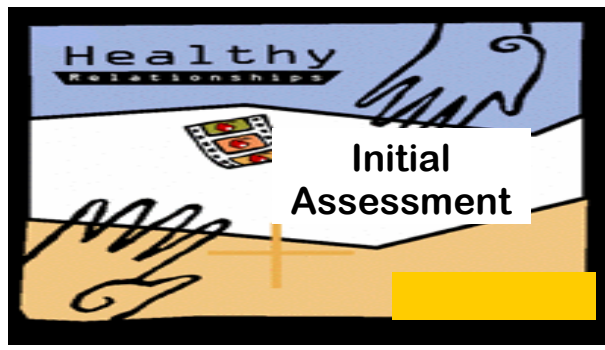


Participant ID: _____

Date: _____



Please answer the following questions as truthfully as possible; there are no right or wrong answers. Please take your time, and read each section carefully. Some sections require you to provide numbers. Others require you to circle the appropriate responses and still others require complete sentences. The questions are designed to assess stress levels and your skills in making decisions about disclosing your HIV status. All answers will remain confidential to the extent allowed by law.

Participant ID Code: _____ **Today's Date** ___/___/___

Sex: _____ (Male, Female, Transgender)

Age: _____ **Birthdate:** ___/___/___

Ethnicity: Hispanic/Latino/Latino Not Hispanic or Latino/Latina

Race:
 Mark your primary race first.
 If you identify with more than one, please mark a secondary choice.

	Primary	Secondary
American Indian/ Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
African American/Black	<input type="checkbox"/>	<input type="checkbox"/>
White	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/ Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>

Personalized Feedback Report Form (PFR- A)

1. Of the following, the things that stress me in my daily life are: *(please circle as many as apply)*

Going on disability	Sexual dysfunction	Major loss of income
Death of a friend	Money problems	Change of viral load
Ending a relationship	Discrimination	Finding social services
Finding treatment	Telling a friend	Starting a relationship
Change in health	Telling a partner	Loneliness/ abandonment
Substance abuse	Recovery	Waiting for test results
Religion/ spirituality	Being hospitalized	Telling a family member
Accessing health care	Transportation	Lack/ increased sexual drive
Poor health	Child Care/ Custody	Infecting a partner
Taking medication	Work	Uncertainty of the future
Change in T-Cells	Fatigue	Depression
Treatment side effects	Housing	

2. Of the following groups, this is how many people I have told about my HIV status:

(#) ____ family members

(#) ____ friends

3. Of the following family members, this is who knows my HIV status: *(please circle as many as apply)*

Mother	Father	Brother/Sister
Grandparent	Aunt/ Uncle	Cousin
Partner/ Spouse	Children	Grandchildren
Nephew/ Niece	In-laws	Other

4. Of the people who know my HIV status, this is who responded well to finding out:

(#) ____ family members responded well

(#) ____ friends responded well

Participant ID: _____

Date: _____

5. Who was it most important to tell about your HIV status? Please list. What made you chose this/these person/ people?

6. Who was it most difficult to tell about your HIV status? Please list. What made it difficult?

7. Who was it easy to tell about your HIV status? Please list. What made it easy?

8. If you have not told anyone your HIV status, what is your major worry about doing so?

9. How sure are you that you could decide to tell a family member or friend that you are positive?

Very sure Sure Undecided Unsure Not sure at all

10. How comfortable are you about telling a family member or friend that you are positive?

Very comfortable Comfortable Undecided Uncomfortable Very Comfortable

11. Of the people you know, how many would support you in your decision about disclosure and safer sex?

Everyone Most Undecided Some Very few

Personalized Feedback Report Form (PFR- B)

12. In the past 3 months, I have had (#)_____ sex partners.

13. Of those partners, I practiced safer sex with (#)_____ of them.

14. Of those partners, I practiced unsafe sex with (#)_____ of them.

15. Of those partners, I did not tell (#)_____ of them that I was HIV+.

16. When considering my sex partners, I am sure I could **decide whether to tell** them that I am HIV+:

Very Sure Sure Undecided Unsure Not Sure at All

17. When considering my sex partners, I am sure that I could **decide whether it is safe to tell** that I am HIV+:

Very Sure Sure Undecided Unsure Not Sure at All

18. If I were unsure of a person's status I could **decide whether to tell them my HIV status before having sex.**

Strongly Agree Agree Undecided Disagree Strongly Disagree

19. I feel confident that I can make a **decision whether to tell a new sex partner** that I am HIV+.

Strongly Agree Agree Undecided Disagree Strongly Disagree

20. I am certain that I can make a **decision whether to discuss my HIV status with someone I am dating.**

Strongly Agree Agree Undecided Disagree Strongly Disagree

21. I am certain that I could make a **decision whether to tell a new partner about my status even if I had been drinking and/or doing drugs.**

Strongly Agree Agree Undecided Disagree Strongly Disagree

22. I am sure I could **decide whether to talk about the need for safer sex practices** with my sex partners.

Very sure Sure Undecided Unsure Not sure at all

23. I am sure I **could refuse to have unsafe sex if pressured by my partner to be unsafe.**

Very sure Sure Undecided Unsure Not sure at all

Participant ID: _____

Date: _____

Personalized Feedback Report Form (PFR- C)

24. I am confident that I can use a condom correctly.

Very confident Confident Undecided Not confident Not confident at all

25. I consider the risk that I might give HIV to someone else through sex to be:

Very low risk Some risk Undecided High risk Very high risk

Below is a list of activities I have participated in the past 3 months:

26. I used a condom for anal intercourse:

Always Almost always Half of the time Almost never Never NA

27. I put my penis in someone's anus without using a condom ____ (# of times)

28. Someone put their penis in my anus without using a condom ____ (# of times)

29. I used a condom for oral intercourse:

Always Almost always Half of the time Almost never Never NA

30. I received oral intercourse without a condom/latex dam ____ (# of times)

31. I performed oral intercourse without a condom/latex dam? ____ (# of times)

32. I used a condom for vaginal intercourse:

Always Almost always Half of the time Almost never Never NA

33. I put my penis in someone's vagina without using a condom ____ (# of times)

34. Someone put their penis in my vagina without using a condom ____ (# of times)

35. I used drugs or alcohol before or during sexual activities:

Always Almost always Half of the time Almost never Never NA

36. I have used the following drugs before or during sexual activities:

Crack Amyl Nitrate (poppers) Marijuana Cocaine Ecstasy
Alcohol Heroin GHB Amphetamines (speed, crystal)
Special K Other: _____

37. I have used a needle to inject drugs or medications: Yes No

38. I have used a needle to inject the following drugs or medications:

Heroin Cocaine/Crack Vitamins Insulin Steroids
Amphetamines (speed, crystal) Prescription drugs (codeine, morphine)
Hormones Depo-provera (birth control)

39. I used either a new needle or a needle cleaned with bleached to inject drugs or medications:

Always Almost always Half of the time Almost never Never NA

40. I shared needles to inject drugs or medications:

Always Almost always Half of the time Almost never Never NA

Participant ID: _____

Date: _____

My last visit to the doctor was: _____ (month, year)

Has a Health Care provider ever told you that you had a sexually transmitted infection (STI)? Please circle as many as apply.

Syphilis

Hepatitis C

Chlamydia

Human Papilloma Virus (HPV/Genital Warts)

Gonorrhea

Herpes

Hepatitis B

Other _____

Have you been treated for the STIs?

Yes

No

Don't know