

**Web-based HIV Behavioral Surveillance System**  
**Core Questionnaire**

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## Web-based HIV Behavioral Surveillance System: Core Questionnaire

[Note: Respondents are randomized into three groups: Group A, Group B and Group C. Each group will complete a different set of supplemental questions embedded with the questionnaire. Each set of supplemental questions is of similar length].

AUTO4. Group \_\_\_\_ **{GROUP}**                      AUTO5. Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_ **{IDATE}**  
( M M / D D / Y Y Y Y )

AUTO6. Time Began Core Survey \_\_\_\_:\_\_\_\_:\_\_\_\_ [24 Hour time HH:MM:SS] **{START}**

### Section A. Demographics (DM)

DM- 1. What is the **highest** level of education you **completed**? **{HLEDUCAT}**

- Never attended school.....  00
- Less than high school.....  01
- Some high school.....  02
- High school diploma or GED.....  03
- Some college, Associate’s Degree, or  
Technical Degree .....  04
- College, post graduate or professional school.....  05
- I prefer not to answer.....  77
- Don't know.....  99

DM-2. What was your household income last year from all sources before taxes? That is, the total amount of money earned **and shared** by all people living in your household. **{HHINCOM}**

Monthly Income	Yearly Income	
0 to \$1667	0 to \$19,999	<input type="checkbox"/> 00
\$1668 to \$3333	\$20,000 to \$39,999	<input type="checkbox"/> 01
\$3334 to \$6,250	\$40,000 to \$74,999	<input type="checkbox"/> 02
\$6251 or more	\$75,000 or more	<input type="checkbox"/> 03
I prefer not to answer		<input type="checkbox"/> 77

Don't know	<input type="checkbox"/> 99
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**If DM-2= 99, skip to DM-3.**

DM-2a. **Including yourself**, how many people depended on this income? **{DEPEND}**

[Prefer not to answer = 77; Don't know = 99]    \_\_\_ \_\_\_

DM-3. What kind of health insurance or health care coverage do you currently have?

Health insurance--health plans people get through employment or purchased directly as well as government programs (like Medicare and Medicaid) that provide medical care or help pay medical bills.

**Choose all that apply:**

- A private health plan (through an employer or purchased directly) .....  01    **{TYP\_INSA}**
- Medicaid or Medicare.....  02    **{TYP\_INSG}**
- Some other Medical Assistance program.....  03    **{TYP\_INSH}**
- TRICARE (CHAMPUS).....  04    **{TYP\_INSD}**
- Veterans Administration coverage.....  05    **{TYP\_INSE}**
- Some other health care plan.....  06    **{TYP\_INSF}**
- I don't currently have **any** health insurance.....  07    **{ TYP\_INSI}**
- I prefer not to answer.....  77
- Don't know.....  99

DM-4. **In the past 12 months**, have you seen a doctor, nurse, or other health care provider about your own health? **{SEEHCP}**

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

**If DM-4 ≠ 1, skip to DM-5.**

DM-4a. At any of those times you were seen by a doctor or health care provider, were you **offered** an HIV test? An HIV test checks whether someone has the virus that causes AIDS. {RECCHIV}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

DM-5. Do you consider yourself to be: {IDENTITY}

- Homosexual or Gay, .....  1
- Heterosexual or Straight.....  2
  
- Bisexual.....  3
- I prefer not to answer.....  7
- Don't know.....  9

If Group=B, administer SD-1 through SD-4.

Group B.

SD-1. Have you **ever** told anyone that you are attracted to or have sex with men? {OUT\_GI}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

If SD-1 ≠ 1, skip to SD-3

SD-2. Which of the following people have you told that you are attracted to or have sex with men?

- |   | No                         | Yes                        | Does Not Apply             | I Prefer Not to answer     |                                      |
|---|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------------|
| Don't Know  |                            |                            |                            |                            |                                      |
| 1. Gay, lesbian, or bisexual friends .....            | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 {OUT_GIA} |
| 2. Friends who are not gay, lesbian, or bisexual..... | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 {OUT_GIB} |
| 3. Family members.....                                | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 {OUT_GIC} |
| 4. Health care provider.....                          | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 {OUT_GIE} |

SD-3. During the **past 12 months**, have any of the following things happened to you because someone knew or assumed you were attracted to men?

- |  | No                         | Yes                        | Does Not Apply             | Prefer not the Answer      | Don't know                 |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a. You were called names or insulted.....<br>{DISC_GIA}  | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |
| b. You received poorer services than other people in<br>restaurants, stores, other businesses or agencies.....<br>{DISC_GIB} | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 8 | <input type="checkbox"/> 7 | <input type="checkbox"/> 9 |

**Group B: Stigma & Discrimination**

- c. You were treated unfairly at work or school..... 0 1 8 7 9  
{DISC\_GIC}
- d. You were denied or given lower quality health care..... 0 1 8 7 9  
{DISC\_GID}
- e. You were physically attacked or injured..... 0 1 8 7 9  
{DISC\_GIE}

SD-4. How strongly do you agree or disagree with the following statement: “Most people in my area are tolerant of gays and bisexuals.” {TOL\_GI}

- Strongly agree..... 01
- Agree..... 02
- Neither agree nor disagree..... 03
- Disagree..... 04
- Strongly disagree..... 05
- I prefer not to answer..... 07
- Don't know..... 09

The next few screens are about having sex with **women**. For these questions, "having sex" means oral, vaginal, or anal sex. Oral sex means mouth on the vagina or penis; vaginal sex means penis in the vagina; and anal sex means penis in the anus (butt).

## Section B. Sexual Behavior (SX)

### Female Sex Partners

SX-1. **In the past 12 months** (since <interview month> of <<last year>>) have you had oral, vaginal or anal sex with a woman? {M\_FSX12M}

- No.....  0  
 Yes.....  1  
 I prefer not to answer.....  7  
 Don't know.....  9

**If SX-1 ≠1, skip to box before SX-6.**

These questions are about the **last time** you had oral, vaginal or anal sex with a **woman**.

SX-2. Was the woman you had sex with that last time a **main** partner (someone you felt committed to above anyone) or a casual partner (someone you didn't feel committed to or don't know very well)? {M\_FLPTY}

- Main sex partner.....  1  
 Casual sex partner.....  2  
 I prefer not to answer.....  7  
 Don't know.....  9

SX-3. When you had sex that last time, did you have **either** vaginal or anal sex? {M\_FLAVG}

- No.....  0  
 Yes.....  1  
 I prefer not to answer.....  7

Don't know.....  9

**If SX-3≠1, skip to SX-5.**

SX-4. The last time you had sex with a woman, did you have either vaginal **or** anal sex **without** using a condom? {M\_FLSUNP}

No.....  0

Yes.....  1

I prefer not to answer.....  7

Don't know.....  9

SX-5. The last time you had sex with this partner, did you know her HIV status? {M\_FLKNO}

No.....  0

Yes.....  1

I prefer not to answer.....  7

**If SX-5≠ 1, skip to SX-6.**

SX-5a. What was her HIV status? {M\_FLHIV}

HIV-negative.....  1

HIV-positive.....  2

Indeterminate.....  3

I prefer not to answer.....  7

## Male Sex Partners

The next screens are about having sex with other men. For these questions, "having sex" means oral or anal sex. Oral sex means he put his mouth on your penis or you put your mouth on his penis. Anal sex means you put your penis in his anus (butt) or he put his penis in your anus (butt).

SX-6. How old were you the **first** time you had oral or anal sex with a man? {M\_MDEBUT}

\_\_\_\_\_ years

[Prefer not to answer = 77; Don't know = 9999]

SX-6a. In the **past 12 months** (since <interview month> of <<last year>>), with how many different men have you had oral or anal sex? {M\_SX12M}

[Prefer not to answer = 77; Don't know = 9999]      \_ \_ \_ \_

If SX-6a=0, 77 or 9999 then skip to SX-22  
If SX-6a> 1, skip to SX-8.

SX-7. In the **past 12 months**, was this male partner a: {M\_M1SX}

- 1      Main partner (someone you felt committed to above anyone)
- 2      Casual partner (someone you didn't feel committed to or don't know very well)
- 7      I prefer not to answer
- 9      Don't know

SX-7a. In the **past 12 months**, did you have anal sex with this man?: {M\_MM1AS}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7

**If SX-7a ≠ 1, skip to box before SX-10.**

SX-7b. In the **past 12 months**, did you have anal sex without using a condom? {M\_MM1UAS}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7

SX-7c. Did you know his HIV status? {M\_MM1HSK}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7

**If SX-7c ≠ 1, skip to box before SX-10.**

SX-7d. What was his HIV status? {M\_MM1HST}

- HIV-negative.....  1
- HIV-positive.....  2
- Indeterminate.....  3
- I prefer not to answer.....  7

**If SX-6a = 1, skip to box before SX-10.**

SX-8. In the **past 12 months**, were these male partners: {M\_MTyp}

- 1 Only main partners (you felt committed to above anyone)
- 2 Only casual partners (you didn't feel committed to or don't know very well)
- 3 Both main and casual partners
- 7 I prefer not to answer
- 9 Don't know

SX-8a In the **past 12 months**, with any of these male partners did you have anal sex? {M\_MMHAS}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

**If SX-8a ≠ 1, skip to box before SX-10.**

SX-8b. In the **past 12 months**, with any of these male partners did you have anal sex **without** using a condom? {M\_MMHUAS}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

If SX-8b ≠1 skip to box before SX-10.

SX-9. In the **past 12 months**, did you have anal sex **without** using a condom with a man whose HIV status you did not know? {M\_MUAUHS}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

SX-9a. In the **past 12 months**, did you have anal sex **without** using a condom with a man who was HIV positive? {M\_MUAHP}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

SX-9b. In the **past 12 months**, did you have anal sex **without** using a condom with a man who was HIV negative? {M\_MUAHN}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

In the next few screens we're going to ask some questions about your most recent male sex partner- that is, the last guy you had sex with.  
To make the questions easier to ask, we'd like you to enter in this partner's initials.

SX-10a. What is the first initial of his first name? \_\_\_ What is the first initial of his last name? \_\_\_  
 {M\_MLPNN}

SX-10b. When was the **last** time you had **either** oral or anal sex with [initials]? {M\_MLCM}

[99/9999 = Don't know] \_\_\_ / \_\_\_ -  
(M M / Y Y Y Y)

SX-11. Was [initials] a **main** partner (someone you felt committed to above anyone else) or a **casual** partner (someone you didn't feel committed to or don't know very well)? {M\_MLMC}

- Main sex partner.....  1
- Casual sex partner.....  2
- I prefer not to answer.....  7
- Don't know.....  9

SX-12. That last time you had sex with [initials], did you have **receptive** anal sex where he put his penis in your anus (you were the bottom)? { M\_MLRAS}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

**If SX-12 = 0,7 or 9, skip to SX-14**

SX-13. During that last time you had receptive anal sex, did [initials] use a condom? {M\_MLRASC}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

**If SX-13 = 0, 7, or 9, skip to SX-14.**

SX-13a. Did [initials] use the condom the **whole time**? {M\_MLRAS}

- No.....  0

- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

SX-14. When you had sex that last time, did you have **insertive** anal sex where you put your penis in his anus (you were the top)?

{ M\_MLIAS }

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

**If SX-14 = 0,7 or 9, skip to SX-16.**

SX-15. During insertive anal sex that last time, did you use a condom? {M\_MLIASC}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

**If SX-14 = 0,7 or 9, skip to SX-16.**

SX-15a. Did you use the condom the **whole time**? {M\_MLIAST}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

SX-16. Before or during the **last time** you had sex with [initials], did you use: {M\_MLHI}

- Alcohol.....  1
- Drugs.....  2
- Both alcohol and drugs .....  3
- Neither one.....  4

I prefer not to answer.....  7  
 Don't know.....  9

**If SX-16 = 2, skip to SX-16b.**

**If SX-16 = 4, 7, or 9, skip to SX-17.**

SX-16a. How many alcoholic drinks did you have before or during sex the last time you had sex with [initials]? {M\_MLNALC}

Drink of alcohol: a 12 oz beer, a 5 oz glass of wine, or a 1.5 oz shot of liquor. (PICTURE OF ALCOHOL DRINK SIZE):

[Prefer Not to Answer = 7777; Don't know = 9999]      \_\_\_ \_\_\_ \_\_\_ Number of drinks

SX-16b. That last time you had sex with [initials], which drugs did you use?  
**Check all that apply.**

- Marijuana .....  1{M\_MLSDRA}
- Powdered cocaine .....  2{M\_MLSDRE}
- Poppers .....  3{M\_MLSDRM}
- X or Ecstasy .....  4{M\_MLSDRG}
- Painkillers (Oxycontin, Vicodin, Percocet) .....  5{M\_MLSDRJ}
- Downers (Valium, Ativan, Xanax) .....  6{M\_MLSDRK}
- Crystal meth (tina, crank, ice) .....  7{M\_MLSDRF}
- Hallucinogens (LSD, mushrooms) .....  8{M\_MLSDRL}
- Special K (ketamine) .....  9{M\_MLSDRH}
- GHB .....  10{M\_MLSDRI}
- Heroin .....  11{M\_MLSDRC}
- Speedballs (heroin and cocaine together) .....  12{M\_MLSDRB}
- Crack cocaine.....  13 {M\_MLSDRD}
- Other drug .....  14{M\_MLSDRN}
- I prefer not to answer.....  77
- Don't know.....  99

SX-17. The last time you had sex with [initials], did you know his HIV status? {M\_MLKNO}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7

**If SX-17 = 0: SX-18**

**If Group = C, proceed to PR-1.**  
**If Group ≠ C, proceed to SX-18**

SX-17a. What was [initials]'s HIV status? {M\_MLHIV}

- HIV-negative.....  1
- HIV-positive.....  2
- I prefer not to answer.....  7

If Group=C, administer PR-1 through PR-7. If Group ≠ C, proceed to SX-18

Group C

PR-1. When you had sex that last time, did **you give** [initials] things like money or drugs in exchange for sex? {M\_MLEG}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

PR-2. When you had sex that last time, did [initials] **give you** things like money or drugs in exchange for sex? {M\_MLER}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

PR-3. Was [initials] younger than you, older than you, or the same age as you? {M\_MLRA}

- Younger .....  0
- Older.....  1
- Same age.....  2
- I prefer not to answer.....  7
- Don't know.....  9

PR-4. What was [initials]'s age? {M\_MLAGE}    \_\_\_ \_\_\_ \_\_\_

[777 = Refused, 999 = Don't know]

PR-5. Which of the following best describes [initials]'s racial or ethnic background? {M\_MLETH}

- American Indian or Alaska Native.....  1
- Asian .....  2
- Black or African American .....  3
- Hispanic or Latino.....  4
- Native Hawaiian or Other Pacific Islander.....  5
- White .....  6
- I prefer not to answer.....  7
- Don't know.....  9

PR-6. As far as you know, has [initials] ever injected drugs like heroin, cocaine, or speed? {M\_MLIDU}

Would you say he:

- Definitely did not.....  0
- Probably did not.....  1
- Probably did.....  2
- Definitely did .....  3
- I prefer not to answer.....  7
- Don't know.....  9

PR-7. As far as you know, has [initials] ever used crystal meth (tina, crank, ice)? {M\_MLPCM}

Would you say he:

- Definitely did not.....  0
- Probably did not.....  1
- Probably did.....  2
- Definitely did .....  3
- I prefer not to answer.....  7
- Don't know.....  9

SX-18. How long have you been having a sexual relationship with [initials]? {M\_MLT\_N}

\_\_\_ \_\_\_ \_\_\_  Days  Months  Years

[Refuse to answer = 777; Don't know = 999]

If SX-18 > 12 months, 777 or 999, skip to SX-20

SX-19. As far as you know, during the time you were having a sexual relationship with [initials], did **he** have sex with other people? {M\_MLPOL1}

Would you say he:

- Definitely did not.....  0
- Probably did not.....  1
- Probably did.....  2
- Definitely did .....  3
- I prefer not to answer.....  7
- Don't know.....  9

SX-19a. During the time you were having a sexual relationship with [initials], did **you** have sex with other people? {M\_MLOG1}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7

If SX-18 ≤ 12 months, skip to SX-22

SX-20. As far as you know, during the **past 12 months** when you were having a sexual relationship with [initials], did **he** have sex with other people? Would you say he: {M\_MLPOG1}

- Definitely did not.....  0
- Probably did not.....  1
- Probably did.....  2
- Definitely did .....  3

I prefer not to answer.....  7  
 Don't know.....  9

SX-20a. During the **past 12 months** when you were having a sexual relationship with [initials], did **you** have sex with other people? {M\_MLOL1}

No.....  0  
 Yes.....  1  
 I prefer not to answer.....  7

If SX-18 ≥ 3 years or SX-18= Don't Know, skip to SX-22.

SX-21. Where did you first meet [initials]? {M\_MLMEET}

Internet.....  01  
 Chat line.....  02  
 Bar/Club.....  03  
 Circuit party or Rave.....  04  
 Cruising area.....  05  
 Adult bookstore.....  06  
 Bath house, sex club or sex resort.....  07  
 Private sex party.....  08  
 Somewhere else.....  09  
 I prefer not to answer.....  77  
 Don't know.....  99

SX-22. In the **past 12 months**, how often have you gone to a place where gay men hangout, meet or socialize? These could include bars, clubs, social organizations, parks, gay businesses, bookstores, sex clubs, etc. {M\_MMEET}

Never.....  00  
 More than once a day.....  01  
 Once a day.....  02  
 More than once a week.....  03

Once a week.....	<input type="checkbox"/>	04
More than once a month.....	<input type="checkbox"/>	05
Once a month.....	<input type="checkbox"/>	06
Less than once a month.....	<input type="checkbox"/>	07
I prefer not to answer.....	<input type="checkbox"/>	77
Don't know.....	<input type="checkbox"/>	99

SX-23. In the **past 12 months**, how often have you used the internet to **meet or socialize with gay men**? This includes visiting social network websites (such as Facebook or Myspace), websites directed towards gay men (such as Manhunt or Gay.com), dating websites, or the use of mobile social applications (such as Foursquare or Grindr). **{M\_MINT}**

Never.....	<input type="checkbox"/>	00
More than once a day.....	<input type="checkbox"/>	01
Once a day.....	<input type="checkbox"/>	02
More than once a week.....	<input type="checkbox"/>	03
Once a week.....	<input type="checkbox"/>	04
More than once a month.....	<input type="checkbox"/>	05
Once a month.....	<input type="checkbox"/>	06
Less than once a month.....	<input type="checkbox"/>	07
I prefer not to answer.....	<input type="checkbox"/>	77
Don't know.....	<input type="checkbox"/>	99

Section C. Substance Use

Alcohol Use (AL)

AL-1. In the past **12 months**, how often did you drink **any alcohol** such as beer, wine, malt liquor, or hard liquor? {ALC12M}

Drink of alcohol: a 12 oz beer, a 5 oz glass of wine, or a 1.5 oz shot of liquor. (PICTURE OF ALCOHOL DRINK SIZE):

- Never.....  0
- More than once a day.....  1
- Once a day.....  2
- More than once a week.....  3
- Once a week.....  4
- More than once a month.....  5
- Once a month.....  6
- Less than once a month.....  7
- I prefer not to answer.....  77
- Don't know.....  99

***If AL-1 = 0, 77 or 99, skip to ID-1.***

AL-2. In the past **12 months**, how **often** did you have 5 or more alcoholic drinks in one sitting? {ALBINGE}

- Never.....  0
- More than once a day.....  1
- Once a day.....  2
- More than once a week.....  3
- Once a week.....  4
- More than once a month.....  5

Once a month.....  6  
Less than once a month.....  7  
I prefer not to answer.....  77  
Don't know.....  99

Injection Drug Use (ID)

The next screens are about injection drug use. This means injecting drugs yourself or having someone who isn't a health care provider inject you.

ID-1. Have you ever in your life shot up or injected any drugs other than those prescribed for you? By shooting up, we mean anytime you might have used drugs with a needle, either by mainlining, skin popping, or muscling. {EVRINJ}

- No..... 0
Yes..... 1
I prefer not to answer..... 7
Don't know..... 9

If ID-1 = 0, 7 or 9, skip to box before ND-1.

ID-2. In the past 12 months, on average, how often did you inject? {AVGINJ}

- Never..... 00
More than once a day..... 01
Once a day..... 02
More than once a week..... 03
Once a week..... 04
More than once a month..... 05
Once a month..... 06
Less than once a month..... 07
I prefer not to answer..... 77
Don't know..... 99

If ID-2 = 0, 88, or 99, skip to box before ND-1.

ID-3. Which drug do you inject most often? {DCHOICE}

- Speedball – Heroin and cocaine together ..... 1
Heroin, by itself..... 2
Cocaine, by itself..... 3

**Substance Use: Injection Drugs**

- Crack.....  4
- Crystal, meth, tina, crank, ice.....  5
- Something else (Specify \_\_\_\_\_).....  6
- I prefer not to answer.....  7
- Don't know.....  9

Non-Injection Drug Use (ND)

ND-1. In the **past 12 months**, have you used any **non-injection** drugs (drugs you did **not** inject), other than those prescribed for you?

{NIUSE12 }

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

**If ND-1 = 0, 7, or 9, skip to ND-3.**

ND-2. In the **past 12 months**, how often did you use:

- |   | Never                       | More than once a day        | Once a day                  | More than once a day        | Once a week                 | More than once a week       | Once a month                | Less than once a month      | Prefer not to answer                 |
|---|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|--------------------------------------|
| a. Marijuana.....   | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12A} |
| b. Powdered cocaine that is smoked or snorted.....          | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12E} |
| c. Poppers ( amyl nitrite).....                             | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12J} |
| d. X or Ecstasy.....  | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12H} |
| e. Painkillers such as Oxycontin, Vicodin, or Percocet..... | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12F} |
| f. Downers such as Valium, Ativan, or Xanax.....            | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12E} |
| g. Crystal meth (tina, crank, or ice).....                  | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12B} |
| h. Hallucinogens such as LSD or mushrooms.....              | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12G} |
| i. Special K (ketamine).....                                | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12H} |
| j. GHB.....   | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12K} |
| k. Crack cocaine.....                                       | <input type="checkbox"/> 00 | <input type="checkbox"/> 01 | <input type="checkbox"/> 02 | <input type="checkbox"/> 03 | <input type="checkbox"/> 04 | <input type="checkbox"/> 05 | <input type="checkbox"/> 06 | <input type="checkbox"/> 07 | <input type="checkbox"/> 77 {NIU12C} |

I. Other drug.....□00.....□01.....□02.....□03.....□04.....□05.....□06.....□07.....□77{OTHNIDR}

ND-3. In the **past 12 months**, have you used Viagra, Levitra or Cialis? **{VIAGRA12}**

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

Section D.HIV Testing (HT)

HT-1. Have you **ever** been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS. **{EVERTEST}**

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

*If HT-1=0 and Group=A, then skip to box before PR-8.  
 If HT-1=0 and Group=B, then skip to box before SD-5.  
 If HT-1=0 and Group=C, then skip to box before PA-1.*

HT-2. In the **past 2 years**, that is, since [insert calculated month and year], how many times have you been tested for HIV? **{TEST2YRS}**

[Prefer not to answer = 77; Don't know = 999] \_\_\_\_\_

HT-3. When did you have your **most recent** HIV test? **{RCNTST}**

[Prefer not to answer = 77; Don't know= 99/9999] \_\_\_\_\_ / \_\_\_\_\_  
(M M / Y Y Y Y)

HT-3a. When you got tested in \_\_\_\_/\_\_\_\_ [insert date from HT-3], where did you get tested? **{LOCHIV\_T}**

- Private doctor's office.....  01
- HIV counseling and testing site.....  02
- Public health clinic/community health clinic.....  03
- Street outreach program/mobile unit.....  04
- Sexually transmitted disease clinic.....  05

- Hospital (inpatient).....  06
- Correctional facility (jail or prison).....  07
- Emergency room.....  08
- At home.....  09
- Other.....  10
- I prefer not to answer.....  77
- Don't know.....  99

If HT-3a = 09 or HT-3a = 10 proceed to HT-4.  
 If HT-3a ≠ 09 or HT-3a ≠ 10, skip to HT-5.  
 HT-4 - HT-4b display only after FDA approval of over-the-counter rapid HIV test

The next screens are about your experiences with rapid HIV tests that are sold over the counter and allow you to test yourself in your home. These tests have a collection pad device that you use to swab the inside of your mouth, between the teeth and upper and lower gum. You then place the collection device into a solution and read the result between 20-40 minutes.

HT-4. When you last got tested in \_\_\_/\_\_\_ [insert date from HT-3] at home or in another location, did you use an over-the-counter **rapid** HIV test you can administer yourself to determine your HIV status? **{RAPID}**

- No.....  0
- Yes.....  1

**If HT-4 = 0, skip to HT-6.**

HT-4a. Under which circumstances did you use the over-the-counter rapid HIV test? **Check all that apply.** **{REARAPID}**

- I used it to test myself regularly.....  1
- I used it to test myself before having sex with a new partner.....  2
- I asked my sex partner to test himself/herself before having sex with me.....  3

I used it to test myself after having sex with someone I knew was HIV negative.....  4

I used it to test myself after having sex with someone I knew was HIV positive **or** whose HIV status I didn't know.....  5

Other reason (Specify \_\_\_\_\_).....  6

If HT-4a ≠ 1, then skip to HT-5.

HT-4b. In the **past 12 months**, how often have you used an over-the-counter rapid HIV test to test yourself regularly? **{FRERAPID}**

I used it to test myself every 3 months or less.....  1

I used it to test myself every 4-6 months.....  2

I used it to test myself every 7-12 months.....  3

I used it to test myself at some other time interval.....  4

HT-5. What was the result of your **most recent** HIV test? **{RCNTRSLT}**

Negative.....  1

Positive.....  2

Never obtained results.....  3

Indeterminate.....  4

I prefer not to answer.....  7

Don't know.....  9

*If HT-5=1,7 or 9 and Group=A, then skip to box before PP-8  
 If HT-5=1,7 or 9 and Group=B, then skip to box before SD-5  
 If HT-5=1, 7 or 9 and Group=C, then skip to box before PA-1*

HT-6. Before your test in \_\_\_\_/\_\_\_\_ [insert date from HT-3], did you ever test positive for HIV? **{EVRPOS}**

No.....  0

Yes.....  1

I prefer not to answer.....  7

Don't know.....  9

**If HT-6 = 1, skip to HT-7a.**

**If HT-6= (0, 7 or 9) and Group=A, then skip to box before PP-8**  
**If HT-6= (0, 7 or 9) and Group=B, then skip to SD-5**  
**If HT-6= (0, 7 or 9) and Group=C, then skip to PA-1**

[PERSONS WHO HAVE TESTED HIV POSITIVE]

HT-7. Was your test in \_\_\_\_/\_\_\_\_ [insert date from HT-3] your first positive test? {RCNFRST}

No.....  0

Yes.....  1

I prefer not to answer.....  7

Don't know.....  9

**If HT-7 = (1, 7, or 9), skip to HT-8.**

HT-7a. When did you first test positive? {POS1ST}

[77/7777 = Prefer not to answer; 99/9999 = Don't know]

\_\_\_/\_\_\_

—

(M M / Y Y Y Y)

HT-8. Are you currently taking antiretroviral medicines to treat your HIV infection? {CURRAMED}

No.....  0

Yes.....  1

I prefer not to answer.....  7

Don't know.....  9

**If HT-8= (1, 7 or 9) and Group=A, then skip to box before PP-8**  
**If HT-8= (1, 7 or 9) and Group=B, then skip to SD-5**  
**If HT-8= (1, 7 or 9) and Group=C, then skip to PA-1**

HT-8a. What is the **main** reason you are not currently taking any antiretroviral medicines?

{WHNOMEDS}

- Not currently going to a health care provider for my HIV infection....  00
- CD4 count and viral load are good.....  01
- Don't have money or insurance for antiretroviral medicines.....  02
- Don't want to take antiretroviral medicines.....  03
- Other.....  04
- I prefer not to answer.....  7
- Don't know.....  99

Group A.

If Group=A, administer PP-8 through PP-12.

If HT-5 = 2, Display “Researchers are studying whether antiretroviral medicines could possibly be taken to prevent HIV. and then proceed to PP-8

If HT-5 ≠ 2, or HT-1 = 0 Display “Researchers are studying whether anti-HIV medicine (also called antiretrovirals)-- a pill -- could possibly be taken to prevent HIV infection.” and then proceed to PP-8

PP-8. Before today, have you ever heard of people who do **not** have HIV taking (<<antiretroviral medicines/anti-HIV medicines>>), to keep from getting HIV? {ANTRPREV }

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

If HT-1=0 or HT-5 ≠ 2, skip to PP-9a.  
If HT-5= 2 and HT-8 ≠ 1, then skip to HC-1

PP-9. In the past 12 months, have you given your antiretroviral medicines to a sex partner who was HIV-negative because you thought it might keep them from getting HIV? {HPANTM2P}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

If HT-5= 2 and HT-8 ≠ 1, then skip to HC-1

PP-9a. In the past 12 months, have you taken anti-HIV medicines after sex because you thought it would keep you from getting HIV? {AHMPOSX}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

PP-10. In the past 12 months, have you taken anti-HIV medicines before sex because you thought it would keep you from getting HIV? {AHMPRESX}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

PP-11. Did you get any of the anti-HIV medicines you took from the following people or places?

- |  | No                         | Yes                        | Don't<br>know              |
|--|----------------------------|----------------------------|----------------------------|
| a. Doctor or other health care provider.....           | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| b. Sex partner, friend, relative, or acquaintance..... | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| c. Internet.....                                       | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |
| d. Some other place.....                               | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 9 |

PP-12. Would you be willing to take anti-HIV medicines **every day** to lower your chances of getting HIV? {WANTHIVD}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

***If Group=A, then skip to box before HC-1  
 If Group=B, then skip to box before SD-5  
 If Group=C, then skip to box before PA-1***

Group B.

If Group=B, administer SD-5 through SD-8.

How strongly do you agree or disagree with each statement below?

	Strongly Agree	Agree	Neither agree or disagree	Disagree	Strongly Disagree	Don't Know
SD-5. Most people in my area would discriminate against someone with HIV {PHIVDISC}	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 09
SD-6. Most people in my area would support the rights of a person with HIV to live and work wherever they wanted to {PSUPPHIV}	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 09
SD-7. Most people in my area would not be friends with someone with HIV {PERFRHIV}	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 09
SD-8. Most people in my area think that people who got HIV through sex or drug use have gotten what they deserve {PPUNISHH}	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 09

If Group=A, administer HC-1 through HC5-a.

Group A.

Health Conditions and Services

HC-1. Has a doctor, nurse or other health care provider **ever** told you that you had hepatitis? {EVRHEP}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

HC-1a. Has a doctor, nurse or other health care provider **ever** told you that you had genital herpes? {EVRHERP}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

HC-1b. Has a doctor, nurse or other health care provider **ever** told you that you had genital warts? {EVRGWAR}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

HC-1c. Has a doctor, nurse or other health care provider **ever** told you that you had human papillomavirus or HPV {EVRHPV}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

If HC-1 = 1, proceed to HC-1a.  
Otherwise, skip to HC-2.

HC-1d. What type or types of hepatitis have you had? **Check all that apply.**

- Hepatitis A.....  0 {TYPHEPA}
- Hepatitis B.....  1 {TYPHEPB}
- Hepatitis C.....  3 {TYPHEPC}
- Other.....  4 {TYPHEPD}
- I prefer not to answer.....  7
- Don't know.....  9

HC-2. In the **past 12 months** (since [\_\_\_/\_\_\_]), has a doctor, nurse or other health care provider told you that you had gonorrhea? {GONORR}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

HC-2a. In the **past 12 months**, (since [\_\_\_/\_\_\_]), has a doctor, nurse or other health care provider told you that you had chlamydia? {CHLMYD}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

HC-2b. In the **past 12 months**, (since [\_\_\_/\_\_\_]), has a doctor, nurse or other health care provider told you that you had syphilis? {SYPHILIS}

- No.....  0
- Yes.....  1

I prefer not to answer.....  7  
Don't know.....  9

**If HC-2(a, b, AND c) = 1, skip to HC-4.**

HC-3. Even though a doctor, nurse or other health care provider did not tell you that you had Gonorrhea, in the past 12 months, (since [\_\_\_/\_\_\_]), were you **tested** for gonorrhea? **{GONOTEST}**

No.....  0  
Yes.....  1  
I prefer not to answer.....  7  
Don't know.....  9

HC-3a. Even though a doctor, nurse or other health care provider did not tell you that you had Chlamydia in the past 12 months, (since [\_\_\_/\_\_\_]), were you **tested** for chlamydia? **{CHLATEST}**

No.....  0  
Yes.....  1  
I prefer not to answer.....  7  
Don't know.....  9

HC-3b. Even though a doctor, nurse or other health care provider did not tell you that you had Syphilis, in the past 12 months, (since [\_\_\_/\_\_\_]), were you **tested** for syphilis? **{SYPHTEST}**

No.....  0  
Yes.....  1  
I prefer not to answer.....  7  
Don't know.....  9

HC-4. There are vaccines or shots that can prevent some types of hepatitis. Have you **ever** had a hepatitis vaccine? **{HEPVACC}**

No.....  0  
Yes.....  1  
I prefer not to answer.....  7  
Don't know.....  9

**If HC-4 = 0, 7 or 9, skip to HC-5.**

HC-4a. What type or types of hepatitis vaccine have you had? {TYPEVACC}

- Hepatitis A vaccine.....  1
- Hepatitis B vaccine.....  2
- Both Hepatitis A and B vaccines.....  3
- I prefer not to answer.....  7
- Don't know.....  9

HC-5. A vaccine to prevent human papillomavirus (HPV) infection is available and is called the HPV shot, cervical cancer vaccine, GARDASIL®, or CERVARIX®. Have you **ever** received the HPV vaccine? {HPVSHOT}

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't know.....  9

**If HC-5 ≠ 1, skip to box before PA-1.**

HC-5a. How old were you when you received your first dose of the HPV vaccine? {AGEVAC}

\_\_\_ \_\_\_ years

**Section F. Assessment of Prevention Activities (PA)**

PA-1. In the **past 12 months**, have you gotten any free condoms, not counting those given to you by a friend, relative, or sex partner? **{COND12}**

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't Know.....  9

PA-2. In the **past 12 months**, have you had a one-on-one conversation with an outreach worker, counselor, or prevention program worker about ways to prevent HIV? Don't count the times when you had a conversation as part of an HIV test. **{TALKHIV}**

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't Know.....  9

PA-3. In the **past 12 months**, have you been a participant in any organized session(s) involving a small group of people to discuss ways to prevent HIV? Don't include discussions you had with a group of friends. **{GROUP12}**

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7
- Don't Know.....  9

If County = {CDC grantee funded to conducted Enhanced Comprehensive HIV/AIDS Prevention project}, then go to PA-4, else, go to PA-5.

PA-4. In the **past 12 months**, have you seen or heard any media messages with "<<media campaign name" logo or image? **{MEDIMESS}**

- No.....  0
- Yes.....  1
- I prefer not to answer.....  7

Don't Know.....  9

**If PA-4 = 0, skip to PA-5.**

PA-4a. What was your response to the message? **{MESSRESP}**

- Very positive .....  01
- Positive .....  02
- Neutral.....  03
- Negative.....  04
- Very Negative.....  05
- I prefer not to answer.....  07
- Don't Know.....  09

PA-5. For this national study, we are recruiting a large number of men like you. Can you tell us the name of a new or different social networking website where we could reach other men like you who might like to complete this survey?"..... **{REFSITES}**

**And Finally...**

PA-6. If you had to choose one activity with a guy you liked what would it be **{IACTIV}**

- Romantic dinner.....  01
- Walk along the beach.....  02
- Kissing fully clothed.....  03
- Snuggling without hooking up.....  04
- I prefer not to answer.....  07
- Don't Know.....  09

PA-7. Who is the sexiest man on the planet? **{SEXIEST}**

\_\_\_\_\_

**AUTO7.** Time Ended Core Survey: \_\_:\_\_:\_\_ [24 Hour time HH:MM:SS] **{ENDCORE}**

**SURVEY END:**

Thank you for taking our survey. Your response is very important to us.

To find an HIV testing location near you, please visit:

[www.hivtest.org](http://www.hivtest.org)

To get more information about HIV, please visit:

[www.cdc.gov/hiv](http://www.cdc.gov/hiv)

Otherwise, you can close your browser.

FLASHCARD  
FOR USE WITH ALCOHOL QUESTIONS



**1 Shot of Liquor**  
(Whisky, Vodka, Gin, etc)  
1.5 oz.



**1 Regular Beer**  
12 oz.



**1 Glass of Wine**  
5 oz.

Note: A 40 ounce beer would count as 3 drinks, or a cocktail drink with 2 shots would count as 2 drinks.