

0% Complete of Part 1

**Collection:** LOGIN  
**Contains:** CUSTOMID

## Survey Login Page

**Question:** CUSTOMID  
**Required**

### ▶ THIS IS PART 1 OF THE HPTN061 FOLLOWUP SURVEY

**Please enter a valid participant ID as follows:**

**SSS-XXXXX-XvV**, where:

SSS is the site number

XXXXX-X is the participant and check digit numbers

V is the follow-up visit number

*(either 2 for visit 2.0 or 3 for visit 3.0)*

For example:

999-00000-1v2 *for the 6-month follow-up*

999-00000-1v3 *for the 12-month follow-up.*

**Collection:** HIV\_STATUS  
**Contains:** ACHIV, ACVISIT, ACNET

For Site Staff:

**Question:** ACHIV  
**Required**

Scale Summary		
Code	Label	Show-If
1	1. Yes	

2	2. No	
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1. Has the participant received a prior positive HIV diagnosis?

- 1. Yes
- 2. No

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Page Break

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**Question:** ACVISIT

**Required**

Scale Summary		
Code	Label	Show-If
2	6-month follow-up	
3	12-month follow-up	

2. Select the current visit:

- 6-month follow-up
- 12-month follow-up

Page Break

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**ERROR ALERT!**

The visit you selected for the previous question #2:

**does not match** the visit number you entered as part of the Participant ID:

"".

The visit entered for the previous question #2 **must match** the visit number entered as part of the Participant ID.

Questions presented to the Participant in this survey will be based on the visit number entered as part of the Participant ID regardless of the visit you entered for the previous question.

Please go back to the previous question and correct the visit entered to match the visit number you entered as part of the Participant ID.

It is NOT possible to correct the visit number you entered as part of the Participant ID. So, IF you entered the incorrect visit number in the Participant ID, exit this survey now and start a new survey with the correct Participant ID. In addition, notify SCHARP that a survey with the incorrect Participant ID was begun but needs to be deleted.

Thank you.

Page Break

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**Question:** ACNET

**Required**

**Show if:** (ACVISIT = 2: [6-month follow-up])

**Scale Summary**

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

3. Was this participant asked to refer up to 5 of his sexual network partners to the study?

1. Yes  
 2. No

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Page Break

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**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

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## Survey Part 1

Page Break

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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	

4. In the last 6 months, have you been tested for HIV, not including any testing done here at this clinic?

1. Yes  
 2. No

Page Break

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**Question:** ACVTSTS

**Required**

**Show if:** (ACVTST 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

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Page Break

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**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

6. In the last 6 months, how many times have you been tested **for HIV?**

# of times

Page Break

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**Question:** ACVTSTNS

**Required**

**Show if:** (ACVTSTN 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

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In the last 6 months, when was your most recent HIV test? .

**Question:** ACTSMN

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

\_\_\_\_\_ mm

**Question:** ACTSYR

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

\_\_\_\_\_ yyyy

Page Break

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**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	

10. 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

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**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	

11. Where did you get this 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

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**Question:** ACTSTWHS

**Required**

**Show if:** (ACTSTWH 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

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**Question:** AC1

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

13. In the last 6 months, why did you choose to get this most recent HIV test? (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,

Page Break

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**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	

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

I prefer not to answer

Page Break

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**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	

15. 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

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**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	

16. What were the results of this HIV test?

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

Page Break

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**Question:** ACVTSTRS

**Required**

**Show if:** (ACVTSTR 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

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**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 1 to 2 months	
5	5. Within 2 to 4 months	
6	6. Within 4 to 6 months	
7	7. Never got medical care for HIV	

18. 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 1 to 2 months
- 5. Within 2 to 4 months
- 6. Within 4 to 6 months
- 7. Never got medical care for HIV

Page Break

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**Question:** ACVT2TXS

**Required**

**Show if:** (ACVT2TX 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

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Next we would like to find out about your experience taking medicines for your HIV in the last 6 months.

Question: ACRX

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

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

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

Page Break

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**Question:** ACRXS

**Required**

**Show if:** (ACRX 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

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Page Break

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**Collection:** HIV\_MEDS

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

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

**Question:** ACRXN

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

# of Pills

Page Break

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**Question:** ACRXNS

**Required**

**Show if:** (ACRXN 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

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Page Break

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**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%	

24. 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

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**Question:** ACRXPCTS

**Required**

**Show if:** (ACRXPCT 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

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Page Break

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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	

26. 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

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**Question:** ACRXCOMS

**Required**

**Show if:** (ACRXCOM 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

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Page Break

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**Collection:** GENDER\_TREATOPT

**Contains:** AC2, AC3, AC3S, AC3XS, 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

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Question: AC2

28. 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

29. **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

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**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	

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

I prefer not to answer

Page Break

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**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	

31. 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

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**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. .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) I feel comfortable having unprotected sex because HIV can be easily managed now. .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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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

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**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**

▶ ***THIS IS PART 2 OF THE HPTN061 FOLLUWUP SURVEY. YOU SHOULD ONLY BE VIEWING THIS PAGE IF THE PARTICIPANT COMPLETED PART 1 OF THE SURVEY AND IS RESUMING THE SURVEY IN PART 2.***

**Please enter a valid participant ID as follows:  
SSS-XXXXX-XvV**, where:

SSS is the site number  
XXXXX-X is the participant and check digit numbers  
V is the follow-up visit number  
(either 2 for visit 2.0 or 3 for visit 3.0)

For example:

999-00000-1v2 *for the 6-month follow-up*  
999-00000-1v3 *for the 12-month follow-up*

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## Survey Part 2.

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**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

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**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

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**Question:** ACMNWNS

**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

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Page Break

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**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

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**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

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Page Break

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**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

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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.

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**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

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**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

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**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

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Page Break

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**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

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**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

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**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

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**Question:** ACTGNCNS

**Required**

**Show if:** (ACTGNCN 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

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**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

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**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

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**Collection:** MALE\_PRTNRS\_TP\_BT

**Contains:** ACMTPN, ACMPNS, ACMTPCN, ACMTPCNS, ACMBTN, ACMBTNS, ACMBTCN, ACMBTCNS, ACLUB, ACLUBS, ACLUBXS, ACMFIST, ACMFISTS

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

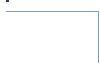
For the next several questions, "men" means your **male partner(s)** and **transgender partner(s) that you think of as men.**

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:** ACMTPN

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

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---

**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

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**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

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**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

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**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 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 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.*

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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

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**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:** (ACLMPR 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

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---

**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

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**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

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**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

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**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

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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

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**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 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](#)

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Page Break

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**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

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**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?

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Page Break

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**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

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**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](#)

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Page Break

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**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

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**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?

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Page Break

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**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

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**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 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 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

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Page Break

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**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 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

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**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

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**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

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---

**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](#)

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Page Break

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**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

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---

**Question:** ACPMTCN

**Show if:** (ACPMTPN > 0)

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

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Page Break

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**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

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---

**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](#)

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Page Break

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**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

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---

**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?

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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 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



***THIS IS PART 3 OF THE HPTN061 FOLLOWUP SURVEY. YOU SHOULD ONLY BE VIEWING THIS PAGE IF THE PARTICIPANT COMPLETED PARTS 1 and 2 OF THE SURVEY AND IS RESUMING THE SURVEY IN PART 3.***

**Please enter a valid participant ID as follows:**

SSS-XXXXX-XvV, where:

SSS is the site number

XXXXX-X is the participant and check digit numbers

V is the follow-up visit number

*(either 2 for visit 2.0 or 3 for visit 3.0)*

For example:

999-00000-1v2 *for the 6-month follow-up*

999-00000-1v3 *for the 12-month follow-up*

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\_CK ≠ 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

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**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:**

0

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

0.

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:** ACVN XGNS

**Required**

**Show if:** (ACVN XGN 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**



***THIS IS PART 4 OF THE HPTN061 FOLLOWUP SURVEY. YOU SHOULD ONLY BE VIEWING THIS PAGE IF THE PARTICIPANT COMPLETED PARTS 1-3 OF THE SURVEY AND IS RESUMING THE SURVEY IN PART 4.***

**Please enter a valid participant ID as follows:  
SSS-XXXXX-XvV, where:**

SSS is the site number  
XXXXX-X is the participant and check digit numbers  
V is the follow-up visit number  
(either 2 for visit 2.0 or 3 for visit 3.0)

For example:

999-00000-1v2 *for the 6-month follow-up*

999-00000-1v3 *for the 12-month follow-up*

## 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
<div style="text-align: center;">  <p>At which one of these places did you meet the <b>MOST</b> men who you later had sex with?</p> </div>	
(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, AC11NJ, AC11JS

**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) Non-prescribed 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

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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

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Page Break

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**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

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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

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Page Break

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**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

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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

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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

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Page Break

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**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

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Page Break

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**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

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Page Break


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**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

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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

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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

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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

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**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

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**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. In the last 6 months, how often 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. In the last 6 months, how often 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. In the last 6 months, how often 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. In the last 6 months, how often 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. In the last 6 months, how often 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

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**Question:** ACETHRT**Scale Summary**

Code	Label	Show-If
1	1. Never	
2	2. Yes, but not in the last 6 months	
3	3. Yes, during the last 6 months	

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

- 1. Never
- 2. Yes, but not in the last 6 months
- 3. Yes, during the last 6 months

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 6 months	
3	3. Yes, during the last 6 months	

 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 6 months
- 3. Yes, during the last 6 months

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 last 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. In the last 6 months, how many times 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. In the last 6 months, 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. In the last 6 months, 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, ACRMSX, ACRMSXS


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. In the last 6 months, how often have you been attending 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. In the last 6 months, how often have you done 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. In the last 6 months, how often have 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. In the last 6 months, how often have you talked 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. In the last 6 months, how often have you consulted 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

---

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



***THIS IS PART 5 OF HPTN061 FOLLOWUP THE SURVEY. YOU SHOULD ONLY BE VIEWING THIS PAGE IF THE PARTICIPANT COMPLETED PARTS 1-4 OF THE SURVEY AND IS RESUMING THE SURVEY IN PART 5.***

**Please enter a valid participant ID as follows:**

**SSS-XXXXX-XvV**, where:

SSS is the site number

XXXXX-X is the participant and check digit numbers

V is the follow-up visit number

(either 2 for visit 2.0 or 3 for visit 3.0)

For example:

999-00000-1v2 *for the 6-month follow-up*

999-00000-1v3 *for the 12-month follow-up*

## 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. In the last 6 months, 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. In the last 6 months, 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. In the last 6 months, have you enrolled in any other research studies?

- 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. In the last 6 months, how many other research studies have you enrolled 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

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**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, BEING\_PUNCHED, BEING\_PNCHDS, THREATENED\_KNIFE, KNIFES


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 in the last 6 months because of your race and if so, how much it bothers you. Then you will be asked if you have had that experience in the last 6 months because of your sexuality, and if so, how much it bothers you.

Page Break

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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

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**Question Block:** TREATED\_RUDELY**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break


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**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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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

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**Question Block:** TREATED\_STUPID**Contains:** ACDRDIS, ACSDIS**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Page Break


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**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

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**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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>


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 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	

-  69. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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	

 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:** 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	

 71. In the last 6 months, 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 <b>because of my race</b> and it...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Happened to me <b>because of my sexuality</b> 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	

 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

---

**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	

 73. 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 checked="" type="radio"/>

make it more difficult for Black people in general.						
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Page Break

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**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	

 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:** 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	

 75. 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	

 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 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	

 77. 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	

 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:** 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)	

-  79. 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


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**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 (ACFCUS was-not-answered) or (ACSEPR was-not-answered) or (ACSEFF was-not-answered) or (ACSHOPE was-not-answered) or (ACSFALL 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 (ACSENY 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	

 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


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**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	

 81. 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


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**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	

 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

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**Collection:** VIOLENCE

**Contains:** ACEABUS, ACEABUSS, ACPABUS, ACPABUSS, ACSTALK, ACSTALKS, ACFORCE, ACFORCES

This next section asks about some experiences that you may or may not have had in the last 6 months with an intimate male partner (i.e., a boyfriend or partner).

Page Break

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**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	



**83. In the last 6 months, have you 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

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Page Break


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**Question:** ACEABUSS

**Show if:** (ACEABUS 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

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**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	



**85. In the last 6 months, have you 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

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**Question:** ACPABUSS**Show if:** (ACPABUS 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

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**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	



**87. In the last 6 months, have you been 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


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**Question:** ACSTALKS

**Show if:** (ACSTALK 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

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**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	



**89. In the last 6 months, have you been 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


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**Question:** ACFORCES

**Show if:** (ACFORCE 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

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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

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**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



**THIS IS PART 6 OF THE HPTN061 FOLLOWUP SURVEY. YOU SHOULD ONLY BE VIEWING THIS PAGE IF THE PARTICIPANT COMPLETED PARTS 1-5 OF THE SURVEY AND IS RESUMING THE SURVEY IN PART 6.**

**Please enter a valid participant ID as follows:**

**SSS-XXXXX-XvV**, where:

SSS is the site number

XXXXX-X is the participant and check digit numbers

V is the follow-up visit number

(either 2 for visit 2.0 or 3 for visit 3.0)

For example:

999-00000-1v2 *for the 6-month follow-up*

999-00000-1v3 *for the 12-month follow-up*

Survey Part 6

Page Break


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**Collection:** SECTION\_E**Contains:** STRESS, SOCIAL\_SUPPORT, TRAVEL, PHN\_QUESTIONS, STUDY\_SAT, 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) <b>OR</b> 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

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**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

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Page Break

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**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

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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

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**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

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**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

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**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

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**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

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**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


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**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

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**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


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**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

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**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


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**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


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**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


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**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

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**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


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**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


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**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)?	<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

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**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

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**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


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**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

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**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


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**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

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**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


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**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

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**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


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**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

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**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


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**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

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**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


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**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

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**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


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**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


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**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


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**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

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**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


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**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


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**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?	○	○	○	○

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**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

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**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


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**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


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**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


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**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

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**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


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**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

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**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


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**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

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**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


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**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

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**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


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**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

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**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


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**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


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**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

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**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


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**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)?	○	○	○	○
(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


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**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

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**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


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**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

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**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


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**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


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**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"/>

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**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

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**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


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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

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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

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**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

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**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

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**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
 <p>While you were in the city(s) listed below, did you have anal sex with another man, not including someone you were traveling with?</p>			
(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"/>

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Page Break

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**Question:** ACTRSXS

**Show if:** (ATSX 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

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**Collection:** PHN\_QUESTIONS

**Contains:** ACPHMT, ACPHMTS, ACPHWHY, ACPHWHYS, ACPHWHY12, ACPHWHY12S, MET\_PHN

The following questions are about your experiences working with Peer Health Navigators (PHNs) as part of the BROTHERS Study.

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Question: ACPHMT

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



75. In the last six months, have you met with a Peer Health Navigator (face-to-face, over the phone, or through email)? Do not choose "yes" if you were **only** introduced to a Peer Health Navigator at your enrollment visit, but **did not** work with them after that.

- 1. Yes
- 2. No

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Question: ACPHMTS

Show if: (ACPHMT 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

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**Question:** ACPHWHY

**Show if:** (VISIT\_NUMBER = 2) and (ACPHMT = 2:[2. No])

Scale Summary		
Code	Label	Show-If
1	1. Peer Health Navigation was not offered to me	
2	2. Did not want to	
3	3. Did not feel it was needed	
4	4. Did not have the time	
5	5. Couldn't get an appointment	
6	6. No money was offered for Peer Health Navigator visit	
7	7. Didn't like the Navigator I met at the enrollment visit	

 77. Why did you choose not to meet with a Peer Health Navigator?

- 1. Peer Health Navigation was not offered to me
- 2. Did not want to
- 3. Did not feel it was needed
- 4. Did not have the time
- 5. Couldn't get an appointment
- 6. No money was offered for Peer Health Navigator visit
- 7. Didn't like the Navigator I met at the enrollment visit

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**Question:** ACPHWHYS

**Show if:** (ACPHWHY was-not-answered) and (ACPHMT = 2:[2. No]) and (VISIT\_NUMBER = 2)

**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

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**Question:** ACPHWHY12

**Show if:** (VISIT\_NUMBER = 3) and (ACPHMT = 2:[2. No])

Scale Summary		
Code	Label	Show-If
1	1. Peer Health Navigation was not offered to me	
2	2. Did not want to	
3	3. Did not feel it was needed	
4	4. Did not have the time	
5	5. Couldn't get an appointment	
6	6. No money was offered for Peer Health Navigator visit	
7	7. Didn't like my navigator	
8	8. Didn't find navigator useful	
9	9. Met my goals and didn't need additional help	

 79. Why did you choose not to meet with a Peer Health Navigator?

- 1. Peer Health Navigation was not offered to me
- 2. Did not want to
- 3. Did not feel it was needed
- 4. Did not have the time
- 5. Couldn't get an appointment
- 6. No money was offered for Peer Health Navigator visit
- 7. Didn't like my navigator
- 8. Didn't find navigator useful
- 9. Met my goals and didn't need additional help

Page Break


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**Question:** ACPHWHY12S

**Show if:** (ACPHWHY12 was-not-answered) and (ACPHMT = 2:[2. No]) and (VISIT\_NUMBER = 3)

**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

---

**Collection:** MET\_PHN**Contains:** ACPHSAT, ACPHSATS, ACPHTRT, ACPHTRTS, ACPHTLK, ACPHTLKS, ACPHHLT, ACPHHLTS, ACPHHLP, ACPHHLPS, ACPHSVC, ACPHSVCS, ACPHSRV, ACPHSRVS, ACPHSRVOTHS**Show if:** (ACPHMT = 1:[1. Yes])**Question:** ACPHSAT

Scale Summary		
Code	Label	Show-If
1	1. Very dissatisfied	
2	2. Somewhat dissatisfied	
3	3. Neither satisfied nor dissatisfied	
4	4. Somewhat satisfied	
5	5. Very satisfied	

 81. How satisfied or dissatisfied were you with your experience working with a Peer Health Navigator?

- 1. Very dissatisfied
- 2. Somewhat dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat satisfied
- 5. Very satisfied

Page Break


---

**Question:** ACPHSATS

**Show if:** (ACPHSAT 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:** ACPHTRT

**Show if:** (ACPHMT = 1:[1. Yes])

Scale Summary		
Code	Label	Show-If
1	1. Very trustworthy	
2	2. Trustworthy	
3	3. Somewhat trustworthy	
4	4. Not trustworthy	

 83. Thinking about the main health care navigator you worked with in the last 6 months, did you find your Peer Health Navigator to be:

- 1. Very trustworthy
- 2. Trustworthy
- 3. Somewhat trustworthy
- 4. Not trustworthy

Page Break


---

Question: ACPHTRTS

Show if: (ACPHTRT 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


---

Question: ACPHTLK

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

**Scale Summary**

Code	Label	Show-If
1	1. Someone I was very comfortable talking with	
2	2. Someone I was somewhat comfortable talking with	
3	3. Someone I was somewhat uncomfortable talking with	
4	4. Someone I was very uncomfortable talking with	

 85. Thinking about the main health care navigator you worked with in the last 6 months, did you find your Peer Health Navigator to be:

- 1. Someone I was very comfortable talking with
- 2. Someone I was somewhat comfortable talking with
- 3. Someone I was somewhat uncomfortable talking with
- 4. Someone I was very uncomfortable talking with

Page Break


---

Question: ACPHTLKS

Show if: (ACPHTLK 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:** ACPHHLT  
**Show if:** (ACPHMT = 1:[1. Yes])

Scale Summary		
Code	Label	Show-If
1	1. Helped a lot	
2	2. Helped some	
3	3. Did not help	

 87. When you think about your meetings with your Peer Health Navigator, what effect (if any) did working with the Peer Health Navigator have on your ability to get the health care you wanted or needed?

- 1. Helped a lot
- 2. Helped some
- 3. Did not help

Page Break


---

**Question:** ACPHHLTS

**Show if:** (ACPHHLT 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:** ACPHLP

**Show if:** (ACPHHLT = 1: [1. Helped a lot]) or (ACPHHLT = 2: [2. Helped some])



89. How did working with the Peer Health Navigator help you get the health care you wanted or needed?

My Peer Health Navigator helped me: *Check all that apply*

- 1. Figure out what health care I needed
- 2. Find a provider (doctor) I could go see
- 3. Make or attend an appointment
- 4. Deal with the cost of health care
- 5. Feel more comfortable talking about my needs at the doctor's office

Page Break


---

**Question:** ACPHHLPS

**Show if:** (ACPHHLP is-none-of [1. Figure out what health care I needed] or [2. Find a provider (doctor) I could go see] or [3. Make or attend an appointment] or [4. Deal with the cost of health care] or [5. Feel more comfortable talking about my needs at the doctor's office]) and (ACPHHLT is-any-of 1:[1. Helped a lot] or 2:[2. Helped some])

**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:** ACPHSVC  
**Show if:** (ACPHMT = 1:[1. Yes])

Scale Summary		
Code	Label	Show-If
1	1. Helped a lot	
2	2. Helped some	
3	3. Did not help	

 91. When you think about your meetings with your Peer Health Navigator, what effect (if any) did working with the Peer Health Navigator have on your ability to get services other than health care?

- 1. Helped a lot
- 2. Helped some
- 3. Did not help

Page Break


---

**Question:** ACPHSVCS

**Show if:** (ACPHSVC 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:** ACPHSRV

**Show if:** (ACPHSVC = 1: [1. Helped a lot]) or (ACPHSVC = 2: [2. Helped some])

 93. How did working with the Peer Health Navigator help you get the services other than health care you wanted or needed?

My Peer Health Navigator helped me: *Check all that apply*

- 1. Figure out the services I needed
- 2. Find the person or place I could go to get that service or help
- 3. Make or attend an appointment
- 4. Deal with the cost of the service I needed
- 5. Talk with the people at the place where I went for the services
- 6. Other Please specify

Page Break


---

**Question:** ACPHSRVS

**Show if:** (ACPHSRV is-none-of [1. Figure out the services I needed] or [2. Find the person or place I could go to get that service or help] or [3. Make or attend an appointment] or [4. Deal with the cost of the service I needed] or [5. Talk with the people at the place where I went for the services] or [6. Other]) and (ACPHSVC is-any-of 1:[1. Helped a lot] or 2:[2. Helped some])

**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:** ACPHSRVOTHS

**Show if:** (ACPHSRV is-any-of [6. Other]) and (ACPHSRV.OTHER.X\_ was-not-answered)

**Scale Summary**

Code Label	Show-If
1 I prefer not to answer	

 95. You selected "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

---

**Collection:** STUDY\_SAT

**Contains:** ACRF, ACRFS, ACRFSAT, ACRFSATS, ACCMFTLK, ACCMFTLKS, ACFLCOMP, ACFLCOMPS, ACVTAGR, ACVTAGRS, ACVTSAT, ACVTSATS, ACVP, ACVPS, HIV\_POS, ACSTAGR, ACSTAGRS, ACSTSAT, ACSTSATS, ACSTY, ACSTYS, STI\_POS, ACACSAT, ACACSATS

Now we will ask you some questions about your experiences with other parts of this study and how satisfied you have been with them.

Page Break

---

**Question:** ACRF**Show if:** (VISIT\_NUMBER = 2) and (ACNET = 1)

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



96. When you were here six months ago for the enrollment visit, you were invited to refer up to 5 of your Black male sexual partners to the study.

Did you attempt to refer any of your Black male sexual partners to the study?

- 1. Yes
- 2. No

Page Break


---

**Question:** ACRFS

**Show if:** (ACRF was-not-answered) and (VISIT\_NUMBER = 2) and (ACNET = 1)

**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:** ACRFSAT**Show if:** (VISIT\_NUMBER = 2) and (ACNET = 1)

Scale Summary		
Code	Label	Show-If
1	1. Very dissatisfied	
2	2. Somewhat dissatisfied	
3	3. Neither satisfied nor dissatisfied	
4	4. Somewhat satisfied	
5	5. Very satisfied	

 98. How did you feel about being asked to refer your sexual partners to the study?

- 1. Very dissatisfied
- 2. Somewhat dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat satisfied
- 5. Very satisfied

Page Break


---

**Question:** ACRFSATS

**Show if:** (ACRFSAT was-not-answered) and (VISIT\_NUMBER = 2) and (ACNET = 1)

**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:** ACCMFTLK**Show if:** (VISIT\_NUMBER = 2) and (ACNET = 1)

Scale Summary		
Code	Label	Show-If
1	1. I didn't talk with any of my partners	
2	2. Very comfortable	
3	3. Somewhat comfortable	
4	4. Neither comfortable nor uncomfortable	
5	5. Somewhat uncomfortable	
6	6. Very uncomfortable	

 100. How comfortable did you feel about talking with your partner(s) about the study?

- 1. I didn't talk with any of my partners
- 2. Very comfortable
- 3. Somewhat comfortable
- 4. Neither comfortable nor uncomfortable
- 5. Somewhat uncomfortable
- 6. Very uncomfortable

Page Break


---

**Question:** ACCMFTLKS

**Show if:** (ACCMFTLK was-not-answered) and (VISIT\_NUMBER = 2) and (ACNET = 1)

**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:** ACFLCOMP**Show if:** (VISIT\_NUMBER = 2) and (ACNET = 1)

Scale Summary		
Code	Label	Show-If
1	1. I didn't talk with any of my partners	
2	2. Very dissatisfied	
3	3. Somewhat dissatisfied	
4	4. Neither satisfied nor dissatisfied	
5	5. Somewhat satisfied	
6	6. Very satisfied	

 102. How did you feel about getting compensation for referring any partners who joined the study?

- 1. I didn't talk with any of my partners
- 2. Very dissatisfied
- 3. Somewhat dissatisfied
- 4. Neither satisfied nor dissatisfied
- 5. Somewhat satisfied
- 6. Very satisfied

Page Break


---

**Question:** ACFLCOMPS

**Show if:** (ACFLCOMP was-not-answered) and (VISIT\_NUMBER = 2) and (ACNET = 1)

**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: ACVTAGR

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



104. At your last study visit you were offered **testing for HIV** and the chance to talk with a counselor about your test result and how to lower your risk for getting or passing on HIV.

Did you agree to have the HIV counseling and testing?

- 1. Yes
- 2. No

Page Break


---

Question: ACVTAGRS

Show if: (ACVTAGR 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:** ACVTSAT

Scale Summary		
Code	Label	Show-If
1	1. Very dissatisfied	
2	2. Somewhat dissatisfied	
3	3. Neither satisfied nor dissatisfied	
4	4. Somewhat satisfied	
5	5. Very satisfied	

 106. How did you feel about the HIV counseling and testing you were provided?

- 1. Very dissatisfied
- 2. Somewhat dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat satisfied
- 5. Very satisfied


Page Break

---

Question: ACVTSATS

Show if: (ACVTSAT 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:** ACVP

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



108. If you had a positive test result at your last visit, the counselor should have provided you with referrals to someplace where you could get care for HIV.

Did you receive a positive HIV result at your last visit?

- 1. Yes
- 2. No

Page Break


---

Question: ACVPS

Show if: (ACVP 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


---

**Collection:** HIV\_POS  
**Contains:** ACVPREF, ACVPREFS, GOT\_REFERRAL  
**Show if:** (ACVP = 1:[1. Yes])

**Question:** ACVPREF

**Scale Summary**

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

 110. Did you receive a referral for HIV care from your counselor?

- 1. Yes
- 2. No


Page Break

---

Question: ACVPREFS

Show if: (ACVPREF 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:** GOT\_REFERRAL  
**Contains:** ACVPCRE, ACVPCRES, ACVPSAT, ACVPSATS  
**Show if:** (ACVPREF = 1:[1. Yes])

**Question:** ACVPCRE

**Scale Summary**

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

 112. Did you receive care for your HIV at the place the counselor recommended to you?

- 1. Yes
- 2. No


Page Break

---

Question: ACVPCRES

Show if: (ACVPCRE was-not-answered)

Scale Summary	
Code Label	Show-If
1	I prefer not to answer

 113. 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:** ACVPSAT**Show if:** (VISIT\_NUMBER = 2) and (ACNET = 1)

Scale Summary		
Code	Label	Show-If
1	1. Very dissatisfied	
2	2. Somewhat dissatisfied	
3	3. Neither satisfied nor dissatisfied	
4	4. Somewhat satisfied	
5	5. Very satisfied	

 114. How satisfied were you with the referral you received for HIV care?

- 1. Very dissatisfied
- 2. Somewhat dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat satisfied
- 5. Very satisfied


Page Break

---

Question: ACVPSATS

Show if: (ACVPSAT 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: ACSTAGR

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



116. At your last study visit you were offered **testing for Sexually Transmitted Diseases (STIs)** and the chance to talk with a counselor about your test result and how to lower your risk for getting STIs.

Did you agree to have the STI counseling and testing?

- 1. Yes
- 2. No

Page Break


---

Question: ACSTAGRS

Show if: (ACSTAGR was-not-answered)

**Scale Summary**

Code Label	Show-If
1	I prefer not to answer

 117. 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:** ACSTSAT

Scale Summary		
Code	Label	Show-If
1	1. Very dissatisfied	
2	2. Somewhat dissatisfied	
3	3. Neither satisfied nor dissatisfied	
4	4. Somewhat satisfied	
5	5. Very satisfied	

 118. How did you feel about the STI counseling and testing you were provided?

- 1. Very dissatisfied
- 2. Somewhat dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat satisfied
- 5. Very satisfied


Page Break

---

Question: ACSTSATS

Show if: (ACSTSAT was-not-answered)

Scale Summary	
Code Label	Show-If
1	I prefer not to answer

 119. 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:** ACSTY

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



120. If you tested positive for a STI, you should have received treatment or a referral for treatment from the study staff.

Did you receive a positive STI result at your last visit?

- 1. Yes
- 2. No

Page Break


---

Question: ACSTYS

Show if: (ACSTY 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


---

**Collection:** STI\_POS  
**Contains:** ACSTYRF, ACSTYRFS, GOT\_STI\_REF  
**Show if:** (ACSTY = 1:[1. Yes])

**Question:** ACSTYRF

**Scale Summary**

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

 122. Did you receive treatment or a referral for treatment of the STI from your counselor?

- 1. Yes
- 2. No

Page Break


---

Question: ACSTYRFS

Show if: (ACSTYRF 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

---

**Collection:** GOT\_STI\_REF  
**Contains:** ACSTYTX, ACSTYTXS  
**Show if:** (ACSTYRF = 1:[1. Yes])

**Question:** ACSTYTX

Scale Summary		
Code Label		Show-If
1	1. Very dissatisfied	
2	2. Somewhat dissatisfied	
3	3. Neither satisfied nor dissatisfied	
4	4. Somewhat satisfied	
5	5. Very satisfied	

 124. How satisfied were you with the treatment or referral for treatment your received for the STI?

- 1. Very dissatisfied
- 2. Somewhat dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat satisfied
- 5. Very satisfied

Page Break


---

Question: ACSTYTXS

Show if: (ACSTYTX was-not-answered)

**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

---

At your last study visit, you met with a counselor after completing the computer-based questionnaire. At that time, the counselor should have invited you to talk about any issue that completing the computer-based questionnaire raised for you.


If you had some concerns and discussed them with the counselor, the counselor should have talked with you about them and provided you with referrals for help with these issues, if there are resources available in your area.

Page Break

---

**Question:** ACACSAT

Scale Summary		
Code Label		Show-If
1	1. Very dissatisfied	
2	2. Somewhat dissatisfied	
3	3. Neither satisfied nor dissatisfied	
4	4. Somewhat satisfied	
5	5. Very satisfied	

 126. How satisfied were you with the counseling that you were offered or provided after you finished the computer-based questionnaire?

- 1. Very dissatisfied
- 2. Somewhat dissatisfied
- 3. Neither satisfied nor dissatisfied
- 4. Somewhat satisfied
- 5. Very satisfied


Page Break

---

Question: ACACSATS

Show if: (ACACSAT 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

---

**Collection:** INTERVIEW\_LENGTH  
**Contains:** ACAUDIO, ACASST, ACQLEN


We are nearly at the end of the questionnaire and we have just a few more questions before we finish.

Page Break

---

**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

 128. 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.	

 129. 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

 130. 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. 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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