

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

**0920-10CM**

**Attachment 3h**

**Data Collection: Baseline/Follow-up Assessment – NYBC**

## HIV/AIDS Risk Reduction Interventions for African-American Heterosexual Men: Baseline/Follow-up Assessment – NYBC (Attachment 3h)

*Public reporting burden of this collection of information is estimated to average 45 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 person 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)*

### Baseline/Follow-up Assessment

Welcome! Thank you for helping us with this important project. These first few questions are for practice. They will help you get comfortable using the computer and entering your answers to different types of questions. If you have questions at any time, please ask the project staff person for help. To start, please click the "Next Question" button.

BPRA1. Some questions will ask you to answer either YES or NO...For example, "Do you like movies?"

1	Yes
0	No

BPRA2. Some of the questions will ask you to pick one answer from a list of choices. Here is an example:  
How much do you agree or disagree with this statement? The Matrix is my favorite movie. (Choose one)

1	Strongly Disagree
2	Disagree
3	Neither Agree nor Disagree nor Agree
4	Agree
5	Strongly Agree

BPRA3. Some of the questions will ask you to enter a number. Here is an example: How many times have you been to the movie theatre in the past three months? If you have a hard time remembering, please make your best guess.

— — — number of times

BPRA4. Some of the questions will ask you to pick more than one response from a list of choices...Such as, what type of movies do you like? When you are finished answering the question, click the next question button to continue. (Check all that apply)

- Action
- Drama
- Comedy
- Suspense/ mystery

BPRA5. Has this been enough practice using the computer? If it has, click the "YES" button to begin the interview. If not, click the "NO" button to do the practice questions again. Please remember to ask the project staff person for any assistance.

- 1 Yes
- 0 No

***If BPRA5 is equal to 0 then Please call the project staff person to come and assist with the practice questions and skip to instruction before BPRA1.***

Now we have some background questions. These questions let us know something about the people who participate in this study.

**Age**

BDEM1. How old are you? \_\_\_\_\_

**Place of birth**

BDEM2. Where were you born?

- 1 United States
- 2 Africa
- 3 Canada
- 4 Caribbean
- 5 Central America
- 6 Europe
- 7 South America
- 8 Other

[IF 1 OR 98, SKIP TO BDEM4]

BDEM3. If not born in the US, how old were you when you first came to live in the United States?

\_\_\_\_\_

**Race/ ethnicity**

BDEM4. Do you consider yourself to be Hispanic or Latino?

- 1 Yes
- 0 No

BDEM5. How do you describe your race? You may select more than one answer.

- `01 Black
- 02 White
- 03 Asian or Pacific Islander
- 04 American Indian or Alaskan Native

BDEM6. If BDEM5 = 1. How would you describe your ethnic background. You may select more than one answer.

- 01 African American
- 02 West Indian, Caribbean, English speaking
- 03 Caribbean, Spanish speaking
- 04 Caribbean, French or Creole speaking
- 05 Hispanic
- 06 African
- 97 Don't Know

**Education**

BDEM7. What is the highest level of education you completed? (Choose one)

- 1 Did not complete high school
- 2 Completed high school or GED equivalent
- 3 Completed vocational/technical/trade school
- 4 Some college or two year degree
- 5 Completed college (4 years) or higher

BDEM8. Are you currently enrolled in school?

1

- 1 Yes - Full time
- 2 Yes - Part time
- 0 No

**Income/employment**

BDEM9. What best describes your current employment status? (Choose one)

- 1 Working full-time
- 2 Working part-time (including seasonal/work-study, etc.)
- 3 Not working

- BDEM10. What was your personal income last year from all sources before taxes? (Choose one)
- 01 Less than or equal to \$5,000.00 per year
  - 02 Between \$5,001 and \$10,000
  - 03 Between \$10,001 and \$15,000
  - 04 Between \$15,001 and \$20,000
  - 05 Between \$20,001 and \$50,000
  - 06 Greater than \$50,001
  - 97 Don't Know

- BDEM11. How many people, including yourself, did you support with this income:
- 1 Myself
  - 2 Two
  - 3 Three
  - 4 Four
  - 5 Five or more
  - 7 Don't Know

- BFDEM12. Do you currently receive any form of public assistance, such as food stamps, home relief (cash benefits) or TANF (temporary assistance to needy families)?
- 1 Yes
  - 0 No

- BFDEM13. Do you currently receive some form of disability income, such as SSI (Supplemental Security Income) or SSD (Social Security Disability) or both?
- 1 SSI
  - 2 SSD
  - 3 Combination of SSI and SSD
  - 4 Not sure which, but get disability
  - 0 No

BFDEM14. In the last 3 months, how often did you **NOT** have enough money in the household for rent, food, or utilities (for example, gas, electric, phone)? (Choose one)

- 0 Never
- 1 Once in a while
- 2 Fairly often
- 3 Very Often

### Living Situation

BFDEM15. Where are you currently living/staying most of the time? (Choose one)

- 01 My own apartment or house
- 02 My spouse/partner's apartment or house
- 03 My parents' or relatives' apartment or house
- 04 A friend's apartment/house
- 05 Homeless (on the street, shelter, car, etc.)
- 06 Rehabilitation center, clinic, jail or hospital
  
- 97 Don't Know

BFDEM16. Do you currently live with your partner/spouse, other family, friends/roommates, other people or alone? (check all that apply) (Please note: If you live with different people at different times of the week, please check who you live with *most* of the time)

- 1 Partner/spouse
- 2 Child/children
- 3 Parents/Grandparents
- 4 Other relatives (for example, brothers, cousins, etc.)
- 5 Friends/roommates
- 6 Other people (group housing)
- 7 Alone

BFDEM17. Do you have children, either biological or adopted?

- 1 Yes
- 0 No

[IF 0 OR 98, SKIP TO BJ1]

BFDEM18. IF YES, Do you currently live with any of your biological or adopted children?

- 1 Yes
- 0 No

[IF 1 OR 98, SKIP TO BJ1]

BFDEM19. IF NO, If you do not currently live with any of your biological or adopted children, do you contribute to their support with money or other forms of assistance?

- 1 Yes
- 0 No

**Jail/prison**

BJ1. In your lifetime, how many times have you been arrested (including involvement with PINS, a time you may have been arrested but not sentenced, sentenced and incarcerated, or spent time in state prison)? (Put zero for no times)

— — —  
000      zero      **Skip to 13**

BJ2a. Of these arrests, how many led to an incarceration?

— —  
999      Not Applicable

BFJ3. Are you currently on probation?

- 1 Yes
- 0 No
- 9 Not Applicable

BFJ4. Are you currently on parole?

- 1 Yes
- 0 No
- 9 Not Applicable

BFJ5. In the past year/3 months, how many days have you spent incarcerated?

— — —      DAYS  
999      Not Applicable (Days)



**Healthcare**

BFHC1. Do you currently have any health insurance or other medical coverage such as Medicaid, Medicare, private insurance?

- 1 Yes
- 0 No

BFHC2. Where do you usually go for medical care when you are sick? (Choose one)

- 1 Community / Free clinic
- 2 Medical doctor's office
- 3 Health department
- 4 Student health center
- 5 Emergency room
- 6 Alternative practitioner (e.g., herbalist)
- 7 Nowhere
- 8 Other

**Sex behaviors (general)**

*Now we are going to ask you about your sexual behavior. Many of the questions will ask about things that have happened in the last 3 months (since [insert calculated date]).*

BFS1. Have you had vaginal and/or anal sex with a woman in the past 3 months?

- 1 Yes
- 0 No

**[IF 0 or 98 SKIP TO BFM1]**

BFS2. How many women did you have vaginal and/or anal sex in the last 3 months?

\_\_ \_\_ \_\_ #

BFS3. In the past 3 months, how many women were new partners, that is a woman you had vaginal and/or anal sex for the first time?

\_\_ \_\_ \_\_ #

BFS4. Are you currently in a sexual relationship?

- 1 Yes
- 0 No

**[IF NO, THEN SKIP TO BFS6]**

BFS5. Have you had sex with any other person since you began this relationship?

1 Yes

0 No

BFS6. With how many women did you have vaginal or anal sex without a condom in the last 3 months?

— — — #

BFS7. In the last 3 months, did you have vaginal and/or anal sex with a main or primary female sex partner like a wife, spouse, girlfriend or significant other?

1 Yes

0 No

**[IF 0 or 98 SKIP TO BFSX1]**

BFS8. Was there at least one time in the last 3 months when you didn't use a condom during vaginal and/or anal sex with this primary female partner?

1 Yes

0 No

BFS9. Over the last 3 months, how often did you use condoms during vaginal sex with your main or primary female partner?

0 Never

1 Sometimes

2 Often

3 Always

4 did not have vaginal sex

BFS10. Over the last 3 months, how often did you use condoms during anal sex with your main or primary female partner?

0 Never

1 Sometimes

2 Often

3 Always

4. did not have anal sex

BFS11. Over the past 3 months, was there ever a time when you had vaginal and/or anal sex with your primary female partner one day, had vaginal and/or anal sex with someone else on a following day, and then had vaginal and/or anal sex with your main partner after that?

- 1 Yes
- 0 No

BFS12. Does your primary female sex partner want to become pregnant?

- 1 Yes
- 0 No

BFS13. Right now, are you living with a primary female sex partner like wife, spouse, girlfriend, or significant other?

- 1 Yes
- 0 No

BFS14. What is the HIV status of your primary female sex partner?

- 0 HIV negative
- 1 HIV positive
- 2 Don't know

### **Sex Exchange**

BFSX1. In the last 3 months, did you give a woman food, money, drugs, a place to stay or other favors in exchange for sex?

- 1 Yes
- 0 No

BFSX2. In the last 3 months, did a woman give you food, money, drugs, a place to stay or other favors in exchange for sex?

- 1 Yes
- 0 No

**Sex and alcohol/ substance use**

BFAOD1. In the past 3 months have you had vaginal or anal sex while you were drunk or buzzed on alcohol?

- 1 Yes
- 0 No

**[IF 0 OR 98, SKIP TO BDA0D3]**

BFAOD2. If yes, how often did you use condoms when you had vaginal or anal sex while you were drunk or buzzed on alcohol?

- 0 Never
- 1 Sometimes
- 2 Often
- 3 Always

BFAOD3. In the past 3 months have you had vaginal or anal sex while you were using drugs that were not prescribed by your doctor?

- 1 Yes
- 0 No

**[IF 0 OR 98, SKIP TO BFM1]**

BFAOD4. If yes, which drugs did you used during those times? (check all that apply)

- 1 Marijuana (pot, joint, spliff, ganja, weed)
- 2 Powdered Cocaine
- 3 Rock or Crack Cocaine
- 4 Methamphetamines, other amphetamine (Crystal Meth, Speed, Tina, Ice)
- 5 Poppers (Amyl Nitrate)
- 6 Ecstasy (E, X, MDMA)
- 7 Drugs like Special K, GHB (G, GBL), Rohypnol (roofies)
- 8 Heroin
- 9 Viagra or similar drugs (Levitra, Cialis)
- 10 Recreational use of prescription drugs (other than Viagra) to get high
- 11 Other drugs

BFAOD5. How often did you use condoms when you had vaginal or anal sex when you were using drugs?

- 0 Never

- 1 Sometimes
- 2 Often
- 3 Always

BFM1. In the past 3 month, have you had oral or anal sex with a man?

- 1 Yes
- 0 No

**HIV testing**

BHT1. Have you ever been tested for HIV?

- 1 Yes
- 0 No

[IF 0 OR 98, SKIP TO BFHT5]

BHT2. Have you been tested in the past year?

- 1 Yes
- 0 No

BFHT3. Have you been tested in the last three months?

- 1 Yes
- 0 No
- =

[IF NO, SKIP TO BFHT5]

BFHT4. IF YES: What was the result of your most recent test?

- 1 Positive
- 0 Negative
- 7 Don't know

[SKIP TO BFHT6]

BFHT5. What are the reasons why you have not taken an HIV test? (Check all that apply)

- 1 I don't have the time
- 2 I can't afford it
- 3 I don't know where to get tested
- 4 I am not comfortable at testing site
- 5 I'm afraid I might be HIV positive
- 6 I'm afraid that if I get tested people will think I'm gay
- 7 I am not at risk for HIV because I have been practicing safe sex
- 8 It is not important
- 9 My doctor never recommended I get an HIV test
- 10 I am afraid that if I tested positive I would lose the support of my family, friends and/or community
- 11 I'm afraid that if I tested positive that people might treat me differently
- 12 I already know/believe that I am HIV positive
- 13 I can't get to test site
- 14 Testing times are not convenient
- 15 I know my partners don't have HIV
- 16 Other

BFHT6. Has a healthcare provider ever told you that you have HIV?

- 1 Yes
- 0 No

BFHT7. To the best of your knowledge, do you have HIV?

- 1 Yes
- 0 No

**Communication –HIV status**

BFCOM1. In the last 3 months before you had sex, did you talk about your HIV status (whether or not you have HIV) with every partner, some of your partners or none of your partners?

- 1 Every partner
- 2 Some of my partners
- 3 None of my partners

BFCOM2. In the last 3 months before you had sex, did you talk about your partner's HIV status (whether or not your partner has HIV) with every partner, some of your partners or none of your partners?

- 1 Every partner
- 2 Some of my partners
- 3 None of my partners

### **Condom Use Outcome Expectancies**

Please tell me how strongly you agree or disagree with these statements. When we talk about your partner, we are talking about the primary or main partner you described earlier. If you do not have a main partner, please answer these questions about the partner you have sex with the most in the past 3 months.

BFCOE1. My partner would think that I have other partners if I asked to use a male or female condom.

- 5 Strongly agree
- 4 Agree
- 3 Neither agree/disagree
- 2 Disagree
- 1 Strongly disagree

BFCOE2. My partner would appreciate it if I asked to use protection

- 5 Strongly agree
- 4 Agree
- 3 Neither agree/disagree
- 2 Disagree
- 1 Strongly disagree

BFCOE3. When I want to have vaginal or anal sex with my partner, I can use a condom even if I might lose my erection or lose arousal

- 5 Strongly agree
- 4 Agree
- 3 Neither agree/disagree
- 2 Disagree
- 1 Strongly disagree

BFCOE4. When I want to have vaginal or anal sex with my partner, I can use a condom even if I am high on drugs or alcohol

- 5 Strongly agree
- 4 Agree

- 3 Neither agree/disagree
- 2 Disagree
- 1 Strongly disagree

**Partner Norms for Condom Use**

Again, just to remind you, when we talk about your partner, we are talking about the primary or main partner you described earlier. If you do not have a main partner, please answer these questions about the partner you have sex with the most in the past 3 months.

BFPN1. When it comes to using condoms I try to do what my partner(s) thinks is best.

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree

BFPN2. My partner thinks it is important to use condoms every time for vaginal sex.

- 1 = Strongly agree
- 2 = Agree
- 3 = Neither agree nor disagree
- 4 = Disagree
- 5 = Strongly disagree
- 8

**Condom Use Self-Efficacy**

Now I want to ask you about how sure you are that you could do certain things. As I read each question, tell me which number on this card indicates how sure you are:

How sure are you that you could....

BFCSE1. Talk about using a condom with a casual partner?

- 1. Not sure at all
- 2. Somewhat sure
- 3. Neutral
- 4. Somewhat unsure
- 5. Very sure

BFCSE2. Buy condoms in a drug store?

- 1. Not sure at all



2. Somewhat sure
3. Neutral
4. Somewhat unsure
5. Very sure

BFCSE3. Refuse to have sex with someone you don't know very well?

1. Not sure at all
2. Somewhat sure
3. Neutral
4. Somewhat unsure
5. Very sure

BFCSE4. Use a condom correctly if your partner wanted to?

1. Not sure at all
2. Somewhat sure
3. Neutral
4. Somewhat unsure
5. Very sure

BFCSE5. Convince a partner that he or she should use a condom?

1. Not sure at all
2. Somewhat sure
3. Neutral
4. Somewhat unsure
5. Very sure

BFCSE6. Prevent a partner from having anal sex with you?

1. Not sure at all
2. Somewhat sure
3. Neutral
4. Somewhat unsure
5. Very sure

BFCSE7. Ask a partner about his or her other sexual partners?

1. Not sure at all
2. Somewhat sure
3. Neutral
4. Somewhat unsure
5. Very sure

### **Condom Attitudes**

Think about how strongly you agree or disagree with the following statements.

- BFCA1. Condom use can be made sexy.  
(Choose one)
- 1 Strongly Disagree
  - 2 Disagree
  - 3 Neither Disagree nor Agree
  - 4 Agree
  - 5 Strongly Agree
- BFCA2. Condoms are too much trouble to use. (Choose one)
- 1 Strongly Disagree
  - 2 Disagree
  - 3 Neither Disagree nor Agree
  - 4 Agree
  - 5 Strongly Agree
- BFCA3. Using a condom interrupts the flow of sex. (Choose one)
- 1 Strongly Disagree
  - 2 Disagree
  - 3 Neither Disagree nor Agree
  - 4 Agree
  - 5 Strongly Agree
- BFCA4. Using a condom turns me off. (Choose one)
- 1 Strongly Disagree
  - 2 Disagree
  - 3 Neither Disagree nor Agree
  - 4 Agree
  - 5 Strongly Agree
- BFCA5. Condoms break too often to be safe. (Choose one)
- 1 Strongly Disagree
  - 2 Disagree
  - 3 Neither Disagree nor Agree
  - 4 Agree
  - 5 Strongly Agree

**Condom Use PEER NORMS**

BFCPN1. My friends think it is important to use condoms. (Choose one)

Disagree	1	Strongly
	2	Disagree
Disagree nor Agree	3	Neither
	4	Agree
Agree	5	Strongly

BFCPN2. My friends use condoms. (Choose one)  
Disagree

	1	Strongly
	2	Disagree
Disagree nor Agree	3	Neither
	4	Agree
Agree	5	Strongly

**Perceived responsibility**

The next several statements are about your opinions regarding people's responsibility for safer sex. For each item, please indicate how much you agree or disagree with the statement.

BFPR1. It's very important for me to use condoms to protect myself from HIV. (Choose one)

Disagree	1	Strongly
	2	Disagree
Disagree nor Agree	3	Neither
	4	Agree
Agree	5	Strongly

BFPR2. HIV negative men have a responsibility to keep themselves from becoming positive.  
(Choose one)

Disagree	1	Strongly
	2	Disagree
Disagree nor Agree	3	Neither
	4	Agree
Agree	5	Strongly

BFPR3. When HIV positive and HIV negative people have sex with each other, they have an equal responsibility for being safe. (Choose one)

Disagree	1	Strongly
	2	Disagree
Disagree nor Agree	3	Neither
	4	Agree
Agree	5	Strongly

8

BFPR4. I feel responsible for protecting myself from HIV. (Choose one)

Disagree	1	Strongly
	2	Disagree
Disagree nor Agree	3	Neither
	4	Agree
Agree	5	Strongly

8

BFPR5. It should be the responsibility of someone who is HIV positive--not someone who is negative---to make sure that sex is safe. (Choose one)

Disagree	1	Strongly
	2	Disagree
Disagree nor Agree	3	Neither
	4	Agree
Agree	5	Strongly
	8	

BFPR6. I feel it is my partner's responsibility to protect me from HIV if she is positive. (Choose one)

Disagree	1	Strongly
	2	Disagree
Disagree nor Agree	3	Neither
	4	Agree
Agree	5	Strongly

**Sex Role:**

Please state how much you agree or disagree with the following statements:

Answer choices : strongly agree, agree, neither agree nor disagree, disagree, strongly disagree

BFSR1. It is essential for a guy to get respect from others

5	Strongly agree
4	Agree
3	Neither agree/disagree
2	Disagree
1	Strongly Disagree

BFSR2. Men are always ready for sex

5	Strongly agree
4	Agree
3	Neither agree/disagree
2	Disagree

1 Strongly Disagree

BFSR3. It bothers me when a guy acts like a girl

5 Strongly agree

4 Agree

3 Neither agree/disagree

2 Disagree

1 Strongly Disagree

BFSR4. A man always deserves the respect of his wife and children

5 Strongly agree

4 Agree

3 Neither agree/disagree

2 Disagree

1 Strongly Disagree

**Experience with Violence:**

These next questions are about your partner, the primary or main partner you described earlier. If you do not have a main partner, please answer these questions about the partner you have sex with the most in the past 3 months.

BFV1. In your current relationship with your partner, have you ever hit, kicked, slapped, beaten or in any other way physically assaulted her?

1 Yes

0 No

BFV2. In your current relationship with your partner, have she ever hit, kicked, slapped, beaten or in any other way physically assaulted you?

1 Yes

0 No

BFV3. Are you afraid of your sex partner?

- 1 Yes
- 0 No

BFV4. Do you think that your sex partner is afraid of you?

- 1 Yes
- 0 No

### **Psychological distress**

The next few questions are going to ask about how you have been feeling in the **last month**.

BFPD1. In the last month, how often did you feel tired for no good reason? (Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

BFPD2. In the last month, how often did you feel nervous? (Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

BFPD2. In the last month, how often did you feel so nervous that nothing could calm you down? (Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

BFPD3. In the last month, how often did you feel hopeless? (Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

BFPD4. In the last month, how often did you feel restless or fidgety? (Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

BFPD5. In the last month, how often did you feel so restless that you could not sit still?  
(Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

BFPD6. In the last month, how often did you feel depressed? (Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

BFPD7. In the last month, how often did you feel everything was an effort? (Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time



BFPD8. In the last month, how often did you feel so sad that nothing could cheer you up?  
(Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

BFPD9. In the last month, how often did you feel worthless? (Choose one)

- 1 None of the time
- 2 A little of the time
- 3 Some of the time
- 4 Most of the time
- 5 All of the time

**Substance Use**

BSU1. Have you ever, in your lifetime, injected illicit/illegal drugs **with a needle**? By this we mean drugs that have not been prescribed by your doctor.

- 1 Yes
- 0 No

[IF 0 or 98, SKIP TO BSU3 OR BFSU5]

BFSU2a. If yes, In the past three months have you injected **with a needle** any illicit drugs?

- 1 Yes
- 0 No

BSU3. Have you ever used any illicit/illegal drugs, **not** using a needle, in your lifetime?

- 1 Yes
- 0 No

[IF 0 OR 98, SKIP TO BFME1]

BSU4. If yes, which ones?

- 1 Marijuana (pot, joint, spliff, ganja, weed)
- 2 Powdered Cocaine
- 3 Rock or Crack Cocaine

- 4 Methamphetamines, other amphetamine (Crystal Meth, Speed, Tina, Ice)
- 5 Poppers (Amyl Nitrate)
- 6 Ecstasy (E, X, MDMA)
- 7 Drugs like Special K, GHB (G, GBL), Rohypnol (roofies)
- 8 Heroin
- 9 Viagra or similar drugs (Levitra, Cialis)
- 10 Recreational use of prescription drugs (other than Viagra) to get high
- 11 Other drugs

BFSU5. In the past three months, have you ever used any of the following drugs:

- 1 Marijuana (pot, joint, spliff, ganja, weed)
- 2 Powdered Cocaine
- 3 Rock or Crack Cocaine
- 4 Methamphetamines, other amphetamine (Crystal Meth, Speed, Tina, Ice)
- 5 Poppers (Amyl Nitrate)
- 6 Ecstasy (E, X, MDMA)
- 7 Drugs like Special K, GHB (G, GBL), Rohypnol (roofies)
- 8 Heroin
- 9 Viagra or similar drugs (Levitra, Cialis)
- 10 Recreational use of prescription drugs (other than Viagra) to get high
- 11 Other drugs

In this country, people come from a lot of different cultures and there are many different words to describe the different backgrounds or ethnic groups that people come from. Some examples of the names of racial and ethnic groups are Mexican-American, Hispanic, Black, African-American, White, Caucasian, etc. Every person is born into an ethnic group, and sometimes two or more groups, but people differ on how important their ethnicity is to them, how they feel about it, and how much their behavior is affected by it. These questions are about your ethnicity or your ethnic group and you feel about or react to it.

Use the numbers given below to indicate how much you agree or disagree with each statement.

4: Strongly agree                      3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME1. I have spent time trying to find out more about my own ethnic group, such as its history, traditions, and customs.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME2. I am active in organizations or social groups that include mostly members of my own ethnic group.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME3. I have a clear sense of my ethnic background and what it means for me.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME4. I think a lot about how my life will be affected by my ethnic group membership.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME5. I am happy that am a member of the group I belong to.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME6. I am not very clear about the role of my ethnicity in my life.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME7. I really have not spent much time trying to learn more about the culture and history of my ethnic group.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME8. I have a strong sense of belonging to my own ethnic group.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME9. I understand pretty well what my ethnic group membership means to me, in terms of how to relate to my own group and other groups.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME10. In order to learn more about my ethnic background, I have often talked to other people about my ethnic group.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME11. I have a lot of pride in my ethnic group and its accomplishments.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME12. I participate in cultural practices of my own group, such as special food, music, or customs.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME13. I feel a strong attachment towards my own ethnic group.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

BFME14. I feel good about my cultural or ethnic background.

4: Strongly agree    3: Somewhat agree                      2: Somewhat disagree    1: Strongly disagree

#### Scoring for the MEIM

Ethnic identity: The total score is derived by reversing negative items (indicated by “R”), summing across items, and obtaining the mean (Items 1,2,3,5,6, 8R, 10R, 11, 12, 13,14,16, 18, and 20). Subscales are as follows: Affirmation and Belonging (Items 6, 11, 14, 18, and 20); Ethnic Identity Achievement (Items 1, 3, 5, 8R, 10R, 12 and 13); and Ethnic Behaviors (Items 2 and 16). Ethnic self-identification (open-ended response), ethnicity (Item 21), and parents’ ethnicity (Items 22 and 23) are not scored but are used as background information. Other-group orientation: Scored as above (Items 4, 7R, 9, 15R, 17, and 19).

#### **BRFSS – Reactions to Race**

Earlier we asked you to self identify your race. Now we would like to know how other people have treated you in the last 12 months.

BFRR1. Within the last 3 months at work, do you feel you were treated worse than other races or ethnicities, the same as other races or ethnicities, better than other races or ethnicities or worse than some but better than others?

1                      WORSE THAN OTHER RACES OR ETHNICITIES

- 2 THE SAME AS OTHER RACES OR ETHNICITIES
- 3 BETTER THAN OTHER RACES OR ETHNICITIES
- 4 WORSE THAN SOME BUT BETTER THAN OTHERS
- 99 DON'T KNOW

BFRR2. Within the last 3 months, when seeking health care, do you feel your experiences were worse than other races or ethnicities, the same as other races or ethnicities, better than other races or ethnicities or worse than some but better than others?

- 1 WORSE THAN OTHER RACES OR ETHNICITIES
- 2 THE SAME AS OTHER RACES OR ETHNICITIES
- 3 BETTER THAN OTHER RACES OR ETHNICITIES
- 4 WORSE THAN SOME BUT BETTER THAN OTHERS
- 99 DON'T KNOW

BFRR3. Within the last 30 days, how often have you felt emotionally upset as a result of how others treated you based on your race or ethnicity , for example angry, sad, or frustrated?

- 1.....Never
- 2.....At least once
- 3.....At least once a week
- 4.....At least once a day
- 5.....At least once an hour
- 6.....Constantly
- 99.....DON'T KNOW

**Sexual Orientation:**

BSO1. Do you consider yourself to be... (Choose one)

- 1 Heterosexual or straight
- 2 Homosexual/Gay/Same Gender Loving
- 3 Bisexual
- 4 Not sure/Questioning
- 5 Other (Please specify \_\_\_\_\_)

The following questions refer to your experiences during the “Straight Talk” intervention group sessions.

FF1. Overall, how helpful were these group sessions in helping you develop new habits for the activity?

Extremely helpful, Helpful, Unhelpful, Extremely unhelpful, Don't know

FF2. Overall, how helpful were these group sessions in helping you develop new habits for having safe sex?

Extremely helpful, Helpful, Unhelpful, Extremely unhelpful, Don't know

FF3. How helpful were these sessions in helping you enlarge your group of friends by doing the activity together?

Extremely helpful, Helpful, Unhelpful, Extremely unhelpful, Don't know

FF4. How helpful were these sessions in helping you have healthy sexual experiences – experiences where there was more respect and understanding between you and your partner(s)?

Extremely helpful, Helpful, Unhelpful, Extremely unhelpful, Don't know

FF5. How likely is it that you will do the activity on your own in the future?

Extremely likely, Somewhat likely, Somewhat unlikely, Extremely unlikely, Don't know

FF6. How likely is it that you will socialize with your family, friends and sex partner(s) using the activity learned during the “Straight Talk” group sessions?

Extremely likely, Somewhat likely, Somewhat unlikely, Extremely unlikely, Don't know

FF7. How likely is it that you will talk to your sex partner(s) in the future about healthy sex?

Extremely likely, Somewhat likely, Somewhat unlikely, Extremely unlikely, Don't know

FF8. How likely is it that you will talk to your sex partner(s) in the future about HIV-status?

Extremely likely, Somewhat likely, Somewhat unlikely, Extremely unlikely, Don't know

FF9. How likely is it that you will talk to your sex partner(s) in the future about drug use?

Extremely likely, Somewhat likely, Somewhat unlikely, Extremely unlikely, Don't know

FF10. How likely are you to use alcohol or other drugs during sex in the future?

Extremely likely, Somewhat likely, Somewhat unlikely, Extremely unlikely, Don't know

FF11. How likely are you to use a condom during sex with your future partner(s)?

Extremely likely, Somewhat likely, Somewhat unlikely, Extremely unlikely, Don't know