

Submission 0920-13ABP under
0920-0840 Formative Research and Tool Development

**Attachment 2s: Paper and Pencil - HIV Prevention with Positives
Survey Instrument**

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0840).

Attachment 2s: Paper and Pencil- HIV Prevention with Positives

CASE ID _____

PARTICIPANT SURVEY

We are interested in your opinions about HIV prevention. We would also like to get some additional information about you. If you're not sure, choose an answer that comes closest to what you think might be true for each question. Please remember that your answers are private. You can choose not to answer any question and can stop at any time. When you are finished with the survey, please place it in the envelope.

Demographics

1. How old are you?
Age _____
 - a. Refuse to answer
2. What is your gender?
 - a. Male
 - b. Female
 - c. Transgender or Transsexual
 - d. Other [Specify: _____] [Terminate]
 - e. Don't know [Terminate]
 - f. Refuse to answer [Terminate]

Are you Hispanic or Latino/a

- a. ___ No
- b. ___ Yes
- c. Prefer not to answer

What is your race? (One or more categories may be selected)

- a. ___ White
 - b. ___ Black or African American
 - c. ___ American Indian or Alaska Native
 - d. ___ Asian
 - e. ___ Native Hawaiian or Other Pacific Islander
 - f. Prefer not to answer
5. What is the highest grade or year of school you finished?
 - a. Never attended school or only attended kindergarten
 - b. Grades 1 through 8 (elementary)
 - c. Grades 9 through 11 (some high school)
 - d. Grade 12 or GED (high school graduate)
 - e. College 1 year to 3 years (some college or technical school)
 - f. College 4 years or more (college graduate)
 - g. Refuse to answer
 6. Which best describes your total personal income during the past year?
 - a. Less than \$20,000
 - b. \$21,000 to \$30,000
 - c. \$31,000 to \$40,000
 - d. \$41,000 to \$50,000
 - e. \$51,000 or more
 - f. Refuse to answer

7. Which do you consider yourself to be?
 - a. Gay, lesbian, homosexual, or same gender loving
 - b. Bisexual or two spirited
 - c. Straight or heterosexual
 - d. Other [Specify: _____]
 - e. None of the above/unsure
 - f. Refuse to answer

8. What is your current relationship status? Are you...?
 - a. [Single]
 - b. [Married to a man]
 - c. [Married to a woman]
 - d. [In a relationship with a man]
 - e. [In a relationship with a woman]
 - f. [Divorced or widowed]
 - g. Refuse to answer

9. In what ZIP code do you currently live? _____

10. Before being contacted for this study, had you ever heard of CDC or the Centers for Disease Control and Prevention?
 - a. Yes
 - b. No
 - c. Refuse to answer

Sources of Information

The first set of questions asks about how you may get certain kinds of information.

11. Please tell us whether you'd be interested in getting information about HIV from each of the following sources. [MARK ALL THAT APPLY]

	Yes	No
a. Community health clinic	<input type="checkbox"/>	<input type="checkbox"/>
b. Doctor's office	<input type="checkbox"/>	<input type="checkbox"/>
c. Church	<input type="checkbox"/>	<input type="checkbox"/>
d. Health fair	<input type="checkbox"/>	<input type="checkbox"/>
e. Work	<input type="checkbox"/>	<input type="checkbox"/>
f. Sporting event	<input type="checkbox"/>	<input type="checkbox"/>
g. Night club	<input type="checkbox"/>	<input type="checkbox"/>
h. [Gay bookstore]	<input type="checkbox"/>	<input type="checkbox"/>
i. Coffee shop	<input type="checkbox"/>	<input type="checkbox"/>
j. Clothing store	<input type="checkbox"/>	<input type="checkbox"/>
k. Health club or gym	<input type="checkbox"/>	<input type="checkbox"/>
l. [Choirs or choruses]	<input type="checkbox"/>	<input type="checkbox"/>
m. Shopping malls	<input type="checkbox"/>	<input type="checkbox"/>
n. [Black pride events]	<input type="checkbox"/>	<input type="checkbox"/>
o. [Circuit Parties (Sizzle Miami, Houston Splash, Oasis, Datboi Spring Fling Las Vegas, Fire Island Black Out, St. At Large)]	<input type="checkbox"/>	<input type="checkbox"/>
p. [Balls]	<input type="checkbox"/>	<input type="checkbox"/>
q. [Sex shops]	<input type="checkbox"/>	<input type="checkbox"/>
r. [Bath houses]	<input type="checkbox"/>	<input type="checkbox"/>
s. [Clubs/party promoters (Men are from Mars, Wassup N ATL)]	<input type="checkbox"/>	<input type="checkbox"/>
t. [Gay newspaper]	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you use the Internet?
- a. Yes.....
- b. No (Skip to **Question 16**).....

15. How often do you visit the following Web sites?

	Daily	2 -5 Times a week	Once a week	2-3 Times a month	Once a month	Less than once a month	Never

a. Facebook (www.facebook.com)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Myspace (www.myspace.com)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. YouTube (www.youtube.com)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other: [Specify:_____]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other: [Specify:_____]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BEHAVIORS

These next few questions are about your personal behaviors, including sexual activity. Please remember that your answers are kept private.

Sexual Activity

21.

25. Did you have [oral/vaginal/anal sex] with any of your [female/male] partner(s) in the past [INSERT TIME FRAME]?

- a. Yes
- b. No
- c. Refuse to answer

26. When you had [oral/vaginal/anal] sex with your [female/male] partner(s) in the past [INSERT TIME FRAME], how often did you and your partner use a condom?

- a. Never used a condom
- b. Occasionally used a condom
- c. Usually used a condom
- d. Always used a condom
- e. Refuse to answer

27. In the past [INSERT TIME FRAME], did you ever, even one time, have sex without a condom?
- a. Yes
 - b. No
 - d. Refuse to answer
28. In the past 30 days, have you been drunk [or buzzed from alcohol] or high during sex?
- a. Yes
 - b. No
 - c. Refuse to answer

Sexual Partners

29. Do you currently have a main sex partner—that is, a partner you would call your spouse, significant other, or life partner?
- a. Yes
 - b. No
 - c. Refuse to answer
31. Is your main partner male, female, or transgender?
- a. Male
 - b. Female
 - c. Transgender
 - d. Refuse to answer

32. What is your main partner's HIV status?
- My main partner is HIV negative
 - My main partner is HIV positive
 - My main partner has not been tested for HIV
 - My main partner has not told me his or her HIV status
 - Refuse to answer
33. Does your main partner know your HIV status?
- Yes
 - No
 - Refuse to answer
34. In the past 12 months, how many non-main partners – that is, somebody who you did not consider to be a spouse, significant other, or life partner – did you have oral, vaginal, or anal sex with?
- 0
 - 1-5
 - 6-10
 - 11-15
 - 16-20
 - Over 20
 - Refuse to answer
35. Did you have unprotected [vaginal/anal] sex with any [female/male] partners in the past 12 months whose HIV status you didn't know? By unprotected sex, I mean [oral/vaginal/anal] sex when you or your partner didn't use a condom.
- Yes
 - No
 - Refuse to answer
36. Did you have unprotected [vaginal/anal] sex with any [female/male] partners in the past 12 months who you knew or thought to be HIV positive? By unprotected sex, I mean [oral/vaginal/anal] sex when you or your partner didn't use a condom.
- Yes
 - No
 - Refuse to answer
37. In the past 3 months, how many of your non-main partners told you their HIV status?
- 0
 - 1-5
 - 6-10
 - 11-15
 - 16-20
 - Over 20

- g. Refuse to answer
38. In the past 3 months, how many of your non-main partners did you tell your HIV status to?
- a. 0
 - b. 1-5
 - c. 6-10
 - d. 11-15
 - e. 16-20
 - f. Over 20
 - g. Refuse to answer

Risk

39. Thinking about the sex you've had over the past (insert time frame), do you consider yourself to be high, medium or low risk for transmitting HIV to someone else?
- a. Low risk
 - b. Medium risk
 - c. High risk
 - d. Refuse to answer
40. If you don't change any HIV-related behaviors what is your chance of transmitting HIV to a partner in the next (insert time period here)?
- a. 0-24% or have little to no chance of getting it
 - b. 25-49% or have some chance of getting it
 - c. 50% or have equal chance of getting it or not getting it
 - d. 51-74% or have a good chance of getting it
 - e. 75-100% or it is likely that I will get it
 - f. Refuse to answer
41. Tell me how risky you think each behavior is for transmitting HIV. Use a scale where 0 is lowest risk and 100 is highest risk. Please assign any number in that range to each of the behaviors listed.
- a. [Deep kissing]
 - b. [Receptive anal sex ("bottom") with a condom]
 - c. [Receptive anal sex ("bottom") without a condom]
 - d. [Mutual masturbation]
 - e. [Receptive oral sex ("giving a blow job") with a condom]
 - f. [Receptive oral sex ("giving a blow job") without a condom]
 - g. [Insertive anal sex [("top")] with a condom]
 - h. [Insertive anal sex [("top")] without a condom]
 - i. [Vaginal sex with a condom]
 - j. [Vaginal sex without a condom]
 - k. [Other behavior]
 - l. Refuse to answer

HIV TESTING

44. When did you first test positive for HIV? DATE (mm/dd/yy): _____
- a. More than 5 years ago
 - b. 5 or less years ago
 - c. Don't Know
 - d. Refuse to answer
45. How often did you get tested for HIV before you tested positive?
- a. Every 0-2 months
 - b. Every 3-6 months
 - c. Every 7-12 months
 - d. Less often than once a year
 - e. Other [Specify: _____]
 - f. Don't know
 - g. Refuse to answer

HIV Protective Behavioral Intentions

46. Do you plan to [HIV prevention strategy] the next time you have sex?
 - a. Yes
 - b. No
 - c. Refuse to answer

47. If your sexual partner does not want to [insert HIV prevention strategy], do you plan on insisting that the two of you [HIV prevention strategy]?
 - a. Yes
 - b. No
 - e. Refuse to answer

48. The next time you have sex, do you plan on talking about [HIV prevention strategy] with your partner?
 - a. Yes
 - b. No
 - e. Refuse to answer

49. How likely are you to (put example preventive action here) the next time you (add specific behavior here/have sex)?
 - a. Very unlikely
 - b. Unlikely
 - c. Neither unlikely or likely
 - d. Likely
 - e. Very likely
 - f. Refuse to answer

Norms and Attitudes

50. Most people who are important to me think I should [insert behavior here]. By important to me, we mean people like friends, family, and anyone else who is an important part of your life.
 - a. Strongly disagree
 - b. Disagree
 - c. Neither disagree nor agree
 - d. Agree
 - e. Strongly Agree
 - f. Refuse to answer

51. Most of my sexual partners [insert behavior here].
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Refuse to answer
52. Most [gay men/people I know] [insert behavior here].
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Refuse to answer
53. On a scale from 1 to 6, where 1 is extremely bad and 6 is extremely good, how would you rate [insert behavior here].
- Extremely bad
 - Bad
 - Neither bad nor good
 - Good
 - Extremely good
 - Refuse to answer
54. On a scale from 1 to 6, where 1 is extremely harmful and 6 is extremely beneficial, how would you rate [insert behavior here] to [prevent HIV]?
- Extremely harmful
 - Harmful
 - Neither harmful nor beneficial
 - Beneficial
 - Extremely beneficial
 - Refuse to answer

55. Please tell us how much you disagree or agree with the following statements
- [insert behavior here] is expensive.
 - [insert behavior here] is inconvenient.
 - [insert behavior here] allows me to have unprotected sex with partners who are [HIV negative or HIV positive]
 - [insert behavior here] [insert descriptor here].
 - Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly Agree
 - Refuse to answer

56. How sure are you that you could [insert behavior here] if...

	Very sure I could not	Somewhat sure I could not	Slightly sure I could	Somewhat sure I could	Very sure I could
a. you wanted to [insert behavior here]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. [insert circumstance]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. [insert circumstance]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [insert circumstance]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [insert circumstance]?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

57. I feel confident in my ability to [insert HIV prevention strategy here].
- Strongly disagree
 - Disagree
 - Neither agree or disagree
 - Agree
 - Strongly agree

Positive Attitudes toward Talking about HIV with Partners, Peers, and Family

58. It is important to talk about [HIV].
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Refuse to answer
59. It is important to talk about [HIV] with [INSERT].
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Refuse to answer
60. I am confident that I can talk to [INSERT] about [INSERT].
- Strongly disagree
 - Disagree
 - Neither disagree nor agree
 - Agree
 - Strongly agree
 - Refuse to answer

KNOWLEDGE, ATTITUDES, BELIEFS

61. People with HIV/AIDS should take their antiretroviral medications as prescribed even if it's inconvenient or a burden.
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know
 - Refuse to answer
62. People with HIV/AIDS have an obligation to have safe sex with [people who /men who are negative or] do not know their HIV status.
- Strongly agree
 - Agree
 - Disagree
 - Strongly disagree
 - Don't know

- f. Refuse to answer
63. When HIV positive and HIV negative [people/men] have sex with each other, they have an equal responsibility for being safe.
- a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree
 - e. Don't know
 - f. Refuse to answer
64. Correct condom use is the best way to prevent HIV when having sex.
- a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree
 - e. Don't know
 - f. Refuse to answer
65. I think there are good ways to prevent the sexual transmission of HIV from an infected to an uninfected partner other than using condoms.
- a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree
 - e. Don't know
 - f. Refuse to answer
66. Because of new treatments for HIV, I'm more willing to have unprotected sex with someone who is HIV negative.
- a. Strongly agree
 - b. Agree
 - c. Disagree
 - d. Strongly disagree
 - e. Don't know
 - f. Refuse to answer
67. About how often do you tell new sex partners that you are HIV positive?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. Never
 - e. Don't know
 - f. Refuse to answer

68. In the past 30 days, about how often did you take your antiretroviral medications as prescribed by your doctor?
- a. All of the time
 - b. Most of the time
 - c. Some of the time
 - d. Never
 - e. Don't know
 - f. Refuse to answer

IDENTITY AND DISCRIMINATION

This next set of questions asks about how you identify in terms of race and sexual orientation. Some of the questions also ask about your experiences with how others have reacted to your race and/or sexual orientation.

69. Please tell us how much you disagree or agree with each of the following statements.

	Do not agree at all 1	2	3	4	5	6	Agree Completel y 7
a. I feel good about being a [insert race/ethnicity/sexual orientation].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. I often regret that I am a [insert race/ethnicity/gender]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. In general, I am glad to be a [insert race/ethnicity/sexual orientation]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Overall, I often do not like being a [insert race/ethnicity/sexual orientation]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Being a [insert race/ethnicity/sexual orientation] is important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. If someone says something bad about [insert race/ethnicity/sexual orientation] they say something bad about me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THE END

Thank you for answering these questions. Please place the survey in the envelope provided. Give the survey and your consent form to the interviewer when you go into the interview room. The interviewer will not see your responses to these questions.