

1. Did you come here today to get tested for sexually transmitted infections (STI)?

- a. No
- b. Yes
- c. I came for other reasons but I want to get tested for STIs today

2. Have you seen or heard of the GYT: Get Yourself Tested campaign?

- a. Yes
- b. No
- c. Not sure

3. If you are here for an STI test, did you come in because of the GYT : Get Yourself Tested campaign?

- a. I have never heard of the GYT campaign *[if selected, SKIP to Q6.]*
- b. No, I had planned to get an STD test for other reasons *[if selected, SKIP to Q6.]*
- c. I had been thinking about getting tested and the GYT campaign helped me decide to get tested
- d. I had never considered getting tested, but the GYT campaign helped me realize that I should

4. Where have you seen or heard about the GYT: Get Yourself Tested campaign? (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> MTV | <input type="checkbox"/> Social networking site (e.g., Facebook, MySpace, Black Planet) |
| <input type="checkbox"/> Other TV channel | <input type="checkbox"/> Twitter |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Blogs |
| <input type="checkbox"/> Web site | <input type="checkbox"/> TV news (other than MTV news) |
| <input type="checkbox"/> YouTube | <input type="checkbox"/> Posters |
| <input type="checkbox"/> Email | |
| <input type="checkbox"/> Text message | |

GYT: Get Yourself Tested Patient Evaluation

- | | |
|---|--|
| <input type="checkbox"/> Ad or article in a magazine or newspaper | <input type="checkbox"/> College campus |
| <input type="checkbox"/> Flyers | <input type="checkbox"/> Community events |
| <input type="checkbox"/> Promotional items (e.g. buttons or stickers) | <input type="checkbox"/> Friends |
| <input type="checkbox"/> Buses or subways | <input type="checkbox"/> Other [specify:]
_____ |
| <input type="checkbox"/> Billboards | |

5. Did you talk about STI testing or sexual health with any of the following people because of the GYT: Get Yourself Tested campaign? (Check all that apply)

- A doctor, nurse, or other medical provider
- Your partner
- A friend
- Parent(s) or caregiver
- Other family members

6. Are you:

- a. Female
- b. Male
- c. Don't want to answer

7. What is your race? (Select one or more):

- a. White
- b. White, non Hispanic
- c. Black or African American
- d. Hispanic
- e. Alaska Native or American Indian
- f. Asian

- g. Native Hawaiian or Other Pacific Islander
- h. Other
- i. Don't want to answer

8. What is your age?

- a. 14 or younger
- b. 15-19
- c. 20-24
- d. 25-29
- e. 30-34
- f. 35+
- g. Don't want to answer

9. In what city and state do you presently live? (Open-ended)

- City: _____
- State: _____