

Section AA — AIDS KNOWLEDGE AND ATTITUDES

<p>These questions are to determine what people know about AIDS, also called Acquired Immunodeficiency Syndrome.</p> <p>1. How much would you say you know about AIDS — a lot, some, a little, or nothing?</p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing</p>	<p>5</p>
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<p><i>Hand card AA 1, Read list if telephone interview.</i></p> <p>2. (I'm going to read a list of possible sources of AIDS information.)</p> <p>In the past month, have you received information about AIDS from any of these sources?</p> <p><i>Mark all that apply.</i></p>	<p>1 <input type="checkbox"/> Television 1 <input type="checkbox"/> Radio 1 <input type="checkbox"/> Magazines 1 <input type="checkbox"/> Newspapers 1 <input type="checkbox"/> Street signs/billboards 1 <input type="checkbox"/> Store displays/store distributed brochures 1 <input type="checkbox"/> Bus/street car/subway displays 1 <input type="checkbox"/> Health department brochures 1 <input type="checkbox"/> Workplace distributed brochures 1 <input type="checkbox"/> School distributed brochures 1 <input type="checkbox"/> Church distributed brochures 1 <input type="checkbox"/> Community organization 1 <input type="checkbox"/> Friend/acquaintance 8 <input type="checkbox"/> Other source — <i>Specify</i> _____ 9 <input type="checkbox"/> DK 0 <input type="checkbox"/> Received no AIDS information in past month</p>	<p>6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21</p>
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<p>3. Have you ever heard the AIDS virus called "HIV"?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>22</p>
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<p><i>Hand card AA2</i></p> <p>4. 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.</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%;">DEFINITELY TRUE</th> <th style="width:10%;">PROBABLY TRUE</th> <th style="width:10%;">PROBABLY FALSE</th> <th style="width:10%;">DEFINITELY FALSE</th> <th style="width:10%;">DK</th> <th style="width:5%;"></th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">a. 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<p>Notes</p>	
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Section AA – AIDS KNOWLEDGE AND ATTITUDES – Continued

Hand card AA3

5. 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. working near someone with the AIDS virus?
- b. eating in a restaurant where the cook has the AIDS virus?
- c. sharing plates, forks, or glasses with someone who has the AIDS virus?
- d. using public toilets?
- e. sharing needles for drug use with someone who has the AIDS virus?
- f. being coughed or sneezed on by someone who has the AIDS virus?
- g. attending school with a child who has the AIDS virus?
- h. 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"/>	32
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	33
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	34
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	35
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	36
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	37
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	38
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	39

6. Do you have any children aged 10 through 17?

1 Yes
2 No (10) **40**

7. How many do you have?

_____ Children **41-42**

8. Have you ever discussed AIDS with [this child/any of your children aged 10 through 17] ?

1 Yes
2 No **43**

9. [Has this child/Have any of your children aged 10 through 17] had instruction at school about AIDS?

1 Yes
2 No
9 DK **44**

10. Have you ever donated blood?

1 Yes (11)
2 No } (14)
9 DK

11. Have you donated blood –

1 Yes
2 No } (14)
9 DK

a. since March 1985?

1 Yes
2 No
9 DK **47**

b. in the past 12 months?

12. How many times have you donated blood since March 1985?

01 <input type="checkbox"/> One time	08 <input type="checkbox"/> Eight times	48-49
02 <input type="checkbox"/> Two times	09 <input type="checkbox"/> Nine times	
03 <input type="checkbox"/> Three times	10 <input type="checkbox"/> Ten times	
04 <input type="checkbox"/> Four times	11 <input type="checkbox"/> Eleven times	
05 <input type="checkbox"/> Five times	12 <input type="checkbox"/> Twelve times	
06 <input type="checkbox"/> Six times	13 <input type="checkbox"/> More than twelve times	
07 <input type="checkbox"/> Seven times	99 <input type="checkbox"/> DK	

If "No" or "DK" in 11b, mark box 00 or ask:

13. How many times IN THE PAST 12 MONTHS have you donated blood?

00 <input type="checkbox"/> None in past twelve months	08 <input type="checkbox"/> Eight times	50-51
01 <input type="checkbox"/> One time	09 <input type="checkbox"/> Nine times	
02 <input type="checkbox"/> Two times	10 <input type="checkbox"/> Ten times	
03 <input type="checkbox"/> Three times	11 <input type="checkbox"/> Eleven times	
04 <input type="checkbox"/> Four times	12 <input type="checkbox"/> Twelve times	
05 <input type="checkbox"/> Five times	13 <input type="checkbox"/> More than twelve times	
06 <input type="checkbox"/> Six times	99 <input type="checkbox"/> DK	
07 <input type="checkbox"/> Seven times		

14. Have you ever heard of a blood test that can detect the AIDS virus infection?

1 Yes (15)
2 No } (33, page 30)
9 DK **52**

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.

15. To the best of your knowledge, are blood donations routinely tested for the AIDS virus infection?

1 Yes (Item AA1)
2 No } (17)
9 DK **53**

Section AA – AIDS KNOWLEDGE AND ATTITUDES – Continued

ITEM AA1	Refer to question 11a.	<input type="checkbox"/> "Yes" in question 11a (16) <input type="checkbox"/> Other (17)	
16.	Was one of your reasons for donating blood because you wanted to be tested for the AIDS virus infection?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	54
17.	(Except for blood donations since March 1985) Have you had your blood tested for the AIDS virus infection?	1 <input type="checkbox"/> Yes (18) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (30, page 29)	55
18.	How many times have you had your blood tested for the AIDS virus infection, not including blood donations?	01 <input type="checkbox"/> One time 02 <input type="checkbox"/> Two times 03 <input type="checkbox"/> Three times 04 <input type="checkbox"/> Four times 05 <input type="checkbox"/> Five times 06 <input type="checkbox"/> Six times 07 <input type="checkbox"/> Seven times 08 <input type="checkbox"/> Eight times 09 <input type="checkbox"/> Nine times 10 <input type="checkbox"/> Ten times 11 <input type="checkbox"/> Eleven times 12 <input type="checkbox"/> Twelve times 13 <input type="checkbox"/> More than twelve times 99 <input type="checkbox"/> DK	56-57
19.	How many times IN THE PAST 12 MONTHS have you had your blood tested for the AIDS virus infection, not including blood donations?	00 <input type="checkbox"/> None in past twelve months 01 <input type="checkbox"/> One time 02 <input type="checkbox"/> Two times 03 <input type="checkbox"/> Three times 04 <input type="checkbox"/> Four times 05 <input type="checkbox"/> Five times 06 <input type="checkbox"/> Six times 07 <input type="checkbox"/> Seven times 08 <input type="checkbox"/> Eight times 09 <input type="checkbox"/> Nine times 10 <input type="checkbox"/> Ten times 11 <input type="checkbox"/> Eleven times 12 <input type="checkbox"/> Twelve times 13 <input type="checkbox"/> More than twelve times 99 <input type="checkbox"/> DK	58-59
ITEM AA2	Refer to question 18.	<input type="checkbox"/> Box "01" marked in question 18 (21) <input type="checkbox"/> Other (20a)	
20a.	Were the blood tests, including those you had BEFORE the past twelve months, required or did you go for them voluntarily, or were there some of each?	1 <input type="checkbox"/> All required (20b) 2 <input type="checkbox"/> All volunteered (21) 3 <input type="checkbox"/> Some of each (20b) 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK } (21)	60
b. Were any of the blood tests required for: <i>Read list. Mark all that apply.</i>		1 <input type="checkbox"/> Hospitalization or a surgical procedure? 2 <input type="checkbox"/> Health insurance? 3 <input type="checkbox"/> Life insurance? 4 <input type="checkbox"/> Employment? 5 <input type="checkbox"/> Military induction or military service? 6 <input type="checkbox"/> Immigration? 8 <input type="checkbox"/> Some other reason? (Specify) _____ 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	61 62 63 64 65 66 67 68
21.	When was your (last) blood test for the AIDS virus infection?	____ / ____ Month Year	69-72
22a.	Was your (last) test required or did you go for it voluntarily?	1 <input type="checkbox"/> Required (22b) 2 <input type="checkbox"/> Sought voluntarily 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK } (23)	73
b. Was the test required for: <i>Read list. Mark all that apply.</i>		1 <input type="checkbox"/> Hospitalization or a surgical procedure? 2 <input type="checkbox"/> Health insurance? 3 <input type="checkbox"/> Life insurance? 4 <input type="checkbox"/> Employment? 5 <input type="checkbox"/> Military induction or military service? 6 <input type="checkbox"/> Immigration? 8 <input type="checkbox"/> Some other reason? (Specify) _____ 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK	74 75 76 77 78 79 80 81

Section AA – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>23. (Not including a blood donation,) Where was your (last) blood test for the AIDS virus done? <i>Mark only one.</i></p>	<p>01 <input type="checkbox"/> AIDS clinic/counseling/testing site 02 <input type="checkbox"/> Clinic run by employer 03 <input type="checkbox"/> Doctor/HMO 04 <input type="checkbox"/> Public Health Department 05 <input type="checkbox"/> Hospital/emergency room/outpatient clinic 06 <input type="checkbox"/> STD clinic 07 <input type="checkbox"/> Family planning clinic 08 <input type="checkbox"/> Prenatal clinic 09 <input type="checkbox"/> Tuberculosis clinic 10 <input type="checkbox"/> Other clinic 11 <input type="checkbox"/> Drug treatment facility 12 <input type="checkbox"/> Military induction or military service site 13 <input type="checkbox"/> Immigration site 98 <input type="checkbox"/> Other — <i>Specify</i> _____ 99 <input type="checkbox"/> DK</p>	<p align="center">82-83</p>																																								
<p>24. BEFORE your (last) blood test for the AIDS virus infection, were you counseled about the AIDS virus and the meaning of the blood test?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="center">84</p>																																								
<p>25. Did you get the results of your (last) test?</p>	<p>1 <input type="checkbox"/> Yes (27) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="center">85</p>																																								
<p>26. Did you WANT the results of your (last) test?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (29)</p>	<p align="center">86</p>																																								
<p>27. When you received the results of your (last) test, 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?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="center">87</p>																																								
<p>28. Were the results given in person, by telephone, by mail, or in some other way?</p>	<p>1 <input type="checkbox"/> In person 2 <input type="checkbox"/> By telephone 3 <input type="checkbox"/> By mail 8 <input type="checkbox"/> In some other way — <i>Specify</i> _____</p>	<p align="center">88</p>																																								
<p>29. Do you feel your (last) test for the AIDS virus infection was handled properly in terms of the confidentiality of your test results?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p align="center">89</p>																																								
<p>30. Do you expect to have a blood test for the AIDS virus infection in the next 12 months?</p>	<p>1 <input type="checkbox"/> Yes (31) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (33)</p>	<p align="center">90</p>																																								
<p>31. These are some reasons people might have the blood test. Tell me which of these statements explain why YOU will have the blood test.</p>	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:15%; text-align: center;">Yes</th> <th style="width:15%; text-align: center;">No</th> <th style="width:15%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>a. Voluntarily because you personally want to know if you are infected</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>b. As part of a blood donation</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>c. As part of a hospitalization or surgical procedure</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>d. As a requirement for health insurance</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>e. As a requirement for life insurance</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>f. As a requirement for a job, other than military</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>g. As a requirement for the military</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>h. As a requirement for immigration</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> <tr> <td>i. As a required part of some other activity that includes a blood sample and automatic AIDS testing</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	DK	a. Voluntarily because you personally want to know if you are infected	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	b. As part of a blood donation	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	c. As part of a hospitalization or surgical procedure	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	d. As a requirement for health insurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	e. As a requirement for life insurance	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	f. As a requirement for a job, other than military	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	g. As a requirement for the military	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	h. As a requirement for immigration	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	i. As a required part of some other activity that includes a blood sample and automatic AIDS testing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<p align="center">RT 94 3-4</p>
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Notes

Section AA – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>32. Where will you go to have a blood test for the AIDS virus infection? <i>Mark only one.</i></p>	<p>00 <input type="checkbox"/> Nowhere, wouldn't take the test 01 <input type="checkbox"/> AIDS clinic 02 <input type="checkbox"/> Clinic run by employer 03 <input type="checkbox"/> Doctor/HMO 04 <input type="checkbox"/> Hospital/emergency room/OP clinic 05 <input type="checkbox"/> Other clinic 06 <input type="checkbox"/> Public Health Department 07 <input type="checkbox"/> Red Cross/Blood bank 98 <input type="checkbox"/> Other – <i>Specify</i> _____ 99 <input type="checkbox"/> DK</p> <p align="right">14-15</p>
<p>33. Did you have a blood transfusion at any time between 1977 and 1985?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p align="right">16</p>
<p>34. Do you think the present supply of blood is safe for transfusions?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p align="right">17</p>
<p>Some people use condoms to keep from getting the AIDS virus through sexual activity.</p> <p>35. How effective do you think the use of a condom is to prevent getting the AIDS virus through sexual activity? Would you say very effective, somewhat effective, not at all effective, or you don't know how effective it is?</p>	<p>1 <input type="checkbox"/> Very effective 2 <input type="checkbox"/> Somewhat effective 3 <input type="checkbox"/> Not at all effective 4 <input type="checkbox"/> Don't know how effective 9 <input type="checkbox"/> Don't know method</p> <p align="right">18</p>
<p>36. What are your chances of HAVING the AIDS virus; would you say high, medium, low, or none?</p>	<p>1 <input type="checkbox"/> High (38) 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</p> <p align="right">19</p>
<p>37. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none?</p>	<p>1 <input type="checkbox"/> High 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</p> <p align="right">20</p>
<p>38. Have you ever personally known anyone with AIDS or the AIDS virus?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK if someone has/had AIDS or the AIDS virus</p> <p align="right">21</p>
<p><i>Hand card AA4</i></p> <p>39. (I am going to read a list of statements. AFTER I have read them all,) 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.</p> <p>a. You have hemophilia and have received clotting factor concentrates since 1977.</p> <p>b. You are a native of Haiti, Central or East Africa who has entered the United States since 1977.</p> <p>c. You are a man who has had sex with another man at some time since 1977, even one time.</p> <p>d. You have taken illegal drugs by needle at any time since 1977.</p> <p>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.]</p> <p>f. You have had sex for money or drugs at any time since 1977.</p>	<p>1 <input type="checkbox"/> Yes to at least one statement 2 <input type="checkbox"/> No to all statements</p> <p align="right">22</p>
<p>Notes</p>	

