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**BASELINE QUESTIONNAIRE**

<table>
<thead>
<tr>
<th>Site Code: ___</th>
<th>Couple Code: ___ ___</th>
<th>Gender: ___</th>
<th>Participant ID #: ___ ___ ___ ___ ___</th>
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</thead>
<tbody>
<tr>
<td>Participant Initials: ___ ___</td>
<td>Interviewer ID#: ___ ___</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date of Birth: ___ <em><strong>/</strong></em> <em><strong>/</strong></em> ___</td>
<td>Height: _________</td>
<td>Weight: _________</td>
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<tr>
<td>Date of Interview: ___ <em><strong>/</strong></em> <em><strong>/</strong></em> ___</td>
<td>Start Time: ___: ___</td>
<td>Stop Time: ___: ___</td>
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</tr>
</tbody>
</table>

NIMH
HIV/STD RISK REDUCTION FOR AFRICAN AMERICAN COUPLES
THE EBAN PROGRAM

**FEMALE VERSION**

NIMH Multi-Site HIV/STD Risk Reduction for African American Couples’ Project
We would like to thank you once again for agreeing to complete the EBAN survey. We appreciate your interest and your willingness to invest your time and energy in the program. We think you will find it very rewarding and enjoyable.

The survey will be done in two parts. After you complete the first part, we will have a break so you can get a soft drink or go to the rest room. Then, we will ask you to complete the second part of the interview.

During the survey, you will be asked a lot of questions about your personal life and your relationship. Please answer the questions honestly and accurately. Let me remind you that all your answers will be kept in strictest confidence. Your name will not be on the survey. Instead, we will give you a code number.

Do you have any questions? Great!
The following questions ask about demographic information.

A1. How old are you?  ___ ___ years

A2. What is the highest grade of school you have completed?
   - 0 No formal schooling
   - 1 Less than a high school diploma
   - 2 A high school diploma or (GED)
   - 3 Some college or a 2-year degree
   - 4 4-year college degree
   - 5 Post-graduate work

A3. If you did not receive your high school diploma, what was the last grade completed? (check last grade completed)
   - 1 1
   - 2 2
   - 3 3
   - 4 4
   - 5 5
   - 6 6
   - 7 7
   - 8 8
   - 9 9
   - 10 10
   - 11 11

A4. What is your employment status?
   - 1 Unemployed
   - 2 Part-time
   - 3 Full-time

A5. What is your total monthly income (not including your spouse)?
   - 1 Less than $400 per month
   - 2 $ 400 - $ 850 per month
   - 3 $ 851 - $1650 per month
   - 4 $1651 - $2500 per month
   - 5 $2501 - $3300 per month
   - 6 $3301 - $4100 per month
   - 7 $4101 or more per month

A6. How many people depend on you for the majority or their food, shelter, (must be regularly depending on you, do not include alimony/ child support, do not include your self-supporting spouse or partner)

   ___ ___ # of people that depend on you
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FEMALE VERSION

A7. Do you currently have health care insurance, including government-sponsored insurance such as Medicaid or Medical?
   Yes
   No

A8. How many years have you lived in the United States?
   __ __ years
   Less than one Year

A9. What language do you usually speak at home?
   Usually Spanish
   Usually English
   Spanish and English equally
   Other Language

A10. Are you currently married?
    Yes
    No (skip to A13)

A11. Are you legally separated from your spouse?
    Yes
    No

A12. Are you currently married to your study partner (person you joined the study with)?
    Yes
    No

A13. How long have you and your study partner been together? __ __ years __ __ months

A14. Are you living with your study partner?
    Yes
    No
Where do you live now?

1. In my own home or my own apartment
2. In my family's home or apartment
3. In my study partner's home or apartment
4. In someone else's home or apartment (not family)
5. In a rooming house or single room hotel
6. In a welfare hotel or shelter
7. In a group home or institution
8. No regular place to live (park, steam vent, doorway, etc)

Does anyone else live there with you?

1. Yes
0. No (skip to Section B)

If yes, who lives there? (Check all that apply)

- Spouse
- Your own children or other's children
- One or both parents
- One or more brothers and/or sisters
- Other relatives(s)
- Foster parent/family
- Roommate(s) (non-related, non-sex partners)
- Nonspouse sex partner
- Supervised living arrangement
- Other (i.e other residents of institution)

In the past 3 months, have you spent time in jail or prison?

1. Yes
0. No (skip to A19)

b. If yes, ___ # of days

In the past 3 months, have you spent time in an inpatient drug treatment program?

1. Yes
0. No (skip to A20)

b. If yes, ___ # of days
A20a. In the past 3 months, have you spent time in other residential programs?

   ☐ 1 Yes
   ☐ 0 No (skip to section B)

b. If yes, ___ ___ # of days
SECTION B: GENERAL HEALTH ISSUES

The next 9 questions ask about your general health and overall Quality of Life.

B1. In general, how would you rate your overall quality of life?

- □ 1  Excellent
- □ 2  Very good
- □ 3  Good
- □ 4  Fair
- □ 5  Poor

For questions 2 and 3, refer to the drawing of a ladder representing the “Ladder of Life.” The top of the ladder (10) represents the best possible life for you. The bottom of the ladder (1) represents the worst possible life for you.

After viewing the ladder, answer questions 2 and 3 below by marking the number of the step on the ladder that best represents your feelings about your life now and how you think your life will be one year from now.

B2. On which step of the ladder do you feel you personally stand at the present time? __ __

B3. Thinking about your future, on which step do you think you will stand about one year from now? __ __
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FEMALE VERSION

B4. Has a doctor or nurse ever told you that you have Hepatitis C?
   ☐ 1   Yes
   ☐ 0   No

B5. Has a doctor or nurse ever told you that you have HIV?
   ☐ 1   Yes
   ☐ 0   No

   If answered (0) “No” to Section D.

B6. How long has it been since you were first told you had HIV? __ __ years __ __ months

B7. Have you received any medical care for HIV in the past 6 months?
   ☐ 1   Yes
   ☐ 0   No

B8a. Do you know what your CD4 count is?  ☐ 1 Yes  ☐ 0 No  If No Skip to B9
   b.  What is it? ______________
   c.  How long ago was the test done? __ __ years __ __ months

B9a. Do you know what your viral load is?   ☐ 1 Yes  ☐ 0 No  If No Skip to C
   b.  What is it? ______________
   c.  How long ago was the test done? __ __ years __ __ months
SECTION C: MEDICATION ADHERANCE

We understand that many people on anti-HIV medication find it very difficult to take it regularly and often miss doses. We won’t be surprised if you have missed lots of doses as well. We need to know how many doses you have missed.

C1. Are you currently prescribed medications for HIV?
   ☐ 1 Yes
   ☐ 0 No

C2. Are you currently not taking HIV medication because your doctor told you not to (i.e. drug holiday)?
   ☐ 1 Yes (skip to section D)
   ☐ 0 No

C3. Thinking about your HIV medications, over the past 3 days how many pills were you supposed to take each day?
   _______ (# of pills)

C4. Thinking about your HIV medications, how many pills did you miss taking Yesterday?
   _______ (# of pills)

C5. Thinking about your HIV medications, how many pills did you miss taking the day before yesterday?
   _______ (# of pills)

C6. Thinking about your HIV medications, how many pills did you miss taking the day before that?
   _______ (# of pills)

C7. When was the last time you missed any of your HIV medications?
   ☐ 1 Within the past week
   ☐ 2 1-2 weeks ago
   ☐ 3 3-4 weeks ago
   ☐ 4 Between 1 and 3 months ago
   ☐ 5 More than 3 months ago
   ☐ 6 Never missed medications
### FEMALE VERSION

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>C8. How sure are you that you will be able to take all or most of the medication as directed?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>C9. How sure are you that the medication will have a positive effect on your health?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
<tr>
<td>C10. How sure are you that if you do not take this medication exactly as instructed, the HIV in your body will become resistant to HIV medication?</td>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>
SECTIO N D: ALCOHOL AND DRUG USE

The next 21 questions are about your use of alcohol and other drugs. All answers will be confidential, so please be as honest as possible.

D1. In the past month, have you had a drink (beer, wine, or liquor)?
   ☐ 1 Yes
   ☐ 0 No (skip to D3)

D2. In the past month, how often did you drink beer, wine or liquor?
   ☐ 0 Not at all
   ☐ 1 A few times
   ☐ 2 A few times each week
   ☐ 3 Everyday

D3. In the past month, did you ever feel that you ought to cut down on your drinking?
   ☐ 1 Yes
   ☐ 0 No

D4. In the past month, have people ever annoyed you by criticizing your drinking?
   ☐ 1 Yes
   ☐ 0 No

D5. In the past month, did you ever feel bad or guilty about your drinking?
   ☐ 1 Yes
   ☐ 0 No

D6. In the past month, did you ever have a drink first thing in the morning to steady your nerves or rid yourself of a hangover?
   ☐ 1 Yes
   ☐ 0 No

D7. In the past 3 months, have you used any substances to get high or relax (i.e. marijuana, cocaine, crack or other drugs?)
   ☐ 1 Yes
   ☐ 0 No
The next few questions ask you about the frequency with which you have used drugs in the past 3 months.

D8. In the past 3 months, how many times have you sniffed or smoked heroin?
   ___________ #of times

D9. In the past 3 months, how many times have you smoked marijuana?
   ___________ #of times

D10. In the past 3 months, how many times have you used any other illegal drugs?
    ___________ #of times

D11. In the past 3 months, how many times have you injected heroin, cocaine or any other drugs?
    ___________ #of times

D12. If yes, in the past 3 months, how many times have you shared needles, cookers, or cotton while injecting illegal drugs?
    ___________ #of times

The following questions ask about your drug use in the past 12 months. Please answer them by marking yes or no.

D13. During the last 12 months, did you use larger amounts of drugs or use them for a longer time than you had planned or intended?
    ☐ 1  Yes
    ☐ 0  No

D14. During the last 12 months, did you try to cut down on your drug use but were unable to?
    ☐ 1  Yes
    ☐ 0  No

D15. During the last 12 months, did you spend a lot of time getting drugs, using them, or recovering from their use?
    ☐ 1  Yes
    ☐ 0  No
D16. During the last 12 months, did you get so high or sick from drugs that it kept you from doing work, going to school, or caring for children?
   
   □ 1  Yes
   □ 0  No

D17. During the last 12 months, did you get so high or sick from drugs that it caused an accident or put you or others in danger?

   □ 1  Yes
   □ 0  No

D18. During the last 12 months, did you spend less time at work, school, or with friends so that you could use drugs?

   □ 1  Yes
   □ 0  No

D19. During the last 12 months, did your drug use cause emotional or psychological problems?

   □ 1  Yes
   □ 0  No

D20. During the last 12 months, did your drug use cause problems with family, friends, work, or police?

   □ 1  Yes
   □ 0  No

D21. During the last 12 months, did your drug use cause physical health or medical problems?

   □ 1  Yes
   □ 0  No

D22. During the last 12 months, did you increase the amount of a drug you were taking so that you could get the same effects as before?

   □ 1  Yes
   □ 0  No

D23. During the last 12 months, did you ever keep taking a drug to avoid withdrawal or keep from getting sick?

   □ 1  Yes
   □ 0  No
D24. During the last 12 months, did you get sick or have withdrawal when you quit or missed taking a drug?

- \(1\) Yes
- \(0\) No

Note: asked at baseline only
I am going to ask 10 questions to find out how many servings of fruits and vegetables you normally eat. Tell me how often you ate or drank each of these items of food in the PAST MONTH.

E1. In the past month, about how often did you drink 100% orange juice or grapefruit juice?
   - 1. Did not drink 100% orange or grapefruit juice in the past month
   - 2. 1 to 3 times per month
   - 3. 1 to 2 times per week
   - 4. 3 to 4 times per week
   - 5. 5 to 6 times per week
   - 6. 1 time per day
   - 7. 2 times per day
   - 8. 3 times per day
   - 9. 4 times per day
   - 10. 5 or more times per day

E2. During the past month, how many times did you drink other 100% fruit juices such as apple juice, cranberry juice, or grape juice?
   - 1. Did not drink other 100% fruit juices in the past month
   - 2. 1 to 3 times per month
   - 3. 1 to 2 times per week
   - 4. 3 to 4 times per week
   - 5. 5 to 6 times per week
   - 6. 1 time per day
   - 7. 2 times per day
   - 8. 3 times per day
   - 9. 4 times per day
   - 10. 5 or more times per day
E3. In the past month, about how many servings of fruit did you have, not counting fruit juice?

1. Did not eat fruit in the past month
2. 1 to 3 times per month
3. 1 to 2 times per week
4. 3 to 4 times per week
5. 5 to 6 times per week
6. 1 time per day
7. 2 times per day
8. 3 times per day
9. 4 times per day
10. 5 or more times per day

E4. In the past month, about how often did you eat green salad (with or without other vegetables)?

1. Did not eat green salad in the past month
2. 1 to 3 times per month
3. 1 to 2 times per week
4. 3 to 4 times per week
5. 5 to 6 times per week
6. 1 time per day
7. 2 times per day
8. 3 times per day
9. 4 times per day
10. 5 or more times per day

E5. In the past month, about how often did you eat french fries or fried potatoes?

1. Did not eat french fries or fried potatoes in the past month
2. 1 to 3 times per month
3. 1 to 2 times per week
4. 3 to 4 times per week
5. 5 to 6 times per week
6. 1 time per day
7. 2 times per day
8. 3 times per day
9. 4 times per day
10. 5 or more times per day
E6. In the past month, how often did you eat baked, boiled, or mashed potatoes?

- 1 Did not eat baked, boiled, or mashed potatoes in the past month
- 2 1 to 3 times per month
- 3 1 to 2 times per week
- 4 3 to 4 times per week
- 5 5 to 6 times per week
- 6 1 time per day
- 7 2 times per day
- 8 3 times per day
- 9 4 times per day
- 10 5 or more times per day

E7. In the past month, about how many servings of vegetables did you eat, not counting green salad or potatoes?

- 1 Did not eat other vegetables in the past month
- 2 1 to 3 times per month
- 3 1 to 2 times per week
- 4 3 to 4 times per week
- 5 5 to 6 times per week
- 6 1 time per day
- 7 2 times per day
- 8 3 times per day
- 9 4 times per day
- 10 5 or more times per day

E8. In the past month, about how often did you eat fried foods (like chicken or fish)?

- 1 Did not eat fried foods in the past month
- 2 1 to 3 times per month
- 3 1 to 2 times per week
- 4 3 to 4 times per week
- 5 5 to 6 times per week
- 6 1 time per day
- 7 2 times per day
- 8 3 times per day
- 9 4 times per day
- 10 5 or more times per day
E9. In the past month, how often did you cook with butter, ham, bacon, Crisco, or other ingredients to enhance flavor?

- 1  Did not cook with other ingredients in the past month
- 2  1 to 3 times per month
- 3  1 to 2 times per week
- 4  3 to 4 times per week
- 5  5 to 6 times per week
- 6  1 time per day
- 7  2 times per day
- 8  3 times per day
- 9  4 times per day
- 10 5 or more times per day

E10. Orange juice and grapefruit juice upset my stomach.

- 1  Strongly Agree
- 2  Somewhat Agree
- 3  Neither Agree Or Disagree
- 4  Somewhat Disagree
- 5  Strongly Disagree

The following 3 questions ask about physical activity you may have done in the PAST 7 DAYS.

E11. On how many of the past 7 days, did you exercise or participate in physical activity for at least 20 minutes that made you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 0  0 days
- 1  1 day
- 2  2 days
- 3  3 days
- 4  4 days
- 5  5 days
- 6  6 days
- 7  7 days
E12. On how many of the past 7 days, did you exercise or participate in physical activity for at least 30 minutes that did not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, mopping floors or anything else that caused small increases in breathing or heart rate?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

E13. On how many of the past 7 days, did you exercise to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting?

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

The following 2 questions ask about oral health behavior you may have done in the PAST 7 DAYS.

E14. During the past 7 days, how many times did you floss your teeth?

- 0 Did not floss in the past 7 days
- 1 time
- 2 times
- 3 times
- 4 times
- 5 times
- 6 times
- 7 or more times
The following 2 questions asks about preventative measures you may or may not have done in the past 6 months.

E15. In the past 6 months, did you go to a dentist for a checkup or teeth cleaning?
   - 1  Yes
   - 0  No

E16f. In the past 6 months, have you been screened for breast cancer with a mammogram?
   - 1  Yes
   - 0  No

Self-Efficacy for Health Promoting Behavior

Sometimes people feel confident about a certain behavior and sometimes they don’t feel confident. How confident do you feel you can do the following behaviors?

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Not at All confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>E17. Prepare good tasting recipes that contain fruits and vegetables?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E18. Order fruits and vegetables when eating at a restaurant?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E19. Eat fruits and vegetables when eating away from home?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E20. Eat a healthy snack, like a fruit or vegetables, when you are really hungry?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E21. Eat healthy foods, like fruits or vegetables, when you are depressed or in a bad mood?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E22. Eat healthy foods, like fruits or vegetables, when you are tired?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E23. Eat healthy foods, like fruits or vegetables, when there are junk foods in your house like chips, cookies, or candy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>E24. Eat healthy foods when you are out with friends?</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>Question</td>
<td>1</td>
<td>2</td>
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<tr>
<td>E25</td>
<td>Eat healthy foods when taking your medications?</td>
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<td>E26</td>
<td>For dessert, eat fruit instead of cake, cookies, ice cream or other sweets?</td>
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<tr>
<td>E27</td>
<td>Eat at least 5 servings of fruits and vegetables each day?</td>
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<tr>
<td>E28</td>
<td>Eat healthy foods even if other people in your household want to eat something else?</td>
<td></td>
<td></td>
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<tr>
<td>E29</td>
<td>Have enough time to prepare healthy meals?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E30</td>
<td>Not drink any alcohol?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E31</td>
<td>Find the time to exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E32</td>
<td>Find a safe place to exercise?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E33</td>
<td>Exercise even if it means having to redo your hair?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E34</td>
<td>Get up early; even on weekends, to exercise?</td>
<td></td>
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</tr>
<tr>
<td>E35</td>
<td>Exercise after a long, tiring day at work?</td>
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<tr>
<td>E36</td>
<td>Exercise even though you are feeling depressed?</td>
<td></td>
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<tr>
<td>E37</td>
<td>Exercise even when your family is demanding more time of you?</td>
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<tr>
<td>E38</td>
<td>Exercise even when you have household chores to do?</td>
<td></td>
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<tr>
<td>E39</td>
<td>Exercise even when you have excessive demands at work?</td>
<td></td>
<td></td>
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<tr>
<td>E40</td>
<td>Exercise even when social obligations are very time consuming?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>E41</td>
<td>Participate in physical activities that make you sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities, for at least 20 minutes on at least 5 days every week?</td>
<td></td>
<td></td>
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</tbody>
</table>
E42. Participate in physical activities that do not make you sweat and breathe hard, such as fast walking, slow bicycling, skating, pushing a lawn mower, mopping floors or anything else that causes small increases in breathing or heart rate for at least 30 minutes on at least 5 days every week?

<table>
<thead>
<tr>
<th>Not at All confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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</table>

E43. Do exercises to strengthen or tone your muscles, such as push-ups, sit-ups, or weight lifting, on at least 2 days every week?

<table>
<thead>
<tr>
<th>Not at All confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
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<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
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</tbody>
</table>

E44. Avoid being overweight?

<table>
<thead>
<tr>
<th>Not at All confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>

E45. Floss your teeth every day?

<table>
<thead>
<tr>
<th>Not at All confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>

E46. Get a check up or teeth cleaning from a dentist in the next 6 months?

<table>
<thead>
<tr>
<th>Not at All confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>

E47f. Receive a mammogram in the next 6 months?

<table>
<thead>
<tr>
<th>Not at All confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 1</td>
<td>☐ 2</td>
<td>☐ 3</td>
</tr>
</tbody>
</table>
Now I would like you to take a moment to think back about your sex life with your study partner. While the next questions are asking about personal behaviors, please remember that your name is not on this survey and that there are no right or wrong answers.

I would like to explain some of the words that will be used in the next few questions. When I say:  

I mean:

Vaginal sex: When a man puts his penis into a woman’s vagina
Anal sex: When a man puts his penis into a person’s anus (butt).

Remember, if at any time you are unsure about any of the words that I use please feel comfortable to ask an EBAN staff member.

F1. In the past 3 months, how many times did you have vaginal sex with your study partner?

___________ (number of times had vaginal sex past 3 months)

If response to F1 is “0” skip to F5.

The next few questions will ask you about using condoms in the PAST 3 MONTHS. When I ask you about the male condom I am referring to using “rubbers.” When I ask you about the female condom I am referring to a condom that women can use to protect themselves and their partner from HIV and other STDs. If you have not used either a male or female condom please just put a zero “0” in the blank provided.

F2. In the past 3 months, when you had vaginal sex with your study partner how many of these times was a condom used?

a. ___________ (number of times used male condom during vaginal sex past 3 months)

b. ___________ (number of times used female condom during vaginal sex past 3 months)

F3. In the past 3 months, when you had vaginal sex with your study partner how many of these times did the condom break or slip off?

a. ___________ (number of times male condom broke or slipped off past 3 months)

b. ___________ (number of times female condom broke or slipped out past 3 months)
F4. The last time you had vaginal sex with your study partner, was either a male or a female condom used?

☐ 1 Yes
☐ 0 No

The next few questions will ask you about whether you and your study partner had **ANAL SEX DURING THE PAST 3 MONTHS**. By anal sex I mean when a man puts his penis into your anus (butt).

F5f. In the past 3 months, have you had anal sex with your study partner?

☐ 1 Yes
☐ 0 No

If responded “No” to F5 skip to F9.

F6. In the past 3 months, how many times did you have anal sex with your study partner?

__________ (number of times had anal sex past 3 months)

F7. In the past 3 months, when you had anal sex with your study partner how many of these times was a condom used?

a. ___________ (number of times used male condom during anal sex past 3 months)

b. ___________ (number of times used female condom during anal sex past 3 months)

F8. The last time you had anal sex with your study partner was either a male or female condom used?

☐ 1 Yes
☐ 0 No

The next few questions will ask you about **HAVING VAGINAL SEX WITH MEN (NOT INCLUDING YOUR STUDY PARTNER) IN THE PAST 3 MONTHS**.

F9f. In the past 3 months, with how many men (not including your study partner) have you had vaginal sex?

__________ (men not including your study partner you had vaginal sex with in past 3 months)

If responded zero to F9 skip F12

F10f. In the past 3 months, how many times have you had vaginal sex with men (not including your study partner)?

__________ (number of times had vaginal sex with men not including study partner past 3 months)
F11f. In the past 3 months, when you had vaginal sex with men (not including your study partner) how many of these times was a condom used?

___________ (number of times used male condom during vaginal sex past 3 months)

The next few questions will ask you about whether you performed ORAL SEX ON YOUR STUDY PARTNER DURING THE PAST 3 MONTHS. By oral sex I mean when you put your mouth on your study partner’s penis (blow job).

F12f. In the past 3 months, have you performed oral sex on your study partner?

☑ 1 Yes
☐ 0 No

If responded “No” to F12 skip to F15

F13. In the past 3 months, how many times did you perform oral sex on your study partner?

___________ (number of times performed oral sex past 3 months)

F14f. In the past 3 months, when you performed oral sex on your study partner how many of these times did he use a male condom?

___________ (number of times used male condom during oral sex past 3 months)

The next few questions will ask you about whether your STUDY PARTNER PERFORMED ORAL SEX ON YOU DURING THE PAST 3 MONTHS. By oral sex I mean when he put his mouth on your vagina. The next few questions will also ask you about the use of dental dams. Dental dams help protect against HIV/STD transmission during oral sex. (When I say dental dams I also mean the use of non-microwaveable saran wrap or sheer dams).

F15f. In the past 3 months, has your study partner performed oral sex on you?

☑ 1 Yes
☐ 0 No

If responded “No” to F15 skip to F18

F16. In the past 3 months, how many times did your study partner perform oral sex on you?

___________ (number of times study partner performed oral sex on you past 3 months)

F17f. In the past 3 months, when your study partner performed oral sex on you how many of these times was a dental dam/ non-microwaveable saran wrap or sheer dams used?

___________ (number of times used dental dam/ non-microwaveable saran wrap or sheer dams during oral sex past 3 months)
F18f. In the past 3 months, have you douched? □ 1 Yes □ 0 No

The next questions will ask about your exchanging sex for alternative purposes and STD treatment.

F19f. In the past 3 months, have you exchanged sex for drugs, money, shelter or food?
□ 1 Yes
□ 0 No

F20f. In the past 3 months, has your partner been treated for an STD?
□ 1 Yes
□ 0 No

Note: follow-up questionnaire only
The next 3 questions ask about your sexual feelings and experiences during the PAST 3 MONTHS.

G1. In the past 3 months, how often did you have a desire for sex with your study partner?
   0  Never
   1  Almost never
   2  Sometimes
   3  Almost always
   4  Always

G2f. In the past 3 months, during sexual intercourse how often did you notice dryness of your vagina?
   0  Never
   1  Almost never
   2  Sometimes
   3  Almost always
   4  Always

G3f. In the past 3 months, how often were you able to reach a climax (cum)?
   0  Never
   1  Less than half the time
   2  Half of the times I have sex
   3  More than half the times I have sex
   4  All of the times I have sex
I am going to mention a number of problems and complaints that people sometimes have. Please tell me which of the answers from the following scale best describes HOW MUCH DISCOMFORT HAS EACH PROBLEM CAUSED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.

Please indicate if you have experienced any of these problems in the past seven days and, if so, how much they have bothered you:

<table>
<thead>
<tr>
<th></th>
<th>Extremely</th>
<th>Quite a bit</th>
<th>Moderately</th>
<th>A little bit</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1. In the 7 days, have you been bothered by thoughts of ending your life.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H2. In the 7 days, have you been bothered by feeling lonely even when you are with people.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H3. In the 7 days, have you been bothered by feeling blue.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H4. In the 7 days, have you been bothered by feeling no interest in things.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H5. In the 7 days, have you been bothered by feeling hopeless about the future.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>H6. In the 7 days, have you been bothered by feeling of worthlessness.</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
### SECTION I: PCL-C

Below is a list of problems and complaints that people sometimes have in response to stressful life experiences. Please read each one carefully, then check one of the boxes to the right to indicate how much you have been bothered by that problem in **THE PAST MONTH**.

<p>| | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I1.</td>
<td>In the past month, have you been bothered by repeated, disturbing memories, thoughts, or images of a stressful experience from the past?</td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I2.</td>
<td>In the past month, have you been bothered by repeated, disturbing dreams of a stressful experience from the past?</td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I3.</td>
<td>In the past month, have you been bothered by suddenly acting or feeling as if a stressful experience from the past were happening again (as if you were reliving it)?</td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I4.</td>
<td>In the past month, have you been bothered by feeling very upset when something reminded you of a stressful experience from the past?</td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I5.</td>
<td>In the past month, have you been bothered by having physical reactions (e.g., heart pounding, trouble breathing, sweating) when something reminded you of a stressful experience from the past?</td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I6.</td>
<td>In the past month, have you been bothered by avoiding thinking about or talking about a stressful experience from the past or avoiding having feelings related to it?</td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>I7.</td>
<td>In the past month, have you been bothered by avoiding activities or situations because they reminded you</td>
<td>Not at all</td>
<td>A little bit</td>
<td>Moderately</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
### FEMALE VERSION

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>A little bit</th>
<th>Moderately</th>
<th>Quite a bit</th>
<th>Extremely</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the past month, have you been bothered by trouble remembering important parts of a stressful experience from the past?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by loss of interest in activities that you used to enjoy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by feeling distant or cut off from other people?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by feeling emotionally numb or being unable to have loving feelings for those close to you?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by feeling as if your future somehow will be cut short?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by trouble falling or staying asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by feeling irritable or having angry outbursts?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by having difficulty concentrating?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by being “superalert” or watchful or on guard?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In the past month, have you been bothered by feeling jumpy or easily startled</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SECTION J: HIV/STD RISK REDUCTION KNOWLEDGE

The next 10 questions are going to ask you about your knowledge of STDs and HIV.

<table>
<thead>
<tr>
<th>Question</th>
<th>True</th>
<th>False</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>J1. Condoms can help protect you from transmitting or becoming infected with HIV.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J2. Having sex with someone who has HIV is the only way of becoming infected with HIV.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J3. People living with HIV can become infected with a different strain of the virus.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J4. With the new HIV medications, HIV infection is no longer a danger.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J5. Female condoms are effective in preventing HIV infection.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J6. If a person’s viral load is undetectable they can not transmit HIV.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J7. If a person has a sexually transmitted disease (STD) they are at greater risk of becoming infected with HIV.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J8. Vaseline or oil based lubricants are effective when used with a condom.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J9. STDs always have symptoms.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>J10. Having unprotected anal sex increases a person’s chance of getting an STD.</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
The following 8 statements are about your attitudes towards using male condoms or rubbers. Please indicate how much you agree or disagree with each statement by checking the appropriate box.

<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Neither Agree or Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>K1.</td>
<td>My study partner would get mad if I said we had to use a male condom.</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>K2.</td>
<td>Male condoms ruin the mood.</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>K3.</td>
<td>Sex doesn't feel as good when you use a male condom.</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>K4.</td>
<td>My study partner would think I was having sex with another person if I said we had to use a male condom.</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>K5.</td>
<td>Using male condoms would help build trust between my study partner and me.</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>K6.</td>
<td>Sex with male condoms doesn't feel natural.</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>K7.</td>
<td>Using male condoms breaks up the rhythm of sex.</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
<tr>
<td>K8.</td>
<td>I plan to use male condoms if I have sex in the next 3 months.</td>
<td>□₁</td>
<td>□₂</td>
<td>□₃</td>
<td>□₄</td>
</tr>
</tbody>
</table>
### SECTION L: MALE CONDOM USE EFFICACY

The next 9 questions are about your confidence in using condoms with your study partner.

Even if you’ve never used condoms before, how confident or sure are you that you could...

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident/sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1. Put a male condom on a hard penis.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
<tr>
<td>L2. Unroll a male condom down correctly on the first try.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
<tr>
<td>L3. Start over with a new male condom if you placed it on the wrong way.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
<tr>
<td>L4. Unroll a male condom fully to the base of the penis.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
<tr>
<td>L5. Squeeze air from the tip of a male condom.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
<tr>
<td>L6. Take a male condom off without spilling the semen or cum.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
<tr>
<td>L7f. Take a male condom off before your partner loses their hard on.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
<tr>
<td>L8. Dispose of a used male condom properly.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
<tr>
<td>L9. Use spermicide or lubricant with a male condom.</td>
<td>❑ 1</td>
<td>❑ 2</td>
<td>❑ 3</td>
</tr>
</tbody>
</table>
### SECTION M: SAFER SEX COMMUNICATION FREQUENCY

The next 7 questions ask how frequently you and your partner discussed during the **PAST 3 MONTHS**.

<table>
<thead>
<tr>
<th>Question</th>
<th>0 times</th>
<th>1-2 times</th>
<th>3-5 times</th>
<th>6-7 times</th>
<th>More than 8 times</th>
</tr>
</thead>
<tbody>
<tr>
<td>M1. How to use male condoms?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>M2. How to use female condoms?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>M3. Oral sex as an alternative to vaginal or anal sex?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>M4. Masturbation as an alternative to vaginal or anal sex?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>M5. How to prevent infection of HIV?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>M6. How to prevent infection of STDs?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>M7. How to make safer sex more fun?</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>
The next questions are about your confidence in using female condoms with your study partner.

Even if you’ve never used female condoms before, how confident or sure are you that you could...

<table>
<thead>
<tr>
<th></th>
<th>Not at all confident or sure</th>
<th>Somewhat confident or sure</th>
<th>Very confident or sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>N1f.</td>
<td>Insert a female condom in your vagina.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N2.</td>
<td>Insert the female condom correctly on the first try.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N3.</td>
<td>Start over with a new female condom if you inserted it the wrong way.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N4.</td>
<td>Push the inner ring into your vagina until it is inserted all the way.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N5.</td>
<td>Make sure the female condom is not twisted inside the vagina.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N6.</td>
<td>Make sure the penis enters inside the female condom.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N7.</td>
<td>Remove a female condom without spilling the semen or cum after having sex.</td>
<td></td>
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</tr>
<tr>
<td>N8.</td>
<td>Dispose of a used female condom properly</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N9.</td>
<td>Add more lubricant to the female condom if you need it.</td>
<td></td>
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</tr>
</tbody>
</table>
SECTION O: FEMALE CONDOM USE INTENTIONS

Please indicate how much you agree with the following statement.

O1. I plan to use female condoms if I have sex in the next 3 months.
   -  ❑ 1  Disagree strongly
   -  ❑ 2  Disagree
   -  ❑ 3  Neither disagree or agree
   -  ❑ 4  Agree
   -  ❑ 5  Agree strongly
**SECTION P: PERCEIVED COUPLE NORMS**

The next 8 questions are about how you think other couples behave when one partner is HIV positive and the other partner is HIV negative.

<table>
<thead>
<tr>
<th>How many couples with different HIV status do you think.....</th>
<th>None</th>
<th>A Few</th>
<th>Most</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>P1. Use either a male or female condom every time they have vaginal sex?</td>
<td></td>
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<tr>
<td>P2. Use a male condom or rubber every time they have vaginal sex?</td>
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<tr>
<td>P3. Use a female condom every time they have vaginal sex?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>P4. Use either a male or female condom every time they have anal sex?</td>
<td></td>
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<tr>
<td>P5. Use a male condom every time they have anal sex?</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P6. Use a female condom every time they have anal sex?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>P7. Take responsibility for protecting each other from HIV and STDs?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>P8. Find ways to make safer sex more fun?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NIMH
HIV/STD RISK REDUCTION FOR AFRICAN AMERICAN COUPLES
THE EBAN PROGRAM

FEMALE VERSION

SECTION Q: CONDOM NEGOTIATION SELF EFFICACY

The next 7 questions ask about in which kinds of situations it is more difficult for you to use condoms when you have sex with your study partner. Even if the situation has not happened to you, try to imagine how you would handle it if it ever happened.

Q1. Can you discuss condom use with your study partner?
   - 0 Definitely no
   - 1 Probably no
   - 2 Unsure
   - 3 Probably yes
   - 4 Definitely yes

Q2. Can you insist on condom use if your study partner does not want to use one?
   - 0 Definitely no
   - 1 Probably no
   - 2 Unsure
   - 3 Probably yes
   - 4 Definitely yes

Q3. Can you stop and look for condoms when you’re sexually aroused?
   - 0 Definitely no
   - 1 Probably no
   - 2 Unsure
   - 3 Probably yes
   - 4 Definitely yes
Q4. Can you insist on condom use every time even when you are under the influence of alcohol or drugs?
- 0 Definitely no
- 1 Probably no
- 2 Unsure
- 3 Probably yes
- 4 Definitely yes

Q5. Can you insist on condom use every time even when your study partner is under the influence of alcohol or drugs?
- 0 Definitely no
- 1 Probably no
- 2 Unsure
- 3 Probably yes
- 4 Definitely yes

Q6. Can you put a condom on your study partner without spoiling the mood?
- 0 Definitely no
- 1 Probably no
- 2 Unsure
- 3 Probably yes
- 4 Definitely yes

Q7. Can you insist on condom use every time you have sex even if you or your study partner uses another method to prevent pregnancy?
- 0 Definitely no
- 1 Probably no
- 2 Unsure
- 3 Probably yes
- 4 Definitely yes
The next 6 questions will ask about your attachment to the African American/Black community.

R1. I am interested in spending time trying to learn more about African-American history, traditions and culture.
   [ ] 1 Strongly Disagree
   [ ] 2 Somewhat Disagree
   [ ] 3 Neither Disagree Or Agree
   [ ] 4 Somewhat Agree
   [ ] 5 Strongly Agree

R2. My destiny is tied to the destiny of black people.
   [ ] 1 Strongly Disagree
   [ ] 2 Somewhat Disagree
   [ ] 3 Neither Disagree Or Agree
   [ ] 4 Somewhat Agree
   [ ] 5 Strongly Agree

R3. I have a strong sense of belonging to black people.
   [ ] 1 Strongly Disagree
   [ ] 2 Somewhat Disagree
   [ ] 3 Neither Disagree Or Agree
   [ ] 4 Somewhat Agree
   [ ] 5 Strongly Agree

R4. I have a clear sense of my ethnic background and what it means for me.
   [ ] 1 Strongly Disagree
   [ ] 2 Somewhat Disagree
   [ ] 3 Neither Disagree Or Agree
   [ ] 4 Somewhat Agree
   [ ] 5 Strongly Agree
R5. I have a lot of pride in the accomplishments of African-Americans.
   - 1 Strongly Disagree
   - 2 Somewhat Disagree
   - 3 Neither Disagree Or Agree
   - 4 Somewhat Agree
   - 5 Strongly Agree

R6. I am committed to enhancing the health and well-being of African-Americans.
   - 1 Strongly Disagree
   - 2 Somewhat Disagree
   - 3 Neither Disagree Or Agree
   - 4 Somewhat Agree
   - 5 Strongly Agree
PLEASE share with us what you liked about the survey, what you did not like about the survey, as well as anything that should be done to improve the survey.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

THANK YOU FOR YOUR PARTICIPATION IN COMPLETING THE SURVEY.