

0% Complete of Part 1

Collection: LOGIN
Contains: CUSTOMID

Survey Login Page

Question: CUSTOMID
Required



Please enter a valid participant ID, including dashes, for example:
999-00000-1:

Collection: HIV_STATUS
Contains: ACHIV

Question: ACHIV
Required

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	



1. Has the participant received a prior positive HIV diagnosis?

- 1. Yes
- 2. No

Page Break

Collection: EVER_TESTED_FOR_HIV
Contains: ACVTST, ACVTSTS

Thank you for joining this study. The following survey will ask you questions about your life experiences, health practices and sexual behaviors.

Some of the questions that will be asked some people may consider private. We are asking these questions because the answers will help us to design a new and better way to slow the spread of HIV among Black men who have sex with men (MSM). For the purpose of this study, we consider men to be those people who were male at birth or self-identity as male.

The information you provide is an important contribution to this study and will be kept confidential. You can skip any question that makes you feel uncomfortable or stop taking the survey at any time. Please do not use the browser back button to move through this survey as it may cause your answers to be lost. Only use the survey "back" and "next" buttons at the bottom of each page to move through the survey. The survey will take about 1 hour without audio and 2 hours with audio. You may mute the audio at anytime and proceed with the survey. If you have questions or need assistance, please let a member of study staff know.



Page Break

Survey Part 1


Page Break

To begin, we would like to learn about your experiences with HIV testing. □

Question: ACVTST

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 2. Have you ever been tested for HIV?

- 1. Yes
- 2. No

Page Break

Question: ACVTSTS

Required

Show if: (ACVTST was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



3. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: HIV_TEST_DETAILS

Contains: ACVTSTN, ACVTSTNS, ACTSMN, ACTSYR, ACTSS, ACTSTWH, ACTSTWHS, AC1, ACS, AC1XS, ACVTSTR, ACVTSTRS

Show if: (ACVTST = 1:[1. Yes])

Question: ACVTSTN



4. How many times have you been tested **for HIV** in the last year?

of times

Page Break


Question: ACVTSTNS

Required

Show if: (ACVTSTN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 5. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


When was your most recent HIV test?

Question: ACTSMN

 6. Enter 2-digit month (for example, "09"). Enter the number "0" if you don't remember the month:

mm

Question: ACTSYR

 7. Enter 4-digit year (for example, "1998"):

yyyy

Page Break


Question: ACTSS

Required

Show if: (ACTSYR was-not-answered) and (ACTSMN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 8. You didn't answer both parts of the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACTSTWH

Scale Summary		
Code	Label	Show-If
1	1. HIV/AIDS street outreach program/Mobile Unit	
2	2. HIV counseling and testing site	
3	3. Needle exchange program	
4	4. Research site	
5	5. Adult HIV/AIDS or infectious disease clinic	
6	6. Sexually transmitted disease clinic	
7	7. Community health center/public health clinic/free clinic	
8	8. Family planning clinic	
9	9. Hospital outpatient clinic	
10	10. Emergency room	
11	11. Drug treatment program	
12	12. Private doctors office (including HMO)	
13	13. Correctional facility (jail or prison)	
14	14. Military	
15	15. Home health care	
16	16. Other	



9. Where did you get your most recent HIV test? (Choose one)

- 1. HIV/AIDS street outreach program/Mobile Unit
- 2. HIV counseling and testing site
- 3. Needle exchange program
- 4. Research site
- 5. Adult HIV/AIDS or infectious disease clinic
- 6. Sexually transmitted disease clinic
- 7. Community health center/public health clinic/free clinic
- 8. Family planning clinic
- 9. Hospital outpatient clinic
- 10. Emergency room
- 11. Drug treatment program
- 12. Private doctors office (including HMO)
- 13. Correctional facility (jail or prison)
- 14. Military
- 15. Home health care
- 16. Other

Page Break


Question: ACTSTWHS

Required

Show if: (ACTSTWH was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 10. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: AC1

Show if: (ACVTST = 1:[1. Yes])

 11. Why did you choose to get tested **for HIV** this most recent time? (Check all that apply)

-
- 1. I was sick
- 2. A condom broke
- 3. I did not use a condom when having sex
- 4. I had just started a new relationship
- 5. I used needles to inject drugs
- 6. Someone told me to get tested
- 7. I did not know I was being tested
- 8. It was at a routine medical appointment
- 9. I had an employee physical
- 10. I gave blood
- 11. I joined the military
- 12. I was in jail, prison, or juvenile detention center
- 13. I saw testing at a bar or club
- 14. I saw a testing program on the street (i.e. mobile van, health fair, etc.)
- 15. I saw a testing program at a pride celebration (e.g. gay pride parade, festival)
- 16. It was at a testing program in school
- 17. I was offered testing with other care (e.g., STD clinic, ER, community health program)
- 18. I was provided money to get tested
- 19. Other, specify

Page Break

Question: ACS

Required

Show if: (AC1 is-none-of [1. I was sick] or [2. A condom broke] or [3. I did not use a condom when having sex] or [4. I had just started a new relationship] or [5. I used needles to inject drugs] or [6. Someone told me to get tested] or [7. I did not know I was being tested] or [8. It was at a routine medical appointment] or [9. I had an employee physical] or [10. I gave blood] or [11. I joined the military] or [12. I was in jail, prison, or juvenile detention center] or [13. I saw testing at a bar or club] or [14. I saw a testing program on the street (i.e. mobile van, health fair, etc.)] or [15. I saw a testing program at a pride celebration (e.g. gay pride parade, festival)] or [16. It was at a testing program in school] or [17. I was offered testing with other care (e.g., STD clinic, ER, community health program)] or [18. I was provided money to get tested] or [19. Other, specify])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



12. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: AC1XS

Required

Show if: (AC1.OTH.X_ was-not-answered) and (AC1.OTH.X_ was-not-answered) and (AC1 is-any-of [19. Other, specify])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



13. You marked the "Other" box but did not complete the "specify" text. Please go back and provide a response or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVTSTR

Scale Summary		
Code	Label	Show-If
2	1. Positive	
1	2. Negative	
3	3. Not a clear result (Indeterminate)	
4	4. I have not received my test result	

 14. What were the results of your most recent HIV test?

- 1. Positive
- 2. Negative
- 3. Not a clear result (Indeterminate)
- 4. I have not received my test result

Page Break


Question: ACVTSTRS

Required

Show if: (ACVTSTR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 15. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: HIV_POSITIVE

Contains: ACVT2TX, ACVT2TXS, ACRX, ACRXS, HIV_MEDS

Show if: (ACVTSTR = 2:[1. Positive])

Question: ACVT2TX

Scale Summary		
Code	Label	Show-If
1	1. Same day	
2	2. Same week	
3	3. Same month	
4	4. Within 6 months	
5	5. More than 6 months	
6	6. Never got medical care for HIV	



16. After you got your first **positive** HIV test result, how long was it until you got any medical care for HIV, such as more testing or an examination?

- 1. Same day
- 2. Same week
- 3. Same month
- 4. Within 6 months
- 5. More than 6 months
- 6. Never got medical care for HIV

Page Break

Question: ACVT2TXS

Required

Show if: (ACVT2TX was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



17. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Next we would like to find out about your experience taking medicines for your HIV.



Question: ACRX

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	
3	3. Don't know	

 18. Has your doctor prescribed you pills to treat your HIV?

- 1. Yes
- 2. No
- 3. Don't know

Page Break


Question: ACRXS

Required

Show if: (ACRX was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 19. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: HIV_MEDS

Contains: ACRXN, ACRXNS, ACRXPCT, ACRXPCTS, ACRXCOM, ACRXCOMS

Show if: (ACRX = 1:[1. Yes])

Question: ACRXN



20. In the last month, how many pills did you take per day for HIV or HIV care?

of Pills

Page Break


Question: ACRXNS

Required

Show if: (ACRXN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 21. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRXPCT**Scale Summary**

Code	Label	Show-If
1	0%	
2	10%	
3	20%	
4	30%	
5	40%	
6	50%	
7	60%	
8	70%	
9	80%	
10	90%	
11	100%	

 22. In the last month, what percent of the time were you able to take your medications **for HIV** exactly as your doctor told you to?

0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	100%
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question: ACRXPCTS

Required

Show if: (ACRXPCT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




23. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRXCOM**Scale Summary**

Code	Label	Show-If
1	1. Very poor	
2	2. Poor	
3	3. Fair	
4	4. Good	
5	5. Very good	
6	6. Excellent	

 24. Please pick one of the choices below to rate your ability to take all of your medications **for HIV** as your doctor told you to in the last month.

- 1. Very poor
- 2. Poor
- 3. Fair
- 4. Good
- 5. Very good
- 6. Excellent

Page Break


Question: ACRXCOMS

Required

Show if: (ACRXCOM was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 25. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: GENDER_TREATOPT

Contains: AC2, AC3, AC3S, AC3XS, ACBSEX, ABSEXS, ACTBLE, ACTBLS

Next we'd like to hear more about the words you may use to describe yourself. Earlier in the visit, you were asked what your current gender is. We asked that question in a simple way, with few choices for answers. But we know that a person's own identity about their sex, gender and sexual orientation can be complex, so we would like to give you the chance to tell us more about what words you use to describe yourself.



Page Break


Question: AC2

-  26. Which of the following word or words do you feel best describes you today?
(Please check all that apply in **Group A** and all that apply in **Group B**)

Group A

-
- 1. Homosexual
 - 2. Gay
 - 3. Bisexual
 - 4. Heterosexual
 - 5. Same gender loving
 - 6. Sexual
 - 7. Queer
 - 8. Two spirited
 - 9. Questioning
 - 10. Polyamorous
 - 11. Pansexual
 - 12. Straight

Question: AC3

-  27. **Group B**

- 1. Male
- 2. Female
- 3. Transgender
- 4. Transsexual
- 5. Genderqueer
- 6. Realness
- 7. Butch queen
- 8. Femme queen
- 9. Trannie
- 10. Intersex
- 11. Crossdresser
- 12. Other, specify

Page Break

Question: AC3S

Required

Show if: (AC2 is-none-of [1. Homosexual] or [2. Gay] or [3. Bisexual] or [4. Heterosexual] or [5. Same gender loving] or [6. Sexual] or [7. Queer] or [8. Two spirited] or [9. Questioning] or [10. Polyamorous] or [11. Pansexual] or [12. Straight]) and (AC3 is-none-of [1. Male] or [2. Female] or [3. Transgender] or [4. Transsexual] or [5. Genderqueer] or [6. Realness] or [7. Butch queen] or [8. Femme queen] or [9. Trannie] or [10. Intersex] or [11. Crossdresser] or [12. Other, specify])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



28. You didn't answer the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: AC3XS

Required

Show if: (AC3 is-any-of [12. Other, specify]) and (AC3.OTHB.X_ was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




29. You marked the "Other" box but did not complete the "Specify" text. Please go back and provide a response or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACBSEX**Scale Summary**

Code	Label	Show-If
2	1. Female	
1	2. Male	

 30. What sex were you labeled at birth? (Check one)

- 1. Female
- 2. Male

Page Break

Question: ABSEXS

Required

Show if: (ACBSEX was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




31. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: ACTBLE**Contains:** ACTXIMP, ACLTXMNG**Scale Summary**

Code	Label	Show-If
1	Disagree	
2	Somewhat disagree	
3	Neither disagree nor agree	
4	Somewhat agree	
5	Agree	

 32. Please indicate whether you agree or disagree with both of the following statements.

	Disagree	Somewhat disagree	Neither disagree nor agree	Somewhat agree	Agree
(a) I feel comfortable having unprotected sex because treatments for HIV will continue to improve.	○	○	○	○	○
(b) I feel comfortable having unprotected sex because HIV can be easily managed now.	○	○	○	○	○

Page Break

Question: ACTBLS

Required

Show if: (ACTXIMP was-not-answered) or (ACLTXMNG was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



33. You didn't answer both of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: FIRST_SEX

Contains: ACAGE, ACAGES, ACAGEN, ACAGENSS, ACSX1MW, ACSX1MWS

In this next section, we are going to ask you some questions about your sexual behaviors. First we'll ask some general questions. Then we'll ask some more detailed questions about the sex you have had with different kinds of sexual partners.

By sex, we mean either:

- anal sex (butt sex): when your penis was in a man or woman's anus (butt) or a man's penis was in your anus (butt)

or

- vaginal sex: when your penis was in a woman's vagina

Note: Although oral sex is an important part of many people's sex lives, ORAL SEX is not what we are asking about when we ask about sex in the questions that follow. Only anal or vaginal sex. Also, when we say "penis" we're referring to a penis that ejaculates bodily fluids.


We are going to use the term anal sex, which means butt sex, and we will use the term anus, which means butt or asshole.



Page Break

Question: ACAGE**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	

 34. Do you remember how old you were the very first time you had anal or vaginal sex?

1. Yes

2. No

Page Break


Question: ACAGES

Required

Show if: (ACAGE was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 35. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACAGEN

Show if: (ACAGE = 1: [1. Yes])

 36. How old were you the very first time you had anal or vaginal sex?

years old

Page Break

Question: ACAGENSS

Required

Show if: (ACAGEN was-not-answered) and (ACAGE = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




37. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACSX1MW**Scale Summary**

Code	Label	Show-If
1	1. Man	
2	2. Woman	

 38. That first time you had anal or vaginal sex, was it with a man or a woman?
(Choose one)

- 1. Man
- 2. Woman

Page Break

Question: ACSX1MWS

Required

Show if: (ACSX1MW was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



39. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

You have reached the end of Part 1 of this survey.

If you would like to change any of your answers for Part 1, please go back and do so now.

When you are ready, click the "Next" button to go on to the next part of the survey.

Page Break


Jump-To: JMP1
Description:
Jump-To-Item: End and Submit

Powered by DatStat

0% Complete of Part 2

Collection: LOGIN
Contains: CUSTOMID

Question: CUSTOMID
Required

 Please enter the participant ID

Survey Part 2

Page Break

Collection: NUMBER_PARTNERS

Contains: ACMN, ACMNWN, ACMNWNS, ACFN, ACFNWN, ACFNS, ACTGMN, ACTGFN, ACTGOTN, ACTGNWN, ACTGNS, ACTGNCN, ACTGNCNS

Now we will ask you about how many male, female, or transgender partners you have had sex with in the last six months.

For questions where we ask you to respond with a number such as number of partners or number of times, if you did not have any partners or did not do something at all, please enter a zero instead of leaving the question blank.



Question: ACMN
Required




1. How many men have you had sex with in the last 6 months? Include only men with whom you had anal sex (either as a top or a bottom). It doesn't matter whether a condom was used, or whether there was ejaculation. Please do not include transgender partners.

of partners

Page Break

Question: ACMNWN
Show if: (ACMN > 0)

 2. Of the **men** you had anal sex with in the last 6 months, how many were new partners, that is, you had sex with them for the first time within the last 6 months?

of partners

Page Break

Question: ACMNWN

Required

Show if: (ACMNWN was-not-answered) and (ACMN > 0)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




3. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question: ACFN
Required

-  4. How many women have you had sex with in the last 6 months? Include only women with whom you had vaginal or anal sex. It doesn't matter whether a condom was used or whether there was ejaculation. Please do not include transgender partners.

of partners

Page Break

Question: ACFNWN
Show if: (ACFN > 0)

 5. Of the **women** you had vaginal or anal sex with in the last 6 months, how many were new partners, that is, you had sex with them for the first time within the last 6 months?

of partners

Page Break


Question: ACFNS

Required

Show if: (ACFNWN was-not-answered) and (ACFN > 0)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 6. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Now we're going to ask you about transgender partners. If you did have sex with transgender partners in the last 6 months, we want to know how many you consider to be male partners, female partners, or something other than male or female partners.

Include only transgender partners with whom you had vaginal or anal sex. It doesn't matter whether a condom was used or whether there was ejaculation.


For each question, enter a zero if you did not have that kind of sexual partner in the last 6 months. Enter a zero for all 3 questions if you had no transgender sexual partners in the last 6 months.

Question: ACTGMN
Required

 7. How many transgender partners have you had sex with in the last 6 months that you consider to be male?


of partners

Question: ACTGFN
Required

 8. How many transgender partners have you had sex with in the last 6 months that you consider to be female? "

of partners

Question: ACTGOTN
Required


 9. How many transgender partners have you had sex with in the last 6 months that you consider to be something other than male or female?

of partners

Page Break

Question: ACTGNWN

Show if: (ACTGMN > 0) or (ACTGFN > 0) or (ACTGOTN > 0)

 10. Of the **transgender partners** you had vaginal or anal sex with in the last 6 months, how many were new partners, that is, you had sex with them for the first time within the last 6 months?

of partners

Page Break

Question: ACTGNS

Required

Show if: (ACTGNWN was-not-answered) and ((ACTGMN > 0) or (ACTGFN > 0) or (ACTGOTN > 0))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



11. You didn't answer the previous question. Please go back or click "I prefer not to answer."

- I prefer not to answer

Page Break

Question: ACTGNCN**Show if:** (ACTGMN > 0) or (ACTGFN > 0) or (ACTGOTN > 0)**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Rarely	
3	3. Sometimes	
4	4. Often	
5	5. Always	



12. Of all the sex that you had with transgender partners in the last 6 months, how often was this sex without a condom? ("without a condom" means not using a condom for even some of the time while you had sex.)

1. Never	2. Rarely	3. Sometimes	4. Often	5. Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question: ACTGNCNS

Required

Show if: (ACTGN CN was-not-answered) and ((ACTGMN > 0) or (ACTGFN > 0) or (ACTGOTN > 0))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



13. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Collection: FEM_PRTNRS_KNOW
Contains: ACWKNWM, ACWKNWMS
Show if: (ACFN > 0) or (ACTGFN > 0)

Earlier you reported that you had sex with one or more women in the last 6 months (this would include transgender sexual partners you think of as women, if you had any).

Question: ACWKNWM

Scale Summary		
Code	Label	Show-If
1	1. Yes, all do	
2	2. No, none do	
3	3. Some do, others do not	
4	4. Don't know	

-  14. A little while ago you were asked to report the number of women, who were not transgender, who you had sex with in the last six months. Then you were asked to report the number of transgender partners you consider to be female who you had sex with in the last six months.

Thinking of ALL your female partners from the last 6 months (whether they're transgender or not), do these partners know that you also have sex with men?

- 1. Yes, all do
- 2. No, none do
- 3. Some do, others do not
- 4. Don't know

Page Break

Question: ACWKNWMS

Required

Show if: (ACWKNWM was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



15. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: MALE_PRTNRS_TP_BT

Contains: ACMPN, ACMPNS, ACMPN, ACMPNS, ACMBTN, ACMBTNS, ACMBTCN, ACMBTCNS, ACLUB, ACLUBS, ACLUBXS, ACMFIST, ACMFISTS


Show if: (ACMN > 0) or (ACTGMN > 0)

For the next several questions, "men" means your **male partner(s)** and **transgender partner(s) that you think of as men.**

These questions ask about the number of partners you were the top or bottom with in the last six months.

If these questions don't apply to you, for example if you or your partner don't have a penis that ejaculates bodily fluids, or if you express your sexuality with that partner in other ways, please just put "0" for your answer.

Question: ACMPN

 16. Of the **men** you had anal sex with in the last 6 months, how many did you top, where your penis was in his anus?

Page Break

Question: ACMPNS

Required

Show if: (ACMPN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




17. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMTPCN
Show if: (ACMTPN > 0)

 18. Of the men, that you "topped" in the last 6 months, how many did you "top" without a condom? By without a condom we mean not using a condom for even some of the time while you had sex.

Page Break


Question: ACMTPCNS

Required

Show if: (ACMTPCN was-not-answered) and (ACMTPN > 0)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 19. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMBTN

 20. Of the **men** you had anal sex with in the last 6 months, with how many were you the bottom, where his penis was in your anus?

Page Break

Question: ACMBTNS

Required

Show if: (ACMBTN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




21. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMBTCN
Show if: (ACMBTN > 0)

-  22. Of the men with whom you were the "bottom" in the last 6 months, with how many were you the "bottom" without a condom? By without a condom we mean not using a condom for even some of the time while you had sex.

Page Break

Question: ACMBTCNS

Required

Show if: (ACMBTN > 0) and (ACMBTCN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




23. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLUB

 24. When you had anal sex over the last 6 months, what have you generally used for lubrication? (Check all that apply)

-
- 1. Did not use any lubrication
- 2. Brand name lubricant (i.e., Wet, Astroglide, Elbow Grease, KY Jelly, etc.)
- 3. Cooking oil
- 4. Saliva/Spit
- 5. Hand/body lotion
- 6. Vaseline
- 7. Other, specify

Page Break

Question: ACLUBS

Required

Show if: (ACLUB is-none-of [1. Did not use any lubrication] or [2. Brand name lubricant (i.e., Wet, Astroglide, Elbow Grease, KY Jelly, etc.)] or [3. Cooking oil] or [4. Saliva/Spit] or [5. Hand/body lotion] or [6. Vaseline] or [7. Other, specify])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



25. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLUBXS

Required

Show if: (ACLUB is-any-of [7. Other, specify]) and (ACLUB.ACOTH.X_ was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




26. You marked the "Other" box for the previous question, but did not complete the "Specify" text. Please go back and provide a response or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMFIST**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Rarely	
3	3. Sometimes	
4	4. Often	
5	5. Always	

 27. Thinking about all of the times that you had anal sex with men in the last 6 months, how often were you fisted (your partner's fist in your anus), or had another object like a dildo in your anus before or after anal sex?

1. Never	2. Rarely	3. Sometimes	4. Often	5. Always
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break


Question: ACMFISTS

Required

Show if: (ACMFIST was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 28. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: MALE_PRTNRS_LAST_EPISODE

Contains: ACLMP, ACLMPS, ACLMAGN, ACLMAGNS, ACLMPR, ACLMPRS, ACLMHLG, ACLMHLGS, ACLMMET, ACLMMETS, ACLMHIV, ACLMHIVS, ACLMPOS, ACLMPOSS, ACLMNEG, ACLMNEGS, ACLMDSC, ACLMDSCS, ACLMTP, ACLMTPS, ACLMTPC, ACLMTPCS, ACLMBT, ACLMBTS, ACLMBTC, ACLMBTCS, ACLMBAL, ACLMBALS, ACLMDG, ACLMDGS, ACLMWD, ACLMWDS, ACLMXRN, ACLMXRNS, ACLMXGN, ACLMSGNS, MALEP1_LENOTPRM_HIVPOS

Show if: (ACMN > 0) or (ACTGMN > 0)

The next questions will ask about the **last time** you had **anal sex** with a man in the last 6 months. Please think about only this most recent sexual experience and the person who you had sex with when answering these questions.

If these questions don't apply to you, for example if you or your partner don't have a penis that ejaculates bodily fluids, or if you express your sexuality with that partner in other ways, please just put "0" for your answer.



Question: ACLMP		
Scale Summary		
Code	Label	Show-If
1	<p>1. Primary or main partner?</p> <p><i>By primary or main partner we mean a person that you have lived with or have seen a lot, whom you have had anal sex with, and to whom you have felt a special emotional commitment.</i></p>	
2	<p>2. Steady, non-primary partner?</p> <p><i>By steady, non-primary partner we mean a person with whom you have had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".</i></p>	
3	<p>3. Casual partner?</p> <p><i>By casual partner we mean a person with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.</i></p>	
4	<p>4. Exchange or trade partner?</p> <p><i>By exchange or trade partner we mean a person you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.</i></p>	
5	<p>5. Anonymous partner?</p> <p><i>By anonymous partner we mean a person you hooked up with just to have anal sex and you don't know or don't remember his first and last name.</i></p>	



29. Was this person a... (mark the description that best describes this person)

1. Primary or main partner?

- By primary or main partner we mean a person that you have lived with or have seen a lot, whom you have had anal sex with, and to whom you have felt a special emotional commitment.*

2. Steady, non-primary partner?

- *By steady, non-primary partner we mean a person with whom you have had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".*

3. Casual partner?

- *By casual partner we mean a person with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.*

4. Exchange or trade partner?

- *By exchange or trade partner we mean a person you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.*

5. Anonymous partner?

- *By anonymous partner we mean a person you hooked up with just to have anal sex and you don't know or don't remember his first and last name.*

Page Break

Question: ACLMPS

Required

Show if: (ACLMP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



30. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMAGN

Scale Summary		
Code	Label	Show-If
1	1. less than 20 years old	
2	2. 21-25	
3	3. 26-30	
4	4. 31-35	
5	5. 36-40	
6	6. 41-50	
7	7. 51-60	
8	8. 61-70	
9	9. more than 70	
10	10. Don't know	

 31. How old was this person when you had anal sex with him?

- 1. less than 20 years old
- 2. 21-25
- 3. 26-30
- 4. 31-35
- 5. 36-40
- 6. 41-50
- 7. 51-60
- 8. 61-70
- 9. more than 70
- 10. Don't know

Page Break


Question: ACLMAGNS

Required

Show if: (ACLMAGN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 32. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMPR

 33. Mark **all** of the terms below that describe this partner.

- 1. Black, African American, Caribbean Black, multiethnic Black
- 2. Hispanic/Latino
- 3. Asian/Pacific Islander
- 4. Native American
- 5. White
- 6. Other
- 7. Don't know

Page Break

Question: ACLMPRS

Required

Show if: (ACLMPS is-none-of [1. Black, African American, Caribbean Black, multiethnic Black] or [2. Hispanic/Latino] or [3. Asian/Pacific Islander] or [4. Native American] or [5. White] or [6. Other] or [7. Don't know])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




34. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMHLG**Scale Summary**

Code	Label	Show-If
1	1. Never before this last time	
2	2. Less than a week	
3	3. More than a week but less than a month	
4	4. One to six months	
5	5. Seven to 12 months	
6	6. More than a year	

 35. How long had you been having anal sex with this person before this last time?

- 1. Never before this last time
- 2. Less than a week
- 3. More than a week but less than a month
- 4. One to six months
- 5. Seven to 12 months
- 6. More than a year

Page Break


Question: ACLMHLGS

Required

Show if: (ACLMHLG was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 36. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMMET		
Scale Summary		
Code	Label	Show-If
1	1. Bar, nightclub or dance club	
2	2. Gym or health club	
3	3. Cafe or restaurant	
4	4. Community based organization (CBO), meal program, AIDS organization, advocacy organization	
5	5. Work, school	
6	6. Political function	
7	7. Religious organization	
8	8. Your own or friend's party or house	
9	9. Circuit party or rave	
10	10. Internet	
11	11. Telephone chat line	
12	12. Adult bookstore, video store or adult theater	
13	13. Bath house or sex club	
14	14. Sex party	
17	15. Event at Black Pride	
15	16. Other public place, such as public restroom, street, park, beach or public transportation	
16	17. Other	

 37. Where did you first meet this person? (check one)

- 1. Bar, nightclub or dance club
- 2. Gym or health club
- 3. Cafe or restaurant
- 4. Community based organization (CBO), meal program, AIDS organization, advocacy organization
- 5. Work, school
- 6. Political function
- 7. Religious organization
- 8. Your own or friend's party or house
- 9. Circuit party or rave
- 10. Internet
- 11. Telephone chat line
- 12. Adult bookstore, video store or adult theater
- 13. Bath house or sex club
- 14. Sex party
- 15. Event at Black Pride
- 16. Other public place, such as public restroom, street, park, beach or public transportation
- 17. Other

Page Break

Question: ACLMMETS

Required

Show if: (ACLMMET was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



38. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMHIV**Scale Summary**

Code	Label	Show-If
2	1. Positive	
1	2. Negative	
3	3. Don't know	

 39. What was the HIV status of this person?

- 1. Positive
- 2. Negative
- 3. Don't know

Page Break

Question: ACLMHIVS

Required

Show if: (ACLMHIV was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



40. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question: ACLMPOS

Show if: (ACLMHIV = 2: [1. Positive])

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 41. Did this person actually tell you he was HIV positive?

- 1. Yes
- 2. No

Page Break


Question: ACLMPOSS

Required

Show if: (ACLMHIV = 2: [1. Positive]) and (ACLMPOS was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 42. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question: ACLMNEG

Show if: (ACLMHIV = 1: [2. Negative])

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 43. Did this person actually tell you he was HIV negative?

- 1. Yes
- 2. No

Page Break


Question: ACLMNEGS

Required

Show if: (ACLMHIV = 1:[2. Negative]) and (ACLMNEG was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 44. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMDSC

Scale Summary		
Code	Label	Show-If
1	1. Yes, I told him I was HIV positive	
2	2. Yes, I told him I was HIV negative	
3	3. Yes, I told him I do not know my HIV status	
4	4. No, I didn't discuss it with him	



45. Did you discuss your HIV status with this person before you had sex?
(Choose one)

- 1. Yes, I told him I was HIV positive
- 2. Yes, I told him I was HIV negative
- 3. Yes, I told him I do not know my HIV status
- 4. No, I didn't discuss it with him

Page Break


Question: ACLMDSCS

Required

Show if: (ACLMDSC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 46. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMTP

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	



47. The **last time** you had anal sex, did you **top** your partner, where your penis was in his anus at anytime? This would be with or without a condom and with or without ejaculation.

1. Yes

2. No

Page Break


Question: ACLMTPS

Required

Show if: (ACLMTP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 48. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question: ACLMTPC

Show if: (ACLMTP = 1: [1. Yes])

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 49. When you topped your partner the last time you had sex, did you use a condom?

1. Yes

2. No

Page Break


Question: ACLMTPCS

Required

Show if: (ACLMTPC was-not-answered) and (ACLMTP = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 50. You didn't answer the previous question. Please go back or click "I prefer not to answer."


I prefer not to answer

Page Break

Question: ACLMBT

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 51. The **last time** you had anal sex, were you the **bottom** where his penis was in your anus at anytime? This would be with or without a condom and with or without ejaculation?

- 1. Yes
- 2. No

Page Break


Question: ACLMBTS

Required

Show if: (ACLMBT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 52. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question: ACLMBTC

Show if: (ACLMBT = 1: [1. Yes])

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 53. When you were the bottom the last time you had sex, did your partner use a condom?

1. Yes

2. No

Page Break


Question: ACLMBTCS

Required

Show if: (ACLMBT = 1:[1. Yes]) and (ACLMBTC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 54. You didn't answer the previous question. Please go back or click "I prefer not to answer."


I prefer not to answer

Page Break

Question: ACLMBAL

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 55. The **last time** you had anal sex, were **you** buzzed or drunk on alcohol?

- 1. Yes
- 2. No

Page Break


Question: ACLMBALS

Required

Show if: (ACLMBAL was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 56. You didn't answer the previous question. Please go back or click "I prefer not to answer."


I prefer not to answer

Page Break

Question: ACLMDG

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 57. The **last time** you had anal sex, did you use any drugs within a two hour period or during the time you had sex?

- 1. Yes
- 2. No

Page Break


Question: ACLMDGS

Required

Show if: (ACLMDG was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 58. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMWD

Show if: (ACLMDG = 1:[1. Yes])



59. Which of these drugs were you using the **last time** you had anal sex?
(Check all that apply)

-
- 1. Marijuana
- 2. Inhaled nitrites, poppers
- 3. Smoked cocaine, crack, freebase
- 4. Powder cocaine, coke
- 5. Methamphetamine (crystal, tina, speed)
- 6. Anabolic Steroids/Male Hormones, testosterone
- 7. Female Hormones
- 8. Heroin
- 9. Non-prescribed Vicodin, Oxycontin, Xanes
- 10. Unprescribed Viagra, Cialis or Levitra
- 11. Party Drugs
- 12. ANY of the following: Ketamine/Special K, MDMA (ecstasy, X, XTC),
GHB, GBL (BD, G), PCP alone or with marijuana (dust, dipper), id,
mushrooms or any other hallucinogen (LSD, shrooms)

Page Break

Question: ACLMWDS

Required

Show if: (ACLMDG = 1:[1. Yes]) and (ACLMWD is-none-of [1. Marijuana] or [2. Inhaled nitrites, poppers] or [3. Smoked cocaine, crack, freebase] or [4. Powder cocaine, coke] or [5. Methamphetamine (crystal, tina, speed)] or [6. Anabolic Steroids/Male Hormones, testosterone] or [7. Female Hormones] or [8. Heroin] or [9. Non-prescribed Vicodin, Oxycontin, Xanes] or [10. Unprescribed Viagra, Cialis or Levitra] or [11. Party Drugs] or [12. ANY of the following: Ketamine/Special K, MDMA (ecstasy, X, XTC), GHB, GBL (BD, G), PCP alone or with marijuana (dust, dipper), id, mushrooms or any other hallucinogen (LSD, shrooms)])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



60. You didn't answer the previous question. Please go back or click "I prefer not to answer."


I prefer not to answer

Page Break

Question: ACLMXRN

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 61. The **last time** you had anal sex, did he **give you** money, drugs, other goods or a place to stay to have sex with him?

- 1. Yes
- 2. No

Page Break


Question: ACLMXRNS

Required

Show if: (ACLMXRN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 62. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACLMXGN

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	



63. The **last time** you had anal sex, did you **give him** money, drugs or other goods or a place to stay to have sex with you?

- 1. Yes
- 2. No

Page Break


Question: ACLMSGNS

Required

Show if: (ACLMXGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 64. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: MALEP1_LENOTPRM_HIVPOS

Contains: ACMLEPT, ACMLEPTS, ACMLEPTC, ACLEPTCS, ACMLEPB, ACMLEPBS, ACMLEPBC, ACMLEPBCS

Show if: (TOTAL_MALE_PRTNRS = 1) and ((ACLMP is-any-of 2: [2. Steady, non-primary partner? By steady, non-primary partner we mean a person with whom you have had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".] or 3: [3. Casual partner? By casual partner we mean a person with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.] or 4: [4. Exchange or trade partner? By exchange or trade partner we mean a person you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.] or 5: [5. Anonymous partner? By anonymous partner we mean a person you hooked up with just to have anal sex and you don't know or don't remember his first and last name.]) or (ACLMP was-not-answered)) and (ACLMHIV = 2: [1. Positive])

Question: ACMLEPT



65. During the last 6 months, how many times did you top this male partner, when your penis was in his anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break


Question: ACMLEPTS

Required

Show if: (ACMLEPT was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 66. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMLEPTC
Show if: (ACMLEPT > 0)

 67. Of the times you topped this male partner in the last 6 months, how many times did you use a condom?

Page Break


Question: ACLEPTCS

Required

Show if: (ACMLEPTC was-not-answered) and (ACMLEPT > 0)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 68. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMLEPB

-  69. During the last 6 months, how many times were you a bottom with this male partner, when his penis was in your anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break


Question: ACMLEPBS

Required

Show if: (ACMLEPB was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 70. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMLEPBC
Show if: (ACMLEPB > 0)



71. Of the times you were a bottom with this male partner in the last 6 months, how many times did he use a condom?

Page Break


Question: ACMLEPBCS

Required

Show if: (ACMLEPBC was-not-answered) and (ACMLEPB > 0)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 72. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: HAVE_MALE_PRIM_PRTNR

Contains: ACPMYN, ACPMYNS

Show if: ((TOTAL_MALE_PRTNRS > 1) and (ACLMP is-any-of 2:[2. Steady, non-primary partner? By steady, non-primary partner we mean a person with whom you have had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".] or 3:[3. Casual partner? By casual partner we mean a person with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.] or 4:[4. Exchange or trade partner? By exchange or trade partner we mean a person you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.] or 5:[5. Anonymous partner? By anonymous partner we mean a person you hooked up with just to have anal sex and you don't know or don't remember his first and last name.])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP was-not-answered))


The next set of questions asks about male sex partners, including transgender partners you consider to be male partners.



Question: ACPMYN

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 73. Were you in a primary relationship with a male sexual partner in the last 6 months? This would be a man you have lived with or have seen a lot, **with whom you have had anal sex** and to whom you have felt a special emotional commitment.

- 1. Yes
- 2. No

Page Break


Question: ACPMYNS

Required

Show if: (ACPMYN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 74. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: MORE_THAN_1_MALE_PRIMPRTNR


Contains: ACGT1PM, ACGT1PMS, LENOTPRIM_PRIM_QUESTIONS

Show if: ((TOTAL_MALE_PRTNRS > 1) and (ACLMP = 1: [1. Primary or main partner? By primary or main partner we mean a person that you have lived with or have seen a lot, whom you have had anal sex with, and to whom you have felt a special emotional commitment.])) or ((TOTAL_MALE_PRTNRS > 1) and (ACPMYN = 1: [1. Yes]))

Question: ACGT1PM

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 75. Have you had more than one male primary partner in the last 6 months?

- 1. Yes
- 2. No

Page Break


Question: ACGT1PMS

Required

Show if: (ACGT1PM was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 76. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: LENOTPRIM_PRIM_QUESTIONS

Contains: ACPMAGN, ACPMAGNS, ACP, ACPS, ACPMHLG, ACPMHLGS, ACPMHIV, ACPMHIVS

Show if: ((TOTAL_MALE_PRTNRS > 1) and (ACLMP is-any-of 2:[2. Steady, non-primary partner? By steady, non-primary partner we mean a person with whom you have had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".] or 3:[3. Casual partner? By casual partner we mean a person with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.] or 4:[4. Exchange or trade partner? By exchange or trade partner we mean a person you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.] or 5:[5. Anonymous partner? By anonymous partner we mean a person you hooked up with just to have anal sex and you don't know or don't remember his first and last name.]) and (ACPMYN = 1:[1. Yes])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP was-not-answered) and (ACPMYN = 1:[1. Yes]))


The next questions are about your primary partner that you most recently had sex with.



Page Break

Question: ACPMAGN

Scale Summary		
Code	Label	Show-If
1	1. less than 20 years old	
2	2. 21-25	
3	3. 26-30	
4	4. 31-35	
5	5. 36-40	
6	6. 41-50	
7	7. 51-60	
8	8. 61-70	
9	9. more than 70	
10	10. Don't Know	

 77. How old is this primary partner?

- 1. less than 20 years old
- 2. 21-25
- 3. 26-30
- 4. 31-35
- 5. 36-40
- 6. 41-50
- 7. 51-60
- 8. 61-70
- 9. more than 70
- 10. Don't Know

Page Break


Question: ACPMAGNS

Required

Show if: (ACPMAGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 78. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACP

 79. Mark **ALL** of the terms below that describe this primary partner.

- 1. Black, African American, Caribbean Black, multiethnic Black
- 2. Hispanic/Latino
- 3. Asian/Pacific Islander
- 4. Native American
- 5. White
- 6. Other
- 7. Don't know

Page Break

Question: ACPS

Required

Show if: (ACP is-none-of [1. Black, African American, Caribbean Black, multiethnic Black] or [2. Hispanic/Latino] or [3. Asian/Pacific Islander] or [4. Native American] or [5. White] or [6. Other] or [7. Don't know])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



80. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPMHLG**Scale Summary**

Code	Label	Show-If
1	1. Less than a week	
2	2. More than a week but less than a month	
3	3. One to six months	
4	4. Seven to 12 months	
5	5. More than a year	

 81. How long have you been having anal sex with this primary partner?

- 1. Less than a week
- 2. More than a week but less than a month
- 3. One to six months
- 4. Seven to 12 months
- 5. More than a year

Page Break


Question: ACPMHLGS

Required

Show if: (ACPMHLG was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 82. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPMHIV**Scale Summary**

Code	Label	Show-If
1	1. Negative	
2	2. Positive	
3	3. Don't know	



83. What is the HIV status of this primary partner?

- 1. Negative
- 2. Positive
- 3. Don't know

Page Break


Question: ACPMHIVS

Required

Show if: (ACPMHIV was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 84. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Page Break



Collection: MORE_MALE_PRIM_PRTNR

Contains: ACLVTG, ACLVTGS, ACPMTPN, ACPMTPNS, ACPMTCN, ACPMTCNS, ACPMBTN, ACPMBTNS, ACPMBCN, ACPMBCNS, ACPMHOT, ACPMHOTS, MORE_MALE_PRIM_PARTGE1

Show if: ((TOTAL_MALE_PRTNRS = 1) and (ACLMP = 1: [1. Primary or main partner? By primary or main partner we mean a person that you have lived with or have seen a lot, whom you have had anal sex with, and to whom you have felt a special emotional commitment.])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP = 1: [1. Primary or main partner? By primary or main partner we mean a person that you have lived with or have seen a lot, whom you have had anal sex with, and to whom you have felt a special emotional commitment.])) and (ACGT1PM = 2: [2. No])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP = 1: [1. Primary or main partner? By primary or main partner we mean a person that you have lived with or have seen a lot, whom you have had anal sex with, and to whom you have felt a special emotional commitment.])) and (ACGT1PM = 1: [1. Yes])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP is-any-of 2: [2. Steady, non-primary partner? By steady, non-primary partner we mean a person with whom you have had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".] or 3: [3. Casual partner? By casual partner we mean a person with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.] or 4: [4. Exchange or trade partner? By exchange or trade partner we mean a person you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.] or 5: [5. Anonymous partner? By anonymous partner we mean a person you hooked up with just to have anal sex and you don't know or don't remember his first and last name.])) and (ACPMYN = 1: [1. Yes])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP was-not-answered) and (ACPMYN = 1: [1. Yes])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP = 1: [1. Primary or main partner? By primary or main partner we mean a person that you have lived with or have seen a lot, whom you have had anal sex with, and to whom you have felt a special emotional commitment.])) and (ACGT1PM was-not-answered))

We are going to ask you a few more questions about the primary partner you most recently had anal sex with.




Page Break

Question: ACLVTG

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 85. Do you and this primary partner currently live together most of the time?

1. Yes

2. No

Page Break


Question: ACLVTGS

Required

Show if: (ACLVTG was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 86. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPMTPN

-  87. During the last 6 months, how many **times** did you top your primary partner when your penis was in his anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break


Question: ACPMTPNS

Required

Show if: (ACPMTPN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 88. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPMTCN
Show if: (ACPMPN > 0)

 89. Of the **times** you topped your primary partner over the last 6 months, how many **times** did you use a condom?

Page Break


Question: ACPMTCNS

Required

Show if: (ACPMTCN was-not-answered) and (ACPMTPN > 0)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 90. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPMBTN

-  91. During the last 6 months, how many **times** were you a bottom with your primary partner when his penis was in your anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break

Question: ACPMBTNS

Required

Show if: (ACPMBTN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




92. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPMBCN
Show if: (ACPMBTN > 0)

 93. Of the **times** you were a bottom with your primary partner over the last 6 months, how many **times** did your partner use a condom?

Page Break


Question: ACPMBCNS

Required

Show if: (ACPMBCN was-not-answered) and (ACPMBTN > 0)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 94. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPMHOT

Scale Summary		
Code	Label	Show-If
1	1. Definitely did not	
2	2. Probably did not	
3	3. Probably did	
4	4. Definitely did	

 95. As far as you know, during the time he was your primary partner, did he have anal sex with other men?

- 1. Definitely did not
- 2. Probably did not
- 3. Probably did
- 4. Definitely did

Page Break


Question: ACPMHOTS

Required

Show if: (ACPMHOT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 96. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: MORE_MALE_PRIM_PARTGE1

Contains: ACPMUOT, ACPMUOTS


Show if: ((TOTAL_MALE_PRTNRS > 1) and (ACLMP = 1:[1. Primary or main partner? By primary or main partner we mean a person that you have lived with or have seen a lot, whom you have had anal sex with, and to whom you have felt a special emotional commitment.])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP is-any-of 2:[2. Steady, non-primary partner? By steady, non-primary partner we mean a person with whom you have had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".] or 3:[3. Casual partner? By casual partner we mean a person with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.] or 4:[4. Exchange or trade partner? By exchange or trade partner we mean a person you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.] or 5:[5. Anonymous partner? By anonymous partner we mean a person you hooked up with just to have anal sex and you don't know or don't remember his first and last name.] and (ACPMYN = 1:[1. Yes])) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP was-not-answered) and (ACPMYN = 1:[1. Yes]))

Question: ACPMUOT

Show if: (TOTAL_MALE_PRTNRS > 1)

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 97. During the last 6 months, have you had anal sex with other men during the same time period that he was your primary partner?

- 1. Yes
- 2. No

Page Break


Question: ACPMUOTS

Required

Show if: (ACPMUOT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 98. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

You have reached the end of Part 2 of this survey.

If you would like to change any of your answers for Part 2, please go back and do so now.

When you are ready, click the "Next" button to go on to the next part of the survey.



Page Break


Jump-To: JMP1
Description:
Jump-To-Item: End and Submit

Powered by DatStat

0% Complete of Part 3

Collection: LOGIN
Contains: CUSTOMID

Question: CUSTOMID
Required

 Please enter the participant ID

Survey Part 3

Page Break

Collection: MALE_PRTNRS_OTHER

Contains: ACMVYN, ACMVNEG, ACMVUN, ACM1CK, ACM2CK

Show if: (TOTAL_MALE_PRTNRS > 1)

At the beginning of the interview, you told us you had sex with men (male partners and transgender partners you think of as men) in the last 6 months.



Page Break

You already told us about the male partner that you most recently had anal sex with. Now we would like to know about the other **remaining male partners**, including transgender partners you think of as male, that you had ANAL sex with.



Page Break


You already told us about 1 male partner that you most recently had anal sex with and a primary male partner. Now we would like to know about the other **remaining male partners**, including transgender partners you think of as male, that you had ANAL sex with.



Page Break

Of these **male partners...**


Question: ACMVYN
Required

 1. How many do you believe were HIV positive?

Question: ACMVNEG
Required

 2. How many were HIV negative?

Question: ACMVUN
Required

 3. How many had an HIV status that you did not know or were unsure?

Page Break

Question: ACM1CK

Minimum checks: 1

Maximum checks: 1

Show if: (((TOTAL_MALE_PRTNRS > 1) and (ACLMP = 1)) or ((TOTAL_MALE_PRTNRS > 1) and ((ACLMP = 2) or (ACLMP = 3) or (ACLMP = 4) or (ACLMP = 5)) and (ACPMYN = 2)) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP was-not-answered) and (ACPMYN was-not-answered)) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP was-not-answered) and (ACPMYN = 2)) or ((TOTAL_MALE_PRTNRS > 1) and ((ACLMP = 2) or (ACLMP = 3) or (ACLMP = 4) or (ACLMP = 5)) and (ACPMYN was-not-answered))) and (MALE_MINUS1_HIVSTAT_CHK ≠ 0)



4. For the questions on the previous page, the **number of men whose HIV status** you reported:

is not the same as your total male partners minus the 1 male partner with whom you most recently had sex:

Please go back and change your answers to the questions on the previous page so that the HIV status total is the same as your total male partners minus the one partner with whom you most recently had anal sex () or you can also click "I prefer not to change my answers."

I prefer not to correct my answers.

Page Break

Question: ACM2CK

Minimum checks: 1

Maximum checks: 1

Show if: (((TOTAL_MALE_PRTNRS > 1) and ((ACLMP = 2) or (ACLMP = 3) or (ACLMP = 4) or (ACLMP = 5)) and (ACPMYN = 1)) or ((TOTAL_MALE_PRTNRS > 1) and (ACLMP was-not-answered) and (ACPMYN = 1))) and (MALE_MINUS2_HIVSTAT_CK ≠ 0)



5. For the questions on the previous page, the **number of men whose HIV status** you reported:

is not the same as your total male partners minus the 2 male partners you already told us about:

Please go back and change your answers to the questions on the previous page so that the HIV status total is the same as your total male partners minus the 2 partners you already told us about including the partner with whom you most recently had anal sex and a primary partner () or you can also click "I prefer not to change my answers."

I prefer not to correct my answers.

Page Break

Collection: MALE_POS_PRTNRS

Contains: ACPRC, ACPRCS, ACPRCK, ACPP, ACPPS, ACPPCK, ACMVY6N, ACMVY6NS, ACVYTN, ACVYTNS, ACVYTCN, ACVYTCNS, ACVYBN, ACVYBNS, ACVYBCN, ACVYBCNS, ACVYXRN, ACVYXRNS, ACVYXGN, ACVYXGNS

Show if: (ACMVYN > 0)

The following questions relate to your **HIV positive male partners** of the last 6 months.



Question Block: ACPRC

Contains: BLKN, LATN, ASN, INDN, WHTN, OTHN, DKN

Required



6. How many of your **HIV positive male partners** can be described by the following terms?

(Although a partner may fit into more than one category, choose the one best term for each partner so that he isn't counted twice. Enter the number 0 for any category that does not apply instead of leaving it blank.)

(a) Black, African American, Caribbean Black, multiethnic Black	<input type="text"/>
(b) Hispanic/Latino	<input type="text"/>
(c) Asian/Pacific Islander	<input type="text"/>
(d) Native American	<input type="text"/>
(e) White	<input type="text"/>
(f) Other	<input type="text"/>
(g) Don't know	<input type="text"/>

Page Break


Question: ACPRCS

Required

Show if: (BLKN was-not-answered) and (LATN was-not-answered) and (ASN was-not-answered) and (INDN was-not-answered) and (WHTN was-not-answered) and (OTHN was-not-answered) and (DKN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 7. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPRCK
Minimum checks: 1
Maximum checks: 1
Show if: (MALEPOS_RACE_TOT_CHK ≠ 0)

 8. For the questions on the previous page, the number of **men whose race you reported:**

is not the same as your **total HIV positive male partners:**

.

Please go back and change your answers to the questions on the previous page so that the total is the same as the total HIV positive male partners you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to correct my answers

Page Break

Question Block: ACPP

Contains: ACMVYPN, ACMVYNN, ACMVYCN, ACMVYXN, ACMVYUN

Required

 9. Of these **HIV positive men**, how many would you classify as:

(Although a partner may fit into more than one category, choose the one best term for each partner so that he isn't counted twice. Enter the number 0 for any category that does not apply instead of leaving it blank.)

(a) Other primary or main partners? This would be someone that you have lived with or seen a lot, with whom you have had anal sex, and to whom you have felt a special emotional committmant.	<input type="text"/> # partners
(b) Steady, non-primary partners? This would be a partner with whom you had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".	<input type="text"/> # partners
(c) Casual partners? This would be a partner with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.	<input type="text"/> # partners
(d) Exchange or trade partners? This would be someone you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.	<input type="text"/> # partners
(e) Anonymous partner? This would be someone you hooked up with to have anal sex, like at a park, other venue or by the Internet and you don't know or don't remember his first and last names.	<input type="text"/> # partners

Page Break


Question: ACPPS

Required

Show if: (ACMVYPN was-not-answered) and (ACMVYNN was-not-answered) and (ACMVYCN was-not-answered) and (ACMVYXN was-not-answered) and (ACMVYUN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 10. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPPCK
Minimum checks: 1
Maximum checks: 1
Show if: (MALEPOS_PART_TOT_CHK ≠ 0)

 11. For the questions on the previous page, the number of **men whose partner type you reported:**

○

is not the same as your **total HIV positive male partners:**

○.

Please go back and change your answers to the questions on the previous page so that the total is the same as the total HIV positive male partners you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to correct my answers

Page Break

Question: ACMVY6N

 12. How many of these **HIV positive men** did you have **anal** sex with for the first time in the last 6 months?

Page Break


Question: ACMVY6NS

Required

Show if: (ACMVY6N was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 13. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVYTN

-  14. During the last 6 months, how many times did you top these **HIV positive men**, when your penis was in their anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break


Question: ACVYTNS

Required

Show if: (ACVYTN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 15. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVYTCN
Show if: (ACVYTN > 0)

 16. Of the **times** you topped these HIV positive men in the last 6 months, how many times did you use a condom?

Page Break


Question: ACVYTCNS

Required

Show if: (ACVYTCN was-not-answered) and (ACVYTN > 0)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 17. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVYBN

-  18. During the last 6 months, how many **times** were you a bottom with these HIV positive men, when their penis was in your anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break


Question: ACVYBNS

Required

Show if: (ACVYBN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 19. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVYBCN
Show if: (ACVYBN > 0)

 20. Of the **times** you were a bottom with these men in the last 6 months, how many times did they use a condom?

Page Break


Question: ACVYBCNS

Required

Show if: (ACVYBCN was-not-answered) and (ACVYBN > 0)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 21. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVYXRN

 22. How many of these **HIV positive men** gave **you** money, drugs, other goods or a place to stay for sex?

Page Break


Question: ACVYXRNS

Required

Show if: (ACVYXRN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 23. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVYXGN

 24. How many of these **HIV positive men** did you give money, drugs, other goods or a place to stay for sex?

Page Break


Question: ACVYXGNS

Required

Show if: (ACVYXGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 25. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: MALE_PRTNER_HIV_UNKWN

Contains: ACUR, ACURS, ACURCK, ACUP, ACUPS, ACUPCK, ACMVU6N, ACMVU6NS, ACVUTN, ACVUTNS, ACVUTCN, ACVUTCNS, ACMVUBN, ACMVUBNS, ACMUBCN, ACMUBCNS, ACVUXRN, ACVUXRNS, ACVUXGN, ACVUXGNS

Show if: (ACMVUN > 0)

The following questions relate to your **male partners** of the last 6 months whose **HIV status you did not know or were unsure of**.



Question Block: ACUR

Contains: BLKNU, LATNU, ASNU, INDNU, WHTNU, OTHNU, DKNU

Required



26. How many of your **male partners of unknown HIV status** in the last 6 months can be described by the following terms?

(Although a partner may fit into more than one category, choose the one best term for each partner so that he isn't counted twice. Enter the number 0 for any category that does not apply instead of leaving it blank.)

(a) Black, African American, Caribbean Black, multiethnic Black	<input type="text"/>
(b) Hispanic/Latino	<input type="text"/>
(c) Asian/Pacific Islander	<input type="text"/>
(d) Native American	<input type="text"/>
(e) White	<input type="text"/>
(f) Other	<input type="text"/>
(g) Don't know	<input type="text"/>

Page Break

Question: ACURS

Required

Show if: (BLKNU was-not-answered) and (LATNU was-not-answered) and (ASNU was-not-answered) and (INDNU was-not-answered) and (WHTNU was-not-answered) and (OTHNU was-not-answered) and (DKNU was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




27. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACURCK
Minimum checks: 1
Maximum checks: 1
Show if: (MALEUNK_RACE_TOT_CHK ≠ 0)

 28. For the questions on the previous page, the number of **men whose race you reported:**

is not the same as your **total male partners of unknown HIV status:**

.

Please go back and change your answers to the questions on the previous page so that the total is the same as the total male partners of unknown HIV status you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to correct my answers

Page Break

Question Block: ACUP

Contains: ACMVUPN, ACMVUNN, ACMVUCN, ACMVUXN, ACMVUUN

Required

 29. Of these men, how many would you classify as:

Although a partner may fit into more than one category, choose the one best term for each partner so that he isn't counted twice. Enter the number 0 for any category that does not apply instead of leaving it blank.)

(a) Other primary or main partners? This would be someone that you have lived with or have seen a lot, with whom you have had anal sex, and to whom you have felt a special emotional commitment.	<input type="text"/>
(b) Steady, non-primary partners? This would be a partner with whom you had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".	<input type="text"/>
(c) Casual partners? This would be a partner with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.	<input type="text"/>
(d) Exchange or trade partners? This would be someone you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.	<input type="text"/>
(e) Anonymous partners? This would be someone you hooked up with to have anal sex, like at a park, other venue or by the Internet and you don't know or don't remember his first and last names.	<input type="text"/>

Page Break


Question: ACUPS

Required

Show if: (ACMVUPN was-not-answered) and (ACMVUNN was-not-answered) and (ACMVUCN was-not-answered) and (ACMVUXN was-not-answered) and (ACMVUUN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 30. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACUPCK
Minimum checks: 1
Maximum checks: 1
Show if: (MALEUNK_PART_TOT_CHK ≠ 0)

 31. For the questions on the previous page, the number of men whose **partner type you reported:**

()

is **not the same** as your **total male partners of unknown HIV status:**

()

Please go back and change your answers to the questions on the previous page so that the total is the same as the total male partners of unknown HIV status you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to correct my answers

Page Break

Question: ACMVU6N

 32. How many of these **men of unknown HIV status** did you have sex with for the first time in the last 6 months?

Page Break


Question: ACMVU6NS

Required

Show if: (ACMVU6N was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 33. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVUTN

-  34. During the last 6 months, how many **times** did you top these men of unknown HIV status, when your penis was in their anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break


Question: ACVUTNS

Required

Show if: (ACVUTN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 35. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVUTCN
Show if: (ACVUTN > 0)

 36. Of the **times** you topped these men of unknown HIV status, how many times did you use a condom?

Page Break


Question: ACVUTCNS

Required

Show if: (ACVUTN > 0) and (ACVUTCN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 37. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMVUBN

-  38. During the last 6 months, how many **times** were you a bottom with these men of unknown HIV status, when their penis was in your anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break

Question: ACMVUBNS

Required

Show if: (ACMVUBN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




39. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACMUBCN

Show if: (ACMVUBN > 0)

 40. Of the **times** you were a bottom with these men of unknown HIV status, how many times did they use a condom?

Page Break


Question: ACMUBCNS

Required

Show if: (ACMUBCN was-not-answered) and (ACMVUBN > 0)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 41. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVUXRN

 42. How many of these **men of unknown HIV status** gave you money, drugs, other goods or a place to stay for sex?

Page Break


Question: ACVUXRNS

Required

Show if: (ACVUXRN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 43. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVUXGN

 44. How many of these **men of unknown HIV status** did you give money, other goods or a place to stay for sex?

Page Break


Question: ACVUXGNS

Required

Show if: (ACVUXGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 45. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: MALE_PARTNRS_NEG

Contains: ACNR, ACNRS, ACNRCK, ACNP, ACNPS, ACNPCK, ACMVN6N, ACMVN6NS, ACVNTN, ACVNTNS, ACVNTCN, ACVNTCNS, ACVNB, ACVNBNS, ACVNBCN, ACVNBCNS, ACVNXRN, ACVNXRNS, ACVN XGN, ACVN XGNS

Show if: (ACMVNEG > 0)

The following questions relate to your **male HIV negative partners**.



Question Block: ACNR

Contains: BLKNG, LATNG, ASNG, INDNG, WHTNG, OTHNG, DKNG

Required



46. How many of your **HIV negative male partners** can be described by the following terms?

(Although a partner may fit into more than one category, choose the one best term for each partner so that he isn't counted twice. Enter the number 0 for any category that does not apply instead of leaving it blank.)

(a) Black, African American, Caribbean Black, multiethnic Black	<input type="text"/>
(b) Hispanic/Latino	<input type="text"/>
(c) Asian/Pacific Islander	<input type="text"/>
(d) Native American	<input type="text"/>
(e) White	<input type="text"/>
(f) Other	<input type="text"/>
(g) Don't know	<input type="text"/>

Page Break


Question: ACNRS

Required

Show if: (BLKNG was-not-answered) and (LATNG was-not-answered) and (ASNG was-not-answered) and (INDNG was-not-answered) and (WHTNG was-not-answered) and (OTHNG was-not-answered) and (DKNG was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 47. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACNRCK
Minimum checks: 1
Maximum checks: 1
Show if: (MALENEG_RACE_TOT_CHK ≠ 0)

 48. For the questions on the previous page, the number of men whose **race you reported:**

is not the same as your **total HIV negative male partners:**

Please **go back** and change your answers to the questions on the previous page so that the race total is the same as your total HIV negative male partners () or you can also click "I prefer not to change my answers."

I prefer not to correct my answers

Page Break

Question Block: ACNP

Contains: ACNPP, ACNPN, ACNPC, ACNPX, ACNPA

Required

 49. Of these **HIV negative men**, how many would you classify as:

(Although a partner may fit into more than one category, choose the one best term for each partner so that he isn't counted twice. Enter the number 0 for any category that does not apply instead of leaving it blank.)

(a) Other primary or main partners? This would be someone that you have lived with or seen a lot, with whom you have had anal sex, and to whom you have felt a special emotional committmant.	<input type="text"/> # partners
(b) Steady, non-primary partners? This would be a partner with whom you had anal sex with at least several times, but don't consider your primary partner. Some people call these men "fuckbuddies" or "friends with benefits".	<input type="text"/> # partners
(c) Casual partners? This would be a partner with whom you had anal sex but don't feel committed to or don't know very well, but you know their first and last name.	<input type="text"/> # partners
(d) Exchange or trade partners? This would be someone you had anal sex with in exchange for something like cash, drugs, a meal or a place to stay.	<input type="text"/> # partners
(e) Anonymous partner? This would be someone you hooked up with to have anal sex, like at a park, other venue or by the Internet and you don't know or don't remember his first and last names.	<input type="text"/> # partners

Page Break

Question: ACNPS

Required

Show if: (ACNPP was-not-answered) and (ACNPN was-not-answered) and (ACNPC was-not-answered) and (ACNPX was-not-answered) and (ACNPA was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




50. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACNPCK
Minimum checks: 1
Maximum checks: 1
Show if: (MALENEG_PART_TOT_CHK ≠ 0)

 51. For the questions on the previous page, the number of **men whose partner type you reported:**

is not the same as your **total HIV negative male partners:**

.

Please **go back** and change your answers to the questions on the previous page so that the type of partner total is the same as your total HIV negative male partners () or you can also click "I prefer not to change my answers."

I prefer not to correct my answers

Page Break

Question: ACMVN6N

 52. How many of these **HIV negative men** did you have sex with for the first time in the last 6 months?

Page Break


Question: ACMVN6NS

Required

Show if: (ACMVN6N was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 53. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVNTN

-  54. During the last 6 months, how many times did you top these **HIV negative men**, when your penis was in their anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break


Question: ACVNTNS

Required

Show if: (ACVNTN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 55. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVNTCN
Show if: (ACVNTN > 0)

 56. Of the **times** you topped these men in the last 6 months, how many times did you use a condom?

Page Break


Question: ACVNTCNS

Required

Show if: (ACVNTN > 0) and (ACVNTCN was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 57. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVNBN

-  58. During the last 6 months, how many **times** were you a bottom with these HIV negative men, when their penis was in your anus? This would be with or without a condom and with or without ejaculation.

[Click here for a calculator](#)

Page Break


Question: ACVNBNS

Required

Show if: (ACVNBNS was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 59. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVNBCN
Show if: (ACVNBN > 0)

 60. Of the **times** you were a bottom with these HIV negative men in the last 6 months, how many **times** did they use a condom?

Page Break


Question: ACVNBCNS

Required

Show if: (ACVNBN > 0) and (ACVNBCN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 61. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVNXRN

 62. How many of these **HIV negative men** gave you money, drugs, other goods or a place to stay for sex?

Page Break


Question: ACVNXRNS

Required

Show if: (ACVNXRN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 63. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACVN XGN

 64. How many of these **HIV negative men** did you give money, other goods or a place to stay for sex?

Page Break


Question: ACVNKGNS

Required

Show if: (ACVNKGNS was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 65. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: FEMALE_PRIMARY_PRTNR
Contains: ACPFYN, ACPFYNS, FEMALE_PRIM_PRTNR_MORE
Show if: (TOTAL_FEMALE_PARTNERS > 0)

At the beginning of the interview, you told us you had sex with female partner(s) and transgender partner(s) that you think of as women in the last 6 months.


The next set of questions asks about female sex partners, including transgender partners you consider to be female partners.



Question: ACPFYN

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 66. Were you in a primary relationship with a woman (or a transgender partner you think of as a woman) in the last 6 months? This would be a female partner you have lived with or have seen a lot, **have had vaginal or anal sex with**, and to whom you have felt a special emotional commitment.

- 1. Yes
- 2. No

Page Break


Question: ACPFYNS

Required

Show if: (ACPFYN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 67. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: FEMALE_PRIM_PRTNR_MORE

Contains: ACGT1PF, ACGT1PFS, ACPFAGN, ACPFAGNS, ACFR, ACFRS, ACPFHLG, ACPFHLGS, ACPFCOH, ACPFCOHS, ACPFHIV, ACPFHIVS, ACPFGN, ACPFGNS, ACPFGCN, ACPFGCNS, ACPFTPN, ACPFTPNS, ACPFTCN, ACPFTCNS, ACPFUOT, ACPFUOTS, ACPFOK, ACPFOKS, ACPFOKC, ACPFOKCS

Show if: (ACPFYN = 1:[1. Yes]) and (TOTAL_FEMALE_PARTNERS > 0)

Question: ACGT1PF

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	



68. Have you had more than one female primary partner in the last 6 months?

- 1. Yes
- 2. No

Page Break


Question: ACGT1PFS

Required

Show if: (ACGT1PF was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 69. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Please tell us about the female primary partner you most recently had vaginal or anal sex with in the last 6 months.



Page Break


Please tell us about the female primary partner you had vaginal or anal sex with in the last 6 months.



Page Break

Question: ACPFAGN**Scale Summary**

Code	Label	Show-If
1	1. less than 20 years old	
2	2. 21-25	
3	3. 26-30	
4	4. 31-35	
5	5. 36-40	
6	6. 41-50	
7	7. 51-60	
8	8. 61-70	
9	9. more than 70	
10	10. Don't know	

 70. How old is this partner?

- 1. less than 20 years old
- 2. 21-25
- 3. 26-30
- 4. 31-35
- 5. 36-40
- 6. 41-50
- 7. 51-60
- 8. 61-70
- 9. more than 70
- 10. Don't know

Page Break


Question: ACPFAGNS

Required

Show if: (ACPFAGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 71. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFR

 72. Mark **ALL** the terms below that describe this partner:

-
- 1. Black, African American, Caribbean Black, multiethnic Black
- 2. Hispanic/Latino
- 3. Asian/Pacific Islander
- 4. Native American
- 5. White
- 6. Other
- 7. Don't know

Page Break


Question: ACFRS

Required

Show if: (ACFR is-none-of [1. Black, African American, Caribbean Black, multiethnic Black] or [2. Hispanic/Latino] or [3. Asian/Pacific Islander] or [4. Native American] or [5. White] or [6. Other] or [7. Don't know])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 73. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFHLG

Scale Summary		
Code	Label	Show-If
1	1. Less than a week	
2	2. More than a week but less than a month	
3	3. One to six months	
4	4. Seven to 12 months	
5	5. More than a year	

 74. How long have you been having vaginal or anal sex with this partner?

- 1. Less than a week
- 2. More than a week but less than a month
- 3. One to six months
- 4. Seven to 12 months
- 5. More than a year

Page Break


Question: ACPFHLGS

Required

Show if: (ACPFHLG was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 75. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFCOH**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	

 76. Do you and this partner currently live together most of the time?

1. Yes

2. No

Page Break


Question: ACPFCOHS

Required

Show if: (ACPFCOH was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 77. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFHIV**Scale Summary**

Code	Label	Show-If
1	1. Negative	
2	2. Positive	
3	3. Don't know	

 78. What is the HIV status of this female partner?

- 1. Negative
- 2. Positive
- 3. Don't know

Page Break


Question: ACPFHIVS

Required

Show if: (ACPFHIV was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 79. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFGN

 80. During the last 6 months, how many **times** did you have vaginal or anal sex with this partner when your **penis** was in her vagina or anus? This would be with or without a condom and whether or not you ejaculated.

[Click here for a calculator](#)

Page Break

Question: ACPFGNS

Required

Show if: (ACPFGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




81. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFGCN
Show if: (ACPFGN > 0)

 82. How many of the **times** you had vaginal or anal sex with this partner in the last 6 months did you use a condom?

Page Break


Question: ACPFGCNS

Required

Show if: (ACPFGCN was-not-answered) and (ACPFGN > 0)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 83. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Some men have transgender partners with a penis who they think of as females. If the following question doesn't apply to you, please just respond with "0" times.

Question: ACPFTP

 84. During the last 6 months, how many times did you have anal sex with this partner when her **penis** was in your anus? This would be with or without a condom and whether or not she ejaculated.

[Click here for a calculator](#)

Page Break


Question: ACPFTPNS

Required

Show if: (ACPFTPNS was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 85. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFTCN
Show if: (ACPFTPN > 0)

 86. How many of the **times** you had anal sex with this partner when her penis was in your anus did **she** use a condom?

Page Break


Question: ACPFTCNS

Required

Show if: (ACPFTPN > 0) and (ACPFTCN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 87. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFUOT**Scale Summary**

Code	Label	Show-If
1	1. Yes, men only	
2	2. Yes, men and other women	
3	3. Yes, other women only	
4	4. No	

 88. During the last 6 months, have you had anal or vaginal sex with other people during the same time period that she was your primary partner?

- 1. Yes, men only
- 2. Yes, men and other women
- 3. Yes, other women only
- 4. No

Page Break


Question: ACPFUOTS

Required

Show if: (ACPFUOT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 89. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFOK**Scale Summary**

Code	Label	Show-If
1	1. Yes, we agreed it was okay	
2	2. No, we agreed it wasn't okay	
3	3. No, we never discussed it	

 90. Do (or did) you and this partner have an agreement that it's okay for you to have anal sex with men while you were in this relationship?

- 1. Yes, we agreed it was okay
- 2. No, we agreed it wasn't okay
- 3. No, we never discussed it

Page Break


Question: ACPFOKS

Required

Show if: (ACPFOK was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 91. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPFOKC**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	

 92. Do (or did) you and this partner have an agreement for you to use condoms if you had sex with men while you were in this relationship?

- 1. Yes
- 2. No

Page Break


Question: ACPFOKCS

Required

Show if: (ACPFOKC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 93. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: FEM_OTH_PRTNR_NOPRIM

Contains: ACFNPHV, ACWNPCHCK, ACFMR, ACFMRS, ACFMRCK, ACFMP, ACFMPS, ACFMPCK, ACF6N, ACF6NS, ACFGN, ACFGNS, ACFGCN, ACFGCNS, ACFXGN, ACFXGNS, ACFXGY, ACFXGYS

Show if: (TOTAL_FEMALE_PARTNERS > 0) and (ACPFYN ≠ 1:[1. Yes])

Now we would like to ask about the women who you had vaginal or anal sex with.

Question Block: ACFNPHV

Contains: ACWVYN, ACWVNEG, ACWVUN


Required

 94. Of these **female partners...**

(a) How many do you believe were HIV positive?	<input type="text"/> # of partners
(b) How many were HIV negative?	<input type="text"/> # of partners
(c) How many had an HIV status that you did not know or were unsure of?	<input type="text"/> # of partners

Page Break

Question: ACWNPCK
Minimum checks: 1
Maximum checks: 1
Show if: (FEM_OTHHIV_NOPRIM_CK ≠ 0)

 95. For the questions on the previous page, the number of **women whose HIV status you reported:**


is not the same as your **total female partners**

Please go back and change your answers to the questions on the previous page so that the total is the same as the total female partners you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to change my answers

Page Break

Question Block: ACFMR**Contains:** BLK, LAT, AS, IND, WHT, OTH, DK**Required**

 96. How many of these female partners can be described by the following terms?

(Although a partner may fit into more than one category, choose the one best term for each partner so that she isn't counted twice. Enter the number 0 for any category that does not apply instead of leaving it blank.)

(a) Black, African American, Caribbean Black, multiethnic Black	<input type="text"/>
(b) Hispanic/Latino	<input type="text"/>
(c) Asian/Pacific Islander	<input type="text"/>
(d) Native American	<input type="text"/>
(e) White	<input type="text"/>
(f) Other	<input type="text"/>
(g) Don't know	<input type="text"/>

Page Break


Question: ACFMRS

Required

Show if: (BLK was-not-answered) and (LAT was-not-answered) and (AS was-not-answered) and (IND was-not-answered) and (WHT was-not-answered) and (OTH was-not-answered) and (DK was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 97. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFMRCK
Minimum checks: 1
Maximum checks: 1
Show if: (FEM_OTHPRTNR_NOPRIM_RACE_CK ≠ 0)

 98. For the questions on the previous page, the **number of women whose race you reported:**


is not the same as your total female partners:

Please go back and change your answers to the questions on the previous page so that the total is the same as the total female partners you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to change my answers

Page Break

Question Block: ACFMP
Contains: PP, SN, CP, ET, AP
Required

 99. Of these female partners, how many would you classify as:

(a) Other primary or main partners? This would be someone that you have lived with or have seen a lot, have had vaginal or anal sex with and to whom you have felt a special emotional commitment.	# partners <input type="text"/>
(b) Steady, non-primary partners? This would be a partner with whom you had vaginal or anal sex with at least several times, but don't consider your primary partner.	# partners <input type="text"/>
(c) Casual partners? This would be a partner with whom you had vaginal or anal sex but don't feel committed to or don't know very well, but you know their first and last name.	# partners <input type="text"/>
(d) Exchange or trade partners? This would be a partner with whom you had vaginal or anal sex but don't feel committed to or don't know very well, but you know their first and last name.	# partners <input type="text"/>
(e) Anonymous partners? This would be someone you hooked up with to have vaginal or anal sex, like at a park, other venue or by the Internet and you don't know or don't remember her first and last names.	# partners <input type="text"/>

Page Break

Question: ACFMPS

Required

Show if: (PP was-not-answered) and (SN was-not-answered) and (CP was-not-answered) and (ET was-not-answered) and (AP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




100. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFMPCK
Minimum checks: 1
Maximum checks: 1
Show if: (FEM_OTHRPRTNR_NOPRIM_PTYPE_CK ≠ 0)

 101. For the questions on the previous page, the **number of women whose partner type you reported:**


is **not the same** as your **total female partners**

Please go back and change your answers to the questions on the previous page so that the total is the same as the total female partners you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to change my answers

Page Break

Question: ACF6N

 102. How many of these **women** did you have vaginal or anal sex with for the first time in the last 6 months?

Page Break


Question: ACF6NS

Required

Show if: (ACF6N was-not-answered)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 103. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFGN

 104. During the last 6 months, how many **times** did you have vaginal or anal sex with these **women** when your penis was in her vagina or anus? This would be with or without a condom and whether or not you ejaculated.

[Click here for a calculator](#)

Page Break

Question: ACFGNS

Required

Show if: (ACFGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




105. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFGCN
Show if: (ACFGN > 0)

 106. Of the **times** you had vaginal or anal sex with these female partners, how many times did you use a condom?

Page Break


Question: ACFGNS

Required

Show if: (ACFGCN was-not-answered) and (ACFGN > 0)

Scale Summary


Code	Label	Show-If
1	I prefer not to answer	

 107. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFXGN

 108. How many of these women did **YOU GIVE** money, drugs, other goods or a place to stay for sex?

Page Break

Question: ACFXGNS

Required

Show if: (ACFXGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



109. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFXGY

 110. How many of these women **GAVE YOU** money, drugs, other goods or a place to stay for sex?

Page Break

Question: ACFXGYS

Required

Show if: (ACFXGY was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



111. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: FEM_OTH_PRTNR_MINUSPRIM

Contains: ACFPHV, ACFPHCK, ACFPR, ACFPRS, ACFPRCK, ACFPP, ACFPPS, ACFPPCK, ACFPGN, ACFPGNS, ACFPPGN, ACFPPGNS, ACFPGCN, ACFPGCNS, ACFPXGN, ACFPXGNS, ACFPXGY, ACFXPGYS

Show if: (TOTAL_FEMALE_PARTNERS > 1) and (ACPFYN = 1:[1. Yes])

You already told us about a female primary partner. Now we would like to know about the other remaining women (woman), including transgender partners you think of as female, that you had ANAL sex with.



Question Block: ACFPHV

Contains: ACFHP, ACFPNEG, ACFPUNK


Required

 112. Of these female partners...

(a) How many do you believe were HIV positive?	<input type="text"/> # of partners
(b) How many were HIV negative?	<input type="text"/> # of partners
(c) How many had an HIV status that you did not know or were unsure of?	<input type="text"/> # of partners

Page Break

Question: ACFPHCK
Minimum checks: 1
Maximum checks: 1
Show if: (FPRMMNS1_HIV_TOT_CK ≠ 0)

 113. For the questions on the previous page, the number of **women whose HIV status you reported:**

is not the same as your **total female partners**


.

Please go back and change your answers to the questions on the previous page so that the total is the same as the total female partners you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to change my answers

Page Break

Question Block: ACFPR**Contains:** PBLK, PLAT, PAS, PIND, PWHT, POTH, PDK**Required**

 114. How many of these female partners can be described by the following terms?

(Although a partner may fit into more than one category, choose the one best term for each partner so that she isn't counted twice. Enter the number 0 for any category that does not apply instead of leaving it blank.)

(a) Black, African American, Caribbean Black, multiethnic Black	<input type="text"/>
(b) Hispanic/Latino	<input type="text"/>
(c) Asian/Pacific Islander	<input type="text"/>
(d) Native American	<input type="text"/>
(e) White	<input type="text"/>
(f) Other	<input type="text"/>
(g) Don't know	<input type="text"/>

Page Break

Question: ACFPRS

Required

Show if: (PBLK was-not-answered) and (PLAT was-not-answered) and (PAS was-not-answered) and (PIND was-not-answered) and (PWHT was-not-answered) and (POTH was-not-answered) and (PDK was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




115. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFPRCK
Minimum checks: 1
Maximum checks: 1
Show if: (FPRMMNS1_RACE_TOT_CK ≠ 0)

 116. For the questions on the previous page, the number of **women whose race you reported:**

is not the same as your total female partners

Please go back and change your answers to the questions on the previous page so that the total is the same as the total female partners you reported earlier () or you can also click "I prefer not to change my answers."


I prefer not to change my answers

Page Break

Question Block: ACFPP

Contains: PPP, PSN, PCP, PET, PAP

Required

 117. Of these female partners, how many would you classify as:

(a) Other primary or main partners? This would be someone that you have lived with or have seen a lot, have had vaginal or anal sex with and to whom ou have felt a special emotional commitment.	<input type="text"/> # partners
(b) Steady, non-primary partners? This would be a partner with whom you had vaginal or anal sex with at least several times, but don't consider your primary partner.	<input type="text"/> # partners
(c) Casual partners? This would be a partner with whom you had vaginal or anal sex but don't feel committed to or don't know very well, but you know their first and last name.	<input type="text"/> # partners
(d) Exchange or trade partners? This would be a partner with whom you had vaginal or anal sex but don't feel committed to or don't know very well, but you know their first and last name.	<input type="text"/> # partners
(e) Anonymous partners? This would be someone you hooked up with to have vaginal or anal sex, like at a park, other venue or by the Internet and you don't know or don't remember her first and last names.	<input type="text"/> # partners

Page Break

Question: ACFPPS

Required

Show if: (PPP was-not-answered) and (PSN was-not-answered) and (PCP was-not-answered) and (PET was-not-answered) and (PAP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



118. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFPPCK

Minimum checks: 1

Maximum checks: 1

Show if: (FPRMMNS1_PTYPE_TOT_CK ≠ 0)



119. For the questions on the previous page, the number of **women whose partner type you reported:**


is **not the same** as your **total female partners**

Please go back and change your answers to the questions on the previous page so that the total is the same as the total female partners you reported earlier () or you can also click "I prefer not to change my answers."

I prefer not to change my answers

Page Break

Question: ACFPGN

 120. How many of these **women** did you have vaginal or anal sex with for the first time in the last 6 months?

Page Break

Question: ACFPGNS

Required

Show if: (ACFPGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




121. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFPPGN

 122. During the last 6 months, how many **times** did you have vaginal or anal sex with these these women when your penis was in her vagina or anus? This would be with or without a condom and whether or not you ejaculated.

[Click here for a calculator](#)

Page Break

Question: ACFPPGNS

Required

Show if: (ACFPPGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




123. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFPGCN
Show if: (ACFPPGN > 0)

 124. Of the **times** you had vaginal or anal sex with these female partners, how many times did you use a condom?

Page Break

Question: ACFPGCNS

Required

Show if: (ACFPGCN was-not-answered) and (ACFPPGN > 0)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




125. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFPXGN

 126. How many of these women did **YOU GIVE** money, drugs, other goods or a place to stay for sex?

Page Break

Question: ACFPXGNS

Required

Show if: (ACFPXGN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



127. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFPXGY

 128. How many of these women **GAVE YOU** money, drugs, other goods or a place to stay for sex?

Page Break


Question: ACFXPGYS

Required

Show if: (ACFPXGY was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 129. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

You have reached the end of Part 3 of this survey.

If you would like to change any of your answers for Part 3, please go back and do so now.

When you are ready, click the "Next" button to go on to the next part of the survey.



Page Break


Jump-To: JMP1
Description:
Jump-To-Item: End and Submit

Powered by DatStat

0% Complete of Part 4

Collection: LOGIN
Contains: CUSTOMID

Question: CUSTOMID
Required

 Please enter the participant ID

Survey Part 4

Page Break


Thank you for completing the previous survey parts on your sexual experiences. Now we are going to ask you some questions about where you meet sexual partners.



Page Break

Collection: VENUES_PRTNRS
Contains: ACVEN, ACVENS, ACVENOTS, VENUES_MOST_PRTNRS

Question: ACVEN

 1. In the last 6 months, at which of the following places did you meet a man you later had sex with? Check all that apply

-
- 1. Bars, nightclubs or dance clubs
- 2. Gym or health club
- 3. Cafe or restaurant
- 4. Community based organization (CBO), meal program, AIDS organization, advocacy organization
- 5. Work, school
- 6. Political function
- 7. Religious organization
- 8. Your own or a friend's party or house
- 9. Circuit party or rave
- 10. Internet
- 11. Telephone chat line
- 12. Adult bookstore, video store or adult theatre
- 13. Bath house or sex club
- 14. Sex party
- 15. Public place, such as public restroom, street, park, beach or public transportation
- 16. Event at Black Pride
- 17. Other Please specify:
- 18. Did not meet a new man in the last 6 months who I later had sex with

Page Break


Question: ACVENS

Required

Show if: (ACVEN is-none-of [1. Bars, nightclubs or dance clubs] or [2. Gym or health club] or [3. Cafe or restaurant] or [4. Community based organization (CBO), meal program, AIDS organization, advocacy organization] or [5. Work, school] or [6. Political function] or [7. Religious organization] or [8. Your own or a friend's party or house] or [9. Circuit party or rave] or [10. Internet] or [11. Telephone chat line] or [12. Adult bookstore, video store or adult theatre] or [13. Bath house or sex club] or [14. Sex party] or [15. Public place, such as public restroom, street, park, beach or public transportation] or [16. Event at Black Pride] or [17. Other] or [18. Did not meet a new man in the last 6 months who I later had sex with])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 2. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question: ACVENOTS

Required

Show if: (ACVEN is-any-of [17. Other]) and (ACVEN.OT.TEXT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 3. You selected "Other" in the previous question, but did not specify a place. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Collection: VENUES_MOST_PRTNRS

Contains: ACVM, ACVMS

Show if: (VENUES > 0)

Question Block: ACVM


Contains: ACVMB, ACVMG, ACVMC, ACVMA, ACVMW, ACVMP, ACVMR, ACVMY, ACVMV, ACVMI, ACVMT, ACVMAB, ACVMBS, ACVMSP, ACVMPP, ACVMBP, ACVMO

Scale Summary

Code	Label	Show-If
1	Met MOST men later had sex with	



4.

		Met MOST men later had sex with
<p>At which one of these places did you meet the MOST men who you later had sex with?</p>		
(a)	Bars, nightclubs, or dance clubs	<input type="radio"/>
(b)	Gym or health club	<input type="radio"/>
(c)	Cafe or restaurant	<input type="radio"/>
(d)	Community based organization (CBO), meal program, AIDS organization, advocacy organization	<input type="radio"/>
(e)	Work, school	<input type="radio"/>
(f)	Political function	<input type="radio"/>
(g)	Religious organization	<input type="radio"/>
(h)	Your own or friend's party or house	<input type="radio"/>
(i)	Circuit party or rave	<input type="radio"/>
(j)	Internet	<input type="radio"/>
(k)	Telephone chat line	<input type="radio"/>
(l)	Adult bookstore, video store or adult theatre	<input type="radio"/>
(m)	Bath house or sex club	<input type="radio"/>
(n)	Sex party	<input type="radio"/>
(o)	Public places, such as public restroom, street, park, beach or public transportation	<input type="radio"/>
(p)	Event at Black Pride	<input type="radio"/>
(q)	Other:	<input type="radio"/>

Page Break


Question: ACVMS

Required

Show if: (ACVMB was-not-answered) and (ACVMG was-not-answered) and (ACVMC was-not-answered) and (ACVMA was-not-answered) and (ACVMW was-not-answered) and (ACVMP was-not-answered) and (ACVMR was-not-answered) and (ACVMY was-not-answered) and (ACVMV was-not-answered) and (ACVMI was-not-answered) and (ACVMT was-not-answered) and (ACVMBS was-not-answered) and (ACVMSP was-not-answered) and (ACVMPP was-not-answered) and (ACVMBP was-not-answered) and (ACVMO was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 5. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: SUBSTANCE_ABUSE
Contains: DRUGS_1, DRUGS_2, DRUGS_3

Now we have some questions about drugs that you may have taken **in the last 6 months**

Before you begin answering these questions, we want to remind you that these questions are confidential; your answers will be sent to a remote database and are identified only by a code number. Staff at this site do not see what your answers are.



Page Break

Collection: DRUGS_1
Contains: DRUG_USE


Collection: DRUG_USE
Contains: AC11, AC11BS, ACINJ, ACINJS

Question Block: AC11

Contains: AC11M, AC11P, AC11K, AC11C, AC11T, AC11R, AC11F, AC11H, AC11X, AC11V, AC11D, AC11O

Scale Summary

Code	Label	Show-If
1	Yes	
2	No	

 6. For each of these drugs, please select "Yes" or "No" as to whether you have used them **in the last 6 months**

	Yes	No
(a) Marijuana	<input type="radio"/>	<input type="radio"/>
(b) Inhaled nitrates (poppers)	<input type="radio"/>	<input type="radio"/>
(c) Smoked cocaine (crack, freebase)	<input type="radio"/>	<input type="radio"/>
(d) Powder cocaine (coke)	<input type="radio"/>	<input type="radio"/>
(e) Methamphetamine (crystal, tina, speed)	<input type="radio"/>	<input type="radio"/>
(f) Anabolic Steroids/Male Hormones (testosterone)	<input type="radio"/>	<input type="radio"/>
(g) Female Hormones	<input type="radio"/>	<input type="radio"/>
(h) Heroin	<input type="radio"/>	<input type="radio"/>
(i) Unprescribed Vicodin, Oxycontin, Xanax	<input type="radio"/>	<input type="radio"/>
(j) Viagra, Cialis, or Levitra	<input type="radio"/>	<input type="radio"/>
(k) Any of the following: Ketamine/Special K, MDMA (ecstasy, X, XTC), GHB, GBL, BD, G, PCP (alone or with marijuana: dust, dipper), Acid, mushrooms or any other hallucinogen (LSD, shrooms)	<input type="radio"/>	<input type="radio"/>
(l) Other	<input type="radio"/>	<input type="radio"/>

Page Break

Question: AC11BS

Required

Show if: (AC11M was-not-answered) or (AC11P was-not-answered) or (AC11K was-not-answered) or (AC11C was-not-answered) or (AC11T was-not-answered) or (AC11R was-not-answered) or (AC11F was-not-answered) or (AC11H was-not-answered) or (AC11X was-not-answered) or (AC11V was-not-answered) or (AC11D was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer the question.	




7. You did not answer all of the previous questions. Please go back or click "I prefer not to answer the question"

I prefer not to answer the question.

Page Break

Question: ACINJ**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	

 8. Did you inject any drugs in the last 6 months?

1. Yes

2. No

Page Break


Question: ACINJS

Required

Show if: (ACINJ was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 9. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Page Break



Collection: DRUGS_2**Contains:** ALT_FREQ**Show if:** (AC11M = 1:[Yes]) or (AC11P = 1:[Yes]) or (AC11K = 1:[Yes]) or (AC11C = 1:[Yes]) or (AC11T = 1:[Yes]) or (AC11R = 1:[Yes]) or (AC11F = 1:[Yes]) or (AC11H = 1:[Yes]) or (AC11X = 1:[Yes]) or (AC11V = 1:[Yes]) or (AC11D = 1:[Yes])**Collection:** ALT_FREQ**Contains:** MJ, POP, CRACK, COKE, METH, MHORMONES, FHORMONES, HEROIN, VICODIN, VIAGRA, PARTY_DRUGS, OTHER**Show if:** (AC11M = 1:[Yes]) or (AC11P = 1:[Yes]) or (AC11K = 1:[Yes]) or (AC11C = 1:[Yes]) or (AC11T = 1:[Yes]) or (AC11R = 1:[Yes]) or (AC11F = 1:[Yes]) or (AC11H = 1:[Yes]) or (AC11X = 1:[Yes]) or (AC11V = 1:[Yes]) or (AC11D = 1:[Yes])**Collection:** MJ**Contains:** ACMJDYN, ACMJNC, ACMJC, ACMJS**Show if:** (AC11M = 1:[Yes])

Marijuana

Question: ACMJDYN

Scale Summary

Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	


 10. How many days did you use marijuana in the last 6 months?

- 1. Daily
- 2. Several times a week
- 3. Weekly
- 4. Several times a month
- 5. Monthly
- 6. A few times
- 7. Once

Question: ACMJNC

Scale Summary


Code	Label	Show-If
1	1. Yes	
2	2. No	

 11. Did you use marijuana within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last six months?

- 1. Yes
- 2. No

Question: ACMJC

Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 12. Did you use marijuana within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last six months?

- 1. Yes
- 2. No

Page Break

Question: ACMJS

Show if: (ACMJDYN was-not-answered) or (ACMJNC was-not-answered) or (ACMJC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



13. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break


Page Break

Collection: POP
Contains: ACPDYN, ACPNC, ACPC, ACPOPS
Show if: (AC11P = 1:[Yes])

Inhaled nitrates (poppers)

Question: ACPDYN


Scale Summary		
Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	

 14. How many **days** did you use poppers in the last 6 months?

-
- 1. Daily
 - 2. Several times a week
 - 3. Weekly
 - 4. Several times a month
 - 5. Monthly
 - 6. A few times
 - 7. Once

Question: ACPNC


Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 15. Did you use poppers within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACPC

Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 16. Did you use poppers within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No

Page Break

Question: ACPOPS

Show if: (ACPDYN was-not-answered) or (ACPNC was-not-answered) or (ACPC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



17. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break




Collection: CRACK
Contains: ACKDYN, ACKNC, ACKC, ACCRKS
Show if: (AC11K = 1:[Yes])

Smoked cocaine (crack, freebase)

Question: ACKDYN

Scale Summary

Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	


 18. How many **days** did you use crack in the last 6 months?

-
- 1. Daily
 - 2. Several times a week
 - 3. Weekly
 - 4. Several times a month
 - 5. Monthly
 - 6. A few times
 - 7. Once

Question: ACKNC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	


 19. Did you use crack within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACKC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 20. Did you use crack within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No

Page Break

Question: ACCRKS

Show if: (ACKDYN was-not-answered) or (ACKNC was-not-answered) or (ACKC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



21. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break


Collection: COKE
Contains: ACCDYN, ACCNC, ACCC, ACCKES
Show if: (AC11C = 1:[Yes])

Powder cocaine (coke)

Question: ACCDYN

Scale Summary

Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	


 22. How many **days** did you use cocaine in the last 6 months?

-
- 1. Daily
 - 2. Several times a week
 - 3. Weekly
 - 4. Several times a month
 - 5. Monthly
 - 6. A few times
 - 7. Once

Question: ACCNC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	


 23. Did you use cocaine within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACCC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 24. Did you use cocaine within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No

Page Break

Question: ACCKES

Show if: (ACCDYN was-not-answered) or (ACCNC was-not-answered) or (ACCC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



25. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break



Collection: METH
Contains: ACTDYN, ACTNC, ACTC, ACMETHS
Show if: (AC11T = 1:[Yes])

Methamphetamine (crystal, tina, speed)

Question: ACTDYN


Scale Summary		
Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	

 26. How many **days** did you use methamphetamine in the last 6 months?

- 1. Daily
- 2. Several times a week
- 3. Weekly
- 4. Several times a month
- 5. Monthly
- 6. A few times
- 7. Once

Question: ACTNC


Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 27. Did you use methamphetamine within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACTC

Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 28. Did you use methamphetamine within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No

Page Break

Question: ACMETHS

Show if: (ACTDYN was-not-answered) or (ACTNC was-not-answered) or (ACTC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



29. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break




Collection: MHORMONES
Contains: ACRDYN, ACMHS
Show if: (AC11R = 1:[Yes])

Anabolic steroids/male hormones (testosterone, T)

Question: ACRDYN

Scale Summary

Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	

 30. How many **days** did you use male hormones in the last 6 months?


- 1. Daily
- 2. Several times a week
- 3. Weekly
- 4. Several times a month
- 5. Monthly
- 6. A few times
- 7. Once

Page Break

Question: ACMHS
Show if: (ACRDYN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 31. You did not answer the previous question. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break



Collection: FHORMONES
Contains: ACFDYN, ACFHS
Show if: (AC11F = 1:[Yes])

Female Hormones

Question: ACFDYN

Scale Summary

Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	

 32. How many **days** did you use female hormones in the last 6 months?

- 1. Daily
- 2. Several times a week
- 3. Weekly
- 4. Several times a month
- 5. Monthly
- 6. A few times
- 7. Once


Page Break

Question: ACFHS

Show if: (ACFDYN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 33. You did not answer the previous question. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break


Collection: HEROIN
Contains: ACHDYN, ACHNC, ACHC, ACHS
Show if: (AC11H = 1:[Yes])

Heroin

Question: ACHDYN

Scale Summary

Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	


 34. How many **days** did you use heroin in the last 6 months?

-
- 1. Daily
 - 2. Several times a week
 - 3. Weekly
 - 4. Several times a month
 - 5. Monthly
 - 6. A few times
 - 7. Once

Question: ACHNC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	


 35. Did you use heroin within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACHC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 36. Did you use heroin within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No

Page Break

Question: ACHS

Show if: (ACHDYN was-not-answered) or (ACHNC was-not-answered) or (ACHC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



37. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break



Collection: VICODIN
Contains: ACXDYN, ACXNC, ACXC, ACXS
Show if: (AC11X = 1:[Yes])

Unprescribed Vicodin, Oxycontin, Xanax

Question: ACXDYN


Scale Summary		
Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	

 38. How many **days** did you use **UNPRESCRIBED** Vicodin, Oxycontin, or Xanax in the last 6 months?

-
- 1. Daily
 - 2. Several times a week
 - 3. Weekly
 - 4. Several times a month
 - 5. Monthly
 - 6. A few times
 - 7. Once

Question: ACXNC


Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 39. Did you use any of these drugs within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACXC

Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 40. Did you use any of these drugs within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No

Page Break

Question: ACXS

Show if: (ACXDYN was-not-answered) or (ACXNC was-not-answered) or (ACXC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



41. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break


Page Break

Collection: VIAGRA
Contains: ACVDYN, ACVNC, ACVC, ACVGRAS
Show if: (AC11V = 1:[Yes])

Viagra, Cialis, or Levitra

Question: ACVDYN


Scale Summary		
Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	

 42. How many **days** did you use Viagra, Cialis, or Levitra in the last 6 months?

-
- 1. Daily
 - 2. Several times a week
 - 3. Weekly
 - 4. Several times a month
 - 5. Monthly
 - 6. A few times
 - 7. Once

Question: ACVNC


Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 43. Did you use any of these drugs within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACVC

Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 44. Did you use any of these drugs within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No

Page Break

Question: ACVGRAS

Show if: (ACVDYN was-not-answered) or (ACVNC was-not-answered) or (ACVC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



45. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break



Collection: PARTY_DRUGS
Contains: ACDDYN, ACDNC, ACDC, ACPDS
Show if: (AC11D = 1:[Yes])

Any of the Following Drugs:

- Ketamine/Special K
- MDMA (ecstasy, X, XTC)
- GHB, GBL, BD, G
- PCP (alone or with marijuana: dust, dipper)
- Acid, mushrooms or any other hallucinogen (LSD, shrooms)

Question: ACDDYN

Scale Summary

Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	

 46. How many **days** did you use any of these drugs in the last 6 months?

-
- 1. Daily
 - 2. Several times a week
 - 3. Weekly
 - 4. Several times a month
 - 5. Monthly
 - 6. A few times
 - 7. Once

Question: ACDNC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 47. Did you use any of these drugs within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACDC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	



48. Did you use any of these drugs within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No


Page Break

Question: ACPDS

Show if: (ACDDYN was-not-answered) or (ACDNC was-not-answered) or (ACDC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 49. You did not answer all of the questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break




Collection: OTHER
Contains: ACODYN, ACONC, ACOC, ACOS
Show if: (AC110 = 1:[Yes])

Other Drugs

Question: ACODYN

Scale Summary

Code	Label	Show-If
1	1. Daily	
2	2. Several times a week	
3	3. Weekly	
4	4. Several times a month	
5	5. Monthly	
6	6. A few times	
7	7. Once	


 50. How many **days** did you use other drugs in the last 6 months?

- 1. Daily
- 2. Several times a week
- 3. Weekly
- 4. Several times a month
- 5. Monthly
- 6. A few times
- 7. Once

Question: ACONC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	


 51. Did you use any of these other drugs within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom) in the last 6 months?

- 1. Yes
- 2. No

Question: ACOC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 52. Did you use any of these other drugs within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom) in the last 6 months?

- 1. Yes
- 2. No

Page Break

Question: ACOS

Show if: (ACODYN was-not-answered) or (ACONC was-not-answered) or (ACOC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



53. You did not answer all of the previous questions. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Page Break

Collection: DRUGS_3

Contains: ACDDEP, ACDDEPS, ACDDEPF, ACDDEPFS

Show if: (AC11M = 1:[Yes]) or (AC11P = 1:[Yes]) or (AC11K = 1:[Yes]) or (AC11C = 1:[Yes]) or (AC11T = 1:[Yes]) or (AC11R = 1:[Yes]) or (AC11F = 1:[Yes]) or (AC11X = 1:[Yes]) or (AC11V = 1:[Yes]) or (AC11D = 1:[Yes]) or (AC11O = 1:[Yes])

Question: ACDDEP

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 54. In the last 6 months, have you ever thought your drug use was a problem?

- 1. Yes
- 2. No

Page Break

Question: ACDDEPS

Show if: (ACDDEP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




55. You did not answer the previous question. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Question: ACDDEPF**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	

 56. In the last 6 months, have your friends, family, sexual partner(s), or others thought that your drug use was a problem?

- 1. Yes
- 2. No

Page Break

Question: ACDDEPFS

Show if: (ACDDEPF was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



57. You did not answer the previous question. Please go back or select "I prefer not to answer"

I prefer not to answer

Page Break

Collection: ALCOHOL_DEPEND_1
Contains: ACETOF, ACETOFS, ALCOHOL

Question: ACETOF

Scale Summary

Code	Label	Show-If
1	1. Never	
2	2. Monthly or less	
3	3. 2 to 4 times A MONTH	
4	4. 2 to 3 times A WEEK	
5	5. 4 or more times A WEEK	



58. In the last 6 MONTHS, how often did you have a drink containing alcohol?

- 1. Never
- 2. Monthly or less
- 3. 2 to 4 times A MONTH
- 4. 2 to 3 times A WEEK
- 5. 4 or more times A WEEK

Page Break

Question: ACETOFS

Show if: (ACETOF was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	



59. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Collection: ALCOHOL

Contains: ACETNUM, ACETNUMS, ACET6D, ACET6DS, ACETSTP, ACETSTPS, ACETEXP, ACETEXPS, ACETMRN, ACETMRNS, ACETREM, ACETREMS, ACETBLK, ACETBLKS, ACETHRT, ACETHRTS, ACETCTD, ACETCTDS, ACETNC, ACETNCS, ACETC, ACETCS

Show if: (ACETOF \neq 1:[1. Never])

Question: ACETNUM

Scale Summary

Code	Label	Show-If
1	1. 1 or 2	
2	2. 3 or 4	
3	3. 5 or 6	
4	4. 7, 8, or 9	
5	5. 10 or more	



60. In the last 6 MONTHS, how many drinks containing alcohol did you have on a typical day when you were drinking?

- 1. 1 or 2
- 2. 3 or 4
- 3. 5 or 6
- 4. 7, 8, or 9
- 5. 10 or more

Page Break


Question: ACETNUMS

Required

Show if: (ACETNUM was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	

 61. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACET6D**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Less than monthly	
3	3. Monthly	
4	4. Weekly	
5	5. Daily or almost daily	



62. In the last 6 MONTHS, how often did you have six or more drinks on one occasion?

- 1. Never
- 2. Less than monthly
- 3. Monthly
- 4. Weekly
- 5. Daily or almost daily

Page Break

Question: ACET6DS

Required

Show if: (ACET6D was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	



63. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACETSTP**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Less than monthly	
3	3. Monthly	
4	4. Weekly	
5	5. Daily or almost daily	



64. How often **during the last year** have you found that you were not able to stop drinking once you had started?

- 1. Never
- 2. Less than monthly
- 3. Monthly
- 4. Weekly
- 5. Daily or almost daily

Page Break


Question: ACETSTPS

Required

Show if: (ACETSTP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	

 65. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACETEXP

Scale Summary

Code	Label	Show-If
1	1. Never	
2	2. Less than monthly	
3	3. Monthly	
4	4. Weekly	
5	5. Daily or almost daily	



66. How often **during the last year** have you failed to do what was normally expected from you because of drinking?

- 1. Never
- 2. Less than monthly
- 3. Monthly
- 4. Weekly
- 5. Daily or almost daily

Page Break


Question: ACETEXPS

Required

Show if: (ACETEXP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	

 67. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACETMRN**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Less than monthly	
3	3. Monthly	
4	4. Weekly	
5	5. Daily or almost daily	

 68. How often **during the last year** have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- 1. Never
- 2. Less than monthly
- 3. Monthly
- 4. Weekly
- 5. Daily or almost daily

Page Break

Question: ACETMRNS

Required

Show if: (ACETMRN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	



69. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACETREM**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Less than monthly	
3	3. Monthly	
4	4. Weekly	
5	5. Daily or almost daily	



70. How often **during the last year** have you had a feeling of guilt or remorse after drinking?

- 1. Never
- 2. Less than monthly
- 3. Monthly
- 4. Weekly
- 5. Daily or almost daily

Page Break


Question: ACETREMS

Required

Show if: (ACETREM was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	

 71. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACETBLK**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Less than monthly	
3	3. Monthly	
4	4. Weekly	
5	5. Daily or almost daily	



72. How often **during the last year** have you been unable to remember what happened the night before because you had been drinking?

- 1. Never
- 2. Less than monthly
- 3. Monthly
- 4. Weekly
- 5. Daily or almost daily

Page Break


Question: ACETBLKS

Required

Show if: (ACETBLK was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	


 73. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACETHRT

Scale Summary		
Code	Label	Show-If
1	1. Never	
2	2. Yes, but not in the last year	
3	3. Yes, during the last year	

 74. Have you or someone else been injured as a result of your drinking?

- 1. Never
- 2. Yes, but not in the last year
- 3. Yes, during the last year

Page Break

Question: ACETHRTS

Required

Show if: (ACETHRT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	




75. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACETCTD

Scale Summary		
Code	Label	Show-If
1	1. Never	
2	2. Yes, but not in the last year	
3	3. Yes, during the last year	

 76. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggest you cut down?

- 1. Never
- 2. Yes, but not in the last year
- 3. Yes, during the last year

Page Break

Question: ACETCTDS

Required

Show if: (ACETCTD was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	




77. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Question: ACETNC**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	

 78. In the last 6 months, did you use alcohol within 2 hours before or during **unprotected** anal sex with a man (**unprotected** sex means sex **without** a condom)?

- 1. Yes
- 2. No

Page Break


Question: ACETNCS

Required

Show if: (ACETNC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	

 79. You didn't answer the previous question. Please go back or select "I prefer not to answer".


I prefer not to answer.

Page Break

Question: ACETC

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 80. In the 6 months, did you use alcohol within 2 hours before or during **protected** anal sex with a man (**protected** sex means sex **with** a condom)?

- 1. Yes
- 2. No

Page Break

Question: ACETCS

Required

Show if: (ACETC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	



81. You didn't answer the previous question. Please go back or select "I prefer not to answer".


I prefer not to answer.

Page Break

Collection: INCARCERATION
Contains: ACINCN, ACINCNS, JAIL

Now we'd like to learn about any experiences you may have had in jail or prison.

Question: ACINCN

 82. How many times in your life have you spent one or more nights in jail or prison?

of times

Page Break


Question: ACINCNS

Required

Show if: (ACINCN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	

 83. You didn't answer the previous question. Please go back or select "I prefer not to answer".

I prefer not to answer.

Page Break

Collection: JAIL


Contains: ACINCSX, ACINCSXS, ACINCNC, ACINCNCs, ACINCT, ACINCTS

Show if: (ACINCN > 0)

Question: ACINCSX

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 84. While in jail or prison did you engage in any anal sex with another man, including forced sex?

1. Yes

2. No

Page Break

Question: ACINCSXS

Show if: (ACINCSX was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer the question	



85. You did not answer the previous question. Please go back or select "I prefer not to answer the question"

I prefer not to answer the question

Page Break

Question: ACINCNC

Show if: (ACINCSX = 1:[1. Yes]) and (ACINCSXS ≠ 1:[I prefer not to answer the question])

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	
3	3. Unsure	

 86. Was any of this anal sex without a condom?

- 1. Yes
- 2. No
- 3. Unsure

Page Break

Question: ACINCNC

Show if: (ACINCNC was-not-answered) and (ACINCSX = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer the question	




87. You did not answer the previous question. Please go back or select "I prefer not to answer the question".

I prefer not to answer the question

Page Break

Question: ACINCT

 88. While you were in jail/prison, did you receive (check all that apply):

-
- 1. HIV testing
- 2. Information on how to prevent HIV
- 3. Condoms
- 4. Treatment for HIV infection
- 5. None of the above

Page Break

Question: ACINCTS

Show if: (ACINCT is-none-of [1. HIV testing] or [2. Information on how to prevent HIV] or [3. Condoms] or [4. Treatment for HIV infection] or [5. None of the above])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer the question	



89. You did not answer the previous question. Please go back or select "I prefer not to answer the question".

I prefer not to answer the question

Page Break

Collection: RELIGIOSITY

Contains: ACRPRY, ACRPRYS, ACRGOD, ACRGODS, ACRBTR, ACBTRS, ACRPLAN, ACRPLANS, ACRCHCH, ACRCHCHS, ACRPRAY, ACRPRAYS, ACRBIBL, ACRBIBLS, ACRTALK, ACRTALKS, ACRPSTR, ACRPSTRS, ACRBING, ACRBINGS, ACRAFF, ACRAFFXS, ACRAFFX, ACMSX, ACMSXS, ACRAFKY, ACRAFKYS, ACRAFFK, ACRAFFKS, ACMSXK, ACMSXKS

For the next set of questions, we are interested in hearing about your experience with religion and/or spirituality.

Question: ACRPRY

Scale Summary

Code	Label	Show-If
5	1. Strongly agree	
4	2. Agree	
3	3. Neither agree or disagree	
2	4. Disagree	
1	5. Strongly disagree	



90. Meditation/prayer helps me to find solutions to my problems.

- 1. Strongly agree
- 2. Agree
- 3. Neither agree or disagree
- 4. Disagree
- 5. Strongly disagree

Page Break

Question: ACRPRYS

Show if: (ACRPRY was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




91. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRGOD**Scale Summary**

Code	Label	Show-If
5	1. Strongly agree	
4	2. Agree	
3	3. Neither agree or disagree	
2	4. Disagree	
1	5. Strongly disagree	

 92. Believing in a higher self/God gives meaning to my life.

- 1. Strongly agree
- 2. Agree
- 3. Neither agree or disagree
- 4. Disagree
- 5. Strongly disagree


Page Break

Question: ACRGODS

Show if: (ACRGOD was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 93. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRBTR**Scale Summary**

Code	Label	Show-If
5	1. Strongly agree	
4	2. Agree	
3	3. Neither agree or disagree	
2	4. Disagree	
1	5. Strongly disagree	

 94. Meditation/prayer makes me feel better.

- 1. Strongly agree
- 2. Agree
- 3. Neither agree or disagree
- 4. Disagree
- 5. Strongly disagree


Page Break

Question: ACBTRS

Show if: (ACRBTR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 95. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRPLAN**Scale Summary**

Code	Label	Show-If
5	1. Strongly agree	
4	2. Agree	
3	3. Neither agree or disagree	
2	4. Disagree	
1	5. Strongly disagree	



96. Events in my life reflect an overall purpose and plan.

- 1. Strongly agree
- 2. Agree
- 3. Neither agree or disagree
- 4. Disagree
- 5. Strongly disagree


Page Break

Question: ACRPLANS

Show if: (ACRPLAN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 97. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRCHCH**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Holidays	
3	3. Monthly	
4	4. Weekly	
5	5. Daily	



98. How often do you attend religious or spiritual services?

- 1. Never
- 2. Holidays
- 3. Monthly
- 4. Weekly
- 5. Daily


Page Break

Question: ACRCHCHS

Show if: (ACRCHCH was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 99. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRPRAY**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Occasionally	
3	3. Monthly	
4	4. Weekly	
5	5. Daily	

 100. How often do you do personal meditation/or prayer?

- 1. Never
- 2. Occasionally
- 3. Monthly
- 4. Weekly
- 5. Daily

Page Break

Question: ACRPRAYS

Show if: (ACRPRAY was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



101. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRBIBL**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Occasionally	
3	3. Monthly	
4	4. Weekly	
5	5. Daily	

 102. How often do you read spiritual or metaphysical literature?

- 1. Never
- 2. Occasionally
- 3. Monthly
- 4. Weekly
- 5. Daily

Page Break

Question: ACRBIBLS

Show if: (ACRBIBL was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




103. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRTALK**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Occasionally	
3	3. Monthly	
4	4. Weekly	
5	5. Daily	

 104. How often do you talk to others about spiritual concerns?

- 1. Never
- 2. Occasionally
- 3. Monthly
- 4. Weekly
- 5. Daily

Page Break

Question: ACRTALKS

Show if: (ACRTALK was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




105. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRPSTR**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Occasionally	
3	3. Monthly	
4	4. Weekly	
5	5. Daily	

 106. How often do you consult a spiritual or religious leader?

- 1. Never
- 2. Occasionally
- 3. Monthly
- 4. Weekly
- 5. Daily

Page Break

Question: ACRPSTRS

Show if: (ACRPSTR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



107. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRBING**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	

 108. Are you a member of a church or religious/spiritual institution?

1. Yes

2. No

Page Break

Question: ACRBINGS

Show if: (ACRBING was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



109. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRAFF**Show if:** (ACRBING = 1:[1. Yes])

Scale Summary		
Code	Label	Show-If
1	1. No affiliation/non-religious	
2	2. Agnostic/Secular	
3	3. Baptist	
4	4. Catholic	
5	5. Episcopalian/Anglican	
6	6. Jehovah's Witness	
7	7. Lutheran	
8	8. Methodist	
9	9. Muslim	
10	10. Pentecostal	
11	11. Presbyterian	
12	12. Other: Please specify:	

 110. What is your CURRENT religious affiliation?

- 1. No affiliation/non-religious
- 2. Agnostic/Secular
- 3. Baptist
- 4. Catholic
- 5. Episcopalian/Anglican
- 6. Jehovah's Witness
- 7. Lutheran
- 8. Methodist
- 9. Muslim
- 10. Pentecostal
- 11. Presbyterian
- 12. Other: Please specify:

Page Break

Question: ACRAFFXS

Show if: (ACRAFF was-not-answered) and (ACRBING = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



111. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRAFFX

Show if: (ACRAFF = 12:[12. Other: Please specify:]) and (ACRAFF.X_ was-not-answered) and (ACRBING = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer.	



112. You marked the other box but did not complete the specify text. Please go back and provide a response or click "I prefer not to answer."

I prefer not to answer.

Page Break

Question: ACRMSX

Show if: (ACRBING = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	1. No acceptance of men who have sex with other men	
2	2. Some acceptance of men who have sex with other men	
3	3. Moderate acceptance of men who have sex with other men	
4	4. A lot of acceptance of men who have sex with other men	
6	6. Don't know	



113. To what degree does the religious/spiritual group you affiliate with accept men who have sex with men?

- 1. No acceptance of men who have sex with other men
- 2. Some acceptance of men who have sex with other men
- 3. Moderate acceptance of men who have sex with other men
- 4. A lot of acceptance of men who have sex with other men
- 6. Don't know

Page Break

Question: ACRMSXS

Show if: (ACRBING = 1:[1. Yes]) and (ACRMSX was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




114. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRAFKY**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	

 115. Were you involved in a religious/spiritual organization while you were growing up?

- 1. Yes
- 2. No

Page Break

Question: ACRAFKYS

Show if: (ACRAFKY was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



116. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRAFFK

Show if: (ACRAFKY = 1:[1. Yes])

 117. What was your religious affiliation growing up?

-
- 1. No affiliation/non-religious
- 2. Agnostic/Secular
- 3. Baptist
- 4. Catholic
- 5. Episcopalian/Anglican
- 6. Jehovah's Witness
- 7. Lutheran
- 8. Methodist
- 9. Muslim
- 10. Pentecostal
- 11. Presbyterian
- 12. Other: Please specify:

Page Break

Question: ACRAFFKS

Show if: (ACRAFKY = 1:[1. Yes]) and (ACRAFFK is-none-of [1. No affiliation/non-religious] or [2. Agnostic/Secular] or [3. Baptist] or [4. Catholic] or [5. Episcopalian/Anglican] or [6. Jehovah's Witness] or [7. Lutheran] or [8. Methodist] or [9. Muslim] or [10. Pentecostal] or [11. Presbyterian] or [12. Other: Please specify:])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



118. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACRMSXK

Show if: (ACRAFKY = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	1. No acceptance of men who have sex with other men	
2	2. Some acceptance of men who have sex with other men	
3	3. Moderate acceptance of men who have sex with other men	
4	4. A lot of acceptance of men who have sex with other men	
5	5. Don't know	



119. To what degree did the religious/spiritual group(s) you grew up in accept men who have sex with men?

- 1. No acceptance of men who have sex with other men
- 2. Some acceptance of men who have sex with other men
- 3. Moderate acceptance of men who have sex with other men
- 4. A lot of acceptance of men who have sex with other men
- 5. Don't know

Page Break

Question: ACRMSXKS

Show if: (ACRAFKY = 1:[1. Yes]) and (ACRMSXK was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



120. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Page Break



You have reached the end of Part 4 of this survey.

If you would like to change any of your answers for Part 4, please go back and do so now.

When you are ready, click the "Next" button to go on to the next part of the survey.



Page Break


Jump-To: JMP1
Description:
Jump-To-Item: End and Submit

Powered by DatStat

0% Complete of Part 5

Collection: LOGIN
Contains: CUSTOMID

Question: CUSTOMID
Required

 Please enter the participant ID

Survey Part 5



Page Break

Collection: TRUST_IN_HEALTH_CARE

Contains: REASONS, REASONSS, ACHTOLD, ACHTOLDS, ACHUNFR, ACHUNFRS, AC12, AC12S

The next set of questions are about your experiences with health care and health care providers. By health care provider we mean, doctor, nurse-practitioner, physician's assistant or registered nurse.



Page Break

Question Block: REASONS**Contains:** ACHTRST, ACHRACE, ACHSXOR, ACHUNDR**Scale Summary**

Code	Label	Show-If
1	Strongly disagree	
2	Disagree	
3	Neither disagree nor agree	
4	Agree	
5	Strongly agree	



1. There are many reasons people have for feeling the way they do about their experiences with health care providers. For each of the following tell us how much you agree or disagree with the statement.



	Strongly disagree	Disagree	Neither disagree nor agree	Agree	Strongly agree
(a) I trust the health care providers I see in my health care setting.	○	○	○	○	○
(b) Providers who are more like me in terms of race make me feel more comfortable than providers who are different from me.	○	○	○	○	○
(c) Providers who are more like me in terms of sexual orientation make me feel more comfortable than providers who are different from me.	○	○	○	○	○
(d) I feel that medical providers talk to me in a way that I understand.	○	○	○	○	○


Page Break

Question: REASONSS

Show if: (ACHTRST was-not-answered) or (ACHRACE was-not-answered) or (ACHSXOR was-not-answered) or (ACHUNDR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 2. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."


I prefer not to answer

Page Break

Question: ACHTOLD

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	

 3. Have you told any health care providers that you are attracted to or have sex with other men?

- 1. Yes
- 2. No


Page Break

Question: ACHTOLDS

Show if: (ACHTOLD was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 4. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACHUNFR**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	


 5. Have you, a family member, a friend, or someone you know been treated unfairly due to race or ethnic background when getting medical care?

- 1. Yes
- 2. No

Page Break

Question: ACHUNFRS**Show if:** (ACHUNFR was-not-answered)**Scale Summary**

Code	Label	Show-If
1	I prefer not to answer	

 6. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: AC12

Show if: (ACHUNFR = 1:[1. Yes])

 7. Who was treated unfairly when getting medical care?

1. You

2. Family Member

3. A friend or someone you know

Page Break

Question: AC12S

Show if: (ACHUNFR = 1:[1. Yes]) and (AC12 is-none-of [1. You] or [2. Family Member] or [3. A friend or someone you know])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



8. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: RESEARCH_STUDIES

Contains: ACSBFR, ACSBFRS, ACSBFRN, ACSBFRNS, STUDIES, STUDIESS

The next set of questions are about your perceptions and experiences in research studies.



Question: ACSBFR

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	



9. Prior to this study, have you ever participated in a research study?

- 1. Yes
- 2. No


Page Break

Question: ACSBFRS

Show if: (ACSBFR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 10. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACSBFRN

Show if: (ACSBFR = 1:[1. Yes])

 11. How many research studies have you participated in?

of studies


Page Break

Question: ACSBFRNS

Show if: (ACSBFR = 1:[1. Yes]) and (ACSBFRN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 12. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: STUDIES**Contains:** ACSTRST, ACSRACE, ACSSXOR, ACSUNDR

Show if: (ACSBFR = 1: [1. Yes])

Scale Summary

Code	Label	Show-If
1	Strongly disagree	
2	Disagree	
3	Neither agree nor disagree	
4	Agree	
5	Strongly agree	

-  13. There are many reasons people have for feeling the way they do about their experiences in research studies. For each of the following tell us how much you agree or disagree with the statement.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) I trust the staff I have worked with research studies.	○	○	○	○	○
(b) I am more comfortable with research staff who are like me, in terms of race, than those who are different from me.	○	○	○	○	○
(c) I am more comfortable with research staff who are more like me, in terms of sexual orientation, than those who are different.	○	○	○	○	○
(d) I feel that research staff talk to me in a way I understand.	○	○	○	○	○

Page Break

Question: STUDIESS

Show if: (ACSBFR = 1:[1. Yes]) and ((ACSTRST was-not-answered) or (ACSRACE was-not-answered) or (ACSSXOR was-not-answered) or (ACSUNDR was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



14. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: HIV_CONSPIRACY
Contains: CONSPIRACY, CONSPIRACYS

Question Block: CONSPIRACY

Contains: ACMADE, ACBDMED, ACPOOR, ACCIA, ACGENOC, ACPOISN, ACGOVT, ACGPIGS, ACGOV

Scale Summary

Code	Label	Show-If
1	Strongly disagree	
2	Somewhat disagree	
3	Neither agree nor disagree	
4	Somewhat agree	
5	Strongly agree	
6	I've never heard of this	

 15. For these next questions, please tell us how much you agree or disagree with each

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Sc
(a) HIV is a man-made virus.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(b) The medicine used to treat HIV causes people to get AIDS.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(c) There is a cure for AIDS, but it is being withheld from the poor.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(d) HIV was created and spread by the CIA.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(e) AIDS is a form of genocide against blacks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(f) The medicine that doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

prescribe to treat HIV is poison.				
(g) AIDS was created by the government to control the black population.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(h) People who take the new medicines for HIV are human guinea pigs for the government.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
(i) AIDS was produced in a government laboratory.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	


Page Break

Question: CONSPIRACYS

Show if: (ACMADE was-not-answered) or (ACBDMED was-not-answered) or (ACPOOR was-not-answered) or (ACCIA was-not-answered) or (ACGENOC was-not-answered) or (ACPOISN was-not-answered) or (ACGOVT was-not-answered) or (ACGPIGS was-not-answered) or (ACGOV was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 16. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: CULTURE_RACISM

Contains: BEING_IGNORED, BEING_IGNOREDS, TREATED_RUDELly, TREATED_RUDELyS, ACCUSED_OF, ACCUSED_OFs, REACTING_TO, REACTING_TOS, BEING_OBSERVED, BEING_OBSERVEDS, TREATED_STUPID, TREATED_STUPIDS, YOUR_IDEAS, YOUR_IDEASS, OVERHEARING_JOKE, OVERHEARING_JOKES, WORK_INFERIOR, WORK_INFERIORS, NOT_TAKEN_SERIOUSLY, NOT_TAKEN_SERIOUSLYS, LEFT_OUT, LEFT_OUTS, OVERLY_FRIENDLY, OVERLY_FRIENDLYS, BEING_AVOIDED, BEING_AVOIDEDS, BEING_MISTAKEN, BEING_MISTAKENS, STARED_AT, STARED_ATS, LAUGHED_AT, LAUGHED_ATS, SOMEONE_ELSE, SOMEONE_ELSES, TO_SPEAK, TO_SPEAKS, CONSIDERED_FASCINATING, CONSIDERED_FASCINATINGs, BEING_HARASSED, BEING_HARASSEDS, SEXUAL_OBJECT, SEXUAL_OBJECTS, IDENTIFICATION_CLUBS, IDENTIFICATION_CLUBSS, BEING_OVERLOOKED, BEING_OVERLOOKEDS, NOT_ATTRACTIVE, NOT_ATTRACTIVES, BEING_INSULTED, BEING_INSULTEDS, BEING_THREATENED, BEING_THRTS, ACDTHBF, ACDTHBFS, BEING_PUNCHED, BEING_PNCHDS, ACDHITB, ACDHITBS, THREATENED_KNIFE, KNIFES, ACDGUNB, ACDGUNBS

This section asks about experiences that some people have as they go about their daily lives. You will be asked if you have had a particular experience because of your race and if so, how much it bothers you. Then you will be asked if you have had that experience because of your sexuality, and if so, how much it bothers you.



Page Break

Question Block: BEING_IGNORED**Contains:** ACDRIGN, ACDSIG**Scale Summary**

Code	Label	Show-If
2	doesn't bother me at all	
3	only bothers me a little	
4	bothers me somewhat	
5	bothers me a lot	
6	bothers me extremely	
1	Has never happened to me	

 17. Being ignored, overlooked, or not given service.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	Has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: BEING_IGNOREDS

Show if: (ACDRIGN was-not-answered) or (ACDSIG was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 18. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: TREATED_RUDEL**Contains:** ACRRUD, ACDSRUD**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 19. Being treated rudely or disrespectfully.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: TREATED_RUDELYS

Show if: (ACDRRUD was-not-answered) or (ACDSRUD was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 20. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: ACCUSED_OF
Contains: ACDRSUS, ACDSSUS

Scale Summary

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 21. Being accused of something or treated suspiciously.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: ACCUSED_OFS

Show if: (ACDRSUS was-not-answered) or (ACDSSUS was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 22. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: REACTING_TO**Contains:** ACDRAFR, ACDSAFR**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 23. Others reacting to you as if they were afraid or intimidated.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it ...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: REACTING_TOS

Show if: (ACDRAFR was-not-answered) or (ACDSAFR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 24. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: BEING_OBSERVED**Contains:** ACDROBS, ACDSOBS**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 25. Being observed or followed while in public places.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	○	○	○	○	○	○
(b) Happened to me because of my sexuality and it...	○	○	○	○	○	○


Page Break

Question: BEING_OBSERVEDS

Show if: (ACDROBS was-not-answered) or (ACDSOBS was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 26. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: TREATED_STUPID**Contains:** ACDRDIS, ACDSDIS**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 27. Being treated as if you were "stupid", being "talked down to."

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: TREATED_STUPIDS

Show if: (ACDRDIS was-not-answered) or (ACDSDIS was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 28. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: YOUR_IDEAS
Contains: ACDRMIN, ACDSMIN

Scale Summary

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 29. Your ideas or opinions being minimized or ignored.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: YOUR_IDEASS

Show if: (ACDRMIN was-not-answered) or (ACDSMIN was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 30. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: OVERHEARING_JOKE**Contains:** ACDRJKE, ACDSJKE**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 31. Overhearing or being told an offensive joke or comment.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: OVERHEARING_JOKES

Show if: (ACDRJKE was-not-answered) or (ACDSJKE was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 32. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: WORK_INFERIOR**Contains:** ACDRINF, ACDSINF**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 33. Others expecting your work to be inferior.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: WORK_INFERIORS

Show if: (ACDRINF was-not-answered) or (ACDSINF was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 34. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: NOT_TAKEN_SERIOUSLY**Contains:** ACDRSER, ACDSSER**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 35. Not being taken seriously.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	○	○	○	○	○	○
(b) Happened to me because of my sexuality and it...	○	○	○	○	○	○


Page Break

Question: NOT_TAKEN_SERIOUSLYS

Show if: (ACDRSER was-not-answered) or (ACDSSER was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 36. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: LEFT_OUT**Contains:** ACDROUT, ACDSOUT**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 37. Being left out of conversations or activities.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: LEFT_OUTS

Show if: (ACDROUT was-not-answered) or (ACDSOUT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 38. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: OVERLY_FRIENDLY**Contains:** ACDRSUPR, ACDSSUPR**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 39. Being treated in an "overly" friendly or superficial way.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	○	○	○	○	○	○
(b) Happened to me because of my sexuality and it...	○	○	○	○	○	○


Page Break

Question: OVERLY_FRIENDLYS

Show if: (ACDRSUPR was-not-answered) or (ACDSSUPR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 40. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: BEING_AVOIDED**Contains:** ACDRMVE, ACDSMVE**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 41. Being avoided, others moving away from you physically,

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	○	○	○	○	○	○
(b) Happened to me because of my sexuality and it...	○	○	○	○	○	○


Page Break

Question: BEING_AVOIDEDS

Show if: (ACDRMVE was-not-answered) or (ACDSMVE was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 42. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: BEING_MISTAKEN**Contains:** ACDRSRV, ACDDSSRV**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 43. Being mistaken for someone who serves others (i.e., janitor, waiter, valet, etc).

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: BEING_MISTAKENS

Show if: (ACDRSRV was-not-answered) or (ACDDSSRV was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 44. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: STARED_AT**Contains:** ACDRSTR, ACDSSTR**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 45. Being stared at by strangers.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: STARED_ATS

Show if: (ACDRSTR was-not-answered) or (ACDSSTR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 46. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."


I prefer not to answer

Page Break

Question Block: LAUGHED_AT
Contains: ACDRMFU, ACDSMFU

Scale Summary

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 47. Being laughed at, made fun of, or taunted.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: LAUGHED_ATS

Show if: (ACDRMFU was-not-answered) or (ACDSMFU was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 48. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: SOMEONE_ELSE**Contains:** ACDRALL**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 49. Being mistaken for someone else of your same race (who may not look like you at all).


	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	○	○	○	○	○	○

Page Break

Question: SOMEONE_ELSES
Show if: (ACDRALL was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 50. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: TO_SPEAK
Contains: ACDRREP, ACDSREP

Scale Summary

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

51. Being asked to speak for or represent your entire racial/ethnic group (e.g., "what do Black people think?") or everyone of your sexual orientation (e.g., "What do gay people think?").

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: TO_SPEAKS

Show if: (ACDRREP was-not-answered) or (ACDSREP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 52. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: CONSIDERED_FASCINATING

Contains: ACDREXO, ACDSEXO

Scale Summary

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 53. Being considered fascinating or exotic by others.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: CONSIDERED_FASCINATINGS

Show if: (ACDREXO was-not-answered) or (ACDSEXO was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 54. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: BEING_HARASSED**Contains:** ACDRCOP, ACDSCOP**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 55. Being harassed by police or law enforcement.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: BEING_HARASSED

Show if: (ACDRCOP was-not-answered) or (ACDSCOP was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 56. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: SEXUAL_OBJECT**Contains:** ACDROBJ, ACDSOBJ**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 57. Being treated like a sexual object rather than a whole person.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: SEXUAL_OBJECTS

Show if: (ACDROBJ was-not-answered) or (ACDSOBJ was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 58. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: IDENTIFICATION_CLUBS**Contains:** ACDRID**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 59. Being asked for several forms of identification at gay clubs and bars.


	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	○	○	○	○	○	○

Page Break

Question: IDENTIFICATION_CLUBSS
Show if: (ACDRID was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 60. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: BEING_OVERLOOKED**Contains:** ACDRJOB, ACDSJOB**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 61. Being overlooked for a work promotion in favor of someone else with less experience.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: BEING_OVERLOOKEDS

Show if: (ACDRJOB was-not-answered) or (ACDSJOB was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 62. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: NOT_ATTRACTIVE**Contains:** ACDRATT**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 63. Being made to feel like you weren't as attractive as other gay men.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	○	○	○	○	○	○


Page Break

Question: NOT_ATTRACTIVES

Show if: (ACDRATT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 64. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: BEING_INSULTED**Contains:** ACDRHAR, ACDSHAR**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 65. Being insulted, called a name, or harassed.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: BEING_INSULTEDS

Show if: (ACDRHAR was-not-answered) or (ACDSHAR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 66. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: BEING_THREATENED**Contains:** ACDRVIO, ACDSVIO**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 67. Being threatened with physical violence.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	○	○	○	○	○	○
(b) Happened to me because of my sexuality and it...	○	○	○	○	○	○


Page Break

Question: BEING_THRTS

Show if: (ACDSVIO was-not-answered) or (ACDSHAR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 68. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACDTHBF

Show if: (ACDRVIO is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]) or (ACDSVIO is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely])

Scale Summary

Code	Label	Show-If
1	1. Before I turned 18 years old	
2	2. After I turned 18 years old	
3	3. Both before and after I turned 18 years old	



69. Being threatened with physical violence happened:

- 1. Before I turned 18 years old
- 2. After I turned 18 years old
- 3. Both before and after I turned 18 years old

Page Break

Question: ACDTHBFS

Show if: (ACDTHBF was-not-answered) and ((ACDRVIO is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]) or (ACDSVIO is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



70. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: BEING_PUNCHED**Contains:** ACDRHIT, ACDSHIT**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 71. Being punched, kicked or beaten, or having an object thrown at me.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: BEING_PNCHDS

Show if: (ACDRHIT was-not-answered) or (ACDSHAR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 72. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACDHITB

Show if: (ACDRHIT is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]) or (ACDSHIT is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely])

Scale Summary

Code	Label	Show-If
1	1. Before I turned 18 years old	
2	2. After I turned 18 years old	
3	3. Both before and after I turned 18 years old	



73. Being punched, kicked or beaten, or having an object thrown at me happened:

- 1. Before I turned 18 years old
- 2. After I turned 18 years old
- 3. Both before and after I turned 18 years old

Page Break

Question: ACDHITBS

Show if: (ACDHITB was-not-answered) and ((ACDRHIT is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]) or (ACDSHIT is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	




74. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: THREATENED_KNIFE**Contains:** ACDRGUN, ACDSGUN**Scale Summary**

Code	Label	Show-If
1	doesn't bother me at all	
2	only bothers me a little	
3	bothers me somewhat	
4	bothers me a lot	
5	bothers me extremely	
6	has never happened to me	

 75. Being threatened with a knife, gun or another weapon.

	doesn't bother me at all	only bothers me a little	bothers me somewhat	bothers me a lot	bothers me extremely	has never happened to me
(a) Happened to me because of my race and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me because of my sexuality and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: KNIFES

Show if: (ACDRGUN was-not-answered) or (ACDSHAR was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 76. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACDGUNB

Show if: (ACDRGUN is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]) or (ACDSGUN is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely])

Scale Summary

Code	Label	Show-If
1	1. Before I turned 18 years old	
2	2. After I turned 18 years old	
3	3. Both before and after I turned 18 years old	



77. Being threatened with a knife, gun or another weapon happened:

- 1. Before I turned 18 years old
- 2. After I turned 18 years old
- 3. Both before and after I turned 18 years old

Page Break

Question: ACDGUNBS

Show if: (ACDGUNB was-not-answered) and ((ACDRGUN is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]) or (ACDSGUN is-any-of 1: [doesn't bother me at all] or 2: [only bothers me a little] or 3: [bothers me somewhat] or 4: [bothers me a lot] or 5: [bothers me extremely]))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



78. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."


I prefer not to answer

Page Break

Collection: DUAL_IDENTITY
Contains: IDENTITY, IDENTITYS

Question Block: IDENTITY
Contains: ACRCESX, ACNOLVE, ACGMIMP, ACGMSTG, ACGMHRD

Scale Summary		
Code	Label	Show-If
1	Strongly disagree	
2	Disagree	
3	Mildly disagree	
4	Mildly Agree	
5	Agree	
6	Strongly agree	

 79. Please indicate how strongly you agree or disagree with the following statements.

	Strongly disagree	Disagree	Mildly disagree	Mildly Agree	Agree	Strongly agree
(a) Both my race and my sexuality are important to who I am as a man.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) I cannot imagine a loving sexual relationship between two Black men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Black men who are attracted to other men can play an important role in Black families.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) A Black man who is attracted to other men can still be a strong man.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Black men who are attracted to other men only	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

make it more difficult for Black people in general.						
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Page Break

Question: IDENTITYS**Show if:** (ACRCESX was-not-answered) or (ACNOLVE was-not-answered) or (ACGMIMP was-not-answered) or (ACGMSTG was-not-answered) or (ACGMHRD was-not-answered)**Scale Summary**

Code	Label	Show-If
1	I prefer not to answer	




80. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: STIGMA**Contains:** HIV_STIGMA, HIV_STIGMAS, HIV_POSITIVE, HIV_POSITIVES**Question Block:** HIV_STIGMA**Contains:** ACVDOWN, ACVSLUT, ACVBDPR, ACVSEEN, ACVSCRT**Scale Summary**

Code	Label	Show-If
1	Strongly disagree	
2	Disagree	
3	Neither agree nor disagree	
4	Agree	
5	Strongly agree	

 81. Now we'd like you to answer some questions about perceptions of people who are HIV positive.

Please indicate how strongly you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
(a) Society looks down on people who have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Medical providers assume people with HIV sleep around.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) People think you can't be a good parent if you have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) I am concerned that if I go to an AIDS organization someone I know might see me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) It is important for a person to keep HIV a secret from co-workers.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break

Question: HIV_STIGMAS

Show if: (ACVDOWN was-not-answered) or (ACVSLUT was-not-answered) or (ACVBDPR was-not-answered) or (ACVSEEN was-not-answered) or (ACVSCRT was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



82. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: HIV_POSITIVE**Contains:** ACVBLUME, ACVFOUT, ACVLESS, ACVCTCH, ACVOUTS, ACVASH, ACVFMLY

Show if: (ACHIV = 1)

Scale Summary

Code	Label	Show-If
1	Disagree strongly	
2	Disagree	
3	Neither disagree nor agree	
4	Agree	
5	Agree strongly	

 83. For the next set of questions, please tell us how much you agree or disagree with each statement.

	Disagree strongly	Disagree	Neither disagree nor agree	Agree	Agree strongly
(a) People blame me for having HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) I am concerned that if I am sick, people I know will find out about my HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) People treat me as less than human now that I have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) People I am close to are afraid they will catch HIV from me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) I feel like I am an outsider because I have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) I feel ashamed to tell other people that I have HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g) My family is comfortable talking about my HIV.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>


Page Break

Question: HIV_POSITIVES

Show if: ((ACVBLUME was-not-answered) or (ACVFOUT was-not-answered) or (ACVLESS was-not-answered) or (ACVCTCH was-not-answered) or (ACVOUTS was-not-answered) or (ACVASH was-not-answered) or (ACVFMLY was-not-answered)) and (ACHIV = 1)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 84. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Collection: DEPRESSION_SCALE
Contains: DEPRESSION_QUESTION, DEPRESSION_QUESTIONS

Question Block: DEPRESSION_QUESTION

Contains: ACSBOTH, ACSEAT, ACSBLUE, ACSGOOD, ACSFCUS, ACSDEPR, ACSEFF, ACSHOPE, ACSFAIL, ACSFEAR, ACSSLEP, ACSHAPY, ACSQUET, ACSLNLY, ACSMEAN, ACSENJY, ACSCRY, ACSSAD, ACSDSLK, ACSINER

Scale Summary

Code	Label	Show-If
1	Less than 1 day (Rarely/none of the time)	
2	1-2 days (Some/a little of the time)	
3	3-4 days (Occasionally/moderate amount of time)	
4	5-7 days (Most of the time)	

-  85. Next we'd like to ask some questions about how you've been feeling and thinking in the last week. You are asked to choose the option that best describes how many days in the last 7 you have felt a certain way.

During the last week:

	Less than 1 day (Rarely/none of the time)	1-2 days (Some/a little of the time)	3-4 days (Occasionally/moderate amount of time)	5-7 days (Most of the time)
(a) I was bothered by things that usually don't bother me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) I did not feel like eating; my appetite was poor..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) I felt that I could not shake off the blues even with help from my family or friends.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) I felt that I was just as good as other people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(e)	I had trouble keeping my mind on what I was doing.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f)	I felt depressed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(g)	I felt that everything I did was an effort.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(h)	I felt hopeful about the future.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(i)	I thought my life had been a failure.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(j)	I felt fearful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(k)	My sleep was restless.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(l)	I was happy.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(m)	I talked less than usual.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(n)	I felt lonely.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(o)	People were unfriendly.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(p)	I enjoyed life.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(q)	I had crying spells.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(r)	I felt sad.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(s)	I felt that people disliked me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

(t) I could not get going.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Page Break

Question: DEPRESSION_QUESTIONS

Show if: (ACSBOTH was-not-answered) or (ACSEAT was-not-answered) or (ACSBLUE was-not-answered) or (ACSGOOD was-not-answered) or (ACSFUCUS was-not-answered) or (ACSDDEPR was-not-answered) or (ACSEFF was-not-answered) or (ACSHOPE was-not-answered) or (ACSFAIL was-not-answered) or (ACSFEAR was-not-answered) or (ACSSLEP was-not-answered) or (ACSHAPY was-not-answered) or (ACSQUET was-not-answered) or (ACSLNLY was-not-answered) or (ACSMEAN was-not-answered) or (ACSENJY was-not-answered) or (ACSCRY was-not-answered) or (ACSSAD was-not-answered) or (ACSDSLK was-not-answered) or (ACSINER was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	



86. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Collection: INTERNAL_HOMOPHOBIA
Contains: HOMOPHOBIA_QUESTION, HOMOPHOBIA_QUESTIONS

Question Block: HOMOPHOBIA_QUESTION
Contains: ACRPRES, ACCHNGE, ACWSHNO, ACSHTCM, ACPROFH, ACFLBAD, ACMASC

Scale Summary

Code	Label	Show-If
1	Disagree strongly	
2	Disagree	
3	Neither agree nor disagree	
4	Agree	
5	Agree strongly	

 87. For the next set of questions, please tell us how much you agree or disagree with each statement as it applies to you **at the current time**.

	Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree strongly
(a) In the last 90 days, I have tried to stop being attracted to men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) If someone offered me the chance to be completely heterosexual, I would accept the chance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) I wish I weren't attracted to men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) I feel that being attracted to men is a personal shortcoming for me.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) I would like to get professional help in order to change my sexual orientation so that I was no longer attracted to other men.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) I feel bad about being attracted to men because my community looks down on men who are	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

attracted to other men.					
(g) As a black man, I try to act more masculine to hide my sexuality.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: HOMOPHOBIA_QUESTIONS

Show if: (ACRPRES was-not-answered) or (ACCHNGE was-not-answered) or (ACWSHNO was-not-answered) or (ACSHTCM was-not-answered) or (ACPROFH was-not-answered) or (ACFLBAD was-not-answered) or (ACMASC was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 88. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: VIOLENCE

Contains: ACKDHT, ACKDHTS, ACKDHTO, ACKDHTOS, ACKDSX, ACKDSXS, ACKDSXO, ACKDSXOS, ACTNSX, ACTNSXS, ACTNSXO, ACTNSXOS, ACEABUS, ACEABUSS, ACPABUS, ACPABUSS, ACSTALK, ACSTALKS, ACFORCE, ACFORCES

The next questions are about some particular physical and/or sexual experiences you may have experienced in your life, up until you turned 16 years old.



Page Break

Question: ACKDHT**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	
3	3. Don't know	




89. When you were growing up (before 12 years old), did you ever experience serious physical violence? By physical violence I mean were you ever hit, hit with an object, punched, kicked or beaten up in a way that resulted in injury, severe pain or other serious harm?

- 1. Yes
- 2. No
- 3. Don't know

Page Break

Question: ACKDHTS**Show if:** (ACKDHT was-not-answered)**Scale Summary**

Code	Label	Show-If
1	I prefer not to answer	

 90. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question: ACKDHTO

Show if: (ACKDHT = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	
3	3. Don't know	

 91. Was the person or persons who was/were violent to you an adult or someone at least 5 years older than you?

- 1. Yes
- 2. No
- 3. Don't know


Page Break

Question: ACKDHTOS

Show if: (ACKDHT = 1:[1. Yes]) and (ACKDHTO was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 92. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACKDSX**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	
3	3. Don't know	



93. When you were growing up (before 12 years old), did you have any sexual experiences? By sexual experience I mean sexual touching or sexual intercourse.

- 1. Yes
- 2. No
- 3. Don't know


Page Break

Question: ACKDSXS

Show if: (ACKDSX was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 94. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACKDSXO

Show if: (ACKDSX = 1:[1. Yes])

Scale Summary

Code	Label	Show-If
1	1. Yes	
2	2. No	
3	3. Don't know	



95. Was the person or persons you had the sexual experiences with an adult or someone at least 5 years older than you?

- 1. Yes
- 2. No
- 3. Don't know


Page Break

Question: ACKDSXOS

Show if: (ACKDSX = 1:[1. Yes]) and (ACKDSXO was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 96. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACTNSX**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	
3	3. Don't know	


 97. Between the ages of 12 and 16 did you have any unwanted sexual experiences?
By sexual experience I mean sexual touching or sexual intercourse?

- 1. Yes
- 2. No
- 3. Don't know

Page Break

Question: ACTNSXS**Show if:** (ACTNSX was-not-answered)**Scale Summary**

Code	Label	Show-If
1	I prefer not to answer	


 98. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACTNSXO**Scale Summary**

Code	Label	Show-If
1	1. Yes	
2	2. No	
3	3. Don't know	
4	4. Refused	


 99. Between the ages of 12 and 16 did you have any sexual experiences (wanted or unwanted) with an adult or someone at least 5 years older than you?

- 1. Yes
- 2. No
- 3. Don't know
- 4. Refused

Page Break

Question: ACTNSXOS**Show if:** (ACTNSXO was-not-answered)**Scale Summary**

Code	Label	Show-If
1	I prefer not to answer	

 100. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

This next section asks about some experiences that you may or may not have had with an intimate male partner (i.e., a boyfriend or partner).

Page Break

Question: ACEABUS

Scale Summary		
Code	Label	Show-If
1	1. No	
2	2. Yes, but this has rarely happened	
3	3. Yes, this has sometimes happened	
4	4. Yes, this has happened often	
5	5. Yes, this has always happened	




101. Have you ever experienced emotional abuse from an intimate male partner (i.e., boyfriend or partner)? By **emotional abuse**, we mean humiliation, intimidation, threats of harm or abandonment, belittling, ridiculing, name calling, extreme jealousy and possessiveness, or any other behaviors that made you feel not worthwhile as a person or uncomfortable in your relationship.

- 1. No
- 2. Yes, but this has rarely happened
- 3. Yes, this has sometimes happened
- 4. Yes, this has happened often
- 5. Yes, this has always happened

Page Break

Question: ACEABUSS**Show if:** (ACEABUS was-not-answered)**Scale Summary**

Code	Label	Show-If
1	I prefer not to answer	

 102. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACPABUS

Scale Summary		
Code	Label	Show-If
1	1. No	
2	2. Yes, but this has rarely happened	
3	3. Yes, this has sometimes happened	
4	4. Yes, this has happened often	
5	5. Yes, this has always happened	




103. **Have you ever experienced physical abuse from an intimate male partner (i.e., boyfriend or partner)?** (By **physical abuse**, we mean being pushed, shoved, hit, punched, kicked, choked, or any other physical behaviors that meant to hurt or injure you).

- 1. No
- 2. Yes, but this has rarely happened
- 3. Yes, this has sometimes happened
- 4. Yes, this has happened often
- 5. Yes, this has always happened

Page Break

Question: ACPABUSS**Show if:** (ACPABUS was-not-answered)**Scale Summary**

Code	Label	Show-If
1	I prefer not to answer	

 104. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACSTALK

Scale Summary		
Code	Label	Show-If
1	1. No	
2	2. Yes, but this has rarely happened	
3	3. Yes, this has sometimes happened	
4	4. Yes, this has happened often	
5	5. Yes, this has always happened	



105. **Were you ever stalked by an intimate male partner (i.e. boyfriend or partner)?** (By **stalking**, we mean continuous harassment or threatening behaviors such as being followed or getting harassing phone calls, or any other behaviors that made you feel uncomfortable).

- 1. No
- 2. Yes, but this has rarely happened
- 3. Yes, this has sometimes happened
- 4. Yes, this has happened often
- 5. Yes, this has always happened


Page Break

Question: ACSTALKS

Show if: (ACSTALK was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 106. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACFORCE

Scale Summary		
Code	Label	Show-If
1	1. No	
2	2. Yes, but this has rarely happened	
3	3. Yes, this has sometimes happened	
4	4. Yes, this has happened often	
5	5. Yes, this has always happened	

 107. **Were you ever pressured, forced, or intimidated by an intimate male partner (i.e., boyfriend or partner) into doing something sexually that made you feel uncomfortable or that you did not want to do (i.e., masturbation, sexual touching, oral or anal sex, etc.)?**

- 1. No
- 2. Yes, but this has rarely happened
- 3. Yes, this has sometimes happened
- 4. Yes, this has happened often
- 5. Yes, this has always happened


Page Break

Question: ACFORCES

Show if: (ACFORCE was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 108. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Page Break



You have reached the end of Part 5 of this survey.

If you would like to change any of your answers for Part 5, please go back and do so now.

When you are ready, click the "Next" button to go on to the next part of the survey.



Page Break


Jump-To: JMP1
Description:
Jump-To-Item: End and Submit

Powered by DatStat

0% Complete of Part 6

Collection: LOGIN
Contains: CUSTOMID

Question: CUSTOMID
Required

 Please enter the participant ID

Survey Part 6

Page Break

Collection: SECTION_E

Contains: STRESS, SOCIAL_SUPPORT, TRAVEL, INTERVIEW_LENGTH


Collection: STRESS

Contains: STRESS_OR_CHANGE, STRESS_OR_CHANGES, EXPERIENCES, EXPERIENCES, EXPEROTH, SERIOUS_ACCIDENT_FREQUENCY, SERIOUS_ACCIDENT_FREQUENCIES, SERIOUS_ACCIDENT_SEVERITY, SERIOUS_ACCIDENT_SEVERITYS, SEXUAL_ASSAULT_FREQUENCY, SEXUAL_ASSAULT_FREQUENCIES, SEXUAL_ASSAULT_SEVERITY, SEXUAL_ASSAULT_SEVERITYS, GANG_VIOLENCE_FREQUENCY, GANG_VIOLENCE_FREQUENCIES, GANG_VIOLENCE_SEVERITY, GANG_VIOLENCE_SEVERITYS, SHOOTING_FREQUENCY, SHOOTING_FREQUENCIES, SHOOTING_SEVERITY, SHOOTING_SEVERITYS, ROBBERY_FREQUENCY, ROBBERY_FREQUENCIES, ROBBERY_SEVERITY, ROBBERY_SEVERITYS, HOME_INVASION_FREQUENCY, HOME_INVASION_FREQUENCIES, HOME_INVASION_SEVERITY, HOME_INVASION_SEVERITYS, TERRORIST_ATTACK_FREQUENCY, TERRORIST_ATTACK_FREQUENCIES, TERRORIST_ATTACK_SEVERITY, TERRORIST_ATTACK_SEVERITYS, HELD_HOSTAGE_FREQUENCY, HELD_HOSTAGE_FREQUENCIES, HELD_HOSTAGE_SEVERITY, HELD_HOSTAGE_SEVERITYS, KIDNAPPING_FREQUENCY, KIDNAPPING_FREQUENCIES, KIDNAPPING_SEVERITY, KIDNAPPING_SEVERITYS, FIRE_FREQUENCY, FIRE_FREQUENCIES, FIRE_SEVERITY, FIRE_SEVERITYS, DISCOVER_BODY_FREQUENCY, DISCOVER_BODY_FREQUENCIES, DISCOVER_BODY_SEVERITY, DISCOVER_BODY_SEVERITYS, PERSON_KILLED_FREQUENCY, PERSON_KILLED_FREQUENCIES, PERSON_KILLED_SEVERITY, PERSON_KILLED_SEVERITYS, SUDDEN_DEATH_FREQUENCY, SUDDEN_DEATH_FREQUENCIES, SUDDEN_DEATH_SEVERITY, SUDDEN_DEATH_SEVERITYS, WAR_FREQUENCY, WAR_FREQUENCIES, WAR_SEVERITY, WAR_SEVERITYS, NATURAL_DISASTER_FREQUENCY, NATURAL_DISASTER_FREQUENCIES, NATURAL_DISASTER_SEVERITY, NATURAL_DISASTER_SEVERITYS

Question Block: STRESS_OR_CHANGE

Contains: ACDVRCE, ACFDTH, ACFSTICK, ACFIRED, ACUNEMP, ACMONEY, ACUSICK, ACATTCK, ACARRST, ACJAIL, ACROBBD, ACMOVED

Scale Summary		
Code	Label	Show-If
1	Yes	
2	No	

-  1. Listed below are a number of events that sometimes bring about change in people's lives. Please indicate whether you have experienced each event in the last 6 months.

Did any of the following events happen to **you** in the last **6 months**?

	Yes	No
(a) You got separated, divorced, or had a break-up with a life partner.	<input type="radio"/>	<input type="radio"/>
(b) Death of <u>close</u> family member or very close friend.	<input type="radio"/>	<input type="radio"/>
(c) Serious illness or injury of close family member or very close friend (do not include those who have died).	<input type="radio"/>	<input type="radio"/>
(d) Loss of your job (fired, laid off, quit, retired).	<input type="radio"/>	<input type="radio"/>
(e) Trouble with your employer (risk of losing your job, experiencing discrimination) OR trouble finding employment (you must be seriously looking AND out of work for at least 2 months).	<input type="radio"/>	<input type="radio"/>
(f) You had a major worsening of your financial status or you had major chronic financial problems (e.g., months behind in bills, foreclosure).	<input type="radio"/>	<input type="radio"/>
(g) You had a major illness, chronic health problem or injury.	<input type="radio"/>	<input type="radio"/>
(h) You were physically attacked or sexually abused or assaulted or had your life threatened.	<input type="radio"/>	<input type="radio"/>
(i) You or your partner were arrested for a serious crime (e.g., DUI, possession, robbery).	<input type="radio"/>	<input type="radio"/>
(j) You or your partner were convicted of a crime and went to jail/prison.	<input type="radio"/>	<input type="radio"/>
(k) You were robbed or your home was burglarized.	<input type="radio"/>	<input type="radio"/>
(l) Moved residence more than once during the last 6 months.	<input type="radio"/>	<input type="radio"/>

Page Break

Question: STRESS_OR_CHANGES

Show if: (ACDVRCE was-not-answered) and (ACFDTH was-not-answered) and (ACFSICK was-not-answered) and (ACFIRED was-not-answered) and (ACUNEMP was-not-answered) and (ACMONEY was-not-answered) and (ACUSICK was-not-answered) and (ACATTCK was-not-answered) and (ACARRST was-not-answered) and (ACJAIL was-not-answered) and (ACROBBD was-not-answered) and (ACMOVED was-not-answered)

Scale Summary

Code Label	Show-If
1	I prefer not to answer




2. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: EXPERIENCES

 3. The next questions ask about experiences you may have had that were extremely upsetting.

We want to know if you've ever experienced, witnessed, or had to deal with an extremely upsetting event. This would be something that included death or serious injury (or the threat of death or serious injury) to yourself or another person? Please check all of the events that apply in the list below that you have experienced or witnessed.

-
- 1. Serious accident
 - 2. Sexual or physical assault
 - 3. Gang violence
 - 4. Shooting
 - 5. Robbery
 - 6. Home invasion
 - 7. Terrorist attack
 - 8. Being held hostage
 - 9. Kidnapping
 - 10. Fire
 - 11. Discovering a body
 - 12. Seeing another person killed
 - 13. Sudden death of someone close to you
 - 14. War
 - 15. Natural disaster (in which you thought you would be killed or seriously injured)
 - 16. Other Please specify:
 - 17. No, I haven't experienced anything as traumatic as these events

Page Break

Question: EXPERIENCES

Show if: (EXPERIENCES is-none-of [1. Serious accident] or [2. Sexual or physical assault] or [3. Gang violence] or [4. Shooting] or [5. Robbery] or [6. Home invasion] or [7. Terrorist attack] or [8. Being held hostage] or [9. Kidnapping] or [10. Fire] or [11. Discovering a body] or [12. Seeing another person killed] or [13. Sudden death of someone close to you] or [14. War] or [15. Natural disaster (in which you thought you would be killed or seriously injured)] or [16. Other] or [17. No, I haven't experienced anything as traumatic as these events])

Scale Summary

Code Label	Show-If
1 I prefer not to answer	



4. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question: EXPEROTH

Required

Show if: (EXPERIENCES.OTH.TEXT was-not-answered) and (EXPERIENCES is-any-of [16. Other])

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 5. You selected "Other" in the previous question, but did not specify an experience. Please go back or select "I prefer not to answer"


I prefer not to answer

Page Break

Question Block: SERIOUS_ACCIDENT_FREQUENCY
Contains: AC1SPHF, AC1SNBF, AC1SANF, AC1SJPF
Show if: (EXPERIENCES is-any-of [1. Serious accident])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 6. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **serious accident** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: SERIOUS_ACCIDENT_FREQUENCYS

Show if: (EXPERIENCES is-any-of [1. Serious accident]) and ((AC1SPHF was-not-answered) or (AC1SNBF was-not-answered) or (AC1SANF was-not-answered) or (AC1SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 7. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: SERIOUS_ACCIDENT_SEVERITY
Contains: AC1SPHS, AC1SNBS, AC1SANS, AC1SJPS
Show if: (EXPERIENCES is-any-of [1. Serious accident])

Scale Summary		
Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  8. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **serious accident** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: SERIOUS_ACCIDENT_SEVERITYS

Show if: (EXPERIENCES is-any-of [1. Serious accident]) and ((AC1SPHS was-not-answered) or (AC1SNBS was-not-answered) or (AC1SANS was-not-answered) or (AC1SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 9. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: SEXUAL_ASSAULT_FREQUENCY

Contains: AC2SPHF, AC2SNBF, AC2SANF, AC2SJPF

Show if: (EXPERIENCES is-any-of [2. Sexual or physical assault])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 10. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **sexual or physical assault** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: SEXUAL_ASSAULT_FREQUENCIES

Show if: (EXPERIENCES is-any-of [2. Sexual or physical assault]) and ((AC2SPHF was-not-answered) or (AC2SNBF was-not-answered) or (AC2SANF was-not-answered) or (AC2SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 11. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: SEXUAL_ASSAULT_SEVERITY

Contains: AC2SPHS, AC2SNBS, AC2SANS, AC2SJPS

Show if: (EXPERIENCES is-any-of [2. Sexual or physical assault])

Scale Summary

Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  12. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **sexual or physical assault** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: SEXUAL_ASSAULT_SEVERITYS

Show if: (EXPERIENCES is-any-of [2. Sexual or physical assault]) and ((AC2SPHS was-not-answered) or (AC2SNBS was-not-answered) or (AC2SANS was-not-answered) or (AC2SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 13. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: GANG_VIOLENCE_FREQUENCY

Contains: AC3SPHF, AC3SNBF, AC3SANF, AC3SJPF

Show if: (EXPERIENCES is-any-of [3. Gang violence])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 14. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **gang violence** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: GANG_VIOLENCE_FREQUENCYS

Show if: (EXPERIENCES is-any-of [3. Gang violence]) and ((AC3SPHF was-not-answered) or (AC3SNBF was-not-answered) or (AC3SANF was-not-answered) or (AC3SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 15. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: GANG_VIOLENCE_SEVERITY

Contains: AC3SPHS, AC3SNBS, AC3SANS, AC3SJPS

Show if: (EXPERIENCES is-any-of [3. Gang violence])

Scale Summary		
Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  16. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **gang violence** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	○	○	○	○
(b) Have you been unable to have sad or loving feelings?	○	○	○	○
(c) Have you been irritable or had outbursts of anger?	○	○	○	○
(d) Have you been jumpy or easily startled?	○	○	○	○


Page Break

Question: GANG_VIOLENCE_SEVERITYS

Show if: (EXPERIENCES is-any-of [3. Gang violence]) and ((AC3SPHS was-not-answered) or (AC3SNBS was-not-answered) or (AC3SANS was-not-answered) or (AC3SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 17. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: SHOOTING_FREQUENCY

Contains: AC4SPHF, AC4SNBF, AC4SANF, AC4SJPF

Show if: (EXPERIENCES is-any-of [4. Shooting])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 18. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **shooting** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: SHOOTING_FREQUENCY

Show if: (EXPERIENCES is-any-of [4. Shooting]) and ((AC4SPHF was-not-answered) or (AC4SNBF was-not-answered) or (AC4SANF was-not-answered) or (AC4SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 19. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: SHOOTING_SEVERITY

Contains: AC4SPHS, AC4SNBS, AC4SANS, AC4SJPS

Show if: (EXPERIENCES is-any-of [4. Shooting])

Scale Summary		
Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  20. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **shooting** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	○	○	○	○
(b) Have you been unable to have sad or loving feelings?	○	○	○	○
(c) Have you been irritable or had outbursts of anger?	○	○	○	○
(d) Have you been jumpy or easily startled?	○	○	○	○


Page Break

Question: SHOOTING_SEVERITYS

Show if: (EXPERIENCES is-any-of [4. Shooting]) and ((AC4SPHS was-not-answered) or (AC4SNBS was-not-answered) or (AC4SANS was-not-answered) or (AC4SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 21. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: ROBBERY_FREQUENCY

Contains: AC5SPHF, AC5SNBF, AC5SANF, AC5SJPF

Show if: (EXPERIENCES is-any-of [5. Robbery])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 22. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **robbery** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: ROBBERY_FREQUENCYS

Show if: (EXPERIENCES is-any-of [5. Robbery]) and ((AC5SPHF was-not-answered) or (AC5SNBF was-not-answered) or (AC5SANF was-not-answered) or (AC5SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 23. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: ROBBERY_SEVERITY
Contains: AC5SPHS, AC5SNBS, AC5SANS, AC5SJPS
Show if: (EXPERIENCES is-any-of [5. Robbery])

Scale Summary		
Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

 24. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **robbery** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: ROBBERY_SEVERITYS

Show if: (EXPERIENCES is-any-of [5. Robbery]) and ((AC5SPHS was-not-answered) or (AC5SNBS was-not-answered) or (AC5SANS was-not-answered) or (AC5SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 25. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: HOME_INVASION_FREQUENCY

Contains: AC6SPHF, AC6SNBF, AC6SANF, AC6SJPF

Show if: (EXPERIENCES is-any-of [6. Home invasion])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 26. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **home invasion** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: HOME_INVASION_FREQUENCYS

Show if: (EXPERIENCES is-any-of [6. Home invasion]) and ((AC6SPHF was-not-answered) or (AC6SNBF was-not-answered) or (AC6SANF was-not-answered) or (AC6SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 27. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: HOME_INVASION_SEVERITY
Contains: AC6SPHS, AC6SNBS, AC6SANS, AC6SJPS
Show if: (EXPERIENCES is-any-of [6. Home invasion])

Scale Summary		
Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

 28. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **home invasion** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: HOME_INVASION_SEVERITYS

Show if: (EXPERIENCES is-any-of [6. Home invasion]) and ((AC6SPHS was-not-answered) or (AC6SNBS was-not-answered) or (AC6SANS was-not-answered) or (AC6SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 29. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."


I prefer not to answer

Page Break

Question Block: TERRORIST_ATTACK_FREQUENCY
Contains: AC7SPHF, AC7SNBF, AC7SANF, AC7SJPF
Show if: (EXPERIENCES is-any-of [7. Terrorist attack])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 30. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **terrorist attack** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: TERRORIST_ATTACK_FREQUENCYS

Show if: (EXPERIENCES is-any-of [7. Terrorist attack]) and ((AC7SPHF was-not-answered) or (AC7SNBF was-not-answered) or (AC7SANF was-not-answered) or (AC7SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	


 31. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: TERRORIST_ATTACK_SEVERITY
Contains: AC7SPHS, AC7SNBS, AC7SANS, AC7SJPS
Show if: (EXPERIENCES is-any-of [7. Terrorist attack])

Scale Summary		
Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

 32. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **terrorist attack** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: TERRORIST_ATTACK_SEVERITYS

Show if: (EXPERIENCES is-any-of [7. Terrorist attack]) and ((AC7SPHS was-not-answered) or (AC7SNBS was-not-answered) or (AC7SANS was-not-answered) or (AC7SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 33. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: HELD_HOSTAGE_FREQUENCY

Contains: AC8SPHF, AC8SNBF, AC8SANF, AC8SJPF

Show if: (EXPERIENCES is-any-of [8. Being held hostage])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 34. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **being held hostage** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: HELD_HOSTAGE_FREQUENCYS

Show if: (EXPERIENCES is-any-of [8. Being held hostage]) and ((AC8SPHF was-not-answered) or (AC8SNBF was-not-answered) or (AC8SANF was-not-answered) or (AC8SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 35. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: HELD_HOSTAGE_SEVERITY

Contains: AC8SPHS, AC8SNBS, AC8SANS, AC8SJPS

Show if: (EXPERIENCES is-any-of [8. Being held hostage])

Scale Summary		
Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  36. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **being held hostage** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	○	○	○	○
(b) Have you been unable to have sad or loving feelings?	○	○	○	○
(c) Have you been irritable or had outbursts of anger?	○	○	○	○
(d) Have you been jumpy or easily startled?	○	○	○	○


Page Break

Question: HELD_HOSTAGE_SEVERITY5

Show if: (EXPERIENCES is-any-of [8. Being held hostage]) and ((AC8SPHS was-not-answered) or (AC8SNBS was-not-answered) or (AC8SANS was-not-answered) or (AC8SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 37. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: KIDNAPPING_FREQUENCY

Contains: AC9SPHF, AC9SNBF, AC9SANF, AC9SJPF

Show if: (EXPERIENCES is-any-of [9. Kidnapping])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 38. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **kidnapping** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: KIDNAPPING_FREQUENCYS

Show if: (EXPERIENCES is-any-of [9. Kidnapping]) and ((AC9SPHF was-not-answered) or (AC9SNBF was-not-answered) or (AC9SANF was-not-answered) or (AC9SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 39. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: KIDNAPPING_SEVERITY

Contains: AC9SPHS, AC9SNBS, AC9SANS, AC9SJPS

Show if: (EXPERIENCES is-any-of [9. Kidnapping])

Scale Summary		
Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

 40. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **kidnapping** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	○	○	○	○
(b) Have you been unable to have sad or loving feelings?	○	○	○	○
(c) Have you been irritable or had outbursts of anger?	○	○	○	○
(d) Have you been jumpy or easily startled?	○	○	○	○


Page Break

Question: KIDNAPPING_SEVERITYS

Show if: (EXPERIENCES is-any-of [9. Kidnapping]) and ((AC9SPHS was-not-answered) or (AC9SNBS was-not-answered) or (AC9SANS was-not-answered) or (AC9SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 41. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: FIRE_FREQUENCY**Contains:** AC10SPHF, AC10SNBF, AC10SANF, AC10SJPF

Show if: (EXPERIENCES is-any-of [10. Fire])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 42. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **fire** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: FIRE_FREQUENCYS

Show if: (EXPERIENCES is-any-of [10. Fire]) and ((AC10SPHF was-not-answered) or (AC10SNBF was-not-answered) or (AC10SANF was-not-answered) or (AC10SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 43. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Question Block: FIRE_SEVERITY**Contains:** AC10SPHS, AC10SNBS, AC10SANS, AC10SJPS

Show if: (EXPERIENCES is-any-of [10. Fire])

Scale Summary

Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  44. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **fire** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	○	○	○	○
(b) Have you been unable to have sad or loving feelings?	○	○	○	○
(c) Have you been irritable or had outbursts of anger?	○	○	○	○
(d) Have you been jumpy or easily startled?	○	○	○	○


Page Break

Question: FIRE_SEVERITYS

Show if: (EXPERIENCES is-any-of [10. Fire]) and ((AC10SPHS was-not-answered) or (AC10SNBS was-not-answered) or (AC10SANS was-not-answered) or (AC10SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 45. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: DISCOVER_BODY_FREQUENCY

Contains: AC11SPHF, AC11SNBF, AC11SANF, AC11SJPF

Show if: (EXPERIENCES is-any-of [11. Discovering a body])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 46. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **discovering a body** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: DISCOVER_BODY_FREQUENCYS

Show if: (EXPERIENCES is-any-of [11. Discovering a body]) and ((AC11SPHF was-not-answered) or (AC11SNBF was-not-answered) or (AC11SANF was-not-answered) or (AC11SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 47. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: DISCOVER_BODY_SEVERITY

Contains: AC11SPHS, AC11SNBS, AC11SANS, AC11SJPS

Show if: (EXPERIENCES is-any-of [11. Discovering a body])

Scale Summary

Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  48. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **discovering a body** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: DISCOVER_BODY_SEVERITYS

Show if: (EXPERIENCES is-any-of [11. Discovering a body]) and ((AC11SPHS was-not-answered) or (AC11SNBS was-not-answered) or (AC11SANS was-not-answered) or (AC11SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 49. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: PERSON_KILLED_FREQUENCY

Contains: AC12SPHF, AC12SNBF, AC12SANF, AC12SJPF

Show if: (EXPERIENCES is-any-of [12. Seeing another person killed])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 50. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **seeing another person killed** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: PERSON_KILLED_FREQUENCYS

Show if: (EXPERIENCES is-any-of [12. Seeing another person killed]) and ((AC12SPHF was-not-answered) or (AC12SNBF was-not-answered) or (AC12SANF was-not-answered) or (AC12SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 51. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: PERSON_KILLED_SEVERITY

Contains: AC12SPHS, AC12SNBS, AC12SANS, AC12SJPS

Show if: (EXPERIENCES is-any-of [12. Seeing another person killed])

Scale Summary

Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  52. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **seeing another person killed** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: PERSON_KILLED_SEVERITYS

Show if: (EXPERIENCES is-any-of [12. Seeing another person killed]) and ((AC12SPHS was-not-answered) or (AC12SNBS was-not-answered) or (AC12SANS was-not-answered) or (AC12SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 53. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: SUDDEN_DEATH_FREQUENCY

Contains: AC13SPHF, AC13SNBF, AC13SANF, AC13SJPF

Show if: (EXPERIENCES is-any-of [13. Sudden death of someone close to you])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

-  54. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **sudden death of someone close to you** that you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: SUDDEN_DEATH_FREQUENCYS

Show if: (EXPERIENCES is-any-of [13. Sudden death of someone close to you]) and ((AC13SPHF was-not-answered) or (AC13SNBF was-not-answered) or (AC13SANF was-not-answered) or (AC13SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 55. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: SUDDEN_DEATH_SEVERITY

Contains: AC13SPHS, AC13SNBS, AC13SANS, AC13SJPS

Show if: (EXPERIENCES is-any-of [13. Sudden death of someone close to you])

Scale Summary

Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  56. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **sudden death of someone close to you** that you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: SUDDEN_DEATH_SEVERITYS

Show if: (EXPERIENCES is-any-of [13. Sudden death of someone close to you]) and ((AC13SPHS was-not-answered) or (AC13SNBS was-not-answered) or (AC13SANS was-not-answered) or (AC13SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 57. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: WAR_FREQUENCY

Contains: AC14SPHF, AC14SNBF, AC14SANF, AC14SJPF

Show if: (EXPERIENCES is-any-of [14. War])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 58. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **war** you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: WAR_FREQUENCYS

Show if: (EXPERIENCES is-any-of [14. War]) and ((AC14SPHF was-not-answered) or (AC14SNBF was-not-answered) or (AC14SANF was-not-answered) or (AC14SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 59. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: WAR_SEVERITY

Contains: AC14SPHS, AC14SNBS, AC14SANS, AC14SJPS

Show if: (EXPERIENCES is-any-of [14. War])

Scale Summary

Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

 60. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **war** you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: WAR_SEVERITYS

Show if: (EXPERIENCES is-any-of [14. War]) and ((AC14SPHS was-not-answered) or (AC14SNBS was-not-answered) or (AC14SANS was-not-answered) or (AC14SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 61. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: NATURAL_DISASTER_FREQUENCY

Contains: AC15SPHF, AC15SNBF, AC15SANF, AC15SJPF

Show if: (EXPERIENCES is-any-of [15. Natural disaster (in which you thought you would be killed or seriously injured)])

Scale Summary

Code	Label	Show-If
1	Not at all	
2	Once only	
3	2-3 times	
4	4-6 times	
5	Everyday	

 62. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **natural disaster in which you thought you would be killed or seriously injured**, you experienced.

For each question consider **HOW OFTEN IN THE LAST WEEK** the symptom troubled you.

	Not at all	Once only	2-3 times	4-6 times	Everyday
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: NATURAL_DISASTER_FREQUENCYS

Show if: (EXPERIENCES is-any-of [15. Natural disaster (in which you thought you would be killed or seriously injured)]) and ((AC15SPHF was-not-answered) or (AC15SNBF was-not-answered) or (AC15SANF was-not-answered) or (AC15SJPF was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 63. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break


Question Block: NATURAL_DISASTER_SEVERITY

Contains: AC15SPHS, AC15SNBS, AC15SANS, AC15SJPS

Show if: (EXPERIENCES is-any-of [15. Natural disaster (in which you thought you would be killed or seriously injured)])

Scale Summary

Code	Label	Show-If
1	Not very distressing	
2	Distressing	
3	Very distressing	
4	EXTREMELY distressing	

-  64. The following questions ask you about specific symptoms you may have because of experiencing a very upsetting event.

The "event" in the questions below refer to the **natural disaster in which you thought you would be killed or seriously injured**, you experienced.

For each question consider **HOW SEVERE** it was.

	Not very distressing	Distressing	Very distressing	EXTREMELY distressing
(a) Have you been physically upset by reminders of the event (this includes sweating, trembling, racing heart, shortness of breath, nausea, or diarrhea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Have you been unable to have sad or loving feelings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) Have you been irritable or had outbursts of anger?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Have you been jumpy or easily startled?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


Page Break

Question: NATURAL_DISASTER_SEVERITYS

Show if: (EXPERIENCES is-any-of [15. Natural disaster (in which you thought you would be killed or seriously injured)]) and ((AC15SPHS was-not-answered) or (AC15SNBS was-not-answered) or (AC15SANS was-not-answered) or (AC15SJPS was-not-answered))

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 65. You didn't answer some or all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: SOCIAL_SUPPORT

Contains: SUPPORT, SUPPORTS, ACSSPRT, ACSSPRTS

Question Block: SUPPORT

Contains: ACSSAVL, ACSSADV, ACSSIVE, ACSSHIP, ACSSES, ACSSCIS

Scale Summary

Code Label	Show-If
1 None of the time	
2 A little of the time	
3 Some of the time	
4 Most of the time	
5 All of the time	

 66. This next section asks about people in your life.

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
(a) How often is there someone available to whom you can count on to listen to you when you need to talk?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) How often is there someone available to you to give you good advice about a problem?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) How often is there someone available to you who shows you love and affection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) How often is there someone available to help with daily chores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) How often can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(f) How often do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide in?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>


Page Break

Question: SUPPORTS

Show if: (ACSSAVL was-not-answered) or (ACSSADV was-not-answered) or (ACSSIVE was-not-answered) or (ACSSHIP was-not-answered) or (ACSSSES was-not-answered) or (ACSSCIS was-not-answered)

Scale Summary

Code	Label	Show-If
1	I prefer not to answer	

 67. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: ACSSPRT

Scale Summary		
Code	Label	Show-If
1	1. Yes	
2	2. No	

 68. Are you currently living with a partner?


- 1. Yes
- 2. No

Page Break

Question: ACSSPRTS

Show if: (ACSSPRT was-not-answered)

Scale Summary	
Code Label	Show-If
1	I prefer not to answer

 69. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Collection: TRAVEL

Contains: AC14, AC14S, AC14OTS, QT_TRVL_SX, ACTRSXS

The next questions are about your experiences traveling to other cities.

Question: AC14



70. Have you traveled to any of these cities in the last 6 months (check all that apply)?

- 1. Atlanta
- 2. Baltimore
- 3. Birmingham
- 4. Boston
- 5. Chicago
- 6. Dallas
- 7. Denver
- 8. Detroit
- 9. Washington, DC
- 10. Fire Island
- 11. Fort Lauderdale
- 12. Gary
- 13. Houston
- 14. Key West
- 15. Los Angeles
- 16. Memphis
- 17. Miami
- 18. New Orleans
- 19. New York City
- 20. Oakland
- 21. Philadelphia
- 22. Portland
- 23. Provincetown
- 24. Richmond
- 25. San Diego
- 26. San Francisco
- 27. San Juan
- 28. St. Louis
- 29. Seattle
- 30. Other, please specify
- 31. Other, please specify
- 32. I have not traveled to any cities in the last 6 months

Page Break

Question: AC14S

Show if: (AC14 is-none-of [1. Atlanta] or [2. Baltimore] or [3. Birmingham] or [4. Boston] or [5. Chicago] or [6. Dallas] or [7. Denver] or [8. Detroit] or [9. Washington, DC] or [10. Fire Island] or [11. Fort Lauderdale] or [12. Gary] or [13. Houston] or [14. Key West] or [15. Los Angeles] or [16. Memphis] or [17. Miami] or [18. New Orleans] or [19. New York City] or [20. Oakland] or [21. Philadelphia] or [22. Portland] or [23. Provincetown] or [24. Richmond] or [25. San Diego] or [26. San Francisco] or [27. San Juan] or [28. St. Louis] or [29. Seattle] or [30. Other, please specify] or [31. Other, please specify] or [32. I have not traveled to any cities in the last 6 months])

Scale Summary

Code Label	Show-If
1	I prefer not to answer



71. You didn't answer the previous question. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question: AC14OTS

Show if: ((AC14 is-any-of [30. Other, please specify]) and (AC14.OT2.X2_ was-not-answered)) or ((AC14 is-any-of [31. Other, please specify]) and (AC14.OT3.X3_ was-not-answered))

Scale Summary

Code Label	Show-If
1	I prefer not to answer



72. You selected one or more responses of "Other" in the previous question, but did not enter any specify text. Please go back or click "I prefer not to answer."

I prefer not to answer

Page Break

Question Block: QT_TRVL_SX**Contains:** AT SX, BASX, BISX, BOSX, CHSX, DASX, DESX, DTSX, DCSX, FISX, FLSX, GASX, HOSX, KWSX, LASX, MESX, MISX, NOSX, NYSX, OKSX, PHSX, POSX, PVSX, RISX, SDSX, SFSX, SJSX, SLSX, SESX, OT2SX, OT3SX**Scale Summary**

Code	Label	Show-If
1	Yes	
2	No	

73.

		Yes	No
While you were in the city(s) listed below, did you have anal sex with another man, not including someone you were traveling with?			
(a)	Atlanta	<input type="radio"/>	<input type="radio"/>
(b)	Baltimore	<input type="radio"/>	<input type="radio"/>
(c)	Birmingham	<input type="radio"/>	<input type="radio"/>
(d)	Boston	<input type="radio"/>	<input type="radio"/>
(e)	Chicago	<input type="radio"/>	<input type="radio"/>
(f)	Dallas	<input type="radio"/>	<input type="radio"/>
(g)	Denver	<input type="radio"/>	<input type="radio"/>
(h)	Detroit	<input type="radio"/>	<input type="radio"/>
(i)	Washington, DC	<input type="radio"/>	<input type="radio"/>
(j)	Fire Island	<input type="radio"/>	<input type="radio"/>
(k)	Ft. Lauderdale	<input type="radio"/>	<input type="radio"/>
(l)	Gary	<input type="radio"/>	<input type="radio"/>
(m)	Houston	<input type="radio"/>	<input type="radio"/>
(n)	Key West	<input type="radio"/>	<input type="radio"/>
(o)	Los Angeles	<input type="radio"/>	<input type="radio"/>
(p)	Memphis	<input type="radio"/>	<input type="radio"/>
(q)	Miami	<input type="radio"/>	<input type="radio"/>
(r)	New Orleans	<input type="radio"/>	<input type="radio"/>
(s)	New York City	<input type="radio"/>	<input type="radio"/>
(t)	Oakland	<input type="radio"/>	<input type="radio"/>
(u)	Philadelphia	<input type="radio"/>	<input type="radio"/>
(v)	Portland	<input type="radio"/>	<input type="radio"/>
(w)	Provincetown	<input type="radio"/>	<input type="radio"/>
(x)	Richmond	<input type="radio"/>	<input type="radio"/>
(y)	San Diego	<input type="radio"/>	<input type="radio"/>
(z)	San Francisco	<input type="radio"/>	<input type="radio"/>
(aa)	San Juan	<input type="radio"/>	<input type="radio"/>
(ab)	Saint Louis	<input type="radio"/>	<input type="radio"/>
(ac)	Seattle	<input type="radio"/>	<input checked="" type="radio"/>

(ad)	<input type="radio"/>	<input type="radio"/>
(ae)	<input type="radio"/>	<input type="radio"/>

Page Break

Question: ACTRSXS

Show if: (ATXS was-not-answered) and (BASX was-not-answered) and (BISX was-not-answered) and (BOSX was-not-answered) and (CHSX was-not-answered) and (DASX was-not-answered) and (DESX was-not-answered) and (DTSX was-not-answered) and (DCSX was-not-answered) and (FISX was-not-answered) and (FLSX was-not-answered) and (GASX was-not-answered) and (HOSX was-not-answered) and (KWSX was-not-answered) and (LASX was-not-answered) and (MESX was-not-answered) and (MISX was-not-answered) and (NOSX was-not-answered) and (NYSX was-not-answered) and (OKSX was-not-answered) and (PHSX was-not-answered) and (POSX was-not-answered) and (PVSX was-not-answered) and (SDSX was-not-answered) and (SFSX was-not-answered) and (SLSX was-not-answered) and (SESX was-not-answered) and (OT2SX was-not-answered) and (OT3SX was-not-answered) and (AC14 is-any-of [1. Atlanta] or [2. Baltimore] or [3. Birmingham] or [4. Boston] or [5. Chicago] or [6. Dallas] or [7. Denver] or [8. Detroit] or [9. Washington, DC] or [10. Fire Island] or [11. Fort Lauderdale] or [12. Gary] or [13. Houston] or [14. Key West] or [15. Los Angeles] or [16. Memphis] or [17. Miami] or [18. New Orleans] or [19. New York City] or [20. Oakland] or [21. Philadelphia] or [22. Portland] or [23. Provincetown] or [24. Richmond] or [25. San Diego] or [26. San Francisco] or [27. San Juan] or [28. St. Louis] or [29. Seattle] or [30. Other, please specify] or [31. Other, please specify])

Scale Summary

Code Label	Show-If
1	I prefer not to answer



74. You didn't answer all of the previous questions. Please go back or click "I prefer not to answer."

I prefer not to answer


Page Break

Collection: INTERVIEW_LENGTH
Contains: ACAUDIO, ACASST, ACQLEN

Question: ACAUDIO

Scale Summary


Code	Label	Show-If
1	1. For all the questions	
2	2. For most of the questions	
3	3. For some of the questions	
4	4. For none of the questions	

 75. As you completed this questionnaire, how often did you rely on the questions being read aloud to be able to answer them?

- 1. For all the questions
- 2. For most of the questions
- 3. For some of the questions
- 4. For none of the questions

Page Break

Question: ACASST		
Scale Summary		
Code	Label	Show-If
1	1. No, I did not have any problems completing the survey on my own.	
2	2. Yes, I had to have some of the questions explained to me.	
3	3. Yes, I needed help using the computer.	
4	4. Yes, I needed to have the questionnaire read to me by a staff member.	
5	5. Yes, I needed assistance for a different reason.	

 76. Did you experience any problems with the questionnaire today that required you to seek assistance from site staff?


- 1. No, I did not have any problems completing the survey on my own.
- 2. Yes, I had to have some of the questions explained to me.
- 3. Yes, I needed help using the computer.
- 4. Yes, I needed to have the questionnaire read to me by a staff member.
- 5. Yes, I needed assistance for a different reason.

Page Break

Question: ACQLEN

Scale Summary

Code Label	Show-If
1	1. Too long
2	2. Too short
3	3. The right length

 77. We are nearly at the end of the questionnaire, but before we finish we would like to know how you felt about the length of this questionnaire.

- 1. Too long
- 2. Too short
- 3. The right length

Page Break

In a moment you will meet with a counselor who will check in with you to see how you are doing after completing this questionnaire. Some people find that after answering these questions that they would like to talk to someone about the issues they bring up. especially topics like how often they feel down or blue, use of drugs and alcohol, experience of violence (because of their race, sexual orientation, or from a violent partner), or abuse they have experienced as a child or as an adult. Your counselor is someone safe you can talk to about any issues that came up for you, if you would like. He or she can also tell you about any resources that might be available to you for these issues. You don't have to discuss these issues with the counselor if you don't want to.

Those are all the questions that we have. Thank you very much for your time. A member of the study staff would be happy to answer any questions or address concerns that you may have.



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