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Submission under  
0920-0572 Health Message Testing System

**Attachment 9: Consumer Message Testing for High Impact Prevention Project  
Web Survey**

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-0572

**CONSUMER MESSAGE TESTING FOR HIGH IMPACT PREVENTION PROJECT  
WEB SURVEY**

**Perception of HIV as a Problem**

**1.1. On a scale from 1 to 10, where 1 is the least important and 10 is the most important, how would you rate the importance of HIV as a health problem facing the nation today?**

**SECTION 1: ONLINE ACTIVITY AND [INSERT MATERIAL TYPE] RECEPTIVITY**

*SCRIPT: We'd like to ask you some questions about your online activity.*

**[TIME SPENT ONLINE]**

**1.2. In an average month, how often do you...**

	Daily	2-5 Times a Week	Once a Week	2-3 Times a Month	Once a Month	Less than Once a Month	Never	Prefer not to Answer
a. use Facebook? ( <a href="http://www.facebook.com">www.facebook.com</a> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
b. use Twitter? ( <a href="http://www.twitter.com">www.twitter.com</a> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
c. use YouTube? ( <a href="http://www.youtube.com">www.youtube.com</a> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
d. use Instagram ( <a href="http://www.instagram.com">www.instagram.com</a> )	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
e. use dating/hook-up sites or mobile apps? (e.g., manhunt.com, adam4adam, Grindr, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
f. visit online news websites? (e.g., cnn.com, slate.com, etc.)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
g. watch television?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
h. listen to radio?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
i. use buses, subways, or trains?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
j. read magazines?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
k. read newspapers?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9
l. Other [Specify_____]	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 9

**1.3. In an average month, how often do you use the following dating or hook-up sites or mobile apps?**

	Daily	2-5 Times a Week	Once a Week	2-3 Times a Month	Once a Month	Less than Once a Month	Never	Prefer not to Answer
a. Manhunt	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
b. Adam4adam	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
c. Grindr	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
d. Tinder	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
e. Match.com	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
f. eHarmony.com	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
g. Christianmingle.com	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
h. Jdate.com	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
i. Ourtime.com	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
j. OKCupid	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
k. Plentyoffish.com	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
l. Blackgaychat (BCGLive)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
m. Craigslist	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
n. BarebackRT	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
o. Scruff	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
p. Jack'd	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>
q. Other [Specify _____ ]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>9</sub>

**1.4. Please indicate how much you disagree or agree with the following statements.**

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Prefer not to answer
a. I know all I need to know about HIV.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. I know about how to prevent getting or transmitting HIV.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. I know how often I should be tested for HIV.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. I feel knowledgeable about HIV I could learn more about HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**[[INSERT MATERIAL TYPE] Receptivity]**

**1.5. Now I'm going to ask each of you to rate the [INSERT MATERIAL TYPE] on a scale from 1-10 for how likely is it that the [INSERT MATERIAL TYPE] will [INSERT DESCRIPTOR HERE], with 1 not likely at all to [INSERT DESCRIPTOR] and 10 being very likely to [INSERT DESCRIPTOR], how would you rate this [INSERT MATERIAL TYPE]? Please mark your rating on your paper.**

**1.6. Which [INSERT MATERIAL TYPE] [INSERT DESCRIPTOR]?**

**1.6a. What made you choose that[material/descriptor]?**

**1.7. You are now about to see [INSERTNUMBER HERE] [INSERT MATERIAL TYPE] about [INSERT TOPIC HERE]. After you view each [INSERT MATERIAL TYPE], please tell us how much you agree or disagree with each of the following statements. [Repeat for each [INSERT MATERIAL TYPE]]**

	<b>Perceived Effectiveness Scale</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Prefer not to answer</b>
a.	This [INSERT MATERIAL TYPE] grabbed my attention.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b.	This [INSERT MATERIAL TYPE] was confusing.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c.	This [INSERT MATERIAL TYPE] convinced me to [INSERT BEHAVIOR/ACTIVITY/STRATEGY HERE]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d.	This [INSERT MATERIAL TYPE] something important to me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e.	I learned something new from this [INSERT MATERIAL TYPE].	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
f.	I liked this [INSERT MATERIAL TYPE] overall.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
g.	I do not like this [INSERT MATERIAL TYPE] overall.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
h.	This [INSERT MATERIAL TYPE] gave me good reasons to [insert behavior/activity/strategy here]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
i.	This [INSERT MATERIAL TYPE] spoke to me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

	<b>[INSERT MATERIAL TYPE] Receptivity</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Prefer not to answer</b>
a.	This [INSERT MATERIAL	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

<b>[INSERT MATERIAL TYPE] Receptivity</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Prefer not to answer</b>
TYPE] was easy to read						
b. I am interested in this [INSERT MATERIAL TYPE]'s topic	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
c. I was interested in reading this [INSERT MATERIAL TYPE]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
d. This [INSERT MATERIAL TYPE] was written for a person like me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
e. This [INSERT MATERIAL TYPE] was easy to understand.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
f. I would read this [INSERT MATERIAL TYPE] if I saw it.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
g. This [INSERT MATERIAL TYPE] grabbed my attention.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
h. I trust the information in this [INSERT MATERIAL TYPE]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
i. This [INSERT MATERIAL TYPE] said something important to me.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
j. This [INSERT MATERIAL TYPE] was convincing.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
k. This [INSERT MATERIAL TYPE] was believable.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
l This [INSERT MATERIAL TYPE] told me something I didn't already know.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
m. This [INSERT MATERIAL TYPE] would be helpful in convincing my friends to do the behavior/activity/strategy it suggests.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
n. This [INSERT MATERIAL TYPE] made me feel confident that I could do the behavior/activity/strategy it suggests.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
o. This [INSERT MATERIAL TYPE] would make me feel bad if I [insert behavior/activity/strategy here]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9
p. This [INSERT MATERIAL TYPE] [insert descriptor]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _9

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Refuse to Answer</b>
a. There was too much information.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b. I liked the way the information was organized.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c. It was hard to find the information that I was interested in.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d. The information upset me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e. The [INSERT MATERIAL TYPE] has important information for people like me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
f. The [INSERT MATERIAL TYPE] stereotypes certain people.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
f1. What groups of people do you feel this [INSERT MATERIAL TYPE] stereotypes:_____						
g. The [INSERT MATERIAL TYPE] was offensive.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
g1. What did you find to be offensive in this [INSERT MATERIAL TYPE]:_____						
h. The information in the [INSERT MATERIAL TYPE] was confusing.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
h1. What about this [INSERT MATERIAL TYPE] was confusing:_____						
i. The information in the [INSERT MATERIAL TYPE] speaks to me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
j. The [INSERT MATERIAL TYPE] gave me good reasons to take responsibility for my health.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
k. The [INSERT MATERIAL TYPE] gave me good reasons to take responsibility for my sex partner's health.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
l. The [INSERT MATERIAL TYPE] gave me good reasons to talk to my sex partners about ways we can prevent HIV.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
m. By doing the behavior/activity/strategy suggested in the [INSERT MATERIAL TYPE], I can protect myself from getting or	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Refuse to Answer</b>
transmitting HIV.						
n. There are many things I can do to prevent getting or transmitting HIV.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
o. The information in the [INSERT MATERIAL TYPE] was persuasive.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
p. The information in the [INSERT MATERIAL TYPE] was motivating.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
q. The [INSERT MATERIAL TYPE] was boring.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
r. I would recommend the [INSERT MATERIAL TYPE] to others.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
s. The [INSERT MATERIAL TYPE] used a fresh, new approach to communicate information about HIV.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
t. I would share the [INSERT MATERIAL TYPE] with others.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
u. I would look at the [INSERT MATERIAL TYPE] again if I wanted more information.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
v. I liked the way the [INSERT MATERIAL TYPE] looks.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
w. I liked the colors, images and graphics.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
x. I can do what the [INSERT MATERIAL TYPE] suggests.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
y. I will do what the [INSERT MATERIAL TYPE] suggests.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
z. There was information in the [INSERT MATERIAL TYPE] about HIV risk that I had never seen before.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
aa. There was information in the [INSERT MATERIAL TYPE] about HIV prevention strategies that I had never seen before.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**1.8. How could the [INSERT MATERIAL TYPE] be changed to make it better?\_\_\_\_\_ [no forced response]**

**1.9. Please indicate how much you agree or disagree with the following statements.**

The [INSERT MATERIAL TYPE] ...	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree	Refuse to Answer
a. helped me recognize that the sexual behaviors I choose to do may increase or decrease my risk of getting or transmitting HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
b. Prepared me to make a better decision about which behaviors I will do in the future	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
c. Helped me think about the pros/cons of different HIV prevention options	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
d. Helped me think about the pros/cons of different HIV prevention options that are most important to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
e. Helped me know that the decisions I make depend on what matters most to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
f. Helped me identify the questions I want to ask [my doctor or my partner or other]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
g. Prepared me to talk [my doctor or partner or other] about what matters most to me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>
h. Prepared me for a follow-up [visit or conversation or other] with [my doctor or partner or other]	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**SECTION 2: HIV TESTING**

**[NORMS]**

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Prefer not to answer
a. Most people who are important to me think I should [insert behavior/activity/strategy here]. (By “people who are important to me,” we mean sexual partners, friends, family, and anyone else who is an important part of your life.)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. Most of my sexual partners [insert behavior here].	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Prefer not to answer</b>
c. Most people I know [insert behavior/activity/strategy here].	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**[HIV-testing: KNOWLEDGE]**

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

Someone who is HIV-negative and *not* taking medicines to prevent HIV (e.g., PrEP/Truvada,) should get tested for HIV every 6 months if they...

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Prefer not to answer</b>
a. ...always have sex with a condom.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. ...have had anal insertive sex (topping) without a condom.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. ...have had anal receptive sex (bottoming) without a condom.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. ...have a sex partner who is HIV positive.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e. ...have had anal sex without a condom (receptive or insertive) with a partner whose HIV status they don't know.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
f. ...have had more than one sex partner since their last HIV test.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**[HIV-testing: Self-Efficacy]**

**2.3. Please tell us how much you agree or disagree with the following statement: I am confident that I can get an HIV test.**

- <sub>1</sub> Strongly agree
- <sub>2</sub> Agree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Disagree
- <sub>5</sub> Strongly disagree
- <sub>9</sub> Prefer not to answer

**2.4. How easy or hard would it be for you to get an HIV test every 6 months if you:**

	<b>Very Easy</b>	<b>Easy</b>	<b>Neither Easy nor Hard</b>	<b>Hard</b>	<b>Very Hard</b>	<b>Prefer not to Answer</b>
a. Could find a free testing site.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. Had to travel far to find a free testing site.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. Could get the results of your HIV test within 20 minutes.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. Knew that your test results would be kept confidential.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e. Could not find an HIV test provider that spoke your language, (e.g., English or Spanish).	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
f. Could find a provider that you feel comfortable with and trust.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
g. Could use a home-based testing kit.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**[BEHAVIORAL BELIEFS]**

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

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

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>	<b>Prefer not to answer</b>
a. Your HIV test result expires every time you have risky sex.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. Getting an HIV test is free, fast, and confidential.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. My family/friends are my reason(s) for [insert behavior here].	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. My reason for [insert behavior here] is me	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e. Getting [insert behavior here] will help me stay strong and informed.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
f. [insert behavior here] will help me take better care of my sexual partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
g. [insert behavior here] keeps me healthy	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
h. [insert behavior here] will help my future.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**[ATTITUDES]**

**2.6. Please answer the following questions by choosing the answer that best describes your opinion.**

	<b>Very Important</b>	<b>Somewhat Important</b>	<b>Neither Important nor Unimportant</b>	<b>Somewhat Unimportant</b>	<b>Very Unimportant</b>	<b>Prefer not to Answer</b>
a. Having access to free [INSERT HERE] is...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. Having access to confidential HIV test results is...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. Taking better care of my sexual partner is...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

d. Keeping myself healthy is...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e. Doing things to help my future is...	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**[HIV TESTING: INTENTIONS]**

**2.7. Please tell us how likely or unlikely it is that you intend to...**

	<b>Very Likely</b>	<b>Somewh at Likely</b>	<b>Neither Likely Nor Unlikely</b>	<b>Somewh at Unlikely</b>	<b>Very Unlikely</b>	<b>Prefer Not to Answer</b>
a. ...get an HIV test within the next 6 months	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. ...get an HIV test within the next 12 months	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. ...get an HIV test before sex with a new sexual partner	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. ...get tested together (e.g. tested with a sexual partner)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**SECTION 3: MAIN/CASUAL PARTNER/SEROSTATUS DISCLOSURE**

**SCRIPT:** Next, we'd like to ask you some questions about the people you have sex with and things you might talk to them about.

**3.1. Do you currently have a main male sexual partner—that is, a partner you would call your boyfriend, spouse, significant other, or life partner?**

- <sub>1</sub> Yes (Go to Q3.1a)
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**3.1a.** [If YES – currently have a main male sexual partner] How long have you been in a sexual relationship with your main male sexual partner?

Please enter length of relationship: \_\_\_\_\_ years and \_\_\_\_\_ months

- <sub>9</sub> Prefer not to answer

**3.2. Do you know the HIV status of your main male sexual partner?**

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**3.2a.** [If YES] What is your main male sexual partner's HIV status?

- <sub>1</sub> My main partner is HIV negative.

- \_2 My main partner is HIV positive.
- \_9 Prefer not to answer

**3.3. Have you had sex with another man during the time you have been with your current main male sexual partner?**

- \_1 Yes
- \_2 No
- \_9 Prefer not to answer

**SCRIPT:** *We'd now like to ask you some questions about casual sexual partners. A non-main or casual sexual partner is someone who you do not consider to be a spouse, significant other, or life partner.*

**3.4. In the past 12 months, how many casual (non-main), male sexual partners did you have anal or oral sex with?**

NUMBER \_\_\_\_\_

- \_99 Prefer not to answer

**3.5. Do you know the HIV status of your most recent casual (non-main) male sexual partner?**

- \_1 Yes
- \_2 No
- \_9 Prefer not to answer

**3.5a. [If YES] What is the HIV status of your most recent casual (non-main) male sexual partner?**

- \_1 My most recent casual (non-main) male sexual partner is HIV negative.
- \_2 My most recent casual (non-main) male sexual partner is HIV positive.
- \_9 Prefer not to answer

**SECTION 4: MAIN PARTNER COMMUNICATION BEHAVIOR**

**[COMMUNICATION: BEHAVIOR]**

**4.1. In the past 12 months, how often have you had one-on-one conversations with your current main male sexual partner about ways to prevent HIV?**

- \_1 Very often
- \_2 Often
- \_3 Sometimes
- \_4 Rarely
- \_5 Never
- \_9 Prefer not to answer

**4.2. In the past 12 months, how often have you discussed the following topics with your current main male sexual partner?**

	<b>Very Often</b>	<b>Often</b>	<b>Some-times</b>	<b>Rarely</b>	<b>Never</b>	<b>Prefer Not to Answer</b>
a. Your last HIV test and test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. Your partner's last HIV test and test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. Getting tested for HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. Getting tested for HIV together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e. Using condoms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
f. Taking medicines to treat HIV infection (e.g., antiretroviral therapy or ART)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
g. Your or your partner's viral load	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
h. Taking medicines <i>daily</i> to reduce the chance of being HIV infected (e.g., Truvada, pre-exposure prophylaxis, or PrEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
i. Taking medicines <i>after sex</i> to reduce the chance of being HIV infected (e.g., post-exposure prophylaxis, nPEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
j. Which sexual activities (i.e., oral and anal intercourse) you would engage in based on your HIV status or your partner's HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
k. Which sexual roles or positions (i.e., insertive/top or receptive/bottom) you would engage in based on your HIV status or your partner's HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
l. Making agreements with your main male sexual partner about having sex with other partners (i.e., whether to, when, with whom, and what kind of sex that takes place inside and outside the relationship)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**SECTION 5: CASUAL PARTNER COMMUNICATION BEHAVIOR**

**[COMMUNICATION: BEHAVIOR]**

**5.1. In the past 12 months, how often have you had one-on-one conversations with a casual male sexual partner about ways to prevent HIV?**

- <sub>1</sub> Very often
- <sub>2</sub> Often
- <sub>3</sub> Sometimes
- <sub>4</sub> Rarely
- <sub>5</sub> Never
- <sub>9</sub> Prefer not to answer

**5.2. In the past 12 months, have you discussed the following topics with a casual male sexual partner?**

	Very Often	Often	Some-Times	Rarely	Never	Prefer Not to Answer
a. Your last HIV test and test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. Your partner's last HIV test and test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. Getting tested for HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. Getting tested for HIV together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e. Using condoms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
f. Taking medicines to treat HIV infection (e.g., antiretroviral therapy or ART)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
g. Your or your partner's viral load	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
h. Taking medicines daily to reduce the chance of being HIV infected (e.g., Truvada, pre-exposure prophylaxis, or PrEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
i. Taking medicines <i>after sex</i> to reduce the chance of being HIV infected (e.g., post-exposure prophylaxis, nPEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
j. Which sexual activities (i.e., oral and anal intercourse) you would engage in based on your HIV status or your partner's HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
k. Which sexual roles or positions (i.e., insertive/top or receptive/bottom) you would engage in based on your HIV status or your partner's HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

status						
1. Looking for partners with the same HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**SECTION 6: COMMUNICATION (SELF-EFFICACY, INTENTIONS, ATTITUDES, NORMS)**

**[COMMUNICATION: SELF-EFFICACY]**

**6.1. How sure are you that you could have one-on-one conversations with a main male sexual partner about ways to prevent HIV?**

- <sub>1</sub> Very sure
- <sub>2</sub> Somewhat sure
- <sub>3</sub> Neither sure nor unsure
- <sub>4</sub> Somewhat unsure
- <sub>5</sub> Very unsure
- <sub>9</sub> Prefer not to answer

**6.2. How sure are you that you could have one-on-one conversations with a casual male sexual partner about ways to prevent HIV?**

- <sub>1</sub> Very sure
- <sub>2</sub> Somewhat sure
- <sub>3</sub> Neither sure nor unsure
- <sub>4</sub> Somewhat unsure
- <sub>5</sub> Very unsure
- <sub>9</sub> Prefer not to answer

**[COMMUNICATION: INTENTIONS]**

**6.3. In the next 12 months, how likely or unlikely is it that you will discuss the following topics with a main male sexual partner?**

	Very Likely	Some-What Likely	Neither Likely Nor Unlikely	Some-What Unlikely	Very Unlikely	N/A	Prefer Not to Answer
a. Your last HIV test and test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
b. Your partner's last HIV test and test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
c. Getting tested for HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
d. Getting tested for HIV together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
e. Using condoms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
f. Taking medicines to <b>treat</b> HIV infection	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>

	Very Likely	Some-What Likely	Neither Likely Nor Unlikely	Some-What Unlikely	Very Unlikely	N/A	Prefer Not to Answer
(e.g., antiretroviral therapy or ART)							
g. Your or your partner's viral load	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
h. Taking medicines <b>daily</b> to reduce the chance of being HIV infected (e.g., Truvada, pre-exposure prophylaxis, or PrEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
i. Taking medicines <b>after sex</b> to reduce the chance of being HIV infected (e.g., post-exposure prophylaxis, nPEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
j. Which sexual <b>activities</b> (i.e., oral and anal intercourse) you would engage in based on your HIV status or your partner's HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
k. Which sexual <b>roles</b> or <b>positions</b> (i.e., insertive/top or receptive/bottom) you would engage in based on your HIV status or your partner's HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
l. Making agreements with your main male sexual partner about having sex with other partners (i.e., whether to, when, with whom, and what kind of sex that takes place inside and outside the relationship)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>

**6.4. In the next 12 months, how likely or unlikely is it that you will discuss the following topics with a casual male sexual partner?**

	Very Likely	Some-What Likely	Neither Likely Nor Unlikely	Some-What Unlikely	Very Unlikely	N/A	Prefer Not to Answer
a. Your last HIV test and test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>

	Very Likely	Some-What Likely	Neither Likely Nor Unlikely	Some-What Unlikely	Very Unlikely	N/A	Prefer Not to Answer
b. Your partner's last HIV test and test results	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
c. Getting tested for HIV	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
d. Getting tested for HIV together	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
e. Using condoms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
f. Taking medicines to treat HIV infection (e.g., antiretroviral therapy or ART)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
g. Your or your partner's viral load	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
h. Taking medicines daily to reduce the chance of being HIV infected (e.g., Truvada, pre-exposure prophylaxis, or PrEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
i. Taking medicines <i>after</i> sex to reduce the chance of being HIV infected (e.g., post-exposure prophylaxis, nPEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
j. Which sexual activities (i.e., oral and anal intercourse) you would engage in based on your HIV status or your partner's HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
k. Which sexual roles or positions (i.e., insertive/top or receptive/bottom) you would engage in based on your HIV status or your partner's HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
l. Looking for partners with the same HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>

**[COMMUNICATION: ATTITUDES]**

**6.5. Talking to a *main sexual partner* about ways to prevent HIV would be...**

- <sub>1</sub> Very good
- <sub>2</sub> Somewhat good
- <sub>3</sub> Neither good nor bad

- <sub>4</sub> Somewhat bad
- <sub>5</sub> Very bad
- <sub>9</sub> Prefer not to answer

**6.6. Talking to a *casual sexual partner* about ways to prevent HIV would be...**

- <sub>1</sub> Very good
- <sub>2</sub> Somewhat good
- <sub>3</sub> Neither good nor bad
- <sub>4</sub> Somewhat bad
- <sub>5</sub> Very bad
- <sub>9</sub> Prefer not to answer

**[COMMUNICATION: *NORMS*]**

**6.7. Most of my friends, family, and other people close to me think I should talk to my sexual partner(s) about ways to prevent HIV.**

- <sub>1</sub> Strongly agree
- <sub>2</sub> Agree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Disagree
- <sub>5</sub> Strongly disagree
- <sub>9</sub> Prefer not to answer

**6.8. Most of my sexual partners think I should talk to them about ways to prevent HIV.**

- <sub>1</sub> Strongly agree
- <sub>2</sub> Agree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Disagree
- <sub>5</sub> Strongly disagree
- <sub>9</sub> Prefer not to answer

**6.9. How often do you think that your friends and other people close to you discuss ways to prevent HIV with their sexual partner(s)?**

- <sub>1</sub> Very often
- <sub>2</sub> Often
- <sub>3</sub> Sometimes
- <sub>4</sub> Rarely
- <sub>5</sub> Never
- <sub>9</sub> Prefer not to answer

**SECTION 7: INFORMATION SEEKING**

**7.1. [HIV/AIDS INFORMATION SEEKING BEHAVIOR]**

In the past 12 months, how often have you looked for information about...

	<b>Very often</b>	<b>Often</b>	<b>Some-times</b>	<b>Rarely</b>	<b>Never</b>	<b>Prefer not to answer</b>
a. HIV?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. HIV testing?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. condoms?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. taking medicines to treat HIV infection (e.g., antiretroviral therapy or ART)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e. taking medicines daily to reduce the chance of being HIV infected (e.g., Truvada, pre-exposure prophylaxis, or PrEP)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
f. taking medicines after sex to reduce the chance of being HIV infected (e.g., post-exposure prophylaxis, nPEP or PEP)?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
g. how to talk to my sexual partner(s) about HIV?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**7.2. In the past 12 months, how often have you...**

	<b>Very Often</b>	<b>Often</b>	<b>Some-times</b>	<b>Rarely</b>	<b>Never</b>	<b>Prefer Not to answer</b>
a. searched online for a location to get an HIV test?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. called an HIV testing hotline?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. texted your zip code for a location to get an HIV test?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
d. visited a Centers for Disease Control website for HIV information?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**[HIV/AIDS INFORMATION SEEKING SELF-EFFICACY]**

*[trust in cdc]*

**7.3. Please tell us if you agree or disagree with the following statement: I trust the Centers for Disease Control, or CDC, as a source for HIV information.**

- <sub>1</sub> Strongly agree
- <sub>2</sub> Agree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Disagree
- <sub>5</sub> Strongly disagree
- <sub>9</sub> Prefer not to answer

## **SECTION 8: HIV RISK BEHAVIOR/PREVENTION STRATEGIES**

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

### **Sexual Activity**

**8.1. Did you have anal sex with any of your male partner(s) in the past [INSERT TIME FRAME]?**

- a. Yes [1]
- b. No [0]
- c. Refuse to answer [9]

[If yes...]

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

- a. Never used a condom [1]
- b. Occasionally used a condom [2]
- c. Usually used a condom [3]
- d. Always used a condom [4]
- e. Refuse to answer [9]

**8.3. In the past [INSERT TIME FRAME], did you ever, even one time, have sex without a condom?**

- a. Yes [1]
- b. No [0]
- c. Refuse to answer [9]

**8.4. In the past [INSERT TIME FRAME], 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?**

- a. 0 [1]
- b. 1-5 [2]
- c. 6-10 [3]
- d. 11-15 [4]
- e. 16-20 [5]
- f. Over 20 [6]
- g. Refuse to answer [9]

**8.5. Did you have unprotected anal sex with any male partners in the past [INSERT TIME FRAME] whose HIV status you didn't know? By unprotected sex, I mean anal sex when you or your partner didn't use a condom.**

- a. Yes [1]
- b. No [0]
- c. Refuse to answer [9]

**8.6. Did you have unprotected anal sex with any male partners in the past [INSERT TIME FRAME] who you knew or thought to be HIV positive? By unprotected sex, I mean anal sex when you or your partner didn't use a condom.**

- a. Yes [1]
- b. No [0]
- c. Refuse to answer [9]

*HIV Awareness and Knowledge*

**8.7. There are medications available to treat HIV.**

- a. Strongly agree [4]
- b. Agree [3]
- c. Disagree [2]
- d. Strongly disagree [1]
- e. Don't know [8]
- f. Refuse to answer [9]

**8.8. Because of new treatments for HIV, I think people are taking more sexual risks.**

- a. Strongly agree [4]
- b. Agree [3]
- c. Disagree [2]
- d. Strongly disagree [1]
- e. Don't know [8]
- f. Refuse to answer [9]

**8.9. Because of new treatments for HIV, I'm more willing to have unprotected sex with someone who is HIV negative.**

- a. Strongly agree [4]
- b. Agree [3]
- c. Disagree [2]
- d. Strongly disagree [1]
- e. Don't know [8]
- f. Refuse to answer [9]

**8.10. Because of new treatments for HIV, I'm more willing to have unprotected sex with someone who is HIV positive.**

- a. Strongly agree [4]
- b. Agree [3]
- c. Disagree [2]
- d. Strongly disagree [1]
- e. Don't know [8]
- f. Refuse to answer [9]

**8.11. On a scale from 1 to 5, where 1 is extremely harmful and 5 is extremely beneficial, how would you rate...**

	<b>Extremely Harmful 1</b>	<b>Harmful 2</b>	<b>Neither Harmful Nor Beneficial 3</b>	<b>Beneficial 4</b>	<b>Extremely Beneficial 5</b>	<b>Refuse to Answer</b>
a. taking medicines to treat HIV infection (e.g. antiretroviral therapy or ART) to prevent HIV transmission?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. taking medicines to prevent HIV [e.g., post-exposure prophylaxis (PEP) or pre-exposure prophylaxis (PrEP)] to prevent HIV?.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

**8.12. Please tell us how much you disagree or agree with each of the following statements: “Taking medicines to prevent HIV....”**

	<b>Strongly disagree 1</b>	<b>Disagree 2</b>	<b>Neither disagree or agree 3</b>	<b>Agree 4</b>	<b>Strongly agree 5</b>
a. is expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is inconvenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. allows me to have unprotected sex with my partner(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. is for someone like me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**8.13. Please tell us how much you disagree or agree with each of the following statements: “Taking medicines to treat HIV....”**

	<b>Strongly disagree 1</b>	<b>Disagree 2</b>	<b>Neither disagree or agree 3</b>	<b>Agree 4</b>	<b>Strongly agree 5</b>
a. is expensive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. is inconvenient.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. allows me to have unprotected sex with	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

my partner(s)					
d. is for someone like me.	<input type="checkbox"/>				

**[Perceived risk of HIV infection]**

**Risk**

**8.14. Thinking about the sex you've had over the past 6 months, do you consider yourself to be high, medium or low risk for getting/transmitting HIV?**

- a. Low risk [1]
- b. Medium risk [2]
- c. High risk [3]
- d. Refuse to answer [9]

**8.15. Thinking about the sex you've had over the past 12 months, do you consider yourself to be low, medium or high risk for getting HIV?**

- <sub>1</sub> Low risk
- <sub>2</sub> Medium risk
- <sub>3</sub> High risk
- <sub>9</sub> Prefer not to answer

**8.16. In the past 12 months, how often did you use condoms for anal sex with your current main sexual partner?**

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Occasionally
- <sub>4</sub> Never
- <sub>9</sub> Prefer not to answer

**8.17. Some couples develop agreements about whether, when, and with whom sex outside the relationship is okay. Which one of the following scenarios best describes any agreements that you and your main partner have?**

- <sub>1</sub> Both of us cannot have any sex with an outside partner
- <sub>2</sub> We can have sex with outside partners but with some restrictions
- <sub>3</sub> We can have sex with outside partners without any restrictions
- <sub>4</sub> We do not have an agreement
- <sub>9</sub> Prefer not to answer

**8.18. In the past 12 months, how often did you use condoms for anal sex with casual (non-main) sexual partners?**

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Occasionally
- <sub>4</sub> Never
- <sub>9</sub> Prefer not to answer

**8.19. Tell me how risky you think each behavior/activity/strategy is for [getting OR 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. Receptive oral sex (“giving a blow job”) with a condom \_\_\_\_\_
- e. Receptive oral sex (“giving a blow job”) without a condom \_\_\_\_\_
- f. Insertive anal sex (“top”) with a condom \_\_\_\_\_
- g. Insertive anal sex (“top”) without a condom \_\_\_\_\_
- h. Insertive oral sex (“getting a blow job”) with a condom \_\_\_\_\_
- i. Insertive oral sex (“getting a blow job”) without a condom \_\_\_\_\_
- j. [INSERT BEHAVIOR]
- k. Refuse to answer

**8.19a. [INSERT BEHAVIOR/ACTIVITY/STRATEGY] is [more OR less] risky for [getting OR transmitting] HIV than [INSERT BEHAVIOR/ACTIVITY/STRATEGY].**

- <sub>1</sub> Strongly agree
- <sub>2</sub> Agree
- <sub>3</sub> Neither agree nor disagree
- <sub>4</sub> Disagree
- <sub>5</sub> Strongly disagree
- <sub>9</sub> Prefer not to answer

**Script: The next few questions are for people living with HIV. Earlier in the survey you reported that you had tested positive for HIV.**

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

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

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

- 1 Not currently going to a health care provider for my HIV infection
- 2 CD4 count and viral load are good
- 3 Don't have money or insurance for antiretroviral medicines
- 4 Don't want to take antiretroviral medicines
- 5 Other [Specify: \_\_\_\_\_]
- 9 Prefer not to answer

**8.22. Have you ever had an HIV viral load test? `**

- <sub>1</sub> Yes
- <sub>2</sub> No [SKIP TO 8.11]
- <sub>3</sub> Don't know [SKIP TO 8.11]
- <sub>9</sub> Prefer not to answer [SKIP TO 8.11]

**8.22a.** What was the result of your **most recent** viral load test?

- <sub>1</sub> Undetectable
- <sub>2</sub> Detectable copies/ml
- <sub>8</sub> Don't know
- <sub>9</sub> Prefer not to answer

**8.23. Before today, have you ever heard of people who do not have HIV taking HIV medicines (PrEP or Truvada) before sex, to keep from getting HIV?**

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**8.24. Before today, have you ever heard of people who do not have HIV taking HIV medicines (post-exposure prophylaxis, nPEP, or PEP) after sex, to keep from getting HIV?**

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**8.25. True or False: If someone has HIV and their viral load is “undetectable”, they cannot transmit HIV to other people.**

- <sub>1</sub> True
- <sub>2</sub> False
- <sub>9</sub> Prefer not to answer

**8.26. In the past 12 months, have you taken HIV medicines (post-exposure prophylaxis, nPEP or PEP) after sex because you thought it would keep you from getting HIV?**

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

**8.27. In the past 12 months, have you taken HIV medicines (pre-exposure prophylaxis, PrEP or Truvada) before sex because you thought it would keep you from getting HIV?**

- <sub>1</sub> Yes
- <sub>2</sub> No
- <sub>9</sub> Prefer not to answer

## HIV RISK BEHAVIOR/PREVENTION STRATEGIES

### [PERCEIVED RISK OF HIV INFECTION]

### [CURRENT RISK BEHAVIOR/ PERSONAL PREVENTION STRATEGIES]

**8.28. In the past 12 months, how often did you look for male sexual partners with same HIV status as you?**

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Occasionally
- <sub>4</sub> Never
- <sub>9</sub> Prefer not to answer

**8.29. In the past 12 months, how often did you use your HIV status and your male partner's HIV status to determine which *sexual activities* (i.e., oral and anal intercourse) you would engage in?**

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Occasionally
- <sub>4</sub> Never
- <sub>9</sub> Prefer not to answer

**8.30. In the past 12 months, how often did you use your HIV status and your male partner's HIV status to determine which *sexual roles/positions* (i.e., insertive/top or receptive/bottom) you would engage in?**

- <sub>1</sub> Always
- <sub>2</sub> Usually
- <sub>3</sub> Occasionally
- <sub>4</sub> Never
- <sub>9</sub> Prefer not to answer

**Script: Earlier in the survey you reported that you were last tested for HIV in [INSERT DATE from S11].**

**8.31. When you got tested in \_\_\_\_/\_\_\_\_ [insert date from S11], where did you get tested?**

- 1 Private doctor's office
- 2 HIV counseling and testing site
- 3 Public health clinic/community health clinic
- 4 Street outreach program/mobile unit
- 5 Sexually transmitted disease clinic
- 6 Hospital (inpatient)
- 7 Correctional facility (jail or prison)
- 8 Emergency room
- 9 At home
- 10 Other
- 88 Don't know [INELIGIBLE]
- 99 Prefer not to answer [INELIGIBLE]

**Script: Earlier in the survey you reported that you had never been tested for HIV.**

**8.32. Below is a list of reasons why some people have not been tested for HIV. Which of these best describes the most important reason you have not been tested for HIV in the past 6 months? [Check one]**

- 1 I think I am at low risk for HIV infection.
- 2 I am afraid of finding out that I have HIV.
- 3 I didn't have time.
- 4 Some other reason [Specify:\_\_\_\_\_]
- 5 No particular reason
- 9 Prefer not to answer