

Section AI - AIDS KNOWLEDGE AND ATTITUDES

HAND CARD A. Read categories if telephone interview.

<p>1. Of these four diseases, which ONE do you think is the country's most serious health problem?</p>	<p>1 <input type="checkbox"/> Heart disease 2 <input type="checkbox"/> AIDS 3 <input type="checkbox"/> Diabetes 4 <input type="checkbox"/> Cancer 9 <input type="checkbox"/> DK</p>	<p>5</p>
<p>2. How much would you say you know about AIDS -- a lot, some, a little, or nothing?</p>	<p>1 <input type="checkbox"/> A lot 2 <input type="checkbox"/> Some 3 <input type="checkbox"/> A little 4 <input type="checkbox"/> Nothing</p>	<p>6</p>
<p>3. In the past month, have you - a. seen any Public Service Announcements about AIDS on television?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>7</p>
<p>b. heard any Public Service Announcements about AIDS on radio?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>8</p>
<p>c. received any information about AIDS from brochures distributed at your workplace?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Do not work 9 <input type="checkbox"/> DK</p>	<p>9</p>
<p>d. received any information about AIDS from brochures distributed at a church or religious organization?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>10</p>
<p>e. received any information about AIDS from the American Red Cross?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>	<p>11</p>
<p>4a. DO YOU THINK that people with AIDS or the AIDS virus are denied their rights?</p>	<p>1 <input type="checkbox"/> Yes (4b) 2 <input type="checkbox"/> No } (5) 9 <input type="checkbox"/> DK }</p>	<p>12</p>
<p>b. In what way do you think they are denied their rights? <i>Mark (X) all that apply.</i></p>	<p>01 <input type="checkbox"/> Cannot live anywhere they wish 02 <input type="checkbox"/> Cannot get health insurance coverage 03 <input type="checkbox"/> Cannot get life insurance 04 <input type="checkbox"/> Cannot get jobs 05 <input type="checkbox"/> Fired from jobs 06 <input type="checkbox"/> Job discrimination 07 <input type="checkbox"/> Cannot get health care 98 <input type="checkbox"/> Other - <i>Specify</i> _____</p>	<p>13-14 15-16 17-18 19-20 21-22 23-24 25-26 27-28</p>
<p>c. DO YOU THINK people with AIDS or the AIDS virus are denied their rights more, less, or about the same NOW as they were five years ago?</p>	<p>1 <input type="checkbox"/> More 2 <input type="checkbox"/> Same 3 <input type="checkbox"/> Less 9 <input type="checkbox"/> DK</p>	<p>29</p>

Notes

Section AI - AIDS KNOWLEDGE AND ATTITUDES - Continued

5. DO YOU THINK that doctors, nurses, dentists, and other health care workers should be allowed to REFUSE care to a person infected with the AIDS virus?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> It depends - <i>Specify</i> _____ 9 <input type="checkbox"/> DK	30
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6. Have you ever heard the AIDS virus called by the name "HIV"?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK	31
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7. I'm going to read some statements about AIDS. After I read each, tell me whether you think the statement is true or false or you don't know.				True	False	Don't know
a. A man with the AIDS virus can pass it on to another man through sexual intercourse.				1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
b. The AIDS virus can be passed on through sexual intercourse between a man and a woman.				1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
c. A pregnant woman who has the AIDS virus can give it to her baby.				1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
d. A person who has the AIDS virus can look well and healthy.				1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
e. There is a vaccine available to the public that protects a person from getting the AIDS virus.				1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

8. (For the next statements, 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 the AIDS virus infection that way.) <i>(Now look at Card B.) In general, how likely do you think it is that a person will get AIDS or the AIDS virus from -</i>	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Def. not possible	Don't know
a. getting a blood transfusion, that is, receiving blood donated by someone else?	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. working near or with someone with the AIDS virus?	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?	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. sharing needles for drug use with someone who has the AIDS virus?	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. using public toilets?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>
f. being coughed or sneezed on by someone who has the AIDS virus?	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?	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. being cared for by a nurse, doctor, dentist, or other health-care worker who has the AIDS virus?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9 <input type="checkbox"/>

Notes

Section AI – AIDS KNOWLEDGE AND ATTITUDES – Continued

<p>9. Do you have any children aged 10 through 17?</p>	<p>1 <input type="checkbox"/> Yes (10) 2 <input type="checkbox"/> No (12)</p> <p align="right">45</p>
<p>10. Have you ever discussed AIDS with any of your children aged 10 through 17?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">46</p>
<p>11. Have any of these children 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">47</p>
<p>Now, I am going to ask some questions about giving blood donations to a blood bank, like the American Red Cross. This does NOT include blood drawn at a doctor's office for laboratory analysis.</p>	
<p>12. How likely is it that a person will get the AIDS virus WHILE GIVING OR DONATING BLOOD to a blood bank? Would you say very likely, somewhat likely, or not at all likely?</p>	<p>1 <input type="checkbox"/> Very likely 2 <input type="checkbox"/> Somewhat likely 3 <input type="checkbox"/> Not at all likely 9 <input type="checkbox"/> DK</p> <p align="right">48</p>
<p>13. Have you ever given or donated blood?</p>	<p>1 <input type="checkbox"/> Yes (14a) 2 <input type="checkbox"/> No } (14c) 9 <input type="checkbox"/> DK }</p> <p align="right">49</p>
<p>14a. Have you donated blood since March 1985?</p>	<p>1 <input type="checkbox"/> Yes (14b) 2 <input type="checkbox"/> No } (14c) 9 <input type="checkbox"/> DK }</p> <p align="right">50</p>
<p>b. In what month and year did you last donate blood?</p>	<p align="center">____ / 19____ Month Year</p> <p align="right">51-54</p>
<p>c. Do you expect to donate blood in the next 12 months?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p align="right">55</p>
<p>The next questions are about the blood test for the AIDS virus infection. No questions will ask what the results are of any tests you may have had.</p>	
<p>15. To the best of your knowledge, are blood donations to a blood bank routinely tested for the AIDS virus infection?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p> <p align="right">56</p>
<p>16. (Except for tests you may have had as part of blood donations,) Have you ever had your blood tested for the AIDS virus infection?</p>	<p>1 <input type="checkbox"/> Yes (17) 2 <input type="checkbox"/> No } (28) 9 <input type="checkbox"/> DK }</p> <p align="right">57</p>
<p>17a. How many times, in total, have you had your blood tested for the AIDS virus infection, (NOT including blood donations)?</p>	<p>01 <input type="checkbox"/> One time (17b) ____ Times } (17c) (Number) 99 <input type="checkbox"/> DK }</p> <p align="right">58-59</p>
<p>b. Was it in the past 12 months?</p>	<p>1 <input type="checkbox"/> Yes } (18) 2 <input type="checkbox"/> No } 9 <input type="checkbox"/> DK }</p> <p align="right">60</p>
<p>c. In the past 12 months, how many times have you had your blood tested for the AIDS virus infection?</p>	<p>00 <input type="checkbox"/> None in past 12 months ____ Times in past 12 months (Number) 99 <input type="checkbox"/> DK</p> <p align="right">61-62</p>
<p>18. In what month and year was your (last) blood test for the AIDS virus infection?</p>	<p align="center">____ / 19____ Month Year</p> <p align="right">63-66</p>

Section AI - AIDS KNOWLEDGE AND ATTITUDES - Continued

HAND CARD C. Read categories if telephone interview.

19. Which of these would you say were the reasons for your (last) AIDS blood test (NOT including blood donations)? (Just tell me the numbers of your answers.)

(Anything else?)

Mark (X) each that applies.

- | | |
|--|-------|
| 01 <input type="checkbox"/> Just to find out if you were infected | 67-68 |
| 02 <input type="checkbox"/> For hospitalization or a surgical procedure | 69-70 |
| 03 <input type="checkbox"/> To apply for health insurance | 71-72 |
| 04 <input type="checkbox"/> To apply for life insurance | 73-74 |
| 05 <input type="checkbox"/> To comply with guidelines for health workers | 75-76 |
| 06 <input type="checkbox"/> To comply with regulations for other type(s) of work | 77-78 |
| 07 <input type="checkbox"/> To apply for a new job | 79-80 |
| 08 <input type="checkbox"/> For military induction or military service | 81-82 |
| 09 <input type="checkbox"/> For immigration | 83-84 |
| 10 <input type="checkbox"/> Because a doctor asked you to | 85-86 |
| 11 <input type="checkbox"/> Because the Health Department asked you to | 87-88 |
| 12 <input type="checkbox"/> Because a sex partner asked you to | 89-90 |
| 13 <input type="checkbox"/> Because it was part of the blood donation process | 91-92 |
| 98 <input type="checkbox"/> For some other reason - <i>Specify</i> _____ | 93-94 |
| | |
| 97 <input type="checkbox"/> Refused | 95-96 |
| 99 <input type="checkbox"/> DK | 97-98 |

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

Mark (X) only one.

- | | |
|---|--------|
| 01 <input type="checkbox"/> AIDS clinic/counselling/testing site | 99-100 |
| 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/prenatal clinic | |
| 08 <input type="checkbox"/> Other public clinic | |
| 09 <input type="checkbox"/> Other clinic | |
| 10 <input type="checkbox"/> Drug treatment/detox facility | |
| 11 <input type="checkbox"/> Military induction or military service site | |
| 12 <input type="checkbox"/> Immigration site | |
| 13 <input type="checkbox"/> At home/home visit by nurse/health worker | |
| 98 <input type="checkbox"/> Other location - <i>Specify</i> _____ | |
| 99 <input type="checkbox"/> DK | |

The next questions concern COUNSELLING about the AIDS virus infection, that is, discussing transmission, prevention or treatment of AIDS virus infection or the meaning of the test.

21. Again not including blood donations, did you receive any counselling AT THE TIME they draw blood for your (last) test for the AIDS virus infection?

- 1 Yes
2 No
9 DK

101

22. Did you get the results of your (last) blood test?

- 1 Yes (24)
2 No } (23)
9 DK }

102

23. Was this because you decided you didn't want the results or was it because you were unable to GET the results?

Mark (X) all that apply.

- 1 Didn't want results
2 Unable to get results
3 They give results only if you're positive
8 Other - *Specify* _____ } (28)
9 DK

103
104
105
106

107

24. How long did you wait to get the results?

- (Number) { 1 Days
2 Weeks
3 Months
99 DK

108-110

Notes

Section AI – AIDS KNOWLEDGE AND ATTITUDES – Continued

25a. Did you also receive any counseling about the AIDS virus when you received the results of your (last) test?

- 1 Yes (25b)
- 2 No } (26)
- 9 DK }

HAND CARD D. Read categories if telephone interview.

b. What kind of topics were covered in the counselling? (Anything else?)

Mark (X) each that applies.

- 01 How AIDS is transmitted
- 02 How to prevent transmission
- 03 The correct use of condoms
- 04 Needle cleaning/using clean needles
- 05 Needle sharing
- 06 Abstinence from sex
- 07 Contraception
- 08 Safe sex practices
- 98 Other – Specify *Z*

- 6-7
- 8-9
- 10-11
- 12-13
- 14-15
- 16-17
- 18-19
- 20-21
- 22-23

99 DK/Don't remember

26. Were the results given to you in person, by telephone, by mail, or in some other way?

Mark (X) only one.

- 1 In person
- 2 By telephone
- 3 By mail
- 8 In some other way

27a. Did you tell ANYONE the results of your (last) test for the AIDS virus infection?

- 1 Yes (27b)
- 2 No } (28)
- 9 DK }

HAND CARD E. Read categories if telephone interview.

b. To whom did you tell the results? (Anyone else?)

Mark (X) each that applies.

- 0 Spouse
- 1 Fiancée
- 2 Sex partner, other than spouse or fiancée
- 3 Health professional
- 4 Friend
- 5 Clergy/minister/pastor/priest/rabbi
- 6 Employer
- 7 Other relative
- 8 Other – Specify *Z*

- 28
- 29
- 30
- 31
- 32
- 33
- 34
- 35
- 36

9 DK/Refused

28. Do you expect to have [a/another] blood test for the AIDS virus infection in the next 12 months, not including through blood donation?

- 1 Yes (29)
- 2 No } (31)
- 9 DK }

HAND CARD F. Read intro and categories if telephone interview.

29. (I'm going to read some reasons people might have the blood test for the AIDS virus infection.)

Tell me which of these statements explain WHY YOU expect to have the blood test in the next 12 months.

(Anything else?)

Mark (X) each that applies.

- 01 Because you want to find out if you are infected
- 02 Because it will be part of hospitalization or surgery you expect to have
- 03 Because you expect to apply for life or health insurance
- 04 Because you expect to apply for a job
- 05 Because you expect to join the military
- 06 Because of guidelines for health care workers
- 07 Because it will be a required part of some other activity that includes automatic AIDS testing
- 08 Because it is required in your non-health care employment
- 98 For some other reason – Specify *Z*

- 39-40
- 41-42
- 43-44
- 45-46
- 47-48
- 49-50
- 51-52
- 53-54
- 55-56

99 DK/Refused

Notes

Section AI - AIDS KNOWLEDGE AND ATTITUDES - Continued

<p>30. Where will you have a blood test for the AIDS virus infection? <i>Mark (X) only one.</i></p>	<p align="right">59-60</p> <p>01 <input type="checkbox"/> AIDS clinic/counselling/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/prenatal clinic 08 <input type="checkbox"/> Public clinic 09 <input type="checkbox"/> Other clinic 10 <input type="checkbox"/> Drug treatment facility 11 <input type="checkbox"/> Military induction or military service site 12 <input type="checkbox"/> Red Cross/blood bank/blood drive 13 <input type="checkbox"/> At home/in a visit by the nurse/health practitioner 98 <input type="checkbox"/> Other location - <i>Specify</i> _____ _____ 99 <input type="checkbox"/> DK</p>
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<p>31. Tell me whether you think each of the following statements is true or false or if you don't know.</p> <p>a. After a person becomes infected with the AIDS virus, it can be weeks before a blood test shows the infection.</p> <p>b. There are drugs available which can postpone the onset of AIDS in a person infected with the AIDS virus.</p> <p>c. There is no cure for AIDS at present.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th align="center">True</th> <th align="center">False</th> <th align="center">Don't know</th> </tr> </thead> <tbody> <tr> <td align="right">61</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> </tr> <tr> <td align="right">62</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> </tr> <tr> <td align="right">63</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> </tr> </tbody> </table>		True	False	Don't know	61	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	62	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>	63	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
	True	False	Don't know														
61	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>														
62	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>														
63	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>														

<p>32. Here are some methods people use to prevent becoming infected with the AIDS virus. Tell me if you think the method is very effective, somewhat effective, not at all effective, or you don't know how effective it is. How effective is --</p> <p>a. two uninfected people having sex only with each other?</p> <p>b. use of a condom?</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</p> <p>1 <input type="checkbox"/> Very effective 2 <input type="checkbox"/> Somewhat effective 3 <input type="checkbox"/> Not at all effective 4 <input type="checkbox"/> Don't know how effective 9 <input type="checkbox"/> Don't know method</p>
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<p>33. 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 5 <input type="checkbox"/> Already have AIDS or AIDS virus 7 <input type="checkbox"/> Refused 9 <input type="checkbox"/> DK</p>
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<p>34. Have you ever known anyone personally who had AIDS or the AIDS virus?</p>	<p>1 <input type="checkbox"/> Yes (35) 2 <input type="checkbox"/> No 9 <input type="checkbox"/> Don't know if has/had AIDS or the AIDS virus } (36)</p>
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<p>35. Who was that — a friend, relative, co-worker, or someone else? <i>Mark (X) each that applies.</i></p>	<p>1 <input type="checkbox"/> Friend 2 <input type="checkbox"/> Relative 3 <input type="checkbox"/> Co-worker 7 <input type="checkbox"/> Refused 8 <input type="checkbox"/> Someone else - <i>Specify</i> _____ _____ 9 <input type="checkbox"/> DK</p>
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Notes

Section AI - AIDS KNOWLEDGE AND ATTITUDES - Continued

<p>36. Have you ever sought professional mental health treatment or counseling because of your concern about AIDS virus infection?</p>	<p align="right">74</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD G. Read statements only if telephone interview.</i></p> <p>37. (I'm going to read five statements. AFTER I have read them all.) Tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you. Just IF ANY of them are.</p> <p>a. You have hemophilia or another blood clotting disorder and have received clotting factor concentrations since 1977.</p> <p>b. You are a man who has had sex with another man at some time since 1977, even one time.</p> <p>c. You have taken illegal drugs by needle at any time since 1977?</p> <p>d. You have traded sex for money or drugs at any time since 1977?</p> <p>e. Since 1977, you are or have been the sex partner of any person who would answer "Yes" to any of the items I have read.</p>	<p align="right">75</p> <p>1 <input type="checkbox"/> Yes to at least one statement 2 <input type="checkbox"/> No to all statements</p>
<p>ITEM AI1</p> <p><i>Refer to sex and age.</i> Female age 44 or under?</p>	<p align="right">76</p> <p>1 <input type="checkbox"/> Yes (Item AI2) 2 <input type="checkbox"/> No (Item AI3)</p>
<p>ITEM AI2</p> <p><i>Refer to current marital status in question 7 on page 46-47 of the HIS-1.</i></p>	<p align="right">77</p> <p>1 <input type="checkbox"/> Married 2 <input type="checkbox"/> Widowed/separated/divorced } (38) 3 <input type="checkbox"/> Never married (39)</p>
<p>38. (Including your present marriage,) How many times have you been married?</p>	<p align="right">78-79</p> <p>_____ Times (Number)</p>
<p><i>HAND CARD H. If telephone interview, skip to 41.</i></p> <p>39. This card shows seven methods of birth control. Please look at the card and tell me which you think is the most effective for preventing pregnancy?</p> <p><i>Mark (X) only one.</i></p>	<p align="right">80</p> <p>1 <input type="checkbox"/> Diaphragm 2 <input type="checkbox"/> Condom (rubber) 3 <input type="checkbox"/> IUD (loop, coil) 4 <input type="checkbox"/> Rhythm (safe period by calendar) 5 <input type="checkbox"/> Foam 6 <input type="checkbox"/> Birth control pill 7 <input type="checkbox"/> Withdrawal (pulling out) 9 <input type="checkbox"/> DK</p>
<p><i>HAND CARD K.</i></p> <p>40. This card lists services that may be provided to women for their family planning needs.</p> <p>Have you EVER visited a counselor, a clinic or a doctor for ANY of these family planning services?</p>	<p align="right">81</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>41. Are you now pregnant?</p>	<p align="right">82</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 9 <input type="checkbox"/> DK</p>
<p>ITEM AI3</p> <p>About how often did the respondent appear to answer the questions in AIDS Knowledge accurately?</p>	<p align="right">83</p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>
<p>ITEM AI4</p> <p>About how often did the respondent appear to answer the questions in AIDS Knowledge honestly?</p>	<p align="right">84</p> <p>1 <input type="checkbox"/> All the time 2 <input type="checkbox"/> Most of the time 3 <input type="checkbox"/> Some of the time 4 <input type="checkbox"/> Rarely or never 9 <input type="checkbox"/> DK</p>

RECORD FINAL STATUS AND TRANSCRIPTION ITEMS ON BACK COVER

CARD A

- 1. Heart Disease**
- 2. AIDS**
- 3. Diabetes**
- 4. Cancer**

U1

(Cut along broken lines)

CARD B

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

CARD C

- 01. Just to find out if you were infected**
- 02. For hospitalization or a surgical procedure**
- 03. To apply for health insurance**
- 04. To apply for life insurance**
- 05. To comply with guidelines for health workers**
- 06. To comply with regulations for other type(s) of work**
- 07. To apply for a new job**
- 08. For military induction or military service**
- 09. For immigration**
- 10. Because a doctor asked you to**
- 11. Because the Health Dept. asked you to**
- 12. Because a sex partner asked you to**
- 13. Because it was part of the blood donation process**
- 98. For some other reason** *(Please specify the other reason or reasons)*

U1

(Cut along broken lines)

CARD D

- 01. How AIDS is transmitted**
- 02. How to prevent transmission**
- 03. The correct use of condoms**
- 04. Needle cleaning/using clean needles**
- 05. Needle sharing**
- 06. Abstinence from sex**
- 07. Contraception**
- 08. Safe sex practices**
- 98. Other** *(Please specify what other topics)*

CARD E

- 0. Spouse**
- 1. Fiance**
- 2. Sex partner other than spouse or fiance**
- 3. Health professional**
- 4. Friend**
- 5. Clergy/minister/pastor/priest/rabbi**
- 6. Employer**
- 7. Other relative**
- 8. Other** *(Please specify what other person)*

D
E

(Cut along broken line)

CARD F

- 01. Because you want to find out if you are infected**
- 02. It will be part of hospitalization or surgery you expect to have**
- 03. Because you expect to apply for life or health insurance**
- 04. Because you expect to apply for a job**
- 05. Because you expect to join the military**
- 06. Because of guidelines for health care workers**
- 07. Because it will be a required part of some other activity that includes automatic AIDS testing**
- 08. Because it is required in your non-health care employment**
- 98. Some other reason** *(Please specify what other reason or reasons)*

CARD G

- 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 traded 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 would answer "Yes" to any of the items above on this card.**

F
G

(Cut along broken line)

CARD H

- 1. Diaphragm**
- 2. Condom (rubber)**
- 3. IUD (loop, coil)**
- 4. Rhythm (safe period by calendar)**
- 5. Foam**
- 6. Birth control pill**
- 7. Withdrawal (pulling out)**