



**Black PRAISE Follow-up Surveys**

**Pastors Raising Awareness and Insight of Stigma through Engagement**

An HIV-Stigma Intervention Project Among Black Churches in Ontario

Members of the Black PRAISE research team are affiliated with the following institutions:  
Ontario HIV Treatment Network; Women's Health in Women's Hands CHC; University of  
Toronto; University of Windsor; University of Louisville; St. Michael's Hospital;  
African and Caribbean Council on HIV/AIDS in Ontario.

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**FOR OFFICE USE ONLY (SKIP THIS SECTION)**

**SURVEY SCHEDULE:**

 2 3

**CHURCH:**

 1 2 3 4 5 6

**Before you get started, please enter the information below.**

TODAY'S DATE:

Day	Month	Year

First letter of your first or given name	First letter of your surname	Month in which you were born	Last three digits of your postal code

### **FOLLOW-UP SURVEYS**

If you completed a previous survey for the Black PRAISE project between **October and December 2016**, you may **SKIP** Section 1 (Your Background), Section 2 (Religious Participation), Section 3 (General Health) and Section 4 (Connection to HIV). Answer sections 5, 6, 7, 8 and 9.

Thank you for participating in the **Black PRAISE project**. Please do your best to answer all questions truthfully and completely. We are not asking for any information that can identify you personally.

Most of the questions have small boxes for your answer. Please mark a check (✓) or **X** in the box that shows your answer.

**SECTION 1: YOUR BACKGROUND (Questions 1 -15)**

We are asking these questions about you and your background to understand who is participating in the **Black PRAISE Project**.

**1. What is your age group?**

- |   |  |
|---|--|
| <input type="checkbox"/> Under 16 years old | <input type="checkbox"/> 40-49 years       |
| <input type="checkbox"/> 16-19 years old    | <input type="checkbox"/> 50-59 years       |
| <input type="checkbox"/> 20-24              | <input type="checkbox"/> 60-69 years       |
| <input type="checkbox"/> 25-29              | <input type="checkbox"/> 70 years or older |
| <input type="checkbox"/> 30-39              |  |

**2. Are you?**

- Female       Male       Trans-sexual/Trans-gendered  
 Other (specify): \_\_\_\_\_

**3. What is your cultural or ethnic background? (Check one or two from the list)**

- |   |   |
|---|---|
| <input type="checkbox"/> African            | <input type="checkbox"/> South Asian              |
| <input type="checkbox"/> Black              | <input type="checkbox"/> East and Southeast Asian |
| <input type="checkbox"/> Caribbean          | <input type="checkbox"/> White/Caucasian          |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Other (specify): _____   |

**4. Which of the following best describes your relationship status now? (Check only one)**

- |   |                                    |   |
|---|------------------------------------|---|
| <input type="checkbox"/> Single (Never married) | <input type="checkbox"/> Separated | <input type="checkbox"/> Divorced               |
| <input type="checkbox"/> Dating                 | <input type="checkbox"/> Married   | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Common Law             | <input type="checkbox"/> Widowed   |   |

**5. What language do you speak at home most often? \_\_\_\_\_**

**6. What is your religion or faith?**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Christianity | <input type="checkbox"/> None                   |
| <input type="checkbox"/> Islam        | <input type="checkbox"/> Other (specify): _____ |

**7. Where do you live?**

- |   |   |
|---|---|
| <input type="checkbox"/> Toronto                    | <input type="checkbox"/> Ottawa                 |
| <input type="checkbox"/> Mississauga or Peel region | <input type="checkbox"/> Other (specify): _____ |

**8. a. Were you born in Canada?**

- Yes (SKIP to question 10)       No

**b. In which country were you born? \_\_\_\_\_**

**9. If not born in Canada, how long have you been living in Canada?**

- Less than 1 year  
 1 year but less than 2 years  
 2-5 years  
 More than 5 years

10. How would you describe your sexual orientation?

- Heterosexual/Straight     Gay or Lesbian     Bisexual  
 Questioning/Unsure     Other (specify): \_\_\_\_\_

11. What is your highest level of education? (Check **only one**)

- Less than high school     Graduated from College  
 High school/GED     Some University  
 Trade/Technical School/Apprenticeship     Graduated from University  
 Some College

12. What is your **main** source of income right now? (Check **only one**)

- Full-time employment or Self-employment  
 Part-time employment or Self-employment  
 Personal Savings and Other investments  
 Student loans or awards (e.g., OSAP, Scholarships)  
 Pension from previous employment  
 Social Assistance (e.g., Ontario Works, ODSP, CPP Disability, etc.)  
 Old Age Security or Canada Pension Plan (CPP)  
 Employment Insurance (EI)  
 Unreported income (payments "under the table")  
 Family and community support (e.g., from parents, friends, etc.)

13. Last year, what was the total income (before taxes) of your household (i.e., you and the family members who live with you) ?

- No income  
 \$1 - \$9,999  
 \$10,000 - \$19,999  
 \$20,000 - \$29,999  
 \$30,000 - \$39,999  
 \$40,000 - \$49,999  
 \$50,000 - \$59,999  
 \$60,000 - \$69,999  
 \$70,000 - \$79,999  
 \$80,000 - \$99,999  
 \$100,000 or more  
 Don't know

14. How many **children** (16 years or younger) do you support financially (they do not have to be living with you, and you do not have to be the biological parent)?

- 0     1     2     3     4     5     More than 5 children

15. How many **adults** (not counting yourself) do you support financially (whether or not they live with you)?

- 0     1     2     3     4     5     More than 5 adults

**SECTION 2: RELIGIOUS PARTICIPATION (Questions 16 - 20)**

Below are questions about your participation in religious activities, your religious beliefs or experiences. Please respond to each as it relates to you.

**16. How long have you been attending services at this church?**

- Less than 1 year
- 1 year but less than 2 years
- 2 - 5 years
- More than 5 years

**17. Do you attend service at any other church?**

- Yes       No

**18. How often do you attend church or religious gatherings?**

- Once a year or less
- A few times a year
- A few times a month
- At least once a week

**19. How often do you spend time in private religious activities (e.g., prayer, meditation, etc.)?**

- Never
- A few times a year
- A few times a month
- Once a week
- Two or more times a week
- Daily

**20. Choose the answer that describes how the following statements on religious participation, faith and beliefs apply to you.**

Statements	Definitely not true	Tends not to be true	Unsure	Tends to be true	Definitely true
1. In my life, I experience the presence of God.	<input type="checkbox"/>				
2. My religious beliefs lie behind my whole approach to life.	<input type="checkbox"/>				
3. I try hard to carry my religion/faith over into all other dealings in life.	<input type="checkbox"/>				
4. Although I am a religious person, I refuse to let religious considerations influence my everyday affairs.	<input type="checkbox"/>				
5. Nothing is as important to me as serving God as best as I know how.	<input type="checkbox"/>				
6. My faith sometimes restricts my actions.	<input type="checkbox"/>				

Statements	Definitely not true	Tends not to be true	Unsure	Tends to be true	Definitely true
7. My faith involves all of my life.	<input type="checkbox"/>				
8. One should seek God's guidance when making every important decision.	<input type="checkbox"/>				
9. Although I believe in religion/faith, I feel there are many more important things in life.	<input type="checkbox"/>				
10. It does not matter so much what I believe as long as I lead a moral life.	<input type="checkbox"/>				

### **SECTION 3: GENERAL HEALTH (Questions 21 - 24)**

21. Do you have any particular health problems or challenges?

Yes       No

22. Do you have a family doctor/GP?

Yes       No

23. In the last year, how often did you visit or consult a health care provider (e.g., doctor, therapist, social worker, etc.) for your personal care?

- Never  
 Seldom (1 - 2 times)  
 Sometimes (3 - 5 times)  
 Often (6 times or more)

24. Where do you usually get health information? (Check **all** that apply)

- Doctors office during visits  
 Other health care providers (e.g., doctors, therapists, nurses, social workers)  
 Community health centres  
 Newspapers or magazines  
 Internet or online resources (e.g., e-mail, websites, social media, apps, etc.)  
 Religious leaders (e.g., pastors, priests, nuns, etc.)  
 Other sources (please specify): \_\_\_\_\_

**SECTION 4: CONNECTION TO HIV (Questions 25 - 30)**

**25. What is your HIV status?**

HIV-Positive (*you have the virus*) ↴

**If you are HIV-positive, when were you diagnosed with HIV?**

Less than 1 year ago

1 year ago but less than 2 years

2-5 years ago

More than 5 years

**If you are HIV-positive SKIP to question 28**

HIV-Negative (*you do not have HIV or were never diagnosed*)

Don't Know

Prefer not to say

**26. Have you ever been tested for HIV?**

Yes       No (If No, SKIP to question 28)

**27. When was the last time you were tested for HIV?**

Less than 1 month

1 - 2 months ago

3 - 5 months ago

6 - 12 months ago

13 months - 24 months (2 years) ago

More than 2 years ago

Prefer not to say

**28. Do you personally know anyone (e.g., friend, family member, work-mate, colleague, neighbour, etc.) who is living with HIV or died from HIV/AIDS?**

Yes       No (If No, SKIP to question 30)

**29. How many people (e.g., friends, family members, work-mates, colleagues, neighbours, etc.) do you know (or knew in the past) who are living with HIV or have died from HIV/AIDS?**

1 person     2- 4 people     5 - 9 people     10 people or more

**30. Have you ever worked or volunteered in a program that offers treatment, support, care or education related to HIV/AIDS?**

Yes       No

**SECTION 5: MATERIALS USED IN BLACK PRAISE (Questions 31 - 41)**

The following questions are about the resources used in the Black PRAISE project.

31. Did you receive a booklet at your church with information about HIV/AIDS titled *"Wisdom is the Principal Thing"*?
- Yes       No (SKIP to question 36)       Not sure (SKIP to question 36)
32. If yes, did you read all or most of the booklet?
- Yes       No
33. Did you discuss the content of the booklet with friends, family or colleagues?
- Yes       No       Not sure/Can't remember
34. To what extent did the booklet increase your awareness and knowledge of HIV/AIDS?
- A lot       Somewhat       A little       Not at all       Not sure
35. Was the information in the booklet easy to understand?
- Yes       No
36. Did you attend a sermon at your church on HIV/AIDS in October or November 2016?
- Yes  
 No (SKIP to question 39)  
 Can't remember (SKIP to question 39)
37. To what extent did the sermon show you that people with HIV deserve support and compassion?
- A lot       Somewhat       A little       Not at all       Not sure
38. Did you discuss the sermon with your friends, family or members in the congregation?
- Yes       No       Not sure/Can't remember
39. Did you watch a short video at your church on HIV/AIDS titled *"When it comes to HIV Stigma and being Black..."*?
- Yes       No (SKIP to Section 6)       Not sure (SKIP to Section 6)
40. If YES, did you discuss the short video with your friends, family or members in the congregation?
- Yes       No       Not sure/ Can't remember
41. To what extent did the short video help you understand the experiences of Black people living with HIV?
- A lot       Somewhat       A little       Not at all       Not sure

## SECTION 6: HIV/AIDS KNOWLEDGE

The following statements are related to how HIV/AIDS may spread. For each statement, please check the box to show if it is "True" or "False", or whether you "Don't know" if it is true or false.

Statements	True	False	Don't Know
1. Coughing and sneezing DO NOT spread HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. A person can get HIV by sharing a glass of water with someone who has HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Withdrawal method (pulling out the penis before a man climaxes/ejaculates) keeps a woman from getting HIV during sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. A woman can get HIV if she has anal sex with a man.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Showering or washing one's genitals/private parts after sex keeps a person from getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. All pregnant women infected with HIV will have babies born with AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. People who have been infected with HIV quickly show serious signs of being infected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. There is a vaccine that can stop adults from getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. People are likely to get HIV by deep kissing (that is, putting their tongue in partner's mouth), if their partner has HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. A woman cannot get HIV if she has sex during her period.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. There is a female condom that can help decrease a woman's chance of getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. A natural skin condom (e.g., lamb skin) works better against HIV than does a latex condom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. A person will NOT get HIV if she or he is taking antibiotics.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Having unprotected sex with more than one partner can increase a person's chance of being infected with HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Taking a test for HIV within one week after having sex will tell a person for sure if she or he has HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. The chance of getting HIV from oral sex is very low.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Using Vaseline or baby oil with condoms lowers the chance of getting HIV.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## SECTION 7: HIV STIGMA

The following statements reflect some people's attitudes and behaviours towards people living with HIV/AIDS (PLHIV). Please rate the degree to which you agree or disagree with each statement by checking the appropriate box.

Statements	Strongly Disagree		Strongly Agree	
	Disagree	Disagree	Agree	Agree
1. Being around someone who has HIV/AIDS does not bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I wouldn't be worried for my health if a co-worker had HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I wouldn't be bothered if there was a house for people with HIV/AIDS on my street.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I could not be a friend of someone who has HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I would limit my contacts with a person who I know is infected with HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I would not hug someone with HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. People who use injectable drugs deserve to have HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My support of a person living with HIV depends on how the person was infected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am disgusted by persons who were infected during homosexual relations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. People who get HIV without using a condom deserve what they get.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. People with HIV/AIDS have only themselves to blame.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Most people with HIV/AIDS are responsible for having their illness.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. To fight HIV/AIDS, it is necessary that young people do not have sex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Reinforcing traditional sexual values will help control HIV/AIDS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. The arrival of HIV/AIDS is linked to people having more sexual freedom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The spread of HIV/AIDS is linked to the decline of moral values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. People who have HIV/AIDS should have the right to work serving the public, as waiters, waitresses, cooks, hairdressers, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Children who are infected with the HIV virus should be able to go to daycare.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Doctors with HIV/AIDS should be allowed to go on working with their patients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. People infected with HIV should be allowed to immigrate to Canada.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. If I had a roommate and discovered they had HIV, it would not bother me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I have the right to know if someone around me is infected with the HIV virus.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statements	Strongly Disagree		Strongly Agree	
	Disagree	Disagree	Agree	Agree
23. When a screening test indicates that someone is infected with the HIV virus, the result should remain confidential.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Doctors should report the names of people with HIV/AIDS to the government.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Transmitting the HIV virus without taking precautions should be punishable by law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### **SECTION 8: SAME-SEX RELATED ISSUES**

The following statements are designed to measure your thoughts, feelings and behaviours with regard to homosexuality. Please share your feelings by checking the appropriate box after each question.

Statements	Strongly Disagree		Strongly Agree	
	Disagree	Disagree	Agree	Agree
1. Gay people make me nervous.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Gay people deserve what they get.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. If I discovered a friend was gay, I would end the friendship.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I think homosexual people should not work with children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I make derogatory remarks about gay people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I enjoy the company of gay people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I make derogatory remarks like "faggot" or "queer" or "sinner" to people I suspect are gay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. It does not matter to me whether my friends are gay or straight/heterosexual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. It would not upset me if I learned that a close friend was homosexual.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. It does not bother me to see two homosexual people together in public.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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