

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

Attachment 3r: HIV Communication and Awareness Brief Survey Instrument

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

**Attachment 3c: HIV Communication and Awareness
Brief Survey Instrument**

CASE ID _____

PARTICIPANT SURVEY

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

Sexual Orientation and Gender Identity

1. What is your current gender identity? (Select ALL that apply)

- ₁ Male
₂ Female
₃ Transgender Male/Transman/FTM
₄ Transgender Female/Transwoman/MTF
₅ Genderqueer
₆ Another category [Specify: _____]
₉ Prefer not to answer [TERMINATE AND GO TO CLOSING]

2. What sex were you assigned at birth? Mark only one.

- ₁ Male
₂ Female
₉₉ Prefer not to answer [TERMINATE AND GO TO CLOSING]

3. Which do you consider yourself to be?

- ₁ Gay or homosexual
₂ Bisexual
₃ Straight or heterosexual
₄ Queer
₅ Pansexual
₆ Another category [Specify: _____]
₈₈ Don't know
₉₉ Prefer not to answer [TERMINATE AND GO TO CLOSING]

Sources of Information

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

4. Please tell us whether you'd be interested in getting information about HIV prevention from each of the following sources. Mark all that apply.

	Yes	No
a. Community health clinic	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
b. Doctor's office	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
c. Church	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
d. Community center	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
e. Health fair	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
f. Work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
g. Sporting event	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂
h. Night club	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂

i. Advertisements in shopping malls	<input type="checkbox"/> _1	<input type="checkbox"/> _2
j. Coffee shop	<input type="checkbox"/> _1	<input type="checkbox"/> _2
k. Clothing store	<input type="checkbox"/> _1	<input type="checkbox"/> _2
l. Health club or gym	<input type="checkbox"/> _1	<input type="checkbox"/> _2
m. Government services office (e.g., social services, DMV)	<input type="checkbox"/> _1	<input type="checkbox"/> _2
n. College campuses	<input type="checkbox"/> _1	<input type="checkbox"/> _2
o. Newspaper	<input type="checkbox"/> _1	<input type="checkbox"/> _2
p. Magazine	<input type="checkbox"/> _1	<input type="checkbox"/> _2
q. Radio advertisement	<input type="checkbox"/> _1	<input type="checkbox"/> _2
r. Television advertisement	<input type="checkbox"/> _1	<input type="checkbox"/> _2
s. Billboard	<input type="checkbox"/> _1	<input type="checkbox"/> _2
t. Bus or train stop advertisement	<input type="checkbox"/> _1	<input type="checkbox"/> _2
u. Social networking sites or mobile app (e.g., Facebook, Twitter)	<input type="checkbox"/> _1	<input type="checkbox"/> _2
v. Dating or hook up sites or app (e.g., [INSERT EXAMPLE])	<input type="checkbox"/> _1	<input type="checkbox"/> _2
w. Text message to your cell phone	<input type="checkbox"/> _1	<input type="checkbox"/> _2
x. Health websites	<input type="checkbox"/> _1	<input type="checkbox"/> _2
y. [INSERT OTHER SOURCE]	<input type="checkbox"/> _1	<input type="checkbox"/> _2
z. [INSERT OTHER SOURCE]	<input type="checkbox"/> _1	<input type="checkbox"/> _2
aa. [INSERT OTHER SOURCE]	<input type="checkbox"/> _1	<input type="checkbox"/> _2
bb. [INSERT OTHER SOURCE]	<input type="checkbox"/> _1	<input type="checkbox"/> _2
cc. [INSERT OTHER SOURCE]	<input type="checkbox"/> _1	<input type="checkbox"/> _2

- _88 Don't know
- _99 Prefer not to answer

5. Do you use the Internet?

- _1 Yes
- _2 No (GO TO Q10)
- _88 Don't know
- _99 Prefer not to answer

6. How do you access the internet? Mark all that apply.

- _1 Computer
- _2 Mobile phone
- _3 Tablet
- _4 Other [Specify: _____]
- _88 Don't know
- _99 Prefer not to answer

7. 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	Don't know	Prefer not to answer
a. use Facebook? (www.facebook.com)	<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"/> 88	<input type="checkbox"/> 99
b. use Twitter? (www.twitter.com)	<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"/> 88	<input type="checkbox"/> 99
c. use YouTube? (www.youtube.com)	<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"/> 88	<input type="checkbox"/> 99
d. use dating/hook-up sites or mobile apps? (e.g., [INSERT EXAMPLE])	<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"/> 88	<input type="checkbox"/> 99
e. 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"/> 88	<input type="checkbox"/> 99
f. 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"/> 88	<input type="checkbox"/> 99
g. listen to the 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"/> 88	<input type="checkbox"/> 99
h. 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"/> 88	<input type="checkbox"/> 99
i. 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"/> 88	<input type="checkbox"/> 99
j. 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"/> 88	<input type="checkbox"/> 99

8. What other websites or mobile services that you use on a daily basis? Enter your response.

- 88 Don't know
99 Prefer not to answer

9. 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	Don't know	Prefer not to answer
a. Match	<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"/> 88	<input type="checkbox"/> 99
b. Tindr	<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"/> 88	<input type="checkbox"/> 99
c. Adam4Adam	<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"/> 88	<input type="checkbox"/> 99
d. Grindr	<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"/> 88	<input type="checkbox"/> 99

	Daily	2-5 Times a Week	Once a Week	2-3 Times a Month	Once a Month	Less than Once a Month	Never	Don't know	Prefer not to answer
e. [INSERT OTHER SITE]	<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"/> 88	<input type="checkbox"/> 99
f. [INSERT OTHER SITE]	<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"/> 88	<input type="checkbox"/> 99
g. [INSERT OTHER SITE]	<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"/> 88	<input type="checkbox"/> 99
h. [INSERT OTHER SITE]	<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"/> 88	<input type="checkbox"/> 99
i. [INSERT OTHER SITE]	<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"/> 88	<input type="checkbox"/> 99
j. [INSERT OTHER SITE]	<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"/> 88	<input type="checkbox"/> 99
k. [INSERT OTHER SITE]	<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"/> 88	<input type="checkbox"/> 99
l. [INSERT OTHER SITE]	<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"/> 88	<input type="checkbox"/> 99
m. 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"/> 88	<input type="checkbox"/> 99

[IF Q3=3, GO TO Q11]

10. In the **past [INSERT #] months**, how many times have you attended a Pride event (e.g. Gay, Lesbian, Transgender Pride event)?

1 _____

88 Don't know

99 Prefer not to answer

11. Before being contacted for this study, had you ever heard of CDC or the Centers for Disease Control and Prevention?

1 Yes

2 No

88 Don't know

99 Prefer not to answer

12. 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/HIV testing/HIV prevention/other topic]?	<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. talked about [HIV/HIV testing/HIV prevention/other topic]?	<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. 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

13. Please tell us if you agree or disagree with the following statement: I trust the CDC as a source of [health/HIV] information.

- ₁ Strongly agree
- ₂ Agree
- ₃ Neither disagree nor agree
- ₄ Disagree
- ₅ Strongly disagree
- ₈₈ Don't know
- ₉₉ Prefer not to answer

HIV Awareness and Knowledge

14. 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?

Least Important										Most Important	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"/> ₆	<input type="checkbox"/> ₇	<input type="checkbox"/> ₈	<input type="checkbox"/> ₉	<input type="checkbox"/> ₁₀	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉	

15. Please tell me how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Prefer not to answer
a. AIDS is not at all serious; it is like having the common cold.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
b. HIV is not my problem.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
c. There are medications available to treat HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
d. I should get tested for HIV because I may be at risk.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
e. HIV is not a big problem in my community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
f. I am less likely than most people to get HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
g. People in my community should get tested for HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
h. I don't need to worry about getting HIV because I know everything about my [boyfriend/partner/partners].	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
i. As long as you are in love with someone, you don't need to worry about getting HIV from them.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
j. Treatment and support programs are available to people [in my community/like me] who might test positive for HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
k. Because of new treatments for HIV, I think [people/HIV negative men] are taking more sexual risks.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
l. Because of new treatments for HIV, I'm more willing to have unprotected sex with someone who is HIV negative .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99
m. Because of new treatments for HIV, I'm more willing to have unprotected sex with someone who is HIV positive .	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 88	<input type="checkbox"/> 99

Personal Relevance of HIV/AIDS

16. Bearing in mind the different ways people can be infected with HIV, how concerned are you about you, personally, becoming infected with HIV?

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not too concerned
- 4 Not at all concerned
- 88 Don't know
- 99 Prefer not to answer

17. How concerned are you about a son or daughter who is 21 years of age or younger becoming infected with HIV?

- 1 Very concerned
- 2 Somewhat concerned
- 3 Not too concerned
- 4 Not at all concerned
- 5 I do not have a son or daughter under the age of 21
- 88 Don't know
- 99 Prefer not to answer

18. Do you personally know anyone who now has AIDS, has died from AIDS, or has tested positive for HIV?

- 1 Yes
- 2 No [GO TO Q20]
- 88 Don't know [GO TO Q20]
- 99 Prefer not to answer [GO TO Q20]

19. Is that a family member, a close friend, an acquaintance or coworker, or someone else?

- 1 Yes, close friend or family member
- 2 Yes, acquaintance or coworker
- 3 Someone else
- 88 Don't know
- 99 Prefer not to answer

HIV Communication Intentions and Behaviors

20. I plan to talk to [INSERT PERSON] about [INSERT TOPIC] within the next [INSERT TIMEFRAME].

- 1 Strongly agree
- 2 Agree
- 4 Disagree
- 5 Strongly disagree
- 88 Don't know
- 99 Prefer not to answer

21. I plan to [tweet/post a status update and/or comment on Facebook/blog/send an SMS text message] about [INSERT TOPIC] within the next [INSERT TIMEFRAME].

- _1 Strongly agree
- _2 Agree
- _4 Disagree
- _5 Strongly disagree
- _88 Don't know
- _99 Prefer not to answer

22. How likely are you to [talk/tweet/post a status update/comment on Facebook/blog/ send an SMS message about topic] within the next [INSERT TIMEFRAME]?

- _1 Very unlikely
- _2 Unlikely
- _3 Neither likely or unlikely
- _4 Likely
- _5 Very Likely
- _88 Don't know
- _99 Prefer not to answer

23. In the past [INSERT #] months, how often have you discussed the following topics with your sexual partners?

	Never	Occasionally	Usually	Always	Don't know	Prefer not to Answer
a. Number of prior sexual partners	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. HIV status	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. HIV testing history	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d. Drug and alcohol use	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e. Places where you have met sexual partners	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f. History of sexually transmitted infections (STI)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
g. Using condoms	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
h. Different sexual positions based on HIV status	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
i. Taking drugs to treat HIV infection (e.g., antiretroviral therapy or ART)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
j. Taking medicines <i>daily</i> to reduce the chance of being HIV infected (e.g., Truvada, pre-exposure prophylaxis, or PrEP)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

k. Taking medicines <i>after sex</i> to reduce the chance of being HIV infected (e.g., post-exposure prophylaxis, nPEP)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
l. [INSERT HIV TOPIC]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

24. How likely is it that you will discuss the following topics with your next sexual partner before engaging in any sexual activities?

	Very Unlikely	Somewhat Unlikely	Neither Unlikely nor Likely	Somewhat Likely	Very Likely	Don't know	Prefer not to Answer
a. Number of prior sexual partners	<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. HIV status	<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. HIV testing history	<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. Drug and alcohol use	<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. Places where you have met sexual partners	<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. History of sexually transmitted infections (STI)	<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. Using condoms	<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. Different sexual positions based on HIV status	<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
i. Taking drugs to treat HIV infection (e.g., antiretroviral therapy or ART)	<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
j. Taking medicines <i>daily</i> to reduce the chance of being HIV infected (e.g., Truvada, pre-exposure prophylaxis, or PrEP)	<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
k. Taking medicines <i>after sex</i> to reduce the chance of being HIV infected (e.g., post-exposure prophylaxis, nPEP)	<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
l. [INSERT HIV TOPIC]	<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

25. How often would you say that your friends and other people close to you discuss the following topics with their sexual partners?

	Never	Occasionally	Usually	Always	Don't know	Prefer not to Answer
a. Number of prior sexual partners	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. HIV status	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. HIV testing history	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

d. Drug and alcohol use	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e. Places where you have met sexual partners	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
f. History of sexually transmitted infections (STI)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
g. Using condoms	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
h. Different sexual positions based on HIV status	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
i. Taking drugs to treat HIV infection (e.g., antiretroviral therapy or ART)	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
j. Taking drugs used to treat HIV infection to reduce chances of being HIV infected (e.g., non-occupational post-exposure prophylaxis [nPEP] or pre-exposure prophylaxis [PrEP])	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99
k. [INSERT HIV TOPIC]	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _3	<input type="checkbox"/> _4	<input type="checkbox"/> _88	<input type="checkbox"/> _99

26. How sure are you that you could discuss the following topics with your next sexual partner before engaging in any sexual activities?

	Very Unsure I Could	Somewhat Unsure I Could	Neither Unsure or Sure I Could	Somewhat Sure I Could	Very Sure I Could	Don't know	Prefer not to Answer
a. Number of prior sexual partners	<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. HIV status	<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. HIV testing history	<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. Drug and alcohol use	<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. Places where you have met sexual partners	<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. History of sexually transmitted infections (STI)	<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. Using condoms	<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. Different sexual positions based on HIV status	<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
i. Taking drugs to treat HIV infection (e.g., antiretroviral therapy or ART)	<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
j. Taking drugs used to treat HIV infection to reduce chances of being HIV infected (e.g., non-occupational post-exposure prophylaxis [nPEP] or pre-exposure prophylaxis [PrEP])	<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
k. [INSERT HIV TOPIC]	<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. In this next section, please tell us how much you agree or disagree with the following statements. Here, “disclose” means sharing your HIV status with other people.

	Strongly Agree	Agree	Neither Disagree nor Agree	Disagree	Strongly Disagree	Don't know	Prefer not to Answer
a. Most of my sexual partners disclose their HIV status.	<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/gay or bisexual men/transgender people] I know disclose their HIV status.	<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. Disclosing your HIV status is difficult.	<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. Disclosing my HIV status allows me to have unprotected sex with partners who are the same HIV status as 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. I plan to disclose my HIV status the next time I have 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

28. Please tell us how much you disagree or agree with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't know	Prefer not to Answer
a. Most [people/gay or bisexual men/transgender people] I know choose to have sex only with people who have the same HIV status.	<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. Choosing to have sex only with people who have the same HIV status as me is difficult.	<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 intend to have sex only with people who have the same HIV status as 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

29. Please tell us how much you disagree or agree with the following statements.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	Don't know	Prefer not to Answer
a. It is important to talk about [INSERT HIV TOPIC].	<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. It is important to talk about [INSERT HIV TOPIC] with [INSERT PERSON].	<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 am confident that I can talk to [INSERT PERSON] about [INSERT HIV TOPIC].	<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

30. In the past [INSERT TIMEFRAME], how and with whom have you talked about HIV? Mark all that apply.

	Partner	Friends	Family
a. Face-to-face	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
b. Facebook—personal page	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
c. Facebook—[INSERT CAMPAIGN] fan page	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
d. Twitter	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
e. SMS text messages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃
f. Blog	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃

- ₈₈ Don't know
₉₉ Prefer not to answer

31. In the past [INSERT TIMEFRAME], have you talked to [INSERT PERSON] about [INSERT HIV TOPIC]?

- ₁ Yes
₂ No [GO TO Q33]
₈₈ Don't know [GO TO Q33]
₉₉ Prefer not to answer [GO TO Q33]

32. In the past [INSERT TIMEFRAME], how often have you talked to [INSERT PERSON] about [INSERT HIV TOPIC]?

- ₁ Never
₂ Once
₃ 2 to 3 times
₄ 4 to 5 times
₅ 6 to 10 times
₆ More than 10 times
₈₈ Don't know

₉₉ Prefer not to answer

33. In the past [INSERT TIMEFRAME], have you [tweeted/retweeted/replied to a tweet] about [INSERT HIV TOPIC]?

- ₁ Yes
- ₂ No [GO TO Q35]
- ₈₈ Don't know [GO TO Q35]
- ₉₉ Prefer not to answer [GO TO Q35]

34. In the past [INSERT TIMEFRAME], how often have you [tweeted/retweeted/replied to a tweet] about [INSERT HIV TOPIC]?

- ₁ Never
- ₂ Once
- ₃ 2 to 3 times
- ₄ 4 to 5 times
- ₅ 6 to 10 times
- ₆ More than 10 times
- ₈₈ Don't know
- ₉₉ Prefer not to answer

35. In the past [INSERT TIMEFRAME], have you posted a Facebook status update or commented on Facebook about [INSERT HIV TOPIC]?

- ₁ Yes
- ₂ No [GO TO Q37]
- ₈₈ Don't know [GO TO Q37]
- ₉₉ Prefer not to answer [GO TO Q37]

36. In the past [INSERT TIMEFRAME], how often have you posted a Facebook update or commented on Facebook about [INSERT HIV TOPIC]?

- ₁ Never
- ₂ Once
- ₃ 2 to 3 times
- ₄ 4 to 5 times
- ₅ 6 to 10 times
- ₆ More than 10 times
- ₈₈ Don't know
- ₉₉ Prefer not to answer

37. Have you ever posted a comment on the [INSERT CAMPAIGN] Facebook fan page?

- ₁ Yes
- ₂ No [GO TO Q39]
- ₈₈ Don't know [GO TO Q39]
- ₉₉ Prefer not to answer [GO TO Q39]

38. How often have you posted a comment on the [INSERT CAMPAIGN] Facebook fan page?

- ₁ Never

- 2 Once
- 3 2 to 3 times
- 4 4 to 5 times
- 5 6 to 10 times
- 6 More than 10 times
- 88 Don't know
- 99 Prefer not to answer

39. In the past [INSERT TIMEFRAME], have you posted a blog or commented on a blog post about [INSERT HIV TOPIC]?

- 1 Yes
- 2 No [GO TO Q41]
- 88 Don't know [GO TO Q41]
- 99 Prefer not to answer [GO TO Q41]

40. In the past [INSERT TIMEFRAME], how often have you posted a blog or commented on a blog post about [INSERT HIV TOPIC]?

- 1 Never
- 2 Once
- 3 2 to 3 times
- 4 4 to 5 times
- 5 6 to 10 times
- 6 More than 10 times
- 88 Don't know
- 99 Prefer not to answer

41. In the past [INSERT TIMEFRAME], have you forwarded an SMS text message about [INSERT HIV TOPIC]?

- 1 Yes
- 2 No [GO TO Q43]
- 88 Don't know [GO TO Q43]
- 99 Prefer not to answer [GO TO Q43]

42. In the past [INSERT TIMEFRAME], how often have you forwarded an SMS text message about [INSERT HIV TOPIC]?

- 1 Never
- 2 Once
- 3 2 to 3 times
- 4 4 to 5 times
- 5 6 to 10 times
- 6 More than 10 times
- 88 Don't know
- 99 Prefer not to answer

43. In the past [INSERT TIMEFRAME], have you sent an SMS text message about [INSERT HIV TOPIC]?

- 1 Yes
- 2 No [GO TO Q45]
- 88 Don't know [GO TO Q45]
- 99 Prefer not to answer [GO TO Q45]

44. In the past [INSERT TIMEFRAME], how often have you sent SMS text messages about [INSERT HIV TOPIC]?

- 1 Never
- 2 Once
- 3 2 to 3 times
- 4 4 to 5 times
- 5 6 to 10 times
- 6 More than 10 times
- 88 Don't know
- 99 Prefer not to answer

Comfort with Social Media Discourse about HIV

45. My [INSERT PERSON] thinks I should [talk/tweet/post a status update or comment on Facebook/blog/send an SMS text message/etc.] about HIV.

- 1 Strongly agree
- 2 Agree
- 4 Disagree
- 5 Strongly disagree
- 88 Don't know
- 99 Prefer not to answer

46. Think about the people who are important to you. Do most of them think that you should, or should not, [talk/tweet/post a status update or comment on Facebook/blog/send an SMS text message/etc.] about HIV?

- 1 Definitely should not
- 2 Should not
- 3 Neither should nor should not
- 4 Should
- 5 Definitely should
- 88 Don't know
- 99 Prefer not to answer

47. How do you think [INSERT PERSON] would feel about you [talking/tweeting/posting status updates or commenting on Facebook/blogging/sending SMS text messages/etc.] about HIV?

- 1 Strongly disapprove
- 2 Disapprove
- 3 Neither approve nor disapprove
- 4 Approve
- 5 Strongly approve
- 88 Don't know

₉₉ Prefer not to answer

48. How many of your [INSERT PEOPLE] do you think have [talked/tweeted/posted a status update or commented on Facebook/blogged/sent an SMS text message/etc.] about HIV in the last [INSERT TIMEFRAME]?

- ₁ None
- ₂ A few
- ₃ Some
- ₄ Most
- ₅ All
- ₈₈ Don't know
- ₉₉ Prefer not to answer

49. When it comes to [talking/tweeting/posting status updates or commenting on Facebook/blogging/sending SMS text messages/etc.] about HIV, I want to do what my [INSERT PERSON] want(s) me to do.

- ₁ Strongly agree
- ₂ Agree
- ₃ Neither disagree nor agree
- ₄ Disagree
- ₅ Strongly disagree
- ₈₈ Don't know
- ₉₉ Prefer not to answer

50. I am confident that I can [tweet/post a status update and/or comment on Facebook/blog/send an SMS text message] about [INSERT HIV TOPIC].

- ₁ Strongly agree
- ₂ Agree
- ₄ Disagree
- ₅ Strongly disagree
- ₈₈ Don't know
- ₉₉ Prefer not to answer

Attitudes toward Talking about HIV

51. Please tell us how much you agree or disagree with the following statements.

	Strongly Agree	Agree	Neither Disagree nor Agree	Disagree	Strongly Disagree	Don't know	Prefer not to Answer
a. It is important to talk about HIV with your main sexual partner, like a boyfriend, girlfriend, significant other, or spouse.	<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 am confident that I can talk to my main sexual partner about 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
c. It is important to talk about HIV with your [casual/non-main] [female/male] sexual partners.	<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. It is important to talk about HIV with your family.	<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. I am confident that I can talk to my family about 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. It is important to talk about HIV with your friends.	<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. I am confident that I can talk to my friends about 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
h. It is important to talk about HIV with your health care provider.	<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
i. I am confident that I can talk to my health care provider about 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

[IF Q1≠1 AND Q2≠1 AND Q3=3, GO TO CLOSING]

[IF Q2≠3, GO TO CLOSING]

Sexual Orientation, Gender Identity, and Discrimination

52. Have you ever told anyone that you are [attracted to or have sex with men/transgender people]?

- _1 Yes
_2 No
_88 Don't know
_99 Prefer not to answer

53. Which of the following people have you told that you are [attracted to or have sex with men/transgender]?

	Yes	No	Don't know	Prefer not to Answer
a. Gay, lesbian, bisexual, or transgender friends	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. Friends who are not gay, lesbian, bisexual, or transgender	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. Family members	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _88	<input type="checkbox"/> _99
d. Health care providers	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _88	<input type="checkbox"/> _99
e. A religious or spiritual leader such as a priest or minister	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _88	<input type="checkbox"/> _99

54. During the past [INSERT #] months, how often have any of the following things happened to

you because someone knew or assumed you were [attracted to men/transgender]?

	Never	Occasionally	Usually	Always	Don't know	Prefer not to Answer
a. You were called names or insulted	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
b. You received poorer services than other people in restaurants, stores, other businesses or agencies	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
c. You were treated unfairly at work or school	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
d. You were denied or given lower quality health care	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉
e. You were physically attacked or injured	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₈₈	<input type="checkbox"/> ₉₉

55. How strongly do you agree or disagree with the following statement: “Most people in my neighborhood are tolerant of [gay and bisexual/transgender] people.”

- ₁ Strongly agree
- ₂ Agree
- ₃ Neither agree or disagree
- ₄ Disagree
- ₅ Strongly disagree
- ₈₈ Don't know
- ₉₉ Prefer not to answer

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.