

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. PUBLIC HEALTH SERVICE

NATIONAL HEALTH INTERVIEW SURVEY

AIDS KNOWLEDGE AND ATTITUDES

NOTICE - Information contained on this form which would permit identification of an individual or establishment has been collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated for this study, and will not be disclosed or released to others without the consent of the individual or the establishment in accordance with section 306 of the Public Health Service Act, 42 USC 242.

RT 98

9411

| | | |
|--|---|------------------------|
| 1. Book <u>8</u> of <u>8</u> books | 2. R.O. number <u>9-10</u> | 3. Sample <u>11-12</u> |
| 4. Control number PSL <u>14-16</u> Segment <u>17-23</u> Serial <u>24-25</u> | 5. Beginning time <u>26-29</u> <u>30</u> | |

6. NUMBER OF FAMILY MEMBERS 18 + YEARS OLD
(Record number of nondeleted family members 18 + years old.)

_____ 31-32

Space 33-36

7. FINAL STATUS

- No person 18 + in this family (Household Page)
- Interview (Complete Item 63, Page 18)
 - Complete interview (all appropriate questions completed)
 - Partial interview (some but not all appropriate questions completed) - Explain _____

Noninterview (Complete Item 63, Page 18)

- Refusal (Explain in Notes)
- SP temporarily absent
- SP mentally or physically incapable
- Other - Explain _____

37

| | | |
|--|---|---|
| 8. Ending time <u>38-41</u> <u>42</u> 1 a.m. 2 p.m. | 9. Interview mode <u>43</u> 1 Personal 2 Telephone | 11. Interviewer identification Name _____ Code _____ |
|--|---|---|

TRANSCRIPTION FROM COMPLETED HIS-1

| | | |
|---|---|--|
| 12. Sex of SP (Page 2 or 51, question 2) <u>47</u> <input type="checkbox"/> M <input type="checkbox"/> F | 13. Education of SP (Page 42 or 43, question 2a) <u>48-49</u> <input type="checkbox"/> Never attended or kindergarten Elem. 1 2 3 4 5 6 7 8 High: 9 10 11 12 College 1 2 3 4 5 6+ Fresh grad/year (Question 2b) <u>50</u> 1 Yes 2 No | 14. Main race of SP (Page 42 or 43, question 1a,b) <u>51</u> 1 2 3 4 5 - Specify _____ |
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| | | | | |
|--|---|--|---------------------------------------|---|
| 15. Marital status (Page 46 or 47, question 7) <u>52</u> <input type="checkbox"/> Married - spouse in HH <input type="checkbox"/> Married - spouse not in HH <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Never married | 16. Family income (Page 46, question 8b) <u>53-54</u> 00 A 07 H 14 O 21 V 01 B 08 I 15 P 22 W 02 C 09 J 16 G 23 X 03 D 10 K 17 R 24 Y 04 E 11 L 18 S 25 Z 05 F 12 M 19 T 26 ZZ 06 G 13 N 20 U (Transcribe from 8a if 8b blank) 27 \$20,000 or more 28 Less than \$20,000 | 17. Sample Person Number <u>55-56</u> | 18. Sample Person Age <u>57-58</u> | 19. Booklet type <u>59</u> 1 x AIDS Knowledge and Attitudes Version 1 |
|--|---|--|---------------------------------------|---|

Introduction: These next questions are to determine what people know about AIDS, also called Acquired Immunodeficiency Syndrome.

| | |
|--|--|
| 1. In the PAST MONTH, have you . . . | |
| a. seen any Public Service Announcements about AIDS on television? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <u>60</u> |
| b. heard any Public Service Announcements about AIDS on the radio? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK <u>61</u> |

| | | |
|--------------|------------------|--|
| CHECK ITEM 1 | Refer to Q. 1a,b | <input type="checkbox"/> "Yes" in 1a and/or 1b (2) <input type="checkbox"/> Other (3) |
|--------------|------------------|--|

| | | |
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| 2. Were any of those Public Service Announcements called "America Responds to AIDS"? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | <u>62</u> |
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| | | |
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| 3. In the PAST MONTH, have you read any brochures or pamphlets about AIDS? Do not include articles in magazines or newspapers. | 1 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | <u>63</u> |
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| | | |
|---|---|-----------|
| 4. Have you EVER read any brochures or pamphlets about AIDS? Again, do not include articles in magazines or newspapers. | 1 <input type="checkbox"/> Yes (5) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (Check Item 2) | <u>64</u> |
|---|---|-----------|

| | |
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| <p>5. Where did you get the pamphlets or brochures? Anywhere else? (MARK ALL THAT APPLY)</p> | <p>1 <input type="checkbox"/> Clinic, other than work clinic 69 1 <input type="checkbox"/> Doctor's office/HMO 69 1 <input type="checkbox"/> Drug store 67 1 <input type="checkbox"/> Public Health Department 68 1 <input type="checkbox"/> Received it in the mail without asking for it 69 1 <input type="checkbox"/> Red Cross/with Red Cross blood donation 70 1 <input type="checkbox"/> With other blood donation 71 1 <input type="checkbox"/> School 72 1 <input type="checkbox"/> Sent/phoned for it myself, requested it 73 1 <input type="checkbox"/> "The Government" - Federal, state or local 74 1 <input type="checkbox"/> Work, other than clinic or nurse 75 1 <input type="checkbox"/> Work, nurse or clinic 76 1 <input type="checkbox"/> Other (SPECIFY) 77</p> |
|--|---|

| | | |
|---------------------|----------------------------|--|
| <p>CHECK ITEM 2</p> | <p>Refer to assignment</p> | <p><input type="checkbox"/> May, June, July (6) <input type="checkbox"/> Other (17)</p> |
|---------------------|----------------------------|--|

| | |
|--|---|
| <p>6. The Government is mailing a brochure with basic information about AIDS to each household in the country.</p> <p><input type="checkbox"/> HOLD COPY UP The brochure looked like this. /</p> <p>The brochure is 8½ by 11 inches, white with blue and black printing, and has a picture of Dr. C. Everett Koop, the Surgeon General of the United States on the cover, with the title, "Understanding AIDS" printed at the top.</p> <p>Was this brochure received at this household?</p> | <p style="text-align: right;">78</p> <p>1 <input type="checkbox"/> Yes (7) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't Know (17)</p> |
|--|---|

| | |
|--|--|
| <p>7. How much of the brochure did you read; would you say all or almost all of it, about half, less than half, or none of it?</p> | <p>1 <input type="checkbox"/> All/Almost all 79 2 <input type="checkbox"/> About half 3 <input type="checkbox"/> Less than half 4 <input type="checkbox"/> None 9 <input type="checkbox"/> DK</p> |
|--|--|

| | |
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| 8. When you read it, did you read it carefully or did you just skim through it? | 1 <input type="checkbox"/> Read carefully 80 2 <input type="checkbox"/> Skimmed through 8 <input type="checkbox"/> Other (SPECIFY) 9 <input type="checkbox"/> DK |
| 9. Did the brochure give you any new information or answer any questions you had about AIDS? | 1 <input type="checkbox"/> Yes 81 2 <input type="checkbox"/> No |
| (IF ONE-PERSON HOUSEHOLD, MARK BOX 3 AND SKIP TO Q. 11) | |
| 10. Did you discuss the brochure with anyone else in the family? | 1 <input type="checkbox"/> Yes 82 2 <input type="checkbox"/> No 3 <input type="checkbox"/> One-person |
| 11. Do you have any children aged 10 through 17? | 1 <input type="checkbox"/> Yes 83 2 <input type="checkbox"/> No (21) |
| 12. How many do you have? | _____ 84-85 |
| 13. Did [this child/any of your children aged 10 through 17] read the brochure? | 1 <input type="checkbox"/> Yes 86 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK |
| 14. Was the brochure discussed with [this child/any of your children aged 10 through 17]? | 1 <input type="checkbox"/> Yes (16) 87 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK |
| 15. Have you ever discussed AIDS with [this child/any of your children aged 10 through 17]? | 1 <input type="checkbox"/> Yes 88 2 <input type="checkbox"/> No |
| 16. [Has this child/Have any or all of your children aged 10 through 17] had instruction at school about AIDS? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (21) 89 |
| 17. Do you have any children aged 10 through 17? | 1 <input type="checkbox"/> Yes 90 2 <input type="checkbox"/> No (21) |
| 18. How many do you have? | _____ 91-92 |

| 19. Have you ever discussed AIDS with [this child/any of your children aged 10 through 17]? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|---------------|----|--|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|-------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|-------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| 20. [Has this child/Have any or all of your children aged 10 through 17] had instruction at school about AIDS? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 96 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. How much would you say you know about AIDS --- a lot, some, a little, or nothing? | 1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. To the best of your knowledge, is there a difference between having the AIDS virus and having the disease AIDS? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 8 <input type="checkbox"/> Other (SPECIFY) 9 <input type="checkbox"/> DK 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAND CARD A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. After I read each statement, tell me whether you think the statement is definitely true, probably true, probably false, definitely false, or you don't know if it is true or false. | <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Def. True</th> <th style="text-align: center;">Prob. True</th> <th style="text-align: center;">Prob. False</th> <th style="text-align: center;">Def. False</th> <th style="text-align: center;">DK</th> <th></th> </tr> </thead> <tbody> <tr> <td>a. AIDS can reduce the body's natural protection against disease.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">97</td> </tr> <tr> <td>b. AIDS is especially common in older people.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">95</td> </tr> <tr> <td>c. AIDS can damage the brain.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">99</td> </tr> <tr> <td>d. AIDS usually leads to heart disease.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">100</td> </tr> <tr> <td>e. AIDS is an infectious disease caused by a virus.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">101</td> </tr> <tr> <td>f. Teenagers cannot get AIDS.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">102</td> </tr> <tr> <td>g. AIDS leads to death.</td> <td style="text-align: center;">1 <input type="checkbox"/></td> <td style="text-align: center;">2 <input type="checkbox"/></td> <td style="text-align: center;">3 <input type="checkbox"/></td> <td style="text-align: center;">4 <input type="checkbox"/></td> <td style="text-align: center;">9 <input type="checkbox"/></td> <td style="text-align: right;">103</td> </tr> </tbody> </table> | | Def. True | Prob. True | Prob. False | Def. False | DK | | a. AIDS can reduce the body's natural protection against disease. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 97 | b. AIDS is especially common in older people. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 95 | c. AIDS can damage the brain. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 99 | d. AIDS usually leads to heart disease. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 100 | e. AIDS is an infectious disease caused by a virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 101 | f. Teenagers cannot get AIDS. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 102 | g. AIDS leads to death. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 103 |
| | Def. True | Prob. True | Prob. False | Def. False | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. AIDS can reduce the body's natural protection against disease. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 97 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. AIDS is especially common in older people. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 95 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. AIDS can damage the brain. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 99 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. AIDS usually leads to heart disease. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. AIDS is an infectious disease caused by a virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 101 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| f. Teenagers cannot get AIDS. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 102 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| g. AIDS leads to death. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 103 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

23. (Continued)

Tell me whether you think each of these statements is definitely true, probably true, probably false, definitely false, or you don't know if it is true or false.

| | Def. True | Prob. True | Prob. False | Def. False | DK |
|---|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|
| h. A person can be infected with the AIDS virus and not have the disease AIDS. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> 105 |
| i. Looking at a person is enough to tell if he or she has the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> 106 |
| j. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> 106 |
| k. A person who has the AIDS virus can look and feel well and healthy. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> 107 |
| l. A pregnant woman who has the AIDS virus can give the AIDS virus to her baby. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> 108 |
| m. There is a vaccine available to the public that protects a person from getting the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> 109 |
| n. There is no cure for AIDS at present. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> 110 |

HAND CARD B

24. After I read each statement, tell me if you think it is very likely, somewhat likely, somewhat unlikely, very unlikely, definitely not possible, or if you don't know how likely it is that a person will get AIDS or the AIDS virus infection that way.

How likely do you think it is that a person will get AIDS or the AIDS virus infection from ---

| | Very likely | Somewhat likely | Somewhat unlikely | Very unlikely | Definitely not possible | DK |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|--------------------------------|
| a. living near a home or hospital for AIDS patients. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 111 |
| b. working near someone with the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 112 |
| c. eating in a restaurant where the cook has the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 113 |
| d. kissing - with exchange of saliva - a person who has the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 114 |
| e. shaking hands, touching, or kissing on the cheek someone who has the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 115 |
| f. sharing plates, forks, or glasses with someone who has the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 116 |
| g. using public toilets. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 117 |
| h. sharing needles for drug use with someone who has the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 118 |
| i. being coughed on or sneezed on by someone who has the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 119 |
| j. attending school with a child who has the AIDS virus. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 120 |
| k. mosquitoes or other insects. | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 9 <input type="checkbox"/> 121 |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---------------------------------|-----|----|--|----------------------------|---------------------------------|---------------------------------|-----|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|-----|----------------------------|----------------------------|----------------------------|-----|
| 25. Have you ever donated blood? | 1 <input type="checkbox"/> Yes (26) 121 2 <input type="checkbox"/> No } (27) 9 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. Have you donated blood --- a. since March, 1985? b. in the past 12 months? | <table border="0"> <tr> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/> (27)</td> <td>9 <input type="checkbox"/> (27)</td> <td>122</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>123</td> </tr> </table> | Yes | No | DK | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> (27) | 9 <input type="checkbox"/> (27) | 122 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 123 | | | | | | | | | | | | | | | | | | | | | | | | |
| Yes | No | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> (27) | 9 <input type="checkbox"/> (27) | 122 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 123 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. Have you ever heard of a blood test that can detect the AIDS virus infection? | 1 <input type="checkbox"/> Yes (28) 125 2 <input type="checkbox"/> No } (44a, Page 12) 9 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The next questions are about the blood test for the AIDS virus infection. No question will ask what the results are of any tests you may have had. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 28. To the best of your knowledge, are blood donations routinely tested now for the AIDS virus infection? | 1 <input type="checkbox"/> Yes 126 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29a. Have you ever received counseling or had a talk with a health professional about taking the AIDS virus test? | 1 <input type="checkbox"/> Yes (29b) 127 2 <input type="checkbox"/> No } (31) 9 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29b. Was the discussion --- 1. with a private doctor? 2. at a family planning clinic? 3. on an AIDS hotline? 4. at a prenatal clinic? 5. at an STD or sexually transmitted disease clinic? 6. at an AIDS/HIV counseling and testing site? 7. with some other health professional? 8. with some other counselor? | <table border="0"> <tr> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>128</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>129</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>130</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>131</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>132</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>133</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>134</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>135</td> </tr> </table> | Yes | No | DK | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 128 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 129 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 130 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 131 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 132 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 133 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 134 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 135 |
| Yes | No | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 128 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 129 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 130 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 131 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 132 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 133 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 134 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---|--------------------|---------------------------------------|--------------------|------|--|--|------|--------------------------------------|--|-----------------------------|---------------------------------------|--|-----------------------------|---|--|-----------------------------|--|--|-----------------------------|--|--|-----------------------------|---------------------------------------|--|-----------------------------|---|--|-----------------------------|---|--|-----------------------------|--|--|-----------------------------|---------------------------------------|--|-----------------------------|--|--|-----------------------------|--|--|-----------------------------|--|--|-----------------------------|--------------------------------|--|
| 30. During that discussion, did you receive information about how to avoid getting or passing on the AIDS virus? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 138 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31. Have you ever been advised by a health professional NOT to have the blood test for the AIDS virus infection? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 139 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 32. Have you ever been advised by friends or relatives NOT to have the blood test for the AIDS virus infection? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 140 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. Have you had your blood tested for the AIDS virus infection? | 1 <input type="checkbox"/> Yes (34a) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (41) 141 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34a. Have you had your blood tested for the AIDS virus infection more than once? | 1 <input type="checkbox"/> Yes (35a) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 142 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 34b. Was your blood tested <u>in the past twelve months</u> ? | 1 <input type="checkbox"/> Yes } 2 <input type="checkbox"/> No } (36) 9 <input type="checkbox"/> DK } 143 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35a. How many times have you had your blood tested for the AIDS virus infection? 35b. How many times <u>in the past 12 months</u> have you had your blood tested for the AIDS virus infection? | <table border="0"> <tr> <td>Total times (35a.)</td> <td>Number times in past 12 Months (35b.)</td> <td style="text-align: right;">142-143 144-145</td> </tr> <tr> <td>XXXX</td> <td>00 <input type="checkbox"/> None in past twelve months</td> <td></td> </tr> <tr> <td>XXXX</td> <td>01 <input type="checkbox"/> One time</td> <td></td> </tr> <tr> <td>02 <input type="checkbox"/></td> <td>02 <input type="checkbox"/> Two times</td> <td></td> </tr> <tr> <td>03 <input type="checkbox"/></td> <td>03 <input type="checkbox"/> Three times</td> <td></td> </tr> <tr> <td>04 <input type="checkbox"/></td> <td>04 <input type="checkbox"/> Four times</td> <td></td> </tr> <tr> <td>05 <input type="checkbox"/></td> <td>05 <input type="checkbox"/> Five times</td> <td></td> </tr> <tr> <td>06 <input type="checkbox"/></td> <td>06 <input type="checkbox"/> Six times</td> <td></td> </tr> <tr> <td>07 <input type="checkbox"/></td> <td>07 <input type="checkbox"/> Seven times</td> <td></td> </tr> <tr> <td>08 <input type="checkbox"/></td> <td>08 <input type="checkbox"/> Eight times</td> <td></td> </tr> <tr> <td>09 <input type="checkbox"/></td> <td>09 <input type="checkbox"/> Nine times</td> <td></td> </tr> <tr> <td>10 <input type="checkbox"/></td> <td>10 <input type="checkbox"/> Ten times</td> <td></td> </tr> <tr> <td>11 <input type="checkbox"/></td> <td>11 <input type="checkbox"/> Eleven times</td> <td></td> </tr> <tr> <td>12 <input type="checkbox"/></td> <td>12 <input type="checkbox"/> Twelve times</td> <td></td> </tr> <tr> <td>13 <input type="checkbox"/></td> <td>13 <input type="checkbox"/> More than twelve times</td> <td></td> </tr> <tr> <td>99 <input type="checkbox"/></td> <td>99 <input type="checkbox"/> DK</td> <td></td> </tr> </table> | Total times (35a.) | Number times in past 12 Months (35b.) | 142-143 144-145 | XXXX | 00 <input type="checkbox"/> None in past twelve months | | XXXX | 01 <input type="checkbox"/> One time | | 02 <input type="checkbox"/> | 02 <input type="checkbox"/> Two times | | 03 <input type="checkbox"/> | 03 <input type="checkbox"/> Three times | | 04 <input type="checkbox"/> | 04 <input type="checkbox"/> Four times | | 05 <input type="checkbox"/> | 05 <input type="checkbox"/> Five times | | 06 <input type="checkbox"/> | 06 <input type="checkbox"/> Six times | | 07 <input type="checkbox"/> | 07 <input type="checkbox"/> Seven times | | 08 <input type="checkbox"/> | 08 <input type="checkbox"/> Eight times | | 09 <input type="checkbox"/> | 09 <input type="checkbox"/> Nine times | | 10 <input type="checkbox"/> | 10 <input type="checkbox"/> Ten times | | 11 <input type="checkbox"/> | 11 <input type="checkbox"/> Eleven times | | 12 <input type="checkbox"/> | 12 <input type="checkbox"/> Twelve times | | 13 <input type="checkbox"/> | 13 <input type="checkbox"/> More than twelve times | | 99 <input type="checkbox"/> | 99 <input type="checkbox"/> DK | |
| Total times (35a.) | Number times in past 12 Months (35b.) | 142-143 144-145 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXX | 00 <input type="checkbox"/> None in past twelve months | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| XXXX | 01 <input type="checkbox"/> One time | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 <input type="checkbox"/> | 02 <input type="checkbox"/> Two times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 <input type="checkbox"/> | 03 <input type="checkbox"/> Three times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 <input type="checkbox"/> | 04 <input type="checkbox"/> Four times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 <input type="checkbox"/> | 05 <input type="checkbox"/> Five times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 <input type="checkbox"/> | 06 <input type="checkbox"/> Six times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 <input type="checkbox"/> | 07 <input type="checkbox"/> Seven times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 <input type="checkbox"/> | 08 <input type="checkbox"/> Eight times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 <input type="checkbox"/> | 09 <input type="checkbox"/> Nine times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 <input type="checkbox"/> | 10 <input type="checkbox"/> Ten times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 <input type="checkbox"/> | 11 <input type="checkbox"/> Eleven times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 <input type="checkbox"/> | 12 <input type="checkbox"/> Twelve times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 <input type="checkbox"/> | 13 <input type="checkbox"/> More than twelve times | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 99 <input type="checkbox"/> | 99 <input type="checkbox"/> DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| 36. [Was the test --- / Were any of the blood tests, including those you had before the past twelve months ---] | | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 146 |
| a. part of a blood donation? | | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 147 |
| b. part of a blood transfusion? | | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 148 |
| c. voluntarily sought from a source such as your doctor, clinic, or HMO? | | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 149 |
| d. part of some other activity that requires a blood sample and includes automatic AIDS testing, such as testing for the military or immigration? | | 1 <input type="checkbox"/> Yes | 2 <input type="checkbox"/> No | 149 |
| CHECK ITEM | 3 | Refer to Q. 36d | | <input type="checkbox"/> "Yes" in Q. 36d (37) <input type="checkbox"/> Other (38) |
| 37. Where did you have your blood tested for AIDS virus infection? Anywhere else? (MARK ALL THAT APPLY) | | 1 <input type="checkbox"/> STD clinic | | 150 |
| | | 1 <input type="checkbox"/> Family planning clinic | | 151 |
| | | 1 <input type="checkbox"/> Prenatal clinic | | 152 |
| | | 1 <input type="checkbox"/> Drug treatment facility | | 153 |
| | | 1 <input type="checkbox"/> Tuberculosis clinic | | 154 |
| | | 1 <input type="checkbox"/> Work clinic/health station | | 155 |
| | | 1 <input type="checkbox"/> AIDS counseling/testing site | | 156 |
| | | 1 <input type="checkbox"/> Military induction | | 157 |
| | | 1 <input type="checkbox"/> Immigration site | | 158 |
| | | 1 <input type="checkbox"/> Other (SPECIFY) _____ | | 159 |
| | | 1 <input type="checkbox"/> DK | | 160 |
| 38. Did you get the results of [your test?/ any of your tests?] | | 1 <input type="checkbox"/> Yes (39) | | 161 |
| | | 2 <input type="checkbox"/> No | } (40) | |
| | | 9 <input type="checkbox"/> DK | | |
| 39. When you received your test results, did you receive counseling or talk with a health professional about how to lower your chances of becoming infected with the AIDS virus or how to avoid passing it to another person? | | 1 <input type="checkbox"/> Yes (41) | | 162 |
| | | 2 <input type="checkbox"/> No | | |
| | | 9 <input type="checkbox"/> DK | | |

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|--|--|---|
| 40. Were you referred to a health professional to get counseling about the AIDS virus infection? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | 163 |
| 41. Do you expect to have a blood test for the AIDS virus infection in the next 12 months? | <input type="checkbox"/> Yes (42) <input type="checkbox"/> No <input type="checkbox"/> DK } (44) | 164 |
| 42. Will you have the blood test --- a. as part of a blood donation? b. voluntarily from a source such as your doctor, clinic, or HMO? c. as part of some other activity that requires a blood sample and includes automatic AIDS testing, such as testing for the military or immigration? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK | 165 166 167 |
| CHECK ITEM 4 | Refer to Q. 42b | <input type="checkbox"/> "Yes" In question 42b. (43) <input type="checkbox"/> Other (44) |
| 43. Where would you go to have a blood test for the AIDS virus infection? (MARK FIRST MENTION) | <div style="text-align: right;">168-169</div> <input type="checkbox"/> 00 Nowhere, wouldn't take the test <input type="checkbox"/> 01 AIDS clinic <input type="checkbox"/> 02 Company or industry clinic <input type="checkbox"/> 03 Doctor/HMO <input type="checkbox"/> 04 Hospital/emergency room/OP clinic <input type="checkbox"/> 05 Other clinic <input type="checkbox"/> 06 Public Health Department <input type="checkbox"/> 07 Red Cross/blood bank <input type="checkbox"/> 88 Other (SPECIFY) <hr/> <input type="checkbox"/> 99 DK | |

| 44a. Did you have a blood transfusion at any time between 1977 and 1985? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 171 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|------------------|-----------|--|-----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|--------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|-----|--|
| 44b. Do you think the present supply of blood is safe for transfusions? | 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK | 172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAND CARD C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>45. Here are some methods people use to keep from getting the AIDS virus through sexual activity.</p> <p>After I read each one, tell me whether you think it is very effective, somewhat effective, not at all effective, or if you don't know how effective it is in preventing getting the AIDS virus through sexual activity. How effective is ---</p> <p>a. Using a diaphragm?</p> <p>b. Using a condom?</p> <p>c. Using a spermicidal jelly, foam or cream?</p> <p>d. Having a vasectomy?</p> <p>e. Two people who do not have the AIDS virus having sex <u>only</u> with each other?</p> | <table border="1"> <thead> <tr> <th></th> <th>Very effective</th> <th>Somewhat effective</th> <th>Not at all effective</th> <th>DK how effective</th> <th>DK method</th> <th></th> </tr> </thead> <tbody> <tr> <td>a. Using a diaphragm?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>172</td> </tr> <tr> <td>b. Using a condom?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>173</td> </tr> <tr> <td>c. Using a spermicidal jelly, foam or cream?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>174</td> </tr> <tr> <td>d. Having a vasectomy?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>175</td> </tr> <tr> <td>e. Two people who do not have the AIDS virus having sex <u>only</u> with each other?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>3 <input type="checkbox"/></td> <td>4 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>176</td> </tr> </tbody> </table> | | Very effective | Somewhat effective | Not at all effective | DK how effective | DK method | | a. Using a diaphragm? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 172 | b. Using a condom? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 173 | c. Using a spermicidal jelly, foam or cream? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 174 | d. Having a vasectomy? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 175 | e. Two people who do not have the AIDS virus having sex <u>only</u> with each other? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 176 | |
| | Very effective | Somewhat effective | Not at all effective | DK how effective | DK method | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. Using a diaphragm? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 172 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. Using a condom? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 173 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c. Using a spermicidal jelly, foam or cream? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 174 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. Having a vasectomy? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 175 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e. Two people who do not have the AIDS virus having sex <u>only</u> with each other? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 9 <input type="checkbox"/> | 176 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 46. What are your chances of <u>having</u> the AIDS virus; would you say high, medium, low, or none? | 1 <input type="checkbox"/> High (Check Item 6) 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 4 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK | 177 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>47. What are your chances of <u>getting</u> the AIDS virus; would you say high, medium, low, or none?</p> | <p>1 <input type="checkbox"/> High 178 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 4 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused } (Check Item 6) 9 <input type="checkbox"/> DK</p> | |
| <p>48. People have different meanings when they say a "high", "medium", or "low" chance.</p> <p>If "no chance" is zero-out-of-one hundred, what would you say <u>High/Medium/Low</u> is? What number of times-out-of-one hundred?</p> | <p style="text-align: right;">179-181</p> <p>000 <input type="checkbox"/> Less than 1 out of a 100 _____ out of a 100 999 <input type="checkbox"/> DK</p> | |
| <p>CHECK ITEM 5</p> | <p>Refer to Q. 47</p> | <p><input type="checkbox"/> "High" OR "Medium" IN Q. 47 (49) <input type="checkbox"/> Other (Check Item 6)</p> |
| <p>49. Do you say your chance of getting AIDS is <u>(high/medium)</u> because you ---</p> <p>a. Have had a blood transfusion? b. Have had sexual contact with someone who might have the virus? c. Some other reason? (SPECIFY)</p> <p>_____</p> <p>_____</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 182</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 183</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 184</p> | |

| | | | | | |
|--|------------------------------|---|----------------------------|----------------------------|-----|
| CHECK ITEM 6 | Refer to age and sex of S.P. | <input type="checkbox"/> Female 18-45 (50 Intro, then 50a) <input type="checkbox"/> Other (50 Intro, then 50c) | | | |
| 50. In the past twelve months, have you received services or care at --- | | Yes | No | DK | |
| a. a prenatal health clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 185 |
| b. a maternal and infant health clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 186 |
| c. a family planning clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 187 |
| d. a hospital, as an inpatient? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 188 |
| e. a hospital emergency room? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 189 |
| f. a tuberculosis clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 190 |
| g. a drug treatment facility or clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 191 |
| h. an STD (sexually transmitted disease) clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 192 |
| i. an alcohol treatment facility or clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 193 |
| j. an AIDS counseling and testing clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 194 |
| k. a community health clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 195 |
| l. a public health clinic? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 196 |
| 51. In the past twelve months, have you --- | | Yes | No | DK | |
| a. been in the Job Corps? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 197 |
| b. had a physical examination to join the military? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 198 |
| c. been in prison? | | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 9 <input type="checkbox"/> | 199 |
| 52. Have you ever discussed AIDS with a friend or relative? | | 1 <input type="checkbox"/> Yes (53) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (54) | | | 200 |

| | |
|---|--|
| <p>53. When was the last time you discussed AIDS with a friend or relative?</p> | <p>1 <input type="checkbox"/> Today 201-203</p> <p>2 <input type="checkbox"/> Days ago</p> <p>3 <input type="checkbox"/> Weeks ago</p> <p>Number 4 <input type="checkbox"/> Months ago</p> <p>5 <input type="checkbox"/> Years ago</p> <p>9 <input type="checkbox"/> DK</p> |
|---|--|

| | |
|---|---|
| <p>54. Have you ever personally known anyone with AIDS or the AIDS virus?</p> | <p>1 <input type="checkbox"/> Yes (55) 204</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK if someone } (57)</p> <p style="padding-left: 100px;">has/had AIDS</p> <p style="padding-left: 100px;">AIDS virus</p> |
|---|---|

(IF MORE THAN ONE PERSON VOLUNTEERED IN Q. 54, ASK Q. 55 and Q. 56 ABOUT THE PERSON KNOWN BEST)

| | |
|--|--|
| <p>55. How long has it been since you saw this person?</p> | <p>1 <input type="checkbox"/> Within the past two weeks 205</p> <p>2 <input type="checkbox"/> Two weeks to less than one month</p> <p>3 <input type="checkbox"/> One month to less than 3 months</p> <p>4 <input type="checkbox"/> 3 months to less than 6 months</p> <p>5 <input type="checkbox"/> 6 months or more</p> <p>9 <input type="checkbox"/> DK</p> |
|--|--|

| | |
|--|--|
| <p>56. How well do you know this person? Would you say ---</p> | <p>1 <input type="checkbox"/> Very well, it is a close relationship? 206</p> <p>2 <input type="checkbox"/> Fairly well, but it is not a close relationship?</p> <p>3 <input type="checkbox"/> Not very well, it is only an acquaintance or casual relationship?</p> <p style="text-align: center;">or</p> <p>4 <input type="checkbox"/> You don't really know them personally, such as a friend of a friend?</p> <p>8 <input type="checkbox"/> Other (SPECIFY)</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|--|--|

HAND CARD D

57. (I am going to read a list of statements. After I have read them all,) Please tell me if any of these statements is true for you.

Do not tell me which statement or statements are true for you, just if any of them are.

- a. You have hemophilia and have received clotting factor concentrates since 1977.
- b. You are a native of Haiti, Central or East Africa who has entered the United States since 1977.
- c. You are a man who has had sex with another man at some time since 1977, even one time.
- d. You have taken illegal drugs by needle at any time since 1977.
- e. Since 1977, you are or have been the sex partner of any person who would answer "yes" to any of the items (I have read./above on this card.)
- f. You have had sex for money or drugs at any time since 1977.

207

1 Yes to at least one statement

2 No to all statements

58. The U.S. Public Health Service has said that AIDS is one of the major health problems in the country but exactly how many people it affects is not known. The Surgeon General has proposed that a study be conducted and blood samples be taken to help find out how widespread the problem is.

If you were selected in this national sample of people to have their blood tested with assurances of privacy of test results, would you have the test?

1 Yes (60a)

2 No

8 Other response (SPECIFY)

9 DK

208

| | | |
|---|--|--|
| <p>59. Why wouldn't you take part in the test? Any other reason? (MARK ALL THAT APPLY)</p> | <p>1 <input type="checkbox"/> Don't want to know if I have AIDS 1 <input type="checkbox"/> Don't want any counseling about AIDS 1 <input type="checkbox"/> Fear I'll get AIDS 1 <input type="checkbox"/> Don't like to give blood 1 <input type="checkbox"/> Don't trust Government programs 1 <input type="checkbox"/> It is a waste of money 1 <input type="checkbox"/> Don't believe AIDS can really be cured anyway 1 <input type="checkbox"/> Other (SPECIFY) 1 <input type="checkbox"/> DK</p> | <p>(60b) <input type="checkbox"/> 209 <input type="checkbox"/> 210 <input type="checkbox"/> 211 <input type="checkbox"/> 212 (61) <input type="checkbox"/> 213 <input type="checkbox"/> 214 <input type="checkbox"/> 215 <input type="checkbox"/> 216 <input type="checkbox"/> 217</p> |
| <p>60a. If it were <u>not</u> possible to provide you with the results of the test, would you still take part in the study?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (61)</p> | <p><input type="checkbox"/> 218</p> |
| <p>60b. If the results of the test were <u>not</u> provided to you, <u>then</u> would you take part in the study?</p> | <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> | <p><input type="checkbox"/> 219</p> |
| <p>61. When Federal Public Health officials give <u>information</u> about AIDS, do you believe what they say or are you doubtful about the information they give?</p> | <p>1 <input type="checkbox"/> Believe them 2 <input type="checkbox"/> Doubtful 9 <input type="checkbox"/> DK</p> | <p><input type="checkbox"/> 220</p> |
| <p>62. When they give <u>advice</u> about <u>how to help keep from getting AIDS</u>, do you believe their advice or are you doubtful about what they say?</p> | <p>1 <input type="checkbox"/> Believe their advice 2 <input type="checkbox"/> Doubtful 9 <input type="checkbox"/> DK</p> | <p><input type="checkbox"/> 221</p> |
| | | |

63. Date AIDS Supplement Final Status _____ / _____ / 19 _____ 222-227

INTERVIEWER TRANSCRIPTION FROM HIS-1

64. Hispanic Origin (Item 4a/b, Page 41, HIS-1) 228

HIS-1 Item 4a 1 Yes
2 No

HIS 1 Item 4b 1 Puerto Rican
2 Cuban
3 Mexican/Mexicano
4 Mexican American
5 Chicano
6 Other Latin American
7 Other Spanish

65. Questionnaire Version 1 230

66. Exact Address (Item 6a, Cover Page, HIS-1) RT 99

City State County ZIP Code 28-93
94-114
115-116
117-142
143-151

67. Mailing Address (Item 6b, Cover Page, HIS-1) 152

City State County ZIP Code 153-208
209-229
230-231
232-257
258-266

68. Telephone Number (Item 11, Cover Page, HIS-1) 267

1 Yes, telephone (RECORD NUMBER BELOW)
2 No telephone
3 Phone, but no number listed or number refused
9 DK or Refused

_____/_____/_____
A.C. Exch. Number 268-277