

Community - Survey

[Insert instructions and disclaimer(s)]

1. How old are you? _____

2. What is your gender?

- Female
- Male
- Transgender
- Don't want to identify

3. What is your race/ ethnicity? (Check all that apply)

- White
- Black or African American
- Hispanic- Latino/a
- Asian or Pacific Islander
- American Indian, Alaskan Native, or Native Hawaiian
- Biracial or Multiracial
- Other: (specify: _____)

4. What is your zip code? _____

5. Have you been tested for sexually transmitted diseases (STDs) [*insert appropriate time frame (e.g. in the past 6 months)]*?

- Yes
- No
- Don't know

6. Within the last 12 months, how many sex partners (vaginal and/or anal intercourse) have you had?

- None
- 1
- 2
- 3
- 4 or more

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7. In the past 12 months, have you talked about sexual health issues (e.g. STD testing, safer sex practices, etc.) with any of the following people? (Check all that apply)

- Doctor, nurse, or other medical provider
- Mental health provider
- Boyfriend, girlfriend, or other partner
- Friend or roommate
- Parent(s) or caregiver
- Other family members
- I did not talk to anyone about these issues
- Other [specify: _____]

8. Please indicate whether you have ever heard of each of the following campaigns.

	Yes, have heard of	No, have not heard of	Don't know
❖ Above the Influence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Bedsider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ GYT: Get Yourself Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ It's Your (Sex) Life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Lock It or Leave It	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ Greater Than AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
❖ National HIV Testing Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. If you have heard about the “**GYT: Get Yourself Tested**” ad campaign, where have you seen or heard about the campaign? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Ad or article in a magazine or newspaper | <input type="checkbox"/> Friends or word of mouth |
| <input type="checkbox"/> Billboards | <input type="checkbox"/> MTV |
| <input type="checkbox"/> Blogs | <input type="checkbox"/> Promotional items (buttons, stickers, t-shirts, etc.) |
| <input type="checkbox"/> Buses or subways | <input type="checkbox"/> Radio |
| <input type="checkbox"/> School | <input type="checkbox"/> Text message |
| <input type="checkbox"/> Special event or activity | <input type="checkbox"/> TV (other than MTV) |
| <input type="checkbox"/> Email | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Web site |
| <input type="checkbox"/> Flyers or posters | <input type="checkbox"/> YouTube |
| <input type="checkbox"/> Clinic, doctor's office or health center | <input type="checkbox"/> Other [specify: _____] |

Thank you for taking the time to complete this survey, we appreciate your participation. If you have questions, please contact us directly.