

2021 Nevada HIV Prevention Community Survey

Thank you for agreeing to participate in this anonymous survey. Your answers to this survey will be used to improve HIV prevention services, education, and outreach in Nevada. Please only complete the survey one time – either on paper or online.

This survey is anonymous, so please DO NOT include your name or other personal identifying information on this form. Please answer all questions accurately and honestly.

If you completed this survey at an agency or organization, please give the survey back to the person who gave it to you. If you received this by email, you can email it back to: tlensch@unr.edu. We will not keep your email address.

Part 1: Eligibility

1. Are you 18 years of age or older?

- YES
- NO >>> **STOP! You are not eligible to participate.**

2. In what part of Nevada do you live?

- Carson City
- Churchill County
- Clark County
- Douglas County
- Elko County
- Esmeralda County
- Eureka County
- Humboldt County
- Lander County
- Lincoln County
- Lyon County
- Mineral County
- Pershing County
- Nye County
- Storey County
- Washoe County
- White Pine County
- I don't live in Nevada >>> **STOP! You are not eligible to participate.**

Part 2: Sociodemographic Characteristics

3. What is your sex at birth? (Check **ONLY ONE**)

- Male
- Female

4. What is your primary gender identity today? (Check **ONLY ONE**)

- Male
- Female
- Transgender man/transsexual man/FTM (female to male)
- Transgender woman/transsexual woman/MTF (male to female)
- Genderqueer/Non-binary/gender fluid
- Agender
- Other, please specify: _____

5. What is your age? _____ years old

6. What is your race/ethnicity? (Check **ALL THAT APPLY**)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx/o/a
- Native Hawaiian or Pacific Islander
- White
- Other, please specify: _____

7. What is your primary race/ethnicity? (Check **ONLY ONE**)

- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic or Latinx/o/a
- Native Hawaiian or Pacific Islander
- White
- Other, please specify: _____

8. What is your relationship status today? (Check **ONLY ONE**)

- Single
- Married, committed relationship
- Married, open relationship
- Separated/Divorced
- Widowed
- In a committed nonmarital relationship (1 sexual partner)
- In an open nonmarital relationship (more than 1 sexual partner)
- Don't know
- Other, please specify: _____

9. What is the highest degree or level of school you have completed? (Check **ONLY ONE**)

- Some elementary / middle school (grades 1 through 8)
- Some high school (no diploma)
- High school graduate (or equivalent, such as GED)
- Technical school degree (such as cosmetology or computer technician)
- Some college (1 or more years, no degree)
- Associate degree (AA, AS, etc.)
- Bachelor's degree (BA, BS, etc.)
- Master's degree (MA, MS, MSW, etc.)
- Doctorate or professional degree (PhD, MD, JD, etc.)
- Don't know

10. On average, how much money do you earn **annually** from all your combined income sources? (Check **ONLY ONE**)

- Less than \$10,000
- \$10,000 to \$14,999
- \$15,000 to \$24,999
- \$25,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 to \$199,999
- \$200,000 or more
- Don't know

11. What would you say is your **primary** sexual orientation? (Check **ONLY ONE**)

- Gay/homosexual
- Lesbian/homosexual
- Bisexual
- Queer
- Straight/heterosexual/heteroromantic
- Asexual
- Pansexual/panromantic
- Questioning
- Other, please specify: _____

Part 3: HIV Testing

12. Have you ever had an HIV test, even if you never received the results?

- Yes >>> **Skip to question 14.**
- No >>> **Answer question 13, then skip to question 18.**
- Don't know >>> **Skip to question 18.**

13. What reasons describe why you have not ever had an HIV test? (Check **ALL THAT APPLY**)

- I think I have low risk of contracting HIV
- I am afraid to know if I have HIV
- I do not have time for an HIV test
- I do not want to pay for an HIV test
- I do not know where to get an HIV test
- I never really thought about it
- I feel that HIV tests are too invasive
- Other, please specify: _____

14. When were you last tested for HIV?

- Within the last 6 months
- 6 - 12 months ago
- 12 - 24 months ago
- Longer than 24 months ago
- Don't know

15. Where were you last tested for HIV?

- HIV counseling and testing site
- HIV outreach site/mobile testing unit
- Drug treatment program
- Needle or syringe exchange program
- Jail or prison
- Family planning or obstetrics clinic
- Public health clinic or community health center
- Private doctor's office
- Emergency room
- Hospital (inpatient)
- At home
- Other, please specify: _____

16. Have you ever tested positive for HIV?

- Yes
- No <<< **Skip to question 18.**
- Don't know <<< **Skip to question 18.**

17. Are you currently taking antiretroviral medication to treat your HIV?

- Yes <<< **Skip to question 19.**
- No <<< **Skip to question 19.**
- Don't know <<< **Skip to question 19.**

Part 4: Perception of Risk for HIV

18. How much do you think you are at risk for contracting HIV at some point in your life?

- No risk
- Slight risk
- Moderate risk
- Great risk

Part 5: Sexual Risk Behaviors

19. During the past 12 months, have you had sexual intercourse? (Check **ALL THAT APPLY**)

- Yes, I had oral sex in the past 12 months
- Yes, I had insertive vaginal sex in the past 12 months
- Yes, I had receptive vaginal sex in the past 12 months
- Yes, I had insertive anal sex in the past 12 months
- Yes, I had receptive anal sex in the past 12 months
- No, I did not have any form of sexual intercourse in the past 12 months >>> **Skip to question 28.**

20. During the past 12 months, who were your sexual partners? (Check **ALL THAT APPLY**)

- Males
- Females
- Transgender men/transsexual men/FTM (female to male)
- Transgender women/transsexual women/MTF (male to female)
- Genderqueer/Non-binary/gender fluid persons
- Agender persons
- Don't know

21. During the past 12 months, how have you found your sexual partners? (Check **ALL THAT APPLY**)

- I already knew them
- I met them at a bar or club
- I met them on social media (e.g. Facebook, Instagram, Snapchat, etc.)
- I met them on a dating app (e.g. Grindr, Tinder, Bumble, Scruff, OKCupid, etc.)
- Other, please specify: _____

22. In the past 12 months, with how many people have you had oral sex?

- Enter number _____

23. In the past 12 months, with how many people have you had vaginal sex?

- Enter number _____

24. In the past 12 months, with how many people have you had anal sex?

- Enter number _____

25. In the past 12 months, have you had any of the following types of sex without a condom? (Check **ALL THAT APPLY**)

- Oral sex without a condom
- Insertive vaginal sex without a condom
- Receptive vaginal sex without a condom
- Insertive anal sex without a condom
- Receptive anal sex without a condom
- None of the above

26. In the past 12 months, how often have you or your partner used condoms when you had sex (oral, vaginal, or anal)?

- Always
- Most of the time
- About half of the time
- Rarely
- Never

27. What may prevent you from using condoms? (Check **ALL THAT APPLY**)

- I only have sex with one person who I believe doesn't have sex with anyone else
- The person(s) I will be having sex with refuses to use condoms
- I can't afford condoms
- It is too uncomfortable to talk about condoms with my sexual partner(s)
- I don't like the feeling of condoms
- Condoms ruin the moment
- I use PrEP and don't feel I need condoms
- I am HIV positive and so is my partner
- Condoms are inconvenient
- Other, please specify: _____

Please select how much you agree with the following statements.

28. If a sexual partner didn't want to use condoms, we would have sex without using condoms.

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

Please indicate how confident you are that you could do the following things.

29. I can talk with a casual partner about safer sex.

- Very confident
- Somewhat confident
- Not confident
- Not confident at all

30. Ask a sexual partner about their other sexual partners.

- Very confident
- Somewhat confident
- Not confident
- Not confident at all

31. Convince a partner that they should use a condom.

- Very confident
- Somewhat confident
- Not confident
- Not confident at all

Part 6: Pre-Exposure Prophylaxis (PrEP)

32. Pre-exposure prophylaxis, or PrEP, is an antiretroviral medicine, such as Truvada, taken for months or years by a person who is HIV-negative to reduce the risk of getting HIV. Before today, have you ever heard of PrEP?

- Yes
- No <<< **Skip to question 38.**

33. In the past 12 months, have you had a discussion with a health care provider about taking PrEP?

- Yes
- No

34. In the past 12 months, have you taken PrEP to reduce the risk of getting HIV?

- Yes
- No <<< **Skip to question 38.**

35. Where do you get PrEP from?

- Prescription from a healthcare provider
- Directly from a healthcare provider
- A friend or relative
- A person you have sex with
- A person you use drugs with
- On the internet
- Other, please specify: _____

36. How difficult has it been to adhere to your PrEP each day?

- Very difficult
- Somewhat difficult
- Not very difficult
- Not difficult at all

37. How difficult has it been to access PrEP since you started taking it?

- Very difficult
- Somewhat difficult
- Not very difficult
- Not difficult at all

38. Would you be willing to start or continue using PrEP to reduce the risk of getting HIV in the future?

- Yes
- No
- Don't know

39. What would prevent you from using PrEP?

- It is too expensive
- I don't know how to get it
- I don't want to take it every day
- People may think differently of me if they know I take it
- I am embarrassed to ask my healthcare provider about it
- I don't have access to a healthcare provider
- Other, please specify: _____

Part 7: Injection Drug Use

40. In the past 12 months, have you injected any substance, including drugs or medications?

- Yes
- No >>> **Skip to question 46.**

41. In the past 12 months, when injecting, how often did you use a new, sterile needle (meaning a needle that has never been used by anyone, including yourself)?

- Always
- Most of the time
- About half of the time
- Rarely
- Never

42. In the past 12 months, how often did you use needles that someone else had already injected with?

- Always
- Most of the time
- About half of the time
- Rarely
- Never

43. In the past 12 months, how did you usually get your syringes for injecting medications, drugs or other substances? (Check **ALL THAT APPLY**)

- From a pharmacy (with or without a prescription)
- Internet
- Off the streets (dealer)
- Off the streets (found the needle)
- From a partner, friend, other person
- From a needle exchange site
- From a syringe vending machine
- Don't know
- Other, please specify: _____

44. Would you be willing to access clean syringes a needle exchange site or syringe vending machine in the future?

- Yes
- No
- Don't know

45. How easy or difficult would it be for you to access clean syringes from a needle exchange site or syringe vending machine if you wanted to?

- Very easy
- Easy
- Difficult
- Very difficult

Part 8: Marijuana Use

46. During the **past 30 days**, on how many days did you use marijuana (also called cannabis, pot, or weed)?

- 0 days
- 1-2 days
- 3-5 days
- 6-9 days
- 10-19 days
- 20-30 days
- Everyday

Part 8: Exposure to Violence and Discrimination

47. In the past 12 months, has anyone slapped, punched, shoved, kicked, shaken or otherwise physically hurt you?

- Yes
- No
- Don't know

48. In the past 12 months, has anyone forced or pressured you to have vaginal, oral, or anal sex when you did not want to?

- Yes
- No
- Don't know

49. In the past 12 months, have you experienced discrimination based on your risk-taking activities or who you are?

- Yes
- No
- Don't know

50. During your life, have you ever spent time in a jail or prison in Nevada or elsewhere?

- Yes
- No

Part 9: Information and Services

51. In the past 12 months, have you gotten any free condoms, not counting those given to you by a friend, relative, or sex partner?

- Yes
- No
- Don't know

52. Which place or places did you get free condoms from? (Check **ALL THAT APPLY**)

- HIV/AIDS focused organization
- Gay, lesbian, bisexual, transgender, or queer organization
- Needle or syringe exchange program/injection drug use program
- Doctor's office, health center, clinic, or hospital
- Drug or alcohol treatment center
- Bar or club
- Health department
- Other community agency
- Other, please specify: _____

53. If you had a question about HIV, where would you go for information? (Check **ALL THAT APPLY**)

- Internet
- Teacher
- Family
- Friends
- Sexual partner(s)
- Church
- Health department
- Healthcare provider
- Community agency
- Other, please specify: _____

54. How would you like to get information about HIV prevention? (Check **ALL THAT APPLY**)

- Internet
- TV
- Radio
- Newspaper/billboard
- Brochure
- Community events
- Teacher
- Family/Friends/Partners
- Church
- Health care provider
- Health department
- Community agency
- Other, please specify: _____

55. What type of health insurance do you have? (If you have more than one type of coverage, check the **ONE** that you usually use to cover doctor and hospital bills)

- I have NO health insurance coverage
- Insurance through a current employer (such as employer's health plan)
- Insurance through a former employer (COBRA, retiree health benefits)
- Insurance through someone else's employer (such as spouse, partner, parents, etc.)
- Private insurance that you or someone in your family purchased
- Medicare
- Medicaid
- Military health care/TRICARE-Champus/Veterans Administration
- Student health insurance through a college or university
- Don't know
- Other, please specify: _____

56. In the past 12 months, where did you usually go for medical care or assistance when you were sick?

(Check the **ONE** place you usually went)

- Emergency Room
- Urgent care
- Private doctor's office
- Health clinic or health center (paid)
- Health clinic or health center (free)
- V.A. (Veterans Administration) clinic or hospital
- I did not go to any providers
- Don't know
- Other, please specify: _____