

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

<p>1a. When was the last time you saw, heard or read something about AIDS?</p>	<p>number</p> <p>001 <input type="checkbox"/> Today          2 <input type="checkbox"/> Days ago          3 <input type="checkbox"/> Weeks ago          4 <input type="checkbox"/> Months ago          5 <input type="checkbox"/> Years ago</p> <p>(2)</p> <p>000 <input type="checkbox"/> Never          999 <input type="checkbox"/> DK when or DK disease</p> <p>(1b)</p> <p style="text-align: right;">60-62</p>												
<p>1b. Have you ever heard of AIDS?</p>	<p>1 <input type="checkbox"/> Yes          2 <input type="checkbox"/> No          9 <input type="checkbox"/> DK</p> <p>} (SKIP TO ITEM 28, Page 9)</p> <p style="text-align: right;">63</p>												
<p>2. Compared to most people, how much would you say you know about AIDS...would you say 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 style="text-align: right;">64</p>												
<p>HAND CARD A</p>													
<p>3. 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> <p>a. AIDS is a disease caused by a virus.</p>	<table border="0"> <thead> <tr> <th>Def. True</th> <th>Prob. True</th> <th>Prob. False</th> <th>Def. False</th> <th>Don't Know</th> <th></th> </tr> </thead> <tbody> <tr> <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 style="text-align: right;">65</td> </tr> </tbody> </table>	Def. True	Prob. True	Prob. False	Def. False	Don't Know		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	65
Def. True	Prob. True	Prob. False	Def. False	Don't Know									
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	65								
<p>b. AIDS can cripple the body's natural protection against disease.</p>	<table border="0"> <tbody> <tr> <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 style="text-align: right;">66</td> </tr> </tbody> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	66						
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<p>c. AIDS is especially common in older people.</p>	<table border="0"> <tbody> <tr> <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 style="text-align: right;">67</td> </tr> </tbody> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	67						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	67								
<p>d. The AIDS virus can damage the brain.</p>	<table border="0"> <tbody> <tr> <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 style="text-align: right;">68</td> </tr> </tbody> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	68						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	68								
<p>e. AIDS usually leads to heart disease.</p>	<table border="0"> <tbody> <tr> <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 style="text-align: right;">69</td> </tr> </tbody> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	69						
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<p>f. AIDS leads to death.</p>	<table border="0"> <tbody> <tr> <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 style="text-align: right;">70</td> </tr> </tbody> </table>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	70						
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	70								

4a. Where do you get most of your information about AIDS?  
Any other sources?  
(MARK ALL MENTIONED)

*If only one source or DK in 4a, mark box without asking and skip to 5a; otherwise ask:*

4b. Of the sources you just told me, from which ONE do you get the MOST information?

All Sources	Main Source	
<input type="checkbox"/>	<input type="checkbox"/> Television	71   91
<input type="checkbox"/>	<input type="checkbox"/> Newspapers	72   92
<input type="checkbox"/>	<input type="checkbox"/> Brochures/Fliers/Pamphlets	73   93
<input type="checkbox"/>	<input type="checkbox"/> Clergy/Church	74   94
<input type="checkbox"/>	<input type="checkbox"/> Doctor/HMO	75   95
<input type="checkbox"/>	<input type="checkbox"/> Company or Industry Clinic	76   96
<input type="checkbox"/>	<input type="checkbox"/> Hospital/Emergency Room/OP Clinic	77   97
<input type="checkbox"/>	<input type="checkbox"/> Other Clinic	78   98
<input type="checkbox"/>	<input type="checkbox"/> Magazines	79   99
<input type="checkbox"/>	<input type="checkbox"/> Medical Journals	80   100
<input type="checkbox"/>	<input type="checkbox"/> Library	81   101
<input type="checkbox"/>	<input type="checkbox"/> AIDS Hot Line	82   102
<input type="checkbox"/>	<input type="checkbox"/> Public Health Dept. (Local/State)	83   103
<input type="checkbox"/>	<input type="checkbox"/> Red Cross/Blood Bank	84   104
<input type="checkbox"/>	<input type="checkbox"/> Radio	85   105
<input type="checkbox"/>	<input type="checkbox"/> Relatives	86   106
<input type="checkbox"/>	<input type="checkbox"/> Friends	87   107
<input type="checkbox"/>	<input type="checkbox"/> School (Class/Clinic)	88   108
<input type="checkbox"/>	<input type="checkbox"/> Other Source - (SPECIFY) _____	89   109
<input type="checkbox"/>	<input type="checkbox"/> Don't Know	90   110

5a. If you wanted more specific information about AIDS, where would you get it? Any other sources? (MARK ALL MENTIONED)

All Sources	Main Source	RT 93
1 <input type="checkbox"/>	1 <input type="checkbox"/> Television	5   25
1 <input type="checkbox"/>	1 <input type="checkbox"/> Newspapers	6   26
1 <input type="checkbox"/>	1 <input type="checkbox"/> Brochures/Fliers/Pamphlets	7   27
1 <input type="checkbox"/>	1 <input type="checkbox"/> Clergy/Church	8   28
1 <input type="checkbox"/>	1 <input type="checkbox"/> Doctor/HMO	9   29
1 <input type="checkbox"/>	1 <input type="checkbox"/> Company or Industry Clinic	10   30
1 <input type="checkbox"/>	1 <input type="checkbox"/> Hospital/Emergency Room/OP Clinic	11   31
1 <input type="checkbox"/>	1 <input type="checkbox"/> Other Clinic	12   32
1 <input type="checkbox"/>	1 <input type="checkbox"/> Magazines	13   33
1 <input type="checkbox"/>	1 <input type="checkbox"/> Medical Journals	14   34
1 <input type="checkbox"/>	1 <input type="checkbox"/> Library	15   35
1 <input type="checkbox"/>	1 <input type="checkbox"/> AIDS Hot Line	16   36
1 <input type="checkbox"/>	1 <input type="checkbox"/> Public Health Dept. (Local/State)	17   37
1 <input type="checkbox"/>	1 <input type="checkbox"/> Red Cross/Blood Bank	18   38
1 <input type="checkbox"/>	1 <input type="checkbox"/> Radio	19   39
1 <input type="checkbox"/>	1 <input type="checkbox"/> Relatives	20   40
1 <input type="checkbox"/>	1 <input type="checkbox"/> Friends	21   41
1 <input type="checkbox"/>	1 <input type="checkbox"/> School (Class/Clinic)	22   42
1 <input type="checkbox"/>	1 <input type="checkbox"/> Other Source - (SPECIFY) _____	23   43
1 <input type="checkbox"/>	1 <input type="checkbox"/> Don't Know	24   44

If only one place or DK in 5a, mark box without asking and skip to 6; otherwise ask:

5b. Which ONE source would you MOST likely use?

HAND CARD A		Def. True	Prob. True	Prob. False	Def. False	Don't Know		
6.	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.							
a.	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"/>	45	
b.	You can tell if people have the AIDS virus just by looking at them.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	46	
c.	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"/>	47	
d.	A pregnant woman who has the AIDS virus can give AIDS to her baby.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	48	
e.	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"/>	49	
f.	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"/>	50	
HAND CARD B								
7.	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	Not Poss.	DK	
a.	receiving a blood transfusion?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	51
	What about...							
b.	donating or giving blood?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	52
c.	living near a hospital or home 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"/>	53
d.	working near someone with AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	54

How likely do you think it is that a person will get AIDS from...	Very Likely	Somewhat Likely	Somewhat Unlikely	Very Unlikely	Not Poss.	DK	
e. eating in a restaurant where the cook has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	55
f. kissing - with exchange of saliva - a person who has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	56
g. shaking hands with or touching someone who has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	57
h. sharing plates, forks, or glasses with someone who has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	58
i. 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"/>	59
j. sharing needles for drug use with someone who has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	60
k. kissing on the cheek a person who has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	61
l. being coughed or sneezed on by someone who has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	62
m. attending school with a child who has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	63
n. 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"/>	64
o. pets or animals?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	65
p. having sex with a person who has AIDS?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>	66
8. Have you ever heard of a blood test for infection with the AIDS virus?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't Know } (15)						67
9. Does this blood test tell whether a person has the disease AIDS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't Know						68
10. If someone has a positive blood test for infection with the AIDS virus, does this mean that they can give someone else the AIDS virus through sexual intercourse?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't Know						69

<p>11. Have you had your blood tested for infection with the AIDS virus?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> Yes, in blood donation/transfusion  3 <input type="checkbox"/> No  9 <input type="checkbox"/> Don't know (12)</p> <p style="text-align: right;">} (15) <span style="border: 1px solid black; padding: 2px;">70</span></p>
<p>12a. Have you thought about having this blood test?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No (15)</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">71</span></p>
<p>12b. Do you plan to be tested in the next 12 months?</p>	<p>1 <input type="checkbox"/> Yes  2 <input type="checkbox"/> No  9 <input type="checkbox"/> DK</p> <p style="text-align: right;"><span style="border: 1px solid black; padding: 2px;">72</span></p>
<p>13. (If you were to be tested) Where would you go to have a blood test for the AIDS virus infection?  (MARK FIRST PLACE MENTIONED)</p>	<p>00 <input type="checkbox"/> Nowhere/wouldn't take test  .....  01 <input type="checkbox"/> AIDS Clinic  .....  02 <input type="checkbox"/> Company or Industry Clinic  .....  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 Dept.  .....  07 <input type="checkbox"/> Red Cross/blood bank  .....  08 <input type="checkbox"/> Other (SPECIFY)  .....  .....  99 Don't know (14)</p> <p style="text-align: right;">} (15)  <span style="border: 1px solid black; padding: 2px;">73-74</span></p>
<p>14. Where would you go to <u>find out where</u> to have this blood test?  Anywhere else?  (MARK ALL MENTIONED)</p>	<p>1 <input type="checkbox"/> Nowhere <span style="border: 1px solid black; padding: 2px;">75</span>  .....  1 <input type="checkbox"/> AIDS Hot Line <span style="border: 1px solid black; padding: 2px;">76</span>  .....  1 <input type="checkbox"/> AIDS Clinic <span style="border: 1px solid black; padding: 2px;">77</span>  .....  1 <input type="checkbox"/> Clergy/Church <span style="border: 1px solid black; padding: 2px;">78</span>  .....  1 <input type="checkbox"/> Doctor/HMO <span style="border: 1px solid black; padding: 2px;">79</span>  .....  1 <input type="checkbox"/> Friends <span style="border: 1px solid black; padding: 2px;">80</span>  .....  1 <input type="checkbox"/> Hospital/emergency room/OP Clinic <span style="border: 1px solid black; padding: 2px;">81</span>  .....  1 <input type="checkbox"/> Public Health Dept. <span style="border: 1px solid black; padding: 2px;">82</span>  .....  .....  1 <input type="checkbox"/> Red Cross/blood bank <span style="border: 1px solid black; padding: 2px;">83</span>  .....  1 <input type="checkbox"/> Relatives <span style="border: 1px solid black; padding: 2px;">84</span>  .....  1 <input type="checkbox"/> Other (SPECIFY)  .....  .....  <span style="border: 1px solid black; padding: 2px;">85</span>  .....  1 <input type="checkbox"/> Don't know <span style="border: 1px solid black; padding: 2px;">86</span></p>

<p>15. Have you donated blood since January, 1985?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know</p>	<p>87</p>																																										
<p>16. Have you ever personally known anyone who had the blood test for the AIDS virus infection?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know</p>	<p>88</p>																																										
<p>17. What are the chances of <u>someone you know</u> 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"/> Don't know</p>	<p>89</p>																																										
<p>18. What are <u>your</u> 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"/> Don't know</p>	<p>90</p>																																										
<p>19. Here are methods some people use to prevent 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>	<table border="0"> <thead> <tr> <th></th> <th>Very effective</th> <th>Somewhat effective</th> <th>Not At All</th> <th>Don't know how effective</th> <th>Don't know 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>91</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>92</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>93</td> </tr> <tr> <td>d. Being celibate, that is, not having sex at all?</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>94</td> </tr> <tr> <td>e. Two people who do not have the AIDS virus having a completely monogamous relationship, that is, 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>95</td> </tr> </tbody> </table>		Very effective	Somewhat effective	Not At All	Don't know how effective	Don't know 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"/>	91	b. Using a condom?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	92	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"/>	93	d. Being celibate, that is, not having sex at all?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	94	e. Two people who do not have the AIDS virus having a completely monogamous relationship, that is, 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"/>	95	
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20. Have you ever discussed AIDS with a friend or relative?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know } (22)	96
21. When was the last time you discussed AIDS with a friend or relative?	_____ number 001 <input type="checkbox"/> Today 2 <input type="checkbox"/> days ago 3 <input type="checkbox"/> weeks ago 4 <input type="checkbox"/> months ago 5 <input type="checkbox"/> years ago 999 <input type="checkbox"/> don't know	97-99
22. Do you have any children aged 10 through 17?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (26)	100
23. How many do you have?	_____	101-102
24. Have you ever discussed AIDS with [your child/any of these children]?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	103
25. [Has your child/Have your children] had instruction at school about AIDS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know	104
26. Have you ever personally known anyone with the AIDS virus?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know if someone had/has AIDS virus	105
27. Have you ever personally known anyone with AIDS?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know if someone had/has AIDS	106
28. 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 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (END INTERVIEW) 8 <input type="checkbox"/> Other response (SPECIFY) _____ 9 <input type="checkbox"/> Don't know (END INTERVIEW)	107
29. Would you want to know the results of the blood test?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know	108