

Development of CDC's Act Against AIDS Social Marketing Campaigns Targeting Consumers

Attachment 3p: HIV Testing Brief Survey Instrument

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**Attachment 3p: HIV Testing
Brief Survey Instrument**

CASE ID _____

PARTICIPANT SURVEY

We are interested in your opinions about HIV testing. 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. Please let the person who checked you in know when you are finished with the survey.

BEHAVIORS

These next questions are about your personal HIV testing behaviors. Please remember that your answers are kept private.

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

- ₁ Yes
- ₂ No [GO TO Q9]
- ₈₈ Don't know
- ₉₉ Prefer not to answer

2. When did you have your first HIV test? DATE (MM/YYYY): _____ [ERROR CHECK: CANNOT BE BEFORE 1985 OR BEYOND CURRENT DATE]

- ₈₈ Don't know
- ₉₉ Prefer not to answer

3. In the **past 2 years**, that is, since [INSERT CALCULATED MONTH AND YEAR], how many times have you been tested for HIV?

NUMBER _____

- ₈₈ Don't know
- ₉₉ Prefer not to answer

4. How often do you get an HIV test?

- ₁ Every 0-2 months

- 2 Every 3-6 month
- 3 Every 7-12 months
- 4 Less often than once a year
- 5 Other [Specify: _____]
- 88 Don't know
- 99 Prefer not to answer

5. What was the result of your most recent HIV test?

- 1 I tested positive for HIV [GO TO Q5a]
- 2 I tested negative for HIV [GO TO Q5b]
- 3 My results were unclear [GO TO Q5b]
- 4 I never got my results [GO TO Q5b]
- 88 Don't know
- 99 Prefer not to answer [TERMINATE AND GO TO CLOSING]

a. [IF POSITIVE] When did you test positive for HIV?

DATE (MM/YYYY): _____

- 88 Don't know
- 99 Prefer not to answer

b. [IF NEGATIVE] When did you have your **most recent** HIV test? DATE (MM/YYYY): _____

- 88 Don't know
- 99 Prefer not to answer

6. Where did you have your last HIV test?

- 1 Private doctor
- 2 STD or AIDS clinic or testing site
- 3 Hospital or emergency room
- 4 Public health department
- 5 Community health center
- 6 At home
- 7 Drug treatment facility
- 8 Other location
- 88 Don't know
- 99 Prefer not to answer

7. Which of these are the main reasons for your last HIV test? Mark all that apply.

- 1 It just seemed like a good idea
- 2 It's something you do every year
- 3 Just to find out
- 4 Worried that you are infected
- 5 A doctor, nurse, or other health care provider asked you to
- 6 The health department asked you to
- 7 Your sexual partner asked you to
- 8 Because of pregnancy
- 9 To get birth control
- 10 You found out your sexual partner cheated
- 11 Already had an STD
- 12 You were starting a new relationship
- 13 You get tested during your yearly exam
- 14 A family member or friend was diagnosed with HIV
- 15 Other reason [Specify: _____]
- 88 Don't know
- 99 Prefer not to answer

8. Below is a list of reasons why some people have not been tested for HIV. Which if these best describes the most important reason you have not been tested for HIV in the past [INSERT CALCULATED DATE FROM Q5b] months? Check only 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
- 88 Don't know
- 99 Prefer not to answer

[GO TO Q10]

9. Below is a list of reasons why some people have not been tested for HIV. Which if these best describes the most important reasons you have not been tested for HIV? Mark all that apply.

- 1 I have not been sexually active.
- 2 I think I am at low risk for HIV infection.
- 3 My doctor never recommended it.
- 4 I didn't have time.
- 5 I have not had sex without a condom.

- 6 I was afraid to find out if I was HIV positive.
- 7 I didn't want to think about HIV or about being HIV positive.
- 8 I don't like needles or giving blood.
- 9 I don't trust the results to be kept private.
- 10 I had to wait too long for the results.
- 11 I didn't know where to get tested.
- 12 I trust my sexual partner.
- 13 I don't care about the results.
- 14 I am worried about being labeled as HIV positive.
- 15 Some other reason [Specify:_____]
- 16 No particular reason.
- 88 Don't know
- 99 Prefer not to answer

THEORETICAL CONSTRUCTS

Knowledge

10. When should you get an HIV test after having sex without a condom with a [woman/man]?

- 1 0–2 months after having sex without a condom
- 2 3–6 months after having sex without a condom
- 3 7–12 months after having sex without a condom
- 4 More than 12 months after having sex without a condom
- 5 When you start to feel sick
- 88 Don't know
- 99 Prefer not to answer

11. Do you get an HIV test after any situation when you think you might have been exposed to HIV?

- 1 Yes
- 2 No
- 88 Don't know
- 99 Prefer not to answer

12. Where can you get an HIV test? Mark all that apply.

- 1 HIV counseling and testing site
- 2 STD or AIDS clinic or testing site
- 3 Hospital or emergency room
- 4 Community health clinic
- 5 Private physician office
- 6 Drug treatment program

- 7 At home
- 8 Correctional facility (jail or prison)
- 9 Military
- 10 Other [Specify: _____]
- 88 Don't know
- 99 Prefer not to answer

13. 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...

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
a. always have sex with a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
b. had vaginal sex without a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
c. have had anal insertive sex (topping) without a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
d. have had anal receptive sex (bottoming) without a condom.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
e. have a sexual partner who is HIV positive.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
f. have unprotected [anal/vaginal/oral] sex with a partner whose HIV status they don't know.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
g. have had more than one sexual partner since their last HIV test.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
h. exchange sex for drugs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99

Attitudes and Beliefs

14. On a scale from 1 to 5, where 1 is extremely bad and 5 is extremely good, how would you rate getting tested for HIV at least every [INSERT] months?

Extremely Bad 1	Bad 2	Neither bad or good 3	Good 4	Extremely Good 5	Don't know	Prefer not to answer
<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

15. Please tell us how much you agree with each of the following statements: Getting tested at least every [INSERT] months....

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
a. is expensive.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. reassures me that I can get into treatment early if I test positive.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. is inconvenient.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d. allows me to have sex without a condom with partners who are HIV negative.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

16. Please tell us your opinion regarding the importance of each of the following statements.

	Very important	Somewhat important	Neither important nor unimportant	Somewhat unimportant	Very unimportant	Don't know	Prefer not to answer
a. Having access to free HIV tests is...	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. Having access to confidential HIV tests is...	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. Taking better care of my sexual partner is...	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

d. Keeping myself healthy is...	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e. Doing things to help my future is ...	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f. Knowing my HIV status is...	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

17. Please tell us how much you agree or disagree with each of the following statements:
Getting tested for HIV...

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
a. will help me make informed decisions.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. will help me take better care of my sexual partner.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. keeps me healthy.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d. will help my future.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e. is free, fast, and confidential.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f. is important for my health.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
g. is something everyone should do in their lifetime.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
h. is important so that people who test positive can start getting treated right away.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

18. 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	Don't know	Prefer not to answer
a. Your HIV test result expires every time you have risky sex.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
b. Getting an HIV test is free, fast, and confidential.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
c. My family/friends are my reasons for getting tested.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
d. My reason for getting an HIV test is me.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
e. Getting tested for HIV will help me stay strong and informed.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
f. Getting tested for HIV will help me take better care of my sexual partner.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
g. Getting tested for HIV keeps me healthy.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
h. Getting tested for HIV will help my future.	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉

Self-Efficacy

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

- ₁ Strongly agree
- ₂ Agree
- ₃ Neither agree nor disagree

- _4 Disagree
- _5 Strongly disagree
- _88 Don't know
- _99 Prefer not to answer

20. How sure are you that you could get an HIV test at least every [INSERT] months if you...

	Very sure I could not	Somewh at sure I could not	Slightly sure I could	Somewh at sure I could	Very sure I could	Don't know	Prefer not to answer
a. wanted to get an HIV test?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. could find a free testing site?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. had to travel far to find a free testing site?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d. could get the results of your HIV test within [INSERT TIMEFRAME]?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e. knew that your results would be kept confidential?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f. could find an HIV test provider that spoke your language (e.g., English, Spanish)?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
g. could find a provider that you feel comfortable with and trust?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
h. could use a home-based testing kit?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

Norms

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

	Strongly	Agree	Neither	Disagree	Strongl	Don't	Prefer
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	agree		agree or disagree	e	y disagree	know	not to answer
a. Most people who are important to me think I should get tested for HIV at least every [INSERT #] months. (By “important to me”, we mean people like friends, family, and anyone else who is an important part of your life.)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. Most people in my community think HIV testing is important.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. Most of my sexual partners get tested for HIV at least every [INSERT #] months.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d. Most [men/women] I know get tested for HIV at least every [INSERT #] months.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e. Most people in my community would be supportive of someone living with HIV.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f. Most people in my community would be supportive of a [gay/transgender] family member or friend.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

Behavioral Intentions

22. Please tell us how likely you are to do the following:

	Very likely	Some-what likely	Neither likely nor unlikely	Some-what unlikely	Very unlikely	Don't know	Prefer not to answer
a. I plan to get an HIV test in the next [INSERT #] months.	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. I plan to get an HIV test before sex with a new sexual partner	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _5	<input type="checkbox"/> _88	<input type="checkbox"/> _99

c. I plan to get tested with a sexual partner.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
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INFORMATION SEEKING

23. In the last [INSERT #] months, how often have you...

	Very often	Often	Sometimes	Rarely	Never	Don't know	Prefer not to answer
a. looked for information about HIV testing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
b. searched online for a location to get an HIV test?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
c. called an HIV testing hotline?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
d. texted your zip code for a location to get an HIV test?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
e. talked about HIV testing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
f. visited a Centers for Disease Control website for HIV information?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99

COMMUNICATION BEHAVIORS

24. Do you currently have a main sexual partner?

- 1 Yes
- 2 No [GO TO Q27]
- 88 Don't know
- 99 Prefer not to answer [GO TO Q27]

25. In the **past [INSERT #] months**, how often have you had one-on-one conversations with your current main sexual partner about HIV testing?

- 1 Very often
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never
- 88 Don't know

₉₉ Prefer not to answer

26. In the **past [INSERT #] months**, how often have you **discussed** the following topics with your current **main sexual partner**?

	Very often	Often	Some-times	Rarely	Never	Don't know	Prefer not to answer
a. Your last HIV test and test results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
b. Your partner's last HIV test and test results	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
c. Getting tested for HIV	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
d. Getting tested for HIV together	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉

27. Do you currently have a [casual/non-main] sexual partner?

- ₁ Yes
- ₂ No [GO TO CLOSING]
- ₈₈ Don't know
- ₉₉ Prefer not to answer [GO TO CLOSING]

28. In the **past [INSERT #] months**, how often have you had one-on-one conversations with a current [casual/non-main] sexual partner about ways to prevent HIV?

- ₁ Very often
- ₂ Often
- ₃ Sometimes
- ₄ Rarely
- ₅ Never
- ₈₈ Don't know
- ₉₉ Prefer not to answer

29. In the **past [INSERT #] months**, how often have you **discussed** the following topics with a current [casual/non-main] sexual partner?

	Very often	Often	Some-times	Rarely	Never	Don't know	Prefer not to answer

	Very often	Often	Some-times	Rarely	Never	Don't know	Prefer not to answer
b. Your partner's last HIV test and test results	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
c. Getting tested for HIV	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99
d. Getting tested for HIV together	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 88	<input type="checkbox"/> 99

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.