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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 1c. Web-based Sex Diary and Final Debriefing Protocol

Form Approved
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**“Sexual risk-taking among young black men who have sex with men:
exploring the social and situational contexts of HIV risk, prevention, and
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Web-based Sex Diary and Final Debriefing Protocol

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SEX DIARY ASSESSMENT 1: SEXUAL BEHAVIOR

First I'm going to ask you some questions about your recent sexual behavior. Your answers are completely 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 man or a woman puts her/his mouth on the woman's vagina
or the man's anus.
(Some people call this "cunnilingus," or "going down" on someone)*

OK. So let's start with your sexual behavior in the last week. That would be since [INSERT DATE 7 DAYS PRIOR TO CURRENT DAY].

1. Have you engaged in oral, anal, or vaginal sex in the last week?

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

If NO, skip to ASSESSMENT 2 (Sexual Urges)

2. Did you have sex on any of these days last week? Choose all that apply.

Response options: SUNDAY [DATE]
MONDAY [DATE]
TUESDAY [DATE]
WEDNESDAY [DATE]
THURSDAY [DATE]
FRIDAY [DATE]
SATURDAY [DATE]

Thanks. So I want to ask you questions about the time you had sex on [RANDOMLY SELECTED DATE FROM THOSE MENTIONED IN #2].

3. When you had sex that time, what was the gender(s) of your sex partner?

Response options: Male (1), Female (2), Both male and female (3)

If MALE go to 4, skip 5

If FEMALE skip 4, go to 5

If BOTH MALE & FEMALE answer 4 & 5

4. What sexual behaviors did you engage in with your male partner(s) when you had sex that time? Check off all that apply.

Sexual Activity	
You put your penis in his butt	No (0) Yes (1)
You put your penis in his butt without a condom	No (0) Yes (1)
He put his penis in your butt	No (0) Yes (1)
He put his penis in your butt without a condom	No (0) Yes (1)
You put your penis in his mouth	No (0) Yes (1)
He put his penis in your mouth	No (0) Yes (1)
You put your mouth on his anus.	No (0) Yes (1)
He put his mouth on your anus.	No (0) Yes (1)

5. What sexual behaviors did you engage in with your female partner(s) when you had sex that time? Check off all that apply.

Sexual Activity	
You put your penis in her vagina	No (0) Yes (1)
You put your penis in her vagina without a condom	No (0) Yes (1)
You put your penis in her butt	No (0) Yes (1)
You put your penis in her butt without a condom	No (0) Yes (1)
You put your penis in her mouth	No (0) Yes (1)
You put your mouth on her vagina	No (0) Yes (1)
You put your mouth on her anus.	No (0) Yes (1)
She put her mouth on your anus.	No (0) Yes (1)

OK. So now I would like to ask you questions about the details of what happened when you had sex that time, on [SAME RANDOMLY SELECTED DATE MENTIONED PREVIOUSLY]. For all of the questions I ask you, I want you to think about what happened during that sexual encounter.

6. Approximately what time of the day did you have sex?

Response options: Morning (6AM – 12PM) (1), Afternoon (12PM – 6PM) (2), Evening (6PM – 12AM) (3), Late Night (12AM – 6AM) (4)

7. Where did you have sex?

Response options: Your own home (1), Your sex partner's home (2), A bathhouse or sex club (3), A private sex party (4), A public place (public restroom, park, car, etc.) (5), Some other place (6)

8. How many sex partners did you have during this encounter?

Response options: Fill in the blank

OK. Now I want to ask you some questions about your sex partner. If you had more than 1 sex partner during this encounter, please answer the next questions thinking of the sex partner you were most involved with during the encounter.

9. What was your partner's gender?

Response options: Male (1), Female (2), Transgender (3)

10. How old was your partner?

Response options: Older than me (1), Same age as me (2), Younger than me (3), I don't know (4)

11. What was your partner's age? (guess if you are not sure)

Response option: Fill in the blank YEARS

12. What was your partner's race/ethnicity? (guess if you are not sure)

Response options: African-American/Black (1), Hispanic/Latino (2), White (3), Asian/Pacific Islander (4), Mixed race (5), Other race (6)

13. How would you describe your partner? (guess if you are not sure)

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

14. What was your partner's HIV status?

Response options: Definitely HIV-negative (1), Maybe HIV-negative (2), Definitely HIV-positive (3), Maybe HIV-positive (5), I don't know (6)

15. Was this partner your...?

Response options: Primary partner (boyfriend, girlfriend, lover) (1), Friend/fuck-buddy (2), One-night stand/one-time casual partner (3), Other: (Fill in the blank)

16. Where did you originally meet this partner?

Response options: Bar/Club (1), Community Group (2), Cruising Area/Park (3), Online/Website (4), Sex Party (5), Friend/Social Event (6), Work (7)

17. Which best describes your partner's financial status? (Estimate if you are not sure.)

Response options: Better off than you (1), Worse off than you (2), The same as you (3)

Thanks for answering those questions. Now I want to ask you some questions about what you and your partner did during the sexual encounter.

18. Did you talk to your partner about your HIV status or his/her HIV status before or during the encounter?

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

19. Did you talk to your partner about using condoms before or during the encounter?

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

20. Did you drink alcohol before or during the sexual encounter?

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

If NO go to 22.

21. How many drinks did you have before or during the encounter?

Response options: Fill in the blank

22. Did your partner drink alcohol before or during the encounter?

Response options: Yes (1), No (0), Don't know (999)

If NO or DON'T KNOW go to, skip "YOU" questions in 26

23. How many drinks did your partner have before or during the encounter (guess if you are not sure)?

Response options: *Fill in the blank*

24. Did you use drugs before or during the encounter?

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

If NO skip "YOU" questions in 26A-F

25. Did your partner use drugs before or during the encounter?

Response options: *Yes (1), No (0), Don't know (999)*

If NO or DON'T KNOW, skip "YOUR PARTNER" questions in 26A-F

26. What drugs did you use, and what drugs did your partner use, before or during the sexual encounter? (Check all that apply)

Drugs Used Before or During the Encounter	YOU	YOUR PARTNER
<i>A. Marijuana (pot, weed)</i>	<i>No (0) Yes (1)</i>	<i>No (0) Yes (1)</i>
<i>B. Inhalants (whippets, poppers, etc.)</i>	<i>No (0) Yes (1)</i>	<i>No (0) Yes (1)</i>
<i>C. Cocaine</i>	<i>No (0) Yes (1)</i>	<i>No (0) Yes (1)</i>
<i>D. Crack</i>	<i>No (0) Yes (1)</i>	<i>No (0) Yes (1)</i>
<i>E. Methamphetamine (crystal meth)</i>	<i>No (0) Yes (1)</i>	<i>No (0) Yes (1)</i>
<i>F. Ecstasy</i>	<i>No (0) Yes (1)</i>	<i>No (0) Yes (1)</i>

Thanks for answering those questions. Now I want to ask you some questions about how you felt during the sexual encounter.

27. How strong the feeling of emotional closeness you had toward your sex partner during this encounter?

Response options: *Not at all strong (0), Somewhat strong (1), Very Strong (2), Extremely strong (3)*

28. How strong was the feeling of sexual attraction that you had toward your sex partner during this encounter?

Response options: *Not at all strong (0), Somewhat strong (1), Very Strong (2), Extremely strong (3)*

29. How much did your partner represent your physical ideal (i.e., your “dream guy” or “dream girl?”)?

Response options: Not at all represented by ideal (0), Somewhat represented my ideal (1), Very much represented by ideal (2), Definitely represented my ideal (4)

30. How much did you feel in control of the situation during the sexual encounter?

Response options: Not at all in control (0), Somewhat in control (1), Very in control (2), Extremely in control (3)

31. Did you feel like you could have talked to your partner about using condoms, if you wanted to?

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

32. Did you feel like you could have talked to your partner about HIV, if you wanted to?

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

33. How did you generally feel physically before the sexual encounter?

Response options: I felt good (1), I didn't feel that good, but no worse than usual (2), I felt worse than usual (3)

34. How did you generally feel physically after the sexual encounter?

Response options: I felt good (1), I didn't feel that good, but no worse than usual (2), I felt worse than usual (3)

35. What was your general mood before the sexual encounter?

Response options: I felt happy (1), I didn't feel that happy, but no worse than usual (2), I felt sad (3)

36. What was your general mood after the sexual encounter?

Response options: I felt happy (1), I didn't feel that happy, but no worse than usual (2), I felt sad (3)

37. Please briefly describe your feelings before and during the encounter.

Response options: Fill in the blank (5-8 lines)

Go to Assessment 3 (K-10)

SEX DIARY ASSESSMENT 2: SEXUAL URGES

TO BE COMPLETED ONLY BY PARTICIPANTS WHO RESPOND "NO" TO Q1 IN SEX DIARY

OK. Now I'd like to ask you some questions about how you've felt in the past week.

1. How have you generally felt physically over the past week?

Response options: *I have felt good (1), I haven't felt that good, but no worse than usual (2), I have been feeling worse than usual (3)*

2. What has your mood been like generally over the past week?

Response options: *I have felt happy (1), I haven't felt happy or sad (2), I have been feeling sad (3)*

3. You indicated that you haven't had sex since [INSERT DATE 7 DAYS PRIOR TO CURRENT DAY]. Have you felt sexual urges (such as feeling horny, wanting to have sex with someone) in the past week?

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

If NO go to question 4

If YES go to question 5 (next page)

4. Why would you say you haven't felt sexual urges? (Check all that apply.)

<i>I haven't felt horny</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>I haven't had any opportunities for sex</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>I've been too busy</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>I'm cutting down on sex</i>	<i>No (0)</i>	<i>Yes (1)</i>

Go to Assessment 3 (K-10)

5. Did you do any of the following activities to help deal with your sexual urges? (Check all that apply.)

<i>Self-masturbation</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>Thinking about other things</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>Exercising</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>Taking cold showers</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>Relaxing to calm myself down</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>Going to church and praying</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>Playing video games</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>Watching pornographic film</i>	<i>No (0)</i>	<i>Yes (1)</i>
<i>Waiting until getting a wet dream</i>	<i>No (0)</i>	<i>Yes (1)</i>

Go to Assessment 3 (K-10)

SEX DIARY ASSESSMENT 3: K10

OK. Now I'd like to ask you some final questions about how you've been feeling in the past week.

The following questions will ask about your mood during the last 7 days. You will be required to indicate how often you have felt that way, where "none of the time" = 1, "a little of the time" = 2, "some of the time" = 3, "most of the time" = 4, and "all of the time" = 5.

During the last week, about 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) Feel 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)

If Week 1-7, go to Log Out webpage

If Week 8, go to Assessment 4 (Debriefing Questions)

SEX DIARY ASSESSMENT 4: DEBRIEFING QUESTIONS

TO BE COMPLETED ONLY BY PARTICIPANTS WHO ARE COMPLETING WEEK 8

This is your last week completing the sex diary surveys. I'd like to ask you a few questions on how the experience has been.

- 1) After completing the eight week diary, please describe what it was like to record and track your behavior. (Select all that apply.)

<i>Easy</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Challenging</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Convenient</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Tedious</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Safe</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Intrusive/too personal</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Confusing</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Unnatural/weird</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Insightful /enlightening</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>
<i>Embarrassing</i>	<i>Extremely (3)</i>	<i>Somewhat (2)</i>	<i>A little (1)</i>	<i>Not at all (0)</i>

- 2) What best describes your feelings after having completed the weekly surveys? (Choose one.)

Response options: *I have learned a lot about myself and my behavior (1)*
 I have learned a little about myself and my behavior (2)
 I have learned nothing new about myself and my behavior (3)

If "I have learned nothing new about myself and my behavior," (3) skip 3 and go to 4

All other responses go to 3 and skip 4

- 3) If you have learned anything about yourself during the eight weeks, please indicate which best describes your insight/feelings: (Choose one.)

Response options: *It was helpful in revealing my sexual behavior patterns (1)*
 It made me think about my sexual behavior (2)
 It made me more aware of the choices I make sexually (3)

- 4) If you have learned nothing about your behavior during the eight weeks, please indicate which best describes you: (Choose one.)

Response options: *I was already aware of my sexual behavior patterns (1)*
 I had no interest in learning about my sexual behavior (2)
 There is not much to learn since I was not that really sexually active
 during the eight weeks (3)

- 5) To what extent, if any, would you go about changing your behavior as a result of participating in the study? (Choose one.)

Response options: *I will change my behavior a lot (1)*
 I will change my behavior a little bit (2)
 I do not feel the need to change my behavior (3)

[Go to Log Out webpage](#)

BCS Sex Diary Participant Debriefing Protocol

Debriefing of participants will occur once after they complete their last sex diary survey (or week 8 of the study). The survey and debriefing will be administered in the study research offices. During the debriefing of research participants, the following information will be provided and/or obtained. A member of the research team will debrief participants, and, with the participant's permission, take notes on the answers to the debriefing questions.

Information to be provided to participants:

- The goal of the study is to examine some of the health-related factors associated with sexual behavior and among HIV-positive men who have sex with men.
- Specifically, the study attempts to understand some of the features of sexual encounters among sexually active young Black men who have sex with men. That is why you were asked detailed questions about features of different sexual encounters that you had during the 8-week study period.
 - Surveys were repeated in an effort to observe any patterns in sexual behavior.

Questions to ask participants:

- How would you describe the experience of **documenting your sexual activity** on a regular basis? (i.e., was it a good experience? a bad experience? why?)
- Did your **sexual activity or sexual behaviors change** (i.e., decrease or increase) as a result of participating in the study? If yes, why do you think it changed?
- Describe how you have managed to **incorporate the weekly survey into your schedule**.
- How would you describe the experience of participating in the study to a friend?
- Is there **anything that you did not get a chance to tell us** in the survey or that you feel could not be explained without a conversation?
- Did you **experience any distress, anxiety, or other problems** during the 8-week study period? These issues did not have to result specifically from participating in the study.

NOTES:

- If the participant indicates feeling distressed, or reports sexual or substance abuse problems, make sure that you provide referrals to local CBOs offering prevention and treatment services.
- Be sure to thank the study participant for participating in the study, and provide them with condoms, and information about sexual health and substance abuse prevention (see Referrals List).