

- This survey is completely **ANONYMOUS**. Please DO NOT write your name or address on it. No one will be able to link your answers to you.
- Taking part in this survey is **VOLUNTARY**. Whether you take part or not will not influence any services you receive.
- The survey is about **HEALTH AND SEX**. The purpose of the survey is to IMPROVE HIV EDUCATION FOR AFRICAN PEOPLE IN ENGLAND.
- **PLEASE TRY TO GIVE AN ANSWER FOR EVERY QUESTION**. Some questions are personal – if you do not wish to answer a question, please leave it blank and continue with the next question.
- Some answers are followed by an arrow (→) and a request to go to a later question. Please skip the questions in between.
- Please fill in this survey only once this summer and return it by the **end of August 2007**.

This survey is also available online at: [www.bass-line.org.uk](http://www.bass-line.org.uk)

La version française de cette enquête peut être visité sur le site internet suivant: [www.bass-line.org.uk](http://www.bass-line.org.uk)



## FIRSTLY, SOME QUESTIONS ABOUT YOURSELF...

1. How old are you?  years

→ *This survey is for people aged 16 and over.  
Please do not fill it in if you are under the age of 16.*

2. What country are you in right now?

- England  
 Any other country (including Scotland, Wales or Ireland)

→ *This survey is for people who are in England.  
Please do not fill it in if you are in another country.*

3. What is your ethnic group? (tick one)

- Black African  
 Black African British  
 African Asian  
 African Arab  
 White African  
 Mixed race African **Please specify:** \_\_\_\_\_  
 Other **Please specify:** \_\_\_\_\_

→ *This survey is for people who consider themselves African.  
Please do not fill it in if you do not consider yourself African.*

4. **Have you filled in this survey already this summer?**

No

Yes → *Thank you very much for completing the survey already. Please do not complete it again.*

5. **Are you ...?**

Male

Female

6. **What country were you born in? (write below)**

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7. **How long, in total, have you lived in the UK?**

Please answer even if you have lived in the UK all your life.

\_\_\_\_\_ years \_\_\_\_\_ months

8. **What is your first language?**

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BASS LINE • 3

9. **Who do you live with?** (tick as many as apply)

- I live alone
- Partner / husband / wife / civil partner
- Parent(s) / step-parents(s)
- Children I am responsible for
- Other family **Please specify:** \_\_\_\_\_
- Friends
- House-mates (people you share with)
- Other **Please specify:** \_\_\_\_\_

10. **Which religion do you belong to?** (tick as many as apply)

- Christian **Which denomination?:** \_\_\_\_\_
- African traditional religion **Please specify:** \_\_\_\_\_
- Islam
- Buddhism
- Other **Please specify:** \_\_\_\_\_
- None → *Please to go Question 12*

11. **How strong is your religious faith?** (tick one)

- Very strong
- Strong
- Moderate
- None

**12. What is the highest level of education that you have achieved?**

(tick one)

- None
- Primary / Elementary School
- Secondary / High School
- University / College
- Other **Please specify:** \_\_\_\_\_

**13. Which of these best describes your current situation?**

(tick as many as apply)

- Full-time education
- Part-time education
- On a training scheme / Back-to-work activity
- Full-time employment
- Part-time employment
- Casual / cash-in-hand employment
- Carer / homemaker
- Not in employment and registered for benefits
- Not in employment and not registered for benefits
- Unable to work  
(long-term illness / disability / medically retired)
- Not allowed to work (immigration reasons)
- Retired
- Other **Please specify:** \_\_\_\_\_

**14. Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do (either all the time or sometimes)?**

- No
- Yes



**15. When was the last time you were tested for ANY sexually transmitted disease, other than HIV?** Please do not include cervical smear tests. (tick one)

- In the last month
- In the last 12 months
- 1 to 5 years ago
- More than 5 years ago
- Never
- Don't know

**16. When, if ever, were you last diagnosed with a sexually transmitted disease, other than HIV?** (tick one)

- In the last month
- In the last 12 months
- 1 to 5 years ago
- More than 5 years ago
- Never
- Don't know

**17. Have you been circumcised?** (tick one)

- No
- Yes
- Don't know

## SOME QUESTIONS ABOUT HIV / AIDS AND HIV TESTING...

18. All of the following statements are TRUE – did you know this before today? (tick one box for each statement)

- **AIDS is caused by a virus called HIV.**

I knew this before today                       I didn't know this  
 I wasn't sure if this was true or not    I don't understand this

- **You cannot be sure that someone has NOT got HIV by looking at them.**

I knew this before today                       I didn't know this  
 I wasn't sure if this was true or not    I don't understand this

- **People can have HIV without knowing it.**

I knew this before today                       I didn't know this  
 I wasn't sure if this was true or not    I don't understand this

- **There is a medical test that can show whether or not you have HIV.**

I knew this before today                       I didn't know this  
 I wasn't sure if this was true or not    I don't understand this

- **Africans are NOT deported from the UK solely because they have HIV.**

I knew this before today                       I didn't know this  
 I wasn't sure if this was true or not    I don't understand this



19. What do you think your current HIV status is (whether or not you've ever tested)? (tick one)

- Definitely negative (I don't have HIV)
- Probably negative
- Not sure / I don't know
- Probably positive
- Definitely positive (I do have HIV)

20. Have you ever personally received an HIV test result from a health professional?

- No
- Yes → Please go to question 23

21. Why have you never tested for HIV? (tick as many as apply)

- I've no reason to think I have HIV
- I've never had intercourse
- It's not important to me to know my HIV status
- People I know do not approve of HIV testing
- I didn't know the test existed
- I don't know where to go to get tested
- I don't trust the places I know where I could test
- I am too afraid I might have HIV
- I do not want to use any 'official' services
- I am afraid of being treated differently if I take a test
- I am afraid of being treated differently if I have HIV
- It would cause problems in my relationship
- Other reason **Please specify:** \_\_\_\_\_

**22. Do you want to take an HIV test?** (tick one)

- No → *Please go to question 28*  
 Yes → *Please go to question 27*  
 Not sure → *Please go to question 27*

**23. Have you ever received a positive HIV test result?**

(tick one)

- No → *Please go to question 25*  
 Yes (I do have HIV)

**24. When were you first diagnosed with HIV?**

\_\_\_\_\_ month \_\_\_\_\_ year → *Please go to question 28*

**25. When was your most recent negative HIV test result?**

(tick one)

- In the last month  
 In the last 12 months  
 1 to 5 years ago  
 More than 5 years ago  
 Not sure



**26. Would you like to take another HIV test? (tick one)**

- No → *Please go to question 28*
- Yes
- Not sure

**27. If you wanted an HIV test, would you know where to get one?**

- No
- Yes

## **NOW SOME QUESTIONS ABOUT SEX AND RELATIONSHIPS...**

**28. Are you sexually attracted to men / boys or women / girls?**

(tick one)

- Only attracted to men / boys
- Mostly attracted to men / boys but sometimes to women / girls
- Equally attracted to both men / boys and women / girls
- Mostly attracted to women / girls but sometimes to men / boys
- Only attracted to women / girls
- No one / I am not sexually attracted to anybody
- Not sure

29. In the last 12 months, how many MEN / BOYS have you had sexual intercourse with? (tick one)

- |                               |                                     |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 4          |
| <input type="checkbox"/> 1    | <input type="checkbox"/> 5          |
| <input type="checkbox"/> 2    | <input type="checkbox"/> 6 to 12    |
| <input type="checkbox"/> 3    | <input type="checkbox"/> 13 or more |

30. In the last 12 months, how many WOMEN / GIRLS have you had sexual intercourse with? (tick one)

- |                               |                                     |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 4          |
| <input type="checkbox"/> 1    | <input type="checkbox"/> 5          |
| <input type="checkbox"/> 2    | <input type="checkbox"/> 6 to 12    |
| <input type="checkbox"/> 3    | <input type="checkbox"/> 13 or more |

31. Do you currently have a STEADY sexual partner (someone you have sex with on a regular basis)?

(tick as many as apply)

- No → *Please go to question 36*
- Yes, ONE MALE steady partner
- Yes, MORE THAN ONE MALE steady partner
- Yes, ONE FEMALE steady partner
- Yes, MORE THAN ONE FEMALE steady partner



32. Do you have a **STEADY** sexual partner who has a **DIFFERENT HIV status to yourself – that is, one of you has HIV and the other doesn't?** (tick as many as apply)

- No  
 Yes, a **MALE** steady partner  
 Yes, a **FEMALE** steady partner  
 Don't know

33. **How long have you been having sex with your STEADY partner?**  
(If you have more than one, please give the length of the longest relationship)

\_\_\_\_\_ months \_\_\_\_\_ years

34. **Where does this partner live?**

- In England  
 In Scotland, Wales or Ireland  
 In Africa → **Which country:** \_\_\_\_\_  
 Elsewhere → **Which country:** \_\_\_\_\_

35. **How many OTHER people have you had sex with while you have been with this STEADY partner?** (tick one)

- |                               |                                     |
|-------------------------------|-------------------------------------|
| <input type="checkbox"/> None | <input type="checkbox"/> 4          |
| <input type="checkbox"/> 1    | <input type="checkbox"/> 5          |
| <input type="checkbox"/> 2    | <input type="checkbox"/> 6 to 12    |
| <input type="checkbox"/> 3    | <input type="checkbox"/> 13 or more |

**A FEW QUESTIONS ABOUT CONDOMS AND OTHER THINGS USED DURING SEX...**

**36. Who usually decides WHETHER OR NOT you use a condom when you have sexual intercourse? (tick one)**

- I never have sexual intercourse
- My partner usually decides
- My partner and I usually decide together
- I usually decide
- No one usually decides

**37. Which of the following have you or a partner used (even if just once), during sexual intercourse IN THE LAST 12 MONTHS? (tick as many as apply)**

- Condom
- Femidom (female condom)
- Neither of these



**38. How often have you used condoms for intercourse IN THE LAST 12 MONTHS? (tick one)**

- Always
- More than half the time
- About half the time
- Less than half the time
- Never → *Please go to question 41*
  
- Not had intercourse → *Please go to question 41*

**39. Have you or a sexual partner had a condom break or come off during intercourse IN THE LAST 12 MONTHS?**

- No
- Yes

**40. All of the following make condoms more likely to break or come off. Which have you or a partner done IN THE LAST 12 MONTHS? (tick as many as apply)**

- Using a condom that is past its expiry date
- Unrolling the condom before putting it on the penis
- Tearing the condom with jewellery or fingernails
- Not using additional water-based lubricant
- Using saliva as a lubricant
- Putting lubricant inside the condom before putting it on
- Using a condom that's too short for the penis
- Having intercourse for over half an hour without changing the condom
  
- None of the above

41. Do you agree or disagree with the following statements:

(tick one box for each statement)

- ***I sometimes have a problem getting hold of condoms.***

- strongly agree
- agree
- don't know / does not apply
- disagree
- strongly disagree

- ***If I carried a condom I would worry about what people thought of me.***

- strongly agree
- agree
- don't know / does not apply
- disagree
- strongly disagree

- ***I can use condoms with a sexual partner if I want to.***

- strongly agree
- agree
- don't know / does not apply
- disagree
- strongly disagree

- ***I would find it easy to talk about safer sex and HIV with new sexual partners.***

- strongly agree
- agree
- don't know / does not apply
- disagree
- strongly disagree



42. Using substances to tighten / dry the vagina might increase the chance of HIV being passed from one person to another. **IN THE LAST 12 MONTHS** have you and a partner used any of the following to tighten the vagina before or during intercourse?

(tick as many as apply)

- Herbs, grains or powders
- Lemon or lime juice
- Medicinal rubs (such as Vicks)
- Other substances ***Please specify:*** \_\_\_\_\_
- None of the above / Not applicable

43. How likely do you think it is, that in the last 12 months, you've had sexual intercourse **WITHOUT A CONDOM** with someone who had a **DIFFERENT HIV status to yourself?** (tick one)

- I definitely have
- I probably have
- I don't know
- I probably have not
- I definitely have not

## SOME QUESTIONS ABOUT HIV / AIDS TREATMENT AND TRANSMISSION...

44. All of the following statements are TRUE – did you know this before today? (tick one box for each statement)

- ***There is no cure for HIV infection once someone has it.***

- I knew this before today
- I didn't know this before today
- I wasn't sure if this was true or not
- I don't understand this

- ***At least 1-in-20 of all Africans living in England have HIV infection.***

- I knew this before today
- I didn't know this before today
- I wasn't sure if this was true or not
- I don't understand this

- ***There are HIV medicines that can help people with HIV to stay healthy.***

- I knew this before today
- I didn't know this before today
- I wasn't sure if this was true or not
- I don't understand this

- ***HIV medicines work better if people with HIV take them before they become ill.***

- I knew this before today
- I didn't know this before today
- I wasn't sure if this was true or not
- I don't understand this



- ***HIV is never passed on through shaking hands or touching people.***

- I knew this before today
- I didn't know this before today
- I wasn't sure if this was true or not
- I don't understand this

- ***A person with HIV can pass it to a partner during sexual intercourse.***

- I knew this before today
- I didn't know this before today
- I wasn't sure if this was true or not
- I don't understand this

- ***Condoms are free from sexual health clinics, family planning clinics and some community organisations.***

- I knew this before today
- I didn't know this before today
- I wasn't sure if this was true or not
- I don't understand this

- ***Some people with HIV have been imprisoned in the UK for passing their infection to a sexual partner.***

- I knew this before today
- I didn't know this before today
- I wasn't sure if this was true or not
- I don't understand this

45. Do you know somebody personally who has HIV (other than yourself if you have HIV)? Please do not include people who you know about through gossip. (tick as many as apply)

- Yes, in Africa
- Yes, in the UK
- Yes, elsewhere in the world
- No, I know do not personally know anyone who has HIV

46. Which of the following would you like to know more about...? (tick as many as apply)

- HIV testing
- Treatments for HIV infection
- Who is able to get free treatment for HIV
- Testing and treatment for other sexually transmitted diseases
- Safer sex and how to prevent HIV
- Post-exposure prophylaxis (PEP)
- How to be more confident in sexual situations
- Where to find a boyfriend / girlfriend
- Managing relationships
- What different kinds of condoms are available
- How to stop condoms breaking or coming off
- The law and HIV transmission
- Immigration and HIV
- Preventing discrimination against people with HIV (and those thought to have HIV)
- Living well with HIV
- Other **Please specify:** \_\_\_\_\_



The questions on this page are for people who think or know they **DO NOT** have HIV.

**47. Do you agree or disagree with the following statements:**  
(tick one box for each statement)

- ***I do not want to get HIV  
(if I haven't already got it).***

- strongly agree
- agree
- not sure
- disagree
- strongly disagree

- ***I think I am at risk of catching HIV.***

- strongly agree
- agree
- not sure
- disagree
- strongly disagree

- ***I am in control of whether or not I get HIV.***

- strongly agree
- agree
- not sure
- disagree
- strongly disagree

The questions on this page are for people who think or know they **DO** have HIV.

**48. Do you agree or disagree with the following statements:**  
(tick one box for each statement)

- ***I do not want to get infected with another type of HIV (on top of the HIV I've already got).***

- strongly agree
- agree
- not sure
- disagree
- strongly disagree

- ***I think I am at risk of passing my HIV to someone else.***

- strongly agree
- agree
- not sure
- disagree
- strongly disagree

- ***I am in control of whether or not I pass my HIV to someone else.***

- strongly agree
- agree
- not sure
- disagree
- strongly disagree



Knowing the area you live in will help organisations to provide you with better services...

49. What local authority do you live in?

\_\_\_\_\_

*Your local authority bills you for council tax. If you don't know your local authority, write in the city / town or area you live in.*

50. Thinking about **THE LAST 3 MONTHS**, have you used the internet in any of the following places? (tick all that apply)

- At home
- At another person's home
- At my place of work
- At my place of education
- A public library
- A government office, town hall, government agency
- An internet café or shop
- A community or voluntary organisation
- A post office
- Other public place ***Please specify:*** \_\_\_\_\_
- None of these

**AND FINALLY...**

**51. Are you filling in this survey by yourself or is someone helping you to understand the questions?**

- I'm filling it in alone → *Please go to question 53*  
 Someone is helping me

**52. What language is being used to help fill in this survey?**

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**53. What one thing would most improve the quality of your life?**

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***Many thanks for taking part.  
Your answers are completely anonymous.  
Please remember to seal and post this booklet.***

The results of this survey will be available in early 2008 at [www.sigmaresearch.org.uk](http://www.sigmaresearch.org.uk) and through the organisation where you got the survey.

Sigma Research is running two other surveys this summer.

If you have HIV please take part in our survey  
at [www.WhatDoYouNeed.org.uk](http://www.WhatDoYouNeed.org.uk)

If you are a man who has sex with men please  
take part in [www.vitalstatistics.org.uk](http://www.vitalstatistics.org.uk)



**Do you have any comments or suggestions about this survey?**

**For advice and information on HIV and sexual health (including testing, treatment, clinics and services) in English, French, Portuguese, Luganda, Shona and Swahili.**

**African AIDS Helpline**

Free phone 0800 0967 500

Monday - Friday 10am-6pm