How many of these men did you have oral sex only? "All of them" (1)  
"Some of them" (2)  
"None of them" (3)  
If "All of them" go to 18

*First let me ask you about the HIV-negative men you had sex with. These questions pertain only to your HIV-NEGATIVE male sex partners in the last 2 months.*

3. Did you have any HIV-negative male sex partners? "No" (0)  
"Yes" (1) If "No" go to 8
4. With how many of these men did you **put your penis in his butt** without a condom? \_\_\_\_\_ If "0" go to 6
5. How many times altogether did you **put your penis in a man's butt** without a condom? \_\_\_\_\_
6. How many of these men **put their penis in your butt** without a condom? \_\_\_\_\_ If "0" go to 8
7. How many times altogether did a man **put his penis in your butt** without a condom? \_\_\_\_\_

*Next let me ask you about the HIV-positive men you had sex with. These questions pertain only to your HIV-POSITIVE male sex partners in the last 2 months.*

8. Did you have any HIV-positive male sex partners? "No" (0)  
"Yes" (1) If "No" go to 13
9. With how many of these men did you **put your penis in his butt** without a condom? \_\_\_\_\_ If "0" go to 11
10. How many times altogether did you **put your penis in a man's butt** without a condom? \_\_\_\_\_
11. How many of these men **put their penis in your butt**



without a condom?\_\_\_\_\_

If "0" go to 13

12. How many times altogether did a man **put his penis in your butt** without a condom?\_\_\_\_\_

*Now let me ask you about the men you had sex with whose HIV-status you didn't know or were unsure about. These questions pertain only to your male partners in the last 2 months WHOSE HIV STATUS YOU DIDN'T KNOW.*

13. Did you have any male sex partners whose HIV-status you didn't know or were unsure of?

"No" (0)

"Yes" (1)

If "No" go to 18

14. With how many of these men did you **put your penis in his butt** without a condom?\_\_\_\_\_

If "0" go to 16

15. How many times altogether did you **put your penis in a man's butt** without a condom?\_\_\_\_\_

16. How many of these men **put their penis in your butt** without a condom?\_\_\_\_\_

If "0" go to 18

17. How many times altogether did a man **put his penis in your butt** without a condom?\_\_\_\_\_

*Now I would like to ask you about your sexual activity with FEMALE partners.*

18. In the past two months, with how many women have you had sex with?\_\_\_\_\_

If "0" go to next section

19. How many of these women did you only have oral sex with?

"All of them" (1)

"Some of them" (2)

"None of them" (3)

If "All of them" go to next section

*First let me ask you about the HIV-negative women you had sex with. These questions pertain only to your HIV-NEGATIVE female sex partners in the last 2 months.*

20. Did you have any HIV-negative female sex partners?

"No" (0)

"Yes" (1)

If "No" go to 25

21. With how many of these women men did you **put your**

**penis in her vagina** without a condom?\_\_\_\_\_

If "0" go to 23

22. How many times altogether did you **put your penis in a woman's vagina** without a condom?\_\_\_\_\_

23. With how many of these women did you **put your penis in her butt** without a condom?\_\_\_\_\_

If "0" go to 25

24. How many times altogether did you **put your penis in a woman's butt** without a condom?\_\_\_\_\_

*Next let me ask you about the HIV-positive women men you had sex with. These questions pertain only to your HIV-POSITIVE female sex partners in the last 2 months.*

25. Did you have any HIV-positive female sex partners?

"No" (0)

"Yes" (1)

If "No" go to 30

26. With how many of these women men did you **put your penis in her vagina** without a condom?\_\_\_\_\_

If "0" go to 28

27. How many times altogether did you **put your penis in a woman's vagina** without a condom?\_\_\_\_\_

28. With how many of these women did you **put your penis in her butt** without a condom?\_\_\_\_\_

If "0" go to 30

29. How many times altogether did you **put your penis in a woman's butt** without a condom?\_\_\_\_\_

*Now let me ask you about the women you had sex with whose HIV-status you didn't know or were unsure about. These questions pertain only to your female partners in the last 2 months WHOSE HIV STATUS YOU DIDN'T KNOW.*

30. Did you have any female sex partners whose HIV status you didn't know or were unsure of?

"No" (0)

"Yes" (1)

If "No" go to next section

31. With how many of these women men did you **put your penis in her vagina** without a condom?\_\_\_\_\_

If "0" go to 33

32. How many times altogether did you **put your penis in a woman's vagina** without a condom?\_\_\_\_\_

33. With how many of these women did you **put your**

**penis in her butt** without a condom?\_\_\_\_\_

If "0" go to next  
section

34. How many times altogether did you **put your penis  
in a woman's butt** without a condom?\_\_\_\_\_

## **Internalized Homophobia Scale Items**

**Ok, so now we would like for you to tell us more about how you view your own sexuality and the sexuality of others. The following questions will require opinions that reflect how you have felt in the past year.**

**Now, please indicate how often you have experienced any of the following feelings or thoughts:**

1. I often feel it best to avoid personal or social involvement with other gay/bisexual men.

*Response options:*

*Often (1)                      Sometimes (2)                      A little (3)                      Never (4)*

2. I have tried to stop being attracted to men in general.

*Response options:*

*Often (1)                      Sometimes (2)                      A little (3)                      Never (4)*

3. If someone offered me the chance to be completely heterosexual, I would accept the chance.

*Response options:*

*Often (1)                      Sometimes (2)                      A little (3)                      Never (4)*

4. I wish I weren't gay/bisexual.

*Response options:*

*Often (1)                      Sometimes (2)                      A little (3)                      Never (4)*

5. I feel alienated from myself because of being gay/bisexual.

*Response options:*

*Often (1)                      Sometimes (2)                      A little (3)                      Never (4)*

6. I wish that I could develop more erotic feelings about women.

*Response options:*

*Often (1)                      Sometimes (2)                      A little (3)                      Never (4)*

7. I feel that being gay/bisexual is a personal shortcoming for me.

*Response options:*

*Often (1)                      Sometimes (2)                      A little (3)                      Never (4)*

8. I would like to get professional help in order to change my sexual orientation from gay/bisexual to straight.

*Response options:*

*Often (1)*

*Sometimes (2)*

*A little (3)*

*Never (4)*

9. I have tried to become more sexually attracted to women.

*Response options:*

*Often (1)*

*Sometimes (2)*

*A little (3)*

*Never (4)*

### **AIDS Stigma (HIV-positive participants ONLY)**

***The following questions will ask you about your current physical and mental health and well being while living with HIV. Please do your best to answer all of the questions.***

***So, on the following scale from 1 to 6, please indicate your feelings about your HIV status:***

1) Has being HIV-positive made it more difficult for you to trust other people?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

2) Has being HIV-positive made it harder for you to enjoy sex?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

3) Are you worried each time something is physically wrong with you that it might be AIDS?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

4) Has being HIV-positive made it more difficult to find sex?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

5) Has being HIV-positive made it more difficult to find lover relationships?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

## **AIDS Stigma (HIV-negative or unknown status participants ONLY)**

*The following questions will ask you about your thoughts and perception about people living with HIV. Please do your best to answer all the questions as honestly as you can.*

*So, on the following scale from 1 to 6, please indicate your feelings about your HIV-positive men:*

- 1) Are HIV-positive people to blame for the spread of AIDS?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

- 2) Are you willing to have an HIV-positive boyfriend/girlfriend?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

- 3) If condoms are available, are you willing to have sex with someone who is HIV-positive?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

- 4) Do you believe that having sex with someone who is HIV-positive is dangerous?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

- 5) Do you believe that positive people can be tested?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

- 6) Do you believe that HIV-positive people are more sexually promiscuous?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

- 7) Do you believe that HIV-positive people are responsible for having gotten infected?

*Response options:*

*Definitely yes (1), Somewhat yes (2), Somewhat No (3), Definitely No (4), Don't Know (5), Declined to state (6)*

## **Traumatic Experiences Checklist (T.E.C.)**

People may experience a variety of traumatic experiences during their life. We would like to know three things:

1) if you have experienced any of the following events,

2) If so, how old you were when they happened, and

3) how much of an impact these experiences had upon you (using response options noted below)

1 = none

2 = a little bit

3 = a moderate amount

4 = quite a bit

5 = an extreme amount

1. Having to look after your parents and/or brothers and sisters when you were a child.

No (0)

Yes (1)

**If yes, go to 1b**

1b. Age.....

Impact: 1 2 3 4 5

2. Family problems (e.g., parent with alcohol or psychiatric problems, poverty).

No (0)

Yes (1)

**If yes, go to 2b**

2b. Age.....

Impact: 1 2 3 4 5

3. Loss of a family member (brother, sister, parent) when you were a CHILD.

No (0)

Yes (1)

**If yes, go to 3b**

3b. Age.....

Impact: 1 2 3 4 5

4. Loss of a family member (child or partner) when you were an ADULT.

No (0)

Yes (1)

**If yes, go to 4b**

4b. Age.....

Impact: 1 2 3 4 5

5. Serious bodily injury (e.g., loss of a limb, mutilation, burns).

No (0)

Yes (1)

**If yes, go to 5b**

5b. Age.....

Impact: 1 2 3 4 5

6. Threat to life from illness, an operation, or an accident.

No (0)

Yes (1)

**If yes, go to 6b**

6b. Age.....

Impact: 1 2 3 4 5

7. Divorce of your parents  
 No (0)      Yes (1)      **If yes, go to 7b**  
 7b. Age.....  
 Impact: 1 2 3 4 5
8. Your own divorce  
 No (0)      Yes (1)      **If yes, go to 8b**  
 8b. Age.....  
 Impact: 1 2 3 4 5
9. Threat to life from another person (e.g., during a crime).  
 No (0)      Yes (1)      **If yes, go to 9b**  
 9b. Age.....  
 Impact: 1 2 3 4 5
10. Intense pain (e.g., from an injury or surgery).  
 No (0)      Yes (1)      **If yes, go to 10b**  
 10b. Age.....  
 Impact: 1 2 3 4
11. War-time experiences (e.g., imprisonment, loss of relatives, deprivation, injury).  
 No (0)      Yes (1)      **If yes, go to 11b**  
 11b. Age.....  
 Impact: 1 2 3 4 5
12. Second generation war-victim (war-time experiences of parents or close relatives)  
 No (0)      Yes (1)      **If yes, go to 12b**  
 12b. Age.....  
 Impact: 1 2 3 4 5
13. Witnessing others undergo trauma.  
 No (0)      Yes(1)      **If yes, go to 13b**  
 13b. Age.....  
 Impact: 1 2 3 4 5
14. Emotional neglect (e.g., being left alone, insufficient affection) by your parents, brothers or sisters.  
 No (0)      Yes (1)      **If yes, go to 14b**  
 14b. Age.....  
 Impact: 1 2 3 4 5
15. Emotional neglect by more distant members of your family (e.g., uncles, aunts, nephews, nieces, grandparents).  
 No (0)      Yes (1)      **If yes, go to 15b**  
 15b. Age.....  
 Impact: 1 2 3 4 5



16. Emotional neglect by non-family members (e.g., neighbors, friends, step-parents, teachers).  
No (0) Yes (1) **If yes, go to 16b**

16b. Age.....  
Impact: 1 2 3 4 5

17. Emotional abuse (e.g., being belittled, teased, called names, threatened verbally, or unjustly punished) by your parents, brothers or sisters.

No (1) Yes (1) **If yes, go to 17b**

17b. Age.....  
Impact: 1 2 3 4 5

18. Emotional abuse by more distant members of your family.

No (0) Yes (1) **If yes, go to 18b**

18b. Age.....  
Impact: 1 2 3 4 5

19. Emotional abuse by non-family members.

No (0) Yes (1) **If yes, go to 19b**

19b. Age.....  
Impact: 1 2 3 4 5

20. Physical abuse (e.g., being hit, tortured, or wounded) by your parents, brothers, or sisters.

No (0) Yes (1) **If yes, go to 20b**

20b. Age.....  
Impact: 1 2 3 4 5

21. Physical abuse by more distant members of your family.

No (0) Yes (1) **If yes, go to 21b**

21b. Age.....  
Impact: 1 2 3 4 5

22. Physical abuse by non-family members.

No (0) Yes (1) **If yes, go 22b**

22b. Age.....  
Impact: 1 2 3 4 5

23. Bizarre punishment

No (0) Yes (1) **If yes, go to 23b**

23b. Age.....  
Impact: 1 2 3 4 5

24. Sexual harassment (acts of a sexual nature that DO NOT involve physical contact) by your parents, brothers, or sisters.

No (0) Yes (1) **If yes, go to 24b**

24b. Age.....  
Impact: 1 2 3 4 5

25. Sexual harassment by more distant members of your family.  
No (0) Yes (1)

**If yes, go to 25b**

25b. Age.....  
Impact: 1 2 3 4 5

26. Sexual harassment by non-family members.  
No (0) Yes (1)

**If yes, go to 26b**

26b. Age.....  
Impact: 1 2 3 4 5

27. Sexual abuse (unwanted sexual acts involving physical contact) by your parents, brothers, or sisters.  
No (0) Yes (1)

**If yes, go to 27b**

27b. Age.....  
Impact: 1 2 3 4 5

28. Sexual abuse by more distant members of your family.  
No (0) Yes (1)

**If yes, go to 28b**

28b. Age.....  
Impact: 1 2 3 4 5

29. Sexual abuse by non-family members.  
No (1) Yes (1)

**If yes, go to 29b**

29b. Age.....  
Impact: 1 2 3 4 5

### **Male Reference Group Identity (RGIDS)**

*Now I'll ask a few questions about your thoughts and opinions about other men and how you relate to them. Please answer the following items according to what best describes your feelings. (Choose one).*

1) I have little in common with most other males.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

2) Men are confusing to me.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

3) I don't feel connected with any group of males.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

4) I don't know of any particular group of males with whom I identify.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

5) I am not like most males.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

6) I often wonder whether there are other men like myself.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

7) Basically I am different from my male friends.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

8) I find it difficult to describe who I am as a man.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

9) I don't understand why men are the way they are.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

10) I believe there are no other males who think the way I do about things.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

11) I feel comfortable relating to different types of males.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

12) I have different types of males as friends.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

13) I feel connected to various types of males.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

14) I find differences in men interesting.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

15) I believe there is something wrong with guys who are very different from me, my male friends, and other males like me.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

16) I understand differences in men.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

17) It does not matter to me whether my friends and I are alike.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

18) I share a common bond with all males.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

19) Although I feel most similar to some males, I am also similar to all males.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

20) I am similar in many ways to all males.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

21) Although males may differ in some ways, we are essentially the same.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

22) I have much in common with most other males.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

23) To some degree, I identify with all males.

*Response options:*

<i>1</i>	<i>2</i>	<i>3</i>	<i>4</i>
<i>Strongly disagree</i>	<i>Disagree</i>	<i>Agree</i>	<i>Strongly Agree</i>

24) I only feel connected with a certain group of males.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

25) It is important that I share a particular commonality with a certain group of males.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

26) Most of my social activities are centered around a particular group of male friends.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

27) I feel a common bond with my male friends, but not so much with other males.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

28) There are only certain types of males with whom I relate.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

29) My male friends and I all share the same perspective.

*Response options:*

1                      2                      3                      4  
*Strongly disagree    Disagree            Agree                Strongly Agree*

30) Others might consider my friends and I a clique.

*Response options:*

1                      2                      3                      4  
Strongly disagree    Disagree            Agree                Strongly Agree

### **Depressive Distress (K10)**

**So, we have come to the part where we will ask about your feelings over the past 30 days. The response options for this set of questions are: “none of the time”=1, “a little of the time”=2, “some of the time”=3, “most of the time”=4, or “all of the time”=5. Now, in the last 30 days, how often did you:**

1) Feel depressed

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

2) So depressed that nothing could cheer you up?

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

3) Feel hopeless

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

4) Feel restless or fidgety

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

5) Feel so restless that you could not sit still?

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

6) Feel tired out for no good reason

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

7) Feel that everything was an effort

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

8) Feel worthless

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

9) Feel nervous

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*

10) Feel so nervous that nothing could calm you down?

*Response options:*

*None of the time (1), A little of the time (2), Some of the time (3), Most of the time (4), All of the time (5)*