

Form Approved
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Attachment 6:
GYT: Get Yourself Tested
Survey instrument

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Knowledge, Attitudes and Preferences

1. For each topic below, check the box that is closest to your opinion:

I think this topic is...	A major concern for people my age	A minor concern for people my age	Not a concern at all for people my age	Don't know
HIV/AIDS				
Genital Herpes				
Other STDs (not HIV) [define like Chlamydia, gonorrhea, syphilis, trichomoniasis]				
Unintended or Unplanned Pregnancy				

2. For each topic below, check the box that is closest to your opinion

What are the chances that this will happen?	Almost impossible	A small chance	About a 50-50 chance	Greater than 50% chance
I become infected with HIV/AIDS				
I become infected with Genital Herpes				
I become infected with other STDs (not HIV) [define like Chlamydia, gonorrhea, syphilis, trichomoniasis]				
I get pregnant (female) or get a girl				

	Parents	Other trusted adult	Brother or sister	Boyfriend or Girlfriend	Friends	Doctor or other health care provider	Online experts or question-answer websites	Searching the Internet	Social media like Facebook, Twitter etc	Television or radio	Magazines or other printed material	Classes or programs at school	Religious institution	No source of info
Forced sex or rape														
HIV														
STDs other than HIV														
How to prevent HIV/STDs during sex														

5. Thinking about the places where you might learn about sex and sexual health, would you say these information sources are...(check all that apply)

	Comfortable for me	Accurate	Trustworthy	Confidential	Nonjudgmental	Easily accessed or approachable	Not applicable to me (I've never looked for sex-related info from this source)
Parents or Guardians							
Other trusted adult							
Brother or sister							
Boyfriend or Girlfriend							
Friends							
Doctors or health care providers							
Searching the Internet							
Social media like Facebook,							

	Comfortable for me	Accurate	Trustworthy	Confidential	Nonjudgmental	Easily accessed or approachable	Not applicable to me (I've never looked for sex-related info from this source)
Twitter or text message service							
Television or radio							
Magazines, newspapers or other printed material							
Classes or programs at school							
Religious institution							

6. Now, thinking about all the different STDs, including HIV, about how many sexually active young people in this country do you think will get an STD by age 25?
 - a. 1 in 2000
 - b. 1 in 200
 - c. 1 in 20
 - d. 1 in 2
 - e. Don't know

7. Which items below are true and which are false?
 - a. You can get an STD from a person who has no signs or symptoms of an STD.

- b. You can get an STD even if you only have sex with one person.
- c. You can get tested for all STDs with one test.
- d. Certain STDs can cause some kinds of cancer.
- e. All STDs can be completely cured. (Rollover definition: “cured” means that the disease is completely gone from your body.)
- f. Using condoms reduces the risk of STDs, including HIV.
- g. If you have an STD, your risk of getting HIV (if exposed to a partner with HIV) is higher.
- h. Some STDs can lead to infertility (problems getting pregnant), if left untreated.
- i. Women automatically get tested for all STDs when they get a Pap test or Pap smear.
- j. You can tell if someone has an STD by looking.
- k. All STDs can be treated. (Rollover definition: “treated” means that the disease is still in your body, but the symptoms are reduced or the symptoms disappear)

8. Below is a list of reactions or thoughts you might have if your boyfriend or girlfriend asked that you get tested for an STD. Check the boxes that might describe your thoughts if your boyfriend or girlfriend suggested that you get tested (check all that apply).

- a. S/He cares about me
- b. S/He thinks I’m having sex with someone else
- c. S/he is probably having sex with someone else
- d. It is smart to make sure we are both healthy
- e. S/He thinks I’m dirty
- f. S/He does not trust me
- g. S/He is being careful
- h. S/He is being responsible
- i. None of the above

9. Please tell us what you think about people who have STDs (check all that apply). “People who have STDs...”

- Should be avoided
- may not even know it
- are dirty
- are no different than those who don’t have STDs

- have obviously slept with a lot of people
- may just have had bad luck
- have poor morals
- should be given the benefit of the doubt
- should be ashamed of themselves
- can still have healthy, normal relationships
- don't take care of themselves
- hang with the wrong crowd
- should not be afraid to tell their close friends
- should be able to tell their friends without feeling judged
- none of the above

10. Please tell us what you think about people who get tested for STDs (check all that apply). "People who get tested for STDs..."

- are taking care of their sexual health
- must have "slipped up"
- are probably cheating on their boy/girlfriend
- are responsible sex partners/lovers
- must have slept with a lot of people
- should do it regularly, as part of their routine health care
- must be dirty
- none of the above

11. Please tell us how you would feel if you got diagnosed with an STD (check all that apply). "If I was diagnosed with an STD (other than HIV), I would...."

- be devastated
- be surprised
- keep in mind that STDs are really common
- feel alone
- look to a close friend/family member/partner for support
- feel ashamed
- feel confident that I could do what I needed to do to treat it
- be afraid of what this will mean for my reputation
- know that this doesn't change or define who I am

- o hide it, even from my closest friends and family members
- o be able to talk about it with a close friend or family member
- o [none of the above]

12. In your opinion, how effective are condoms (if used from start-to-finish when you have sex) at each of the following?

	Condoms are very effective	Condoms are somewhat effective	Condoms are not at all effective	I don't know how effective condoms are
Preventing pregnancy				
Preventing HIV				
Preventing bacterial STDs like chlamydia or gonorrhea				
Preventing viral STDs like genital herpes or human papillomavirus (HPV)				

Sexual Behavior and Experience

13. There are many different kinds of behaviors that could be considered sexual. Thinking back on your whole life, check which of these you have done or had:

- a. Kissing
- b. Touching another person sexually (define: touching breasts, vagina, penis)
- c. Giving oral sex (define: putting your mouth on someone else's penis or vagina)
- d. Receiving oral sex (define: someone else's mouth on your penis or vagina)
- e. Vaginal intercourse (define: a penis inserted into a vagina)
- f. Anal intercourse (define: a penis in inserted into an anus)

14. (If any of 13e-f is checked indicating intercourse): How old were you when you had sexual intercourse (rollover definition: vaginal or anal sex) for the first time? _____

15. (If any of 13e-f is checked indicating intercourse): With how many people have you had sexual intercourse(rollover definition: vaginal or anal sex) in your life? _____

16. There are many types of sexual relationships. Think back over all the relationships you have had. Check all that you have had:

(for all options below: define sex: oral, vag, anal)

- Sex with a male
- Sex with a female
- Anonymous sex (rollover definition: sex with someone whose name you didn't know)
- Sex with someone you had just met
- Sex with someone you didn't know very well
- Sex with a friend(define: having sex with friends, but it isn't considered dating)
- Sex with boyfriend or girlfriend (define: a person you are "dating")
- Sex with someone with whom you are in a serious, committed relationship
- Never had sex with another person

17. Are you involved in one of these sexual situations now? (Check all that apply)

- Recent Sex with someone you just met or don't know very well
- Sex with a friends (define: having sex with friends, but it isn't considered dating)
- Sex with a boyfriend or girlfriend (define: a person you are "dating")
- Sex with someone with whom you are in a serious, committed relationship
- Same-sex sexual relationship
- Not in a sexual relationship

18. Different people have different opinions about what they value in relationships. Which of the following possible aspects of relationships are important to you, either in a relationship you have or would like to have?

	Very important to me	Important to me	Not very important to me	Not at all important to me
Emotional aspects How your relationship helps you feel good about or happy with yourself and your life				
Social aspects How your relationship helps you feel connected to others in your world				
Pleasure The overall level of enjoyment you get from the relationship				
Spiritual aspects How your relationship adds to a deeper sense of meaning and purpose in life				
Mutual aspects How your relationship benefits everyone in it				
Mental How your relationship satisfies you				

on an intellectual level				
Physical aspects How your relationship meets your needs for sexual intimacy; (e.g., kissing, sex)				

19. Do you and/or your partner use any of the following as part of your sexual relationships?

- a. Birth control pills
- b. Other birth control like depo shots, implants, the patch, the ring, IUD, diaphragm or cervical cap
- c. Withdrawal
- d. Calendar or rhythm method
- e. Condoms
 - Every time
 - Most of the time
 - About half of the time
 - Some of the time
 - None of the time

20. Have you ever had sexual intercourse without using a condom at all?

- a. Yes
- b. No

[If yes to Q20]: Please tell us about the time(s) you have had sex without using a condom (check all that apply).

- We got carried away in the moment
- We didn't have condoms readily available
- I wanted to feel as close as possible to my partner
- We were both virgins
- My partner convinced me we didn't need condoms

- I convinced my partner we didn't need condoms
- I knew my partner well
- I trusted my partner
- I was drunk or high
- My partner was drunk or high
- My partner looked clean
- My partner and I had talked about being exclusive (not having sex with others)
- My partner and I had talked about our HIV status
- My partner and I had talked about our STD status (STDs other than HIV)
- My partner and I had gotten tested together
- My partner and I had talked about what we would do in case we got pregnant

21. Think about your current boyfriend/girlfriend or your most recent boyfriend/girlfriend. Did you talk with this person about any of the following topics?

- a. HIV or AIDS
- b. STDs other than HIV, such as chlamydia or genital herpes
- c. Getting tested for HIV
- d. Getting tested for STDs other than HIV, such as chlamydia
- e. Using condoms
- f. Using birth control other than condoms
- g. What you would do if you (or she) got pregnant

22. Has a health care provider ever suggested that you be tested for HIV?

- a. Yes
- b. No
- c. Don't remember

23. Have you ever been tested for HIV?

- a. Yes, more than 12 months ago
- b. Yes, in the past 12 months
- c. Yes, but I can't remember when it was
- d. No
- e. Don't know

24. Has a health care provider ever suggested that you get tested for STDs other than HIV, such as chlamydia or gonorrhea?

- a. Yes
- b. No
- c. Don't remember

25. Have you ever been tested for STDs other than HIV, such as chlamydia or gonorrhea?

- a. Yes, more than 12 months ago
- b. Yes, in the past 12 months
- c. Yes, but I can't remember when it was
- d. No
- e. Don't know

26. (If yes to 25 indicating testing for STDs): How did you know you were tested for STDs other than HIV? Check all that apply.

- a. I asked to be tested
- b. The doctor or nurse told me I was being tested
- c. The doctor or nurse called with my results
- d. It is part of my routine health care
- e. Other (explain)

27. (If yes to 25 indicating testing for STDs): The last time you were tested for STDs other than HIV, did you specifically go to get tested for STDs, or did it happen as part of another type of health visit?

- a. Specifically went to get tested

- b. As part of another visit
- c. Other (explain)

28. (If yes to 25 indicating testing for STDs): The last time you were tested for an STD, where did you receive the test?

- a. Private doctor's office
- b. Family Planning Clinic or Planned Parenthood
- c. School or School-based clinic
- d. STD clinic
- e. Community health clinic, community clinic, public health clinic
- f. Some other place (specify)

29. (If yes to 25 indicating testing for STDs): There are a lot of reasons why people might get tested for STDs other than HIV. Check all the reasons why you were tested:

- a. I was concerned that I had an STD
- b. I had signs or symptoms of an STD
- c. My health care provider suggested I get tested
- d. A partner suggested or asked that I get tested
- e. It is something I do on a regular basis
- f. It just seemed like a good idea
- g. Learned that a lot of people have STDs
- h. It seems everyone else who's sexually active is doing it
- i. Heard about nearby testing
- j. My friends were going and suggested I do it too

30. (If NO to 25 indicating NOT testing for STDs): There are a lot of reasons why people might NOT get tested for STDs. In the list below, place a check mark by each of the reasons that apply to you:

- a. It is too expensive
- b. People might think badly about me
- c. I do not want my parents to find out
- d. I am worried about confidentiality
- e. I am not at risk for STDs
- f. My doctor or health care provider has never suggested I get tested

- g. I don't want to know if I have an STD
- h. I do not know where to get tested
- i. I don't know what is involved in getting tested
- j. It might be painful to get tested
- k. It is embarrassing or difficult to ask to be tested
- l. It is inconvenient to go get tested
- m. I would know if I had an STD
- n. Some other reason (specify)

31. Have you ever been in any of the following situations?

- a. Thought you might have an STD or HIV
- b. Thought your partner might have an STD or HIV
- c. Been given medication or a prescription for STDs by a doctor or nurse
- d. Been given medication or a prescription for STDs by a doctor or nurse to give to your partner
- e. Been given medication or a prescription for STDs by your partner
- f. Given medication or a prescription for STDs to your partner
- g. Had an STD or HIV
- h. Had sex with someone who had (or thought they had) an STD or HIV
- i. Had a friend or family member who had an STD
- j. Had a friend or family member who had HIV

32. Please indicate whether you have done any of the following:

- a. Talked to a health care provider about STDs or getting tested for STDs
- b. Talked with someone you were involved with romantically about STDs or getting tested for STDs
- c. Talked with friends about STDs or getting tested for STDs
- d. Looked online for information about STDs or getting tested for STDs
- e. Talked with a family member about STDs or getting tested for STDs

33. Are you or your current sex partner pregnant or trying to get pregnant?

- a. Yes

- b. No
- c. I don't know

34. Did you see a doctor or nurse in the past year for any of the following reasons?

A regular check-up or physical when you weren't sick or injured	0	No
	1	Yes
Sickness (like a fever or infection)	0	No
	1	Yes
Ongoing illness (like asthma or diabetes)	0	No
	1	Yes
An injury (like a broken bone or cut)	0	No
	1	Yes
A sexual health checkup	0	No
	1	Yes
Birth control	0	No
	1	Yes
A test or treatment for an STD like Chlamydia, gonorrhea, herpes, or HIV	0	No
	1	Yes

GYT Awareness and Impact

35. Have you ever been to a Planned Parenthood health center or clinic?
- Yes, more than 12 months ago
 - Yes, in the past 12 months

- Yes, but I don't remember when it was
- No
- Don't know

36. During the last year, how much, if anything, have you personally seen, heard, or read about STDs or testing for STDs? Have you heard a lot, some, only a little, or nothing at all?

- A lot
- Some
- Only a little
- Nothing at all

37. During the last year, do you recall seeing or hearing any ads or messages or other programming about STDs or testing for STDs?

- Yes
- No
- Don't know

38. In the past 12 months, do you recall seeing or hearing any ads or messages about STDs or testing for STDs in the following places?

- i. Television
- ii. The radio
- iii. Billboards or other outdoor advertising spaces
- iv. The internet
- v. School
- vi. Doctor's office or health clinic
- vii. A concert
- viii. A college event
- ix. A community event
- x. Other. _____

39. Please indicate whether you have ever heard of each one of the following public service campaigns.

- a. Above the Influence

- Yes, have heard of
 - No, have not heard of
 - Don't know
- b. Bedsider
 - Yes, have heard of
 - No, have not heard of
 - Don't know
- c. GYT: Get Yourself Tested
 - Yes, have heard of
 - No, have not heard of
 - Don't know
- d. It's Your (Sex) Life
 - Yes, have heard of
 - No, have not heard of
 - Don't know
- e. Lock It or Leave It
 - Yes, have heard of
 - No, have not heard of
 - Don't know
- f. Power of 12
 - Yes, have heard of
 - No, have not heard of
 - Don't know
- g. A Thin Line
 - Yes, have heard of
 - No, have not heard of
 - Don't know

40. Have you ever seen this image? [GYT LOGO]
- Yes
 - No
 - Don't know

41. Have you ever seen any of these images? [COMPILATION OF CAMPAIGN IMAGES]

- i. Yes
- ii. No
- iii. Don't know

[IF RECALL GYT] What is the campaign trying to get you to do? (Check all that apply):

- Abstain from sex
- Become a youth leader
- Exercise
- Follow my dreams
- Get tested for STDs
- Talk about STDs/testing with my partner
- Talk about STDs/testing with a doctor or health care provider
- Use condoms
- None of the above
- I don't know

42. [IF RECALL GYT] You had mentioned that you had heard of a public service campaign called GYT: Get Yourself Tested. Do you recall seeing or hearing about GYT: Get Yourself Tested in any of the following places?

- a. MTV
 - Yes
 - No
 - Don't know
- b. Other television network
 - Yes
 - No
 - Don't know
- c. Internet
 - Yes
 - No

- Don't know
- d. School , including school health centers
 - Yes
 - No
 - Don't know
- e. Doctor's office or health clinic, like Planned Parenthood
 - Yes
 - No
 - Don't know
- f. Special Event (e.g. a neighborhood party or concert)
 - Yes
 - No
 - Don't know
- g. Other
 - [OPEN-ENDED]

43. Recently there have been several media campaigns about STDs or STD testing, some of which you mentioned seeing. How big an impact do you think messages like these have on *people your age*? A very big impact, somewhat of an impact, not too big an impact, or no impact at all?

- People talk more openly about testing
- People joke more about testing and getting STDs
- People think differently about testing
- It has become more socially acceptable to get tested for STDs
- "GYT" has become a term that people use

44. How much, if any, impact would messages about STDs and testing for STDs have on *you personally*?

- A very big impact
- Somewhat of an impact

- Not too big an impact
- No impact at all

45. Please tell me if programming or messages about STDs or STD testing have made you more likely or less likely to do each of the following – or if they haven't made much difference either way.

- a. Think more positively about getting tested for STDs
 - More likely
 - Less likely
 - Haven't made much difference either way

- b. Talk openly about STDs and testing with friends
 - More likely
 - Less likely
 - Haven't made much difference either way

- c. Use condoms if/when you have sex
 - More likely
 - Less likely
 - Haven't made much difference either way

- d. Talk to a partner about STDs or testing for STDs
 - More likely
 - Less likely
 - Haven't made much difference either way

- e. Talk to a doctor or health care provider about STDs or testing for STDs
 - More likely
 - Less likely
 - Haven't made much difference either way

- f. Talk to the person I'm with about STDs/testing when I see the ad/message
 - More likely
 - Less likely
 - Haven't made much difference either way

- g. Get tested for STDs

- More likely
- Less likely
- Haven't made much difference either way

46. How often, if ever, do you watch MTV, including watching on TV or on a computer, tablet, smartphone, or other platform?

- Every day
- A couple times a week
- Once a week
- About once a month
- Less than once a month
- Never

47. [OF THOSE WHO WATCH MTV AT LEAST ONCE A WEEK] On average, about how much time do you spend watching MTV?

- Several hours a day
- About an hour a day
- Several hours a week
- About an hour a week
- Less than an hour a week

48. [OF THOSE WHO EVER WATCH MTV] You mentioned earlier that you sometimes watch MTV. Do you remember seeing any public service ads or specials or other shows on MTV about STDs or testing for STDs?

- Yes
- No
- Don't know

49. Please indicate whether you have ever seen one of the following shows?

- a. 16 and Pregnant
 - Yes
 - No
- b. Teen Mom
 - Yes

- No
- c. Savage U
 - Yes
 - No
- d. Awkward
 - Yes
 - No

Demographics

50. How old are you? (enter a number _____)

51. What is your sex?
- Male
 - Female

52. Are you currently attending school?
- Yes, High School
 - Yes, College
 - Yes, Business, Technical or Vocational School after high school
 - No

53. [If in COLLEGE] Is your college recognized as a (check all that apply):
- Historically Black College or University (HBCU)
 - Minority Postsecondary Institution (MPI)
 - Hispanic Serving Institute (HSI)
 - Tribal College or University (TCU)
 - Alaskan Native or Native Hawaiian serving institution (ANNH)

- Faith-based institution
- Community college
- Technical or trade School
- None of the above
- Don't know

54. [If in high school] What have you gone to your school nurse or clinic for? Please mark all that apply.

- E3x We don't have a clinic or nurse at school
- E3y We have a nurse or clinic but I have never been
- | | | |
|---|--------------------------|---------------------------|
| E3a. Immunizations (shots) | <input type="radio"/> No | <input type="radio"/> Yes |
| E3b. A check-up or sports physical | <input type="radio"/> No | <input type="radio"/> Yes |
| E3c. Sickness (like a fever or infection) | <input type="radio"/> No | <input type="radio"/> Yes |
| E3d. An injury (like a broken bone or cut) | <input type="radio"/> No | <input type="radio"/> Yes |
| E3e. Ongoing illness (like asthma or diabetes) | <input type="radio"/> No | <input type="radio"/> Yes |
| E3f. A sexual health checkup | <input type="radio"/> No | <input type="radio"/> Yes |
| E3g. Birth control | <input type="radio"/> No | <input type="radio"/> Yes |
| E3h. A test or treatment for a sexually transmitted disease (STD) | <input type="radio"/> No | <input type="radio"/> Yes |
| E3j. Information about sex | <input type="radio"/> No | <input type="radio"/> Yes |
| E3k. Condoms? | | |
| E3l. Information about my health | <input type="radio"/> No | <input type="radio"/> Yes |

55. What grade of school are you currently in or what is the last grade or class you completed in school?

- i. None, or grade 1-8
- ii. High school incomplete (grades 9-11)
- iii. High school graduate (grade 12 or GED certificate)
- iv. Business, technical, or vocational school after high school
- v. 2-year college or "junior college"
- vi. Some college, no 4-year degree
- vii. College graduate (BS, BA, or other 4-year degree)

viii. Post-graduate or professional schooling after college

56. Are you financially dependent on your parents?

- a. Totally dependent
- b. Mostly dependent
- c. Somewhat dependent
- d. Not dependent
- e. Don't know

57. Who lives with you? (Check all that apply)

- a. I live alone (no one lives with me)
- b. Friend or friends
- c. Roommate
- d. Boyfriend or girlfriend
- e. Fiancée or spouse
- f. Siblings (brothers and sisters)
- g. Parent or parents
- h. Family members who are not parents or siblings
- i. Landlord or tenant

58. Are you of Hispanic or Latino origin?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Refuse to answer

59. Which of the following best describes your race? (Check all that apply)

- 1. American Indian or Alaska Native
- 2. Asian
- 3. Black or African American
- 4. Native Hawaiian or Other Pacific Islander

- 5. White
- 6. Don't know
- 7. Refuse to answer

60. Do you consider yourself to be:

- a. Straight or heterosexual
- b. Gay or Lesbian
- c. Bisexual
- d. Transgender
- e. "Queer"
- f. Not sure
- g. Other (specify: _____)

61. Currently, how important is religion or spirituality in your daily life?

- a. Very important
- b. Somewhat important
- c. Not very important
- d. Not important at all

62. What is your religious affiliation?

- a. Roman Catholic
- b. Christian but not Catholic (Protestant)
- c. Jewish
- d. Muslim
- e. Mormon
- f. Greek or Russian Orthodox
- g. Atheist
- h. Agnostic
- i. No religious affiliation
- j. Other (specify)

63. What language is usually spoken in your home? Check all that apply.

- i. English
- ii. Spanish
- iii. Other

64. Do you have any kind of health care coverage, including private health insurance, prepaid plans such as HMOs, or government plans such as Medicaid or Indian Health Services? By health care coverage, we do not mean dental or vision plans, but insurance that pays for your other medical bills.

- a. Yes, have private health insurance
- b. Yes, have [Medicaid/name of state plan] or other government plan
- c. No
- d. Refused
- e. Don't know / Not sure

65. Was there an adult in the room with you while you were taking this survey?

- a. Yes, for some or all of the time
- b. No