

Section Q – AIDS KNOWLEDGE AND ATTITUDES

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

- 1 A lot
- 2 Some
- 3 A little
- 4 Nothing

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1. How much would you say you know about AIDS – a lot, some, a little, or nothing?

2. In the past month, have you –

- 1 Yes
- 2 No
- 9 DK

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a. seen any Public Service Announcements about AIDS on television?

- 1 Yes
- 2 No
- 9 DK

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b. heard any Public Service Announcements about AIDS on the radio?

- 1 Yes
- 2 No
- 9 DK

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c. seen any Public Service Posters in airports about AIDS?

Hand card Q1. Read list if telephone interview.

3. (I'm going to read a list of possible sources of AIDS information.) In the past month, have you received information about AIDS from any of these sources?

Mark each that applies.

- 1 Television programs
- 1 Radio programs
- 1 Magazine articles
- 1 Newspaper articles
- 1 Street signs/billboards
- 1 Store displays/store distributed brochures
- 1 Bus/street car/subway displays
- 1 Health Department brochures
- 1 Workplace distributed brochures
- 1 School distributed brochures
- 1 Church distributed brochures
- 1 Community organization
- 1 Friend/acquaintance
- 1 AIDS hotline
- 8 Other source – *Specify* _____
- 9 DK
- 0 Received no AIDS information in past month

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4. Have you ever heard the AIDS virus called by the name "HIV"?

- 1 Yes
- 2 No
- 9 DK

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Notes

Section Q – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>5. After I read each statement, tell me whether you think the statement is true or false or you don't know if it is true or false.</p> <p>a. AIDS can reduce the body's natural protection against disease.</p> <p>b. AIDS can damage the brain.</p> <p>c. AIDS is an infectious disease caused by a virus.</p> <p>d. A person can be infected with the AIDS virus and not have the disease AIDS.</p> <p>e. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.</p> <p>f. A pregnant woman who has the AIDS virus can give it to her baby.</p> <p>g. A person who has the AIDS virus can look and feel well and healthy.</p> <p>h. There are drugs available which can lengthen the life of a person infected with the AIDS virus.</p> <p>i. Early treatment of the AIDS virus infection can reduce symptoms in an infected person.</p> <p>j. There is a vaccine available to the public that protects a person from getting the AIDS virus.</p> <p>k. There is no cure for AIDS at present.</p>	<table border="0"> <thead> <tr> <th>TRUE</th> <th>FALSE</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 align="right">27</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">28</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">29</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">30</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">31</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">32</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">33</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">34</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">35</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">36</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">37</td> </tr> </tbody> </table>	TRUE	FALSE	DK		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	27	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	28	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	29	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	30	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	31	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	32	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	33	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	34	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	35	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	36	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	37																													
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<p><i>Hand card Q2.</i></p> <p>6. 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.</p> <p>How likely do you think it is that a person will get AIDS or the AIDS virus infection from —</p> <p>a. working near someone with the AIDS virus?</p> <p>b. eating in a restaurant where the cook has the AIDS virus?</p> <p>c. sharing plates, forks, or glasses with someone who has the AIDS virus?</p> <p>d. using public toilets?</p> <p>e. sharing needles for drug use with someone who has the AIDS virus?</p> <p>f. being coughed or sneezed on by someone who has the AIDS virus?</p> <p>g. attending school with a child who has the AIDS virus?</p> <p>h. mosquitoes or other insects?</p> <p>i. being cared for by a nurse, doctor, dentist, or other health-care worker who has the AIDS virus?</p> <p>j. getting a blood transfusion, that is, receiving blood donated by someone else?</p>	<table border="0"> <thead> <tr> <th>VERY LIKELY</th> <th>SOMEWHAT LIKELY</th> <th>SOMEWHAT UNLIKELY</th> <th>VERY UNLIKELY</th> <th>DEFINITELY NOT POSSIBLE</th> <th>DK</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>5 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">38</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>5 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">39</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>5 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">40</td> </tr> 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<p>7. Can a person get AIDS or the AIDS virus infection WHILE GIVING OR DONATING BLOOD for use by others?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p align="right">48</p>																																																																													
<p>8. Do you have any children aged 10 through 17?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (12)</p> <p align="right">49</p>																																																																													
<p>9. How many do you have?</p>	<p>_____ Children (Number)</p> <p align="right">50-51</p>																																																																													
<p>10. Have you ever discussed AIDS with [this child/any of your children aged 10 through 17]?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">52</p>																																																																													
<p>11. [Has this child/Have any of your children aged 10 through 17] had instruction at school about AIDS?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p align="right">53</p>																																																																													

Section Q – AIDS KNOWLEDGE AND ATTITUDES – Continued

12. Have you ever given or donated blood?	<input type="checkbox"/> Yes (13) <input type="checkbox"/> No } (15) <input type="checkbox"/> DK }	54
13. Have you donated blood —	<input type="checkbox"/> Yes (13b) <input type="checkbox"/> No } (15) <input type="checkbox"/> DK }	55
a. since March 1985?		
b. in the past 12 months?	<input type="checkbox"/> Yes (14) <input type="checkbox"/> No } (15) <input type="checkbox"/> DK }	56
14. How many times IN THE PAST 12 MONTHS have you donated blood?	00 <input type="checkbox"/> None in past 12 months _____ Times (Number) 97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK	57-58
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	59
ITEM Q1	<i>Refer to question 13a.</i>	60
16. Was one of your reasons for donating blood because you wanted to be tested for the AIDS virus infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	61
17a. (Except for blood donations since March 1985), Have you had your blood tested for the AIDS virus infection?	<input type="checkbox"/> Yes (18) <input type="checkbox"/> No (17b) <input type="checkbox"/> DK (31)	62
b. Why haven't you been tested?	1 <input type="checkbox"/> Don't consider myself at risk of AIDS 1 <input type="checkbox"/> Don't believe anything can be done if I am positive 1 <input type="checkbox"/> Don't like needles 1 <input type="checkbox"/> Afraid of losing job, insurance, housing, friends, family if people knew I was positive for AIDS infection 1 <input type="checkbox"/> Don't trust medical clinics/hospitals to keep test results confidential 1 <input type="checkbox"/> Already know whether I have the AIDS virus infection 1 <input type="checkbox"/> Don't know where to go for a test 8 <input type="checkbox"/> Other — <i>Specify</i> <input type="checkbox"/> _____ _____ 9 <input type="checkbox"/> DK why	63 64 65 66 67 (31) 68 69 70 71
18. How many times have you had your blood tested for the AIDS virus infection, NOT including blood donations?	_____ Times (Number) 99 <input type="checkbox"/> DK	72-73
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 12 months _____ Times (Number) 99 <input type="checkbox"/> DK	74-75
ITEM Q2	<i>Refer to question 18.</i>	76
	<input type="checkbox"/> "1 time" (21) <input type="checkbox"/> Other (20)	

Section Q — AIDS KNOWLEDGE AND ATTITUDES — Continued

20. Did you have any of the AIDS blood tests —

Read list. Mark each that applies.

- 01 For hospitalization or a surgical procedure? 5-6
 - 02 To apply for health insurance? 7-8
 - 03 To apply for life insurance? 9-10
 - 04 For employment? 11-12
 - 05 To apply for a marriage license? 13-14
 - 06 For military induction or military service? 15-16
 - 07 For immigration? 17-18
 - 08 Just to find out if you were infected? 19-20
 - 09 Because of referral by the doctor? 21-22
 - 10 Because of referral by the Health Department? 23-24
 - 11 Referred by your sex partner? 25-26
 - 12 Because it was part of the blood donation process? 27-28
 - 13 For some other reason? *Specify* ↓ 29-30
-
- 97 Refused 31-32
 - 99 DK 33-34

21. When was your (last) blood test for the AIDS virus infection NOT including a blood donation?

_____ / 19 _____
 Month Year

9999 DK 35-38

22. Did you have your (last) AIDS blood test —

Read list. Mark each that applies.

- 01 For hospitalization or a surgical procedure? 39-40
 - 02 To apply for health insurance? 41-42
 - 03 To apply for life insurance? 43-44
 - 04 For employment? 45-46
 - 05 To apply for a marriage license? 47-48
 - 06 For military induction or military service? 49-50
 - 07 For immigration? 51-52
 - 08 Just to find out if you were infected? 53-54
 - 09 Because of referral by the doctor? 55-56
 - 10 Because of referral by the Health Department? 57-58
 - 11 Referred by your sex partner? 59-60
 - 12 Because it was part of the blood donation process? 61-62
 - 13 For some other reason? *Specify* ↓ 63-64
-
- 97 Refused 65-66
 - 99 DK 67-68

23. (Not including a blood donation) Where did you have your (last) blood test for the AIDS virus?

Mark only one.

- 01 AIDS clinic/counseling/testing site
 - 02 Community health clinic
 - 03 Clinic run by employer
 - 04 Doctor/HMO
 - 05 Hospital/emergency room/outpatient clinic
 - 06 STD clinic
 - 07 Family planning clinic
 - 08 Prenatal clinic
 - 09 Tuberculosis clinic
 - 10 Public clinic
 - 11 Other clinic
 - 12 Drug treatment facility
 - 13 Military induction or military service site
 - 14 Immigration site
 - 98 Other location — *Specify* ↓
-
- 99 DK 69-70

Section Q – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>The next questions concern COUNSELING about the AIDS virus infection, that is, discussing transmission, prevention or treatment of AIDS virus infection.</p> <p>24. Did you receive any counseling AT THE TIME of your (last) blood test for the AIDS virus infection?</p>	<p align="right">71</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>																																													
<p>25. Did you get the results of your (last) blood test?</p>	<p align="right">72</p> <p>1 <input type="checkbox"/> Yes (27) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>																																													
<p>26. Was this because you decided you didn't want the results or was it because you were unable to GET the results? <i>Mark only one.</i></p>	<p align="right">73</p> <p>1 <input type="checkbox"/> Didn't want results 2 <input type="checkbox"/> Unable to get results 3 <input type="checkbox"/> Both 8 <input type="checkbox"/> Other – <i>Specify</i> _____ 9 <input type="checkbox"/> DK</p> <p align="right">} (31)</p>																																													
<p>27. Did you also receive any counseling about the AIDS virus when you received the results of your (last) test?</p>	<p align="right">74</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>																																													
<p>28. Were the results given in person, by telephone, by mail or in some other way? <i>Mark only one.</i></p>	<p align="right">75</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</p>																																													
<p>29. Do you believe the results of your (last) test were accurate?</p>	<p align="right">76</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>																																													
<p>30. Do you feel that the confidentiality of the results of your (last) test for the AIDS virus infection was handled properly?</p>	<p align="right">77</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>																																													
<p>31. Do you expect to have a blood test for the AIDS virus infection in the next 12 months?</p>	<p align="right">78</p> <p>1 <input type="checkbox"/> Yes (32) 2 <input type="checkbox"/> No } (34) 9 <input type="checkbox"/> DK }</p>																																													
<p>32. I am going to read some reasons people might have the blood test. Tell me if each statement explains WHY YOU expect to have the blood test in the next 12 months.</p>	<p align="right">79</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:10%; text-align:center;">YES</th> <th style="width:10%; text-align:center;">NO</th> <th style="width:10%; text-align:center;">DK</th> <th style="width:10%;"></th> </tr> </thead> <tbody> <tr> <td>a. Because it will be part of a blood donation.</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">9 <input type="checkbox"/></td> <td align="right">79</td> </tr> <tr> <td>b. Because it will be part of hospitalization or surgery you expect to have.</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">9 <input type="checkbox"/></td> <td align="right">80</td> </tr> <tr> <td>c. Because you expect to apply for life or health insurance.</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">9 <input type="checkbox"/></td> <td align="right">81</td> </tr> <tr> <td>d. Because you expect to apply for a job.</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">9 <input type="checkbox"/></td> <td align="right">82</td> </tr> <tr> <td>e. Because you expect to join the military.</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">9 <input type="checkbox"/></td> <td align="right">83</td> </tr> <tr> <td>f. Because you expect to apply for a marriage license.</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">9 <input type="checkbox"/></td> <td align="right">84</td> </tr> <tr> <td>g. Because you want to know the results.</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">9 <input type="checkbox"/></td> <td align="right">85</td> </tr> <tr> <td>h. Because it will be a required part of some other activity that includes automatic AIDS testing.</td> <td align="center">1 <input type="checkbox"/></td> <td align="center">2 <input type="checkbox"/></td> <td align="center">9 <input type="checkbox"/></td> <td align="right">86</td> </tr> </tbody> </table>		YES	NO	DK		a. Because it will be part of a blood donation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	79	b. Because it will be part of hospitalization or surgery you expect to have.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80	c. Because you expect to apply for life or health insurance.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81	d. Because you expect to apply for a job.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82	e. Because you expect to join the military.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	83	f. Because you expect to apply for a marriage license.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84	g. Because you want to know the results.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	85	h. Because it will be a required part of some other activity that includes automatic AIDS testing.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86
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<p>33. Where will you go to have a blood test for the AIDS virus infection? <i>Mark only one.</i></p>	<p align="right">87-88</p> <p>01 <input type="checkbox"/> AIDS clinic/counseling/testing site 02 <input type="checkbox"/> Community Health Clinic 03 <input type="checkbox"/> Clinic run by employer 04 <input type="checkbox"/> Doctor/HMO 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"/> Public clinic 11 <input type="checkbox"/> Other Clinic 12 <input type="checkbox"/> Drug treatment facility 13 <input type="checkbox"/> Military induction or military service site 14 <input type="checkbox"/> Immigration site 15 <input type="checkbox"/> Home collection/testing kit 98 <input type="checkbox"/> Other location – <i>Specify</i> _____ 99 <input type="checkbox"/> DK</p>																																													

Section Q – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>34. Tell me whether you think the following statements about the blood test for the AIDS virus infection are true or false or if you do not know whether they are true or false.</p> <p>a. Sometimes the results of a blood test for the AIDS virus infection can be wrong.</p> <p>b. After a person becomes infected with the AIDS virus, there can be a period of time before the test shows the infection.</p>	<table border="0"> <tr> <td>TRUE</td> <td>FALSE</td> <td>DK</td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">89</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">90</td> </tr> </table>	TRUE	FALSE	DK		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	89	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	90												
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<p>35. A new and accurate method for learning your HIV status is being considered. To use this method, you would take a blood sample from your finger and send it to a laboratory for testing. You would receive the results confidentially in the mail or by telephone.</p> <p>If this test were available, how likely would you be to use it – very likely, somewhat likely, somewhat unlikely, very unlikely, or don't you know how likely you would be to use it?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Very likely</td> <td align="right">91</td> </tr> <tr> <td>2 <input type="checkbox"/> Somewhat likely</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Somewhat unlikely</td> <td></td> </tr> <tr> <td>4 <input type="checkbox"/> Very unlikely</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Very likely	91	2 <input type="checkbox"/> Somewhat likely		3 <input type="checkbox"/> Somewhat unlikely		4 <input type="checkbox"/> Very unlikely		9 <input type="checkbox"/> DK															
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<p>36. If such a test were available, would you be more likely to use the new method, to go to a doctor's office or clinic, or not to be tested?</p> <p><i>Mark only one.</i></p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> To use the new method</td> <td align="right">92</td> </tr> <tr> <td>2 <input type="checkbox"/> To go to a doctor's office or clinic</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Not be tested</td> <td></td> </tr> </table>	1 <input type="checkbox"/> To use the new method	92	2 <input type="checkbox"/> To go to a doctor's office or clinic		3 <input type="checkbox"/> Not be tested																			
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<p>37. Have you ever heard of a drug called AZT, also known as Zidovudine (Zi-doo-view-deen) (ZDV) or Retrovir?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Yes (38)</td> <td rowspan="3" style="font-size: 2em; vertical-align: middle;">}</td> <td align="right" rowspan="3">(39)</td> </tr> <tr> <td>2 <input type="checkbox"/> No</td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> </tr> </table>	1 <input type="checkbox"/> Yes (38)	}	(39)	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK																			
1 <input type="checkbox"/> Yes (38)	}	(39)																							
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<p><i>Hand card Q3. Read all categories.</i></p> <p>38. Tell me whether you think the following statements about AZT are true or false or if you don't know whether they are true or false.</p> <p>a. AZT can delay or slow down the symptoms of AIDS virus infection.</p> <p>b. AZT cures people with AIDS</p> <p>c. AZT has no known side effects.</p> <p>d. AZT is appropriate for a person with the AIDS virus infection ONLY at certain times during the illness.</p> <p>e. There are other drugs available to treat AIDS related illnesses.</p>	<table border="0"> <tr> <td>TRUE</td> <td>FALSE</td> <td>DK</td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">94</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">95</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">96</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">97</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">98</td> </tr> </table>	TRUE	FALSE	DK		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	94	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	95	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	96	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	97	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	98
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<p>39. Did you have a blood transfusion at any time between 1977 and 1985?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Yes</td> <td align="right">99</td> </tr> <tr> <td>2 <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Yes	99	2 <input type="checkbox"/> No		9 <input type="checkbox"/> DK																			
1 <input type="checkbox"/> Yes	99																								
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<p>40. Do you have frequent blood transfusions because of Sickle Cell or Chronic Anemia?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Yes</td> <td align="right">100</td> </tr> <tr> <td>2 <input type="checkbox"/> No</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Yes	100	2 <input type="checkbox"/> No		9 <input type="checkbox"/> DK																			
1 <input type="checkbox"/> Yes	100																								
2 <input type="checkbox"/> No																									
9 <input type="checkbox"/> DK																									
<p>Some people use condoms to keep from getting the AIDS virus through sexual activity.</p> <p>41. 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>	<table border="0"> <tr> <td>1 <input type="checkbox"/> Very effective</td> <td align="right">101</td> </tr> <tr> <td>2 <input type="checkbox"/> Somewhat effective</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Not at all effective</td> <td></td> </tr> <tr> <td>4 <input type="checkbox"/> Don't know how effective</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> Don't know method (43)</td> <td></td> </tr> </table>	1 <input type="checkbox"/> Very effective	101	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 (43)															
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9 <input type="checkbox"/> Don't know method (43)																									
<p>42. Tell me whether you think the following statements are true or false or whether you don't know if they are true or false.</p> <p>a. Latex condoms and natural membrane condoms are equally good at preventing transmission of the AIDS virus.</p> <p>b. Oil-based lubricants can cause latex condoms to break.</p>	<table border="0"> <tr> <td>TRUE</td> <td>FALSE</td> <td>DK</td> <td></td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">102</td> </tr> <tr> <td>1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">103</td> </tr> </table>	TRUE	FALSE	DK		1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	102	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	103												
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<p>43. What are your chances of HAVING the AIDS virus; would you say high, medium, low, or none?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> High (45)</td> <td align="right">104</td> </tr> <tr> <td>2 <input type="checkbox"/> Medium</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Low</td> <td></td> </tr> <tr> <td>4 <input type="checkbox"/> None</td> <td></td> </tr> <tr> <td>7 <input type="checkbox"/> Refused</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> High (45)	104	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													
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<p>44. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none?</p>	<table border="0"> <tr> <td>1 <input type="checkbox"/> High</td> <td align="right">105</td> </tr> <tr> <td>2 <input type="checkbox"/> Medium</td> <td></td> </tr> <tr> <td>3 <input type="checkbox"/> Low</td> <td></td> </tr> <tr> <td>4 <input type="checkbox"/> None</td> <td></td> </tr> <tr> <td>7 <input type="checkbox"/> Refused</td> <td></td> </tr> <tr> <td>9 <input type="checkbox"/> DK</td> <td></td> </tr> </table>	1 <input type="checkbox"/> High	105	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													
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Section Q – AIDS KNOWLEDGE AND ATTITUDES – Continued

45. Have you ever had a co-worker who had AIDS or the AIDS virus?

- 1 Yes
 2 No
 3 Never worked, never had a co-worker
 9 Don't know if someone has/had AIDS or the AIDS virus

106

46. (Besides a co-worker) Have you had a friend or relative who had AIDS or the AIDS virus?

- 1 Yes
 2 No
 9 Don't know if someone has/had AIDS or the AIDS virus

107

Hand card Q4. Read list if telephone interview.

47. (I'm 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.

- a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977.**
- b. You are a man who has had sex with another man at some time since 1977, even one time.**
- c. You have taken illegal drugs by needle at any time since 1977.**
- d. You have had sex for money or drugs at any time since 1977.**
- e. Since 1977, you are or have been the sex partner of any person who could answer "Yes" to any of the items [I have read./ above on this card.]**

- 1 Yes to at least one statement
 2 No to all statements

108

**ITEM
Q3**

Refer to age.

- 18–44 (HIS-3, then Section R)
 45+ (Section R)

Notes

CARD Q1

- Television programs**
- Radio programs**
- Magazine articles**
- Newspaper articles**
- Street signs/billboards**
- Store displays/store distributed brochures**
- Bus/street car/subway displays**
- Health Department brochures**
- Workplace distributed brochures**
- School distributed brochures**
- Church distributed brochures**
- Community organization**
- Friend/acquaintance**
- AIDS hotline**
- Other source — *Specify***
- Received no AIDS information
in the past month**

CARD Q2

- 1. Very likely**
- 2. Somewhat likely**
- 3. Somewhat unlikely**
- 4. Very unlikely**
- 5. Definitely not possible**

01

02

(Including bottom line)

CARD Q3

- a. AZT can delay or slow down the symptoms of AIDS virus infection
- b. AZT cures people with AIDS
- c. AZT has no known side effects
- d. AZT is appropriate for a person with the AIDS virus infection **ONLY** at certain times during the illness
- e. There are other drugs available to treat AIDS related illnesses

CARD Q4

- a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977
- b. You are a man who has had sex with another man at some time since 1977, even one time
- c. You have taken illegal drugs by needle at any time since 1977
- d. You have had sex for money or drugs at any time since 1977
- e. Since 1977, you are or have been the sex partner of any person who could answer "Yes" to any of the items above on this card

Q3

Q4

(Cut along bottom line)