

Mock-up for OMB - Web-based HIV Behavioral Surveillance System

Month/year variable initialization

Welcome

- English
- Español

The information in this report to the Centers for Disease Control and Prevention (CDC) is authorized by law (Sections 304 and 306 of the Public Health Service Act, 42 USC 242b and 242k). Response to this survey is voluntary. Your cooperation is necessary for the understanding and control of HIV/AIDS. Information in CDC's HIV/AIDS surveillance system that would permit identification of any individual on whom a record is maintained, is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at CDC, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m(d)).

Thank you for your interest in our survey. Please note the following information:

1. Your answers are confidential: we don't have any information about who you are beyond the questions you answer.
2. This survey includes some personal questions. You can choose to not answer any questions that make you feel uncomfortable.
3. If you agree to be in this study, you will first be screened to see if you qualify to be in the study. If you qualify, you will be given the opportunity to complete the survey.

Public reporting burden of this collection of information is estimated to average 1 minute 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, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0920-New). Do not send the completed form to this address.

OMB No. 0920-New
Expiration Date:

Consent

Emory University, Rollins School of Public Health

Consent to be a Research Subject

Fleish-Kincaid Reading Level: 8.7

Title: Web-based HIV behavioral trend analysis among MSM - Pilot

Principal Investigator: Patrick Sullivan, PhD DVM

Funding Source(s): Emory University, Centers for Disease Control and Prevention (CDC), MANILA Consulting Group, Inc.

If you want one, you may print a copy of this form to keep.

Voluntary Participation and Withdrawal from the Study

Your choice to be in this study is up to you. You have the right to not be in this study. You also have the right to stop the survey at any time. Your decision to be in or leave the study will not affect your online accounts in any way. The research team can stop you from being in this study without your consent if they believe it is in your best interest, or for any other reason.

Contact Persons

If you have any questions about the study, please contact the investigator in charge, Dr. Patrick Sullivan, at (404) 727-2038; pssulli@emory.edu.

If you have questions about your rights or you feel you have been harmed by being in this study, you may contact the Emory Institutional Review Board at (404) 712-0720 or (877)503-9797 or irb@emory.edu.

Consent

Being in this study is entirely your choice. You have the right to refuse to participate or to stop taking the survey at any time. Please print a copy of this form for your records.

I have read the information above. I consent to participate in the survey.

- I consent to participate in the survey
- I do not consent to participate in the survey

Click here to link to a PDF of the entire consent, to read or print:

[Link to PDF of Consent Form](#)

OMB No. 0920-New
Expiration Date:

Eligibility Screener

How old are you?

Eligibility Screener

During [question("value"), id="371"], did you already complete at least part of the Annual CDC Health Study for Men?

- No
- Yes
- I prefer not to answer
- Don't know

Do you consider yourself to be Hispanic or Latino?

- No
- Yes
- I prefer not to answer
- Don't know

Which racial group or groups do you consider yourself to be in? Check all that apply.

American Indian or Alaska Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

I prefer not to answer

Does not apply

Don't know

What U.S. State or U.S. Territory do you live in?

I don't live in the United States

Don't know

What county/municipality do you live in?

Prefer not to answer

Don't know

What city do you live in?

Prefer not to answer

Don't know

What zip code do you live in?

Do you consider yourself to be male, female, or transgender?

Male

Female

Transgender

I prefer not to answer

Don't know

Have you ever had vaginal sex (penis in the vagina) or anal sex (penis in the butt) with a woman?

No

Yes

I prefer not to answer

Don't know

- No
- Yes
- I prefer not to answer
- Don't know

Public reporting burden of this collection of information is estimated to average 14 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, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (2020-New) Do not send the completed form to this address.

Demographics

What is the highest level of education you completed?

- Never attended school
- Less than high school
- Some high school
- High school diploma or GED
- Some college, Associate's Degree, or Technical Degree
- College, post graduate, or professional school
- I prefer not to answer
- Don't know

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.

- Monthly Income: 0 to \$1667 (Yearly Income: 0 to \$19,999)
- Monthly Income: \$1668 to \$3333 (Yearly Income: \$20,000 to \$39,999)
- Monthly Income: \$3334 to \$6250 (Yearly Income: \$40,000 to \$74,999)
- Monthly Income: \$6251 or more (Yearly Income: \$75,000 or more)
- I prefer not to answer
- Don't know

including yourself, how many people depended on this income?

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)

Medicaid or Medicare

Some other Medical Assistance program

TRICARE (CHAMPUS)

Veterans Administration coverage

Some other health care plan

I don't currently have any health insurance

I prefer not to answer

Don't know

In the past 12 months, have you seen a doctor, nurse, or other health care provider about your own health?

No

Yes

I prefer not to answer

Don't know

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.

No

Yes

I prefer not to answer

Don't know

Do you consider yourself to be:

Homosexual or Gay

Heterosexual or Straight

Bisexual

I prefer not to answer

Don't know

OAS No. 0889-New
Expiration Date:

Stigma & Discrimination

Have you ever told anyone that you are attracted to or have had sex with men?

No

Yes

I prefer not to answer

Don't know

Who 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
Gay, lesbian, or bisexual friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends who are not gay, lesbian, or bisexual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family members	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

a. You were called names or insulted.

- No
- Yes
- I prefer not to answer
- Don't know

b. You received poorer services than other people in restaurants, stores, other businesses, or agencies.

- No
- Yes
- I prefer not to answer
- Don't know

c. You were treated unfairly at work or school.

- No
- Yes
- I prefer not to answer
- Don't know

d. You were denied or given lower quality health care.

- No
- Yes
- I prefer not to answer
- Don't know

e. You were physically attacked or injured.

- No
- Yes

- I prefer not to answer
- Don't know

How strongly do you agree or disagree with the following statement: "Most people in my area are tolerant of gays and bisexuals."

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to answer
- Don't know

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Expiration Date:

Female Sex Partners

The next few questions 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).

In the past 12 months (since [question("value"), id="359"] of [question("value"), id="361"]), have you had oral, vaginal, or anal sex with a woman?

- No
- Yes
- I prefer not to answer
- Don't know

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

Was the woman you had sex with that last time 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:

- Main sex partner
- Casual sex partner
- I prefer not to answer
- Don't know

When you had sex that last time, did you have either vaginal or anal sex?

- No
- Yes
- I prefer not to answer
- Don't know

The last time you had sex with a woman, did you have either vaginal or anal sex without using a condom?

- No
- Yes
- I prefer not to answer
- Don't know

The last time you had sex with this partner, did you know her HIV status?

- No
- Yes
- I prefer not to answer

What was her HIV status?

- HIV-negative
- HIV-positive
- Indeterminate

Male Sex Partners

The next screens are about having sex with 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).

How old were you the first time you had oral or anal sex with a man?

years

In the past 12 months (since [question("value"), id="359"] of [question("value"), id="361"]), with how many different men have you had oral or anal sex?

Male Sex Partners

In the past 12 months, this male partner was a:

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

In the past 12 months, did you have anal sex with this man?

- No
- Yes
- I prefer not to answer

In the past 12 months, did you have anal sex without using a condom?

- No
- Yes
- I prefer not to answer
- Don't know

Did you know his HIV status?

- No
- Yes
- I prefer not to answer

What was his HIV status?

- HIV-negative
- HIV-positive
- Indeterminate
- I prefer not to answer

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Male Sex Partners

In the past 12 months, these male partners were:

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

In the past 12 months, did you have anal sex with any of these male partners?

- No
- Yes
- I prefer not to answer
- Don't know

In the past 12 months, did you have anal sex without using a condom with any of these male partners?

- No
- Yes
- I prefer not to answer
- Don't know

In the past 12 months, did you have anal sex without using a condom with a man whose HIV status you did not know?

- No
- Yes
- I prefer not to answer
- Don't know

In the past 12 months, did you have anal sex without using a condom with a man who was HIV positive?

- No
- Yes
- I prefer not to answer
- Don't know

In the past 12 months, did you have anal sex without using a condom with a man who was HIV negative?

- No
- Yes
- I prefer not to answer
- Don't know

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Male Sex Partners

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. If you prefer to leave his initials blank, we will refer to him as "XX".

What is the first initial of his first name?

What is the first initial of his last name?

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Male Sex Partners

When was the last time you had either oral or anal sex with [question("value"), id="205"].[question("value"), id="206"].?

Month:

Year:

Was [question("value"), id="205"].[question("value"), id="206"]. 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)?

- Main sex partner

Casual sex partner

I prefer not to answer

Don't know

That last time you had sex with [question("value"), id="205"].[question("value"), id="206"]., did you have receptive anal sex where he put his penis in your anus (you were the bottom)?

No

Yes

I prefer not to answer

Don't know

During that last time you had receptive anal sex, did [question("value"), id="205"].[question("value"), id="206"]. use a condom?

No

Yes

I prefer not to answer

Don't know

Did [question("value"), id="205"].[question("value"), id="206"]. use the condom the whole time?

No

Yes

I prefer not to answer

Don't know

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)?

No

Yes

- I prefer not to answer
- Don't know

During insertive anal sex that last time, did you use a condom?

- No
- Yes
- I prefer not to answer
- Don't know

Did you use the condom the whole time?

- No
- Yes
- I prefer not to answer
- Don't know

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Expiration Date:

Male Sex Partners

Before or during the last time you had sex with [question("value"), id="205"].[question("value"), id="206"]., did you use:

- Alcohol
- Drugs
- Both alcohol and drugs
- Neither one
- I prefer not to answer
- Don't know

For the next questions, a drink of alcohol is a 12 oz beer, a 5 oz glass of wine, or a 1.5 oz shot of liquor. A 40 oz beer would count as three drinks. A cocktail with 2 shots would



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



1 Regular Beer
12 oz.



1 Glass of Wine
5 oz.

How many alcoholic drinks did you have before or during sex the last time you had sex with [question("value"), id="205"].[question("value"), id="206"].?

Number of drinks

That last time you had sex with [question("value"), id="205"].[question("value"), id="206"]., which drugs did you use? Check all that apply.

Marijuana

Powdered cocaine

Poppers

X or Ecstasy

Painkillers (Oxycontin, Vicodin, Percocet)

Downers (Valium, Ativan, Xanax)

Crystal meth (tina, crank, ice)

Hallucinogens (LSD, mushrooms)

Special K (ketamine)

GHB

Heroin

Speedballs (heroin and cocaine together)

Crack cocaine

Other drug

I prefer not to answer

Don't know

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Male Sex Partners

The last time you had sex with [question("value"), id="205"].[question("value"), id="206"]., did you know his HIV status?

- No
- Yes
- I prefer not to answer

What was [question("value"), id="205"].[question("value"), id="206"].'s HIV status?

- HIV-negative
- HIV-positive
- Indeterminate
- I prefer not to answer

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Expiration Date:

Male Sex Partners

When you had sex that last time, did you give [question("value"), id="205"].[question("value"), id="206"]. things like money or drugs in exchange for sex?

- No
- Yes
- I prefer not to answer
- Don't know

When you had sex that last time, did [question("value"), id="205"].[question("value"), id="206"]. give you things like money or drugs in exchange for sex?

- No
- Yes
- I prefer not to answer
- Don't know

Was [question("value"), id="205"].[question("value"), id="206"]. younger than you, older than you, or the same age as you?

- Younger
- Older
- Same age
- I prefer not to answer
- Don't know

What was [question("value"), id="205"].[question("value"), id="206"].'s age?

years

Which of the following best describes [question("value"), id="205"].[question("value"), id="206"].'s racial or ethnic background?

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Other Pacific Islander
- White
- I prefer not to answer
- Don't know

As far as you know, has [question("value"), id="205"].[question("value"), id="206"]. ever injected drugs like heroin, cocaine, or speed?

Would you say he:

- Definitely did not
- Probably did not
- Probably did
- Definitely did
- I prefer not to answer
- Don't know

As far as you know, has [question("value"), id="205"].[question("value"), id="206"]. ever used crystal meth (tina, crank, ice)?

Would you say he:

- Definitely did not
- Probably did not
- Probably did
- Definitely did
- I prefer not to answer
- Don't know

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Male Sex Partners

Did you have sex with [question("value"), id="205"].[question("value"), id="206"]. one time ('one-night stand') or more than one time?

- One time
- More than one time
- I prefer not to answer

- Don't know

How long have you been having a sexual relationship with [question("value"), id="205"].[question("value"), id="206"].?

- Days
- Months
- Years
- Prefer not to answer
- Don't know

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Male Sex Partners

As far as you know, during the time you were having a sexual relationship with [question("value"), id="205"].[question("value"), id="206"]., did he have sex with other people?

Would you say he:

- Definitely did not
- Probably did not
- Probably did
- Definitely did
- I prefer not to answer
- Don't know

During the time you were having a sexual relationship with [question("value"), id="205"].[question("value"), id="206"]., did you have sex with other people?

- No
- Yes
- I prefer not to answer
- Don't know

As far as you know, during the past 12 months when you were having a sexual relationship with [question("value"), id="205"].[question("value"), id="206"]., did he have sex with other people?

Would you say he:

- Definitely did not
- Probably did not
- Probably did
- Definitely did
- I prefer not to answer
- Don't know

During the past 12 months when you were having a sexual relationship with [question("value"), id="205"].[question("value"), id="206"]., did you have sex with other people?

- No
- Yes
- I prefer not to answer
- Don't know

Where did you first meet [question("value"), id="205"].[question("value"), id="206"].?

- Internet
- House party
- Chat line
- Bar/Club
- Circuit party or Rave
- Cruising area
- Place of worship (e.g. church, synagogue, mosque)
- Adult bookstore
- Bath house, sex club or sex resort

- Private sex party
- Somewhere else
- I prefer not to answer
- Don't know

In the past 12 months, how often have you gone to a place where gay men hang out, meet or socialize? These could include bars, clubs, social organizations, parks, gay businesses, bookstores, sex clubs, etc.

- Never
- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

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).

- Never
- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month

- Less than once a month
- I prefer not to answer
- Don't know

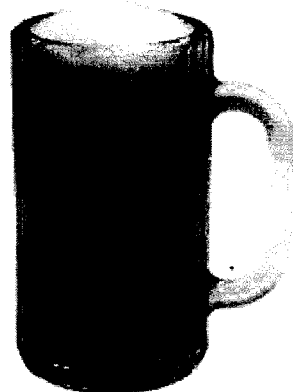
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Substance Use - Alcohol Use

For the next questions, a drink of alcohol is a 12 oz beer, a 5 oz glass of wine, or a 1.5 oz shot of liquor. A 40 oz beer would count as 3 drinks. A cocktail with 2 shots would count as 2 drinks.



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



1 Regular Beer
12 oz.



1 Glass of Wine
5 oz.

In the past 12 months, how often did you drink any alcohol such as beer, wine, malt liquor, or hard liquor?

- Never
- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month

LESS than once a month

I prefer not to answer

Don't know

In the past 12 months, how often did you have 5 or more alcoholic drinks in one sitting?

Never

More than once a day

Once a day

More than once a week

Once a week

More than once a month

Once a month

Less than once a month

I prefer not to answer

Don't know

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Substance Use - Injection Drug Use

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

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.

No

Yes

I prefer not to answer

Don't know

In the past 12 months, on average, how often did you inject?

- Never**
- More than once a day**
- Once a day**
- More than once a week**
- Once a week**
- More than once a month**
- Once a month**
- Less than once a month**
- I prefer not to answer**
- Don't know**

Which drug do you inject most often?

- Speedball - Heroin and cocaine together**
- Heroin, by itself**
- Cocaine, by itself**
- Crack**
- Crystal, meth, tina, crank, ice**
- Something else**
- I prefer not to answer**
- Don't know**

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Substance Use - Non-Injection Drug Use

In the past 12 months, have you used any non-injection drugs (drugs you did not inject),

Other than those prescribed for you.

- No
- Yes
- I prefer not to answer
- Don't know

In the past 12 months which drugs did you use? Check all that apply.

- Marijuana
- Powdered cocaine (smoked or snorted)
- Poppers (amyl nitrate)
- X or Ecstasy
- Painkillers (Oxycontin, Vicodin, Percocet)
- Downers (Valium, Ativan, Xanax)
- Crystal meth (tina, crank, ice)
- Hallucinogens (LSD, mushrooms)
- Special K (ketamine)
- GHB
- Crack cocaine
- Other drug
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use marijuana?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month

- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use powdered cocaine (smoked or snorted)?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use poppers (amyl nitrate)?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use X or Ecstasy?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use painkillers (Oxycontin, Vicodin, Percocet)?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use downers (Valium, Ativan, Xanax)?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month

- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use crystal meth (tina, crank, ice)?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use hallucinogens (LSD, mushrooms)?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use special K (ketamine)?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use GHB?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month
- Once a month
- Less than once a month
- I prefer not to answer
- Don't know

In the past 12 months, how often did you use crack cocaine?

- More than once a day
- Once a day
- More than once a week
- Once a week
- More than once a month

- Once a month**
- Less than once a month**
- I prefer not to answer**
- Don't know**

In the past 12 months, how often did you use an other drug?

- More than once a day**
- Once a day**
- More than once a week**
- Once a week**
- More than once a month**
- Once a month**
- Less than once a month**
- I prefer not to answer**
- Don't know**

In the past 12 months, have you used Viagra, Levitra or Cialis?

- No**
- Yes**
- I prefer not to answer**
- Don't know**

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HIV Testing

Have you ever been tested for HIV? An HIV test checks whether someone has the virus that causes AIDS.

- No**

- I prefer not to answer
- Don't know

In the past 2 years, that is, since [question("value"), id="359"] of [question("value"), id="362"], how many times have you been tested for HIV?

When did you have your most recent HIV test?

Month:

Year:

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HIV Testing

When you got tested in [question("title"), id="256"] of [question("value"), id="257"], where did you get tested?

- Private doctor's office
- HIV counseling and testing site
- Public health clinic/community health clinic
- Street outreach program/mobile unit
- Sexually transmitted disease clinic
- Hospital (inpatient)
- Correctional facility (jail or prison)
- Emergency room
- At home
- Other
- I prefer not to answer
- Don't know

The next questions 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.

When you last got tested in [question("title"), id="256"] of [question("value"), id="257"] 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?

- No
- Yes
- I prefer not to answer
- Don't know

Under which circumstances did you use the over-the-counter rapid HIV test? Check all that apply.

I used it to test myself regularly

I used it to test myself before having sex with a new partner

I asked my sex partner to test himself/herself before having sex with me

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

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

Other reason (Specify)

I prefer not to answer

Don't know

In the past 12 months, how often have you used an over-the-counter rapid HIV test to test yourself regularly?

- I used it to test myself every 3 months or less
- I used it to test myself every 4-6 months
- I used it to test myself every 7-12 months

I used it to test myself at some other time interval

I prefer not to answer

Don't know

What was the result of your most recent HIV test?

Negative

Positive

Never obtained results

Indeterminate

I prefer not to answer

Don't know

Before your test in [question("title"), id="256"] of [question("value"), id="257"], did you ever test positive for HIV?

No

Yes

I prefer not to answer

Don't know

Was your test in [question("title"), id="256"] of [question("value"), id="257"] your first positive test?

No

Yes

I prefer not to answer

Don't know

When did you first test positive?

Month:

-- Please Select --

Year:

-- Please Select --

Are you currently taking antiretroviral medicines to treat your HIV infection?

- No**
- Yes**
- I prefer not to answer**
- Don't know**

What is the main reason you are not currently taking any antiretroviral medicines?

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

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Antiretroviral Medicines

Researchers are studying whether antiretroviral medicines could possibly be taken to prevent HIV.

Researchers are studying whether anti-HIV medicine (also called antiretrovirals)-- a pill -- could possibly be taken to prevent HIV infection.

Before today, have you ever heard of people who do not have HIV taking antiretroviral medicines/anti-HIV medicines, to keep from getting HIV?

- No**
- Yes**
- I prefer not to answer**
- Don't know**

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?

- No
- Yes
- I prefer not to answer
- Don't know

In the past 12 months, have you taken anti-HIV medicines after sex because you thought it would keep you from getting HIV?

- No
- Yes
- I prefer not to answer
- Don't know

In the past 12 months, have you taken anti-HIV medicines before sex because you thought it would keep you from getting HIV?

- No
- Yes
- I prefer not to answer
- Don't know

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

	No	Yes	I prefer not to answer	Don't know
Doctor or other health care provider	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sex partner, friend, relative, or acquaintance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Internet	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Would you be willing to take anti-HIV medicines every day to lower your chances of getting HIV?

- No
- Yes
- I prefer not to answer
- Don't know

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Stigma & Discrimination

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

Most people in my area would discriminate against someone with HIV.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree
- I prefer not to answer
- Don't Know

Most people in my area would support the rights of a person with HIV to live and work wherever they wanted to.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree

- Strongly Disagree
- I prefer not to answer
- Don't Know

Most people in my area would not be friends with someone with HIV.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree
- I prefer not to answer
- Don't Know

Most people in my area would think that people who got HIV through sex or drug use have gotten what they deserve.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly Disagree
- I prefer not to answer
- Don't Know

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Health Conditions & Services

Has a doctor, nurse or other health care provider ever told you that you had hepatitis?

- No

I prefer not to answer

Don't know

Has a doctor, nurse or other health care provider ever told you that you had genital herpes?

No

Yes

I prefer not to answer

Don't know

Has a doctor, nurse or other healthcare provider ever told you that you had genital warts?

No

Yes

I prefer not to answer

Don't know

Has a doctor, nurse or other healthcare provider ever told you that you had human papillomavirus or HPV?

No

Yes

I prefer not to answer

Don't know

What type or types of hepatitis have you had? Check all that apply.

Hepatitis A

Hepatitis B

Hepatitis C

Other

I prefer not to answer

Don't know

In the past 12 months (since [question("value"), id="359"] of [question("value"), id="361"]), has a doctor, nurse or other health care provider told you that you had gonorrhea?

No

Yes

I prefer not to answer

Don't know

In the past 12 months (since [question("value"), id="359"] of [question("value"), id="361"]), has a doctor, nurse or other health care provider told you that you had chlamydia?

No

Yes

I prefer not to answer

Don't know

In the past 12 months (since [question("value"), id="359"] of [question("value"), id="361"]), has a doctor, nurse or other health care provider told you that you had syphilis?

No

Yes

I prefer not to answer

Don't know

Even though a doctor, nurse or other health care provider did not tell you that you had Gonorrhea, in the past 12 months, (since [question("value"), id="359"] of [question("value"), id="361"]), were you tested for gonorrhea?

No

Yes

I prefer not to answer

Don't know

Even though a doctor, nurse or other health care provider did not tell you that you had Chlamydia, in the past 12 months, (since [question("value"), id="359"] of [question("value"), id="361"]), were you tested for chlamydia?

No

Yes

I prefer not to answer

Don't know

Even though a doctor, nurse or other health care provider did not tell you that you had Syphilis, in the past 12 months, (since [question("value"), id="359"] of [question("value"), id="361"]), were you tested for syphilis?

No

Yes

I prefer not to answer

Don't know

There are vaccines or shots that can prevent some types of hepatitis. Have you ever had a hepatitis vaccine?

No

Yes

I prefer not to answer

Don't know

What type or types of hepatitis vaccine have you had?

Hepatitis A vaccine

Hepatitis B vaccine

Both Hepatitis A and B vaccines

- I prefer not to answer
- Don't know

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?

- No
- Yes
- I prefer not to answer
- Don't know

How old were you when you received your first dose of the HPV vaccine?

years

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Assessment of Prevention Activities

In the past 12 months, have you gotten any free condoms, not counting those given to you by a friend, relative, or sex partner?

- No
- Yes
- I prefer not to answer
- Don't know

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 where you had a conversation as part of an HIV test.

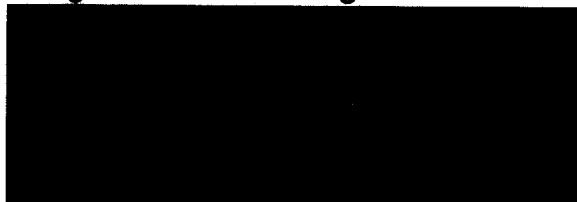
- No
- Yes
- I prefer not to answer

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.

- No
- Yes
- I prefer not to answer
- Don't know

In the past 12 months, how often did you see or hear the following campaign slogans or messages?

Testing Makes Us Stronger



- Never
- Rarely
- Sometimes
- Often
- Very often
- I prefer not to answer
- Don't know

Greater than AIDS



- Never
- Rarely
- Sometimes

Often

Very often

I prefer not to answer

Don't know

'Ringer' Campaign

Never

Rarely

Sometimes

Often

Very often

I prefer not to answer

Don't know

ACT Against AIDS Campaign 1

Never

Rarely

Sometimes

Often

Very often

I prefer not to answer

Don't know

ACT Against AIDS Campaign 2

Never

Rarely

Sometimes

Often

Very often

I prefer not to answer

Don't know

Local Campaign

- Never
- Rarely
- Sometimes
- Often
- Very often
- I prefer not to answer
- Don't know

You said you saw or heard Testing Makes Us Stronger. On a scale of 0 to 5, where 0 means 'not very effective' and 5 means 'very effective', how effective do you think this campaign slogan or message is?



You said you saw or heard Greater than AIDS. On a scale of 0 to 5, where 0 means 'not very effective' and 5 means 'very effective', how effective do you think this campaign slogan or message is?



You said you saw or heard 'Ringer' Campaign. On a scale of 0 to 5, where 0 means 'not very effective' and 5 means 'very effective', how effective do you think this campaign slogan or message is?



You said you saw or heard ACT Against AIDS Campaign 1. On a scale of 0 to 5, where 0 means 'not very effective' and 5 means 'very effective', how effective do you think this campaign slogan or message is?

Not Effective

Very Effective

You said you saw or heard ACT Against AIDS Campaign 2. On a scale of 0 to 5, where 0 means 'not very effective' and 5 means 'very effective', how effective do you think this campaign slogan or message is?

Not Effective

Very Effective

You said you saw or heard Local Campaign. On a scale of 0 to 5, where 0 means 'not very effective' and 5 means 'very effective', how effective do you think this campaign slogan or message is?

Not Effective

Very Effective

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 might reach other men like you who might like to complete this survey?

And finally...

Who is the sexiest man on the planet?

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Survey End