**HIV/AIDS Risk Reduction Interventions for African-American**

**Heterosexual Men**

**0920-10CM**

**Attachment 3c**

**Data Collection: Screening Form – UNCG**

**Form Approved**

OMB No. 0920-XXXX

Exp. Date XX/XX/20XX

**HIV/AIDS Risk Reduction Interventions for African-American**

**Heterosexual Men:**

**Screening Form – UNCG (Attachment 3c)**

*Public reporting burden of this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a persons is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-09XX)*

## Screening Instrument

**Blue Questions: Eligibility questions for the project. \* indicates the inclusion answer**

**Red Questions: Exclusionary questions \* indicates the exclusionary answer**

|  |  |
| --- | --- |
| **Demographic Information** |  |
| 1. **Which one of these groups would you say best represents your race or ethnicity? (please check one)**
 | **1 Black, not Hispanic \*****2 White, not Hispanic****3 Asian or Pacific Islander****4 American Indian or Alaskan Native****5 Hispanic****6 Other [specify] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **Do you consider yourself to be a: (check one)**
 | **🞎 Male \* 🞎 Female** |
| 1. **What is your age?\***
 | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **Are you currently enrolled as a student at?**
 | 1. **Yes, UNCG \***
2. **Yes, NC A&T \***
3. **Yes, Other school**
4. **No, I’m not a student**
 |
| 1. What is your current educational classification (choose one)?
 | 1. Freshman
2. Sophomore
3. Junior
4. Senior/graduating Date:\_\_\_\_\_\_\_\_\_
5. Senior/not graduating
6. None of the above
 |
| 1. What is your current major?
 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Sexual Health and Health Behavior Questions** |  |
| 1. In general, how would you rate your personal health?
 | 1 Excellent2 Very good3 Good4 Fair5 Poor |
| 1. **Have you participated in any focus groups, individual interviews or component testing groups sponsored by Brothers Leading Healthy Lives?**
 | **1 yes \*****2 no** |
| 1. **Have you been enrolled in an HIV prevention program in the past six months?**
 | **1 yes \*****2 no** |
| 1. **Have you ever been tested for HIV? *Do not count tests you may have had as part of a blood donation.***
 | **1 yes****2 no \*** |
| 1. **What is your HIV status?**
 | **1 HIV positive****2 HIV negative \*****3 Don’t Know/Not Sure \*** |
| 1. **How many women have you had vaginal or anal sex with in the last three (3) months?\***
 | **­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| 1. **\_\_\_\_\_\_\_\_\_\_\_In the last three months have you had vaginal or anal sex with a woman without using a condom?**
 | **1 yes \*****2 no** |
| 1. When you think about your sexual activity over the past three months, how likely was it that you would use a condom during vaginal or anal sex with a woman? (select the response that best reflects your experience over the past three months)
 | 1 Never use a condom 2 Sometimes use a condom 3 Usually use a condom 4 Always use a condom  |
| 1. **In the last five years, have you had oral or anal sex with a man?**
 | **1 yes \*****2 no** |
| 1. **Have you injected illicit drugs in the past 3 years?**
 | **1 yes \*****2 no** |
| 1. **Have you been enrolled in a substance abuse prevention program in the past six months?**
 | **1 yes \*****2 no** |

**Thank you for taking our survey for the Brothers Leading Healthy Lives project.**