

<p>FORM HIS-1A</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U.S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">NATIONAL HEALTH INTERVIEW SURVEY</p> <p style="text-align: center;">AIDS KNOWLEDGE AND ATTITUDES</p>	<p>NOTICE - Information contained on this form which would permit identification of any 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 308(d) of the Public Health Service Act (42 USC 242m)</p> <p style="text-align: center;">RT 98</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">1. Book <u> </u> of <u> </u> books</td> <td style="width:33%;">2. R.O. number <u> </u></td> <td style="width:33%;">3. Sample <u> </u></td> </tr> <tr> <td>4. Control number PSU <u> </u> Segment <u> </u></td> <td>Serial <u> </u></td> <td>5. Beginning time</td> </tr> <tr> <td></td> <td></td> <td><u> </u> 26-29 <u> </u> 30</td> </tr> <tr> <td></td> <td></td> <td>1 a.m.</td> </tr> <tr> <td></td> <td></td> <td>2 p.m.</td> </tr> </table>	1. Book <u> </u> of <u> </u> books	2. R.O. number <u> </u>	3. Sample <u> </u>	4. Control number PSU <u> </u> Segment <u> </u>	Serial <u> </u>	5. Beginning time			<u> </u> 26-29 <u> </u> 30			1 a.m.			2 p.m.
1. Book <u> </u> of <u> </u> books	2. R.O. number <u> </u>	3. Sample <u> </u>														
4. Control number PSU <u> </u> Segment <u> </u>	Serial <u> </u>	5. Beginning time														
		<u> </u> 26-29 <u> </u> 30														
		1 a.m.														
		2 p.m.														

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)

1 Complete interview (all appropriate questions completed)

2 Partial interview (some but not all appropriate questions completed) - Explain

Noninterview (Complete Item 63, Page 18)

3 Refusal (Explain in Notes)

4 SP temporarily absent

5 SP mentally or physically incapable

6 Other - Explain

37

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

TRANSCRIPTION FROM COMPLETED HIS-1

12. Sex of SP (Page 2 or 51, question 3)	13. Education of SP (Page 42 or 43, question 2a)	14. Main race of SP (Page 42 or 43, question 3a/b)
<u> </u> 47	<u> </u> 48-49	<u> </u> 51
1 <input type="checkbox"/> M	00 <input type="checkbox"/> Never attended or kindergarten	1 2 3 4 5 - Specify <u> </u>
2 <input type="checkbox"/> F	Elem: 1 2 3 4 5 6 7 8	
	High: 9 10 11 12	
	College: 1 2 3 4 5 6 +	
	Finish grade/year (Question 2b)	
	1 <input type="checkbox"/> Yes	
	2 <input type="checkbox"/> No	

15. Marital status (Page 46 or 47, question 7)	16. Family income (Page 46, question 8b)	17.	18.	19. Booklet type
<u> </u> 52	<u> </u> 53-64	<u> </u> 55-56	<u> </u> 57-58	<u> </u> 59
1 <input type="checkbox"/> Married - spouse in HH	00 <input type="checkbox"/> A 07 <input type="checkbox"/> H 14 <input type="checkbox"/> O 21 <input type="checkbox"/> V	Sample Person Number	Sample Person Age	1 x AIDS Knowledge and Attitudes Version 1
2 <input type="checkbox"/> Married - spouse not in HH	01 <input type="checkbox"/> B 08 <input type="checkbox"/> I 15 <input type="checkbox"/> P 22 <input type="checkbox"/> W			
3 <input type="checkbox"/> Widowed	02 <input type="checkbox"/> C 09 <input type="checkbox"/> J 16 <input type="checkbox"/> Q 23 <input type="checkbox"/> X			
4 <input type="checkbox"/> Divorced	03 <input type="checkbox"/> D 10 <input type="checkbox"/> K 17 <input type="checkbox"/> R 24 <input type="checkbox"/> Y			
5 <input type="checkbox"/> Separated	04 <input type="checkbox"/> E 11 <input type="checkbox"/> L 18 <input type="checkbox"/> S 25 <input type="checkbox"/> Z			
6 <input type="checkbox"/> Never married	05 <input type="checkbox"/> F 12 <input type="checkbox"/> M 19 <input type="checkbox"/> T 26 <input type="checkbox"/> ZZ			
	06 <input type="checkbox"/> G 13 <input type="checkbox"/> N 20 <input type="checkbox"/> U			
	(Transcribe from 8a if 8b blank)			
	27 <input type="checkbox"/> \$20,000 or more			
	28 <input type="checkbox"/> Less than \$20,000			

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

<p>1. In the PAST MONTH, have you . . .</p> <p>a. seen any Public Service Announcements about AIDS on television?</p> <p>b. heard any Public Service Announcements about AIDS on the radio?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 60</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 61</p>
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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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<p>2. Were any of those Public Service Announcements called "America Responds to AIDS"?</p>	<p>1 <input type="checkbox"/> Yes 62</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
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<p>3. In the PAST MONTH, have you read any brochures or pamphlets about AIDS? Do not include articles in magazines or newspapers.</p>	<p>1 <input type="checkbox"/> Yes (5) 63</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK</p>
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<p>4. Have you EVER read any brochures or pamphlets about AIDS? Again, do not include articles in magazines or newspapers.</p>	<p>1 <input type="checkbox"/> Yes (5) 64</p> <p>2 <input type="checkbox"/> No</p> <p>9 <input type="checkbox"/> DK } (Check Item 2)</p>
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5. Where did you get the pamphlets or brochures? Anywhere else? (MARK ALL THAT APPLY)	1 <input type="checkbox"/> Clinic, other than work clinic	65
	1 <input type="checkbox"/> Doctor's office/HMO	66
	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

Page 3

17. Do you have any children aged 10 through 17?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (21)	90
18. How many do you have?	_____	91-92

Page 4

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 93						
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 94						
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 96						
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%;"> <tr> <td style="text-align: center;">Def. True</td> <td style="text-align: center;">Prob. True</td> <td style="text-align: center;">Prob. False</td> <td style="text-align: center;">Def. False</td> <td style="text-align: center;">DK</td> <td></td> </tr> </table>	Def. True	Prob. True	Prob. False	Def. False	DK	
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"/> 98						
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"/> 104
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"/> 105
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 ---

- a. living near a home or hospital for AIDS patients.
- b. working near someone with the AIDS virus.
- c. eating in a restaurant where the cook has the AIDS virus.
- d. kissing - with exchange of saliva - a person who has the AIDS virus.
- e. shaking hands, touching, or kissing on the cheek someone who has the AIDS virus.
- f. sharing plates, forks, or glasses with someone who has the AIDS virus.
- g. using public toilets.
- h. sharing needles for drug use with someone who has the AIDS virus.
- i. being coughed on or sneezed on by someone who has the AIDS virus.
- j. attending school with a child who has the AIDS virus.
- k. mosquitoes or other insects.

	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Definitely not possible	DK	
a.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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.	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) 122 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (27)																																													
26. Have you donated blood --- a. since March, 1985? b. in the past 12 months?	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td>a. since March, 1985?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/> (27)</td> <td>9 <input type="checkbox"/> (27)</td> <td>123</td> </tr> <tr> <td>b. in the past 12 months?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>124</td> </tr> </table>		Yes	No	DK		a. since March, 1985?	1 <input type="checkbox"/>	2 <input type="checkbox"/> (27)	9 <input type="checkbox"/> (27)	123	b. in the past 12 months?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	124																														
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b. in the past 12 months?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	124																																										
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 9 <input type="checkbox"/> DK } (44a, Page 12)																																													
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 9 <input type="checkbox"/> DK } (31)																																													
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></td> <td>Yes</td> <td>No</td> <td>DK</td> <td></td> </tr> <tr> <td>1. with a private doctor?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>128</td> </tr> <tr> <td>2. at a family planning clinic?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>129</td> </tr> <tr> <td>3. on an AIDS hotline?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>130</td> </tr> <tr> <td>4. at a prenatal clinic?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>131</td> </tr> <tr> <td>5. at an STD or sexually transmitted disease clinic?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>132</td> </tr> <tr> <td>6. at an AIDS/HIV counseling and testing site?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>133</td> </tr> <tr> <td>7. with some other health professional?</td> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td>134</td> </tr> <tr> <td>8. with some other counselor?</td> <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. with a private doctor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	128	2. at a family planning clinic?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	129	3. on an AIDS hotline?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	130	4. at a prenatal clinic?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	131	5. at an STD or sexually transmitted disease clinic?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	132	6. at an AIDS/HIV counseling and testing site?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	133	7. with some other health professional?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	134	8. with some other counselor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	135
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8. with some other counselor?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	135																																										

30. During that discussion, did you receive information about how to avoid getting or passing on the AIDS virus?	1 <input type="checkbox"/> Yes 136 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																																
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 137 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																																
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 138 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																																
33. Have you had your blood tested for the AIDS virus infection?	1 <input type="checkbox"/> Yes (34a) 139 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (41)																																																
34a. Have you had your blood tested for the AIDS virus infection more than once?	1 <input type="checkbox"/> Yes (35a) 140 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK																																																
34b. Was your blood tested <u>in the past twelve months</u> ?	1 <input type="checkbox"/> Yes } 141 2 <input type="checkbox"/> No } (36) 9 <input type="checkbox"/> DK }																																																
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 style="vertical-align: top;">Total times (35a.)</td> <td style="vertical-align: top;">Number times in past 12 Months (35b.)</td> <td style="text-align: right; vertical-align: top;"> 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	
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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																																																

36. [Was the test --- / Were any of the blood tests, including those you had before the past twelve months ---]		
a. part of a blood donation?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="checkbox"/> 146
b. part of a blood transfusion?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="checkbox"/> 147
c. voluntarily sought from a source such as your doctor, clinic, or HMO?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	<input type="checkbox"/> 148
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	<input type="checkbox"/> 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 1 <input type="checkbox"/> Family planning clinic 1 <input type="checkbox"/> Prenatal clinic 1 <input type="checkbox"/> Drug treatment facility 1 <input type="checkbox"/> Tuberculosis clinic 1 <input type="checkbox"/> Work clinic/health station 1 <input type="checkbox"/> AIDS counseling/testing site 1 <input type="checkbox"/> Military induction 1 <input type="checkbox"/> Immigration site 1 <input type="checkbox"/> Other (SPECIFY) _____	<input type="checkbox"/> 150 <input type="checkbox"/> 151 <input type="checkbox"/> 152 <input type="checkbox"/> 153 <input type="checkbox"/> 154 <input type="checkbox"/> 155 <input type="checkbox"/> 156 <input type="checkbox"/> 157 <input type="checkbox"/> 158 <input type="checkbox"/> 159 <input type="checkbox"/> 160
38. Did you get the results of [your test?/ any of your tests?]	1 <input type="checkbox"/> Yes (39) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK } (40)	<input type="checkbox"/> 161
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) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	<input type="checkbox"/> 162

40. Were you referred to a health professional to get counseling about the AIDS virus infection?	1 <input type="checkbox"/> Yes 163 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	
41. Do you expect to have a blood test for the AIDS virus infection in the next 12 months?	1 <input type="checkbox"/> Yes (42) 164 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK } (44)	
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?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 165 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 166 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 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)	168-169 00 <input type="checkbox"/> Nowhere, wouldn't take the 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 Department 07 <input type="checkbox"/> Red Cross/blood bank 08 <input type="checkbox"/> Other (SPECIFY) _____ 99 <input type="checkbox"/> 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	170																																			
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	171																																			
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="0"> <thead> <tr> <th data-bbox="858 552 887 743">Very effective</th> <th data-bbox="954 499 983 743">Somewhat effective</th> <th data-bbox="1046 468 1075 743">Not at all effective</th> <th data-bbox="1142 520 1171 743">DK how effective</th> <th data-bbox="1238 615 1267 743">DK method</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 data-bbox="1321 772 1390 810">172</td> </tr> <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 data-bbox="1321 831 1390 869">173</td> </tr> <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 data-bbox="1321 911 1390 949">174</td> </tr> <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 data-bbox="1321 970 1390 1008">175</td> </tr> <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 data-bbox="1321 1045 1390 1083">176</td> </tr> </tbody> </table>	Very effective	Somewhat effective	Not at all effective	DK how effective	DK method		1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	172	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	173	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	174	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	175	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	9 <input type="checkbox"/>	176
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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																																			

<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?</p> <p>b. Have had sexual contact with someone who might have the virus?</p> <p>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 --- a. a prenatal health clinic? b. a maternal and infant health clinic? c. a family planning clinic? d. a hospital, as an inpatient? e. a hospital emergency room? f. a tuberculosis clinic? g. a drug treatment facility or clinic? h. an STD (sexually transmitted disease) clinic? i. an alcohol treatment facility or clinic? j. an AIDS counseling and testing clinic? k. a community health clinic? l. a public health clinic?	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 185</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 186</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 187</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 188</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 189</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 190</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 191</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 192</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 193</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 194</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 195</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 196</td> </tr> </tbody> </table>	Yes	No	DK		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 185	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 186	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 187	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 188	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 189	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 190	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 191	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 192	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 193	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 194	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 195	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 196
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51. In the past twelve months, have you --- a. been in the Job Corps? b. had a physical examination to join the military? c. been in prison?	<table border="0"> <thead> <tr> <th>Yes</th> <th>No</th> <th>DK</th> <th></th> </tr> </thead> <tbody> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 197</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 198</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td><input type="checkbox"/> 199</td> </tr> </tbody> </table>	Yes	No	DK		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 197	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 198	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	<input type="checkbox"/> 199																																				
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52. Have you ever discussed AIDS with a friend or relative?	<table border="0"> <tbody> <tr> <td>1 <input type="checkbox"/> Yes (53)</td> <td><input type="checkbox"/> 200</td> </tr> <tr> <td>2 <input type="checkbox"/> No</td> <td rowspan="2">} (54)</td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> </tr> </tbody> </table>	1 <input type="checkbox"/> Yes (53)	<input type="checkbox"/> 200	2 <input type="checkbox"/> No	} (54)	9 <input type="checkbox"/> DK																																															
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<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>
<p>(IF MORE THAN ONE PERSON VOLUNTEERED IN Q. 54, ASK Q. 55 and Q. 56 ABOUT THE PERSON KNOWN BEST)</p>	
<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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;"> <input type="checkbox"/> Don't want to know if I have AIDS </td> <td style="width: 10%; text-align: center; vertical-align: middle;">}</td> <td style="width: 10%; text-align: center; vertical-align: middle;">(60b)</td> <td style="width: 10%; text-align: center; vertical-align: middle;"><input type="checkbox"/> 209</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Don't want any counseling about AIDS </td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 210</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Fear I'll get AIDS </td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 211</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Don't like to give blood </td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 212</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Don't trust Government programs </td> <td></td> <td style="text-align: center; vertical-align: middle;">(61)</td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 213</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> It is a waste of money </td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 214</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Don't believe AIDS can really be cured anyway </td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 215</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> Other (SPECIFY) </td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 216</td> </tr> <tr> <td style="vertical-align: top;"> <input type="checkbox"/> DK </td> <td></td> <td></td> <td style="text-align: center; vertical-align: middle;"><input type="checkbox"/> 217</td> </tr> </table>	<input type="checkbox"/> Don't want to know if I have AIDS	}	(60b)	<input type="checkbox"/> 209	<input type="checkbox"/> Don't want any counseling about AIDS			<input type="checkbox"/> 210	<input type="checkbox"/> Fear I'll get AIDS			<input type="checkbox"/> 211	<input type="checkbox"/> Don't like to give blood			<input type="checkbox"/> 212	<input type="checkbox"/> Don't trust Government programs		(61)	<input type="checkbox"/> 213	<input type="checkbox"/> It is a waste of money			<input type="checkbox"/> 214	<input type="checkbox"/> Don't believe AIDS can really be cured anyway			<input type="checkbox"/> 215	<input type="checkbox"/> Other (SPECIFY)			<input type="checkbox"/> 216	<input type="checkbox"/> DK			<input type="checkbox"/> 217
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<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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 10%; text-align: center; vertical-align: middle;">}</td> <td style="width: 10%; text-align: center; vertical-align: middle;">(61)</td> <td style="width: 10%; text-align: center; vertical-align: middle;"><input type="checkbox"/> 218</td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	}	(61)	<input type="checkbox"/> 218																																
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	}	(61)	<input type="checkbox"/> 218																																		
<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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK </td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center; vertical-align: middle;"><input type="checkbox"/> 219</td> </tr> </table>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK			<input type="checkbox"/> 219																																
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK			<input type="checkbox"/> 219																																		
<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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;"> <input type="checkbox"/> Believe them <input type="checkbox"/> Doubtful <input type="checkbox"/> DK </td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center; vertical-align: middle;"><input type="checkbox"/> 220</td> </tr> </table>	<input type="checkbox"/> Believe them <input type="checkbox"/> Doubtful <input type="checkbox"/> DK			<input type="checkbox"/> 220																																
<input type="checkbox"/> Believe them <input type="checkbox"/> Doubtful <input type="checkbox"/> DK			<input type="checkbox"/> 220																																		
<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>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; vertical-align: top;"> <input type="checkbox"/> Believe their advice <input type="checkbox"/> Doubtful <input type="checkbox"/> DK </td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center; vertical-align: middle;"><input type="checkbox"/> 221</td> </tr> </table>	<input type="checkbox"/> Believe their advice <input type="checkbox"/> Doubtful <input type="checkbox"/> DK			<input type="checkbox"/> 221																																
<input type="checkbox"/> Believe their advice <input type="checkbox"/> Doubtful <input type="checkbox"/> DK			<input type="checkbox"/> 221																																		

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

229

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

I 230

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

RT 99

28-93

City State County ZIP Code

94-114
115-116
117-142
143-151

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

Same as 6a 152

153-208

City State County ZIP Code

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