

**Thank you very much for taking this survey. Please answer all the questions as honestly as you can.**

**Your responses will be kept totally confidential.**

**Please select the bubble that corresponds to your answer. There are no right or wrong answers!**

How likely are you to do each of the following?	Very Unlikely	Unlikely	Likely	Very Likely
1. Have sex in the next 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Use a condom <u>if you have sex</u> in the next 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Use birth control (other than a condom) <u>if you have sex</u> in the next 3 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

In the future, how HARD OR EASY will it be for you to do each of the following:	Very Hard	Hard	Easy	Very Easy
4. Say "no" to sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Use a condom when you have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Use birth control (other than a condom) when you have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Find a place to get tested for STDs or HIV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Get tested for STDs or HIV?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Turn down your partner if he or she wants to have sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Get your partner to use a condom, even if your partner did not want to?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Find the health information and services you need in your community?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Yes	No
12. Have you ever had sex? <i>If you have never had sex, you have completed the survey. Thank you!</i>	<input type="radio"/>	<input type="radio"/>
13. If you have had sex in the last 3 months, did you use a condom?	<input type="radio"/>	<input type="radio"/>
14. If you have had sex in the last 3 months, did you use birth control (other than a condom)?	<input type="radio"/>	<input type="radio"/>
15. Have you ever been tested for STDs or HIV?	<input type="radio"/>	<input type="radio"/>

**Thank You!**