

Attachment 5. Detailed Description of Questionnaire Revisions
OMB #0920-1035

<p>Item on Original Questionnaire (covered under previous ICR in 2014 and 2016)</p>	<p>Item on Revised Questionnaire</p>	<p>Comment/Explanation</p>
<p>2. What is your sex? A. Female B. Male</p>	<p>5. What sex were you assigned at birth? A. Female B. Male</p>	<p>Question REVISED and MOVED</p> <p>This question was changed to reflect sex “assigned at birth” to allow greater precision in identifying youth at greatest risk for HIV and other STDs.</p> <p>It was also moved below other demographic questions.</p>
<p>46. A transgender person is someone whose biological sex at birth does not match the way they think or feel about themselves. Are you transgender? A. Yes B. No C. I don’t know</p>	<p>6. A transgender person is someone whose biological sex at birth does not match the way they think or feel about themselves. Are you transgender? A. Yes B. No C. I don’t know</p>	<p>Question MOVED</p> <p>This question was moved towards the beginning of the survey as additional context for the sex “assigned at birth” phrase.</p>
<p>14. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.) A. Yes B. No C. I don’t know</p>	<p>15. Have you ever been tested for HIV, the virus that causes AIDS? (Do not count tests done if you donated blood.) A. Yes B. No (if no, skip to #16) C. I don’t know</p>	<p>Question REVISED</p> <p>Because we added a few follow-up questions to this, we revised the question with skip pattern instructions for “no” responses.</p>
	<p>Q15a. Did you ever get an HIV test at school (such as at an HIV testing event held at your school or on a van or bus that came to your school)? A. Yes</p>	<p>Question ADDED</p> <p>This question was added to assess participating in on-site HIV testing provided as</p>

	B. No (if no, skip to #16)	one of the program activities.
	Q 15b. Was the HIV test that you got at school the <u>very first</u> HIV test you ever had? A. Yes B. No	Question ADDED This question was added to provide more precision to who was being tested through the on-site testing activities. Specifically, we wanted to know if on-site testing was reaching students who had never been tested or was simply re-reaching students who may have already accessed testing in other places.
	21. Have you seen or received a copy of the Youth Health Guide? It looks like this --> <i>THUMBNAIL IMAGE OF GUIDE</i> A. Yes B. No (if no, skip to #22)	Question ADDED This question was added to assess youth awareness of the Youth Health Guide developed and disseminated as a major activity of the HIV prevention program. The question will be accompanied by a picture of the guide.
	21a. Did you visit one of the places listed on the Youth Health Guide? A. Yes B. No (if no, skip to #22)	Question ADDED This question was added to assess if students who saw the guide actually used any of the providers listed on it.
	21b. When you visited the place(s) listed on the Youth Health Guide, which of the following services did you receive? (Please mark all that apply.)	Question ADDED This question was added to gather more information about the types of services

	<p>A. HIV testing B. STD testing or treatment C. Other sexual health services such as contraceptives like condoms or pills or HPV vaccine D. Counseling, psychological, or social services E. None of the above—I did visit one of the places listed on the guide, but I did not receive any of these services</p>	<p>students used when visiting providers on the guide.</p>
<p>26a. Which of the following spaces at school do you avoid because you feel uncomfortable or unsafe in the space? Please mark all that apply.</p> <ul style="list-style-type: none"> <input type="radio"/> Cafeteria or lunch room <input type="radio"/> Locker rooms <input type="radio"/> Hallways/stairwells <input type="radio"/> School athletic fields or facilities <input type="radio"/> School buses <input type="radio"/> Physical Education (PE) or gym class <input type="radio"/> School grounds, not including athletic fields (example: parking lots) <input type="radio"/> Another space not listed above <input type="radio"/> I don't avoid anywhere at school because of feeling uncomfortable or unsafe 	<p>28a. Which of the following spaces at school do you avoid because you feel uncomfortable or unsafe in the space? Please mark all that apply.</p> <ul style="list-style-type: none"> <input checked="" type="radio"/> Bathrooms <input type="radio"/> Cafeteria or lunch room <input type="radio"/> Locker rooms <input type="radio"/> Hallways/stairwells <input type="radio"/> School athletic fields or facilities <input type="radio"/> School buses <input type="radio"/> Physical Education (PE) or gym class <input type="radio"/> School grounds, not including athletic fields (example: parking lots) <input type="radio"/> Another space not listed above <input type="radio"/> I don't avoid anywhere at school because of feeling uncomfortable or unsafe 	<p>Question REVISED (answer choice added)</p> <p>The answer choice of “bathrooms” was added based on school district staff feedback.</p>