

Major Domains of Behavioral Theory With Sample Assessment Questions

A CAUTIONARY NOTE

Regarding Use of These Sample Questions With Other Populations

Most of these questions were developed in the 1990s to assess the STD/AIDS-related knowledge, attitudes, beliefs and behaviors (including alcohol and drug use) of *all* patients attending the only free municipal STD clinic in San Francisco. The questions were designed to give an overall picture of the entire population utilizing services, rather than test a specific hypothesis about a segment of the population or for research purposes. The purpose was to gather information to inform education and counseling staff at the STD clinic about the design and delivery of prevention and risk reduction interventions in the context of STD clinical services.

Please be aware these questions *may not* be appropriate for other populations, especially those which are non-English speaking. The purposes of your organization may be different, and the context and setting of your interaction with your priority population(s) may be different. The only way to know which (if any) questions are appropriate for the populations you serve is to **first** be very clear on the purpose of asking the questions and how you intend to use the data you gather. **Then** your agency should do pilot testing of the questions to ensure they are useful and appropriate...always utilizing the input and feedback of your priority population(s).

RISK PERCEPTION & APPRAISAL, perceived susceptibility, vulnerability, and/or “risk” of a disease or condition. Can be influenced by problem hierarchy, peer group issues, and cognitive biases

- a. What do you feel your chances are of getting an STD from having sex with your **main partner** in the NEXT TWELVE MONTHS? (please circle only one):
very high high medium low very low none
- b. Do you think your main sex partner(s) had sex (oral, vaginal or anal) with anyone besides you in the LAST THREE MONTHS?
 yes *no* *don't know*
- c. What do you feel your chances are of getting an STD from having sex with someone **other than a main partner** in the NEXT TWELVE MONTHS? (please circle only one):
very high high medium low very low none
- d. I don't have sex with people who are likely to have an STD.
strongly agree agree unsure disagree strongly disagree

SELF-EFFICACY, the confidence that one can successfully perform a specific behavior in a specific circumstance...related to empowerment, response efficacy, method efficacy and outcome expectancies. SE involves gradual skill-building, modeling role-playing, self-regulation, and behavioral self-management.

- e. Sometimes it is difficult for me to discuss using condoms with my sexual partners.
strongly agree agree unsure disagree strongly disagree
- f. I have found ways to make using condoms during sex more enjoyable.
strongly agree agree unsure disagree strongly disagree
- g. I believe I can persuade any sexual partner to use condoms for vaginal sex.
strongly agree agree unsure disagree strongly disagree
- h. I believe I can persuade any sexual partner to use condoms for anal sex.
strongly agree agree unsure disagree strongly disagree

AFFECT, AROUSAL & EMOTION, influence of mood states (arousal, pleasure, sadness, shame, guilt & ambivalence, inhibition & disinhibition, etc.) on behavior. Influenced by sexual scripts that influence internal experience of desire & arousal, learning & conditioning, habit, erotophobia/erotophilia, inhibition.

- i. **Once I get sexually excited I lose all control over what happens.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*
- j. **I would be less likely to use condoms or latex barriers if I was high on alcohol or other drugs.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*
- k. **I find it a turn off to bring out condoms during foreplay or during our love-making.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*

SOCIAL INFLUENCE perception of peer culture, peer pressure, social support, group and social norms, perceived norms, cultural expectations. SI is influenced by gender and cultural power dynamics, and social control (includes compliance, coercion, identification, internalization and persuasion).

- l. **Most of the people I know use protection (condoms or dental dams) when they have sex.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*
- m. **My friends might think I am not cool if I talk about using condoms.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*
- n. **My friends have changed the way they have sex because of the AIDS epidemic.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*
- o. **I feel that more people are using condoms now than they were five years ago.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*

RELATIONAL ISSUES refers to the interpersonal and intra-psychic determinants of intimate behaviors with intimates. RI includes interpersonal relationship issues, communication and negotiation "skills", sexual scripts, power and gender dynamics, cultural expectations regarding sexual communication and behavior. – especially as these factors vary by partner type (i.e., “main” vs. “other”)

- p. **If I suggest using condoms, my partner might not want to have sex with me.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*
- q. **If my partner won't use (or let me use) a condom, I won't have sex.**
strongly agree *agree* *unsure* *disagree* *strongly disagree*

- r. I am afraid my partner will kick me out of the house if I insist on using condoms.
strongly agree agree unsure disagree strongly disagree

STRUCTURAL AND ENVIRONMENTAL FACTORS, laws, policies, procedures, and “enforcement”. Examples would be seat belt laws, smoking laws, sex club rules – or manipulation of the environment...such as having no doors to “private” rooms in sex clubs – thus allowing for monitors to observe compliance with rules (i.e., using condoms for anal sex).

- s. I like sex clubs that promote use of condoms.
Strongly agree agree unsure disagree strongly disagree
- t. I find it embarrassing to have sex in club in a room with no door where anyone can watch what I am doing
Strongly agree agree unsure disagree strongly disagree
- u. I am more likely to use condoms in those sex clubs which have large bowls of condoms in every room.
Strongly agree agree unsure disagree strongly disagree

Sample Questions on Risk Behavior

1. In the **LAST 3 MONTHS**, **how many** people have you had sex with? ____
2. In the **LAST 3 MONTHS**, **how many** people have you had sex with **for the first time**?
3. The **LAST TIME** you had sex, were you high on alcohol or drugs?
4. ***The LAST TIME you had vaginal sex, did you or your partner use a condom?***
5. The **LAST TIME** you had **vaginal sex**, was it with a main partner (the sex partner you have a close, ongoing relationship with, more than anyone else)?
6. The **LAST TIME** you had **anal sex**, did you or your partner use a condom?
7. The **LAST TIME** you had **anal sex**, was it with a main partner (the sex partner you have a close, ongoing relationship with, more than anyone else)?

Sample Questions on Knowledge

The following statements are TRUE or FALSE. (please circle an answer for each statement):

1. **A person can be infected with HIV (the AIDS virus) and still get a negative antibody test.**
true false don't know
2. **A man can get HIV by having unprotected vaginal sex with a woman (no condom used).**
true false don't know
3. **HIV can be passed from person to person by mosquitoes.**
true false don't know
4. **A person can have Chlamydia without any visible signs or symptoms.**
true false don't know
5. **All STDs can be cured with medicine.**
true false don't know
6. **Some STDs can make a woman unable to get pregnant.**
true false don't know
7. **Any STD that causes breaks in the skin (like sores or ulcers) may make it easier for HIV to get into the body.**
true false don't know
8. **Herpes can be spread only when the sores are present.**
true false don't know
9. **People can give STDs to someone else only when they have symptoms.**
true false don't know