

Submission 0920-13ABP under  
0920-0840 Formative Research and Tool Development

**Attachment 2r: Paper and Pencil - HIV Communication and Awareness  
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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0840).

## **Attachment 2r: Paper and Pencil- HIV Communication and Awareness**

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.

## Demographics

1. How old are you?  
Age \_\_\_\_\_  
a. \_\_\_\_\_ Refuse to answer
2. What is your gender?
  - a. Male
  - b. Female
  - c. Transgender or Transsexual
  - d. Other [Specify: \_\_\_\_\_] [Terminate]
  - e. Don't know [Terminate]
  - f. Refuse to answer [Terminate]

Are you Hispanic or Latino/a

- a. \_\_\_ No
- b. \_\_\_ Yes
- c. Prefer not to answer

What is your race? (One or more categories may be selected)

- a. \_\_\_ White
  - b. \_\_\_ Black or African American
  - c. \_\_\_ American Indian or Alaska Native
  - d. \_\_\_ Asian
  - e. \_\_\_ Native Hawaiian or Other Pacific Islander
  - f. Prefer not to answer
5. What is the highest grade or year of school you finished?
    - a. Never attended school or only attended kindergarten
    - b. Grades 1 through 8 (elementary)
    - c. Grades 9 through 11 (some high school)
    - d. Grade 12 or GED (high school graduate)
    - e. College 1 year to 3 years (some college or technical school)
    - f. College 4 years or more (college graduate)
    - g. Refuse to answer
  6. Which best describes your total personal income during the past year?
    - a. Less than \$20,000
    - b. \$21,000 to \$30,000
    - c. \$31,000 to \$40,000
    - d. \$41,000 to \$50,000
    - e. \$51,000 or more
    - f. Refuse to answer

7. Which do you consider yourself to be?
  - a. Gay, lesbian, homosexual, or same gender loving
  - b. Bisexual or two spirited
  - c. Straight or heterosexual
  - d. Other [Specify: \_\_\_\_\_]
  - e. None of the above/unsure
  - f. Refuse to answer
  
8. What is your current relationship status? Are you...?
  - a. [Single]
  - b. [Married to a man]
  - c. [Married to a woman]
  - d. [In a relationship with a man]
  - e. [In a relationship with a woman]
  - f. [Divorced or widowed]
  - g. Refuse to answer
  
9. In what ZIP code do you currently live? \_\_\_\_\_
  
10. Before being contacted for this study, had you ever heard of CDC or the Centers for Disease Control and Prevention?
  - a. Yes
  - b. No
  - e. Refuse to answer

**Sources of Information**

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

11. 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"/>	<input type="checkbox"/>
b. Doctor's office	<input type="checkbox"/>	<input type="checkbox"/>
c. Church	<input type="checkbox"/>	<input type="checkbox"/>
d. Health fair	<input type="checkbox"/>	<input type="checkbox"/>
e. Work	<input type="checkbox"/>	<input type="checkbox"/>
f. Sporting event	<input type="checkbox"/>	<input type="checkbox"/>
g. Night club	<input type="checkbox"/>	<input type="checkbox"/>
h. [Gay bookstore]	<input type="checkbox"/>	<input type="checkbox"/>
i. Coffee shop	<input type="checkbox"/>	<input type="checkbox"/>
j. Clothing store	<input type="checkbox"/>	<input type="checkbox"/>
k. Health club or gym	<input type="checkbox"/>	<input type="checkbox"/>
l. [Choirs or choruses]	<input type="checkbox"/>	<input type="checkbox"/>
m. Shopping malls	<input type="checkbox"/>	<input type="checkbox"/>
n. [Black pride events]	<input type="checkbox"/>	<input type="checkbox"/>
o. [Circuit Parties (Sizzle Miami, Houston Splash, Oasis, Datboi Spring Fling Las Vegas, Fire Island Black Out, St. At Large)]	<input type="checkbox"/>	<input type="checkbox"/>
p. [Balls]	<input type="checkbox"/>	<input type="checkbox"/>
q. [Sex shops]	<input type="checkbox"/>	<input type="checkbox"/>
r. [Bath houses]	<input type="checkbox"/>	<input type="checkbox"/>
s. [Clubs/party promoters (Men are from Mars, Wassup N ATL)]	<input type="checkbox"/>	<input type="checkbox"/>
t. [Gay newspaper]	<input type="checkbox"/>	<input type="checkbox"/>

12. Do you use the Internet?
- a. Yes.....
- b. No (Skip to **Question 16**).....

13.

15. How often do you visit the following Web sites?

	Daily	2 -5 Times a week	Once a week	2-3 Times a month	Once a month	Less than once a month	Never

a. Facebook ( <a href="http://www.facebook.com">www.facebook.com</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Myspace ( <a href="http://www.myspace.com">www.myspace.com</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. YouTube ( <a href="http://www.youtube.com">www.youtube.com</a> )	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. [insert]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Other: [Specify:_____]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Other: [Specify:_____]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16.

## BEHAVIORS

These next few questions are about your personal behaviors, including sexual activity. Please remember that your answers are kept private.

### Sexual Activity

25. Did you have [oral/vaginal/anal sex] with any of your [female/male] partner(s) in the past [INSERT TIME FRAME]?
- Yes
  - No
  - Refuse to answer

26. When you had [oral/vaginal/anal] sex with your [female/male] partner(s) in the past [INSERT TIME FRAME], how often did you and your partner use a condom?
- a. Never used a condom
  - b. Occasionally used a condom
  - c. Usually used a condom
  - d. Always used a condom
  - e. Refuse to answer
27. In the past [INSERT TIME FRAME], did you ever, even one time, have sex without a condom?
- a. Yes
  - b. No
  - c. Refuse to answer
28. In the past 30 days, have you been drunk [or buzzed from alcohol] or high during sex?
- a. Yes
  - b. No
  - c. Refuse to answer

### **Sexual Partners**

29. Do you currently have a main sex partner—that is, a partner you would call your spouse, significant other, or life partner?
- a. Yes
  - b. No
  - c. Refuse to answer
31. Is your main partner male, female, or transgender?
- a. Male
  - b. Female
  - c. Transgender
  - d. Refuse to answer

32. What is your main partner's HIV status?
- My main partner is HIV negative
  - My main partner is HIV positive
  - My main partner has not been tested for HIV
  - My main partner has not told me his or her HIV status
  - Refuse to answer
33. Does your main partner know your HIV status?
- Yes
  - No
  - Refuse to answer
34. In the past 12 months, how many non-main partners – that is, somebody who you did not consider to be a spouse, significant other, or life partner – did you have oral, vaginal, or anal sex with?
- 0
  - 1-5
  - 6-10
  - 11-15
  - 16-20
  - Over 20
  - Refuse to answer
35. Did you have unprotected [vaginal/anal] sex with any [female/male] partners in the past 12 months whose HIV status you didn't know? By unprotected sex, I mean [oral/vaginal/anal] sex when you or your partner didn't use a condom.
- Yes
  - No
  - Refuse to answer
36. Did you have unprotected [vaginal/anal] sex with any [female/male] partners in the past 12 months who you knew or thought to be HIV positive? By unprotected sex, I mean [oral/vaginal/anal] sex when you or your partner didn't use a condom.
- Yes
  - No
  - Refuse to answer
37. In the past 3 months, how many of your non-main partners told you their HIV status?
- 0
  - 1-5
  - 6-10
  - 11-15
  - 16-20
  - Over 20
  - Refuse to answer

38. In the past 3 months, how many of your non-main partners did you tell your HIV status to?
- 0
  - 1-5
  - 6-10
  - 11-15
  - 16-20
  - Over 20
  - Refuse to answer

### **Risk**

39. Thinking about the sex you've had over the past (insert time frame), do you consider yourself to be high, medium or low risk for [getting or giving] HIV?
- Low risk
  - Medium risk
  - High risk
  - Refuse to answer
40. If you don't change any HIV-related behaviors what is your chance of getting HIV disease in the next (insert time period here)?
- 0-24% or have little to no chance of getting it
  - 25-49% or have some chance of getting it
  - 50% or have equal chance of getting it or not getting it
  - 51-74% or have a good chance of getting it
  - 75-100% or it is likely that I will get it
  - Refuse to answer
41. Tell me how risky you think each behavior is for [getting or giving] HIV. Use a scale where 0 is lowest risk and 100 is highest risk. Please assign any number in that range to each of the behaviors listed.
- [Deep kissing]
  - [Receptive anal sex ("bottom") with a condom]
  - [Receptive anal sex ("bottom") without a condom]
  - [Mutual masturbation]
  - [Receptive oral sex ("giving a blow job") with a condom]
  - [Receptive oral sex ("giving a blow job") without a condom]
  - [Insertive anal sex [("top")] with a condom]
  - [Insertive anal sex [("top")] without a condom]
  - [Vaginal sex with a condom]
  - [Vaginal sex without a condom]
  - [Other behavior]
  - Refuse to answer

## HIV TESTING

45. Have you ever been tested for HIV?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refuse to answer
46. When was your last HIV test?
- a. 0–2 months ago
  - b. 3–6 months ago
  - c. 7–12 months ago
  - d. More than 12 months ago
  - e. Don't know
  - f. Refuse to answer

47. How often do you get an HIV test?
- a. Every 0-2 months
  - b. Every 3-6 months
  - c. Every 7-12 months
  - d. Less often than once a year
  - e. Other [Specify: \_\_\_\_\_]
  - f. Don't know
  - g. Refuse to answer

### **HIV Awareness and Knowledge**

48. AIDS is not at all serious; it is like having the common cold.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer
49. HIV is not my problem.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer
50. There are medications available to treat HIV.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer
51. I should get tested for HIV because I may be at risk.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer

52. HIV is not a big problem in my community.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer
53. I am less likely than most people to get HIV.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer
54. People in my community should get tested for HIV.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer
55. I don't need to worry about getting HIV because I know everything about my boyfriend/partner/partners.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer
56. As long as you are in love with someone, you don't need to worry about getting HIV from them.
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer

57. Treatment and support programs are available to people [in my community/like me] who might test positive for HIV.
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Don't know
  - Refuse to answer
58. Because of new treatments for HIV, I think [people/ negative men] are taking more sexual risks.
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Don't know
  - Refuse to answer
59. Because of new treatments for HIV, I'm more willing to have unprotected sex with someone who is HIV negative.
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Don't know
  - Refuse to answer
60. Because of new treatments for HIV, I'm less concerned about infecting someone else.
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Don't know
  - Refuse to answer

### **Personal Relevance of HIV/AIDS**

61. Bearing in mind the different ways people can be infected with HIV, how concerned are you about you, personally, becoming infected with HIV?
- Very concerned
  - Somewhat concerned
  - Not too concerned
  - Not at all concerned
  - Don't know
  - Refuse to answer

62. How concerned are you about a son or daughter becoming infected with HIV?  
(NOTE: Asked of parents of children aged 21 or younger)
- Very concerned
  - Somewhat concerned
  - Not too concerned
  - Not at all concerned
  - Don't know
  - Refuse to answer
63. Do you personally know anyone who now has AIDS, has died from AIDS, or has tested positive for HIV?
- Yes
  - No
  - Don't know
  - Refuse to answer
- (If yes, ask) Is that a family member, a close friend, an acquaintance or coworker, or someone else?
- Yes, close friend or family member
  - Yes, acquaintance or coworker
  - Someone else
  - Don't know
  - Refuse to answer

### **HIV Communication Intentions**

64. I plan to talk to [INSERT] about [INSERT] within the next [insert timeframe].
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Don't know
  - Refuse to answer
65. I plan to [tweet/post a status update and/or comment on Facebook/blog/send an SMS text message] about [INSERT] within the next [insert timeframe].
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Don't know
  - Refuse to answer

66. 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]?
- Very unlikely
  - Unlikely
  - Neither unlikely or likely
  - Likely
  - Very likely
  - Refuse to answer

**[GENERAL PARTNER COMMUNICATION: Norms/Intentions/Self-Efficacy]**

In the past 12 months, how often have you discussed the following topics with your sex partners?

	Never	Occasionally	Usually	Always	Refuse to Answer
a. Number of prior sexual partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
b. HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
c. HIV testing history	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
d. Drug and alcohol use	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
e. Places where you have met sex partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
f. History of sexually transmitted infections (STI)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
g. Using condoms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
h. Different sexual positions based on HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
i. Taking drugs to treat HIV infection (e.g., antiretroviral therapy or ART)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
j. Taking drugs used to treat HIV infection to reduce chances of being HIV infected (e.g., Post-exposure prophylaxis or PrEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>

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

	Very Unlikely	Somewhat Unlikely	Neither Unlikely nor Likely	Somewhat Likely	Very Likely	Refuse to Answer
a. Number of prior sexual partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
b. HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
c. HIV testing history	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

d. Drug and alcohol use	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
e. Places where you have met sex partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
f. History of sexually transmitted infections (STI)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
g. Using condoms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
h. Different sexual positions based on HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
i. Taking drugs to treat HIV infection (e.g., antiretroviral therapy or ART)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
j. Taking drugs used to treat HIV infection to reduce chances of being HIV infected (e.g., Post-exposure prophylaxis or PrEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

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

	<b>Never</b>	<b>Occasionally</b>	<b>Usually</b>	<b>Always</b>	<b>Refuse to Answer</b>
a. Number of prior sexual partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
b. HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
c. HIV testing history	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
d. Drug and alcohol use	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
e. Places where you have met sex partners	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
f. History of sexually transmitted infections (STI)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
g. Using condoms	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
h. Different sexual positions based on HIV status	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
i. Taking drugs to treat HIV infection (e.g., antiretroviral therapy or ART)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>
j. Taking drugs used to treat HIV infection to reduce chances of being HIV infected (e.g., Post-exposure prophylaxis or PrEP)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>9</sub>

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

	<b>Very Unsure I Could</b>	<b>Somewha t Unsure I Could</b>	<b>Neither Unsure or Sure I Could</b>	<b>Somewha t Sure I Could</b>	<b>Very Sure I Could</b>	<b>Refuse to Answer</b>
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"/> 9
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"/> 9
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"/> 9
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"/> 9
e. Places where you have met sex partners	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
f. History of sexually transmitted infections (STI)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
g. Using condoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
h. Different sexual positions based on HIV status	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
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"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9
j. Taking drugs used to treat HIV infection to reduce chances of being HIV infected (e.g., Post-exposure prophylaxis or PrEP)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 9

**SCRIPT:** *In this next section, please tell us how much you disagree or agree with the following statements.*

**[DISCLOSURE: Norms & Attitudes/Perceived Risk/Perceived & Actual Knowledge/Intentions/ Self-Efficacy]**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Disagree nor Agree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Refuse to Answer</b>
1. Most of my sex partners disclose their HIV status.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
2. Most gay or bisexual men I know disclose their HIV status.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
3. Disclosing your HIV status is difficult.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
4. Disclosing my HIV status allows me to have unprotected sex with partners who are the same HIV status as me.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>
5. I plan to disclose my HIV status the next time I have sex.	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>9</sub>

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

**[SEROSORTING: Norms & Attitudes/Intentions/Self-Efficacy]**

	<b>Strongly Disagree</b>	<b>Disagree</b>	<b>Neither Agree nor Disagree</b>	<b>Agree</b>	<b>Strongly Agree</b>	<b>Refuse to Answer</b>
6. Most gay or bisexual men I know choose to have sex only with men 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"/> 9
7. Choosing to have sex only with men 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"/> 9
8. I intend to have sex only with men 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"/> 9

## Norms and Attitudes

67. Most people who are important to me think I should [talk/tweet/post a status update or comment on Facebook/blog/send an SMS text message/etc.] about HIV. By important to me, we mean people like friends, family, and anyone else who is an important part of your life.
- Strongly disagree
  - Disagree
  - Neither disagree nor agree
  - Agree
  - Strongly Agree
  - Refuse to answer
68. Most of my sexual partners [talk/tweet/post a status update or comment on Facebook/blog/send an SMS text message/etc.] about HIV.
- Strongly disagree
  - Disagree
  - Neither disagree nor agree
  - Agree
  - Strongly Agree
  - Refuse to answer
69. Most [gay men/people I know] [talk/tweet/post a status update or comment on Facebook/blog/send an SMS text message/etc.] about HIV.
- Strongly disagree
  - Disagree
  - Neither disagree nor agree
  - Agree
  - Strongly Agree
  - Refuse to answer

70. On a scale from 1 to 6, where 1 is extremely bad and 6 is extremely good, how would you rate [talking/tweeting/posting a status update or commenting on Facebook/blog/sending an SMS text message/etc] about HIV?
- Extremely bad
  - Bad
  - Neither bad nor good
  - Good
  - Extremely good
  - Refuse to answer
71. On a scale from 1 to 6, where 1 is extremely harmful and 6 is extremely beneficial, how would you rate [talking/tweeting/posting a status update or commenting on Facebook/blog/sending an SMS text message/etc] about HIV?
- Extremely harmful
  - Harmful
  - Neither harmful nor beneficial
  - Beneficial
  - Extremely beneficial
  - Refuse to answer
72. I feel confident in my ability to [talk/tweet/post a status update or comment on Facebook/blog/send an SMS text message/etc.] about HIV in the next [insert timeframe].
- Strongly disagree  
Disagree  
Neither agree or disagree  
Agree  
Strongly agree

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

73. It is important to talk about [HIV].
- Strongly disagree
  - Disagree
  - Neither disagree nor agree
  - Agree
  - Strongly agree
  - Refuse to answer
74. It is important to talk about [HIV] with [INSERT].
- Strongly disagree
  - Disagree
  - Neither disagree nor agree
  - Agree
  - Strongly agree
  - Refuse to answer

75. I am confident that I can talk to [INSERT] about [INSERT].
- Strongly disagree
  - Disagree
  - Neither disagree nor agree
  - Agree
  - Strongly agree
  - Refuse to answer

### **Increased Social Acceptability of Talking about HIV with Partners, Peers, and Family**

76. My [INSERT] thinks I should [talk/tweet/post a status update or comment on Facebook/blog/send an SMS text message/etc.] about HIV.
- Strongly agree
  - Agree
  - Disagree
  - Strongly disagree
  - Don't know
  - Refuse to answer
77. 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?
- Definitely should not
  - Should not
  - Neither should nor should not
  - Should
  - Definitely should
78. How do you think [INSERT] would feel about you [talking/tweeting/posting status updates or commenting on Facebook/blogging/sending SMS text messages/etc.] about HIV?
- Strongly disapprove
  - Disapprove
  - Neither approve nor disapprove
  - Approve
  - Strongly approve
79. How many of your [INSERT] 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 TIME FRAME]?
- None
  - A few
  - Some
  - Most
  - All

- f. Don't know
  - g. Refuse to answer
80. 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] want(s) me to do.
- a. Strongly disagree
  - b. Disagree
  - c. Neither agree nor disagree
  - d. Agree
  - e. Strongly agree

**Increased Self-Efficacy to Talk about HIV with Partners, Peers, and Family**

81. I am confident that I can talk to [INSERT] about [INSERT].
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer
82. I am confident that I can [tweet/post a status update and/or comment on Facebook/blog/send an SMS text message] about [INSERT].
- a. Strongly agree
  - b. Agree
  - c. Disagree
  - d. Strongly disagree
  - e. Don't know
  - f. Refuse to answer

**Increased HIV-Related Dialogue with Partners, Peers, and Family**

83. In the past [INSERT TIME FRAME], with whom and how have you talked about HIV? [SELECT ALL THAT APPLY.]

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

84. In the past [INSERT TIME FRAME], have you talked to [INSERT] about [INSERT]?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refuse to answer

In the past [INSERT TIME FRAME], how often have you talked to [INSERT] about [INSERT]?

- a. Never
- b. Once
- c. 2 to 3 times
- d. 4 to 5 times
- e. 6 to 10 times
- f. More than 10 times
- g. Don't know
- h. Refuse to answer

85. In the past [INSERT TIME FRAME], have you [tweeted/retweeted/replied to a tweet] about [INSERT]?

- a. Yes
- b. No
- c. Don't know
- d. Refuse to answer

In the past [INSERT TIME FRAME], how often have you [tweeted/retweeted/replied to a tweet] about [INSERT]?

- a. Never
- b. Once
- c. 2 to 3 times
- d. 4 to 5 times
- e. 6 to 10 times
- f. More than 10 times
- g. Don't know
- h. Refuse to answer

In the past [INSERT TIME FRAME], how often have you [tweeted/retweeted/replied to a tweet] about [INSERT]?

- a. Never
- b. Rarely
- c. Often
- d. Always
- e. Don't know
- f. Refuse to answer

86. In the past [INSERT TIME FRAME], have you posted a Facebook status update or commented on Facebook about [INSERT]?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refuse to answer

In the past [INSERT TIME FRAME], how often have you posted a Facebook update or commented on Facebook about [INSERT]?

- a. Never
- b. Once
- c. 2 to 3 times
- d. 4 to 5 times
- e. 6 to 10 times
- f. More than 10 times
- g. Don't know
- h. Refuse to answer

87. Have you ever posted a comment on the [INSERT CAMPAIGN] Facebook fan page?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refuse to answer

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

- a. Never
- b. Once
- c. 2 to 3 times
- d. 4 to 5 times
- e. 6 to 10 times
- f. More than 10 times
- g. Don't know
- h. Refuse to answer

88. In the past [INSERT TIME FRAME], have you posted a blog or commented on a blog post about [INSERT]?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refuse to answer

In the past [INSERT TIME FRAME], how often have you posted a blog or commented on a blog post about [INSERT]?

- a. Never
- b. Once
- c. 2 to 3 times
- d. 4 to 5 times
- e. 6 to 10 times
- f. More than 10 times
- g. Don't know
- h. Refuse to answer

89. In the past [INSERT TIME FRAME], have you forwarded an SMS text message about [INSERT]?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refuse to answer

In the past [INSERT TIME FRAME], how often have you forwarded an SMS text message about [INSERT]?

- a. Never
- b. Once
- c. 2 to 3 times
- d. 4 to 5 times
- e. 6 to 10 times
- f. More than 10 times
- g. Don't know
- h. Refuse to answer

90. In the past [INSERT TIME FRAME], have you sent an SMS text message about [INSERT]?
- a. Yes
  - b. No
  - c. Don't know
  - d. Refuse to answer

In the past [INSERT TIME FRAME], how often have you sent SMS text messages about [INSERT]?

- a. Never
- b. Once
- c. 2 to 3 times
- d. 4 to 5 times
- e. 6 to 10 times
- f. More than 10 times
- g. Don't know
- h. Refuse 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.