

**HEALTHY RELATIONSHIPS PRE-QUESTIONNAIRE**

You are being asked to complete a survey about your feelings, beliefs, behaviors and relationships. The reason we are doing this survey is to help us make better health programs for young women. There are NO right or wrong answers. Some of the questions are very personal, but in order for us to learn about what young women really think and feel we need you to answer these questions honestly. You have the right to decline to participate entirely or to skip questions on the questionnaire and still participate in the SiHLE workshops. All of your responses are **confidential** and your name will in no way be linked to your answers.

**PART 1: PARTICIPANT IDENTIFICATION NUMBER**

In order to keep your responses anonymous we will use the following code as your ID. This number will be entered each time you answer a survey for the SiHLE program

Participant ID: \_\_\_\_\_ *(only to be entered by SiHLE interviewer)*

**PART 2: KNOWLEDGE & ATTITUDE**

The following questions are about people you are close to. These people might also help you sometimes. Using the scale below please indicate how much you Agree or Disagree with each of the following statements.

1.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Strongly Disagree	Somewhat disagree	Somewhat Agree	Strongly Agree

<b>a.</b>	There is a special person who is around when I am in need.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>b.</b>	There is a special person I can share my joys and sorrows with.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>c.</b>	My family really tries to help me.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>d.</b>	I get the emotional help and support I need from my family.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>e.</b>	I have a special person who is a real source of comfort to me.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>f.</b>	My friends really try to help me.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>g.</b>	I can count on my friends when things go wrong.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>h.</b>	I can talk about my problems with my family.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>i.</b>	I have friends I can share my joys and sorrows with.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>j.</b>	There is a special person in my life who cares about my feelings.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>k.</b>	My family is willing to help me make decisions.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

The next set of statements are about how you may or may not have felt during the last week. Select the answer that best describes how often you felt like this in the past week.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Less than 1 Day	1-2 Days	3-4 Days	5-7 Days

2.

<b>a.</b>	I felt that I could not shake off the blues even with help from my family and friends.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>b.</b>	I felt depressed.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>c.</b>	I thought my life had been a failure.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>d.</b>	I felt fearful.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>e.</b>	My sleep was restless.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>f.</b>	I felt lonely.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>g.</b>	I had crying spells.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>h.</b>	I felt sad.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

The following statements are about sexually transmitted diseases or STDs. Please use the following scale to select your response.

<b>1</b>	<b>2</b>	<b>3</b>
True	False	Don't Know

3.

<b>a.</b>	Birth control pills protect women against the AIDS virus.	<b>1</b>	<b>2</b>	<b>3</b>
<b>b.</b>	Most people who have AIDS look sick.	<b>1</b>	<b>2</b>	<b>3</b>
<b>c.</b>	Men are more susceptible (or likely) to get an STD infection than women.	<b>1</b>	<b>2</b>	<b>3</b>
<b>d.</b>	Having an STD can increase the risk of getting an HIV infection.	<b>1</b>	<b>2</b>	<b>3</b>
<b>e.</b>	If a man has an STD, he will have noticeable symptoms on his penis.	<b>1</b>	<b>2</b>	<b>3</b>
<b>f.</b>	STDs can cause infertility, spontaneous abortions, or still births.	<b>1</b>	<b>2</b>	<b>3</b>
<b>g.</b>	STDs can only be passed through open sores or lesions.	<b>1</b>	<b>2</b>	<b>3</b>
<b>h.</b>	If a man pulls out before orgasm (cums), condoms do not need to be used to protect against HIV.	<b>1</b>	<b>2</b>	<b>3</b>
<b>i.</b>	Vaseline and other oils should be used to lubricate condoms.	<b>1</b>	<b>2</b>	<b>3</b>
<b>j.</b>	Condoms cause men physical pain.	<b>1</b>	<b>2</b>	<b>3</b>
<b>k.</b>	Most people who are infected with the AIDS virus look healthy.	<b>1</b>	<b>2</b>	<b>3</b>

4.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>				
Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree				
<b>a.</b>	My sexual experiences do not put me at risk for contracting HIV/AIDS.			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>b.</b>	There is a possibility that I may have HIV.			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>c.</b>	I may have had sex with someone who has HIV.			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>d.</b>	I am at risk for HIV/AIDS.			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>e.</b>	My sexual partner(s)' behavior may place me at risk for HIV/AIDS.			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

5. Please check all that apply. "I will not get HIV because.... "

- |   |   |
|---|---|
| <input type="checkbox"/> I am now abstaining from sex                           | <input type="checkbox"/> I always use condoms when having sex |
| <input type="checkbox"/> I have never had sex before                            | <input type="checkbox"/> I am in a monogamous relationship    |
| <input type="checkbox"/> I know that my partner and I have both tested negative | <input type="checkbox"/> I do think that I am at risk         |
| <input type="checkbox"/> other  |   |

**PART 3: PEER NORMS**

Thinking about your friends, who may include family members you consider friends, how many of your friends do you think believes the statements below? Please use the scale below to select the best response

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
None	Few	Some	Most	All

6.

<b>a.</b>	It's okay to have vaginal sex without a condom.	1	2	3	4	5
<b>b.</b>	It's okay to have anal sex without a condom.	1	2	3	4	5
<b>c.</b>	It's okay to be abstinent (choose not to have sex).	1	2	3	4	5
<b>d.</b>	It's okay to have sex with someone you just met.	1	2	3	4	5
<b>e.</b>	Cheating on your boyfriend or partner is okay.	1	2	3	4	5
<b>f.</b>	It's safe to have sex when you are high on drugs or alcohol.	1	2	3	4	5
<b>g.</b>	You don't have to use a condom with someone you know well.	1	2	3	4	5
<b>h.</b>	How many of your friends are having sex.	1	2	3	4	5

The following questions are about you and your current or most recent partner. Please use the following scale to select the best response

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Strongly Disagree	Disagree	Agree	Strongly Agree

7.

<b>a.</b>	If I asked my partner to use a condom, he would get violent.	1	2	3	4
<b>b.</b>	Most of the time we do what my partner wants to do.	1	2	3	4
<b>c.</b>	My partner won't let me wear certain clothes.	1	2	3	4
<b>d.</b>	When my partner and I are together I am pretty quiet.	1	2	3	4
<b>e.</b>	I feel trapped or stuck in my relationships.	1	2	3	4
<b>f.</b>	My partner does what he wants even if I don't want him to.	1	2	3	4
<b>g.</b>	I am more committed to our relationship than my partner.	1	2	3	4
<b>h.</b>	My partner always wants to know where I am.	1	2	3	4
<b>i.</b>	My partner gets more out of the relationship than I do.	1	2	3	4
<b>j.</b>	Having a partner at all times is important to me.	1	2	3	4
<b>k.</b>	There are a lot of good men around to have a relationship with.	1	2	3	4
<b>l.</b>	I tell my partner who he can spend time with.	1	2	3	4
<b>m.</b>	No other man could love me the way my partner does.	1	2	3	4
<b>n.</b>	My partner cares more about me than I do about him.	1	2	3	4
<b>o.</b>	There is nothing I won't do for my partner.	1	2	3	4
<b>p.</b>	I have sex with no one else but my partner.	1	2	3	4
<b>q.</b>	My partner and I have equal say about important decisions that affect us.	1	2	3	4

8. Thinking about how sure you **are** or **are not** please use the following scale to select the best response.

1	2	3	4
I definitely can't say No	I can't say No	I can Say NO	I Definitely Can Say NO

<b>a.</b>	That you would be able to say NO to having sex with someone you have known for a few days or less?	1	2	3	4
<b>b.</b>	That you would be able to say NO to having sex with someone you want to date again?	1	2	3	4
<b>c.</b>	That you would be able to say NO to having sex with someone who you want to fall in love with you?	1	2	3	4
<b>d.</b>	That you would be able to say NO to having sex with someone who is pressuring you to have sex?	1	2	3	4
<b>e.</b>	That you would be able to say NO to having sex with someone after you have been drinking alcohol?	1	2	3	4
<b>f.</b>	That you would be able to say NO to having sex with someone who refuses to wear a condom?	1	2	3	4
<b>g.</b>	That you would be able to say NO to having sex with someone who you have had sex with before	1	2	3	4

#### **PART 4: ABOUT YOUR SEXUAL BEHAVIOR**

In this section, we would like to ask you some questions about your sexual relationships. Please remember, all information that you provide is **confidential**.

The next few questions are about your beliefs about abstinence. Abstinence is when a person does NOT have sexual intercourse for AT LEAST 2 months or more.

9. What is the longest amount of time you have gone without having sex in the past year? (Choose one)

One month or less     
  Two Months     
  Three Months  
 Four Months     
  Five Months     
  Six Months or more

10. In the past 3 months, was there a time period when you didn't have sex for two months or more in a row?

Yes       No (Skip to Question 15)

11. What was your reason for NOT having sex? (Choose one)

didn't have a partner     
  My partner was away     
  I was upset with my partner  
 I was pregnant     
  I was sick     
  I didn't want to  
 My partner didn't want to     
  Other: \_\_\_\_\_

12. Thinking about the time you were abstinent, NOT having sex, please circle the best response

<b>a.</b>	Did you perform oral sex on a guy	<b>Yes</b>	<b>No</b>
<b>b.</b>	Did you receive oral sex from a guy?	<b>Yes</b>	<b>No</b>
<b>c.</b>	Did you self-masturbate?	<b>Yes</b>	<b>No</b>
<b>d.</b>	Did you masturbate your male partner (jack your partner off)?	<b>Yes</b>	<b>No</b>

13. Which statement best describes you (choose one)

- I am very interested in becoming abstinent       I am somewhat interested in becoming abstinent  
 I am not interested in becoming abstinent       Refuse to answer

14. Which statement best describes your current or most recent boyfriend or partner (choose one)

- I think my partner is very interested in becoming abstinent  
 I think my partner is somewhat interested in becoming abstinent  
 I think my partner is not interested in becoming abstinent  
 Don't have a current sex partner

15. Have you ever had vaginal sex? Yes      No (Skip to question 19)

16. If yes, thinking about the very last time you had vaginal sex (penis in vagina) did you use a condom to prevent STD/HIV infection?      Yes      No

17. If yes to #15, thinking about the very last time you had vaginal sex (penis in vagina) did you use a condom to prevent pregnancy?      Yes      No

Using the Scale below please circle the best response

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Never	Rarely	Frequently	All of the Time	Not applicable (no sex in 6 months)

18.

<b>a.</b>	In the past 3 months how often did you use a condom (male or female) during vaginal sex	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
-----------	---	----------	----------	----------	----------	----------

19. Have you ever performed oral sex on a man (mouth on penis)? Yes      No (skip to question 22)

20. If yes, thinking about the very last time did you use a latex barrier?      Yes      No

21. Using the scale above please circle the appropriate response

<b>a.</b>	In the past 3 months how often did you use a latex barrier when performing oral sex on a man (please select one)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
-----------	--	----------	----------	----------	----------	----------

22. Have you ever had anal sex (penis in anus)?      Yes      No (skip to question 25)

23. If yes, thinking about the very last time, did your male partner use a condom? Yes      No

24. Using the previous scale please circle the best response

<b>a.</b>	In the past 3 months how often did you use a latex barrier when having anal sex?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
-----------	--	----------	----------	----------	----------	----------

The next few questions are about using condoms. Even if you have never used condoms, think about how much of a problem it would be for you to do the following statements. Using the scale below, circle the best response

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
None	Not Much	A Little	Some	A lot

25.

<b>a.</b>	How much of a problem would it be for you to put a condom on a hard penis?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>b.</b>	How much of a problem would it be for you to unroll a condom down correctly on the first try?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>c.</b>	How much of a problem would it be for you to start over using a new condom if you placed it on the wrong way?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>d.</b>	How much of a problem would it be for you to unroll a condom fully to the base of a penis?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>e.</b>	How much of a problem would it be for you to squeeze air from the tip of a condom?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>f.</b>	How much of a problem would it be for you to take a condom off without spilling the semen?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>g.</b>	How much of a problem would it be for you to take a condom off before your partner loses his erection?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>h.</b>	How much of a problem would it be for you to dispose of a used condom?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>i.</b>	How much of a problem would it be for you to use a water-based lubricant with a condom?	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

The next set of questions are about how you feel about condom use. Circle the appropriate answer:

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Strongly Disagree	Somewhat disagree	Somewhat Agree	Strongly Agree

26.

<b>a.</b>	Using a condom makes sex less enjoyable for me.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>b.</b>	If I asked my partner to use a condom, he would think I am trying to protect our health.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>c.</b>	If I asked my partner to use a condom, he would get angry.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>d.</b>	Using a condom makes sex less enjoyable for my partner.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>e.</b>	If I asked my partner to use a condom, he would think that I am having sex with other people.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>f.</b>	If I asked my partner to use a condom, he would agree.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>g.</b>	If my partner asked me to use a condom, I would get angry.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>h.</b>	If my partner asked me to use a condom, I would think that he is having sex with other people.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>i.</b>	If my partner asked me to use a condom I would agree.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>j.</b>	If I asked my partner to use a condom, he would get violent.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
<b>k.</b>	If my partner asked me to use a condom, I would think that he is trying to protect our health.	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>



Think about how hard it is for you to do each of the following with a current or most recent boyfriend or main partner. Indicate how hard or easy it would be for you by selecting the number that corresponds to your answer.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Very Hard	Hard	Easy	Very Easy

27.

<b>a.</b>	How hard is it for you to ask how many sex partners he has had?	1	2	3	4
<b>b.</b>	How hard is it for you to ask if he is having sex with you and other women?	1	2	3	4
<b>c.</b>	How hard is it for you to ask if he has a STD?	1	2	3	4
<b>d.</b>	How hard is it for you to ask if he has HIV?	1	2	3	4
<b>e.</b>	How hard is it for you to ask if he would use a condom?	1	2	3	4
<b>f.</b>	How hard is it for you to demand that he use a condom?	1	2	3	4
<b>g.</b>	How hard is it for you to refuse to have sex if he won't wear a condom?	1	2	3	4

Answer the following questions based on the past 90 days referring to your current or most recent boyfriend only. Use the following scale to circle the best response

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
Never	1-3 Times	4-6 Times	7 or more times

28.

<b>a.</b>	How many times have you and your boyfriend or sex partner(s) talked about how to prevent pregnancy?	1	2	3	4
<b>b.</b>	How many times have you and your boyfriend or sex partner(s) talked about how to use condoms?	1	2	3	4
<b>c.</b>	How many times have you and your boyfriend or sex partner(s) talked about how to prevent getting the AIDS virus?	1	2	3	4
<b>d.</b>	How many times have you and your boyfriend or sex partner(s) talked about how to prevent getting STDs?	1	2	3	4
<b>e.</b>	How many times have you and your boyfriend or sex partner(s) talked about his sexual history?	1	2	3	4

**PART 5: OPINIONS & BELIEFS**

Now, I would like to ask you some questions about your opinions and beliefs in different situations. There is no right or wrong answer. We would like to know how you feel. Using the following scales, please circle the answer that you most agree with.

29.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		
Much Greater	Slightly Greater	About the Same	Slightly Less	Much Less		
<b>a.</b>	Compared to other African American women, my chances of experiencing a tragic event are.....	1	2	3	4	5
<b>b.</b>	Compared to other African American women, my chances of accidentally becoming pregnant are.....	1	2	3	4	5
<b>c.</b>	Compared to other African American women, my chances of experiencing positive life events are.....	1	2	3	4	5
<b>d.</b>	Compared to other African American women, my chances of contracting a sexually transmitted disease are.....	1	2	3	4	5
<b>e.</b>	Compared to other African American women, my chances of contracting HIV are.....	1	2	3	4	5

30. Do you have a religious affiliation/orientation? (e.g., Baptist, Methodist, Agnostic, etc.)

\_\_\_\_\_ No \_\_\_\_\_ Yes, **If yes please specify** \_\_\_\_\_

31. The following questions are about your beliefs as it relates to either religion and/or spirituality.

Please use the following scale to select the best response

	1	2	3	4	5
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
a.	Religion/Spirituality is in important to me.				1 2 3 4 5
b.	My religious/spiritual beliefs do not have influence on my decision to have sex				1 2 3 4 5
c.	I do not feel comfortable discussing my religious/spiritual beliefs with my partner(s)				1 2 3 4 5
d.	My religious/spiritual beliefs influence my decision to not have sex				1 2 3 4 5
e.	My decision to use or not use condoms is based on my religious/spiritual beliefs				1 2 3 4 5
f.	Because of my religious/spiritual beliefs I feel bad when I have sex.				1 2 3 4 5
g.	Because of my religious/spiritual beliefs I feel bad when I use contraception like birth control pills				1 2 3 4 5
h.	Because of my religious/spiritual beliefs I feel bad when I use condoms during sex.				1 2 3 4 5
i.	My place of worship is not a place that I feel comfortable discussing issues related to sex				1 2 3 4 5
j.	My place of worship understands the sexual pressures young women face today.				1 2 3 4 5

**PART 6: BACKGROUND INFORMATION**

32. How would you rate your HIV knowledge?

\_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent

33. Have you ever been tested for HIV?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, did you return for your results?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, were you tested within the past:

\_\_\_\_\_ 3 months \_\_\_\_\_ 9 months  
 \_\_\_\_\_ 6 months \_\_\_\_\_ over a year ago

34. How likely are you to get an HIV test in the next 3 months?

\_\_\_\_\_ Very unlikely \_\_\_\_\_ Unlikely \_\_\_\_\_ Likely \_\_\_\_\_ Very Likely

35. Are you currently trying to become pregnant?

\_\_\_\_\_ Yes \_\_\_\_\_ No

36. Have you visited a health clinic in the past 90 days?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**THANK YOU KINDLY FOR YOUR PARTICIPATION**



**HEALTHY RELATIONSHIPS POST QUESTIONNAIRE**

You are being asked to complete a survey about your feelings, beliefs, behaviors and relationships. The reason we are doing this survey is to help us make better health programs for young women. There are NO right or wrong answers. Some of the questions are very personal, but in order for us to learn about what young women really think and feel we need you to answer these questions honestly. You have the right to decline to participate entirely or to skip questions on the questionnaire and still participate in the SiHLE workshops. All of your responses are **confidential** and your name will in no way be linked to your answers.

**PART 1: IDENTIFYING QUESTIONS**

In order to keep your responses anonymous we will use the following code as your ID. This number will be entered each time you answer a survey for the SiHLE program

Participant ID: \_\_\_\_\_ *(only to be entered by SiHLE interviewer)*

**PART 2: KNOWLEDGE & ATTITUDE**

The following statements are about sexually transmitted diseases or STDs. Please use the following scale to select your response.

<b>1</b>	<b>2</b>	<b>3</b>
True	False	Don't Know

1.

<b>a.</b>	Birth control pills protect women against the AIDS virus	<b>1</b>	<b>2</b>	<b>3</b>
<b>b.</b>	Most people who have AIDS look sick.	<b>1</b>	<b>2</b>	<b>3</b>
<b>c.</b>	Men are more susceptible (or likely) to get an STD infection than women.	<b>1</b>	<b>2</b>	<b>3</b>
<b>d.</b>	Having an STD can increase the risk of getting an HIV infection	<b>1</b>	<b>2</b>	<b>3</b>
<b>e.</b>	If a man has an STD, he will have noticeable symptoms on his penis	<b>1</b>	<b>2</b>	<b>3</b>
<b>f.</b>	STDs can cause infertility, spontaneous abortions, or still births	<b>1</b>	<b>2</b>	<b>3</b>
<b>g.</b>	STDs can only be passed through open sores or lesions	<b>1</b>	<b>2</b>	<b>3</b>
<b>h.</b>	If a man pulls out before orgasm (cums), condoms do not need to be used to protect against HIV	<b>1</b>	<b>2</b>	<b>3</b>
<b>i.</b>	Vaseline and other oils should be used to lubricate condoms	<b>1</b>	<b>2</b>	<b>3</b>
<b>j.</b>	Condoms cause men physical pain	<b>1</b>	<b>2</b>	<b>3</b>
<b>k.</b>	Most people who are infected with the AIDS virus look healthy	<b>1</b>	<b>2</b>	<b>3</b>

2.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>				
	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree				
<b>a.</b>	My sexual experiences do not put me at risk for contracting HIV/AIDS.				<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>b.</b>	There is a possibility that I may have HIV.				<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>c.</b>	I may have had sex with someone who has HIV				<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>d.</b>	I am at risk for HIV/AIDS				<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>e.</b>	My sexual partner(s)' behavior may place me at risk for HIV/AIDS				<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

3. Please check all that apply. "I will not get HIV because...."

- |   |   |
|---|---|
| <input type="checkbox"/> I am now abstaining from sex                           | <input type="checkbox"/> I always use condoms when having sex |
| <input type="checkbox"/> I have never had sex before                            | <input type="checkbox"/> I am in a monogamous relationship    |
| <input type="checkbox"/> I know that my partner and I have both tested negative | <input type="checkbox"/> I <b>do</b> think I am at risk       |
| <input type="checkbox"/> other  |   |

4. Thinking about how sure you are or are not please use the following scale to select the best response.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>
I definitely can't say No	I can't say No	I can Say NO	I Definitely Can Say NO

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OClO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

a.	That you would be able to say NO to having sex with someone you have known for a few days or less?	1	2	3	4
b.	That you would be able to say NO to having sex with someone you want to date again?	1	2	3	4
c.	That you would be able to say NO to having sex with someone who you want to fall in love with you?	1	2	3	4
d.	That you would be able to say NO to having sex with someone who is pressuring you into having sex.	1	2	3	4
e.	That you would be able to say NO to having sex with someone after you have been drinking alcohol	1	2	3	4
f.	That you would be able to say NO to having sex with someone who refuses to wear a condom?	1	2	3	4
g.	That you would be able to say NO to having sex with someone who you have had sex with before.	1	2	3	4

The next few questions are about using condoms. Even if you have never used condoms, think about how much of a problem it would be for you to do the following statements. Using the scale below, circle the best response

1	2	3	4	5
None	Not Much	A Little	Some	A lot

5.

a.	How much of a problem would it be for you to put a condom on a hard penis?	1	2	3	4	5
b.	How much of a problem would it be for you to unroll a condom down correctly on the first try?	1	2	3	4	5
c.	How much of a problem would it be for you to start over using a new condom if you placed it on the wrong way?	1	2	3	4	5
d.	How much of a problem would it be for you to unroll a condom fully to the base of a penis?	1	2	3	4	5
e.	How much of a problem would it be for you to squeeze air from the tip of a condom?	1	2	3	4	5
f.	How much of a problem would it be for you to take a condom off without spilling the semen?	1	2	3	4	5
g.	How much of a problem would it be for you to take a condom off before your partner loses his erection?	1	2	3	4	5
h.	How much of a problem would it be for you to dispose of a used condom?	1	2	3	4	5
i.	How much of a problem would it be for you to use a water-based lubricant with a condom?	1	2	3	4	5

Think about how hard it is for you to do each of the following with a current or most recent boyfriend or main partner. Indicate how hard or easy it would be for you by selecting the number that corresponds to your answer.

1	2	3	4
Very Hard	Hard	Easy	Very Easy

6.

a.	How hard would it be for you to ask how many sex partner he has had?	1	2	3	4
b.	How hard would it be for you to ask if he is having sex with you and other women?	1	2	3	4
c.	How hard would it be for you to ask if he has a STD?	1	2	3	4
d.	How hard would it be for you to ask if he has HIV?	1	2	3	4
e.	How hard would it be for you to ask if he would use a condom?	1	2	3	4
f.	How hard would it be for you to demand that he use a condom?	1	2	3	4
g.	How hard would it be for you to refuse to have sex if he won't wear a condom?	1	2	3	4

7. How would you rate your HIV knowledge?

\_\_\_\_\_ Poor \_\_\_\_\_ Fair \_\_\_\_\_ Average \_\_\_\_\_ Good \_\_\_\_\_ Excellent

8. How likely are you to get an HIV test in the next 3 months?

\_\_\_\_\_ Very unlikely \_\_\_\_\_ Unlikely \_\_\_\_\_ Likely \_\_\_\_\_ Very Likely

**Handout 1E**

**Session I Evaluation**

**Evaluation for: Session 1: Ethnic and Gender Pride**

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 15, where "1" means we did a poor job and "5" means we did an excellent job.

**Statements: Rating ,**

1.	1 feel more pride in myself as an African American woman.	
2.	1 have a better understanding of the importance of personal values.	
3.	I feel I got a lot out of the in-class games/exercises we did today.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were interesting and informative.	

Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

8 Overall, how would you rate today's session? Please circle a number.

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

How could this session be improved?

10. Any other comments?

**Thank You, my SISTA!**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports

**Handout 2G**

**Session 2 Evaluation**

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 1-5, where "1" means we did a poor job and "5" means we did an excellent job.

1. I learned new information about HIV.

2.	The video could help me in my everyday life.	
3.	I feel I got a lot out of the in-class games/exercises we did today.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were interesting and informative.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor		Okay					Excellent		
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today's session? Please circle a number.

Poor		Okay					Excellent		
1	2	3	4	5	6	7	8	9	10

How could this session be improved? Any other comments?

Questions continue on back of page.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

---

11. As a result of last week's session, I made some positive changes in my life.

Yes       No       Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!

**Handout 3H**

**Session 3 Evaluation**

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 15, where "1" means we did a poor job and "5" means we did an excellent job.

		<b>Rating</b>
1.	I am confident I can communicate more effectively.	
2.	I am confident I can start a discussion about condom use with my partner.	
3.	I am confident I can apply the SISTAS Assertiveness Model in my life.	
4.	I feel I got a lot out of the role-play situations.	
5.	Any questions I had were clearly answered.	
6.	The handouts were helpful.	

7. Overall, how would you rate the performance of the group leaders? Please circle a number.

<b>Poor</b>		<b>Okay</b>						<b>Excellent</b>	
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today's session? Please circle a number.

<b>Poor</b>		<b>Okay</b>						<b>Excellent</b>	
1	2	3	4	5	6	7	8	9	10

How could this session be improved? Any other comments? Questions continue on back of page.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer



11. As a result of last week's session, I made some positive changes in my life.

- Yes       No       Did not attend last week's session.

If you checked yes, please describe below the changes you made.

Thank You, my SISTA!

**Handout 4H**

**Session 4 Evaluation**

**Evaluation for Session 4 Behavioral Self-Management Training**

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 15, where "1" means we did a poor job and "5" means we did an excellent job.

Statements	Rating
1. 1 am confident I can communicate more effectively.	
2. 1 am confident I can start a discussion about condom use with my partner.	
3. I am confident I can apply the SISTAS Assertiveness Model in my life.	
4. I feel I got a lot out of the role-play situations.	
5. Any questions I had were clearly answered.	
6. The handouts were helpful.	

Overall, how would you rate the performance of the group leaders? Please circle a number.

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

8. Overall, how would you rate today's session? Please circle a number.

Poor		Okay						Excellent	
1	2	3	4	5	6	7	8	9	10

9. How could this session be improved?

10. Any other comments?

Questions continue on back of page.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

11. As a result of last week's session, I made some positive changes in my life.

Yes

No

Did not attend last week's session.

If you checked yes, please describe below the changes you made.

**Thank You, my SISTA!**

Questions continue on back of page.

**Handout 5F**

**Session 5 Evaluation**

**Evaluation for Session 5: Coping Skills**

Please take a moment to rate how effective we were in presenting information to you today.

Below are a number of statements. Please rate each statement on a scale from 15, where "1" means we did a poor job and "5" means we did an excellent job.

**Statements:**

**Rating**

1.	1 feel I got a lot of the role-play situations about coping.	
2.	I am confident I can apply these coping skills in my life.	
3.	I have a better understanding of the effects of drugs and alcohol.	
4.	Any questions I had were clearly answered.	
5.	The handouts were helpful.	
6.	The group discussions were informative.	
7.	The review of materials we covered in earlier sessions of the SISTA intervention was worthwhile.	

8. Overall, how would you rate the performance of the group leaders? Please circle a number.

9. Overall, how would you rate today's session? Please circle a number.

10. Overall, how would you rate the SISTA intervention? Please circle a number \_\_\_\_\_

**Poor**  
**1**

**Okay**  
**6**

**Excellent**  
**10**

11. How could Session 5 be improved?

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

12. Any other comments?

13. As a result of last week's session, I made same positive changes in my life.

Yes

No

Did not attend last week's session.

If you checked yes, please describe below the changes you made.



Thank You, my SISTA!



## SISTA PRETEST/POSTTEST

**Instructions:**

Please complete this form as honestly and thoroughly as possible. Your responses are very important to us! Your answers will help us learn more about issues that affect African American women like you and will also help us to make improvements and changes to SISTA. Thank you for taking the time to complete this form. Please note that if you are completing this survey for the first time (a pretest), you will be asked to fill out additional copies of the form after SISTA Session 5 or during your booster sessions (a posttest).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

**A. The following statements are about your attitudes toward using condoms.**

**INSTRUCTIONS:** Please indicate how much you agree or disagree with each statement by putting a check mark (✓) under your choice.

	Strongly Disagree	Disagree	Agree	Strongly Agree
1. My main partner would get mad if I said we had to use a male condom.				
2. Male condoms ruin the mood.				
3. Sex doesn't feel as good when you use a condom.				
4. My main partner would think I was having sex with another person if I said we had to use a condom.				
5. Using male condoms would help build trust between my main partner and me.				
6. Sex with condoms doesn't feel natural.				
7. Using male condoms breaks up the rhythm of sex.				

**B. The next questions ask about in which kinds of situations it is more difficult for you to use condoms when you have sex with your main partner. Even if the situation has not happened to you, try to imagine how you would handle it if it ever happened.**

**INSTRUCTIONS:** Place a check mark (✓) under your choice.

	Definitely No	Probably No	Probably Yes	Definitely Yes
8. Can you discuss condom use with your main partner?				
9. Can you insist on condom use if your main partner does not want to use one?				
10. Can you stop and look for condoms when you are sexually aroused?				
11. Can you insist on condom use every time you have sex even when you are under the influence of drugs?				
12. Can you insist on condom use every time you have sex even when your main partner is under the influence of drugs?				
13. Can you put a condom on your main partner without spoiling the mood?				
14. Can you insist on condom use every time you have sex even if you or your main partner uses another method to prevent pregnancy?				

C. The next questions are about your confidence in using condoms with your main partner.

**INSTRUCTIONS:** Place a check mark (✓) under your choice.

Even if you've never used condoms before, how confident or sure are you that you could...	Not Confident or Sure	Somewhat Confident or Sure	Confident	Very Confident or Sure
15. Put a condom on a hard penis.				
16. Unroll a condom down correctly on the first try.				
17. Start over with a new condom if you placed it on the wrong way.				
18. Unroll a condom fully to the base of the penis.				
19. Squeeze air from the tip of a condom.				
20. Take a male condom off without spilling the semen or cum.				

Even if you've never used condoms before, how confident or sure are you that you could...	Not Confident or Sure	Somewhat Confident or Sure	Confident	Very Confident or Sure
21. Take a male condom off before your partner loses their hard-on.				
22. Dispose of a used condom properly.				
23. Use lubricant with a condom.				

D. The next 10 questions are about your knowledge of HIV.

**INSTRUCTIONS:** Select true or false. Place a check mark (✓) under your choice.

	True	False
24. Condoms can help protect you from transmitting or becoming infected with HIV.		
25. Having sex with someone who has HIV is the only way of becoming infected with HIV.		
26. Female condoms are effective in preventing HIV infection.		
27. There is a cure for AIDS.		
28. A positive HIV antibody test means that you have AIDS.		
29. To know if you have HIV you have to take a test.		
30. Having unprotected anal sex increases a person's chance of getting HIV.		
31. HIV is passed most effectively in semen and blood.		
32. Women cannot pass HIV to men.		
33. The safest way to prevent getting HIV is to abstain from sex.		

E. The next few questions are about having sex and using condoms.

**INSTRUCTIONS:** Please respond to these questions as honestly and thoroughly as possible.

1. Please indicate if you have engaged in the following behaviors in the last 12 months:

	Yes	No
a. Injection drug use	<input type="checkbox"/>	<input type="checkbox"/>
b. Sex with transgender	<input type="checkbox"/>	<input type="checkbox"/>
c. Sex with female	<input type="checkbox"/>	<input type="checkbox"/>
d. Sex with male	<input type="checkbox"/>	<input type="checkbox"/>
e. Oral sex with a male		
f. Oral sex with a female		
g. Exchange sex for drugs/money	<input type="checkbox"/>	<input type="checkbox"/>
h. Sex while high or under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>
i. Sex with someone injecting drugs	<input type="checkbox"/>	<input type="checkbox"/>
j. Sex with HIV+ partner	<input type="checkbox"/>	<input type="checkbox"/>
k. Sex with person of unknown HIV status	<input type="checkbox"/>	<input type="checkbox"/>
l. Sex with person who exchanges sex for drugs/money	<input type="checkbox"/>	<input type="checkbox"/>
m. Sex with a man who has sex with men	<input type="checkbox"/>	<input type="checkbox"/>
n. Sex with anonymous partner	<input type="checkbox"/>	<input type="checkbox"/>
o. Sex with hemophiliac or transplant recipient	<input type="checkbox"/>	<input type="checkbox"/>
p. Sex with without a condom	<input type="checkbox"/>	<input type="checkbox"/>

For the following, if you do not know the answer to the question, please put your best guess.

2. Have you had sexual intercourse (vaginal or anal sex) with a partner in the past 12 months?

- Yes
- No

3. How many sexual partners have you had in the past 12 months (if the question does not apply to you, write “0”): \_\_\_\_\_

- a. Of these, how many were anonymous (i.e., you did not know his/her name; have no way to contact him/her again; etc.)? \_\_\_\_\_
- b. How many did you *not know their HIV status*? \_\_\_\_\_

**How many times have you had sex in the past 12 months (if the question does not apply to you, write “0”): \_\_\_\_\_**

4. How many times have you had unprotected sex (i.e., sex without a condom) in the past 12 months (if the question does not apply to you, write "0"): \_\_\_\_\_

a. How many times were you intoxicated or high when you had unprotected sex? \_\_\_\_\_

b. What drug(s) were you using?

- |  |   |
|--|---|
| <input type="checkbox"/> Amphetamines, meth, speed,<br>crystal, or crank | <input type="checkbox"/> Ecstasy                |
| <input type="checkbox"/> Crack   | <input type="checkbox"/> GHB or ketamine        |
| <input type="checkbox"/> Cocaine   | <input type="checkbox"/> Heroin                 |
| <input type="checkbox"/> Downers (including Valium,<br>Ativan, Xanax)    | <input type="checkbox"/> Marijuana              |
| <input type="checkbox"/> Painkillers (including OxyContin,<br>Percocet)  | <input type="checkbox"/> Poppers (amyl nitrite) |
| <input type="checkbox"/> Hallucinogens (including LSD)                   | <input type="checkbox"/> Alcohol                |
|  | <input type="checkbox"/> Other (specify: _____) |
|  | <input type="checkbox"/> Don't know             |

5. Have you shared injection equipment in the past 12 months?

- Yes  
 No

a. How many times did you share needles? \_\_\_\_\_

b. How many times did you share needles with someone whose HIV status you *did not* know?  
\_\_\_\_\_

c. What substances did you inject? (check all that apply)

- Heroin alone  
 Cocaine alone  
 Heroin and cocaine together  
 Crack  
 Amphetamines, speed, crystal,  
meth, ice  
 Other narcotic drugs  
 Hormones  
 Steroids  
 Silicone  
 Botox  
 Other medical substance  
 Other (specify: \_\_\_\_\_)

Don't know

6. Select yes or no. Place a check mark (✓) under your choice.

	Yes	No
a. The last time you had sex did you use a condom?		
b. The next time you have sex do you plan to use a condom?		
c. In the next 3 months, do you plan on using a condom if you have sex?		
d. In the next 3 months, do you plan on using a female condom?		
e. In the past 3 months, did you attempt to use the female condom?		



**BRIEF HIV KNOWLEDGE QUESTIONNAIRE  
(HIV KQ-18)**

- |   |   |   |
|---|---|---|
| 1. Coughing and sneezing DO NOT spread HIV.   | T | F |
| 2. A person can get HIV by sharing a glass of water with someone who has HIV.   | T | F |
| 3. Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex.                            | T | F |
| 4. A woman can get HIV if she has anal sex with a man.  | T | F |
| 5. Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV.                         | T | F |
| 6. All pregnant women infected with HIV will have babies born with AIDS.  | T | F |
| 7. People who have been infected with HIV quickly show serious signs of being infected.                                   | T | F |
| 8. There is a vaccine that can stop adults from getting HIV.  | T | F |
| 9. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV. | T | F |
| 10. A woman cannot get HIV if she has sex during her period.  | T | F |
| 11. There is a female condom that can help decrease a woman's chance of getting HIV.                                      | T | F |
| 12. A natural skin condom works better against HIV than does a latex condom.  | T | F |
| 13. A person will not get HIV if he or she is taking antibiotics.   | T | F |
| 14. Having sex with more than one partner can increase a person's chance of being infected with HIV.                      | T | F |
| 15. Taking a test for HIV one week after having sex will tell a person if she or he has HIV.                              | T | F |
| 16. A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.                            | T | F |
| 17. A person can get HIV from oral sex.   | T | F |
| 18. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.   | T | F |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## HIV 101 QUESTIONNAIRE

You are being asked to complete a survey about your demographics and current knowledge of HIV/AIDS. The reason we are doing this survey is to help us make better health programs. There is NO right or wrong answer. Some of the questions are very personal, but in order for us to learn about what young people really think and feel we need you to answer these questions honestly. You have the right to decline to participate entirely or to skip questions on the questionnaire and still participate in the HIV 101 workshops. All of your responses are **confidential** and your name will in no way be linked to your answers.

### PART 1: IDENTIFYING QUESTIONS

In order to keep your responses anonymous we will use the following code as your ID. This number will be entered each time you answer a survey for the HIV 101 program. The number is simply the last four digits of your student ID.

Participant ID: \_\_\_\_\_ (*only to be entered by HIV 101 interviewer*)

### PART 2: DEMOGRAPHIC INFORMATION

1. What is your age? \_\_\_\_\_ (years old)
2. What is your gender? Male / Female
3. What is your current relationship status?
  - a) Single not in any relationship
  - b) Single, but has a boyfriend/girlfriend
  - c) Friends with benefits
  - d) Engaged
  - e) Married
  - f) Separated or divorced
  - g) Other (please specify) \_\_\_\_\_
4. Which of the following best describes you?
  - a) Heterosexual
  - b) Bisexual
  - c) Gay/Lesbian
  - d) Transgendered
  - e) Not sure
5. Please choose one that best describes you
  - a) African American
  - b) Hispanic, Asian, or another minority group
  - c) Caucasian
  - d) Multi-Racial
  - e) Other (please specify) \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

**PART 3: KNOWLEDGE**

The following statements are about sexually transmitted diseases or STDs. Please use the following scale to select your response.

<b>1</b>	<b>2</b>
True	False

1.	Coughing and sneezing DO NOT spread HIV.	1	2
2.	A person can get HIV by sharing a glass of water with someone who has HIV.	1	2
3.	Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex.	1	2
4.	A woman can get HIV if she has anal sex with a man.	1	2
5.	Showering or washing one's genitals/ private parts, after sex keeps a person from getting HIV.	1	2
6.	All pregnant women infected with HIV will have babies born with AIDS.	1	2
7.	People who have been infected with HIV quickly show serious signs of being infected.	1	2
8.	There is a vaccine that can stop adults from getting HIV.	1	2
9.	People are likely to get HIV by deep kissing, putting their tongue in their partners' mouth, if their partner has HIV.	1	2
10.	A woman cannot get HIV if she has sex during her period.	1	2
11.	There is a female condom that can help decrease a woman's chance of getting HIV.	1	2
12.	A natural skin condom works better against HIV than does a latex condom.	1	2
13.	A person will NOT get HIV is she or he is taking antibiotics.	1	2
14.	Having sex with more than one partner can increase a person's chance of being infected with HIV.	1	2
15.	Taking a test for HIV one week after having sex will tell a person if she or he has HIV.	1	2
16.	A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.	1	2
17.	A person can get HIV from oral sex.	1	2
18.	Using Vaseline or baby oil with condoms lowers the chance of getting HIV.	1	2

**THANK YOU KINDLY FOR YOUR PARTICIPATION**

## Nia Pre-Intervention Assessment Survey

Please answer the following questions as truthfully as possible; there are no right or wrong answers. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate response. All answers will remain confidential to the extent allowed by law.

Participant ID Code: \_\_\_\_\_ Today's Date: \_\_ I \_\_ I \_\_\_\_\_

Age: \_\_\_\_\_ Birth date: \_\_ I \_\_ 1

Ethnicity:

Hispanic/Latino  Not Hispanic or Latino

Race:

Mark your primary race first.

If you identify with more than one, please mark a secondary choice.

	Primary	Secondary
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
African American/Black	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

Please answer each question below.

1 Circle the highest grade or year of school that you have completed.

6th grade or below

7<sup>th</sup>-8<sup>th</sup> grade

9<sup>th</sup>-11 grade

12<sup>th</sup> grade

1-2 years college

Associate's degree

3 years college

Bachelor's degree

Graduate school

2 What is your current employment status? (Circle one letter)

a) Working

b) Unemployed

c) Student (either full- or part-time)

d) Other (Please explain \_\_\_\_\_)

3 Which of the following best describes your status regarding sex at this time?  
(Circle one letter)

a) Not having sex

b) Having sex with more than one person

c) Having sex with just one person for less than one (1) year

d) Having sex with just one person for one (1) year or more

4. How many children do you have? (Circle one)

0      1      2      3      4      5 or more

5. Have you ever personally known someone with HIV or AIDS? (Circle one)

Yes                  No

(If yes) How many people with HIV / AIDS have you known? \_\_\_\_\_

6. Have you ever been incarcerated (in jail)? (Circle one)

Yes                  No





**Please answer each question by circling either YES or NO.**

---

- |     |  |            |           |
|-----|--|------------|-----------|
| 7.  | Are AIDS and HIV two names for the same thing?   | <b>YES</b> | <b>NO</b> |
| 8.  | Does a person who has HIV always have AIDS?  | <b>YES</b> | <b>NO</b> |
| 9.  | Can a person be infected with HIV and not show signs?                                    | <b>YES</b> | <b>NO</b> |
| 10. | Does a negative HIV test always mean a person does not have HIV?                         | <b>YES</b> | <b>NO</b> |
| 11. | Does getting tested for HIV help protect a person from getting the virus?                | <b>YES</b> | <b>NO</b> |
| 12. | Does a negative test mean a person cannot get HIV?                                       | <b>YES</b> | <b>NO</b> |
| 13. | Can a person with HIV who looks healthy pass the virus to others?                        | <b>YES</b> | <b>NO</b> |
| 14. | Can a person get HIV through contact with saliva?  | <b>YES</b> | <b>NO</b> |
| 15. | Does having sex with more than one partner increase a person's chances of getting HIV?   | <b>YES</b> | <b>NO</b> |
| 16. | Can a woman give HIV to a man?   | <b>YES</b> | <b>NO</b> |
| 17. | Do people get HIV the same way that they get Gonorrhea and Syphilis (VD)?                | <b>YES</b> | <b>NO</b> |
| 18. | Can a person who got HIV from shooting up drugs give the virus to someone by having sex? | <b>YES</b> | <b>NO</b> |
| 19. | Does using shortening and other oils to lubricate latex condoms help them work better?   | <b>YES</b> | <b>NO</b> |
| 20. | Does washing drug equipment with warm water kill HIV?                                    | <b>YES</b> | <b>NO</b> |
| 21. | Do most types of birth control also protect against HIV?                                 | <b>YES</b> | <b>NO</b> |
- 

Next Page >

22. Based on your behavior in the past 2 months, what do you think is your risk for getting the virus that causes AIDS? (Circle one)

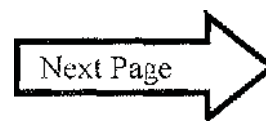
No risk at all          Somewhat at risk          Good deal at risk          Extremely at risk

---

Please answer these statements by circling either YES OR NO.

---

- |     |  |     |    |
|-----|--|-----|----|
| 23. | I worry about getting HIV.                             | YES | NO |
| 24. | I think that HIV is a serious problem in my community. | YES | NO |
| 25. | I have thought about how to protect myself from HIV.   | YES | NO |
- 

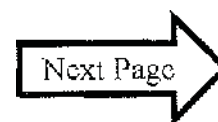


The statements below describe feelings or thoughts you may have about condoms. For each question, please circle an answer to indicate whether you agree or disagree with the statement.

26.	The use of condoms can make sex more exciting.	Disagree	Agree
27.	Condoms are uncomfortable.	Disagree	Agree
28.	I find it embarrassing to be seen buying condoms.	Disagree	Agree
29.	Using condoms can be pleasurable.	Disagree	Agree
30.	Using condoms can show concern and caring.	Disagree	Agree
31.	Condoms ruin the "mood."	Disagree	Agree
32.	Condoms mess up foreplay.	Disagree	Agree
33.	I feel comfortable when I buy condoms.	Disagree	Agree
34.	Condoms don't always work.	Disagree	Agree
35.	Condoms are an effective method of preventing sexual diseases.	Disagree	Agree
36.	I feel good about sex with a condom.	Disagree	Agree
37.	Most women would break up with me if I said we had to use a condom.	Disagree	Agree
38.	My friends would approve of me using a condom.	Disagree	Agree

Now, vividly imagine a situation with a person where they want to have sex with you without a condom. Imagine that you are very attracted to this person and want to be with them, and they really want to have sex with you. Please circle the number beside each statement below that best describes how confident you are that you can do each.

	Definitely Not Confident 1	Somewhat Confident 2	Definitely Confident 3
39. I will keep condoms nearby.	1	2	3
40. I will remind myself to use a condom during sex.	1	2	3
41. I will bring up the need to use a condom.	1	2	3
42. I will use a condom.	1	2	3
43. I will tell myself that sex with a condom is as good as sex without a condom.	1	2	3
44. I will not drink or use drugs before sex.	1	2	3
45. I will refuse to have sex without a condom, even if my partner pressures me to have unsafe sex.	1	2	3
46. I will decide ahead of time what I will and will not agree to do.	1	2	3
47. I will actively guide our actions to safe sex.	1	2	3



Now please think carefully about risky situations like the one on the previous page. Please circle the number beside each statement below that best describes how certain you are that you can do each.

		Definitely Not Certain	Somewhat Certain	Definitely Certain
48.	I can know when a situation is risky.	1	2	3
49.	I can avoid being in a risky situation.	1	2	3
50.	I can use a condom.	1	2	3
51.	I can talk to my partner about using condoms.	1	2	3

Please circle your answer to the following questions.

52. When you have sex, how often do you have a condom with you?

1                      2                      3                      4                      5  
 Every time   Almost Every Time   Sometimes   Almost Never   Never

53. When you have sex, how often do you use a condom?

1                      2                      3                      4                      5  
 Every Time   Almost Every Time   Sometimes   Almost Never   Never

54. How likely do you think it is that from now on you will use a condom every time you have sex?

1                      2                      3                      4  
 Very Likely   Likely   Unlikely   Very Unlikely



Please circle your answer to the following.

- |     |   |     |    |
|-----|---|-----|----|
| 55. | Have you ever shared needles to inject (shoot-up) drugs?  | YES | NO |
| 56. | Have you had a sex partner who you think used needles to shoot-up drugs?                                | YES | NO |
| 57. | Have you given someone money, drugs, or other things to get sex?  | YES | NO |
| 58. | Have you ever had sex with another man?   | YES | NO |
| 59. | Have you been treated for a sexual disease (VD, STD) such as Syphilis, Gonorrhea, Herpes, or Chlamydia? | YES | NO |

If YES, how many times? \_\_\_\_\_

---



Now please think carefully about the past **2 months** and fill in the spaces with the **number** of times you have had these types of sex or **number** of partners you have had. If you do not remember the actual **number**, please estimate this to the best of your ability.

**In the past 2 months, I have...**

60. Had Vaginal sex **without** latex condoms (rubbers) \_\_\_ **(number of times)** in the past 2 months.
61. Had Vaginal sex **with** use of latex condoms (rubbers) \_\_\_ **(number of times)** in the past 2 months.
62. Had Anal (in the butt) sex **without** latex condoms (rubbers) \_\_\_ **(number of times)** in the past 2 months.
63. Had Anal (in the butt) sex **with** use of latex condoms (rubbers) \_\_\_ **(number of times)** in the past 2 months.
64. Gotten Oral sex (your partner performed oral sex on you) **without** a condom \_\_\_\_\_ **(number of times)** in the past 2 months.
65. Given Oral sex (you performed oral sex on your partner) **without** a condom or latex barrier \_\_\_\_\_ **(number of times)** in the past 2 months.
66. Gotten Oral sex (your partner performed oral sex on you) **with** a condom \_\_\_\_\_ **(number of times)** in the past 2 months.
67. Given Oral sex (you performed oral sex on your partner) **with** a condom or latex barrier \_\_\_\_\_ **(number of times)** in the past 2 months.
68. Drunk alcohol (beer, wine, etc.) before having sex \_\_\_ **(number of times)** in the past 2 months.
69. Used other drugs (marijuana, cocaine, or others) \_\_\_ **(number of times)** before having sex in the past 2 months.
70. Had sex with \_\_\_\_\_ **(number of women)** in past 2 months.
71. Had sex with \_\_\_ **(number of men)** in past 2 months.
72. Talked with my partner about using condoms \_\_\_ **(number of times)** in the past 2 months.
73. Refused to have sex because I did not have a condom \_\_\_ **(number of times)** in the past 2 months.

74. Planned ahead of time to practice safer sex \_\_\_ (number of times) in the past 2 months.

In the past 2 months, I have ...

75. Drunk less or used drugs less before having sex to be safe \_\_\_ (number of times) in the past 2 months.

76. Talked with a sex partner about getting tested for HIV \_\_\_ (number of times) in the past 2 months.

THANK. YOU FOR YOUR TIME. PLEASE RETURN THIS  
QUESTIONNAIRE TO THE FACILITATOR.



## Nia Post-Intervention Assessment Survey Outcome Monitoring

Please answer the following questions as truthfully as possible; there are no right or wrong answers. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate response. All answers will remain confidential to the extent allowed by law.

Participant ID Code: \_\_\_\_\_

Today's Date:     /     /

---

Please answer each question by circling either YES or NO

- 
- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Are AIDS and HIV two names for the same thing?   | YES | NO |
| 2.  | Does a person who has HIV always have AIDS?  | YES | NO |
| 3.  | Can a person be infected with HIV and not show signs?                                    | YES | NO |
| 4.  | Does a negative HIV test always mean a person does not have HIV?                         | YES | NO |
| 5.  | Does getting tested for HIV help protect a person from getting the virus?                | YES | NO |
| 6.  | Does a negative test mean a person cannot get HIV?                                       | YES | NO |
| 7.  | Can a person with HIV who looks healthy pass the virus to others?                        | YES | NO |
| 8.  | Can a person get HIV through contact with saliva?  | YES | NO |
| 9.  | Does having sex with more than one partner increase a person's chances of getting HIV?   | YES | NO |
| 10. | Can a woman give HIV to a man?   | YES | NO |
| 11. | Do people get the HIV the same way that they get Gonorrhea and Syphilis (VD)?            | YES | NO |
| 12. | Can a person who got HIV from shooting up drugs give the virus to someone by having sex? | YES | NO |
| 13. | Does using shortening and other oils to lubricate latex condoms help them work better?   | YES | NO |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

- |     |  |     |    |
|-----|--|-----|----|
| 14. | Does washing drug equipment with warm water kill HIV?    | YES | NO |
| 15. | Do most types of birth control also protect against HIV? | YES | NO |

---

**Please answer this question by circling the number below that best describes what you think your risk is for getting HIV.**

16. Based on your behavior **in the past 2 months**, what do you think is your risk for getting HIV?

No risk at all	Somewhat at risk	Good deal at risk	Extremely at risk
1	2	3	4

---

**Please answer these statements by circling either YES OR NO.**

- |     |  |     |    |
|-----|--|-----|----|
| 17. | I worry about getting HIV.                             | YES | NO |
| 18. | I think that HIV is a serious problem in my community. | YES | NO |
| 19. | I have thought about protecting myself from HIV.       | YES | NO |

---

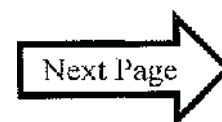
**The statements below describe feelings or thoughts you may have about condoms. For each question, please circle an answer to indicate whether you agree or disagree with the statement.**

- |     |   |                 |              |
|-----|---|-----------------|--------------|
| 20. | The use of condoms can make sex more exciting.    | <b>Disagree</b> | <b>Agree</b> |
| 21. | Condoms are uncomfortable.                        | <b>Disagree</b> | <b>Agree</b> |
| 22. | I find it embarrassing to be seen buying condoms. | <b>Disagree</b> | <b>Agree</b> |
| 23. | Using condoms can be pleasurable.                 | <b>Disagree</b> | <b>Agree</b> |
| 24. | Using condoms can show concern and caring.        | <b>Disagree</b> | <b>Agree</b> |
| 25. | Condoms ruin the "mood."                          | <b>Disagree</b> | <b>Agree</b> |
| 26. | Condoms mess up foreplay.                         | <b>Disagree</b> | <b>Agree</b> |

27.	I feel comfortable when I buy condoms.	Disagree	Agree
28.	Condoms don't always work.	Disagree	Agree
29.	Condoms are an effective method of preventing sexual diseases.	Disagree	Agree
30.	I feel good about sex with a condom.	Disagree	Agree
31.	Most women would break up with me if said we had to use a condom,	Disagree	Agree
32.	My friends would approve of me using a condom.	Disagree	Agree

Now, vividly imagine a situation with a person where they want to have sex with you. Imagine that you are very attracted to this person and want to be with them, and they really want to have sex with you. Please circle the number beside each statement below that best describes how confident you are that you can do each.

	Definitely Not Confident	Somewhat Confident	Definitely Confident	
33.	I will bring up the need to use a condom.	1	2	3
34.	I will use a condom.	1	2	3
35.	I will not drink or use drugs before sex.	1	2	3
36.	I will refuse to have sex without a condom, even if my partner pressures me to have unsafe sex.	1	2	3
37.	I will decide ahead of time what I will and will not agree to do.	1	2	3



Now please think carefully about risky situations like the one on the previous page. Please circle the number beside each statement below that best describes how certain you are that you can do each.

		Definitely Not Certain	Somewhat Certain	Definitely Certain
38.	I can know when a situation is risky.	1	2	3
39.	I can avoid being in a risky situation.	1	2	3
40.	I can use a condom.	1	2	3
41.	I can talk to my partner about using condoms.	1	2	3

Please circle your answer to the following questions.

42. When you have sex, how often do you have a condom with you?

1	2	3	4	5
Every time	Almost Every Time	Sometimes	Almost Never	Never

43. When you have sex, how often do you use a condom?

1	2	3	4	5
Every time	Almost Every Time	Sometimes	Almost Never	Never

44. How likely do you think it is that from now on you will use a condom every time you have sex?

1	2	3	4
Very Likely	Likely	Unlikely	Very Unlikely

THANK YOU FOR YOUR TIME.  
PLEASE RETURN THIS QUESTIONNAIRE TO THE FACILITATOR.

## Nia Follow-up Assessment Survey Outcome Monitoring

Please answer the following questions as truthfully as possible; there are no right or wrong answers. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate response. All answers will remain confidential to the extent allowed by law.

Participant ID Code: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Please answer each question by circling either YES or NO

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Are AIDS and HIV two names for the same thing?   | YES | NO |
| 2.  | Does a person who has HIV always have AIDS?  | YES | NO |
| 3.  | Can a person be infected with HIV and not show signs?                                    | YES | NO |
| 4.  | Does a negative HIV test always mean a person does not have HIV?                         | YES | NO |
| 5.  | Does getting tested for HIV help protect a person from getting the virus?                | YES | NO |
| 6.  | Does a negative test mean a person cannot get HIV?                                       | YES | NO |
| 7.  | Can a person with HIV who looks healthy pass the virus to others?                        | YES | NO |
| 8.  | Can a person get HIV through contact with saliva?  | YES | NO |
| 9.  | Does having sex with more than one partner increase a person's chances of getting HIV?   | YES | NO |
| 10. | Can a woman give HIV to a man?   | YES | NO |
| 11. | Do people get the HIV the same way that they get Gonorrhea and Syphilis (VD)?            | YES | NO |
| 12. | Can a person who got HIV from shooting up drugs give the virus to someone by having sex? | YES | NO |
| 13. | Does using shortening and other oils to lubricate latex condoms help them work better?   | YES | NO |

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

- |     |  |     |    |
|-----|--|-----|----|
| 14. | Does washing drug equipment with warm water kill HIV?    | YES | NO |
| 15. | Do most types of birth control also protect against HIV? | YES | NO |

---

**Please answer this question by circling the number below that best describes what you think your risk is for getting HIV.**

16. Based on your behavior **in the past 2 months**, what do you think is your risk for getting HIV?

No risk at all	Somewhat at risk	Good deal at risk	Extremely at risk
1	2	3 4	

---

**Please answer these statements by circling either YES OR NO.**

- |     |  |     |    |
|-----|--|-----|----|
| 17. | I worry about getting HIV.                             | YES | NO |
| 18. | I think that HIV is a serious problem in my community. | YES | NO |
| 19. | I have thought about protecting myself from HIV.       | YES | NO |

---

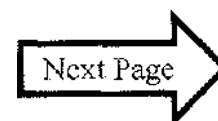
**The statements below describe feelings or thoughts you may have about condoms. For each question, please circle an answer to indicate whether you agree or disagree with the statement.**

- |     |   |                 |              |
|-----|---|-----------------|--------------|
| 20. | The use of condoms can make sex more exciting.    | <b>Disagree</b> | <b>Agree</b> |
| 21. | Condoms are uncomfortable.                        | <b>Disagree</b> | <b>Agree</b> |
| 22. | I find it embarrassing to be seen buying condoms. | <b>Disagree</b> | <b>Agree</b> |
| 23. | Using condoms can be pleasurable.                 | <b>Disagree</b> | <b>Agree</b> |
| 24. | Using condoms can show concern and caring.        | <b>Disagree</b> | <b>Agree</b> |
| 25. | Condoms ruin the "mood."                          | <b>Disagree</b> | <b>Agree</b> |
| 26. | Condoms mess up foreplay.                         | <b>Disagree</b> | <b>Agree</b> |

27.	I feel comfortable when I buy condoms.	Disagree	Agree
28.	Condoms don't always work.	Disagree	Agree
29.	Condoms are an effective method of preventing sexual diseases.	Disagree	Agree
30.	I feel good about sex with a condom.	Disagree	Agree
31.	Most women would break up with me if I said we had to use a condom.	Disagree	Agree
32.	My friends would approve of me using a condom.	Disagree	Agree

**Now, vividly imagine a situation with a person where they want to have sex with you. Imagine that you are very attracted to this person and want to be with them, and they really want to have sex with you. Please circle the number beside each statement below that best describes how confident you are that you can do each.**

	Definitely Not Confident	Somewhat Confident	Definitely Confident	
33.	I will bring up the need to use a condom.	1	2	3
34.	I will use a condom.	1	2	3
35.	I will not drink or use drugs before sex.	1	2	3
36.	I will refuse to have sex without a condom, even if my partner pressures me to have unsafe sex.	1	2	3
37.	I will decide ahead of time what I will and will not be willing to do.	1	2	3



Now please think carefully about risky situations like the one on the previous page. Please circle the number beside each statement below that best describes how certain you are that you can do each.

		Definitely Not Certain	Somewhat Certain	Definitely Certain
38.	I can know when a situation is risky.	1	2	3
39.	I can avoid being in a risky situation.	1	2	3
40.	I can use a condom.	1	2	3
41.	I can talk to my partner about using condoms.	1	2	3

Please circle your answer to the following questions.

42. When you have sex, how often do you have a condom with you?

1                      2                      3                      4                      5  
 Every time   Almost Every Time   Sometimes   Almost Never   Never

43. When you have sex, how often do you use a condom?

1                      2                      3                      4                      5  
 Every time   Almost Every Time   Sometimes   Almost Never   Never

44. How likely do you think it is that from now on you will use a condom every time you have sex?

1                      2                      3                      4  
 Very Likely   Likely   Unlikely   Very Unlikely





**Now please think carefully about the past 2 months and fill in the spaces on the next page.**

---

**In the past 2 months, I have had...**

45. Vaginal sex **without** latex condoms (rubbers) \_\_\_\_\_ times in the past 2 months,
46. Vaginal sex **with** use of latex condoms (rubbers) \_\_\_\_\_ times in the past 2 months.
47. Anal (in the butt) sex **without** latex condoms (rubbers) \_\_\_\_\_ times in the past 2 months.
48. Anal (in the butt) sex **with** use of latex condoms (rubbers) \_\_\_\_\_ times in the past 2 months.
49. Oral sex **without** a condom (your partner performed oral sex on you) \_\_\_\_\_ times in the past 2 months.
50. Oral sex **with** a condom (your partner performed oral sex on you) \_\_\_\_\_ times in the past 2 months.
51. Oral sex **without** a condom/latex barrier (you performed oral sex on your partner) \_\_\_\_\_ times in the past 2 months.
52. Oral sex **with** a condom/latex barrier (you performed oral sex on your partner) \_\_\_\_\_ times in the past 2 months.

**How many times in the past 2 months have you...**

53. Drunk alcohol (beer, wine, etc.) before having sex? \_\_\_\_\_ times in the past 2 months
54. Used other drugs (marijuana, cocaine, or others) before having sex? \_\_\_\_\_ times in the past 2 months
55. Talked with your partner about using condoms? \_\_\_\_\_ times in the past 2 months
56. Refused to have sex because you did not have a condom? \_\_\_\_\_ times in the past 2 months
57. Planned ahead of time to practice safer sex? \_\_\_\_\_ times in the past 2 months
58. Drunk less or used drugs less before having sex to be safe? \_\_\_\_\_ times in the past 2 months
59. Talked with a sex partner about getting tested for HIV? \_\_\_\_\_ times in the past 2 months
-

61. How many men have you had sex with  
in the past 2 months?

\_\_\_\_\_ number of men in  
the past 2 months

THANK YOU FOR YOUR TIME.  
PLEASE RETURN THIS QUESTIONNAIRE TO THE FACILITATOR.

## Nia: Participant Satisfaction Survey

Participant ID Code: \_\_\_\_\_

- I. What did you like most about the Nia group sessions?
  
2. How do you feel you benefited from participating in the Nia group?
  
3. Did you feel comfortable sharing your experiences with members of the group? Was there anything that the facilitators could have done to help you be more comfortable?
  
4. How do you feel that tension or conflict within the group was handled by the facilitators? Was there anything that the facilitators could have done differently to handle conflict or tension?
  
5. What topics needed more time for discussion?
  
6. What topics would you have liked to have had in the sessions that were not covered?

THANK YOU FOR YOUR HELP!

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

## Prevention Education Pre-Test Questionnaire for College Women

**INSTRUCTIONS:** Check the box  next to your answer.

DATE: \_\_\_\_\_

### INFORMATION ABOUT YOU

ID#: \_ \_ \_ \_ \_

1. How old are you? \_\_\_\_\_ (Specify in years)

2. What is your classification in college?

- Freshman
- Sophomore
- Junior
- Senior
- Other (Specify) \_\_\_\_\_

3. How long have you been at this institution? \_\_\_\_\_ (Specify in months or years)

4. What is your race and ethnicity?

I do not wish to provide this information.

Ethnicity: (Select one)

- Hispanic or Latina
- Not Hispanic or Latina

Race: (Select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

5. What is your language of preference?

(Check all that apply)

- English
- Spanish
- Other (Specify) \_\_\_\_\_

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990-0334. The time required to complete this information collection is estimated to average 20 minutes per respondent, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

6. What is your relationship status?
- Single
  - Married
  - Married but separated
  - Common Law
  - Common Law but separated
  - Partnered
  - Divorced
  - Widowed
  - Other (*Specify*) \_\_\_\_\_

7. Where do you currently live?
- On campus dorm/student housing
  - At home with parents/relatives
  - Off campus apartment with roommates
  - Off campus with partner
  - Don't have a stable living arrangement
  - Other (*Specify*) \_\_\_\_\_

8. Do you have access to health care?
- Yes
  - No
  - Don't know

\*\*\*\*\*

### KNOWLEDGE ABOUT HIV

For each statement, please circle "True" (T), "False" (F), or "I don't know" (DK). If you do not know, please do not guess; instead, please circle "DK".

1. Coughing and sneezing DO NOT spread HIV.	T	F	DK
2. A person can get HIV by sharing a glass of water with someone who has HIV.	T	F	DK
3. Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex.	T	F	DK
4. A woman can get HIV if she has anal sex with a man.	T	F	DK
5. Showering, or washing one's genitals/private parts after sex keeps a person from getting HIV.	T	F	DK
6. All pregnant women infected with HIV will have babies born with HIV.	T	F	DK
7. In general, people who have been infected with HIV quickly show serious signs of being infected.	T	F	DK
8. There is a vaccine that can stop adults from getting HIV.	T	F	DK

9. People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.	T	F	DK
10. A woman cannot get HIV if she has sex during her period.	T	F	DK
11. There is a female condom that can help decrease a woman's chance of getting HIV.	T	F	DK
12. A natural skin condom works better against HIV than does a latex condom.	T	F	DK
13. A person will NOT get HIV if she or he is taking antibiotics.	T	F	DK
14. Having sex with more than one partner can increase a person's chance of being infected with HIV.	T	F	DK
15. Taking a test for HIV one week after having sex will tell a person if she or he has HIV.	T	F	DK
16. A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.	T	F	DK
17. A person can get HIV from unprotected oral sex.	T	F	DK
18. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.	T	F	DK
19. People can contract the HIV virus through tattooing or body piercing if sterile instruments are not used.	T	F	DK
20. It is easier for a woman to get HIV than to give it.	T	F	DK
21. A woman can give HIV to her baby or a sexual partner through breast milk.	T	F	DK
22. Taking an oral contraceptive or hormones decreases your risk to get HIV.	T	F	DK
23. Having unprotected sex with a partner is like having sex with all of their current and previous partners.	T	F	DK
24. When I get a pap smear, I'm automatically tested for STIs/STDs.	T	F	DK
25. Ethnic minority women have higher rates of HIV and STIs/STDs than white women.	T	F	DK

- |  |   |   |    |
|--|---|---|----|
| 26. Your HIV risk increases if you or your sexual partner injects drugs.                         | T | F | DK |
| 27. Douching decreases a woman's risk for getting HIV.   | T | F | DK |
| 28. Using alcohol or party drugs increases the risk for getting HIV by impairing your judgement. | T | F | DK |

\*\*\*\*\*

**YOUR EXPERIENCES**

- |  |   |
|--|---|
| <p>1. Have you ever engaged in:<br/>(Select all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Oral Sex</li> <li><input type="checkbox"/> Vaginal Sex</li> <li><input type="checkbox"/> Anal sex</li> <li><input type="checkbox"/> I have never engaged in oral, vaginal or anal sex.</li> </ul> <p>2. How old were you when you first had:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Oral sex? Age _____</li> <li><input type="checkbox"/> Vaginal sex? Age _____</li> <li><input type="checkbox"/> Anal sex? Age _____</li> <li><input type="checkbox"/> I have never engaged in oral, vaginal or anal sex.</li> </ul> <p>3. How would you describe yourself?<br/>(Select all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Straight/Heterosexual</li> <li><input type="checkbox"/> Gay/Lesbian/Homosexual</li> <li><input type="checkbox"/> Bisexual</li> <li><input type="checkbox"/> Transgendered</li> <li><input type="checkbox"/> Unsure</li> <li><input type="checkbox"/> Other (Specify) _____</li> </ul> <p>4. When you have sex, you have sex with:<br/>(Select One)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Men</li> <li><input type="checkbox"/> Women</li> <li><input type="checkbox"/> Both</li> <li><input type="checkbox"/> Neither – I have never had oral, vaginal, or anal sex.</li> </ul> <p>5. Have you had sex in the past 30 days?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> | <p>6. In the past 30 days, how many times did you give oral sex? _____ (Please give number)</p> <p>7. In the past 30 days, how many times did you give oral sex without a latex barrier? _____ (Please give number)</p> <p>8. In the past 30 days, how many times did you receive oral sex? _____ (Please give number)</p> <p>9. In the past 30 days, how many times did you receive oral sex without a latex barrier? _____ (Please give number)</p> <p>10. In the past 30 days, how many times did you have vaginal sex? _____ (Please give number)</p> <p>11. In the past 30 days, how many times did you have vaginal sex without a condom? _____ (Please give number)</p> <p>12. In the past 30 days, how many times did you have anal sex? _____ (Please give number)</p> <p>13. In the past 30 days, how many times did you have anal sex without a condom? _____ (Please give number)</p> <p>14. In the past 30 days, did you have sex without a condom with someone who is not your spouse or primary partner?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> </ul> |
|--|---|

15. In the past 30 days, did you have sex without a condom with someone who shoots drugs with needles? *(Select one)*

- Yes
- No
- Don't know

16. In the past 30 days, did you have sex without a condom in exchange for drugs?

- Yes
- No

17. In the past 30 days, did you have sex without a condom because you feared losing a financial benefit (gas, grocery, rent, clothes, etc.)?

- Yes
- No

18. In the past 30 days, did you have sex without a condom while you or your partner were "high" on drugs or alcohol? *(Select one)*

- Yes
- No
- Don't know

19. In the past 30 days, **how many different** sexual partners have you had?  
\_\_\_\_\_ *(Please give number)*

20. In the past 30 days, with **how many different** people have you engaged with in the following acts?

- Giving oral sex \_\_\_\_\_
- Receiving Oral sex \_\_\_\_\_
- Vaginal sex \_\_\_\_\_
- Anal sex \_\_\_\_\_

21. In the past 30 days, have you ever had sex without a condom because you feared losing a partner?

- Yes
- No

22. In the past 30 days, have you ever felt forced or intimidated into having sex without a condom?

- Yes
- No

23. What is the age of your current or last partner? \_\_\_\_\_

24. Have you ever been tested for a sexually transmitted infection/disease (STI/STD)? *(Select one)*

- Yes
- No
- Do not wish to answer

25. If yes, when were you last tested?  
\_\_\_\_\_ *(mm/yy)*

26. Have you ever been treated for a sexually transmitted infection/disease (STI/STD)? *(Select one)*

- Yes
- No
- Do not wish to answer

27. Have you ever been tested for HIV?  
*(Select one)*

- Yes
- No
- Do not wish to answer

28. If yes, when were you last tested?  
\_\_\_\_\_ *(mm/yy)*

29. Have you ever been told that you have HIV? *(Select one)*

- Yes
- No
- Do not wish to answer

30. Have you had a pap smear in the last 12 months?

- Yes
- No

31. Have you ever spent time in a detention center, jail or prison?

- Yes
- No



32. Have any of your sexual partners been in a detention center, jail or prison?  
(Select one)
- Yes  
 No  
 I don't know
33. Have you ever felt that alcohol or drugs were a problem for you?
- Yes  
 No
34. Are you currently in a monogamous relationship?
- Yes  
 No
35. Do you receive financial assistance from your sexual partner(s)?
- Yes  
 No
36. Are you currently using contraceptives to keep from getting pregnant (i.e. birth control pills, diaphragms, etc.)?  
(Select one)
- Yes  
 No  
 Not currently sexually active
37. Are you currently trying to get pregnant?
- Yes  
 No
38. Do you have any children?
- Yes  
 No
39. If yes, how many?  
I have \_\_\_\_ children.
40. Have you ever been forced to have sex when you didn't want to?
- Yes  
 No
41. Has your current partner ever physically hurt you?
- Yes  
 No

42. Are you worried about getting HIV/AIDS?
- Not at all  
 A little  
 Somewhat  
 A lot
43. Are you worried about getting a sexually transmitted infection/disease (STI/STD)?
- Yes  
 No
44. Are you worried that you may already have been exposed to HIV/AIDS?
- Yes  
 No
45. Would you use a female condom if your male sex partner didn't want to use a male condom?
- Yes  
 No
46. Have you ever had unprotected sex with a new partner because you were upset with, just broke up with, or been dumped by your current partner?
- Yes  
 No
47. Have you ever had unprotected sex with a new partner because you were upset about school or your grades?
- Yes  
 No
48. Have you ever dated someone who you knew had HIV/AIDS?
- Yes  
 No
49. Have you ever had unprotected oral, anal, or vaginal sex with someone who you knew was HIV positive?
- Yes  
 No

50. If I were to suggest using a condom to a partner, I would feel afraid that he or she would reject me.

- Strongly disagree
- Disagree
- Not sure
- Agree
- Strongly agree

51. If I were unsure of my partner's feelings about using condoms, I would not suggest using one.

- Strongly disagree
- Disagree
- Not sure
- Agree
- Strongly agree

52. I would feel comfortable discussing condom use with a potential sexual partner.

- Strongly disagree
- Disagree
- Not sure
- Agree
- Strongly agree

53. How comfortable did you feel answering these questions honestly?

- Very uncomfortable
- Somewhat uncomfortable
- Somewhat comfortable
- Very comfortable

**Post Peer-led Program Evaluation Assessing Changes in Knowledge and Attitudes**

**BEFORE** attending today’s session, how would you rate your awareness and knowledge of HIV transmission and ways to prevent HIV?

Very Low	Low	High	Very High
1	2	3	4

**AFTER** attending today’s session, how would you rate your awareness and knowledge of HIV transmission and ways to prevent HIV?

Very Low	Low	High	Very High
1	2	3	4

**BEFORE** attending today’s session, how important did you think it was to use a condom every time you have sex?

Not at All Important	Slightly Important	Moderately Important	Extremely Important
1	2	3	4

**AFTER** attending today’s session, how important do you think it is to use a condom every time you have sex?

Not at All Important	Somewhat Important	Moderately Important	Extremely Important
1	2	3	4

**BEFORE** attending today’s session, how important did you think HIV counseling and testing were for a person who has any behaviors that put him or her at risk for HIV/AIDS?

Not at All Important	Somewhat Important	Moderately Important	Extremely Important
1	2	3	4

**AFTER** attending today’s session, how important do you think HIV counseling and testing are for a person who has any behaviors that put him or her at risk for HIV/AIDS?

Not at All Important	Somewhat Important	Moderately Important	Extremely Important
1	2	3	4

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E,

**BEFORE** attending today's session, how likely were you to engage in behaviors that may put you at risk for HIV/AIDS?

Not at All Likely	Somewhat Likely	Moderately Likely	Extremely Likely
1	2	3	4

**AFTER** attending today's session, how likely are you to engage in behaviors that may put you at risk for HIV/AIDS?

Not at All Likely	Somewhat Likely	Moderately Likely	Extremely Likely
1	2	3	4

**BEFORE** attending today's session, did you know where you could go to get a free HIV test?

No	Yes
0	1

**AFTER** attending today's session, do you know where you could go to get a free HIV test?

No	Yes
0	1



## Peer-led Program Evaluation

**PRESENTER:**

**INSTRUCTIONS:** Please evaluate this program on the following factors:

	Excellent	Good	Fair	Poor
Presenter's knowledge of the subject				
Presenter's organization/articulation of the subject				
Level of interaction with participants				
Presenter's management of time				
The value of the workshop				
Overall Evaluation				

Did you learn anything new today from this workshop?

<b>YES</b>	<b>NO</b>

Recommendations/Suggestions

---



---



---



---



---



---

*Thank you for participating in this workshop.*

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201,

**The Sexually Transmitted Disease Knowledge Questionnaire (STD-KQ).**

For each statement below, please circle true (T), false (F), or I don't know (DK). If you don't know, please do not guess; instead, please circle DK.

	True	False	Don't Know
1. Genital Herpes is caused by the same virus as HIV.	T	F	DK
2. Frequent urinary infections can cause Chlamydia.	T	F	DK
3. There is a cure for Gonorrhea.	T	F	DK
4. It is easier to get HIV if a person has another Sexually Transmitted Disease.	T	F	DK
5. Human Papillomavirus (HPV) is caused by the same virus that causes HIV.	T	F	DK
6. Having anal sex increases a person's risk of getting Hepatitis B.	T	F	DK
7. Soon after infection with HIV a person develops open sores on his or her genitals (penis or vagina).	T	F	DK
8. There is a cure for Chlamydia.	T	F	DK
9. A woman who has Genital Herpes can pass the infection to her baby during childbirth.	T	F	DK
10. A woman can look at her body and tell if she has Gonorrhea.	T	F	DK
11. The same virus causes all of the Sexually Transmitted Diseases.	T	F	DK
12. Human Papillomavirus (HPV) can cause Genital Warts.	T	F	DK
13. Using a natural skin (lambskin) condom can protect a person from getting HIV.	T	F	DK
14. Human Papillomavirus (HPV) can lead to cancer in women.	T	F	DK
15. A man must have vaginal sex to get Genital Warts.	T	F	DK
16. Sexually Transmitted Diseases can lead to health problems that are usually more serious for men than women.	T	F	DK
17. A woman can tell that she has Chlamydia if she has a bad smelling odor from her vagina.	T	F	DK
18. If a person tests positive for HV the test can tell how sick the person will become.	T	F	DK
19. There is a vaccine available to prevent a person from getting Gonorrhea.	T	F	DK
20. A woman can tell by the way her body feels if she has a Sexually Transmitted Disease.	T	F	DK
21. A person who has Genital Herpes must have open sores to give the infection to his or her sexual partner.	T	F	DK
22. There is a vaccine that prevents a person from getting Chlamydia.	T	F	DK
23. A man can tell by the way his body feels if he has Hepatitis B.	T	F	DK
24. If a person had Gonorrhea in the past he or she is immune (protected) from getting it again.	T	F	DK
25. Human Papillomavirus (HPV) can cause HIV.	T	F	DK
26. A man can protect himself from getting Genital Warts by washing his genitals after sex.	T	F	DK
27. There is a vaccine that can protect a person from getting Hepatitis B.	T	F	DK

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (25 minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer



## SOCIODEMOGRAPHIC QUESTIONNAIRE

**INSTRUCTIONS:** Please complete the following demographic information by completely shading the circle beside the most appropriate response to each of the items below.

1. **Age:**       17       18       19       20       21       22       23       Over 23
  
2. **What type of family were you raised in:**
  - Two Parent(s)                               Adopted
  - Single Mother                                 Extended Family (parents, grandparents, aunts, cousins, and/or living in same home)
  - Single Father
  
3. **Classification:**
  - Freshman                                       Junior                                       Graduate Student
  - Sophomore                                     Senior
  
4. **Current Sexual Behavior:**
  - Heterosexual Male (Man who has Sex w/Women)
  - Gay Male (Man who has Sex w/Men)
  - Bisexual Male (Man who has Sex w/Men & Women)
  
5. **Dating/Marital Status:**
  - Single, not dating                               Married                                       Separated
  - Single, but dating                               Divorced                                       Widowed
  
6. **Have you ever been tested for HIV and, if so, what were the results:**
  - Yes       No      *Results:*     Negative (not infected)       Positive (infected)
  
7. **How often do you get tested for HIV:**
  - 1-3 times week                               1-3 times a month                               1-3 times a year                               None
  
8. **List the year during which you took your last HIV antibody test?**  
 Year: \_\_\_\_\_       Never tested before
  
9. **Do you plan on getting an HIV antibody test during the next 12 months?**
  - Yes       No
  
10. **Are you interested in getting tested for HIV?**
  - Yes       No       Don't know
  
11. **How many close friends do you have:**
  - None       1       2       3       4       5       More than 5
  
12. **How often do you attend church/religious-related activities:**  

<i>All the time</i>				<i>Sometimes</i>			<i>Never</i>
<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1	
  
13. **How close are you to your family:**  

<i>Very close</i>			<i>Average</i>		<i>Not close</i>
<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2 <input type="checkbox"/> 1

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (1 hour) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

14. How often do you use a condom during sex (e.g., anal, oral, and/or vaginal)?

*All the time*

7

6

5

*Inconsistently*

4

3

2

*Never*

1

***THANK YOU!!!***

**IRB QUESTIONS AND ANSWERS**

1. Type of document (survey, FG guide, key informant guide, consent form, etc.)

- Sociodemographic Questionnaire

2. What is the purpose of it?

- To gather quantitative data using from participants focusing on demographic information, sexual behaviors, HIV testing behaviors, and relationships with others using forced-choice items and Likert-type scales.

3. What is the target population(s)?

- African American MSMs enrolled at HBCUs

4. What is the target number of individuals to take part in the survey/interview?

- 8

5. Is this form finalized or still a draft?

- Yes, it is finalized.