

Development of CDC's Let's Stop HIV Together Social Marketing Campaign for Consumers

Attachment 3s: HIV Prevention with Positives Brief Survey Instrument

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**Attachment 3d: HIV Prevention with Positives
Brief Survey Instrument**

CASE ID _____

PARTICIPANT SURVEY

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

HIV Testing

These first few questions are about your HIV testing history. Please remember that your answers are kept private.

1. When did you first test positive for HIV? DATE (mm/dd/yyyy): _____

- _1 More than 5 years ago
- _2 5 or less years ago
- _88 Don't know
- _99 Prefer not to answer

2. How often did you get tested for HIV before you tested positive?

- _1 Every 0-2 months
- _2 Every 3-6 months
- _3 Every 7-12 months
- _4 Less often than once a year
- _5 Other [Specify: _____]
- _88 Don't know
- _99 Prefer not to answer

HIV Protective Behavioral Intentions

3. Please respond to the following questions about [HIV PREVENTION STRATEGY].

	Yes	No	Don't know	Prefer not to answer
a. Do you plan to [INSERT HIV PREVENTION STRATEGY] the next time you have sex?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _88	<input type="checkbox"/> _99
b. If your sexual partner does not want to [INSERT HIV PREVENTION STRATEGY], do you plan on insisting that the two of you [INSERT HIV PREVENTION STRATEGY]?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _88	<input type="checkbox"/> _99
c. The next time you have sex, do you plan on talking about [INSERT HIV PREVENTION STRATEGY] with your partner?	<input type="checkbox"/> _1	<input type="checkbox"/> _2	<input type="checkbox"/> _88	<input type="checkbox"/> _99

4. How likely are you to [INSERT HIV PREVENTION STRATEGY] the next time you [INSERT BEHAVIOR/have sex]?

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

Norms and Attitudes

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
a. Most people who are important to me think I should [INSERT HIV PREVENTION STRATEGY OR BEHAVIOR]. 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 of my sexual partners [INSERT BEHAVIOR]	<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 [gay men/people] I know [INSERT BEHAVIOR]	<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. Taking HIV medicine (antiretroviral therapy or ART) as prescribed by a doctor to treat HIV [INSERT ATTITUDE/BELIEF]	<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.							
f.							

6. On a scale from 1 to 5, where 1 is extremely bad and 5 is extremely good, how would you rate [INSERT BEHAVIOR] for [preventing/transmitting] HIV?.

- 1 Extremely bad
- 2 Bad
- 3 Neither bad nor good
- 4 Good
- 5 Extremely good
- 88 Don't know
- 99 Prefer not to answer

7. On a scale from 1 to 5, where 1 is extremely harmful and 5 is extremely beneficial, how would you rate [INSERT BEHAVIOR] to prevent [getting/transmitting] HIV?

- 1 Extremely harmful
- 2 Harmful

- _3 Neither harmful nor beneficial
- _4 Beneficial
- _5 Extremely beneficial
- _88 Don't know
- _99 Prefer not to answer

8. How sure are you that you could [use a condom with your next sexual partner/INSERT BEHAVIOR] if...

	Very sure I could not	Somewhat sure I could not	Slightly sure I could	Somewhat sure I could	Very sure I could	Don't know	Prefer not to answer
a. you wanted to?	<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 did not want to use 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. [INSERT CIRCUMSTANCE]?	<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. [INSERT CIRCUMSTANCE]?	<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. [INSERT CIRCUMSTANCE]?	<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

9. I feel confident in my ability to [INSERT HIV PREVENTION STRATEGY].

- _1 Strongly disagree
- _2 Disagree
- _3 Neither agree nor disagree
- _4 Agree
- _5 Strongly agree
- _8 Don't know
- _99 Prefer not to answer

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

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

	Strongly agree	Agree	Neither agree nor disagree	Agree	Strongly agree	Don't know	Prefer not to answer

a. It is important to talk about [HIV/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 [HIV/INSERT HIVE 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 [HIV/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

Knowledge, Attitudes, Beliefs

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

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
a. [INSERT BEHAVIOR] 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. [INSERT BEHAVIOR] 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
c. [INSERT BEHAVIOR] allows me to have sex without a condom with partners whose HIV status I don't know/who are HIV negative/who are 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
d. [INSERT BEHAVIOR] [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"/> _88	<input type="checkbox"/> _99

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

	Strongly agree	Agree	Neither agree or disagree	Disagree	Strongly disagree	Don't know	Prefer not to answer
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a. People with HIV should take their antiretroviral medications as prescribed even if it's inconvenient or a burden.	<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. People with HIV have an obligation to have safe sex with people who [do not know their status/are 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
c. When HIV positive and HIV negative [people/men] have sex with each other, they have an equal responsibility for being safe.	<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. Correct condom use is the best way to prevent HIV when having 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
e. I think there are good ways to prevent the sexual transmission of HIV from an infected to an uninfected partner other than 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
f. Because of new treatments for HIV, I'm more willing to have sex without a condom with someone [whose status I do not know/who is HIV negative 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
g. Because of new treatments for HIV, I think more people are taking sexual risks.	<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. If my viral load is undetectable, I cannot give someone 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

13. About how often do you tell new sex partners that you are HIV positive?

- _1 All of the time
- _2 Most of the time

- 3 Some of the time
- 4 Never
- 88 Don't know
- 99 Prefer not to answer

Adherence

14. In the past 30 days, about how often did you take your HIV medicine - antiretroviral therapy (ART) - as prescribed by your doctor?

- 1 All of the time
- 2 Most of the time
- 3 Some of the time
- 4 Never
- 88 Don't know
- 99 Prefer not to answer

15. On a scale from 1 to 5, where 1 is extremely harmful and 5 is extremely beneficial, how would you rate taking medicines to treat HIV infection (e.g. antiretroviral therapy or ART) to prevent HIV transmission?

- 1 Extremely harmful
- 2 Harmful
- 3 Neither harmful nor beneficial
- 4 Beneficial
- 5 Extremely beneficial
- 88 Don't know
- 99 Prefer not to answer

16. I feel confident in my ability to take my HIV medicine (antiretroviral therapy or ART) as prescribed by my doctor to treat HIV.

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

People may miss taking their HIV medications for various reasons. Here is a list of possible reasons why you may have missed taking your HIV medications in the past 30 days.

16. In the past 30 days, did you miss taking your HIV medications because you...

	Yes	No	Don't know	Prefer not to answer
a. Were away from home	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>

b. Were busy with other things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
c. Simply forgot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
d. Felt you didn't need to take it every day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
e. Didn't like the way they made you feel (side effects)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
f. Did not want others to notice you taking medication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
g. Had a change in your daily routine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
h. Felt like the drug was toxic/harmful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
i. Fell asleep/slept through dose time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
j. Felt sick or ill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
k. Felt depressed/overwhelmed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
l. Had problem taking medication at certain times	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
m. Ran out of medication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
n. Didn't know how to get a refill	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
o. Missed an appointment with my health care provider	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
p. Went to jail or prison	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
q. Were released from jail or prison	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
r. Felt good	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
s. Were drunk or high	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
t. Didn't want to deal with it	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>
u. Other (Specify) _____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 88	<input type="checkbox"/>	<input type="checkbox"/>

17. Would you be willing to receive a [text/email] reminder each day to take your HIV medications

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

18. Would you be willing to download an app to a smartphone or other mobile device that would send you reminders each day to take your HIV medications?

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

19. To your knowledge, has your doctor (or another provider) ever ordered a viral load test for you? This would have involved drawing your blood.

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

20. [HIV-positive only] Are you currently virally suppressed (viral load is less than 200 copies of HIV per milliliter of blood)?

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

21. [HIV-positive only] Have you heard that if you have an undetectable viral load, you will not pass on HIV to sexual partners?

- 1 Yes
- 2 No
- 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.