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Make the grade: An investigation of STI-prevention marketing campaigns

Randal D. Brown
Eastern Michigan University

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Natalie L. Dove, PhD

Second Advisor

Stephen D. Jefferson, PhD

Make the Grade: An Investigation of STI-Preventative Marketing Campaigns

By

Randal D. Brown

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Abstract

Due to earlier sexual activity onset and the increased rate of sexually transmitted infection (STI) in young people, it is important to investigate the efficacy of STI-preventative marketing campaigns. The present study investigated the efficacy of three campaigns: (1) a self-focused, (2) a partner-focused, and (3) a relationship-focused campaign. Current marketing approaches emphasize the self; however, we hypothesize that targeting either the health of one's partner or the relationship could be more beneficial in promoting STI-testing. To address likely confounding variables, we assessed how participants viewed advertisements in general as well as how they described their romantic relationship as covariates in our primary analyses. Overall data analyses suggested that the partner-motivated advertisements were most effective. In addition, participants' level of relationship assertiveness also affected their ratings of the different advertisement types. Implications for both theoretical and applied marketing initiatives will be discussed.

Make the Grade: An Investigation of STI-Preventative Marketing Campaigns

Today, sexual health is a critical public health concern due to earlier sexual activity onset and increasing rates of sexually transmitted infections (STIs) in young people (Center for Disease Control, 2009). Targeting individuals with sexual education so they can properly protect themselves and their partners from the variety of STIs that can threaten both physical and mental well-being is increasingly important. But, how should messages about safer sexual activity be structured?

While most individuals are given some form of sexually-related, preventative education, the current data show that both risky sexual behavior and subsequent STI rates among younger individuals are still high and climbing. According to the Center for Disease Control (CDC), in Michigan alone the cases of primary or secondary syphilis nearly doubled between the years 2007 and 2008, with chlamydia and gonorrhea sharing a similar trend (2010). The CDC also notes that Michigan ranks seventh in the country for gonorrheal infections (2010). As if these numbers are not unsettling enough, when it comes to the Hepatitis viruses, it is estimated that about 50% of infected individuals are unaware of their status (CDC, 2010).

In spite of increased knowledge about STI transmission, why are rates of these infections still so high? First and foremost, individuals are not using condoms during intercourse. The 2010 American College Health Association's National College Health Assessment shows that just under half of the surveyed sexually active students used a protective barrier the last time they had vaginal intercourse. Similarly, a recent study by Agnew and Dove (2011) found that five percent of the participants who had experienced sexual intercourse had never used a condom, and many others did not use condoms

consistently. But, this still does not answer the following question: If individuals know how STIs are transmitted, why do they fail to use preventative measures? A suspected contributing factor is that safer sex campaigns are trying to increase knowledge regarding STIs when they should target more motivational aspects.

In short, knowledge about STI transmission is not enough. Elements within the relationship that sexual activity occurs in should also be considered. In a recent study, Agnew and Dove (2011) found that people perceived STI transmission to be less likely when they were psychologically committed to a partner (e.g., they envisioned the relationship in the future) as compared to when they were not psychologically committed to a partner (e.g., they did not envision the relationship in the future). These findings suggest that people in committed relationships may be less likely to seek STI testing or use condoms due to their trust in the other individual. However, research has also shown that, even when committed, people are unlikely to discuss their sexual histories with one another. In addition, it is notable that psychological commitment to a partner does not guarantee the partner's psychological commitment (or more importantly, behavioral fidelity). Moreover, in the Agnew and Dove (2011) study, there was a disconnect between the concept of psychological commitment (e.g., wanting to be with the partner long term) and behavioral fidelity (e.g., only having intercourse with the current partner). However, these are elements that are not considered in most STI-related marketing campaigns.

Current STI-related Marketing Campaigns

In fact, most STI-related marketing campaigns fail to identify the most obvious two elements that exist between any two people who choose to have sex together: (1)

each partner's attitudes about the other partner, and (2) the relationship itself. When exposed to the majority of today's STI-preventive marketing campaigns, we are only made aware of the effect STI transmission can have on the self. Action for AIDS: Singapore has launched a postcard campaign that solely targets the individual (2012). The postcards feature illustrations of men in various provocative postures, with the taglines "Be Sexy in a Right Way, Beware! Sexually Transmitted Infections (STI)." Here, there is no mention of a partner or relationship whatsoever. This campaign encourages the individual to learn their status as a means of increasing their sex appeal, without any nod toward the importance of protecting the partner or the relationship.

"You Could Have An STI Without Even Knowing It" is the tagline of an STI-related advertisement released by the Australian Government (2012). The text on the advertisement discusses that many STIs do not show symptoms, and stressed the importance of testing and condom use. Here, as with the other campaigns highlighted, the emphasis is on how the individual might have an STI, encouraging the health of the self above all.

Status Sexy, a campaign funded by the Michigan Department of Community Health (2011), seeks to increase testing and decrease the stigma of HIV in younger men. The advertisements, which feature one young man in a suave pose, use the tagline "tested: yes, status: sexy," before providing the website's address for more information. Here, as in the Action for Aids: Singapore campaign (2012), the emphasis is on the individual knowing their STI status to increase their sex appeal and, arguably, their marketability.

In MTV's GYT: Get Yourself Tested campaign (2012), the emphasis is on protecting the self and knowing your individual STI status. The homepage for the GYT campaign is headed by the tagline "GYT is about knowing yourself, and knowing your status, while carving your own path in life." The GYT campaign *does* mention the partner when it advocates for the importance of discussing sexual health within your relationship. How effective would these advertisements be if this was the focus?

Partner- and Relationship-Focused Advertisements

It is important to note that the Status Sexy (2011) and GYT (2012) campaigns were found posted as paper flyers on a university campus in Michigan and through social networking sites, respectively. The Action for Aids: Singapore (2012) and Australian Government (2012) campaigns were found among the top results of an online search for 'STI campaigns.' This supports the allegation that, to some effect, advertisements tend to focus on the individual more than anything else. It is also important to note that not a single advertisement on the first page of search results indicated anything about protecting one's partner or their relationship. As discussed above, sexual activity occurs within a partnership, so why are advertisements seeking to target only the self?

The Current Research

Because sexual activity often occurs between couples in ostensibly monogamous relationships, addressing issues of safer sex should be nested within such relationships. Balance Theory (Heider, 1958), provides a conceptual framework that can fit this model. According to Balance Theory, balance is achieved when three dimensions of a triad are harmonious. For example, if one partner in a relationship supports STI testing, and testing is an important part of the relationship, then the other partner in the relationship

should also find testing to be important if the relationship is to remain harmonious. If sexual health is presented as an important part of the relationship, and one partner supports STI testing and the other does not, it is here that imbalance occurs. Within such imbalance, it may be important to introduce the value of the partner or the relationship as a motivator for STI testing, prompting the current research.

Due to the rise in STI prevalence, it is important to investigate the efficacy of STI-preventative marketing campaigns. The bulk of the current campaigns target individuals, however, given that sexual activity occurs within a partnership, I hypothesize that:

Hypothesis 1: Partner-motivated and relationship-motivated advertisements will be most effective, and the self-motivated advertisement is predicted to be the least effective.

Hypothesis 2: Individual difference variables (such as relationship status, level of assertiveness, and the way individuals rate advertisements in general – i.e., whether they are more likely to enjoy advertisements or dislike them) will influence the way the advertisements are perceived.

As such, the current research investigates whether individuals respond more positively to advertisements targeting the health of their partners or their relationships.

Method

Participants

One hundred and thirty-eight Eastern Michigan University students and affiliates were recruited to participate in the current study. The mean age of the sample (24 males, 96 females, 8 no sex reported) was 24.53 ($SD = 7.481$). Of these individuals, 40

identified as single, 9 as dating casually, 53 as dating exclusively, 6 as engaged, and 11 as divorced.

Measures.

The following measures, listed in the order they were presented to participants, were included in the present study:

Perceptions of Advertisements. Participants were asked to rate their perceptions of the advertisement when they viewed it. Sample items included ratings on whether the advertisement was found to be worthwhile, effective, motivating, informative, inspiring, valuable, and counter to the beliefs of the participant. Items on the advertisements' aesthetic appeal were also included, such as whether the advertisement was found to be colorful, unique, bland, humorous, and great. The questionnaire included a total of 19 items (see Appendix B for the full scale). The Likert-style response scale for each of the items ranged from 1 ("strongly disagree") to 7 ("strongly agree"). Negative advertisement perceptions were reverse scored (boring, bland, plain) prior to calculating the mean scores. Individuals with higher mean scores viewed the advertisements as positive, and individuals with lower mean scores viewed the advertisements as negative.

Demographics. Participants were asked to indicate their age, sex, year in school, sexual orientation, religiosity, and resident status (see Appendix C for detailed demographic procedures). Participants were also asked about their current relationship status (i.e. single, dating casually, dating exclusively, engaged, or married). If participants selected dating casually, they were asked to describe their status in terms of "I date others but my partner does not," "My partner dates others but I do not," or "Both my partner and I date others." Further, if participants indicated they were in a long

distance relationship, they were asked to indicate how many miles separate them and their partner. If participants responded "yes" to being in a relationship, they were asked how long they had been with their current partner. See Appendix D for the complete relationship questionnaire.

Attachment Styles. Participants answered the Attachment Styles scale (Simpson, 1990), which assessed their level of attachment within romantic relationships. Each item was rated on a seven-point Likert scale from 1 ("strongly agree") to 7 ("strongly disagree"). Each question pertained to a particular attachment style (secure, avoidant, or anxious/ambivalent), and a sum of scores was created for each style. The style that the participant scored highest on was their representative attachment style. Sample questions include "I find it relatively easy to get close to others" corresponding with secure attachment; "I'm somewhat uncomfortable being close to others" representing avoidant attachment; and "Others often are reluctant to get as close as I would like" for anxious/ambivalent attachment. See Appendix E for the full measure.

Optimism and Pessimism. Participants were measured on their level of optimism with the Revised Life Orientation Test (Scheier, Carver, & Bridges, 1994). Questions such as "in uncertain times, I usually expect the best" and "if something can go wrong for me, it will" were rated on a five-point Likert scale from 1 ("strongly disagree") to 5 ("strongly agree"). Items 3, 7, and 9 were reverse scored, and filler items 2, 5, 6, and 8 were eliminated before a sum obtained an overall score. Please see Appendix F for the full scale.

Individualism and Collectivism. Additionally, participants were measured on their levels of individualism versus collectivism (Chen & West, 2008), with each item

being rated with a nine-point Likert scale, with 1 meaning "strongly disagree" and 9 meaning "strongly agree." This scale based its assessments on six different categories: The individualist-related categories were "independence" (e.g., "I don't like to rely on other people"), "competitiveness" (e.g., "I want to be the best every time I compete"), and "uniqueness" (e.g., "Being distinctive is important to me"). The collectivist-related categories were "considering the implications of one's decision for others" (e.g., "When making decisions, it is important for me to consider the effects that my decisions have on my parents"), "sharing positive outcomes" (e.g., I would be honored by my parents' accomplishments"), and "sharing negative outcomes" (e.g., If my parents were losers in life, I would be embarrassed"). Please see Appendix G for the complete questionnaire.

Relational Investment, Alternatives, Satisfaction, and Commitment. Participants completed the Investment Model Scale (Rusbult, Martz, & Agnew, 1998), which evaluated their levels of satisfaction within their relationship (e.g., "my partner fulfills my needs for intimacy (sharing personal thoughts, secrets, etc.)", their presumed quality of alternatives to their relationship (e.g., "my needs for intimacy (sharing personal thoughts, secrets, etc.) could be fulfilled in alternative relationships"), and their size of investment within their relationship (e.g., "I have invested a great deal of time in our relationship"). These items each consisted of four questions rated on a four-point Likert scale from 1 ("don't agree at all") to 4 ("agree completely") and five questions rated on a nine-point Likert scale from 0 ("do not agree at all") to 8 ("agree completely"). Participants were also evaluated on their level of relationship commitment (e.g., "I want our relationship to last for a very long time"), all seven of which were rated on a nine-point Likert scale ranging from 0 ("do not agree at all") to 8 ("agree completely").

Means were calculated for each of the subscores (satisfaction, quality of alternatives, investment size, and commitment level). Please see Appendix H for the full scale.

Self-Esteem. Participants were evaluated in terms of their self-esteem using the Rosenberg Self-Esteem scale (Rosenberg, 1989). Ten items (e.g., "I feel that I'm a person of worth, at least on an equal plane with others," "I feel that I have a number of good qualities," and "On the whole, I am satisfied with myself") were rated on a four-point Likert scale (1 = "strongly agree" to 4 = "strongly disagree"). See Appendix I for the full questionnaire.

STD Attitudes. Participants' beliefs, feelings, and intentions with regard to protecting themselves from sexually transmitted infections were measured by using the STD Attitude Scale (Yarber, Torabi, & Veenker, 1988). This scale included questions such as "how one uses his/her sexuality has nothing to do with STD" and "I will avoid sex contact anytime I think there is even a slight chance of getting an STD." Each question was answered using a five-point Likert scale (1 = "strongly agree" to 5 = "strongly disagree"). Scores were then calculated for each of the measure's three subscales: (1) beliefs about STIs, (2) feelings about STIs, and (3) intention to act regarding STIs (please see the Appendix J for the complete questionnaire).

Narcissism. Participants were also asked to complete the Narcissistic Personality Inventory (Raskin & Terry, 1988). Sample items include "I have a natural talent for influencing people" versus "I am not good at influencing people;" "I can usually talk my way out of anything" versus "I try to accept the consequences of my behavior;" and "I am much like everybody else" versus "I am an extraordinary person." Within each pairing, one of the options clearly reflected a higher level of narcissism. If the participant

selected the higher narcissism option, they received one point for each such item, and they received no points for selecting the non-narcissism option for an item. Individuals' responses were totaled to show an overall narcissism score, and further separated into seven component traits: authority, self-sufficiency, superiority, exhibitionism, exploitativeness, vanity, and entitlement. Individuals with higher overall scores were deemed to have higher levels of narcissism, and individuals with lower overall scores were rated as having lower levels of narcissism. Please see Appendix K for the complete measure.

Assertive and Aggressiveness within Intimate Relationships. Finally, participants were also asked to complete the Intimate Relationships Questionnaire (Yesmont, 1992), which assessed respondents' assertive and aggressive levels specific to safe sexual behaviors. A variety of different scenarios were described, and participants were asked to choose the response that would best match their own in the situation described. Participants were asked to imagine life situations as close to those described as possible. Example scenarios included opening statements like, "During the past few weeks your boyfriend (girlfriend) seems less enthusiastic and caring about your relationship:" with response options such as, "You'll decide to confront him (her) on your next date and let out your angry feelings," "You'll wait for him (her) to call you and you'll complain to your friends," or "You'll decide to speak to him (her) frankly and suggest you try to work things out". Each question represented one of three assertiveness dimensions (aggressive, assertive, and non-assertive); therefore, three scores were calculated for each participant to represent the three assertiveness dimensions. Detractor items 1, 3, 5, and 8

were not included in the overall categorical sums. Please see Appendix L for the complete questionnaire.

Procedures

Participants were recruited from fliers posted on campus targeting individuals with an "interest in social media," "interest in better health and well-being," and individuals who were "in love." Additional recruitment was performed within several undergraduate Psychology and Communication classes on Eastern Michigan University's campus, as well as through Facebook announcements. Participants were asked to email the primary investigator, and were then sent a randomized web link to the survey. The surveys were identical with the exception of which critical advertisement was provided: a self-motivated advertisement with the tagline "Protect Yourself: Get Tested for Sexually Transmitted Infections", a partner-motivated advertisement with the tagline "Protect Your Partner: Get Tested for Sexually Transmitted Infections," and a relationship-motivated advertisement; "Protect Your Relationship: Get Tested for Sexually Transmitted Infections" (See Appendix A for the actual advertisements). In addition to their assigned sexual health-related advertisement, each participant rated his or her perception of two control advertisements (see Appendix A): one targeting drunk driving with the tagline "Think before you drink. Don't drink and drive," and another targeting physical well-being with the tagline "Don't just sit there...Be active!" Following the advertisements, the participants were then presented with each of the measures outlined above.

The entire survey was hosted on a secure online server, and participants were permitted to complete the survey at their leisure. Contact information was collected in a separate data file for a prize drawing of four $25 gift cards.

Results

Before the hypothesis-related analyses were conducted, the data were prepared in the following ways. First, it should be noted that there were 19 incomplete questionnaires which were included as missing data, with no imputation of data performed. Second, specific responses were numerically coded as appropriate (e.g., gender, sexual orientation, relationship status, etc., all of which were open-ended, fill-in-the-blank style questions). Lastly, as discussed in the methodology, means and sums were calculated for each measure before analyses were performed.

Recall the hypotheses that guided this research were as follows:

Hypothesis 1: Partner-motivated and relationship-motivated advertisements would be most effective, and the self-motivated advertisement was predicted to be the least effective.

Hypothesis 2: Individual difference variables (such as relationship status, level of assertiveness, and the way individuals rate advertisements in general -- i.e., whether they are more likely to enjoy advertisements or dislike them) would influence the way the advertisements were perceived.

Hypothesis 1: Perceptions of the Different Advertisements

In order to test the hypothesis that partner-focused and relationship-focused advertisements were most effective, and the self-focused advertisement was the least effective, we conducted a three-group between subjects ANOVA with advertisement type

as the independent variable and perceptions of advertisement effectiveness as the dependent variable. Initial analyses supported the hypothesis that the partner-focused advertisement was regarded as more effective than the self-focused advertisement (F 2, 125 = 2.214, p = .114). However, contrary to Hypothesis 1, the relationship-focused advertisement was regarded as least effective out of the three conditions.

I then conducted the same analysis but included participants' romantic relationship status and their ratings of the two control advertisements as covariates in the model (ANCOVA). Both were significant covariates (F 1,114 = 7.828, p = .006 and (F 1, 114 = 28.872, p < .0001), respectively). The significance of the initial findings was improved when these covariates were included in the model (F 2, 114 = 3.044, p = .052). Again, the partner advertisement was most effective, and the self-focused and relationship-focused advertisements were the least effective (*M*s: self = 3.940, partner = 4.676, relationship = 4.588; see Figure 1).

Hypothesis 2: Perceptions of Advertisements as a Function of Individual Difference Variables

To test Hypothesis 2, I included each individual difference variable measured in the ANCOVA analysis delineated above. Upon doing this, I found that most of the individual difference variables assessed (individualism, attachment style, religiosity, narcissism, self-esteem, attitude toward sexually transmitted diseases, and level of optimism) did not significantly interact with the advertisement type variable. The one exception to this was participants' level of assertiveness within intimate relationships. For the purpose of this analysis, participants were classified as highly assertive if they scored equal to or higher than the mean *(M* = 36.0*)*, and less assertive if they scored

below the mean. More specifically, then, after classification into either the high relational assertiveness or low relational assertiveness categories, we performed the ANCOVA with the advertisement type and assertiveness category as between-subjects factors. The advertisement type by level of relational assertiveness interaction was marginally significant ($F_{2,100} = 2.794$, $p = .066$). Individuals high in relational assertiveness rated both the partner-focused and relationship-focused advertisements as more effective than the self-motivated advertisement (*M*s: self = 3.940, partner = 4.676, relationship = 4.588). Individuals low in relational assertiveness rated the relationship-focused advertisement as least effective as compared to both the self-focused and partner-focused advertisements (*M*s: self ad = 4.266, partner ad = 4.379, relationship ad = 3.957; see Figure 2 for a graphical representation of this interaction). In short, individuals who scored high in relational assertiveness supported Hypothesis 1. Additionally, the previously delineated main effect of the advertisement type variable was marginal in this analysis ($F_{2, 100} = 2.064$, $p = .132$), as the partner-focused advertisement was still the most effective and the self-focused and relationship-focused advertisements were the least favorable.

Discussion

Recall the purpose of this study was to investigate the efficacy of partner-focused and relationship-focused advertisements versus self-focused advertisements on STI testing. Both hypotheses were at least partially supported: the partner-focused advertisement was the most effective when individuals' relationship status and perception of advertisements in general was considered, with the relationship- and self-focused advertisements perceived as least effective. Individuals high in relational assertiveness

found the partner-focused and relationship-focused advertisements to the most effective, with the self-focused advertisement seen as least effective.

Implications

As it stands, the aforementioned results have a series of implications. First, these results could aid in the betterment of future sexual health-related marketing campaigns. Future campaigns can use specific motivators in order to capture the attention of their target audience. In the current study, these motivators were the consideration of the partner and the relationship as compared to the self. If campaigns are advocating for better health practices in the context of relationships, my data support the notion that advertisements mentioning the partner will be better received than advertisements targeting the viewer of the advertisement alone.

Second, college campuses and high school health classes will be able to integrate this information into their own promotion of safer sex practices. Both educational venues, when advocating for better sexual health, will be able to highlight the importance of the health of the partner in addition to the health of the self by explaining that one partner's responsibility for his or her own sexual well-being directly affects the other partner's sexual health and emotional well-being, and that one individual's negligence regarding STI-testing can prove detrimental to the other. Further, given the positive reception to the partner-focused advertisement, it would be beneficial for institutions to introduce relationship integrity into their sexual health curriculum, as the positive perceptions individuals have regarding their partner, along with their relational values, may promote further cause to be responsible in the bedroom.

Lastly, as previously discussed, Balance Theory (Heider, 1958) provides an important conceptual role in this research. If imbalance occurs within a relationship, it is important to motivate the individual providing the imbalance through the use of motivators other than the self. By introducing the concept of the partner into advertisement campaigns, we have seen that such advertisements garner more positive reactions. As such, placing the partner at the forefront of sexual health issues is important in many different venues, including future marketing campaigns, sexual health education, and interpersonal communication tactics within relationships.

Limitations

The current research also comes with a handful of limitations. First, the setting in which the individuals viewed the advertisements was artificial and out of context. If viewed in an actual magazine instead of an online survey, different reactions may be promoted (e.g., more positive or negative) due to the individual's unexpected viewing of such material (e.g., you cannot anticipate the advertisements you will encounter while flipping through a magazine). On the same hand, the individual may have been prompted to respond in a certain way because they were actively participating in the research, and may have been skeptical about what was being tested, particularly among undergraduate psychology student participants. Further, the type of magazine in which individuals view these advertisements may generate different responses. For example, health and fitness magazines might attract individuals who already have an interest in better health practices and may garner more positive responses, whereas similar advertisements placed in automobile or cooking magazines may seem out of place and generate a negative response.

Second, the current research targeted students and affiliates on a college campus, and had other populations been targeted, different responses may have been presented. For example, adolescents may have a greater sense of invincibility and feel that sexually transmitted infection is not a cause for personal concern. Older populations may have less knowledge regarding STIs and differing levels of sexual experience, which may influence how they respond to the advertisements.

Lastly, I do not know how these advertisements actually affect behavior or intention in regards to better sexual health practices. The present study did not assess individuals' intention to seek testing for sexually transmitted infections after viewing the advertisements, nor did we follow up with participants to see if they had actually received testing. As such, I am currently conducting a follow-up project to address these concerns.

Future Research

Future research needs to be done in order to confirm the advertisements' efficacy on a variety of factors. Knowing whether or not the three advertisements motivate individuals to get tested for sexually transmitted infections, talk to their partner about safer sex behaviors, and employ protective measures during sexual activity, will provide further information regarding which types of advertisements are most effective in promoting a safer sexual environment for individuals and their partners. The advertisements that people prefer may or may not correspond with their subsequent actions and behaviors. Additionally, it is important to evaluate the success of these three advertisements within the context they were meant to viewed. Including these advertisements in a variety of mediums will help to determine whether they actually

contribute to better sexual health practices. These future investigations, along with the current results, are essential pieces in the effort to include motivating factors regarding safe sexual behaviors within advertisements to reduce the transmission rates of sexually transmitted infections in our culture.

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Yesmont, G. (1992). Intimate relationships questionnaire. In C.M. Davis (Ed.), *Handbook of Sexuality-Related Measures* (pp. 63-65). Thousands Oaks, Ca: Sage.

Figure 1
Mean Advertisement Perceptions

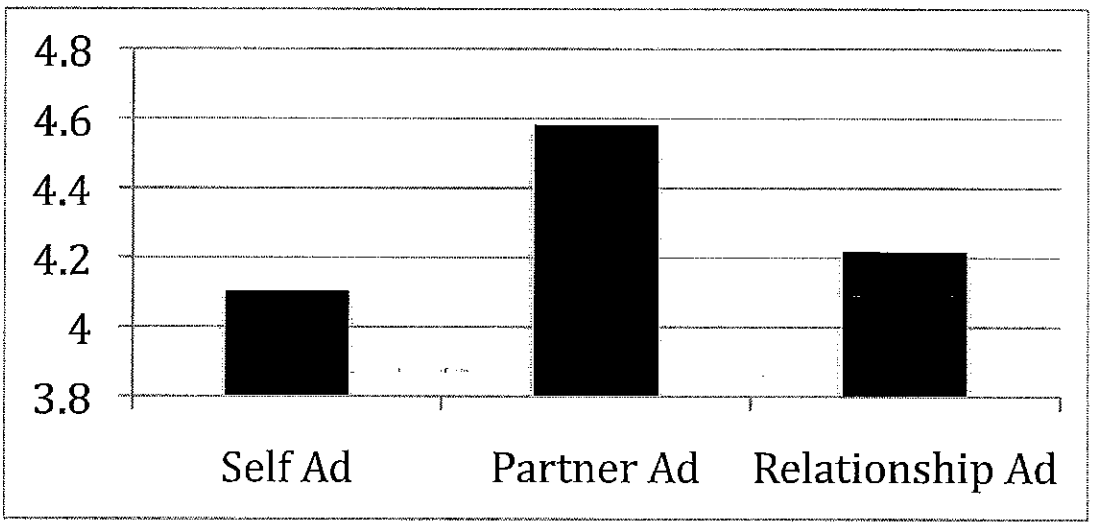
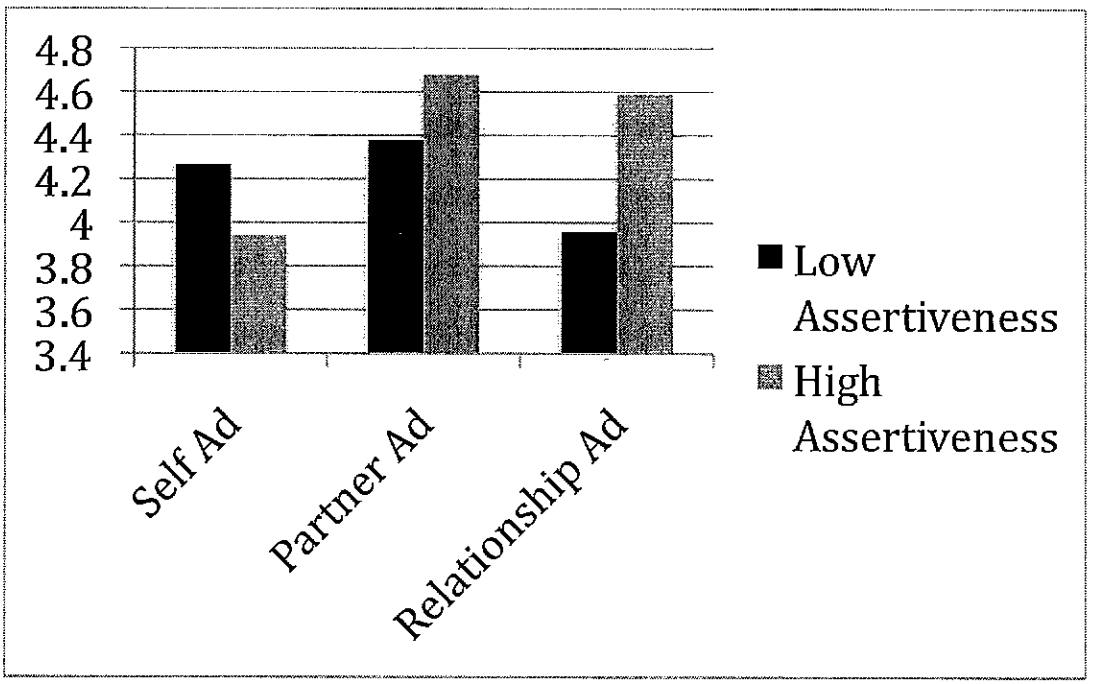
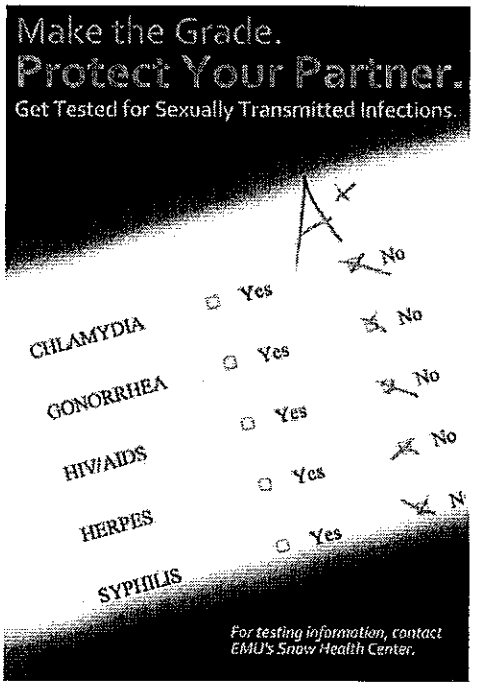
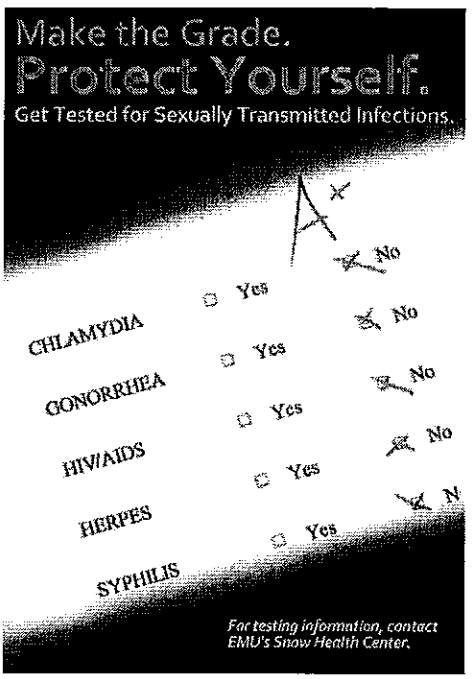


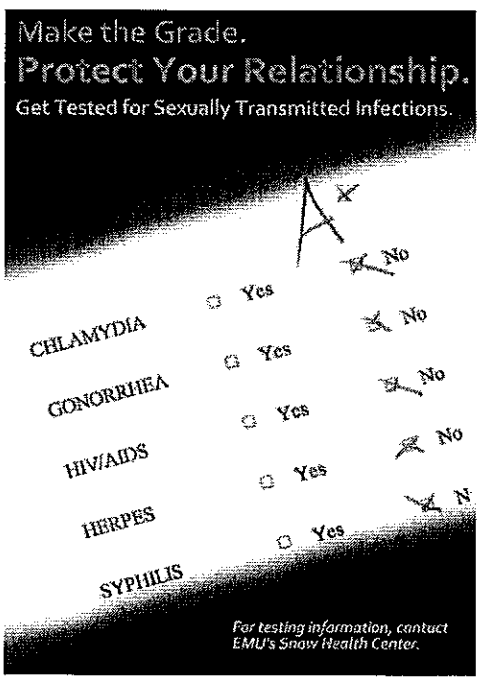
Figure 2
Mean Advertisement Perceptions According to Level of Relational Assertiveness



Appendix A
Advertisements

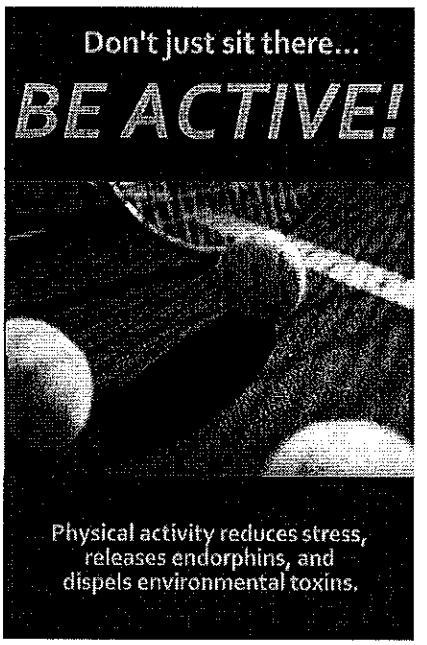






Control Advertisements

Think before you drink.
Don't drink and drive.



Appendix B
Perceptions of Advertisements

Please answer the following questions regarding the advertisement you just saw using the following scale:

Strongly Disagree			Neither Agree Nor Disagree			Strongly Agree
1	2	3	4	5	6	7

This advertisement is…

1. Worthwhile
2. Effective
3. Colorful
4. Vivid
5. Motivating
6. Clear
7. Unique
8. Informative
9. Boring
10. Bland
11. Inspiring
12. Plain
13. Well planned
14. Unlike others
15. Humorous
16. Thought-provoking
17. Valuable
18. Counter to my beliefs
19. Great

Appendix C
Demographics Questionnaire

AGE - [fill in the blank]

SEX – [fill in the blank]

How much schooling have you completed? Choose one.

- Some high school
- High school graduate/equivalent
- Some college
- Associate's degree
- Bachelor's degree
- Master's degree
- Doctoral degree
- Post-doctoral education

ETHNICITY – [fill in the blank]

RELIGIOSITY: How would you best describe your religious affiliation?

- Not at all religious
- Somewhat religious
- Very religious

SEXUAL ORIENTATION – [fill in the blank]

RELATIONSHIP STATUS: How would you best describe your current relationship status?

RESIDENT STATUS

- Residence Halls
- Off Campus (no commuter status)
- Commuter
- Other/Not Listed

Appendix D
Relationship Demographics

1. My romantic relationship status is:
   Single
   Dating Casually
   Dating Exclusively
   Engaged
   Married

2. If dating casually, please indicate which of the following best describes that status: (If not dating casually, please skip to the next question.)
   I date partners but my partner does not
   My partner dates others but I do not
   Both my partner and I date others

3. Is your romantic relationship long distance? (If you are not currently in a romantic relationship, please skip this question).
   Yes
   No

4. If your romantic relationship, is long distance, how many miles separate you and your partner? (If your relationship is not long distance, or if you are not currently in a relationship, skip this question).
   [Fill in the blank]

5. How long (in months) have you been with your current partner? (If you are not currently in a relationship, please skip this question).
   [Fill in the blank]

Appendix E
Attachment Styles

Instructions: For each of the following items, choose the answer that best reflects you.

Strongly Agree
Agree
Somewhat Agree
Undecided
Somewhat Disagree
Disagree
Strongly Disagree

1. I find it relatively easy to get close to others
2. I'm not very comfortable having to depend on other people
3. I'm comfortable having other depend on me
4. I rarely worry about being abandoned by others
5. I don't like people getting too close to me
6. I'm somewhat uncomfortable being too close to others
7. I find it difficult to trust others completely
8. I'm nervous whenever anyone gets too close to me
9. Others often want me to be more intimate than I am comfortable being
10. Others often are reluctant to get as close as I would like
11. I often worry that my partner(s) don't really love me
12. I rarely worry about my partner(s) leaving me
13. I often want to merge completely with others, and this desire sometimes scares them away

Simpson, J.A. (1990). Influence of attachment styles on romantic relationships. *Journal of Personality and Social Psychology, 59*, 971-980.

Appendix F
Optimism and Pessimism

Please answer the following questions about yourself by indicatng the extent of your agreement using the options provided.

0 = strongly agree
1 = disagree
2 = neutral
3 = agree
4 = strongly agree

Be as honest as you can throughout, and try not to let your response to one question influence your response to other questions. There are no right or wrong answers.

1. In uncertain times, I usually expect the best.
2. It's easy for me to relax.
3. If something can go wrong for me, it will.
4. I'm always optimistic about my future.
5. I enjoy my friends a lot.
6. It's important for me to keep busy.
7. I hardly ever expect things to go my way.
8. I don't get upset too easily.
9. I rarely count on good things happening to me.
10. Overall, I expect more good things to happen to me than bad.

Scheier, M.F., Carver, C.S., & Bridges, M.W. (1994). Distinguishing optimism from Neuroticism (and trait anxiety, self-mastery, and self-esteem): A re-evaluation of the Life Orientation Test. *Journal of Personality and Social Psychology, 67,* 1063-1078.

Appendix G
Individualism and Collectivism

Instructions: Rate each of the following items to the best represent you on a scale of 1 to 9, with 1 = strongly disagree, and 9 = strongly agree.

Individualism
Independent
1. I don't like to rely on other people.
2. What happens to me is my own doing.
3. I like to act independently and take matters into my own hands.
4. I try to live my life independent of others as much as possible.
5. I mainly depend on myself, rarely on others.
6. When facing a difficult personal problem, it is better to decide what to do yourself, than to follow the advice of others.

Competitive
1. I want to be the best every time I compete.
2. I feel that I have to be better than everyone else.
3. I enjoy competing against others.
4. I perform my best when I am competing against others.
5. When another person does better than I do, I get tense and anxious.
6. I feel gratified when I excel and others do not.
7. I would never allow others to take the credit for something I accomplished.
8. I hate to lose.

Unique
1. Being distinctive is important to me.
2. I intentionally do things to make myself different from those around me.
3. I am a unique individual.
4. I am different from others.
5. I like to dress differently from others.
6. The way I enjoy myself is different from others.

Collectivism
Considering the implications of one's decision for others
1. When making decisions, it is important for me to consider the effects that my decisions have on my parents.
2. When making decisions, it is important for me to take my parents' needs into account.
3. When making decisions, it is important for me to take my parents' feelings into account.
4. If I decided to change my job, one of the major concerns would be how this change would affect my parents.
5. If I decided to get married, one of the major concerns would be how my marriage would affect my parents.

6. If I moved to another city, it would be important for me to consider how my parents would be affected.

Sharing Positive Outcomes

1. I would be honored by my parents' accomplishments.
2. I would feel honored if my parents received a distinguished award.
3. If my parents were to have a successful career, I would be very proud of them.
4. My parents would be honored if I got into a prestigious school.
5. If I got a good job, my parents would be very proud of me.
6. If I were successful, my parents would be honored.

Sharing negative outcomes

1. If my parents were caught shoplifting, I would be humiliated.
2. If my parents were losers in life, I would be embarrassed.
3. I would feel ashamed by my parents' misconduct.
4. My misconduct would make my parents feel ashamed.
5. If I lost a prestigious job, it would humiliate my parents.
6. If I failed a class, it would be an embarrassment to my parents.

Chen, F. & West, S. (2008). Measuring individualism and collectivism: The importance of considering differential components, reference groups, and measurement invariance. *Journal of Research in Personality, 42(2).* 259-294.

Appendix H
Relational Investment, Alternatives, Satisfaction, and Commitment

Please indicate the degree to which you agree with each of the following statements regarding your current relationship. If you are not presently in a relationship, please answer in terms of your ideal relationship.

Don't agree at all
Agree slightly
Agree moderately
Agree completely

1. My partner fulfills my needs for intimacy (sharing personal thoughts, secrets, etc.)
2. My partner fulfills my needs for companionship (doing things together, enjoying each other's company, etc.)
3. My partner fulfills my sexual needs (holding hands, kissing, etc.)
4. My partner fulfills my needs for security (feeling trusting, comfortable, in a stable relationship, etc.)
5. My partner fulfills my needs for emotional involvement (feeling emotionally attached, feeling good when another feels good, etc.)
6. I feel satisfied with our relationship.

The following questions are on a nine-point scale, with 0 = do not agree at all, 4 = agree somewhat, 8 = agree completely

7. My relationship is much better than others' relationships.
8. My relationship is close to ideal.
9. Our relationship makes me very happy.
10. Our relationship does a good job of fulfilling my needs for intimacy, companionship, etc.

Please indicate the degree to which you agree with each of the following statements regarding your current relationship. If you are not presently in a relationship, please answer in terms of your ideal relationship.

Don't agree at all
Agree slightly
Agree moderately
Agree completely

1. My needs for intimacy (sharing personal thoughts, secrets, etc.) could be fulfilled in alternative relationships.
2. My needs for companionship (doing things together, enjoying each other's company, etc.) could be fulfilled in alternative relationships.
3. My sexual needs (holding hands, kissing, etc.) could be fulfilled in alternative relationships.

4. My needs for security (feeling trusting, comfortable in a stable relationship, etc.) could be fulfilled in alternative relationships.
5. My needs for emotional involvement (feeling emotionally attached, feeling good when another feels good, etc.) could be fulfilled in alternative relationships.

The following questions are on a nine-point scale, with 0 = do not agree at all, 4 = agree somewhat, 8 = agree completely

6. The people other than my partner with whom I might become involved are very appealing.
7. My alternatives to our relationship are close to ideal (dating another, spending times with friends or on my own, etc.).
8. If I weren't dating my partner, I would do fine – I would find another appealing person to date.
9. My alternatives are attractive to me (dating another, spending time with friends or on my own, etc.).
10. My needs for intimacy, companionship, etc., could easily be fulfilled in an alternate relationship.

Please indicate the degree to which you agree with each of the following statements regarding your current relationship. If you are not presently in a relationship, please answer in terms of your ideal relationship.

Don't agree at all
Agree slightly
Agree moderately
Agree completely

1. I have invested a great deal of time in our relationship.
2. I have told my partner many private things about myself (I disclose secrets to him/her).
3. My partner and I have an intellectual life together that would be difficult to replace.
4. My sense of personal identity (who I am) is linked to my partner and our relationship.
5. My partner and I share many memories.

The following questions are on a nine-point scale, with 0 = do not agree at all, 4 = agree somewhat, 8 = agree completely

6. I have put a great deal into our relationship that I would lose if the relationship were to end.
7. Many aspects of my life have become linked to my partner (recreational activities, etc.), and I would lose all of this if we were to break up.
8. I feel very involved in our relationship – like I have put a great deal into it.
9. My relationships with friends and family members would be complicated if my partner and I were to break up (e.g., partner is friends with people I care about).

10. Compared to other people I know, I have invested a great deal in my relationship with my partner.

Please indicate the degree to which you agree with each of the following statements regarding your current relationship. If you are not presently in a relationship, please answer in terms of your ideal relationship.

The following questions are on a nine-point scale, with 0 = do not agree at all, 4 = agree somewhat, 8 = agree completely

1. I want our relationship to last for a very long time.
2. I am committed to maintaining my relationship with my partner.
3. I would not feel very upset if our relationship were to end in the future.
4. It is likely that I will date someone other than my partner within the next year.
5. I feel very attached to our relationship – very strongly linked to my partner.
6. I want our relationship to last forever.
7. I am oriented toward the long-term future of my relationship (for example, I imagine being with my partner several years from now).

Rusbult, C.E., Martz, J.M., & Agnew, C.R. (1998). The Investment Model Scale: Measuring commitment level, satisfaction level, quality of alternatives, and investment size. *Personal Relationships, 5,* 357-391.

Appendix I
Self Esteem

Instructions: Below is a list of statements dealing with your general feelings about yourself. Please choose the best response to each question using the following scale:

Strongly Agree
Agree
Disagree
Strongly Disagree

1. I feel that I'm a person of worth, at least on an equal plane with others.
2. I feel that I have a number of good qualities.
3. All in all, I am inclined to feel that I am a failure.
4. I am able to do things as well as most other people.
5. I feel I do not have much to be proud of.
6. I take a positive attitude toward myself.
7. On the whole, I am satisfied with myself.
8. I wish I could have more respect for myself.
9. I certainly feel useless at times.
10. At times I think I am no good at all.

Rosenberg, M. (1989). *Society and the Adolescent Self-Image.* Revised edition.

Middletown, CT: Wesleyan University Press.

Appendix J
STD Attitudes

Instructions: Please read each statement carefully. Choose the answer that best describes how much you agree or disagree with the statement regarding sexually transmitted diseases (STD/STI).

Strongly Agree
Agree
Undecided
Disagree
Strongly Disagree

1. How one uses his/her sexuality has nothing to do with STD.
2. It is easy to use the prevention methods that reduce one's chances of getting an STD.
3. Responsible sex is one of the best ways of reducing the risk of STD.
4. Getting early medical care is the main key to preventing harmful effects of STD.
5. Choosing the right sex partner is important in reducing the risk of getting an STD.
6. A high rate of STD should be a concern for all people.
7. People with an STD have a duty to get their sex partners to medical care.
8. The best way to get a sex partner to STD treatment is to take him/her to the doctor with you.
9. Changing one's sex habits is necessary once the presence of an STD is known.
10. I would dislike having to follow the medical steps for treating an STD.
11. If I were sexually active, I would feel uneasy doing things before and after sex to prevent getting an STD.
12. If I were sexually active, it would be insulting if a sex partner suggested we use a condom to avoid STD.
13. I dislike talking about STD with my peers.
14. I would be uncertain about going to the doctor unless I was sure I really had an STD.
15. I would feel that I should take my sex partner with me to a clinic if I thought I had an STD.
16. It would be embarrassing to discuss STD with one's partner if one were sexually active.
17. If I were to have sex, the chance of getting an STD makes me uneasy about having sex with more than one person.
18. I like the idea of sexual abstinence (not having sex) as the best way of avoiding STD.
19. If I had an STD, I would cooperate with public health persons to find the sources of STD.

20. If I had an STD, I would avoid exposing others while I was being treated.
21. I would have regular STD checkups if I were having sex with more than one person.
22. I intend to look for STD signs before deciding to have sex with anyone.
23. I will limit my sex activity to just one partner because of the chances I might get an STD.
24. I will avoid sex contact anytime I think there is even a slight chance of getting an STD.
25. The chance of getting an STD would not stop me from having sex.
26. If I had a chance, I would support community efforts toward controlling STD.
27. I would be willing to work with others to make people aware of STD problems in my town.

Yarber, W.L., Torabi, M.R., & Veenker, C.H. (1998). STD attitudes scale. In C.M. Davis (Ed.), *Handbook of Sexuality-Related Measures* (pp. 560-562). Thousands Oaks, Ca: Sage.

Appendix K
Narcissism

Instructions: For each statement below, choose the item that **best matches you.**

1. A. I have a natural talent for influencing people.
B. I am not good at influencing people.

2. A. Modesty doesn't become me.
B. I am essentially a modest person.

3. A. I would do almost anything on a dare.
B. I tend to be a fairly cautious person.

4. A. When people compliment me I sometimes get embarrassed.
B. I know that I am good because everybody keeps telling me so.

5. A. The thought of ruling the world frightens the hell out of me.
B. If I ruled the world it would be a better place.

6. A. I can usually talk my way out of anything.
B. I try to accept the consequences of my behavior.

7. A. I prefer to blend in with the crowd.
B. I like to be the center of attention.

8. A. I will be a success.
B. I am not too concerned about success.

9. A. I am no better or worse than most people.
B. I think I am a special person.

10. A. I am not sure if I would make a good leader.
B. I see myself as a good leader.

11. A. I am assertive.
B. I wish I were more assertive.

12. A. I like to have authority over other people.
B. I don't mind following orders.

13. A. I find it easy to manipulate people.
B. I don't like it when I find myself manipulating people.

14. A. I insist upon getting the respect that is due me.
B. I usually get the respect that I deserve.

15. A. I don't particularly like to show off my body.
B. I like to show off my body.

16. A. I can read people like a book.
B. People are sometimes hard to understand.

17. A. If I feel competent I am willing to take responsibility for making decisions.
B. I like to take responsibility for making decisions.

18. A. I just want to be reasonably happy.
B. I want to amount to something in the eyes of the world.

19. A. My body is nothing special.
B. I like to look at my body.

20. A. I try not to be a show off.
B. I will usually show off if I get the chance.

21. A. I always know what I am doing.
B. Sometimes I am not sure of what I am doing.

22. A. I sometimes depend on people to get things done.
B. I rarely depend on anyone else to get things done.

23. A. Sometimes I tell good stories.
B. Everybody likes to hear my stories.

24. A. I expect a great deal from other people.
B. I like to do things for other people.

25. A. I will never be satisfied until I get all that I deserve.
B. I take my satisfactions as they come.

26. A. Compliments embarrass me.
B. I like to be complimented.

27. A. I have a strong will to power.
B. Power for its own sake doesn't interest me.

28. A. I don't care about new fads and fashions.
B. I like to start new fads and fashions.

29. A. I like to look at myself in the mirror.
B. I am not particularly interested in looking at myself in the mirror.

30. A. I really like to be the center of attention.
B. It makes me uncomfortable to be the center of attention.

31. A. I can live my life in any way I want to.
B. People can't always live their lives in terms of what they want.

32. A. Being an authority doesn't mean that much to me.
B. People always seem to recognize my authority.

33. A. I would prefer to be a leader.
B. It makes little difference to me whether I am a leader or not.

34. A. I am going to be a great person.
B. I hope I am going to be successful.

35. A. People sometimes believe what I tell them.
B. I can make anybody believe anything I want them to.

36. A. I am a born leader.
B. Leadership is a quality that takes a long time to develop.

37. A. I wish somebody would someday write my biography.
B. I don't like people to pry into my life for any reason.

38. A. I get upset when people don't notice how I look when I go out in public.
B. I don't mind blending into the crowd when I go out in public.

39. A. I am more capable than other people.
B. There is a lot that I can learn from other people.

40. A. I am much like everybody else.
B. I am an extraordinary person.

Raskin, R. & Terry, H. (1988). A principal-components analysis of the narcissistic personality inventory and further evidence of its construct validity. *Journal of Personality and Social Psychology, 54*(5). 890-902.

Appendix L
Intimate Relationships Questionnaire

Instructions: Each of the following items describes a situation and three responses that are thoughts or behaviors. These intimate situations involve a dating couple. Try to imagine a situation in your life that is as close to the one described as possible.

After reading each item, select the answer that best reflects how similar the item may be to your actual response in the actual situation.

Scale for each response rating:
Not at all like me
Slightly like me
Somewhat like me
Mostly like me
Just like me

1. During the past few weeks your boyfriend (girlfriend) seems less enthusiastic and caring about your relationship.
   a. You'll decide to confront him(her) on your next date and let out your angry feelings.
   b. You'll wait for him(her) to call you and you'll complain to your friends.
   c. You'll decide to speak to him (her) frankly and suggest you try to work things out.

2. When your date says he(she) won't have sex with you if you insist on using a condom, you say…
   a. O.K., then how about trying some other things besides intercourse?
   b. Your attitude doesn't make any sense! That's it for us. Let's go home.
   c. O.K., you're more important to me, we don't need to use it.

3. You're at a party with your boyfriend (girlfriend) and notice that he (she) is very attentive to someone of the opposite sex that you've never seen before. You think…
   a. I'll make the best of it – after all, he's (she's) going home with me tonight.
   b. I really would like more of his (her) attention tonight and I'm going to tell him (her).
   c. How could he (she) ignore me like this – I'll find someone on my own I can talk to and make him (her) jealous.

4. You want to tell your date that you'd like to use a condom when making love and you think…
   a. If I can't convince him (her) to use a condom tonight, we can find other safe ways to enjoy ourselves for now.
   b. Using a condom is a good idea but I don't think I'll have the nerve to ask him(her) to use one.
   c. He (she) should do what I ask without any hesitation if he (she) loves me.

5. Your boyfriend (girlfriend) gets silent instead of saying what's on his (her) mind. You think…

a. Here it comes. The big silent treatment. I'm going to get mad and force him (her) to talk to me.

b. If I make a joke and distract him (her), maybe he'll (she'll) forget what's bothering him (her).

c. I'll tell him (her) that it bothers me when he (she) gets silent because it leaves me confused about what he's (she's) thinking.

6. When you're asked by your date if you have any disease that you could give him (her) if you make love that night, you think…

a. Who does he (she) think I am – some degenerate who runs around infecting people?

b. I'm glad he (she) asked because it gives me a chance to ask the same questions.

c. I'd better answer or he (she) may get annoyed with me.

7. When your date asks you if you agree to using a condom when you both make love tonight, you think…

a. This is a turn-off. I don't want anybody telling me what we should do when we make love.

b. I'd better do what he (she) says or he'll (she'll) be frustrated tonight.

c. I'm glad he (she) brought this up, now we're both protected.

8. Your boyfriend (girlfriend) has criticized your appearance in front of your friends. You say…

a. It hurt my feelings when you criticized me. If you have something to say, please bring it up before we go out.

b. How could you do such a rotten thing to me? If you do that again – we're through!

c. I guess I don't look so great tonight since you criticized me in front of my friends.

9. When you suggest to your date that a condom be used for mutual protection when you make love tonight, your date teases you about being such a worrier…

a. You then become silent for a while, until he (she) comes around to agreeing with you.

b. You then tell your date you'd love to make love with him (her), but you always use condoms.

c. You then tell your date he's (she's) being really immature.

10. You want to ask if your date's been tested for AIDS and you say…

a. I was wondering about…well this is embarrassing to talk about…but…have you ever been tested for AIDS? You don't have to answer that if you don't want to.

b. I want you to tell me right now if you've been tested for AIDS.
c. I really like you a lot, but with all this talk about AIDS, I'd like to be a little careful. I've been tested for AIDS, have you?

11. If your date refuses to use a condom you think…
    a. I can find out what he (she) has against them and we can talk about it.
    b. I'm afraid he (she) won't want to see me again if I insist.
    c. If he (she) won't do what I say – that's it for us.

12. When neither you nor your date has any condoms one evening, you say…
    a. Oh…that's O.K. I suppose we can do it just once without one.
    b. That's irresponsible. If you like me you'd always have them when we're together.
    c. I don't have any either, but we can satisfy each other without intercourse tonight.

13. You tell your date that you'd like to wait until you know each other a little better before having sex. When he (she) gets annoyed you would…
    a. Tell your date that you couldn't go out with someone who argues with you about this.
    b. Re-state your feeling that you'd like to wait.
    c. Change your mind and have sex with him (her) sooner than you'd planned.

14. When you suggest to your date that a condom be used when you make love tonight, he (she) says, "You don't trust me. I told you I've never been exposed to AIDS or herpes or any other disease."
    a. You say, "I'm sorry, but we have no way of knowing that. I'd feel so much better if we used condoms."
    b. You say, "It's not a question of trust. You don't understand what I'm saying."
    c. You say, "I'm sorry. I do trust you. Let's drop the whole subject. I don't want to argue."

Yesmont, G. (1992). Intimate relationships questionnaire. In C.M. Davis (Ed.), *Handbook of Sexuality-Related Measures* (pp. 63-65). Thousands Oaks, Ca: Sage.