Form Approved

OMB No: 0920-1169

Exp. Date: 03/31/2020

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

Attachment 3s: HIV Prevention with Positives

**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 (0920-1169).

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

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

8 8 Don’t know

99 Prefer not to answer

**HIV Protective Behavioral Intentions**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Don’t know** | **Prefer not to answer** |
| 1. Do you plan to [INSERT HIV PREVENTION STRATEGY] the next time you have sex? | 1 | 2 | 88 | 99 |
| 1. 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]? | 1 | 2 | 88 | 99 |
| 1. The next time you have sex, do you plan on talking about [INSERT HIV PREVENTION STRATEGY] with your partner? | 1 | 2 | 88 | 99 |

1. 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**

1. 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** |
| 1. 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. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. Most of my sexual partners [INSERT BEHAVIOR] | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. Most [gay men/people] I know] [INSERT BEHAVIOR] | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. Taking HIV medicine (antiretroviral therapy or ART) as prescribed by a doctor to treat HIV [INSERT ATTITUDE/ BELIEF] | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. 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

8 8 Don’t know

99 Prefer not to answer

1. 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

8 8 Don’t know

99 Prefer not to answer

1. 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** |
| 1. you wanted to? | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. [your partner did not want to use a condom]? | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. [INSERT CIRCUMSTANCE]? | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. [INSERT CIRCUMSTANCE]? | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. [INSERT CIRCUMSTANCE]? | 1 | 2 | 3 | 4 | 5 | 88 | 99 |

1. 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**

1. 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** |
| 1. It is important to talk about [HIV/INSERT HIV TOPIC]. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. It is important to talk about [HIV/INSERT HIVE TOPIC] with [INSERT PERSON]. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. I am confident that I can talk to [INSERT PERSON] about [HIV/INSERT HIV TOPIC]. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |

**Knowledge, Attitudes, Beliefs**

1. 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** |
| 1. [INSERT BEHAVIOR] is expensive. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. [INSERT BEHAVIOR] is inconvenient. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. [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] | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. [INSERT BEHAVIOR] [INSERT DESCRIPTOR] | 1 | 2 | 3 | 4 | 5 | 88 | 99 |

1. 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** |
| 1. People with HIV should take their antiretroviral medications as prescribed even if it’s inconvenient or a burden. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. People with HIV have an obligation to have safe sex with people who [do not know their status/are negative] | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. When HIV positive and HIV negative [people/men] have sex with each other, they have an equal responsibility for being safe. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. Correct condom use is the best way to prevent HIV when having sex. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. I think there are good ways to prevent the sexual transmission of HIV from an infected to an uninfected partner other than using condoms. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. 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] | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. Because of new treatments for HIV, I think more people are taking sexual risks. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |
| 1. If my viral load is undetectable, I cannot give someone HIV. | 1 | 2 | 3 | 4 | 5 | 88 | 99 |

1. 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**

1. 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

8 8 Don’t know

99 Prefer not to answer

1. 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

8 8 Don’t know

99 Prefer not to answer

1. 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.

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  | **Yes** | **No** | **Don’t know** | **Prefer not to answer** | | 1. Were away from home | 1 | 2 | 88 | 99 | | 1. Were busy with other things | 1 | 2 | 88 | 99 | | 1. Simply forgot | 1 | 2 | 88 | 99 | | 1. Felt you didn’t need to take it every day | 1 | 2 | 88 | 99 | | 1. Didn’t like the way they made you feel (side effects) | 1 | 2 | 88 | 99 | | 1. Did not want others to notice you taking medication | 1 | 2 | 88 | 99 | | 1. Had a change in your daily routine | 1 | 2 | 88 | 99 | | 1. Felt like the drug was toxic/harmful | 1 | 2 | 88 | 99 | | 1. Fell asleep/slept through dose time | 1 | 2 | 88 | 99 | | 1. Felt sick or ill | 1 | 2 | 88 | 99 | | 1. Felt depressed/overwhelmed | 1 | 2 | 88 | 99 | | 1. Had problem taking medication at certain times | 1 | 2 | 88 | 99 | | 1. Ran out of medication | 1 | 2 | 88 | 99 | | 1. Didn’t know how to get a refill | 1 | 2 | 88 | 99 | | 1. Missed an appointment with my health care provider | 1 | 2 | 88 | 99 | | 1. Went to jail or prison | 1 | 2 | 88 | 99 | | 1. Were released from jail or prison | 1 | 2 | 88 | 99 | | 1. Felt good | 1 | 2 | 88 | 99 | | 1. Were drunk or high | 1 | 2 | 88 | 99 | | 1. Didn’t want to deal with it | 1 | 2 | 88 | 99 | | 1. Other (Specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 1 | 2 | 88 | 99 | |

1. 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

1. 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

8 8 Don’t know

99 Prefer not to answer

1. 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

1. [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

1. [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.