

# HANDBOOK *of* SEXUALITY-RELATED MEASURES

*Edited by*

Clive M. Davis  
William L. Yarber  
Robert Bauserman  
George Schreer  
Sandra L. Davis

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19. I could not discuss AIDS with my parents.
20. I would date a person with HIV.
21. I would feel comfortable discussing AIDS in a classroom situation.
22. I would not engage in sexual intercourse before marriage.
23. I would feel comfortable asking a new partner about his/her sexual history.
24. I would use AIDS as an excuse to avoid any sexual relationships.
25. I would limit myself to one sexual partner.
26. I would use a condom every time I had sex.

a. The Spanish translation of the scales are available from Raffy R. Luquis.

b. The appropriate scale follows each item.

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## A Measure of AIDS Prevention Information, Motivation, Behavioral Skills, and Behavior

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Steven J. Misovich, *University of Connecticut*

William A. Fisher,<sup>1</sup> *University of Western Ontario*

Jeffrey D. Fisher, *University of Connecticut*

The information, motivation, and behavioral skills (IMB) model of AIDS risk behavior change (J. Fisher & Fisher, 1992; W. Fisher & Fisher, 1993) has been developed and validated to serve as general conceptualization for understanding and promoting AIDS risk reduction behavior change. The IMB model proposes that *information* that is directly relevant to AIDS preventive behavior, *motivation* to act on this information, and *behavioral skills* for acting on it effectively are fundamental determinants of AIDS preventive behavior. According to the IMB model, AIDS prevention information and AIDS prevention motivation work through AIDS prevention behavioral skills to affect the initiation and maintenance of AIDS preventive behavior. The IMB model proposes that AIDS prevention information and AIDS prevention motivation may also have direct effects on AIDS preventive behavior, when such preventive behavior does not require the performance of complicated or novel behavioral acts. The propositions of the IMB model concerning the relationship of AIDS prevention information, motivation, behavioral

skills, and behavior have been consistently and strongly confirmed in research conducted with samples of gay men and heterosexual university students (J. Fisher, Fisher, Williams, & Malloy, 1994) and ethnically diverse heterosexual high school students (W. Fisher, Williams, Fisher, & Malloy, 1998).

In addition to specifying the determinants of AIDS preventive behavior, the IMB model provides a highly generalizable approach to the design, implementation, and evaluation of AIDS risk reduction interventions that are empirically targeted at the needs of specific populations at risk. Three phases of activity are involved in the application of the IMB model for the design, deployment, and evaluation of AIDS risk reduction interventions. First, *elicitation research* is conducted using open- and closed-ended assessment strategies to empirically determine strengths and weaknesses in a target population's existing levels of AIDS prevention information, motivation, behavioral skills, and behavior. Second, *targeted interventions* are constructed to address deficits and to capitalize on strengths that have been identified in elicitation research in the target population's AIDS prevention information, motivation, behavioral skills, and behavior, and to create changes in these factors to facilitate AIDS risk behavior change. Third, methodologically rigorous *evaluation research* is conducted to

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<sup>1</sup>Address correspondence to William A. Fisher, Department of Psychology, University of Western Ontario, London, Ontario N6A 5C2, Canada; email: fisher@sscl.uwo.ca.

determine the extent to which the IMB model-based targeted intervention has resulted in short- and long-term changes in AIDS prevention information, motivation, behavioral skills, and behavior per se. The IMB model has been successfully used as the basis for elicitation, intervention, and evaluation research in a sample of heterosexual university students, and findings have demonstrated that the IMB model-based intervention resulted in significant changes in AIDS risk reduction information, motivation, and behavioral skills, and in significant, sustained improvement in AIDS preventive behaviors such as condom use during sexual intercourse (J. Fisher, Fisher, Misovich, Kimble, & Malloy, 1996).

The questionnaire presented herein was constructed to serve as an IMB model-based instrument for assessing AIDS prevention information, motivation, behavioral skills, and behavior. This questionnaire was used as a premeasure and postmeasure of these factors in the multisession AIDS risk reduction intervention with university students referred to earlier (J. Fisher et al., 1996), and versions of these measures have been used in correlational studies of the determinants of AIDS preventive behavior among gay men, heterosexual university students, and ethnically diverse heterosexual high school students (J. Fisher et al., 1994; W. Fisher et al., 1998).

#### Description, Scoring, Reliability, and Validity

The questionnaire is designed to be used with heterosexual college students and heterosexual post-college-age adults. With modifications based on appropriate elicitation research, this questionnaire could be adapted for use with other populations, and variations of this questionnaire that have been used with gay men, and with ethnically diverse heterosexual high school students, are available from the first author. The questionnaire presented in the exhibit and the data and means reported here, however, are based on a questionnaire version designed for use with heterosexual college students and completed by the subset of the experimental and control respondents (J. Fisher et al., 1996) who reported engaging in sexual intercourse during the month prior to administration of the questionnaire.

##### *Demographic Measures: Questionnaire Page 1*

This section includes measures of respondent's sex, ethnic background, and age.

##### *AIDS Prevention Information Measures: Questionnaire Pages 2-4*

The "Health and Relationships Survey" assesses respondents' levels of AIDS prevention information in categories that have relevance to the practice of preventive behavior and that elicitation research in heterosexual university student and adult populations (Misovich, Pittman, Fisher, & Fisher, 1993) indicates may be deficient. Items 1 through 33 measure areas of AIDS prevention information that are relevant to preventive behavior, and they focus on issues, such as knowledge about the effectiveness of condoms in preventing AIDS, and knowledge about likely and unlikely

vectors of HIV transmission. Items 34 through 37 tap information that is specifically relevant to university students, covering rates of HIV infection in the student population, knowledge about where to purchase condoms on campus, and the fact that members of that college-age population may be HIV-positive without showing any overt symptoms. These four items may be replaced with information items that cover the same three topics but that are specifically relevant to different populations under study. Items 38 through 46 measure respondents' endorsement of incorrect "AIDS information heuristics": simple but invalid decision rules that individuals invoke to make rapid but incorrect judgments about whether to practice safer sex and that have been found to be directly related to levels of AIDS risk behavior (Misovich, Fisher, & Fisher, 1996, 1997).

Scoring the AIDS information scale is accomplished by dichotomizing each item into a value of 1 (correct) or 0 (incorrect) and then summing the item values. To do this, with true items, responses of 1 (*strongly agree*) or 2 (*agree somewhat*) should be recoded as 1, and all other responses (including missing values) should be recoded as 0. For false items, responses of 4 (*disagree somewhat*) or 5 (*strongly disagree*) should be recoded as 1, and all other responses should be coded as 0. The items should then be summed to form an AIDS prevention information scale score. Cronbach's alpha for this scale when used with a university student population was .75, and the mean for the sample was 33.5. Evidence of validity is provided by results that show that AIDS prevention information scores improved significantly in response to an intervention that stressed relevant AIDS prevention information, but not in the control condition of this intervention (J. Fisher et al., 1996), and by findings confirming the role of AIDS prevention information as specified by the IMB model using a variety of similar items in diverse populations at risk (J. Fisher et al., 1994; W. Fisher et al., 1998).

##### *Measures of Motivation to Perform AIDS Preventive Behavior: Questionnaire Pages 5-9*

Questionnaire measures of motivation to perform AIDS preventive behavior were based on the concepts and operations of the theory of reasoned action (e.g., Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975; Fishbein & Middlestadt, 1989). For each of eight critical AIDS preventive behaviors (e.g., not having sexual intercourse at all, talking with my partner about safer sex, always using latex condoms during intercourse), the first three items measure the respondent's attitude toward the AIDS-preventive act in question using bipolar evaluative scales. The next questionnaire item measures the respondent's subjective norms, or perceptions of whether significant others wish them to perform the preventive behavior in question. The final questionnaire item measures the respondent's behavioral intention to perform the preventive practice in question.

*Attitudes toward AIDS preventive acts.* To determine respondents' attitudes toward performing specific AIDS preventive behaviors, respondents rate their performance of eight preventive acts on three 5-point semantic differential scales (*good-bad*, *nice-awful*, and *pleasant-unpleasant*).

These ratings should be reversed such that each item is scored from 1 (positive evaluation) to 5 (negative evaluation) and summed to produce an attitudes toward AIDS preventive behaviors scale score (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). Cronbach's alpha for this scale with university students was .86, and the mean score was 65.9. Validity evidence for the scale is provided by the fact that an AIDS prevention intervention that sought to improve attitudes toward preventive behaviors resulted in more favorable attitudes toward AIDS preventive acts scale scores, whereas control conditions had no impact on these scores (J. Fisher et al., 1996), and by evidence concerning the ability of very similar attitude items to predict AIDS prevention behavioral intentions to practice AIDS prevention across diverse samples at risk (W. Fisher, Fisher, & Rye, 1995).

*Subjective norms regarding AIDS preventive acts.* This scale assesses respondents' subjective norms (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975) or generalized perceptions of social support for their practice of AIDS preventive behaviors. To assess respondents' social norms for AIDS preventive behavior, they are asked to complete items measuring the extent to which they believe that "most people who are important to them" think they should perform each of the eight critical AIDS preventive behaviors at focus. These items should be scored (1 = *very true*, 5 = *very untrue*, that "Most people who are important to me think I should . . .") and summed to create an overall measure of social norms concerning the practice of AIDS preventive behaviors (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975). Cronbach's alpha for this scale with university students was .87, and the mean was 20.4. Validity evidence for the scale includes the ability of very similar social norm items to predict AIDS prevention behavioral intentions across diverse samples at risk (W. Fisher et al., 1995).

*Behavioral intentions for AIDS prevention.* Respondents' behavioral intentions (Ajzen & Fishbein, 1980; Fishbein & Ajzen, 1975) to perform each of the AIDS preventive behaviors under study are measured by asking them to rate, on a 5-point scale ranging from *very likely* (1) to *very unlikely* (5), how probable it is that they will perform each of the eight AIDS preventive acts sampled over a specified time period (e.g., over the next month). Respondents' scores (1 = *very likely*, 5 = *very unlikely*) should be summed to form a measure of AIDS prevention behavioral intentions. Cronbach's alpha for this scale with university students was .80, and the mean was 18.7. Validity evidence for the scale includes the fact that an AIDS prevention intervention produced changes in these AIDS prevention behavioral intentions, whereas a control condition did not (J. Fisher et al., 1996), and evidence of the ability of very similar behavioral intention items to predict AIDS preventive behavior across time and across diverse samples at risk (W. Fisher et al., 1995).

#### *Behavioral Skills Measures: Questionnaire Pages 9-13*

AIDS prevention behavioral skills are assessed with the subscales tapping perceived difficulty of AIDS preventive

behaviors (all items with the response format *very easy to do to very hard to do*) and perceived effectiveness at AIDS preventive behavior (all items with the response format *very effectively to very ineffectively*).

The Perceived Difficulty of AIDS Preventive Behavior subscale asks respondents to rate, on 5-point scales, how hard or easy it would be for them to perform 12 critical AIDS preventive behaviors. These items should be summed (1 = *very hard*, 5 = *very easy*) to form an overall Perceived Difficulty of AIDS Preventive Behavior score. Cronbach's alpha for this scale when used with university students was .74, and the mean of the scale was 44.8. Validity evidence is provided by findings that show that perceived difficulty of AIDS preventive behavior scores changed as expected in response to an AIDS prevention intervention experimental condition, but not in a control condition (J. Fisher et al., 1996), and by evidence that shows that responses to similar items are significantly correlated with trained raters' evaluations of the effectiveness of respondents' written and videotaped role plays of AIDS preventive behaviors (Williams et al., in press).

The Perceived Effectiveness at AIDS Preventive Behavior Scale asks respondents to rate, on 5-point scales, how effectively they believe they could engage in a range of 24 AIDS preventive behaviors. These items should be scored (1 = *very effectively*, 5 = *very ineffectively*) and summed to form an overall perceived effectiveness of AIDS preventive behavior score. Cronbach's alpha for this scale within a university student sample was .88, and the scale mean was 90. Validity evidence is again provided by findings that show that perceived effectiveness scores changed in response to an AIDS prevention intervention experimental condition, but did not change in a control condition (J. Fisher et al., 1996), and by evidence that shows that responses to similar items are significantly correlated with trained raters' evaluations of the effectiveness of respondents' written and videotaped role plays of AIDS preventive behaviors (Williams et al., in press).

#### *AIDS Preventive Behaviors: Questionnaire Pages 13-16*

AIDS preventive behaviors are assessed with four subscales measuring discussion of safer sex, condom accessibility, condom use, and HIV testing, and with a number of single items that may be employed alone or in combination to reflecting a variety of safer versus riskier sexual practices. *Safer-sex discussion* is measured with two items (6 and 19) that ask if the respondent has discussed AIDS prevention with a sexual partner and if he or she has tried to persuade a sexual partner to practice only safer sex using a condom. These two items, which correlate .42 with one another ( $N = 263, p < .001$ ), may be summed to create an indicator of discussion of AIDS preventive behavior. *Condom accessibility* is assessed with two items (7 and 8) that asking respondents how often they have purchased condoms and the extent to which they have kept condoms easily available. These two items, which correlate .51 with one another ( $N = 325, p < .001$ ), may be summed to create a behavioral indicator of condom accessibility. *Condom use*

during sexual intercourse is assessed with three items (9, 13, and 14) that ask respondents about their frequency of condom use during intercourse. These items should be standardized (because of their varying response formats) and summed to produce an indicator of condom use; within a university student sample, Cronbach's alpha for these items was .98. Finally, *HIV testing behavior* is assessed by asking respondents to report whether or not they have made an appointment for an HIV test (Item 22), and whether or not they have actually had an HIV test (Item 21). These two items, which correlate .49 with one another, may be summed to form an indicator of HIV testing behavior.

Several additional items measuring AIDS risk and AIDS preventive behaviors are included in the AIDS preventive behavior portion of the questionnaire. Items 1 through 5 and 10 through 12 may be used to classify respondents into risk categories (e.g., never had intercourse, have had intercourse but in a monogamous relationship with no previous partners). Items 15 through 18 of this section of the questionnaire involve anal intercourse, and Item 20 assesses the sex of the respondent's sexual partners. Items 23 and 24 assess the respondent's HIV testing behavior prior to the time interval of the questionnaire and ask about the type of site (e.g., an anonymous or a confidential site) they may have used for an HIV test.

### Response Mode and Timing

This questionnaire is a self-administered questionnaire and takes approximately 45 minutes to complete when used in a university student population. Additional time and additional instructions, as well as other modifications, may be required if using this questionnaire in other populations.

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## Exhibit

### *The Health and Relationships Survey*

Please answer each question below by circling a number to its right, according to this scale: 1 = Strongly Agree, 2 = Agree Somewhat, 3 = Neither Agree nor Disagree, 4 = Disagree Somewhat, 5 = Strongly Disagree

1. More of the virus that causes AIDS is found in blood and semen than in other body fluids.<sup>a</sup>
2. It is estimated that more than one million Americans are currently infected with the virus that causes AIDS.
3. If you do not use condoms, withdrawal of the penis immediately before orgasm reduces the risk of getting the virus that causes AIDS to the point where it is highly unlikely that a person will get it.
4. A person is not very likely to get AIDS by sharing IV-drug needles with someone who has the virus.
5. These days, it is very unlikely that a blood transfusion would give a person the virus that causes AIDS.
6. Unprotected oral sex is less risky for transmitting the virus that causes AIDS than unprotected vaginal sex.
7. Most people who have been exposed to the virus that causes AIDS show clearly visible symptoms of serious illness.
8. The virus that causes AIDS is not spread by sneezing or coughing.
9. There are no cases of people getting the virus that causes AIDS from contact with saliva.
10. A person can be infected with the virus that causes AIDS for five or more years without developing AIDS.

11. Several people have gotten the virus that causes AIDS by donating blood.
12. It is unsafe to use drinking fountains or public toilets that might have been used by somebody who has the virus that causes AIDS.
13. Some people have gotten the virus that causes AIDS from infected people's sweat in gymnasiums or health clubs.
14. If you kiss someone who has the virus that causes AIDS, you will probably get the disease.
15. A woman who is infected with the virus that causes AIDS cannot pass the disease to her infant.
16. The virus that causes AIDS is not spread by mosquitoes.
17. Through sexual intercourse, men can transmit the virus that causes AIDS somewhat more easily to women than women can transmit it to men.

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18. Oil-based lubricants such as Vaseline should be used to lubricate condoms.
19. Condoms may be safely stored in one's wallet for up to two months.
20. In order for a condom to effectively reduce one's risk for the virus that causes AIDS, it must be put on before any sexual intercourse takes place.
21. Natural condoms made of animal products are as effective as latex condoms in preventing the virus that causes AIDS.
22. Medical experts believe that most people infected with the virus that causes AIDS will eventually develop AIDS.
23. In order for the virus that causes AIDS to be transmitted from one person to another, there must be direct contact between one person's blood, vaginal secretions or semen, and the other person's blood.
24. Condoms have an "expiration date" like food does, and you should not buy condoms whose expiration date has passed.
25. Nonoxynol-9 (found in some spermicides and foams) has been shown to kill the virus that causes AIDS.
26. If you have a "confidential" HIV blood test, you have to give your name to the testing site.
27. People can get the virus that causes AIDS by eating food that has been prepared by someone who has the disease.
28. Children who have the virus that causes AIDS can easily spread the disease to other children.
29. It is unsafe to share drinking glasses and eating utensils with people who have the virus that causes AIDS.
30. Many health-care workers have become infected as a result of treating AIDS patients.
31. Household pets can spread the virus that causes AIDS to people.
32. If a person has unsafe sex and an HIV blood test two weeks later indicates that they do not have the virus that causes AIDS, they can be fairly certain that they were not exposed to the AIDS virus.
33. When properly used, latex condoms greatly reduce the chance that the virus that causes AIDS will be transmitted through sexual intercourse.

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34. According to a recent study, about 1 in 500 college students have been exposed to the virus that causes AIDS.
35. There are several locations on campus where condoms can be purchased at any hour of the night.
36. Most college students who get infected with the virus that causes AIDS during college will feel fine and show no symptoms of AIDS throughout their college career.
37. At UConn, condoms may be purchased at the Student Infirmary, and charged to your next semester's fee bill.
38. If you know a person's sexual history and lifestyle before you have sex with them, it is unnecessary to use condoms.
39. The way a person behaves around you when you first meet them is probably a good indicator of whether or not they are the type of person who may have been exposed to the virus that causes AIDS.
40. You really only need to use condoms during "one night stands."
41. You can tell whether a potential sex partner is at risk for AIDS by how they dress and how they look.
42. When you feel you have gotten to know someone very well, you no longer need to practice safer sex with them.
43. Asking your partner about their sexual history is a good way to find out whether or not to practice safer sex with them.
44. As long as a person doesn't belong to a "high risk" group such as gays or drug users, you really don't need to worry about getting the virus that causes AIDS from them.
45. If two people have sex only with each other, they really don't have to practice safer sex.
46. Individuals in urban areas should definitely follow safer-sex guidelines, but individuals in rural areas really don't need to.

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Each question below is asked in the context of what you would think or do *in the next month*. Although many of the situations discussed might be relevant for a much longer period of time, for research purposes, we need to have a standard time frame.

Answer each of the questions below by putting an X on the part of the line that best represents your feelings. Be sure to put your mark *within one of the five intervals on each line.*

For example, if your answer to a question below was "very good," "somewhat nice," and "neither pleasant nor unpleasant" your response would look like this:

My getting a new car during the next month would be:

very good	X					very bad
very awful				X		very nice
very pleasant			X			very unpleasant

The questions below deal with not having sexual intercourse at all.

*Note:* When we say "sexual intercourse," we mean sex where the penis is put into the vagina or sex where the penis is put into the rectum (the behind).

- My *not* having sexual intercourse at all during the next month would be:<sup>c</sup>
- Most people who are important to me think I should not have sexual intercourse at all during the next month.  

very true						very untrue
-----------	--	--	--	--	--	-------------
- I intend to not have sexual intercourse at all during the next month.  

very likely						very unlikely
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*Please Note:*

Many of the questions in this section ask you to describe your feelings about a specific behavior that involves a sexual partner. If you do not currently have a sexual partner, please answer those questions *as if you had a sexual partner.*

The questions below deal with discussing safer sex with sexual partners.

- My talking about safer sex (how to keep from getting the virus that causes AIDS) with my sexual partner(s) before having sex with them during the next month would be:<sup>c</sup>
- Most people who are important to me think I should talk about safer sex with my partner(s) before having sex with them during the next month.  

very true						very untrue
-----------	--	--	--	--	--	-------------
- If I have sex during the next month, I intend to talk about safer sex with my partner(s) before having sex with them.  

very likely						very unlikely
-------------	--	--	--	--	--	---------------

The questions below deal with trying to persuade your partner(s) to practice only safer sex.

- Trying to persuade my partner(s) to practice only safer sex (for example, to use latex condoms) during the next month would be:<sup>c</sup>
- Most people who are important to me think I should try to persuade my partner(s) to practice only safer sex during the next month.  

very true						very untrue
-----------	--	--	--	--	--	-------------
- If I have sex during the next month, I intend to try to persuade my partner(s) to practice only safer sex.  

very likely						very unlikely
-------------	--	--	--	--	--	---------------

The questions below deal with buying latex condoms.

- My buying latex condoms during the next month would be:<sup>c</sup>
- Most people who are important to me think I should buy latex condoms during the next month.  

very true						very untrue
-----------	--	--	--	--	--	-------------
- I intend to buy latex condoms during the next month.  

very likely						very unlikely
-------------	--	--	--	--	--	---------------

The next questions deal with always making sure you have latex condoms handy.

- Always having latex condoms handy during the next month would be:<sup>c</sup>

14. Most people who are important to me think I should always have latex condoms handy during the next month.  
 very true | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | very untrue
15. I intend to always have latex condoms handy during the next month.  
 very likely | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | very unlikely

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The questions below deal with always using latex condoms during sexual intercourse.

16. In the next month, my partner(s) and I always using latex condoms during sexual intercourse would be:<sup>c</sup>
17. Most people who are important to me think my partner(s) and I should always use latex condoms during sexual intercourse in the next month.  
 very true | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | very untrue
18. If I have sexual intercourse during the next month, I intend to have my partner(s) and I always use latex condoms.  
 very likely | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | very unlikely

The questions below are about getting a blood test for the virus that causes AIDS.

19. Getting a blood test during the next month to check whether I have the virus that causes AIDS would be:<sup>c</sup>
20. Most people who are important to me think I should get a blood test during the next month to check whether I have the virus that causes AIDS.  
 very true | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | very untrue
21. I intend to get a blood test during the next month to check whether I have the virus that causes AIDS.  
 very likely | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | very unlikely

The questions below deal with asking your partner to get a blood test for the virus that causes AIDS.

22. Asking my partner(s) to get a blood test during the next month to check whether they have the virus that causes AIDS would be:<sup>c</sup>
23. Most people who are important to me think I should ask my partner(s) to get a blood test during the next month to check whether they have the virus that causes AIDS.  
 very true | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | very untrue
24. I intend to ask my partner(s) to get a blood test during the next month to check whether they have the virus that causes AIDS.  
 very likely | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_ | very unlikely

For the following questions, please circle the answer you feel best applies to you. We realize that some of these questions may seem a bit repetitive or awkward, but for scientific reasons, the questions have to be phrased in a particular way. Each of the questions is different, and each is important to the outcome of this study. Please be patient and answer as best you can.

Please circle how *hard* or *easy* it would be for you to do each of the following things.

1. How hard would it be for you to buy condoms?<sup>d</sup>
2. How hard would it be for you to be supportive if your sexual partner brought up the topic of using condoms to reduce the risk of getting the virus that causes AIDS?
3. How hard would it be for you to make safer sex with a latex condom sexually exciting for your partner?
4. How hard would it be for you to discuss safer sex (for example, always using latex condoms) with your partner in a nonsexual setting, such as while riding in your car?
5. How hard would it be for you to consistently use condoms with a partner *every time* you have a one-night stand?
6. How hard would it be for you to use a condom with your partner while under the influence of alcohol or drugs?
7. How hard would it be for you to avoid using alcohol or drugs if you think you might be having sex later?

Please circle how *effectively* or *ineffectively* you feel you could do each of the following things.

8. How effectively could you discuss safer sex (such as using latex condoms) with your partner before having sex with them?<sup>e</sup>



9. How effectively could you refuse to have unsafe sexual intercourse? (Note: unsafe sexual intercourse means (1) penis-in-vagina intercourse, no condom; or (2) penis-in-rectum intercourse, no condom).
10. If you were about to have sex, how effectively could you show your partner nonverbally (for example, through body movements) that you want to practice only safer sex?
11. How effectively could you tell your partner through a joke or a "one-liner" that you want to practice only safer sex?
12. How effectively could you convince your partner to practice only safer sex?
13. How effectively could you convince your partner to use a condom for *vaginal sex*?
14. How effectively could you convince your partner to use a condom (or other latex barrier) for *oral sex*?
15. How effectively could you plan ahead to be sure you always have condoms on hand whenever you have sex?
16. How effectively could you make safer sex (using a latex condom) enjoyable for your partner?
17. How effectively could you make your partner feel good about using condoms during *vaginal intercourse*?
18. How effectively could you make your partner feel good about using condoms (or another latex barrier) during *oral sex*?
19. How effectively could you refuse to have *oral sex* without a condom or other latex barrier?

For the items below, we want you to answer as if you were *currently in a long-term relationship*, in which you have been having sexual intercourse *without* using condoms (e.g., if you or your partner are using birth control pills).

20. How effectively could you discuss initiating safer sexual practices (e.g., using a latex condom) with your partner?
21. How effectively could you persuade your partner to begin practicing only safer sex (sex with a latex condom) with you?
22. If you were able to persuade your partner to begin using latex condoms with you, how hard would it be for you to continue using condoms *every time* you have sexual intercourse until both of you get an HIV blood test?<sup>d</sup>
23. How effectively could you persuade your partner to get an HIV blood test with you?

For the items below, we want you to answer as if you were *currently in a long-term relationship*, in which you have been having sexual intercourse *with* a condom.

24. How effectively could you persuade your partner to continue to use condoms with you *every time* you have sexual intercourse?
25. How hard would it be for you to continue using condoms with your partner *every time* you have sexual intercourse until both of you get an HIV blood test?<sup>d</sup>

Imagine that you are in your room with an attractive person whom you have recently met and you like very much. It is clear from their behavior that they want to have sexual intercourse with you, and you also want to have sex with them. However, when you have sex you want you and your partner to use a condom to reduce both of your risk of becoming infected with the virus that causes AIDS.

26. How effectively could you discuss safer sexual practices with this new partner before having sex with them?
27. How effectively could you persuade them to practice only safer sex (sex with a condom) with you?
28. If you were about to have sex, how effectively could you show them nonverbally (for example, through body movements) that you want to practice only safer sex?
29. How effectively could you tell them through a joke or a "one-liner" that you want to practice only safer sex?
30. How effectively do you think you could use a condom without discussing it at all with them, by just putting it on before sex?
31. Overall, how effectively could you make sure that a condom is used?
32. If no condom is available, instead of having intercourse, how hard would it be for you to engage in another pleasurable activity (such as mutual masturbation) where a condom isn't needed?<sup>d</sup>
33. If no condom is available, how hard would it be for you to stop sexual activity while you or your partner go to get a condom?<sup>d</sup>

Now imagine that your attractive partner who you've recently met says that using a condom is unnecessary, because one of you is on the pill. You still want to use a condom because of your concerns about getting the virus that causes AIDS.

34. How effectively do you think you could convince this partner that the two of you should use a condom, without making them refuse to have sex with you?

- 35. How effectively do you think you could negotiate a safer sexual alternative with them? For instance, if they refused to use a condom, how effectively could you convince them to engage in another sexual activity, such as mutual masturbation?
- 36. How hard would it be for you to refuse to have sex with them if they refused to use a condom with you?<sup>d</sup>

We would like you to tell us whether you have done each of the following things during the time interval which is indicated.

- 1. Have you had *sexual intercourse* (sex in which the penis is put into the vagina, or sex where the penis is put into the rectum) at all during the past *month*?  
 Circle one:                      Yes: I have had sexual intercourse during the past *month*.                      No: I have not had sexual intercourse during the past *month*.
- 2. Have you ever had sexual intercourse during your lifetime?  
 Circle one:                      Yes    No
- 3. Please circle *any* of the alternatives below that apply to both you and your sexual partner(s) during the past *month*.  
 A. Both I and all my sexual partners have tested HIV negative.  
 B. Both I and my sexual partner have never had any other sexual partners.  
 C. Neither of the above are true for me and my partner(s) during the past month.  
 D. I have not had any sexual partners during the past month.
- 4. Are you in a close relationship involving sexual intercourse?  
 Circle one:                      Yes    No
- 5. If you answered "Yes" to number 4 (above), is your relationship with your partner monogamous (neither of you has sexual intercourse with other people)?  
 Circle one:                      Yes    No    Uncertain    Not applicable: I was not in a close sexual relationship.
- 6. I have discussed safer sex with a sexual partner (or sexual partners) before having sex with them during the past *month*.  
 Circle one:                      Yes    No    Not applicable: I have not had sexual intercourse during the past month.
- 7. I have bought latex condoms during the past *month*.  
 Circle one:                      Often    A few times    Once    Never
- 8. I kept latex condoms some place nearby where they were easily available during the past *month*.  
 Circle one:                      Always    Often    Sometimes    Rarely    Never
- 9. My partner(s) and I have used latex condoms when having *sexual intercourse* (sex in which the penis is put into the vagina, or sex where the penis is put into the rectum) during the past *month*.  
 Circle one:                      Never    Rarely    Sometimes    Often    Always    Not applicable: I have not had sexual intercourse during the past month.

Fill in Number Below

10. How many different people have you had vaginal intercourse (penis-in-vagina) with during the last month?	
11. With how many of these partners were condoms used <i>all the time</i> ?	
12. How many of these partners had an AIDS blood test and you knew they had not been exposed to the virus that causes AIDS?	

- 13. When you had *vaginal intercourse* during the past *month*, how often were condoms used?  
 Circle one:                      Never    Rarely    Sometimes    Often    Always    Not applicable: I have not had vaginal intercourse during the past month.
- 14. When you had *vaginal intercourse* during the past *month*, what percentage of the time were condoms used?  
 \_\_\_\_\_%    Not applicable: I have not had vaginal intercourse during the past month.

Fill in Number Below

15. How many different people have you had <i>anal intercourse</i> (penis-in-rectum) with during the last month?	
16. With how many of these partners were condoms used <i>all the time</i> ?	
17. How many of these partners had an AIDS blood test and you knew they had not been exposed to the virus that causes AIDS?	

18. When you had *anal intercourse* during the past *month*, how often were condoms used?  
*Circle one:*  
 Never Rarely Sometimes Often Always Not applicable: I have not had anal intercourse during the past month.
19. I have tried to convince or persuade my sex partner(s) to practice only safer sex (always using condoms) during the past *month*.  
*Circle one:*  
 Always Sometimes Never Not applicable: I have not had sex during the past month. Does not apply: My partner has wanted to have only safer sex (always using a latex condom) during the past month.
20. *Circle the letter which applies to you:*  
 A. I have sex only with men.  
 B. I have sex with both men and women.  
 C. I have sex only with women.  
 D. I don't have sexual intercourse.

The following questions concern having a blood test to find out if you have been exposed to the virus that causes AIDS.

21. I have had a blood test to check whether I have been exposed to the virus that causes AIDS during the past *month*.  
*Circle one:*  
 Yes No Not applicable: I have never had sexual intercourse or used injection drugs.
22. I have made an appointment to get a blood test to check whether I have been exposed to the virus that causes AIDS during the past *month*.  
*Circle one:*  
 Yes No Not applicable: I have never had sexual intercourse or used injection drugs.
23. At *some time in the past*, I have had a blood test to determine whether I have been exposed to the virus that causes AIDS.  
*Circle one:* Yes No
24. If you had a blood test for the virus that causes AIDS, where did you have this blood test?  
*Circle the letter which applies to you:*  
 A. Anonymous test site (you don't give your name)  
 B. Confidential test site (you give your name, but it is kept confidential)  
 C. Doctor's office  
 D. Through the military or ROTC  
 E. Blood donation  
 F. Other

a. Each item is followed by 1 2 3 4 5.  
 b. See the text for an explanation.  
 c. This item is followed by the good-bad, awful-nice, and pleasant-unpleasant scales.  
 d. Each item is followed by the following five options: *very hard to do, fairly hard to do, neither hard nor easy to do, fairly easy to do, and very easy to do.*  
 e. Each item is followed by the following five options: *very effectively, somewhat effectively, neither effectively nor ineffectively, somewhat ineffectively, and very ineffectively.*