

Date ____/____/____

Thank you for completing this questionnaire. The first three pages ask questions about you, your risk factors for HIV, and your overall health. Please follow the instructions in bold print and answer the questions in order. Please do not skip ahead unless there is a question that you do not want to answer. If you do not want to answer a question, you may skip that one.

1.	Age: _____
2a.	Are you Hispanic/Latino? <input type="checkbox"/> yes (1) <input type="checkbox"/> no
2b.	Race/ethnicity (Please check all that apply.) <input type="checkbox"/> White (2) <input type="checkbox"/> Black/African-American (3) <input type="checkbox"/> Native American/Alaskan Native (4) <input type="checkbox"/> Asian (5) <input type="checkbox"/> Pacific Islander/Hawaiian Native (6) <input type="checkbox"/> other (7)
3.	What was the highest level of school you completed? (Check only one.) <input type="checkbox"/> less than high school diploma or equivalent (1) <input type="checkbox"/> high school diploma or equivalent (2) <input type="checkbox"/> some college (3) <input type="checkbox"/> bachelor's degree (4) <input type="checkbox"/> post-college coursework and/or degree (5)
4a.	On a scale from 1-10, with 1 being not worried at all and 10 being extremely worried , how much do you worry that you might get HIV? (Circle one number.) not worried extremely worried 1 2 3 4 5 6 7 8 9 10
4b.	What would you guess is the chance that you will get infected with HIV in the next year? On a scale from 0-100%, with 0% being no chance that you will get HIV, and 100% being absolute certainty of getting infected with HIV, please circle the number that is closest to your guess of the chance that you will get infected with HIV in the next year. no chance absolute certainty 0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
5a.	In the last 12 months, have you had sex with men, women, or both? (Check only one.) <input type="checkbox"/> men (1) <input type="checkbox"/> women (2) <input type="checkbox"/> both (3)
5b.	In the last 12 months, with how many people have you had sex? (for oral, anal, or vaginal sex) (Count both men and women, if you have had sex with both.) # _____
5c.	How many of these sex partners in the last 12 months were men? # _____
5d.	In the last 12 months, with how many men have you had anal sex? (either insertive or receptive, i.e. top or bottom) # _____

5e.	In the last 12 months, with how many men have you had unprotected anal sex? (either insertive or receptive, i.e. top or bottom, without a condom) # _____
5f.	How many men from question 5e. were anonymous ? (In the last year, with how many men did you have unprotected anal sex when you did not know their names or who they were) # _____
5g.	In the last 12 months, have you had unprotected anal sex with someone who was HIV positive (was infected with HIV) or whose HIV status you did not know? <input type="checkbox"/> yes <input type="checkbox"/> no
5h.	Do you have a main or regular partner who is HIV positive (is infected with HIV)? <input type="checkbox"/> yes <input type="checkbox"/> no
6a.	Have you ever paid or been paid for sex, either for money or in exchange for drugs? <input type="checkbox"/> yes <input type="checkbox"/> no
6b.	Have you ever injected a drug that was not prescribed by a doctor or nurse? <input type="checkbox"/> yes <input type="checkbox"/> no (If "no", skip to #6d.)
6c.	In the last 12 months , have you injected a drug that was not prescribed for you? <input type="checkbox"/> yes <input type="checkbox"/> no
6d.	Have you used methamphetamine (meth, crystal meth, speed) in the last 12 months? <input type="checkbox"/> yes <input type="checkbox"/> no
6e.	In the last 12 months, have you taken Viagra™ (sildenafil), Cialis™ (tadalafil), or Levitra™ (vardenafil) ? <input type="checkbox"/> yes <input type="checkbox"/> no (If "no", skip to #7a.)
6f.	If you used Viagra™, Cialis™, or Levitra™ in the last 12 months, where did you get it? (Check all that apply.) <input type="checkbox"/> from a doctor <input type="checkbox"/> from a friend or regular contact <input type="checkbox"/> from a sex partner <input type="checkbox"/> from a website or person I found online <input type="checkbox"/> from a dealer on the street <input type="checkbox"/> from someone in a bar or dance club <input type="checkbox"/> from someone in a bathhouse or sex club <input type="checkbox"/> other _____
7a.	When was the last time you were tested for HIV before today? (Check one.) <input type="checkbox"/> less than one year ago (1) <input type="checkbox"/> 1-2 years ago (2) <input type="checkbox"/> 2-5 years ago (3) <input type="checkbox"/> more than 5 years ago (4) <input type="checkbox"/> never tested before (5) (Skip to #8a.)
7b.	Where did you go for your last HIV test before today? (Check one.) <input type="checkbox"/> my primary care provider (1) <input type="checkbox"/> an emergency room/urgent care clinic (2) <input type="checkbox"/> the STD clinic at Harborview (3) <input type="checkbox"/> another clinic (4) Which one? _____ <input type="checkbox"/> bathhouse or sex club (5) <input type="checkbox"/> other (6)--Where? _____

8a.	Do you have a primary care provider (a doctor or clinic or nurse whom you see regularly for care)?	<input type="checkbox"/> yes (provider name _____) <input type="checkbox"/> no (If "no", skip to #9a.)
8b.	When was the last time you saw this provider? (Check one.)	<input type="checkbox"/> less than 6 months ago (1) <input type="checkbox"/> between 6-12 months ago (2) <input type="checkbox"/> 1-2 years ago (3) <input type="checkbox"/> more than 2 years ago (4)
8c.	At that last visit, did this provider... (Check all that you think apply.)	<input type="checkbox"/> talk with you about your risk for STD's (1) <input type="checkbox"/> collect your urine to test for STD's (2) <input type="checkbox"/> swab your throat or rectum to test for STD's (3) <input type="checkbox"/> draw blood to test for syphilis (4) <input type="checkbox"/> draw blood to test for HIV (5) <input type="checkbox"/> I do not think my provider did any of these (6)
9a.	Did you get a flu (influenza) shot this year?	<input type="checkbox"/> yes <input type="checkbox"/> no
9b.	If you thought that you had the flu, how likely would you be to go to your doctor or clinic? (Check one.)	<input type="checkbox"/> very likely (1) <input type="checkbox"/> somewhat likely (2) <input type="checkbox"/> somewhat unlikely (3) <input type="checkbox"/> very unlikely (4)
10a.	In the last 12 months, did you have any illness with a fever and rash that lasted 7 or more days?	<input type="checkbox"/> yes <input type="checkbox"/> no (If "no", skip to #11a.)
10b.	Did you go to a clinic, emergency room, or pharmacy (drug store) for those symptoms?	<input type="checkbox"/> yes <input type="checkbox"/> no (If "no", skip to #11a.)
10c.	Where did you go? (Check one.)	<input type="checkbox"/> I went to a pharmacy for medicines but I did not see a doctor or nurse (1) <input type="checkbox"/> I went to see my primary care provider (2) <input type="checkbox"/> I went to an emergency room (3) <p style="text-align: center;"> Which one? _____</p> <input type="checkbox"/> I went to the STD clinic at Harborview (4) <input type="checkbox"/> I went to another clinic (5) <p style="text-align: center;"> Which one? _____</p>
10d.	If you went to a clinic or emergency room for those symptoms, were you tested for... (Check all that apply.)	<input type="checkbox"/> syphilis (1) <input type="checkbox"/> HIV (2) <input type="checkbox"/> I do not think I was tested for either HIV or syphilis (3)

Now we are going to ask you some questions about early HIV infection (also called primary HIV infection). As you probably know, HIV is a virus that weakens the immune system, leading to other infections, cancers, and AIDS. In the period of time right after someone gets infected with HIV, there is a special reaction by the immune system to the HIV that differs from when someone has been infected for a long time. We want to know what people know about early HIV infection so that we can provide the best possible counseling and care.

11a. [T/F] Someone who was recently infected with HIV may have a negative HIV test. This is called the "window period". <input type="checkbox"/> true <input type="checkbox"/> false																														
11b. [T/F] Someone recently infected with HIV can spread HIV even if he has a negative test. <input type="checkbox"/> true <input type="checkbox"/> false																														
11c. Only one of the following statements about early HIV infection (primary infection) is true. Please check the box next to the statement that you think is true. (Check only one.) <input type="checkbox"/> Primary HIV infection can be <u>asymptomatic</u> . (There can be no symptoms in primary infection.) <input type="checkbox"/> Primary HIV infection is <u>always</u> symptomatic. (There are always symptoms in primary infection.)																														
11d. Examples of "symptoms" include things like "cough" or "runny nose". If you know any of the symptoms that can occur during primary HIV infection (symptoms people have when they first become HIV-infected), please list them below: (Please write down as many specific symptoms of primary HIV infection as you can.) <hr/> <hr/> <hr/>																														
12. The following questions will ask about your beliefs about primary HIV infection and anti-HIV medications during primary HIV infection. There may or may not be a correct answer for each of the statements. For each, please check whether or not you strongly disagree, somewhat disagree, somewhat agree, or strongly agree with the statement. Because some of these questions ask for your opinions and there may or may not be a correct answer to each question, check the box that most closely describes how you feel about the truth of the statement. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center; font-size: small;">strongly disagree</th> <th style="text-align: center; font-size: small;">somewhat disagree</th> <th style="text-align: center; font-size: small;">somewhat agree</th> <th style="text-align: center; font-size: small;">strongly agree</th> </tr> </thead> <tbody> <tr> <td>a. HIV can be cured during primary infection. (If someone has primary HIV infection, HIV meds could make them HIV-negative.)</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>b. If I knew I had HIV, I would never have sex again.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>c. If I knew I had HIV, I would have safe(r) sex to prevent giving HIV to others. <input type="checkbox"/> Check here if this statement does not apply to you because you would never have sex again.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>d. If I took anti-HIV drugs during primary infection, it could help protect my immune system from damage by HIV.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>e. If I took anti-HIV drugs during primary infection, it could help me to live longer.</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		strongly disagree	somewhat disagree	somewhat agree	strongly agree	a. HIV can be cured during primary infection. (If someone has primary HIV infection, HIV meds could make them HIV-negative.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. If I knew I had HIV, I would never have sex again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. If I knew I had HIV, I would have safe(r) sex to prevent giving HIV to others. <input type="checkbox"/> Check here if this statement does not apply to you because you would never have sex again.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. If I took anti-HIV drugs during primary infection, it could help protect my immune system from damage by HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. If I took anti-HIV drugs during primary infection, it could help me to live longer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13a. If you thought that you had symptoms that might be primary HIV infection and you wanted to get medical care, where would you most likely go for care? **(Check one.)**

my primary care provider (1)
 an emergency room/urgent care clinic (2)
Skip to #13c---- the STD clinic at Harborview (3)
 another clinic (4)
 I would take care of myself without going to one of the clinics mentioned above (5) **(Go to the next question.)**

13b. If you answered "I would take care of myself without going to one of the above." - why do you think that you would make that decision? **(Check all that apply.)**

I would not want to know I have HIV. (1)
 Nothing could be done at that point. (2)
 I would not know where to go. (3)
 I could not afford to go to a doctor/clinic. (4)
 I do not like going to doctors/clinics. (5)
 I would be embarrassed. (6)
 I would be afraid of what my partner might say or do. (7)
 Other (8) _____

13c. Some people find some symptoms more or less concerning than others. If you had recent unprotected sex with someone you did not know, and then two weeks later you had each of the following symptom(s) for five days, how likely would you be to go to your doctor or another clinic?

	very unlikely	somewhat unlikely	somewhat likely	very likely
a. low grade fever and sore throat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. non-itchy rash on your chest and back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. non-itchy rash that your partner also has	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. a runny nose and cough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. a painless genital sore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. a painful genital sore	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. sores in your mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. swollen lymph nodes in your neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. We want to set up a special clinic where people can go if they are concerned that they have been recently infected with HIV. People in this clinic would know a lot about primary HIV infection and could do the right tests to diagnose it.

If we could set up a clinic at the places listed below, how likely would it be that you would go to each place if you wanted to be checked for primary HIV infection? **If you do not know the clinic, please guess how likely it would be that you would go there.**

	very unlikely	somewhat unlikely	somewhat likely	very likely
a. My primary care provider (if you have one)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Country Doctor Community Health Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Forty-Fifth Street Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Group Health Cooperative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Harborview Urgent Care Clinic/Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Providence Hospital Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. STD Clinic at Harborview	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Swedish Hospital Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. University of Washington Primary HIV Infection Clinic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Gay City (formerly Seattle Gay Clinic)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<p>15a. We want to teach people about the symptoms of primary infection and how to get care if they think they have primary HIV infection. What do you think would be best way to do that? (Check all that apply.)</p> <ul style="list-style-type: none"><input type="checkbox"/> Hand out information in medical clinics (1)<input type="checkbox"/> Hand out information at the bathhouses (2)<input type="checkbox"/> Offer classes or lectures (3)<input type="checkbox"/> Advertise on buses (4)<input type="checkbox"/> Write an article for the Seattle Gay News (5)<input type="checkbox"/> Write an article for the Stranger (6)<input type="checkbox"/> Set up a hotline (7)<input type="checkbox"/> Set up a website (8)<input type="checkbox"/> Other (9) (See #15b below.)
<p>15b. (Optional) If you want to, please give us some other ideas about ways to teach people how to recognize symptoms of primary infection and how to get care if they think they have primary HIV infection:</p> <hr/> <hr/> <hr/> <hr/>
<p>16. (Optional) Any comments? If you want to, please let us know your thoughts about this survey:</p> <hr/> <hr/> <hr/> <hr/>

Thank you very much for your participation.

Please let us know if you have any questions about this study or about primary HIV infection.