

Section Y – AIDS KNOWLEDGE AND ATTITUDES

<p>ITEM Y1</p>	<p><i>Refer to special instructions.</i></p>	<p><input type="checkbox"/> Complete Section Y (1)</p>
<p>These questions are to determine what people know about AIDS, also called Acquired Immunodeficiency Syndrome.</p> <p>1. How much would you say you know about AIDS – a lot, some, a little, or nothing?</p>		<p>5</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>2. In the past month, have you –</p> <p>a. seen any Public Service Announcements about AIDS on television?</p>		<p>6</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>b. heard any Public Service Announcements about AIDS on the radio?</p>		<p>7</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>c. seen any Public Service Posters in airports about AIDS?</p>		<p>8</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><i>Hand card K1. Read list if telephone interview.</i></p> <p>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?</p> <p><i>Mark each that applies.</i></p>		<p>9</p> <p>1 <input type="checkbox"/> Television programs</p> <p>10</p> <p>1 <input type="checkbox"/> Radio programs</p> <p>11</p> <p>1 <input type="checkbox"/> Magazine articles</p> <p>12</p> <p>1 <input type="checkbox"/> Newspaper articles</p> <p>13</p> <p>1 <input type="checkbox"/> Street signs/billboards</p> <p>14</p> <p>1 <input type="checkbox"/> Store displays/store distributed brochures</p> <p>15</p> <p>1 <input type="checkbox"/> Bus/street car/subway displays</p> <p>16</p> <p>1 <input type="checkbox"/> Health Department brochures</p> <p>17</p> <p>1 <input type="checkbox"/> Workplace distributed brochures</p> <p>18</p> <p>1 <input type="checkbox"/> School distributed brochures</p> <p>19</p> <p>1 <input type="checkbox"/> Church distributed brochures</p> <p>20</p> <p>1 <input type="checkbox"/> Community organization</p> <p>21</p> <p>1 <input type="checkbox"/> Friend/acquaintance</p> <p>22</p> <p>1 <input type="checkbox"/> AIDS hotline</p> <p>23</p> <p>8 <input type="checkbox"/> Other source – <i>Specify</i> _____</p> <p>24</p> <p>9 <input type="checkbox"/> DK</p> <p>25</p> <p>0 <input type="checkbox"/> Received no AIDS information in past month</p>
<p>4. Have you ever heard the AIDS virus called by the name "HIV"?</p>		<p>26</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>Notes</p>		

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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.						
	TRUE	FALSE	DK			
a. AIDS can reduce the body's natural protection against disease.	a. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			27
b. AIDS can damage the brain.	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			28
c. AIDS is an infectious disease caused by a virus.	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			29
d. A person can be infected with the AIDS virus and not have the disease AIDS.	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			30
e. ANY person with the AIDS virus can pass it on to someone else through sexual intercourse.	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			31
f. A pregnant woman who has the AIDS virus can give it to her baby.	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			32
g. A person who has the AIDS virus can look and feel well and healthy.	g. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			33
h. There are drugs available which can lengthen the life of a person infected with the AIDS virus.	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			34
i. Early treatment of the AIDS virus infection can reduce symptoms in an infected person.	i. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			35
j. There is a vaccine available to the public that protects a person from getting the AIDS virus.	j. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			36
k. There is no cure for AIDS at present.	k. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>			37
<i>Hand card K2.</i>						
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.						
How likely do you think it is that a person will get AIDS or the AIDS virus infection from –	VERY LIKELY	SOMEWHAT LIKELY	SOMEWHAT UNLIKELY	VERY UNLIKELY	DEFINITELY NOT POSSIBLE	DK
a. working near someone with the AIDS virus?	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"/>
b. eating in a restaurant where the cook has the AIDS virus?	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"/>
c. sharing plates, forks, or glasses with someone who has the AIDS virus?	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"/>
d. using public toilets?	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"/>
e. sharing needles for drug use with someone who has the AIDS virus?	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"/>
f. being coughed or sneezed on by someone who has the AIDS virus?	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"/>
g. attending school with a child who has the AIDS virus?	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"/>
h. mosquitoes or other insects?	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"/>
i. being cared for by a nurse, doctor, dentist, or other health-care worker who has the AIDS virus?	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"/>
j. getting a blood transfusion, that is, receiving blood donated by someone else?	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"/>
7. Can a person get AIDS or the AIDS virus infection WHILE GIVING OR DONATING BLOOD for use by others?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No	9 <input type="checkbox"/> DK			48
8. Do you have any children aged 10 through 17?	1 <input type="checkbox"/> Yes	2 <input type="checkbox"/> No (12)				49
9. How many do you have?						50-51
	_____ Children (Number)					
10. 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				52
11. [Has this child/Have any 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			53

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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?		56
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?	<input type="checkbox"/> None in past 12 months _____ Times (Number) <input type="checkbox"/> Refused <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 Y2	<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?	Mark each that applies.	63
	<input type="checkbox"/> Don't consider myself at risk of AIDS	64
	<input type="checkbox"/> Don't believe anything can be done if I am positive	65
	<input type="checkbox"/> Don't like needles	66
	<input type="checkbox"/> Afraid of losing job, insurance, housing, friends, family if people knew I was positive for AIDS infection	67
	<input type="checkbox"/> Don't trust medical clinics/hospitals to keep test results confidential	68
	<input type="checkbox"/> Already know whether I have the AIDS virus infection	69
	<input type="checkbox"/> Don't know where to go for a test	70
	<input type="checkbox"/> Other – Specify <input type="checkbox"/>	71
	_____	72-73
	_____ Times (Number)	72-73
18. How many times have you had your blood tested for the AIDS virus infection, NOT including blood donations?	<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?	<input type="checkbox"/> None in past 12 months _____ Times (Number) <input type="checkbox"/> DK	74-75
ITEM Y3	<i>Refer to question 18.</i>	76
	<input type="checkbox"/> "1 time" (21)	76
	<input type="checkbox"/> Other (20)	76

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RT 95
3-4

<p>20. Did you have any of the AIDS blood tests -- <i>Read list. Mark each that applies.</i></p>	<p>01 <input type="checkbox"/> For hospitalization or a surgical procedure? 02 <input type="checkbox"/> To apply for health insurance? 03 <input type="checkbox"/> To apply for life insurance? 04 <input type="checkbox"/> For employment? 05 <input type="checkbox"/> To apply for a marriage license? 06 <input type="checkbox"/> For military induction or military service? 07 <input type="checkbox"/> For immigration? 08 <input type="checkbox"/> Just to find out if you were infected? 09 <input type="checkbox"/> Because of referral by the doctor? 10 <input type="checkbox"/> Because of referral by the Health Department? 11 <input type="checkbox"/> Referred by your sex partner? 12 <input type="checkbox"/> Because it was part of the blood donation process? 13 <input type="checkbox"/> For some other reason? <i>Specify</i> _____ _____ 97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>	<p>5-6 7-8 9-10 11-12 13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28 29-30 31-32 33-34</p>
<p>21. When was your (last) blood test for the AIDS virus infection NOT including a blood donation?</p>	<p>____ / 19 ____ Month Year 9999 <input type="checkbox"/> DK</p>	<p>35-38</p>
<p>22. Did you have your (last) AIDS blood test -- <i>Read list. Mark each that applies.</i></p>	<p>01 <input type="checkbox"/> For hospitalization or a surgical procedure? 02 <input type="checkbox"/> To apply for health insurance? 03 <input type="checkbox"/> To apply for life insurance? 04 <input type="checkbox"/> For employment? 05 <input type="checkbox"/> To apply for a marriage license? 06 <input type="checkbox"/> For military induction or military service? 07 <input type="checkbox"/> For immigration? 08 <input type="checkbox"/> Just to find out if you were infected? 09 <input type="checkbox"/> Because of referral by the doctor? 10 <input type="checkbox"/> Because of referral by the Health Department? 11 <input type="checkbox"/> Referred by your sex partner? 12 <input type="checkbox"/> Because it was part of the blood donation process? 13 <input type="checkbox"/> For some other reason? <i>Specify</i> _____ _____ 97 <input type="checkbox"/> Refused 99 <input type="checkbox"/> DK</p>	<p>39-40 41-42 43-44 45-46 47-48 49-50 51-52 53-54 55-56 57-58 59-60 61-62 63-64 65-66 67-68</p>
<p>23. (Not including a blood donation) Where did you have your (last) blood test for the AIDS virus? <i>Mark only one.</i></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 98 <input type="checkbox"/> Other location -- <i>Specify</i> _____ _____ 99 <input type="checkbox"/> DK</p>	<p>69-70</p>

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<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 – Specify _____ } (31) 9 <input type="checkbox"/> DK</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:40%;"></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>a. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>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>b. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>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>c. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">81</td> </tr> <tr> <td>d. Because you expect to apply for a job.</td> <td>d. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">82</td> </tr> <tr> <td>e. Because you expect to join the military.</td> <td>e. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>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>f. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>9 <input type="checkbox"/></td> <td align="right">84</td> </tr> <tr> <td>g. Because you want to know the results.</td> <td>g. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>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>h. 1 <input type="checkbox"/></td> <td>2 <input type="checkbox"/></td> <td>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.	a. 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.	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80	c. Because you expect to apply for life or health insurance.	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81	d. Because you expect to apply for a job.	d. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	82	e. Because you expect to join the military.	e. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	83	f. Because you expect to apply for a marriage license.	f. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	84	g. Because you want to know the results.	g. 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.	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86
	YES	NO	DK																																											
a. Because it will be part of a blood donation.	a. 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.	b. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	80																																										
c. Because you expect to apply for life or health insurance.	c. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	81																																										
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h. Because it will be a required part of some other activity that includes automatic AIDS testing.	h. 1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	86																																										
<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 – Specify _____ 99 <input type="checkbox"/> DK</p>																																													

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<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>	<p>TRUE FALSE DK</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 88</p> <p>1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 90</p>
<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>	<p>1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Somewhat likely 3 <input type="checkbox"/> Somewhat unlikely 4 <input type="checkbox"/> Very unlikely 9 <input type="checkbox"/> DK 91</p>
<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>	<p>1 <input type="checkbox"/> To use the new method 2 <input type="checkbox"/> To go to a doctor's office or clinic 3 <input type="checkbox"/> Not be tested 92</p>
<p>37. Have you ever heard of a drug called AZT, also known as Zidovudine (Zi-doo-view-deen) (ZDV) or Retrovir?</p>	<p>1 <input type="checkbox"/> Yes (38) 2 <input type="checkbox"/> No } (39) 9 <input type="checkbox"/> DK }</p> <p align="right">93</p>
<p><i>Hand card K3. 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>	<p>TRUE FALSE DK</p> <p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 94</p> <p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 95</p> <p>c. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 96</p> <p>d. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 97</p> <p>e. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 98</p>
<p>39. Did you have a blood transfusion at any time between 1977 and 1985?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 99</p>
<p>40. Do you have frequent blood transfusions because of Sickle Cell or Chronic Anemia?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK 100</p>
<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>	<p>1 <input type="checkbox"/> Very effective 2 <input type="checkbox"/> Somewhat effective 3 <input type="checkbox"/> Not at all effective 4 <input type="checkbox"/> Don't know how effective 9 <input type="checkbox"/> Don't know method (43) 101</p>
<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>	<p>TRUE FALSE DK</p> <p>a. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 102</p> <p>b. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 103</p>
<p>43. What are your chances of HAVING the AIDS virus; would you say high, medium, low, or none?</p>	<p>1 <input type="checkbox"/> High (45) 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 104</p>
<p>44. What are your chances of GETTING the AIDS virus; would you say high, medium, low, or none?</p>	<p>1 <input type="checkbox"/> High 2 <input type="checkbox"/> Medium 3 <input type="checkbox"/> Low 4 <input type="checkbox"/> None 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK 105</p>

Section Y – 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

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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

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Hand card K4. 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

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Notes

CARD K1

- 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 K2

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

K1

(Cut along dashed line)

CARD K3

- 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 K4

- 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.

K3

K4

(Cut along dashed line)