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DR.RUPNATHJIK(DR.RUPAK NATH)

INTRODUCTION

The HIV/AIDS epidemic has been a key focus for public health for the last twenty years. In recent years, concerns have been raised in the European Union about the threat of a new epidemic. The rate of new infections in some European countries is amongst the highest in the world.

At the World Summit held at the United Nations in September 2005, leaders pledged to fully implement the Declaration of Commitment of HIV/AIDS adopted in 2001, by scaling up efforts for prevention, treatment, care and support so that every person, without exception, has access to these life-saving programmes. In Kofi Annan's address on World Aids Day on 1 December 2005 he said that "It is a time to recognise that although our response so far has succeeded in some of the particulars, it has yet to match the epidemic in scale. It is a time to admit that if we are to reach the Millennium Development Goal of halting and beginning to reverse the spread of AIDS by 2015, then we must do far, far more. That mission concerns every one of us."

As one of the main elements to prevent the transmission of HIV is a general raise of awareness, it is therefore necessary to find out what people know about AIDS. The **European Commission** has already polled citizens from the old EU15 Member States in the past¹ in order to measure **public awareness on HIV and AIDS**. The **Directorate General SANCO** wished to renew this poll it had commissioned in 2002.

Compared to the survey which was conducted in 2002, the geographical coverage of this new study has been, by definition, enlarged to the 10 new Member States. In addition the survey has also been expanded to the acceding and candidate countries and the non government controlled areas of Cyprus. The questionnaire used in the 2005 wave was slightly modified.

The fieldwork was conducted in two stages: between September 2nd and October 6th 2005 in the 25 Member States and **between November 5th and December 7th 2005** in the acceding and candidate countries and the non government controlled areas of Cyprus. This should be taken into account when analysing the results.

The methodology used is that of the Standard Eurobarometer polls from the Directorate-General Press and Communication (Unit "Opinion polls, press reviews, Europe Direct"). A technical note related to the conducting of the interviews by the institutes of the TNS Opinion & Social network is in annex of this report. This note details the interview techniques along with the confidence limits.

The report aims to present the main results obtained during this poll. It analyses the overall results, the relevant socio-demographic characteristics and then consider the country by country level. Furthermore, it will present significant country evolutions for the old Member states of the European Union.

¹ The study was conducted under the framework of the Eurobarometer (special Eurobarometer 183-2 / Wave 58.2)

This report is divided into four parts:

- The first part concerns the perception that citizens have about the ways people can catch HIV
- The second part analyses whether people have changed their behaviour since the emergence and spread of AIDS
- The third part deals with the efficiency of actual measures undertaken in the respondent's countries
- Finally, the fourth part concentrates on the attitudes of a harmonisation of efforts within the European Union

DR.RUPNATHJIK (DR.RUPAK NATH)

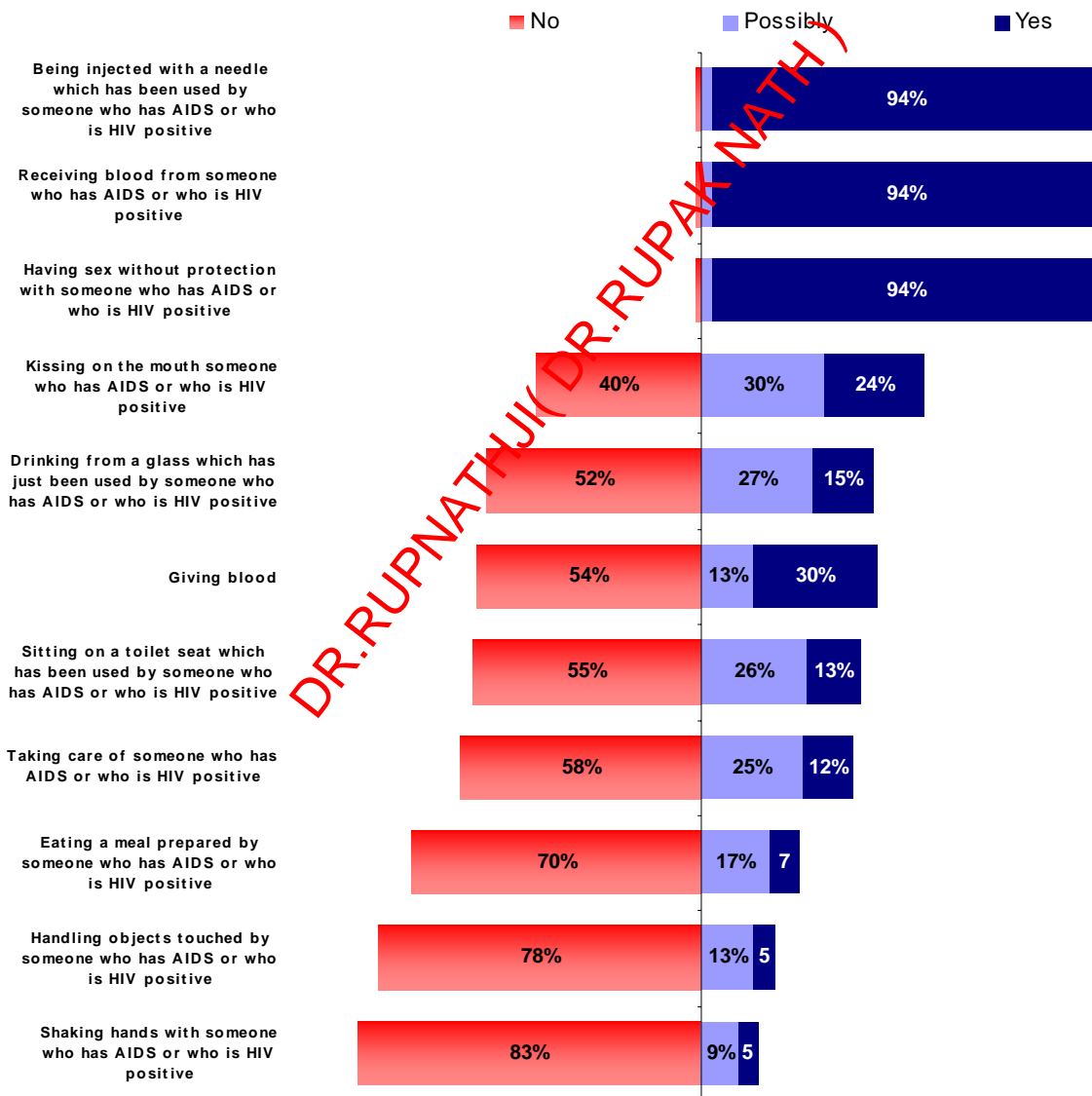
1. How can HIV be contracted?

1.1. Overall results

- Europeans know how HIV can be contracted but some uncertainty emerges when it comes to ways in which the virus cannot be transmitted -

A list of statements was proposed to respondents and they were asked to indicate for each one whether or not it is a possible way of catching AIDS. The following chart presents the results at the aggregate level (EU25). We will present the most important country differences in the following section.

Q1 In your opinion, can AIDS be caught by each of the following ways?



When looking at the figures we can distinguish 4 categories of statements.

The first category represents the ways you can actually contract HIV. It is reassuring to see that almost all EU citizens know that HIV can be contracted by "being injected with a needle which has been used by someone with AIDS or who is HIV positive", "receiving blood from someone with AIDS or who is HIV positive" and by "having sex without protection with someone with AIDS or who is HIV positive".

Opinions are more split for all of the other items which are not ways of contracting HIV.

The second category that we can distinguish in the results represents the statement for which less than half of the EU25 population knows the correct answer: 40% of citizens from the 25 Member States believe that HIV cannot be caught by "kissing on the mouth of someone with AIDS or who is HIV positive". However, the population's knowledge is quite low since 24% replied 'yes' and 30% answered 'possibly' to this statement.

The third category represents the items for which awareness is still low but more balanced. Although, a majority of the interviewees think that "drinking from a glass which has just been used by someone with AIDS or who is HIV positive" is not a way to contract HIV (52%), 15% believe it is and 30% say it is possibly a way of catching the disease. We also notice a split opinion for "giving blood": 54% of the EU25 citizens believe you cannot contract HIV this way. Yet 30% of respondents answer that this is a way to contract HIV and 13% replied that this action could 'possibly' lead to contracting the disease. A majority of the interviewees says that "sitting on a toilet seat which has been used by someone with AIDS or who is HIV positive" is not a way of contracting HIV (55%). However, this item also generates 26% of 'possibly' and 13% of 'yes' answers.

When it comes to "taking care of someone who has AIDS or who is HIV positive", the population's awareness is higher: almost six in ten respondents say it is not possible to catch the disease in this way. Nevertheless 25% of the interviewees answer that it is a possible way and 12% of them clearly state that it is a way of contracting HIV.

The last category represents the final statements for which more than two thirds of respondents in the EU believe are not ways of contracting HIV. Seven out of ten European citizens think it is not possible to contract HIV by "eating a meal prepared by someone with AIDS or who is HIV positive". Nevertheless, a non-negligible amount replied the opposite: 17% of them still state that it is possible and 7% of them are convinced of this. This is equally the case for "handling objects touched by someone with AIDS or who is HIV positive" and "shaking the hand of someone with AIDS or who is HIV positive" for which respectively 13% and 9% of interviewees answer 'possibly' and 5% answer 'yes'.

Analysis by socio-demographic characteristics

Three findings are noteworthy. Firstly, one can note that the three items representing ways of contracting HIV are generally answered in the same way independent of the respondent's socio-demographic profile. Only older people, aged 55 and more and those who finished their full-time education by the age of 15 or less, have slightly more difficulty in answering correctly.

Secondly sex, age, education level, household size and urbanization are important variables in the way answers are given to the other statements of the list. The general tendency is:

- there are no significant gender differences;
- the younger the respondent, the more likely the answer is to be correct;
- the higher the education level, the more likely the answer is to be correct;
- those living in a household of three or more people have a greater tendency to give the correct answer;
- those who are retired give the correct answer less often;
- citizens living in large towns seem to give the correct answer slightly more often than those living in rural areas

However several exceptions can be found:

- Women answer 'no' less often for "sitting on a toilet seat" (52% compared to 57% for men)
- and slightly less women than men give the correct answer for "drinking from a glass" and "giving blood"

Finally older people, aged 55 and more and those who finished their full-time education by the age of 15 or less, have slightly more difficulty in answering this question, as the non-response rate is systematically higher for these categories of the population.

DR.RUPNATHJIK (DR.RUPAK NATH)

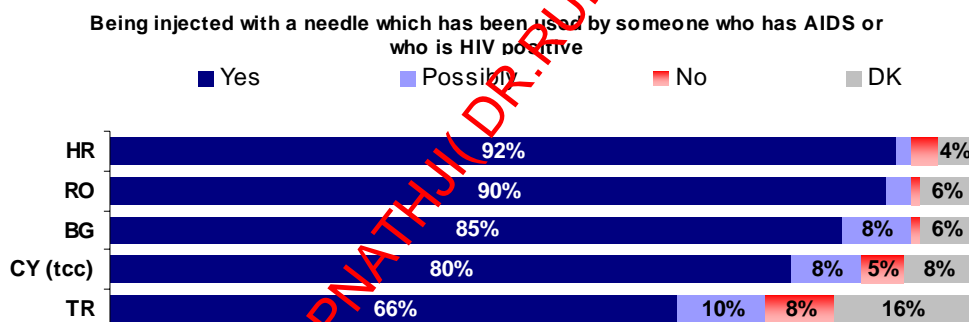
1.2. Country comparisons

In this subchapter we will tackle the observed country differences. We will also introduce the results from another identical survey that has been realised in both acceding and candidate countries as well as the non government controlled area of Cyprus. Finally, where necessary we will present the evolutions compared to a similar survey that has been realised in the old EU-15 in 2002.

1.2.1 Being injected with a needle which has been used by someone who has AIDS or who is HIV positive

Almost all EU25 respondents seem to be well-informed about the risk of "being injected with a used needle by someone who has AIDS or is HIV positive". With a result of 99%, Cypriots are the most aware of this danger. With the exception of Malta, all other countries obtained scores above the 90% mark. The Maltese results are noteworthy since only 89% of Maltese believe that this way can lead to contracting HIV. Furthermore, it is even more painful to note that 10% of them do not think it is a way of contracting HIV.

As one can see, the perceptions of the Croatians and Romanians are quite close to that observed in the 25 Member States of the European Union.



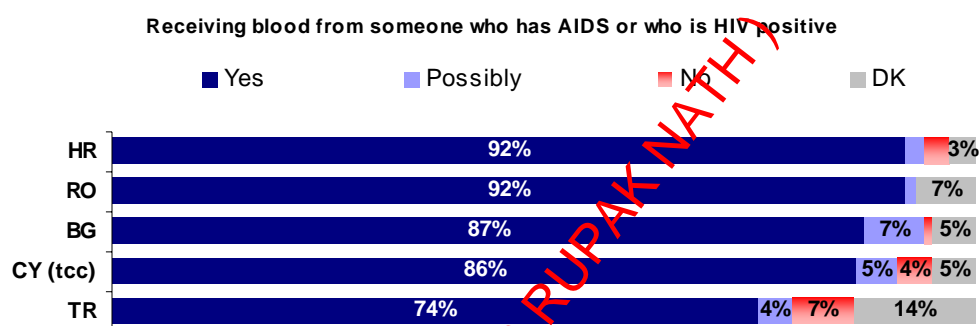
On the contrary, a fraction of Bulgarians and members of the Turkish Cypriot community are more hesitant. The 'DK' percentage and the proportion of those who answered 'possible' to the question are somewhat higher than at the EU25 level. Furthermore, 5% of respondents of the Turkish Cypriot community do not think that "being injected with a used needle by someone who has AIDS or is HIV positive" is a way of contracting HIV.

A consensus is not apparent in Turkey. Only 66% replied it is a way of contracting HIV. 16% of the Turkish population admit they do not know whereas 10% believe it is a possible way of contracting HIV. More frightening, 8% of the Turks do not think that "being injected with a used needle by someone who has AIDS or is HIV positive" is a way of contracting HIV.

1.2.2 Receiving blood from someone who has AIDS or who is HIV positive

We observe the same patterns for "receiving blood from someone who has AIDS or is HIV positive". Again all of the Member States score above the 90% mark, with the exception of Malta. The proportion of those believing that this is a way of contracting HIV climbs even to 99% in Cyprus, Luxembourg and Sweden. We would like to draw attention to the fact that 9% of Maltese citizens do not recognise this statement as a way of contracting HIV.

When looking at the results of the non-EU Member States opinions in Croatia and Romania are again quite close to the European average. Bulgarians and members of the Turkish Cypriot community are again somewhat more hesitant whereas the responses of the Turks are significantly different from other countries.

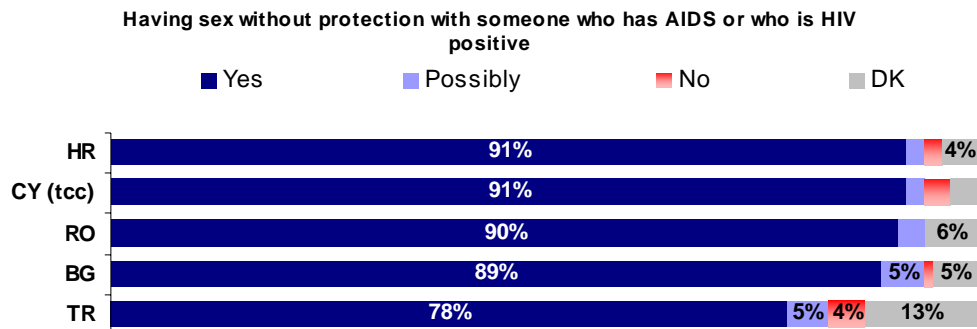


It is important to note that 7% of Turkish respondents replied incorrectly and say that "receiving blood from someone who has AIDS or is HIV positive" is not a way of contracting HIV. Moreover, 14% of them declare that they do not know.

1.2.3 Having sex without protection with someone who has AIDS or who is HIV positive

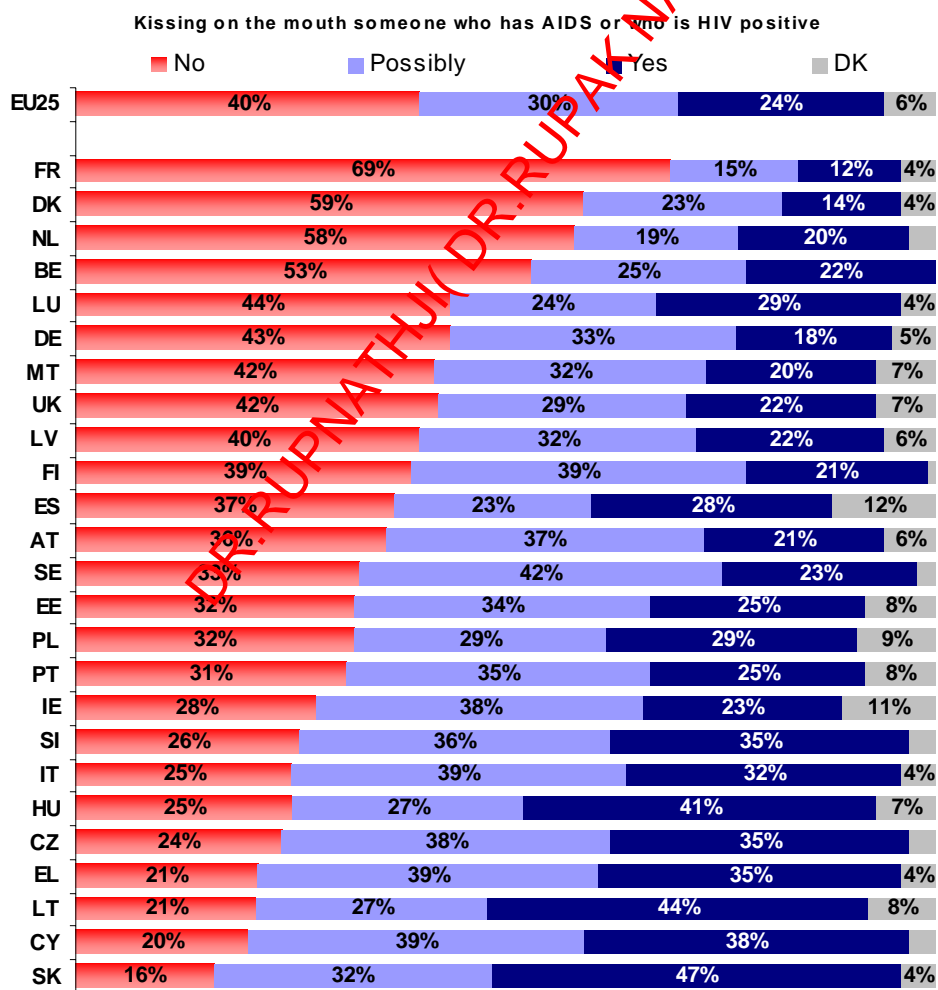
In addition, the third statement of the list that represents a way of contracting HIV has been recognised by almost all EU respondents. The only exception is once more Malta for which 9% do not believe that "having sex without protection with someone who has AIDS or who is HIV" is a way of contracting HIV. Only 86% of the Maltese replied correctly. In all other countries the rates of correct answers attain the 90% mark or more. With 99%, the highest rate of correct answers is again found among Cypriots.

The results in Croatia and the non government controlled area of Cyprus, Romania and Bulgaria are quite close to those obtained in the European Union. Only in Turkey is the amount of correct answers less pronounced.



1.2.4 Kissing on the mouth someone who has AIDS or who is HIV positive

Since "kissing on the mouth someone who has AIDS or who is HIV positive" is not a way of catching AIDS, the question is only answered correctly by 40% of EU citizens.

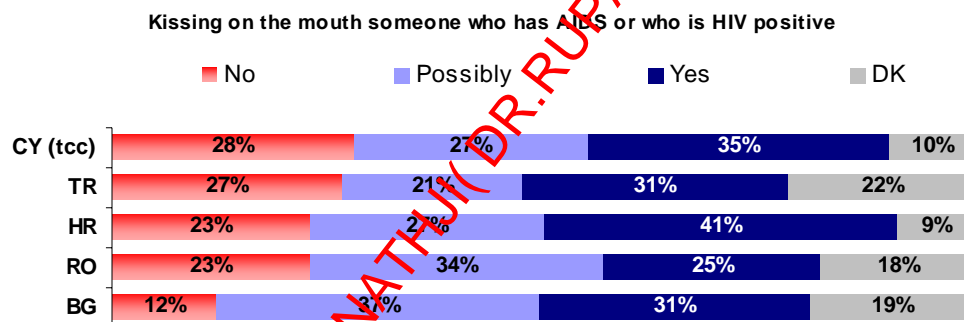


Almost one in three are uncertain and replied that it is possibly a way of contracting HIV and one in four even clearly state that it is a way of catching the disease.

As one can note, the country differences are significant. With a score over the 50% mark, four of the old EU-15 Member States rank highest in terms of correct answers: France, Denmark, the Netherlands and Belgium. Five more countries rank above the EU25 average of 40%. With less than one in four correct answers, three new Member States (Slovakia, Cyprus and the Czech Republic) as well as Greece are found at the bottom of the ranking. We should highlight here that almost half of the Slovakian respondents believe that "kissing on the mouth someone who has AIDS or who is HIV positive" is a way of contracting HIV.

The country ranking also depicts differences in opinion between the old EU-15 Member States and the 10 new Member States. With an average score of 43% of correct answers, the citizens of the EU15 are far better informed than the new Member State citizens (28%).

The results in the non-EU Member States are at least evenly dispersed compared to the distribution observed in the 10 new Member States. The first important difference is the systematically higher proportion of respondents in these countries admitting they do not know the answer to the question. Another important finding shown in the figure below is the low rate of correct answers given by Bulgarians (12%).



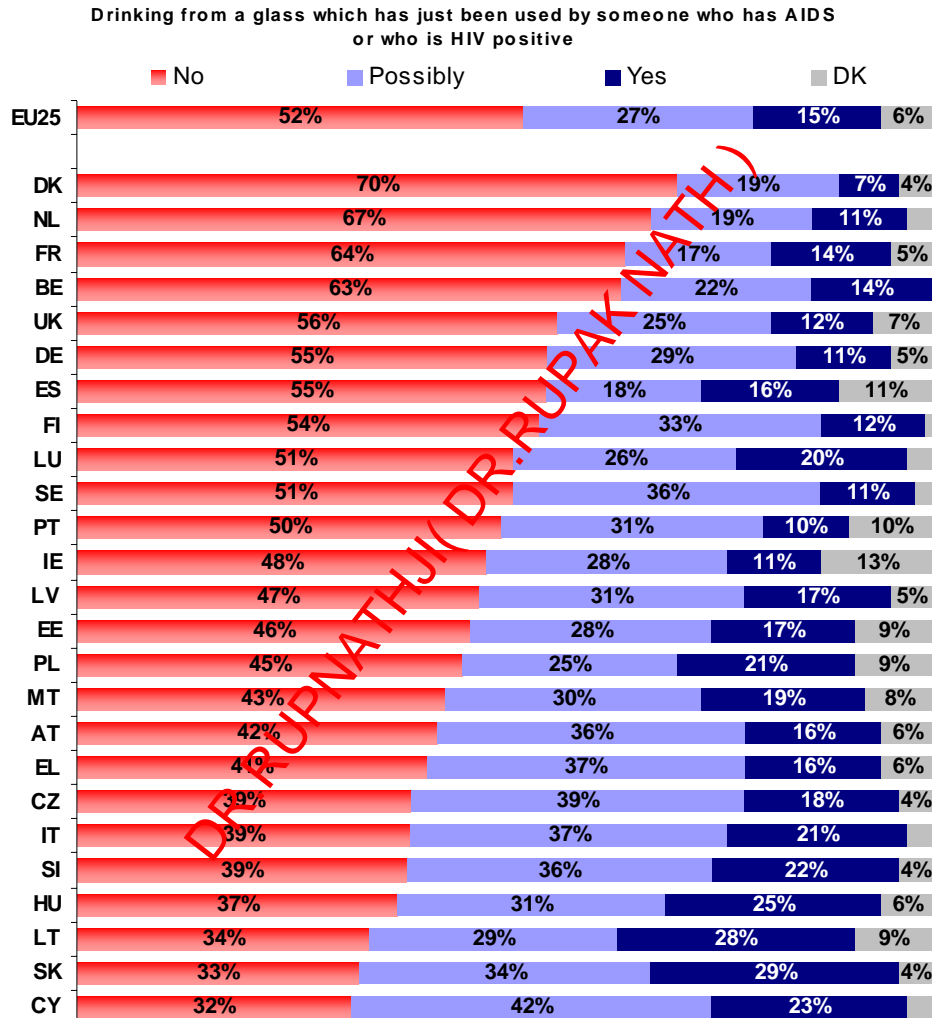
Comparing the results of the 15 old Member States with an identical wave held two years ago, shows that the proportion of correct answers (no) is now significantly higher in France (+ 19 %points), Germany (+ 10% points), Belgium (+ 9% points) and Portugal (+ 6% points). The bad news is that the share of 'yes' answers has grown in Italy (+ 11 %points), Spain (+ 8 %points), Luxembourg (+ 7% points) and in the United Kingdom (+ 6 %points).

1.2.5 Drinking from a glass which has just been used by someone who has AIDS or who is HIV positive

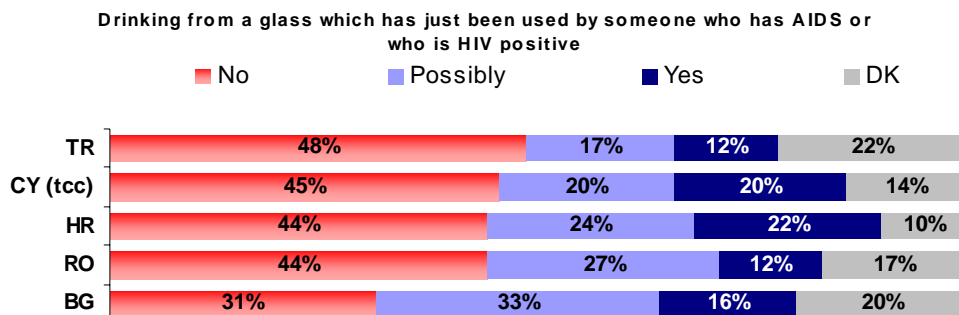
Opinions are more split when it comes to "drinking from a glass which has just been used by someone who has AIDS or who is HIV positive". It is the first statement which does not represent a way of contracting HIV that secures a majority of correct answers. Unfortunately, the average of the new Member States decreases to 42% whereas the average in the EU15 is 54%. Furthermore, the following figure depicts that all new Member States score below the 50% mark whereas the 11 highest ranked countries are part of the old EU-15 and score above the 50% mark.

If on average 27% replied that "drinking from a glass" is a possible way to contract HIV, this percentage is significantly higher in countries such as Cyprus (+ 15 %points), the Czech Republic (+ 12 %points), Austria and Italy (both + 10 %points).

Furthermore, a non-negligible proportion of European citizens believe that they can contract HIV by "drinking from a glass that has just been used by someone who has AIDS or is HIV positive". On average, 14% of citizens from the old EU-15 Member States believe this compared to 22% of citizens from the new Member States. The highest rates are observed in Slovakia (29%), Lithuania (28%) and Hungary (25%).



When it comes to the acceding and candidate countries and the non government controlled areas of Cyprus, it should be noted that the share of respondents who do not know the answer is again higher than at the EU25 level. Almost one in two Turks replied correctly while not even one in three Bulgarians did so.



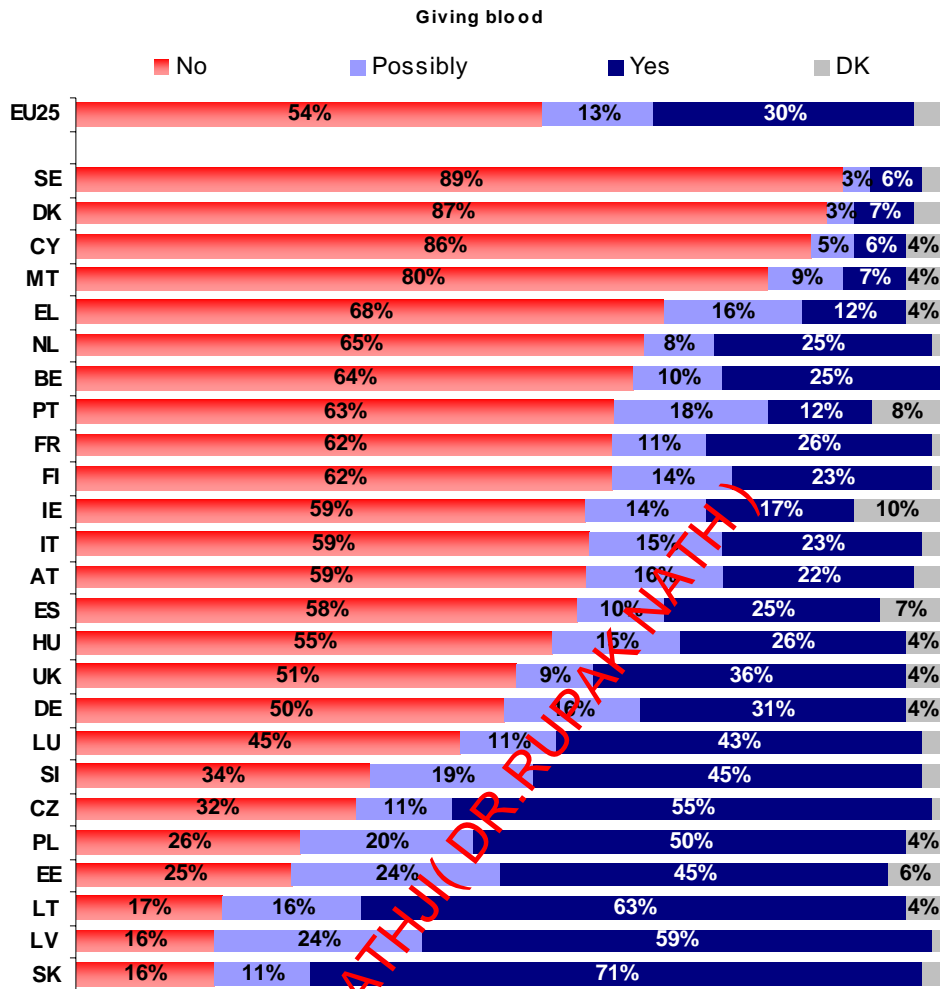
The comparative data for the EU15 shows significant evolutions once again. The correct answer 'no' has been replied more often than in the past in Portugal (+ 13 %points) and Germany (+ 7 %points) but considerably less often in Austria (- 11 %points), Luxembourg (- 9 %points), Sweden (- 8 %points), Italy and the United Kingdom (both - 6 %points) as well as Greece (- 5 %points).

1.2.6 Giving blood

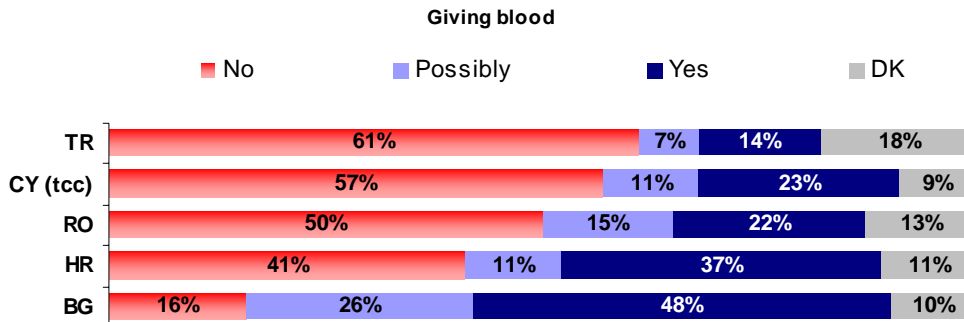
Since "giving blood", is not a way of contracting HIV, the question is only answered correctly by 54% of EU citizens. The country differences are so high that one can observe a 73 point disparity between the percentages of correct answers in Sweden (89%), where seemingly citizens are quite well informed, and Slovakia (16%), for which seven out of ten citizens believe it is a way of catching the disease.

Besides Swedes, citizens of three other countries, namely Denmark, Cyprus and Malta seem to be rather well informed. An evaluation of the share of correct answers in contrast to the EU25 average shows that of the 15 countries figuring above the average, we only find three new Member States (Cyprus, Malta and Hungary). Moreover, seven new Member States figure at the bottom of the ranking. Thus we observed a 27 point difference between the share of 'no' answers in the EU15 (58%) compared to the share of 'no' answers in the NMS10 (31%). Far more citizens in the NMS10 believe it is a way of contracting HIV (49%) than the EU15 citizens (26%) and this is certainly the case in Slovakia, Lithuania, Latvia, the Czech Republic and Poland where more than one out of two shares this view.

Since differences between the EU15 and the NMS10 are so marked, it is interesting to have a look at the evolutions in the EU15 group. These evolutions are again non-negligible in some of the countries. Compared to the past, more interviewees replied correctly by giving 'no' as an answer in Portugal (+ 20 %points), Austria (+ 7 %points), Greece (+ 7 %points), Ireland (+ 6 %points) and Denmark (+ 7 %points). On the contrary we observed fewer 'no' shares in Italy (- 13 %points), Spain (- 9 %points) and the United Kingdom (- 8 %points).

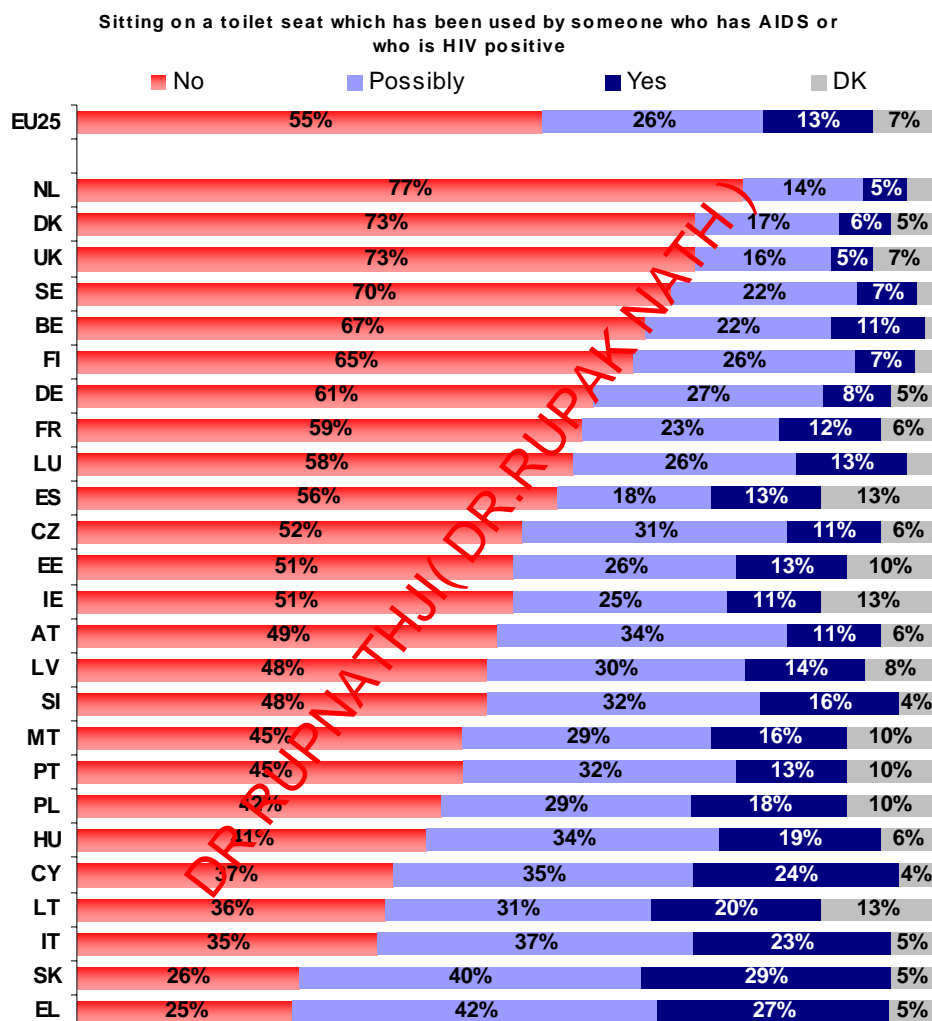


Three of the non-EU countries score above the 50% mark. Even two of them (Turkey and the non government controlled area of Cyprus) score above the average of the EU Member States. It is only in Bulgaria that the share of 'no' answers is far lower than the share of 'yes' answers.



1.2.7 Sitting on a toilet seat which has been used by someone who has AIDS or who is HIV positive

Respondents of the 25 Member States of the European Union are also in doubt when it comes to "sitting on a toilet seat which has been used by someone who has AIDS or who is HIV positive". A majority (55%) knows it is not a way of contracting AIDS but on average 26% replied it could be a possible way and 13% believe it is a way of contracting AIDS. Country differences are again very marked. More than 50 points separate the Netherlands and Greece in terms of correct answers.

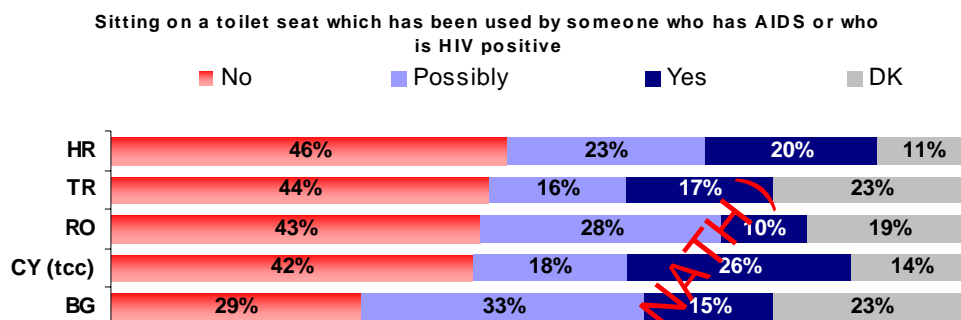


The ten countries ranked above the average are the old EU-15 Member States. Of the twelve countries ranked lowest (also below the 50% mark), four are also old EU-15 Member States. The average share of correct answers in the EU15 and in the NMS10 is again significantly different (57% versus 42%).

The new Member State citizens replied more often 'possibly' and 'yes' to this question. Around one in three respondents of the new Member States think it is possibly a way of contracting HIV (versus 25% for the EU15). At the same time, this is the case in Austria, Portugal and Italy, three of the old EU-15 Member States. The Slovaks and Greeks with 40% and 42% respectively express most uncertainty about the question.

At the same time, with scores of 29% and 27%, both countries rank highest for the proportions thinking that it a way of contracting HIV. The 'yes' score reaches 18% in the NMS10 versus 12% for the EU15 and is the highest in Slovakia, Greece and Cyprus.

Compared to the EU25 average, the share of correct answers is systematically lower in the acceding and candidate countries and the non government controlled areas of Cyprus. Besides this, we note that respondents in these countries have somewhat more difficulty in giving an answer to the question than respondents in the EU25.



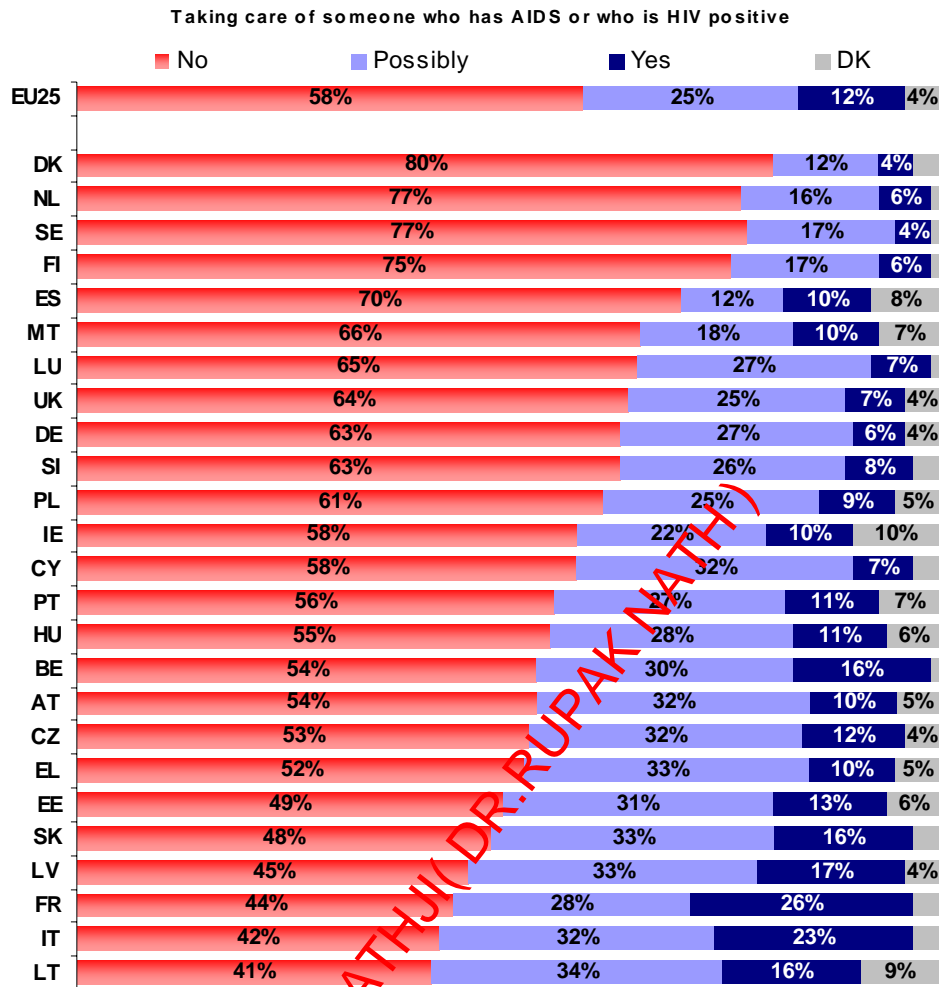
Compared to the past, the significant evolutions of the share of 'no' answers for the old EU15 Member States are found in Portugal (+ 10 %points) and Germany (+ 8 %points). On the opposite, the share of 'no' answers decreased significantly in Italy (- 13 %points) and Sweden (- 5 %points).

1.2.8 Taking care of someone who has AIDS or who is HIV positive

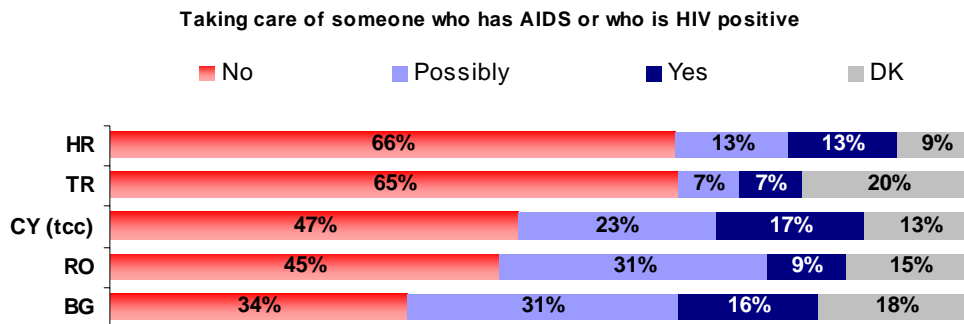
When it comes to "taking care of someone who has AIDS or who is HIV positive", the population's awareness is higher: almost six in ten respondents say it is not a possible way of catching the disease. Additionally, we should note here, that it is the only statement of those describing ways for which it is not possible to contract HIV, for which the NMS10 average share of correct answers is even as high as the EU15 average proportion of correct answers (57% and 58% respectively). Nevertheless the discrepancy between countries is still very high. Almost 40 points separate the 'no' score in Denmark (80%) from the 'no' score in Lithuania (41%).

'Yes' was replied more often in France, Italy and Latvia, resulting in a score that is at least 5 points higher than on average. Compared to the results of the past Eurobarometer in the EU15, the 'yes' has gained 16 points in Italy and 8 points in France.

On the contrary, the share of correct answers progressed more than 5 points in Portugal whereas it has dropped significantly in Italy (- 22 %points), France and the United Kingdom (both - 7 %points) and Finland (- 5 %points).

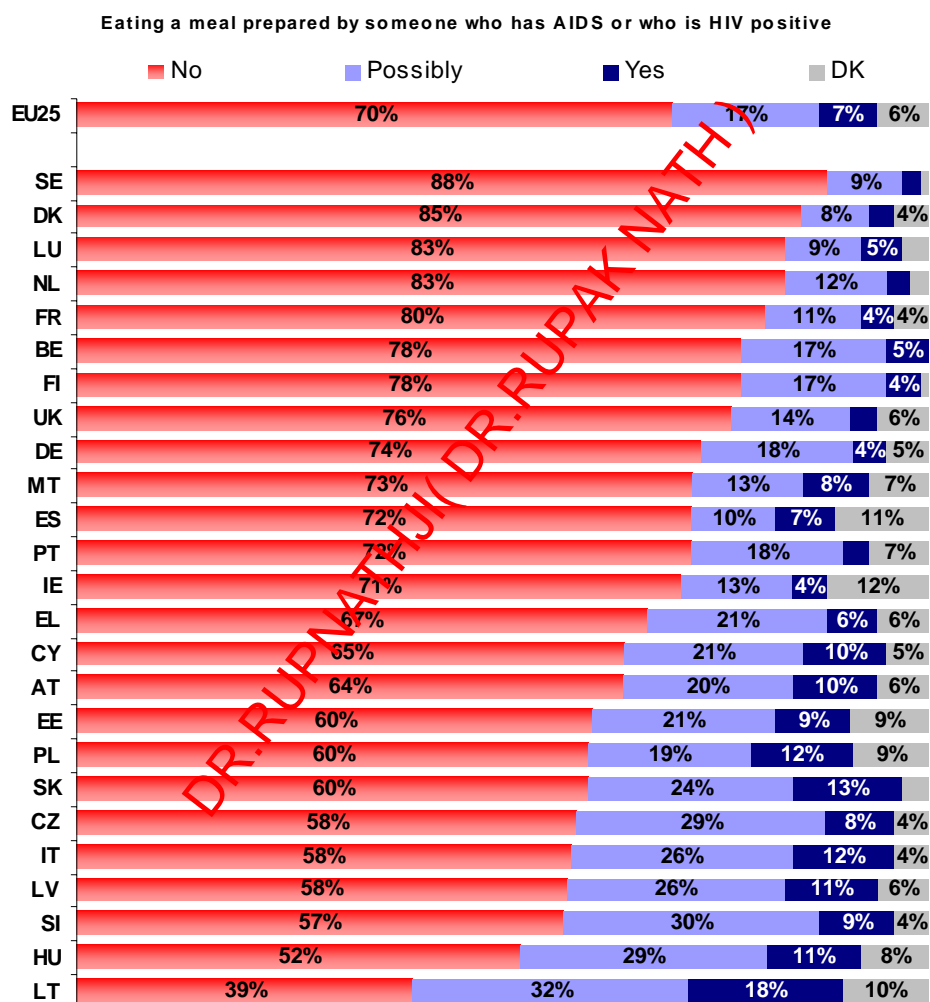


In the non-EU countries awareness is higher too. Two out of three citizens of Croatia and Turkey replied correctly, but only one in three has given the correct answer in Bulgaria. Again we should highlight that the percentage of those who admit that they cannot answer the question is higher compared to the EU25 average.



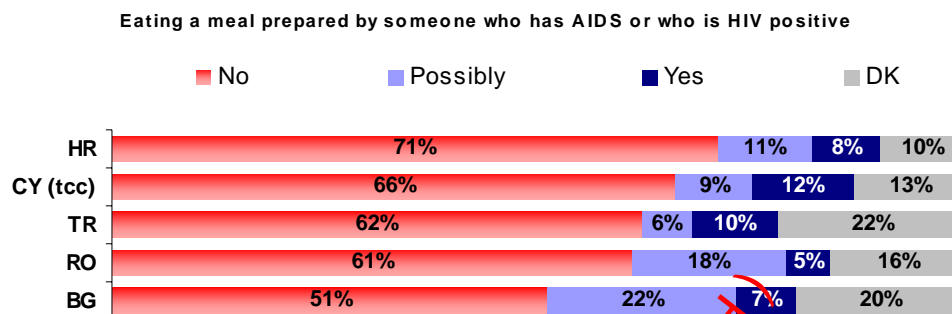
1.2.9 Eating a meal prepared by someone who has AIDS or who is HIV positive

"Eating a meal prepared by someone who has AIDS or is HIV positive" is answered correctly by 70% of the citizens of the 25 Member States of the European Union. Although a majority of the new Member State citizens recognise that this is not a way of catching AIDS (58%) fewer give the right answer compared to their fellow citizens in the EU15 group (73%). The country ranking clearly depicts that Malta is the only new Member State above the average. The answers given by Greeks, Austrians and Italians are noteworthy. Citizens of these three countries rank their country below the European average, as did citizens of the nine other new Member States.



Thus one can observe a 49 point difference between the percentage of correct answers in Sweden, where seemingly citizens are again best informed, and Lithuanians, who are the most divided about the question. For 18% of them, eating a meal prepared by someone who is HIV positive is a way of catching AIDS. On average, this incorrect answer has been given by 11% of the new Member State citizens whereas it is only replied by 6% of the old EU15 Member State citizens.

The awareness of Croatians is as high as the awareness of EU citizens. The proportions of correct answers in the other non-EU member countries are also encouraging since all of them are above the 50% mark whereas this was not the case for Lithuania. Once more, we should note that citizens from the acceding and candidate countries and the non government controlled areas of Cyprus admit more than EU25 citizens that they do not know.



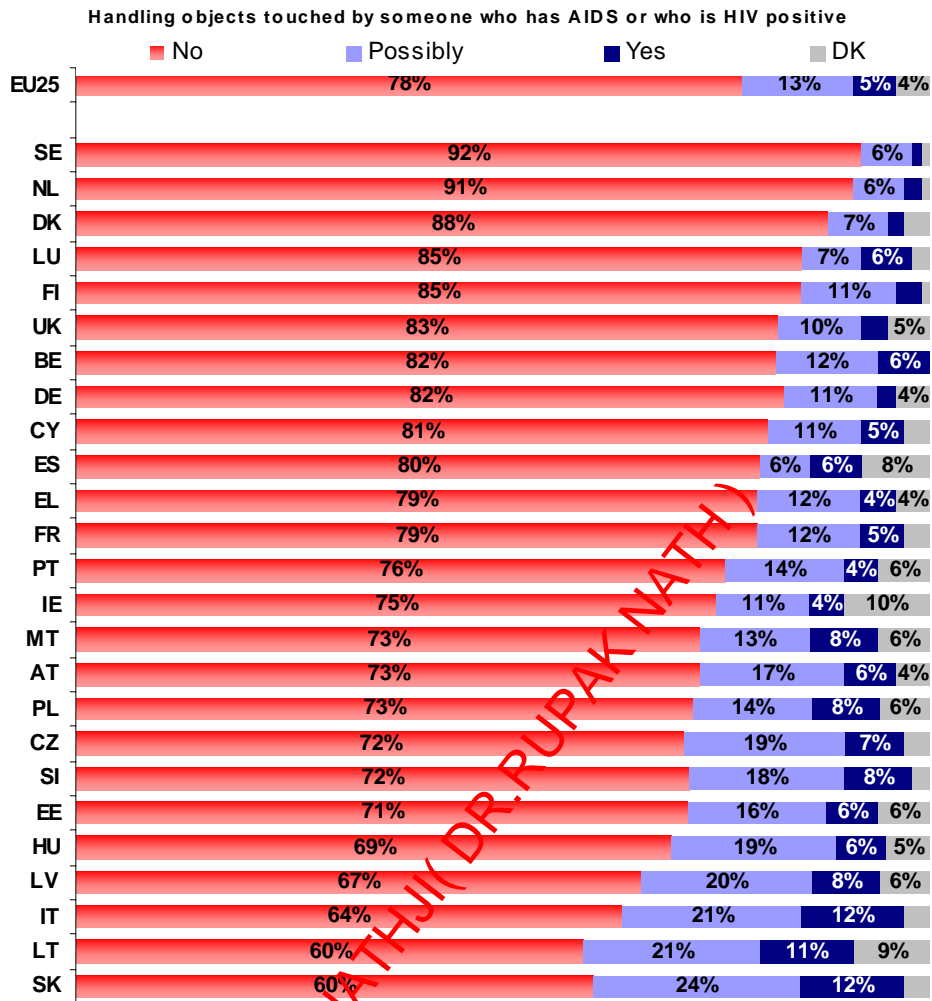
In addition it is worth highlighting evolutions compared to the past. The significant growth of the share of 'no' answers for the old EU15 group is found in Portugal (+ 11 %points). It seems that globally, for this question, opinions progress more negatively: the share of 'no' answers decreased significantly in Italy (- 18 %points), Austria (- 14 %points), Spain (- 10 %points), the United Kingdom (- 7 %points), Denmark (- 6 %points) Finland and Sweden (both - 5 %points).

1.2.10 Handling objects touched by someone who has AIDS or who is HIV positive

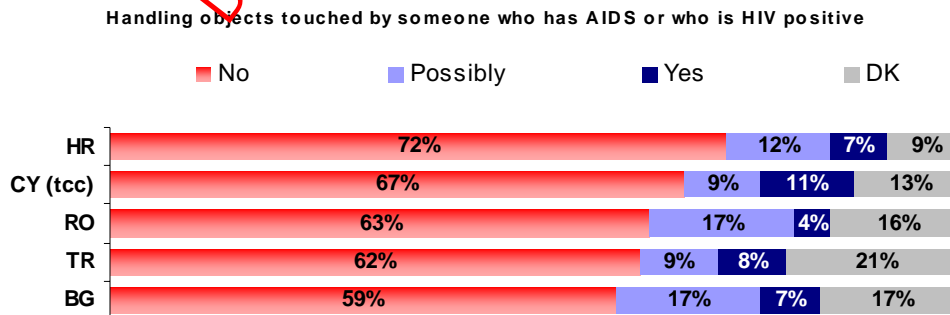
The disparity between the country results is less pronounced but significant for "handling objects touched by someone who has AIDS or who is HIV positive". Again the Swedes top the rank with 93% of them giving the right answer. The lowest rates of correct answers are found among Slovaks and Lithuanians. However, with a score of 60%, a majority of them replied correctly. On average, the percentage of correct answers in the new Member States (71%) is somewhat lower than in the old Member States (79%). Only one new Member State, namely Cyprus, scores better than the overall European average. All other new Member States, together with Portugal, Ireland, Austria and Italy are below the European average.

12% of Slovaks and Italians believe that handling objects touched by someone who has AIDS or is HIV positive is a way of contracting HIV. Compared to the previous wave the 'yes' increases by 8 points in Italy. The 'no' on the contrary plunged by 15 points.

The proportion of correct answers also dropped in a non-negligible way in Austria (- 10 %points), the United Kingdom (- 6 %points) and Luxembourg (- 5 %points).



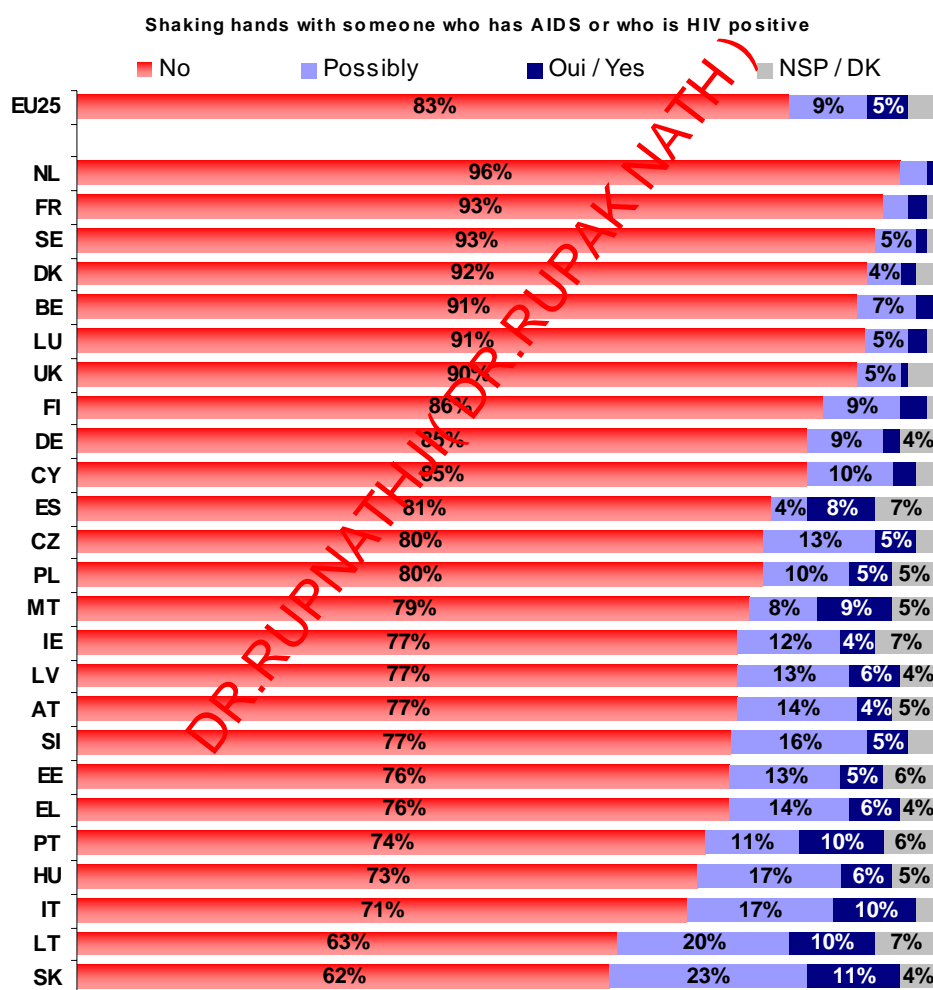
The share of correct answers is also over the 50% mark in the acceding and candidate countries and the non government controlled areas of Cyprus.



We repeat here once again, that significantly more citizens in these countries replied that they do not know the answer.

1.2.11 Shaking hands with someone who has AIDS or who is HIV positive

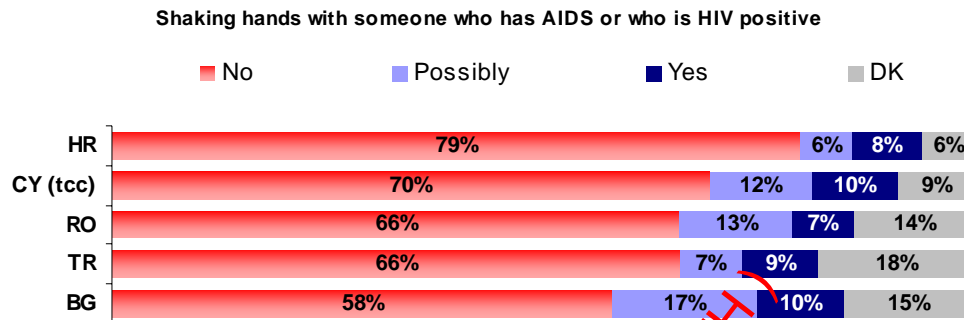
With an average of 83% of correct answers among the EU25 countries, "shaking hands with someone who has AIDS or is HIV positive" secures the highest consensus out of the statements dealing with ways for which it is not possible to catch AIDS. However the country differences are still significant. Slovakia and Lithuania are the only two countries in which the percentage of correct answers lies below the 70% mark. In both countries two in ten believe that "shaking hands with someone who has AIDS or who is HIV positive" could possibly lead to contracting HIV. One in ten is even convinced that it is a way of catching AIDS. This is also the case in Italy and Portugal. Also in Malta and Spain a non-negligible proportion of the population (respectively 9% and 8%) states that it is a way of contracting HIV.



With the exception of Italy, Portugal, Greece, Austria and Ireland, all of the other old EU15 Member States obtained a percentage of correct answers above the 80% mark. On average, 84% of citizens from the old EU15 group replied correctly versus 77% for the new Member States.

Comparative data analyses shows us that the amount of 'no' has increased in Belgium and France (respectively + 6 % points and + 5 % points) but on the contrary has decreased in Italy (- 14 %points), Spain and Greece (both - 5 %points).

With the exception of the higher 'do not know' rate', opinions are similar in the non-EU member countries.



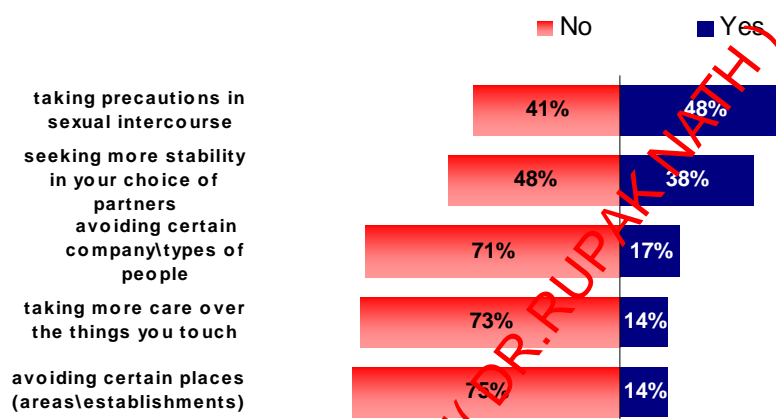
DR.RUPNATHJIK (DR.RUPAK NATH)

2. Have people changed their behaviour?

2.1. Overall results

As we have seen in the first part of this report, the level of knowledge of the ways one can catch HIV is relatively high. However a certain level of uncertainty (answer 'possibly') exists. It could perhaps be that these responses do not only reflect the knowledge of the subject but also indicate that a certain fear of AIDS is present. It is thus very interesting to analyse whether people have changed their behaviour since the emergence and spread of AIDS.

Q2 Have the emergence and the spread of AIDS led you personally ...?



Almost a majority of EU citizens says they are "taking precautions in sexual intercourse" as a consequence of the emergence and spread of AIDS. Four in ten interviewees replied that they are "seeking more stability in their choice of partners". Unfortunately almost half of the EU25 citizens affirm that they do not seek more stability in their choice of partners. This finding needs further investigation.

At the same time a large majority say that they do not try to avoid certain company, take more care over the things they touch or avoid certain places.

Analysis by socio-demographic characteristics

The above findings should be analysed in terms of respondents' socio-demographic characteristics.

Surprisingly, the socio-demographic analysis does not reveal great differences for "avoiding certain company", "taking more care over things you touch" and "avoiding certain places".

On the contrary, we can notice different answer patterns in terms of profiles when it comes to "taking precautions in sexual intercourse" and "seeking more stability in your choice of partners".

Firstly, more men than women say they take precautions in sexual intercourse (51% versus 45%). Age is predictably a very important variable too: 71% of those aged 15

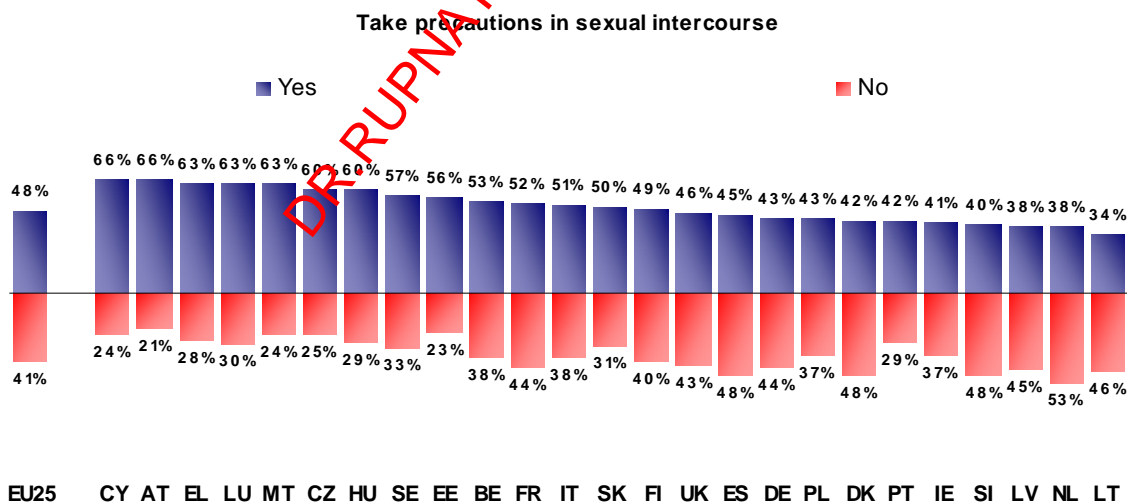
to 24 admit that they take precautions whereas only 30% of those aged 55 and more do so. The education level also seems to highlight such differences. While 35% of those who ended their full time education by the age of 15 admit that they take more precautions, 53% of those who studied until the age of 20 or more do so. This proportion climbs to 70% for those who are still studying. Of course far less of those who are retired say so (30%). Furthermore, more citizens living in large towns than those living in rural villages take more precautions during sexual intercourse (53% versus 43%).

The findings are slightly different regarding "seeking more stability in the choice of partners". No gender differences are observed but age and education bear a strong influence. With a result of 27% older respondents (aged 55 and more) reply less often that they do so and answer more often that they do not (58%). Seemingly not everybody in this age band is concerned since 10% of them replied that they do not know. There is a strong link between older respondents, the retired and those who completed their full time education by the age of 15 or less, judging by the fact that the results are more or less similar for these socio-demographic profiles. Again more citizens living in large towns (40%) say that they seek more stability in their choice of partners than those living in rural areas (35%).

2.2. Country comparisons

2.2.1 Taking precautions in sexual intercourse

At the country level, we should note that in 13 countries over half of the respondents reply that they take more precautions during sexual intercourse. Cypriots and Austrians top the ranks with a result of 66% and just half of the Slovaks do so. On the contrary, only one in three Lithuanians states that they do.

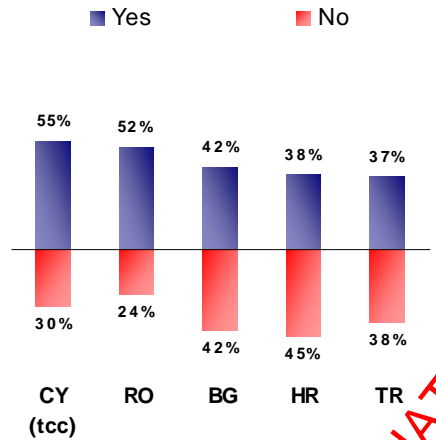


With an average score of 48% in the EU15 and in the NMS10 the results are identical on the 'yes' side. However, somewhat more citizens of the EU15 group replied that they do not take more precautions in sexual intercourse (42% versus 34% in the NMS10).

When it comes to the acceding and candidate countries and the non government controlled areas of Cyprus, one can note that the results are more or less in line with

the observations made at the EU25 level. The members of the Turkish Cypriot Community top the ranks with 55% of them stating they take more precautions during sexual intercourse. On the contrary, only 37% of Turks reply that they do so.

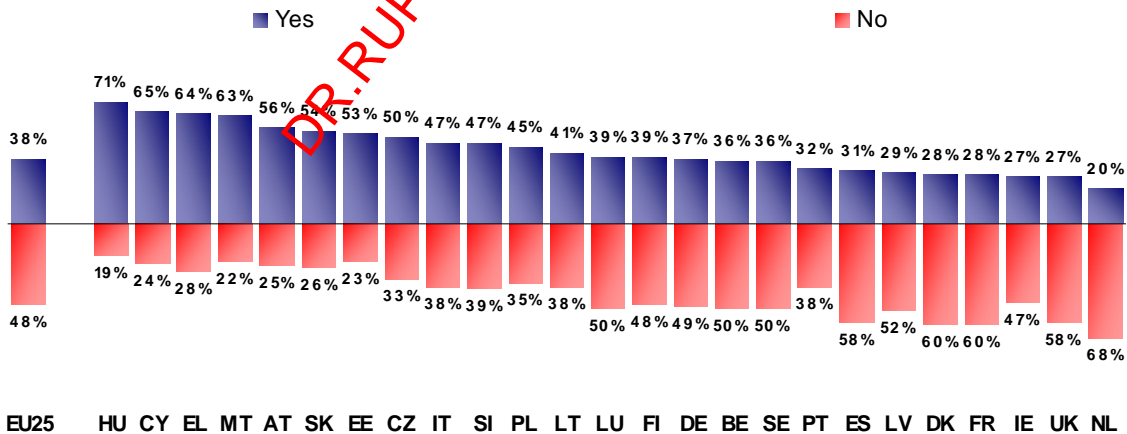
Take precautions in sexual intercourse



2.2.2 Seeking more stability in your choice of partners

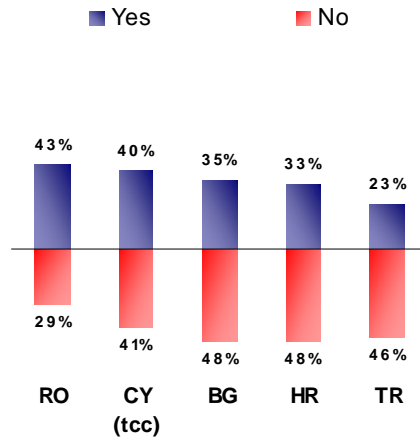
The country differences are even higher when it comes to "seeking more stability in the choice of partners". One can observe a 51 point difference between Lithuanians, who seem to have drastically changed their behaviour in terms of stability of partners since the emergence of AIDS, and the Dutch. Only two in ten of them seek more stability in their choice of partners. Moreover seven out of ten of them reply that they did not change their behaviour.

Seek more stability in your choice of partners



If more than half of the respondents in eight countries of the EU25 say they seek more stability in their choice of partners, the situation is different in the non-EU countries. In all of them less than half of the respondents replied that they do so. We should however bear in mind that the proportion of those saying that they have changed their behaviour in terms of partner stability is at least as low in some Western countries.

Seek more stability in your choice of partners

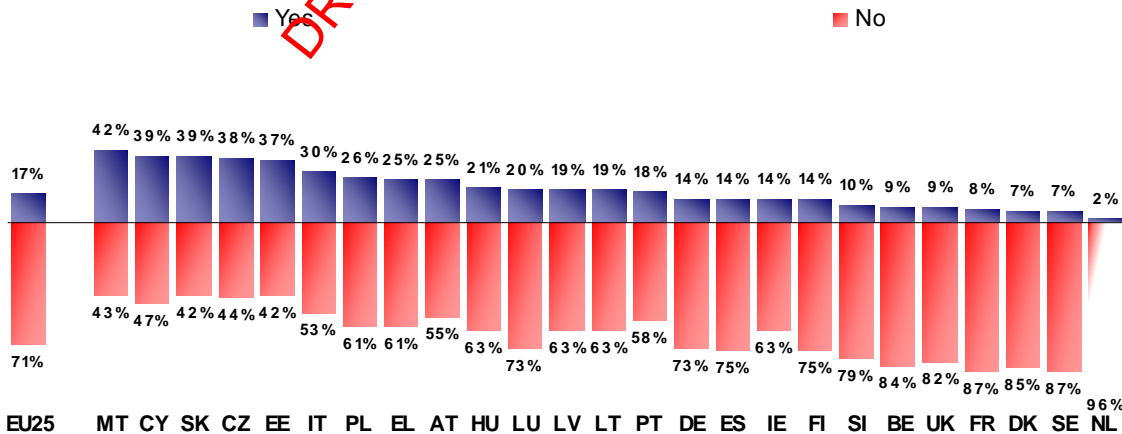


Further investigation would be necessary in order to detect if AIDS became part of everyday life in some EU15 Member States, but less so in the NMS10 countries. The average results give an initial indication: 35% of EU15 citizens reply that they do seek more stability in their choice of partners whereas 30% do so in the NMS10. However, at the same time the proportion of those replying that they did not is far higher in the EU15 (51%) than in the NMS10 (32%).

2.2.3 Avoiding certain company types of people

Respondents were also asked if they avoid certain types of people since the emergence of AIDS. Once again, the variation between the countries covered is notable. The lowest levels admitting a change in behaviour are found among citizens of the 12 old EU Member States. In the Netherlands seemingly nobody avoids certain company.

Avoiding certain company/types of people

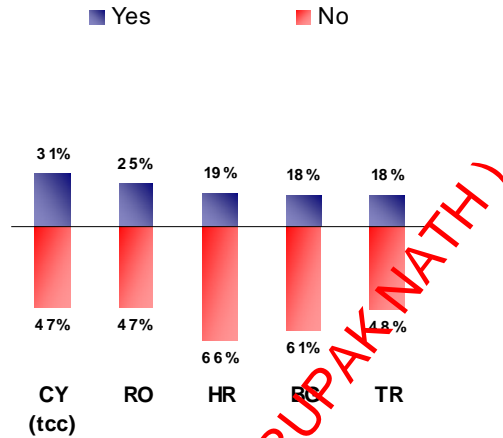


On the contrary five NMS10 countries top the ranking. With 42%, more Maltese changed their behaviour compared to any other Member State nationality. That said it is therefore not surprising that the average results in the EU15 differ significantly from

those in the NMS10. While only 15% of the EU15 citizens reply that they avoid certain company, 28% of the NMS10 citizens admit that they do so. Furthermore, 74% of the EU15 citizens do not avoid certain company while this share drops to 58% in the NMS10.

Members of the Turkish Cypriot community and Romanians have more or less changed their attitude in the same way as citizens of the NMS10 group. We should however note that fewer replied that they do not avoid certain company.

Avoiding certain company\ types of people

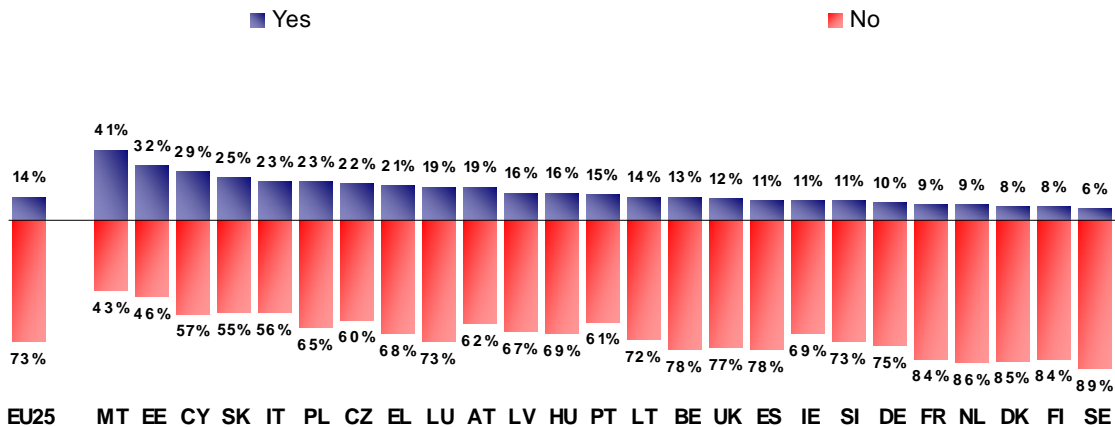


Croatians, Bulgarians and Turks are on the contrary closer to the average of the EU15 citizens in terms of avoiding certain types of people. However, compared to the EU15 average, fewer replied that they did not change their behaviour which means that they display a certain hesitation here.

2.2.4 Taking more care over the things you touch

The tendencies are more or less identical for "taking more care over the things touched".

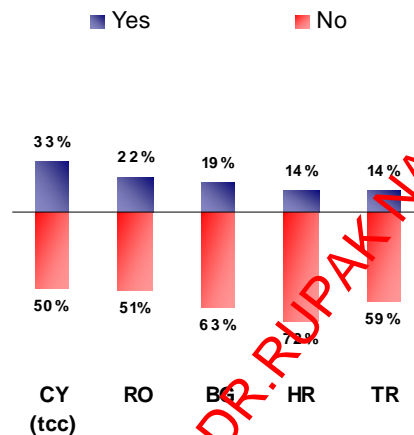
Taking more care over the things you touch



Again, with 41% of Maltese citizens saying that they take more care over the things they touch, they rank highest. In the ranking, they are followed by three other NMS

countries, namely Estonia, Cyprus and Slovakia. At the bottom of the ranking, 11 of the old EU15 Member States, starting with 13% of Belgians affirm that they take more care over the things they touch to 6% of Swedes. The difference between the EU15 average and the NMS10 average is however somewhat less pronounced than for "avoiding certain types of people". Only an 8 point gap separates the 'yes' in the EU15 from the 'yes' in the NMS10 for "taking more care over the things you touch" (13% in EU15 compared to 21% in NMS10). On the 'no' side a 10 point difference can be observed (74% in EU15 and 64% in NMS10).

Taking more care over the things you touch

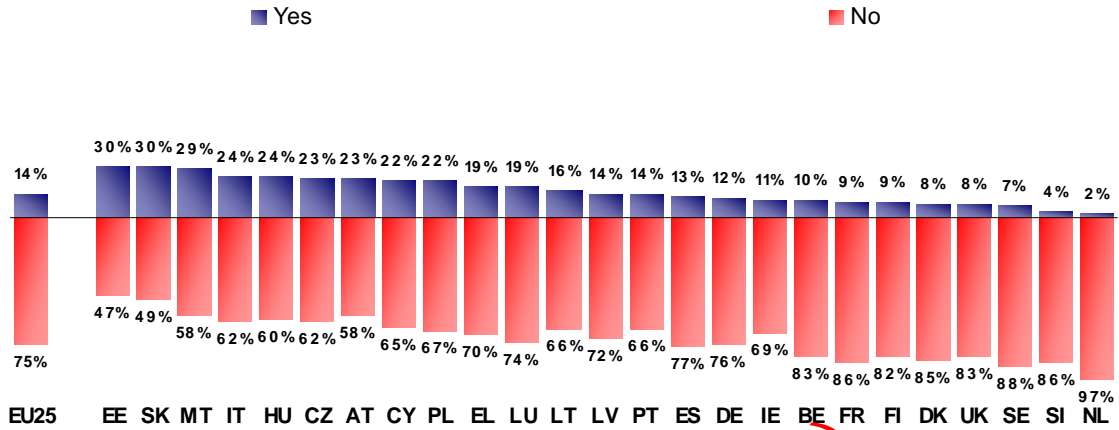


The results of the acceding and candidate countries and the non government controlled areas of Cyprus regarding "taking more care over the things one touch" are also similar to what has been observed for "avoiding certain types of company".

2.2.5 Avoiding certain places (areas\establishments)

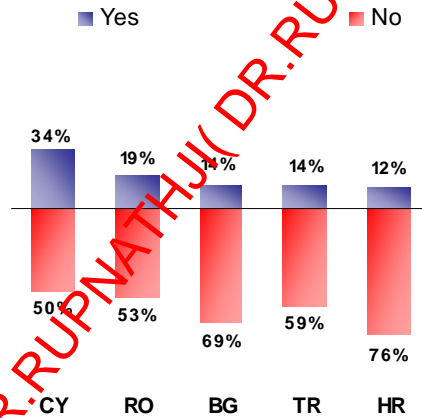
Lastly, respondents were also asked if they avoid certain places, now that AIDS has been spread. This action is again only undertaken by a minority of the respondents. However, almost one in three Estonians, Slovaks and Maltese replied that they do so. Once again, 12 of the old EU15 Member States figure at the bottom of the ranking. The variations in the average of the EU15 and the NMS10 are similar to before: 13% of 'yes' and 77% of 'no' at the EU15 level and 22% of 'yes' and 64% of 'no' at the NMS10 level.

Avoiding certain places (areas\establishments)



The findings among the non-EU Member States regarding "avoiding certain places" are more in line with what respondents replied for "taking more care over the things they touch".

Avoiding certain places (areas\establishments)



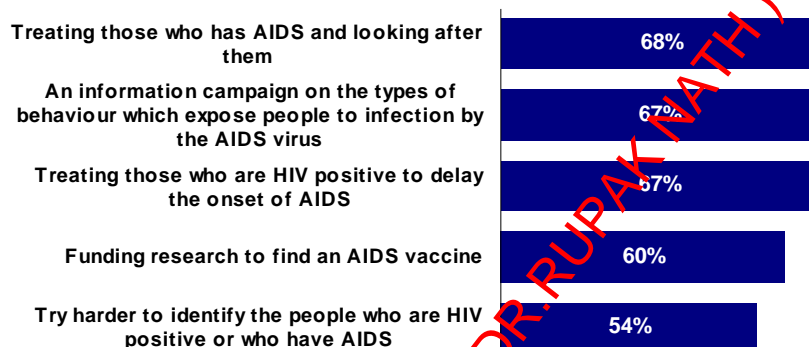
DR. RUPNATHJY (DR. RUPAK NATH)

3. Efficiency of actual measures

3.1. Overall results

There is no doubt that a certain level of fear regarding AIDS exists. Individuals have indeed changed their behaviour since the emergence and the spread of AIDS. Let us now see what they think about the effectiveness of measures undertaken in their country. The percentages indicated below represent the sum of 'very effective' and 'fairly effective' answers.

Q3 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?



Three measures rank at similar levels of effectiveness within the EU: almost 7 out of 10 citizens believe that "Treating those who have AIDS and looking after them" is the most effective measure undertaken in their respective countries (68%). About the same proportion refers to information campaigns on the types of hazardous behaviour that expose people to AIDS, as well as to "treating those who are HIV positive to delay the onset" of the disease.

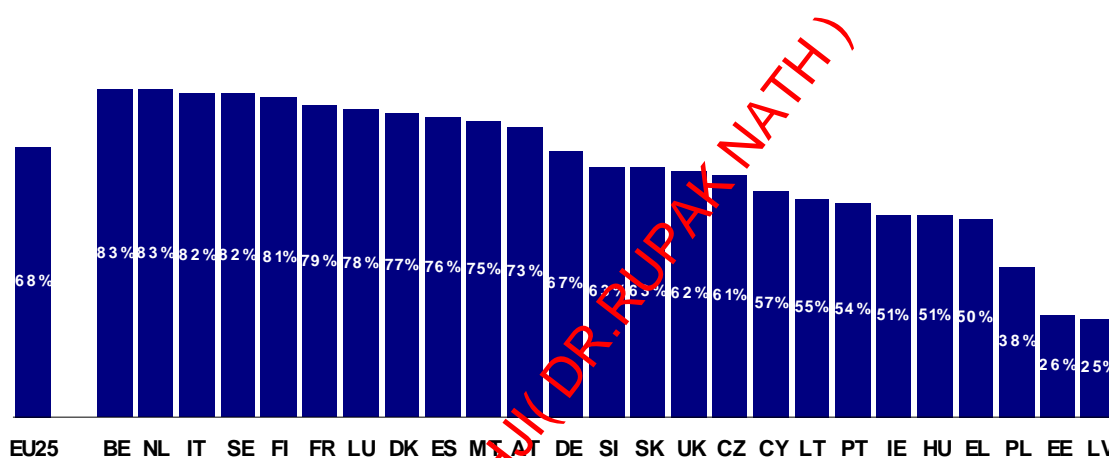
Scoring slightly below, at 60%, interviewees mentioned the financial aid dedicated to research ("funding research to find an AIDS vaccine) while 54% state "try harder to identify the people who are HIV positive or who have AIDS".

3.2. Country comparisons

3.2.1 Treating those who have AIDS and looking after them

A country analysis of the results shows some differences in the way citizens perceive the effectiveness of medical treatment and care of those with AIDS. Ten countries, mainly the old EU15 Member States rank above the EU25 average, with around 8 out of 10 citizens emphasizing the value of these treatments. The highest scores are found in Belgium (83%), the Netherlands (83%), Sweden (82%) and Italy (82%). Among the new Member States, only Malta integrates this group of countries, scoring at a similar level to Spain (75% and 76%).

Treating those who has AIDS and looking after them, % Effective



Results are in line with the European average in Austria (73%) and Germany (67%), followed by a group of 10 countries with results that ranks from 63% obtained in Slovenia to 50% in Greece.

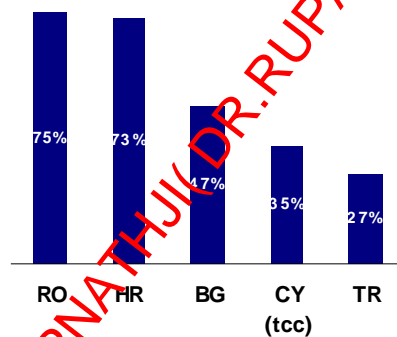
The situation in three new Member States looks more critical as far as this measure is concerned: only 38% of respondents in Poland, 26% in Estonia and 25% in Latvia highlight the importance and effectiveness of treating those who have AIDS and looking after them in their respective countries. These results should be monitored as it could be reflecting either a failure in the national AIDS action plan or insufficient communication/information from responsible institutions towards society. In fact, 43% in Poland, 50% in Latvia and 54% in Estonia criticize the effectiveness of this measure in their country.

A country analysis of the shifts in the percentages since the previous survey shows the following developments:

- Positive evolutions are significant in Luxembourg (+17 % points), Portugal, Belgium (+8 % points) as well as Italy and Denmark (+6 % points).
- Austria, the United Kingdom and Ireland are the countries displaying the most negative trend with regard to the treatment of those affected by AIDS (-6, -7 and -10 % points respectively).

If we look at the results obtained in the acceding and candidate countries, we can observe that scores in Romania and Croatia are similar to the EU25 average (75% and 73% in that order) while the situation in Turkey and the Turkish Cypriot community is similar to that already observed in Poland, Estonia and Latvia (with 35% and 27% respectively).

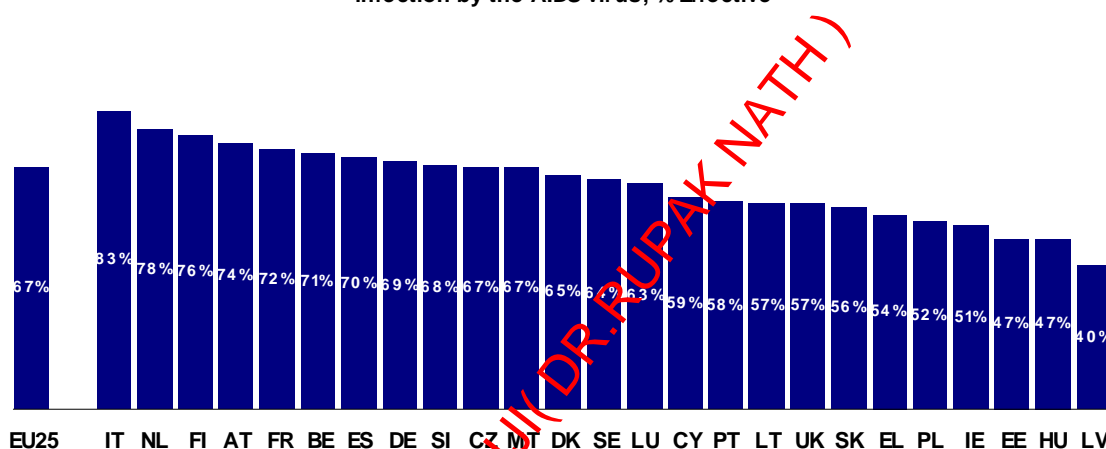
Treating those who has AIDS and looking after them, % Effective



3.2.2 An information campaign on the types of behaviour which expose people to infection by the AIDS virus

As far as the effectiveness of information campaigns focusing on risky behaviour, the country analysis shows that in almost all countries a majority or a relative majority believes that this measure is or has been effective in their respective countries. Yet, the levels attained vary from one country to another: the largest proportion of people appreciating the value of national information campaigns is found in Italy (with 83% stating so) with the Netherlands and Finland showing similar results (78% and 76%). From this level, scores go down to 47% for Estonia and Hungary.

An information campaign on the types of behaviour which expose people to infection by the AIDS virus, % Effective



Latvia displays the worse results with only 40% of respondents declaring that these types of information campaigns are an effective measure in their country.

Apart from Latvia, where critics attain 45%, negative results are significant as well in Greece (41%), Estonia (39%), Hungary (38%) and Poland (36%).

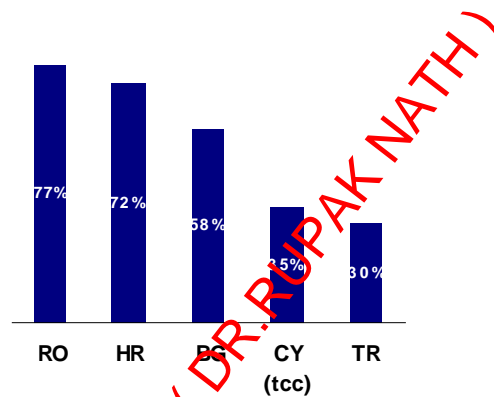
A comparative analysis with the previous survey reveals major evolutions in Italy (+13 % points) and Portugal, and to a lesser extent in France (+7 % points), Greece (+4 % points) and Belgium (+3 % points).

In contrast, the most negative trend is found in Spain (-8 % points), Sweden (-5 % points) and Ireland (-5 % points).

Moving on to the acceding and candidates countries one can observe, as per the previous measure, that in Romania and Croatia the positive answers rank at the same level as most of the EU25 countries with 77% and 72% respectively declaring that national information campaigns about types of behaviour which exposes people to AIDS are effective.

To a lesser extent, this is also the opinion of a majority of interviewees in Bulgaria (58%), while, once more, citizens in Turkey and in the Turkish Cypriot community are far less positive (30% and 35% in that order).

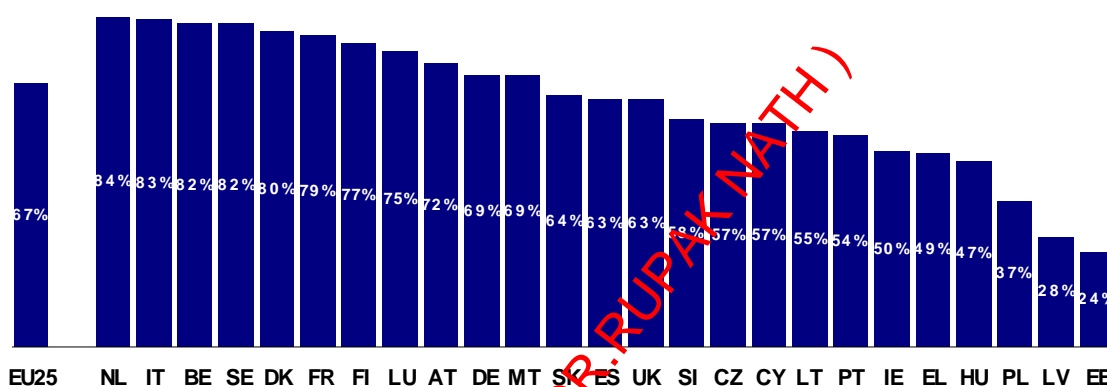
An information campaign on the types of behaviour which expose people to infection by the AIDS virus, % Effective



3.2.3 Treating those who are HIV positive to delay the onset of AIDS

Treatments aiming to delay the onset of AIDS in those who are HIV positive are seen as being a positive measure in almost all the Member States. Yet, the level of support for this opinion varies significantly from one country to the other. The most enthusiastic are, once more, the Dutch and the Italians (84% and 83% respectively), while positive answers are far fewer in 4 new Member States such as Hungary, Poland, Latvia and Estonia, where it decreases to 47%, 37%, 28% and 24% in that order.

Treating those who are HIV positive to delay the onset of AIDS, % Effective

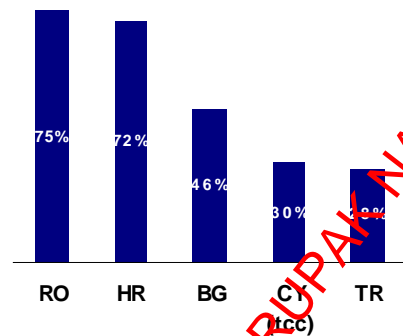


Analysing the countries' shift in the figures since the previous survey we observe that a favourable perception of the effectiveness of these specific treatments progress in Luxembourg (+16 points), Portugal and the Netherlands (+10 points in both countries) as well as Italy, Belgium and Germany (+9 points for the first two countries and +8 in Germany). One should note that in Luxembourg, the Netherlands, Belgium and Italy, the evolutions were already extremely positive as far as general treatment and care of persons with AIDS was concerned.

In contrast, positive opinions in Austria and Ireland have decreased significantly since the last wave (-6 and -8 % points respectively).

The results obtained in the acceding and candidates countries are consistent with what has been analysed up to this point: the percentage of citizens stating that these treatments are an effective measure in Romania and Croatia attain a similar level as in the Member States while the situation seems to be more critical in Turkey as well as in the non government controlled areas of Cyprus: 45% and 53% state that measures undertaken in this direction is not effective in their country.

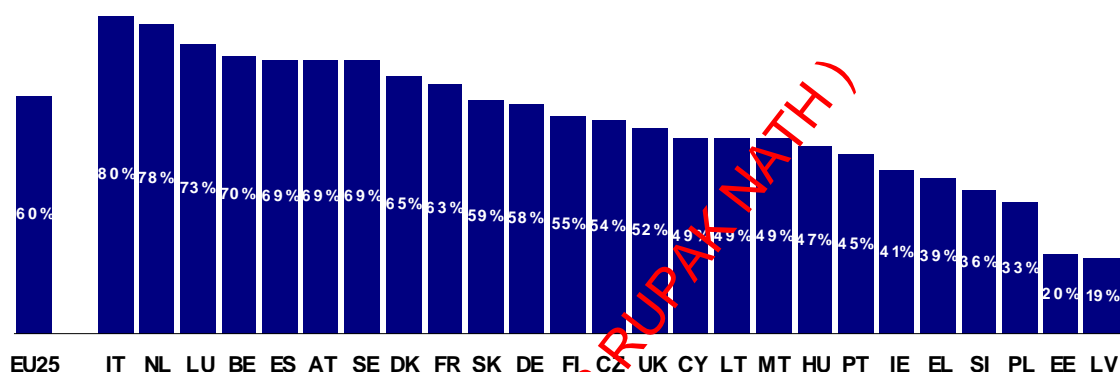
Treating those who are HIV positive to delay the onset of AIDS, % Effective



3.2.4 Funding research to find an AIDS vaccine

The evaluation of the effectiveness of the current funding research policies varies considerably from one country to another but once more positive and negative trends are observed in the same countries: Italy and the Netherlands rank at the top of the hierarchy with 80% and 78% of citizens asserting that their national funding policies, as far as research on AIDS is concerned, are effective.

Funding research to find an AIDS vaccine, % Effective



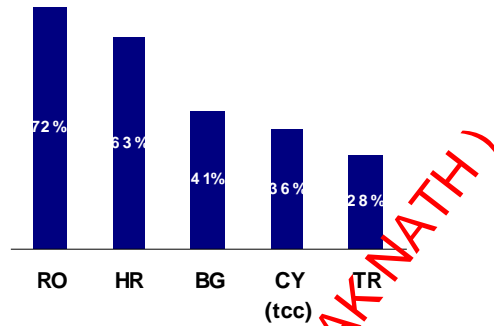
Levels of support decrease below the 50% level in Portugal, Ireland, Greece and Slovenia and are especially low in Poland (33%), Estonia (20%) and Latvia (19%). In these countries a majority or a relative majority of citizens have the opposite opinion: 54% of Estonians believe this measure is not effective, followed by 50% of Latvians and 44% of Poles. In the old EU15 Member States, negative attitudes are significant in Greece with 41% of respondents criticizing the effectiveness of their country's policy in terms of AIDS research funding.

A country analysis on the shifts in the results since the previous survey shows the following developments:

- Perception of effectiveness increases greatly in Luxembourg (+16 % points), and registers significant progressions in Italy (+8 % points).
- At the same time, disapproval ratings increase in France (+7 % points), Greece (+7 % points) Ireland (+6 % points) and Austria (+6 % points).

In the non Member States opinions are once more much more favourable in Romania and Croatia (72% and 63%) whereas Turkish and the members of the Turkish Cypriot community are far more negative when evaluating the usefulness of this measure in their country.

Funding research to find an AIDS vaccine, % Effective

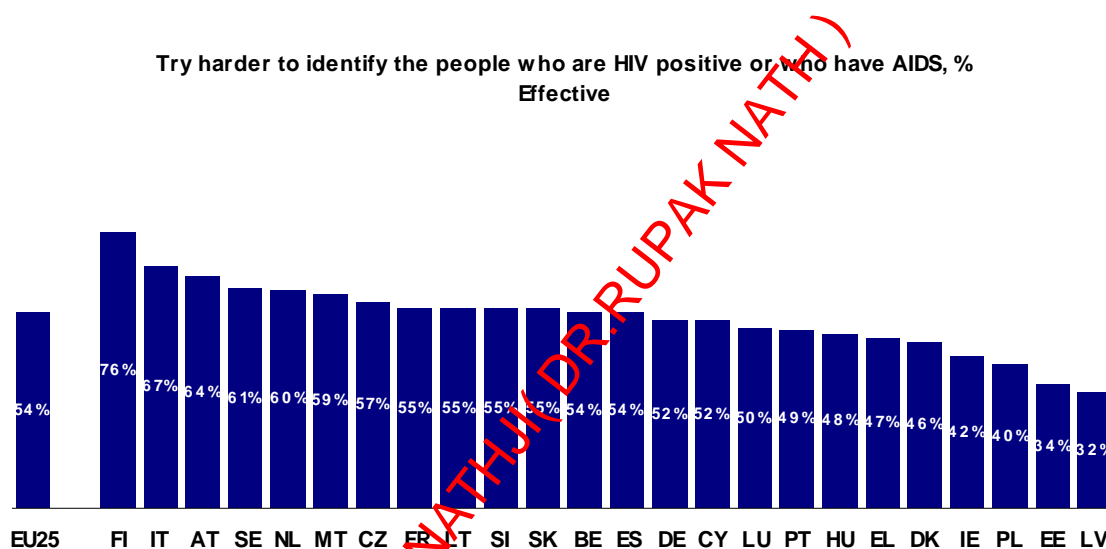


DR.RUPNATHJIK (DR.RUPAKNATH)

3.2.5 Try harder to identify the people who are HIV positive or who have AIDS

One out of two citizens within the European Union believes that trying harder to identify people who are HIV positive or who have AIDS is effective. Percentages vary from 76% in Finland to 32% in Latvia. Globally, this measure is judged as being effective by 50% or more of respondents in 16 Member States, including those in the old EU15 group like Italy (67%), Austria (64%), Sweden or the Netherlands (61% and 60% respectively), as well as new Member States like Malta (59%), the Czech Republic (57%) or Lithuania (55%).

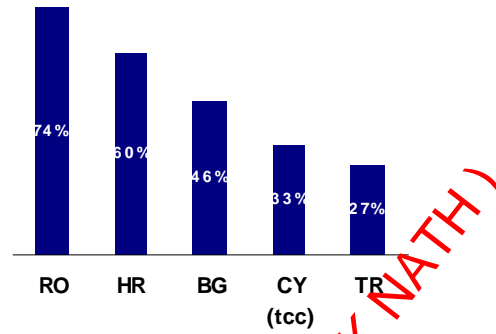
At the opposite end of the ranking, with the lowest level of positive answers, we find Poland (40%), Estonia (34%) and Latvia (32%). The responses obtained in this dimension confirm negative perceptions. These three countries seem to convey general criticism towards the overall treatment of the AIDS issue in their country.



The evolutions, as far as the former wave is concerned, presents a remarkable increase in the percentage of Italians believing in the effectiveness of the identification of those who are HIV positive or have AIDS (+28 % points). The progress of this opinion is significant as well in Luxembourg (+10 % points), Portugal or Finland (+8 and +9 % points respectively). Yet this perception seems to be weaker in Ireland compared to 3 years ago as favourable judgements drop 8 % points and, at the same time, negative opinion increases 10 % points (attaining now 35% of the population).

Moving on to the acceding and candidate countries, the same trend persists: Romanians and Croatians are far more optimistic with regard to the effectiveness of this measure in their country while Bulgarians have a more tepid opinion and Turks and members of the Turkish Cypriot community perceive it negatively.

Try harder to identify the people who are HIV positive or who have AIDS, %
Effective



DR.RUPNATHJIK (DR.RUPAK NATH)

4. Harmonisation of efforts within the European Union

4.1. Overall results

Respondents were confronted with the same list of measures and in each case were asked whether or not it is useful to collaborate and harmonise efforts within the European Union.

The level of support for further collaboration and harmonisation of efforts within the European Union is overwhelming: around 9 out of 10 citizens support this principle when it comes to "Funding research to find an AIDS vaccine", "Treating those who have AIDS and looking after them", information campaigns on risky behaviours and treatments aiming to delay the onset of the illness in HIV positive persons.

8 out of 10 support this idea as far as the identification of people who are HIV positive or who have AIDS.

Q4 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?



Consequently with the vast agreement shown at the level of the EU25, we do not find significant differences at a national level. Yet some general remarks can be made:

- Some countries systematically display more enthusiasm for this idea. These are France, Luxembourg or Greece as well as Portugal and Italy. Amongst the new Member States, Cyprus is the country with a more positive attitude towards the principle of extra collaboration and harmonisation.
- On the contrary, relatively half-hearted support comes mainly from the United Kingdom and Denmark even if levels of agreement are somewhat lower as well as in Spain with regards to collaboration on treatments aiming to delay the onset of AIDS and as far as identification of people who are HIV positive or who have AIDS is concerned.
- Amongst the acceding countries, Romania shows the highest level of support in each of the 5 measures tested, while amongst the candidates, Croatia is more enthusiastic than Turkey.

- Levels of support in Turkey as well as in the Turkish Cypriot community are lower than in the rest of the countries.
- As far as the evolution of results compared to the former survey is concerned, the most important variations are found in Denmark: the positive perception of further collaboration within the Union decreases for the five analysed possibilities. The drop in the results is especially significant with regards to the information campaigns on risky issues which falls 11 percent points compared to the previous outcome, as well as with regards to "funding research to find an AIDS vaccine" with a 9 percent point decrease.
- Looking at the socio-demographic breakdowns no significant differences can be found. Only respondent age and end of education seem to somewhat distinguish between respondents: the younger the interviewee the more he/she believes in the utility of this "partnership" within the European Union. In the same way, students and people with a higher level of education are more likely to believe in the utility of harmonising efforts and further collaboration.

DR.RUPNATHJIK (DR.RUPAK NATHJIK)

CONCLUSION

The level of awareness regarding HIV/AIDS is high in The European Union and in the acceding and candidate countries and the non government controlled areas of Cyprus. "Being injected with a needle which has been used by someone with AIDS or who is HIV positive", "Receiving blood from someone with AIDS or who is HIV positive" and "Having sex without protection with someone with AIDS or who is HIV positive" are widely acknowledged by a clear majority of respondents as ways to catch HIV.

Nevertheless we have observed somewhat more hesitation when it comes to statements which do not represent a way of contracting HIV. A general tendency was observed. The citizens from the old EU15 Member States give the correct answer more often than those from the ten New Member States. Compared to the 2002 survey in the old Member States, awareness has significantly and often systematically dropped in Italy, Spain and the United Kingdom. On the contrary awareness levels are now notably higher in Portugal, Germany and sometimes better in France and Belgium.

The awareness of the emergence and spread of AIDS led to a change in people's behaviour for "taking more precautions during their sexual intercourse" and "seeking more stability in their choice of partners". Other behavioural changes are more marked among the 10 New Member States citizens than in the old European Union Member States.

Regarding the effectiveness levels of measures undertaken at the national level, three measures top the ranking. Almost 7 out of 10 citizens believe that "Treating those who have AIDS and looking after them" is the most effective measure undertaken in their respective countries. About the same proportion refers to information campaigns on the types of hazardous behaviour that expose people to AIDS, as well as to "treating those who are HIV positive to delay the onset" of the disease. The citizens from the old EU15 Member States systematically rate the measures undertaken in their respective countries as more effective than those from the ten New Member States.

Lastly, the results of this survey confirm that there is an overwhelming support for further collaboration and harmonisation of efforts within the European Union.

ANNEXES

DR. RUPNATHJI (DR. RUPAK NATH)

Questionnaire

DR.RUPNATHJI(DR.RUPAK NATH)

A | your survey number

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EB63.4 A

B | country code

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EB63.4 B

C | our survey number

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EB63.4 C

D | Interview number

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EB63.4 D

DR.RUPNATHJIK(DR.RUPAK NATH)

Q1 What is your nationality? Please tell me the country(ies) that applies(y).

(MULTIPLE ANSWERS POSSIBLE)

Belgium	1,
Denmark	2,
Germany	3,
Greece	4,
Spain	5,
France	6,
Ireland	7,
Italy	8,
Luxembourg	9,
Netherlands	10,
Portugal	11,
United Kingdom (Great Britain, Northern Ireland)	12,
Austria	13,
Sweden	14,
Finland	15,
Republic of Cyprus	16,
Czech Republic	17,
Estonia	18,
Hungary	19,
Latvia	20,
Lithuania	21,
Malta	22,
Poland	23,
Slovakia	24,
Slovenia	25,
Other countries	26,
DK	27,

EB63.4 Q1

DR.RUPNATHJIK DR.RUPAK NATHJIK

IF OTHER or DK THEN CLOSE INTERVIEW

ASK D15b ONLY IF NOT DOING ANY PAID WORK CURRENTLY - CODES 1 TO 4 IN D. 15.
a.

D15a What is your current occupation?

D15b Did you do any paid work in the past? What was your last occupation?

	D15a CURRENT OCCUPATION	D15b LAST OCCUPATION
NON-ACTIVE		
Responsible for ordinary shopping and looking after the home, or without any current occupation, not working	1	
Student	2	
Unemployed or temporarily not working	3	
Retired or unable to work through illness	4	
SELF EMPLOYED		
Farmer	5	5
Fisherman	6	6
Professional (lawyer, medical practitioner, accountant, architect, etc.)	7	7
Owner of a shop, craftsmen, other self-employed person	8	8
Business proprietors, owner (full or partner) of a company	9	9
EMPLOYED		
Employed professional (employed doctor, lawyer, accountant, architect)	10	10
General management, director or top management (managing directors, director general, other director)	11	11
Middle management, other management (department head, junior manager, teacher, technician)	12	12
Employed position, working mainly at a desk	13	13
Employed position, not at a desk but travelling (salesmen, driver, etc.)	14	14
Employed position, not at a desk, but in a service job (hospital, restaurant, police, fireman, etc.)	15	15
Supervisor	16	16
Skilled manual worker	17	17
Other (unskilled) manual worker, servant	18	18
NEVER DID ANY PAID WORK		
		19

EB63.4 D15a D15b

Now moving on another topic.

ASK ALL

QD1 In your opinion, can AIDS be caught by each of the following ways?

(SHOW CARD – ONE ANSWER PER LINE)

(READ OUT – ROTATE)

		Yes	Possibly	No	DK
--	--	-----	----------	----	----

1	Eating a meal prepared by someone who has AIDS or who is HIV positive	1	2	3	4
2	Handling objects touched by someone who has AIDS or who is HIV positive	1	2	3	4
3	Drinking from a glass which has just been used by someone who has AIDS or who is HIV positive	1	2	3	4
4	Sitting on a toilet seat which has been used by someone who has AIDS or who is HIV positive	1	2	3	4
5	Being injected with a needle which has been used by someone who has AIDS or who is HIV positive	1	2	3	4
6	Receiving blood from someone who has AIDS or who is HIV positive	1	2	3	4
7	Shaking hands with someone who has AIDS or who is HIV positive	1	2	3	4
8	Kissing on the mouth someone who has AIDS or who is HIV positive	1	2	3	4
9	Having sex without protection with someone who has AIDS or who is HIV positive	1	2	3	4
10	Taking care of someone who has AIDS or who is HIV positive	1	2	3	4
11	Giving blood	1	2	3	4

EB58.2 Q68 SLIGHTLY MODIFIED

--

QD2 Have the emergence and the spread of AIDS led you personally to...?

(SHOW CARD – ONE ANSWER PER LINE)

(READ OUT – ROTATE) Yes Possibly No DK

1	Taking more care over the things you touch	1	2	3	4
2	Avoiding certain places (areas/establishments)	1	2	3	4
3	Seek more stability in your choice of partners	1	2	3	4
4	Avoiding certain company/types of people	1	2	3	4
5	Take precautions in sexual intercourse	1	2	3	4

EB58.2 Q69 TREND MODIFIED

--

QD3 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

(SHOW CARD – ONE ANSWER PER LINE)

(READ OUT – ROTATE) Very effective Fairly effective Not very effective Not at all effective DK

1	An information campaign on the types of behaviour which expose people to infection by the AIDS virus	1	2	3	4	5
2	Try harder to identify the people who are HIV positive or who have AIDS	1	2	3	4	5
3	Treating those who are HIV positive to delay the onset of AIDS	1	2	3	4	5
4	Treating those who has AIDS and looking after them	1	2	3	4	5
5	Funding research to find an AIDS vaccine	1	2	3	4	5

EB58.2 Q70 TREND SLIGHTLY MODIFIED

--

QD4	Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?
-----	--

(SHOW CARD – ONE ANSWER PER LINE)

	(READ OUT – ROTATE)	Very useful	Fairly useful	Not very useful	Not at all useful	DK
--	---------------------	-------------	---------------	-----------------	-------------------	----

1	An information campaign on the types of behaviour which expose people to infection by the AIDS virus	1	2	3	4	5
2	Try harder to identify the people who are HIV positive or who have AIDS	1	2	3	4	5
3	Treating those who are HIV positive to delay the onset of AIDS	1	2	3	4	5
4	Treating those who has AIDS and looking after them	1	2	3	4	5
5	Funding research to find an AIDS vaccine	1	2	3	4	5

EB58.2 Q71 TREND MODIFIED

DR. RUPNATHJI (DR. RUPAK NATH)

DEMOGRAPHICS

ASK ALL

D1 In political matters people talk of "the left" and "the right".How would you place your views on this scale?

(SHOW CARD) - (INT.: DO NOT PROMPT - IF CONTACT HESITATES, TRY AGAIN)

Left									Right	
1	2	3	4	5	6	7	8	9	10	

Refusal 11

DK 12

EB63.4 D1

NO QUESTIONS D2 TO D6

D7 Could you give me the letter which corresponds best to your own current situation?

(SHOW CARD - READ OUT - ONE ANSWER ONLY)

Married	1
Remarried	2
Unmarried, currently living with partner	3
Unmarried, having never lived with a partner	4
Unmarried, having previously lived with a partner, but now on my own	5
Divorced	6
Separated	7
Widowed	8
Other (SPONTANEOUS)	9
Refusal (SPONTANEOUS)	10

EB63.4 D7

D8 How old were you when you stopped full-time education?

(INT.: IF "STILL STUDYING", CODE '00')

EB63.4 D8

NO QUESTION D9

D10 Gender.

Male	1
Female	2

EB63.4 D10

D11 How old are you?

<input type="text"/>	<input type="text"/>
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EB63.4 D11

NO QUESTION D12 TO D14

D15 a&b ASKED BEFORE Q1

NO QUESTIONS D16 TO D24

D25 Would you say you live in a...?

(READ OUT)

Rural area or village	1
Small or middle sized town	2
Large town	3
DK	4

EB63.4 D25

NO QUESTIONS D26 TO D39

D40a Could you tell me how many people aged 15 years or more live in your household, yourself included?

INT.: READ OUT - WRITE DOWN)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

EB63.4 D40a

D40b Could you tell me how many children less than 10 years old live in your household?

INT.: READ OUT - WRITE DOWN)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

EB63.4 D40b

D40c Could you tell me how many children aged 10 to 14 years old live in your household?

INT.: READ OUT - WRITE DOWN)

--	--

EB63.4 D40c

D41 You personally, were you born...?

(SHOW CARD - READ OUT - ONE ANSWER ONLY)

In (OUR COUNTRY)	1
In another Member Country of the European Union	2
In Europe, but not in a Member Country of the European Union	3
In Asia, in Africa or in Latin America	4
In Northern America, in Japan or in Oceania	5
Refusal (SPONTANEOUS)	6

EB63.4 D41

D42 Which of these proposals corresponds to your situation?

(SHOW CARD - READ OUT - ONE ANSWER ONLY)

Your mother and your father were born in (OUR COUNTRY)	1
One of your parents was born in (OUR COUNTRY) and the other was born in another Member State of the European Union	2
Your mother and your father were born in another Member State of the European Union	3
Another situation (SPONTANEOUS) (M)	4
DK/Refusal (SPONTANEOUS)	5

EB63.4 D42

D43a Do you own a fixed telephone?

D43b Do you own a mobile telephone?

	D43a	D43b
	Fixed	Mobile
Yes	1	1
No	2	2

EB63.4 D43a D43b

INTERVIEW PROTOCOLE

P1 DATE OF INTERVIEW

		DAY			MONTH
--	--	-----	--	--	-------

EB63.4 P1

P2 TIME OF THE BEGINNING OF THE INTERVIEW

(INT.:USE 24 HOUR CLOCK)

		HOUR			MINUTES
--	--	------	--	--	---------

EB63.4 P2

P3 NUMBER OF MINUTES THE INTERVIEW LASTED

		MINUTES
--	--	---------

EB63.4 P3

P4 Number of persons present during the interview, including interviewer

Two (interviewer and respondent)	1
Three	2
Four	3
Five or more	4

EB63.4 P4

P5 Respondent cooperation

Excellent	1
Fair	2
Average	3
Bad	4

EB63.4 P5

P6 Size of locality

(LOCAL CODES)

--	--

EB63.4 P6

DR. RUPNATHJI (DR. RUPAK NATH)

P7 Region

(LOCAL CODES)

--	--

EB63.4 P7

P8 Postal code

--	--	--	--	--	--	--	--	--	--

EB63.4 P8

P9 Sample point number

--	--	--	--	--	--	--	--	--	--

EB63.4 P9

P10 Interviewer number

--	--	--	--	--	--	--	--	--	--

EB63.4 P10

P11 Weighting factor

--	--	--	--	--	--	--	--	--	--

EB63.4 P11

ASK ONLY in LU, BE, ES, FI, ~~FR~~, LV, MT and TR

P13 Language of interview

Language 1
Language 2
Language 3

1
2
3

EB63.4 P13

DR. RUPNATHJY (DR. RUPAK NATH)

Technical note and data tables

EU25

DR.RUPNATHJI (DR. RUPAK NATH)

SPECIAL EUROBAROMETER N°240

« AIDS prevention »

TECHNICAL SPECIFICATIONS

Between the 2nd of September and the 6th of October 2005, TNS Opinion & Social, a consortium created between Taylor Nelson Sofres and EOS Gallup Europe, carried out wave 64.1 of the EUROBAROMETER, on request of the EUROPEAN COMMISSION, Directorate-General Press and Communication, Opinion Polls.

The SPECIAL EUROBAROMETER N°240 is part of wave 64.1 and covers the population of the respective nationalities of the European Union Member States, resident in each of the Member States and aged 15 years and over. The basic sample design applied in all states is a multi-stage, random (probability) one. In each country, a number of sampling points was drawn with probability proportional to population size (for a total coverage of the country) and to population density.

In order to do so, the sampling points were drawn systematically from each of the "administrative regional units", after stratification by individual unit and type of area. They thus represent the whole territory of the countries surveyed according to the EUROSTAT NUTS II (or equivalent) and according to the distribution of the resident population of the respective nationalities in terms of metropolitan, urban and rural areas. In each of the selected sampling points, a starting address was drawn, at random. Further addresses (every Nth address) were selected by standard "random route" procedures, from the initial address. In each household, the respondent was drawn, at random (following the "closest birthday rule"). All interviews were conducted face-to-face in people's homes and in the appropriate national language. As far as the data capture is concerned, CAPI (*Computer Assisted Personal Interview*) was used in those countries where this technique was available.

DR.RUPNATHJI (DR.RUPAKNATH)

ABREVIATIONS	COUNTRIES	INSTITUTES	N° INTERVIEWS	FIELDWORK DATES	POPULATION 15+
BE	Belgium	TNS Dimarso	1.047	07/09/2005 03/10/2005	8.598.982
CZ	Czech Rep.	TNS Aisa	1.011	07/09/2005 29/09/2005	8.571.710
DK	Denmark	TNS Gallup DK	1.011	08/09/2005 06/10/2005	4.380.063
DE	Germany	TNS Infratest	1.528	07/09/2005 30/09/2005	64.174.295
EE	Estonia	Emor	1.009	09/09/2005 03/10/2005	887.094
EL	Greece	TNS ICAP	1.000	05/09/2005 03/10/2005	8.674.230
ES	Spain	TNS Demoscopia	1.016	08/09/2005 04/10/2005	35.882.820
FR	France	TNS Sofres	1.014	05/09/2005 03/10/2005	44.010.619
IE	Ireland	TNS MRBI	1.000	06/09/2005 05/10/2005	3.089.775
IT	Italy	TNS Abacus	1.000	11/09/2005 03/10/2005	49.208.000
CY	Rep. of Cyprus	Synovate	502	05/09/2005 03/10/2005	552.213
LV	Latvia	TNS Latvia	1.049	07/09/2005 03/10/2005	1.394.351
LT	Lithuania	TNS Gallup Lithuania	1.002	07/09/2005 29/09/2005	2.803.661
LU	Luxembourg	TNS ILReS	500	03/09/2005 28/09/2005	367.199
HU	Hungary	TNS Hungary	1.012	14/09/2005 03/10/2005	8.503.379
MT	Malta	MISCO	500	05/09/2005 30/09/2005	322.917
NL	Netherlands	TNS NIPO	1.000	07/09/2005 03/10/2005	13.242.328
AT	Austria	Österreichisches Gallup-Institute	1.012	08/09/2005 03/10/2005	6.679.444
PL	Poland	TNS OBOP	999	07/09/2005 03/10/2005	31.610.437
PT	Portugal	TNS EUROTESTE	1.000	08/09/2005 06/10/2005	8.080.915
SI	Slovenia	RM PLUS	1.037	04/09/2005 03/10/2005	1.663.869
SK	Slovakia	TNS AISA SK	1.056	07/09/2005 22/09/2005	4.316.438
FI	Finland	TNS Gallup Oy	1.004	08/09/2005 03/10/2005	4.279.286
SE	Sweden	TNS GALLUP	1.000	07/09/2005 04/10/2005	7.376.680
UK	United Kingdom	TNS UK	1.334	02/09/2005 03/10/2005	47.685.578
TOTAL			24.643	02/09/2005 06/10/2005	366.356.283

DR.RUPNATHJI(DR.RUPAKNATH)

For each country a comparison between the sample and the universe was carried out. The Universe description was derived from Eurostat population data or from national statistics offices. For all countries surveyed, a national weighting procedure, using marginal and intercellular weighting, was carried out based on this Universe description. In all countries, gender, age, region and size of locality were introduced in the iteration procedure. For international weighting (i.e. EU averages), TNS Opinion & Social applies the official population figures as provided by EUROSTAT or national statistic offices. The total population figures for input in this post-weighting procedure are listed above.

Readers are reminded that survey results are estimations, the accuracy of which, everything being equal, rests upon the sample size and upon the observed percentage. With samples of about 1,000 interviews, the real percentages vary within the following confidence limits:

Observed percentages	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Confidence limits	± 1.9 points	± 2.5 points	± 2.7 points	± 3.0 points	± 3.1 points

DR.RUPNATHJI(DR.RUPAK NATH)

QD1.1 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.1 In your opinion, can AIDS be caught by each of the following ways?

En mangeant un repas préparé par un malade du SIDA ou une personne séropositive

Eating a meal prepared by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	7%	17%	70%	6%
BE	1047	5%	17%	78%	0%
CZ	1011	8%	29%	58%	4%
DK	1011	3%	8%	85%	4%
DE	1528	4%	18%	74%	5%
EE	1009	9%	21%	60%	9%
EL	1000	6%	21%	67%	6%
ES	1016	7%	10%	72%	11%
FR	1014	4%	11%	80%	4%
IE	1000	4%	13%	71%	12%
IT	1000	12%	26%	58%	4%
CY	502	10%	21%	65%	5%
LV	1049	11%	26%	58%	6%
LT	1002	18%	32%	39%	10%
LU	500	5%	9%	83%	3%
HU	1012	11%	29%	52%	8%
MT	500	8%	13%	73%	7%
NL	1000	3%	12%	83%	2%
AT	1012	10%	20%	64%	6%
PL	999	12%	19%	60%	9%
PT	1000	3%	18%	72%	7%
SI	1037	9%	30%	57%	4%
SK	1056	13%	24%	60%	3%
FI	1003	4%	17%	78%	1%
SE	1000	2%	9%	88%	1%
UK	1334	3%	14%	76%	6%
Sexe / Sex					
Homme / Male	11882	7%	18%	70%	5%
Femme / Female	12760	6%	17%	70%	6%
Age					
15-24	3758	5%	15%	77%	3%
25-39	6538	5%	15%	78%	3%
40-54	6299	6%	17%	73%	4%
55 +	8047	10%	20%	59%	11%
Age de fin d'études / Education (End of)					
15	5879	10%	19%	59%	12%
16-19	9871	7%	18%	71%	5%
20+	5753	4%	15%	79%	2%
Tjs étudiant / Still Studying	2560	4%	15%	78%	2%
Composition du ménage / Household composition					
1	4662	9%	19%	64%	9%
2	7495	7%	17%	69%	6%
3	4865	5%	17%	73%	5%
4+	7619	6%	16%	74%	4%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	7%	17%	72%	4%
Cadres directeurs / Managers	2320	3%	13%	82%	2%
Autres employés / Other white collars	2622	4%	17%	76%	2%
Ouvriers / Manual workers	4743	5%	15%	76%	4%
Femmes- hommes au foyer / House perso	2519	9%	19%	64%	8%
Chômeurs / Unemployed	1758	8%	17%	70%	5%
Retraités / Retired	6184	10%	21%	58%	11%
Etudiants / Students	2560	4%	15%	78%	2%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	7%	16%	70%	7%
Petite moyenne ville / Small/ mid size tow	9829	6%	18%	70%	5%
Grande ville / Large town	6156	6%	17%	72%	4%

QD1.2 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.2 In your opinion, can AIDS be caught by each of the following ways?

En manipulant des objets qu'a touché un malade du SIDA ou une personne séropositive

Handling objects touched by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	5%	13%	78%	4%
BE	1047	6%	12%	82%	0%
CZ	1011	7%	19%	72%	3%
DK	1011	2%	7%	88%	3%
DE	1528	2%	11%	82%	4%
EE	1009	6%	16%	71%	6%
EL	1000	4%	12%	79%	4%
ES	1016	6%	6%	80%	8%
FR	1014	5%	12%	79%	3%
IE	1000	4%	11%	75%	10%
IT	1000	12%	21%	64%	3%
CY	502	5%	11%	81%	3%
LV	1049	8%	20%	67%	6%
LT	1002	11%	21%	60%	9%
LU	500	6%	7%	85%	2%
HU	1012	6%	19%	69%	5%
MT	500	8%	13%	73%	6%
NL	1000	2%	6%	91%	1%
AT	1012	6%	17%	73%	4%
PL	999	8%	14%	73%	6%
PT	1000	4%	14%	76%	6%
SI	1037	8%	18%	72%	2%
SK	1056	12%	24%	60%	3%
FI	1003	3%	11%	85%	1%
SE	1000	1%	6%	92%	1%
UK	1334	3%	10%	83%	5%
Sexe / Sex					
Homme / Male	11882	6%	13%	78%	4%
Femme / Female	12760	5%	13%	77%	5%
Age					
15-24	3758	3%	10%	85%	2%
25-39	6538	4%	10%	84%	2%
40-54	6299	5%	12%	80%	3%
55 +	8047	8%	16%	67%	9%
Age de fin d'études / Education (End of)					
15	5879	8%	16%	66%	10%
16-19	9871	5%	13%	79%	3%
20+	5753	4%	9%	85%	2%
Tjs étudiant / Still Studying	2560	3%	11%	85%	2%
Composition du ménage / Household composition					
1	4662	7%	16%	70%	7%
2	7495	6%	13%	76%	5%
3	4865	4%	11%	82%	3%
4+	7619	4%	12%	81%	3%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	7%	10%	80%	3%
Cadres directeurs / Managers	2320	3%	8%	87%	2%
Autres employés / Other white collars	2622	4%	11%	84%	2%
Ouvriers / Manual workers	4743	4%	12%	82%	3%
Femmes- hommes au foyer / House perso	2519	7%	15%	73%	6%
Chômeurs / Unemployed	1758	6%	12%	78%	4%
Retraités / Retired	6184	9%	17%	66%	9%
Etudiants / Students	2560	3%	11%	85%	2%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	6%	12%	76%	6%
Petite moyenne ville / Small/ mid size tow	9829	6%	13%	78%	4%
Grande ville / Large town	6159	4%	13%	79%	3%

QD1.3 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.3 In your opinion, can AIDS be caught by each of the following ways?

En buvant dans un verre que vient d'utiliser un malade du SIDA ou une personne séropositive

Drinking from a glass which has just been used by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	15%	27%	52%	6%
BE	1047	14%	22%	63%	0%
CZ	1011	18%	39%	39%	4%
DK	1011	7%	19%	70%	4%
DE	1528	11%	29%	55%	5%
EE	1009	17%	28%	46%	9%
EL	1000	16%	37%	41%	6%
ES	1016	16%	18%	55%	11%
FR	1014	14%	17%	64%	5%
IE	1000	11%	28%	48%	13%
IT	1000	21%	37%	39%	3%
CY	502	23%	42%	32%	3%
LV	1049	17%	31%	47%	5%
LT	1002	28%	29%	34%	9%
LU	500	20%	26%	51%	3%
HU	1012	25%	31%	37%	6%
MT	500	19%	30%	43%	8%
NL	1000	11%	19%	67%	3%
AT	1012	16%	36%	42%	6%
PL	999	21%	25%	45%	9%
PT	1000	10%	31%	50%	10%
SI	1037	22%	36%	39%	4%
SK	1056	29%	34%	33%	4%
FI	1003	12%	33%	54%	1%
SE	1000	11%	36%	51%	2%
UK	1334	12%	25%	56%	7%
Sexe / Sex					
Homme / Male	11882	15%	26%	54%	5%
Femme / Female	12760	16%	28%	50%	6%
Age					
15-24	3758	12%	25%	60%	3%
25-39	6538	12%	23%	62%	3%
40-54	6299	15%	27%	54%	4%
55 +	8047	20%	32%	37%	10%
Age de fin d'études / Education (End of)					
15	5879	21%	30%	39%	11%
16-19	9871	16%	28%	52%	5%
20+	5753	11%	24%	62%	3%
Tjs étudiant / Still Studying	2560	11%	24%	62%	3%
Composition du ménage / Household composition					
1	4662	17%	29%	46%	9%
2	7495	17%	28%	49%	7%
3	4865	14%	27%	54%	5%
4+	7619	14%	26%	56%	4%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	13%	26%	56%	5%
Cadres directeurs / Managers	2320	9%	24%	64%	3%
Autres employés / Other white collars	2622	13%	26%	58%	3%
Ouvriers / Manual workers	4743	14%	24%	58%	3%
Femmes- hommes au foyer / House perso	2519	19%	30%	43%	8%
Chômeurs / Unemployed	1758	18%	24%	53%	5%
Retraités / Retired	6184	20%	32%	37%	11%
Etudiants / Students	2560	11%	24%	62%	3%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	16%	26%	50%	7%
Petite moyenne ville / Small/ mid size tow	9829	16%	28%	51%	5%
Grande ville / Large town	6159	14%	27%	54%	5%

QD1.4 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.4 In your opinion, can AIDS be caught by each of the following ways?

En s'asseyant sur un siège de toilette qui vient d'être utilisé par un malade du SIDA ou une personne séropositive

Sitting on a toilet seat which has been used by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	13%	26%	55%	7%
BE	1047	11%	22%	67%	1%
CZ	1011	11%	31%	52%	6%
DK	1011	6%	17%	73%	5%
DE	1528	8%	27%	61%	5%
EE	1009	13%	26%	51%	10%
EL	1000	27%	42%	25%	5%
ES	1016	13%	18%	56%	13%
FR	1014	12%	23%	59%	6%
IE	1000	11%	25%	51%	13%
IT	1000	23%	37%	35%	5%
CY	502	24%	35%	37%	4%
LV	1049	14%	30%	48%	8%
LT	1002	20%	31%	36%	13%
LU	500	13%	26%	58%	3%
HU	1012	19%	34%	41%	6%
MT	500	16%	29%	45%	10%
NL	1000	5%	14%	77%	3%
AT	1012	11%	34%	49%	6%
PL	999	18%	29%	42%	10%
PT	1000	13%	32%	45%	10%
SI	1037	16%	32%	48%	4%
SK	1056	29%	40%	26%	5%
FI	1003	7%	26%	65%	2%
SE	1000	7%	22%	70%	2%
UK	1334	5%	16%	73%	7%
Sexe / Sex					
Homme / Male	11882	12%	24%	57%	6%
Femme / Female	12760	14%	27%	52%	7%
Age					
15-24	3758	10%	25%	61%	4%
25-39	6538	9%	23%	64%	4%
40-54	6299	11%	25%	58%	5%
55 +	8047	18%	29%	42%	11%
Age de fin d'études / Education (End of)					
15	5879	19%	28%	41%	11%
16-19	9871	22%	26%	56%	6%
20+	5753	9%	23%	65%	4%
Tjs étudiant / Still Studying	2560	9%	27%	61%	3%
Composition du ménage / Household composition					
1	4662	15%	28%	49%	8%
2	7495	13%	26%	53%	7%
3	4865	11%	25%	58%	6%
4+	7619	12%	25%	58%	5%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	13%	26%	56%	5%
Cadres directeurs / Managers	2320	6%	18%	73%	3%
Autres employés / Other white collars	2622	8%	25%	63%	4%
Ouvriers / Manual workers	4743	11%	25%	60%	5%
Femmes- hommes au foyer / House perso	2519	18%	28%	45%	9%
Chômeurs / Unemployed	1758	14%	24%	54%	8%
Retraités / Retired	6184	18%	29%	42%	11%
Etudiants / Students	2560	9%	27%	61%	3%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	13%	25%	54%	8%
Petite moyenne ville / Small/ mid size tow	9829	14%	26%	54%	6%
Grande ville / Large town	6159	11%	26%	58%	5%

QD1.5 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.5 In your opinion, can AIDS be caught by each of the following ways?

En étant piqué par une seringue qui vient de servir à un malade du SIDA ou une personne séropositive

Being injected with a needle which has been used by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	94%	3%	1%	1%
BE	1047	96%	3%	1%	0%
CZ	1011	97%	2%	0%	1%
DK	1011	96%	2%	1%	2%
DE	1528	91%	4%	3%	3%
EE	1009	96%	2%	0%	2%
EL	1000	95%	2%	1%	2%
ES	1016	94%	3%	1%	2%
FR	1014	96%	3%	0%	0%
IE	1000	90%	6%	1%	4%
IT	1000	91%	6%	3%	1%
CY	502	99%	1%	0%	0%
LV	1049	96%	2%	1%	1%
LT	1002	93%	3%	0%	3%
LU	500	98%	1%	1%	0%
HU	1012	95%	3%	1%	1%
MT	500	89%	1%	10%	1%
NL	1000	96%	3%	1%	0%
AT	1012	94%	4%	1%	1%
PL	999	97%	1%	1%	1%
PT	1000	91%	6%	1%	2%
SI	1037	94%	4%	1%	1%
SK	1056	92%	4%	2%	2%
FI	1003	94%	4%	1%	0%
SE	1000	98%	1%	1%	0%
UK	1334	95%	3%	1%	1%
Sexe / Sex					
Homme / Male	11882	94%	3%	1%	1%
Femme / Female	12760	94%	4%	1%	2%
Age					
15-24	3758	95%	4%	1%	0%
25-39	6538	94%	4%	2%	1%
40-54	6299	95%	4%	1%	1%
55 +	8047	92%	3%	1%	3%
Age de fin d'études / Education (End of)					
15	5879	91%	4%	2%	3%
16-19	9871	95%	3%	1%	1%
20+	5753	95%	3%	2%	0%
Tjs étudiant / Still Studying	2560	95%	4%	1%	0%
Composition du ménage / Household composition					
1	4662	92%	5%	1%	2%
2	7495	94%	3%	2%	2%
3	4865	95%	3%	1%	1%
4+	7619	94%	4%	1%	1%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	95%	3%	1%	1%
Cadres directeurs / Managers	2320	95%	3%	1%	1%
Autres employés / Other white collars	2622	94%	4%	2%	1%
Ouvriers / Manual workers	4743	95%	3%	1%	1%
Femmes- hommes au foyer / House perso	2519	93%	4%	1%	2%
Chômeurs / Unemployed	1758	95%	4%	1%	0%
Retraités / Retired	6184	92%	3%	2%	3%
Etudiants / Students	2560	95%	4%	1%	0%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	93%	3%	1%	2%
Petite moyenne ville / Small/ mid size tow	9829	94%	3%	1%	1%
Grande ville / Large town	6159	94%	3%	2%	1%

QD1.6 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.6 In your opinion, can AIDS be caught by each of the following ways?

En recevant du sang qui vient d'un malade du SIDA ou d'une personne séropositive

Receiving blood from someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	94%	3%	1%	2%
BE	1047	97%	1%	1%	0%
CZ	1011	98%	1%	0%	1%
DK	1011	97%	0%	1%	2%
DE	1528	91%	4%	2%	3%
EE	1009	96%	1%	1%	2%
EL	1000	93%	3%	2%	1%
ES	1016	93%	3%	1%	3%
FR	1014	97%	2%	1%	1%
IE	1000	91%	5%	1%	3%
IT	1000	93%	4%	2%	1%
CY	502	99%	0%	-	0%
LV	1049	96%	2%	0%	1%
LT	1002	94%	2%	1%	3%
LU	500	99%	1%	0%	-
HU	1012	96%	1%	2%	1%
MT	500	89%	1%	9%	1%
NL	1000	98%	1%	1%	0%
AT	1012	94%	4%	1%	1%
PL	999	97%	2%	0%	1%
PT	1000	91%	6%	1%	2%
SI	1037	94%	4%	1%	1%
SK	1056	96%	3%	1%	1%
FI	1003	97%	2%	1%	0%
SE	1000	99%	0%	1%	0%
UK	1334	94%	3%	1%	2%
Sexe / Sex					
Homme / Male	11882	95%	3%	1%	1%
Femme / Female	12760	94%	3%	1%	2%
Age					
15-24	3758	96%	3%	1%	0%
25-39	6538	95%	2%	1%	1%
40-54	6299	95%	3%	1%	1%
55 +	8047	92%	3%	1%	4%
Age de fin d'études / Education (End of)					
15	5879	91%	4%	2%	4%
16-19	9871	95%	2%	1%	1%
20+	5753	96%	2%	1%	0%
Tjs étudiant / Still Studying	2560	96%	3%	1%	0%
Composition du ménage / Household composition					
1	4662	93%	3%	1%	3%
2	7495	93%	3%	2%	2%
3	4865	96%	3%	1%	1%
4+	7619	95%	3%	1%	1%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	95%	3%	1%	1%
Cadres directeurs / Managers	2320	96%	2%	1%	1%
Autres employés / Other white collars	2622	95%	3%	2%	1%
Ouvriers / Manual workers	4743	95%	3%	1%	1%
Femmes- hommes au foyer / House perso	2519	93%	4%	1%	2%
Chômeurs / Unemployed	1758	96%	3%	1%	0%
Retraités / Retired	6184	92%	3%	1%	4%
Etudiants / Students	2560	96%	3%	1%	0%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	94%	3%	1%	2%
Petite moyenne ville / Small/ mid size tow	9829	95%	3%	1%	1%
Grande ville / Large town	6159	94%	3%	2%	1%

QD1.7 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.7 In your opinion, can AIDS be caught by each of the following ways?

En serrant la main d'un malade du SIDA ou d'une personne séropositive

Shaking hands with someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	5%	9%	83%	3%
BE	1047	2%	7%	91%	0%
CZ	1011	5%	13%	80%	2%
DK	1011	2%	4%	92%	2%
DE	1528	2%	9%	85%	4%
EE	1009	5%	13%	76%	6%
EL	1000	6%	14%	76%	4%
ES	1016	8%	4%	81%	7%
FR	1014	2%	3%	93%	1%
IE	1000	4%	12%	77%	7%
IT	1000	10%	17%	71%	2%
CY	502	3%	10%	85%	2%
LV	1049	6%	13%	77%	4%
LT	1002	10%	20%	63%	7%
LU	500	2%	5%	91%	1%
HU	1012	6%	17%	73%	5%
MT	500	9%	8%	79%	5%
NL	1000	1%	3%	96%	0%
AT	1012	4%	14%	77%	5%
PL	999	5%	10%	80%	5%
PT	1000	10%	11%	74%	6%
SI	1037	5%	16%	77%	3%
SK	1056	11%	23%	62%	4%
FI	1003	3%	9%	86%	1%
SE	1000	1%	5%	93%	1%
UK	1334	1%	5%	90%	3%
Sexe / Sex					
Homme / Male	11882	5%	9%	83%	3%
Femme / Female	12760	4%	9%	83%	4%
Age					
15-24	3758	4%	7%	89%	1%
25-39	6538	3%	7%	89%	1%
40-54	6299	4%	9%	85%	2%
55 +	8047	7%	12%	74%	7%
Age de fin d'études / Education (End of)					
15	5879	7%	12%	73%	8%
16-19	9871	4%	9%	84%	2%
20+	5753	3%	6%	90%	1%
Tjs étudiant / Still Studying	2560	3%	7%	89%	1%
Composition du ménage / Household composition					
1	4662	6%	11%	78%	5%
2	7495	5%	9%	82%	4%
3	4865	4%	8%	86%	3%
4+	7619	4%	8%	86%	2%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	5%	8%	85%	2%
Cadres directeurs / Managers	2320	1%	5%	91%	2%
Autres employés / Other white collars	2622	3%	8%	88%	1%
Ouvriers / Manual workers	4743	4%	8%	86%	2%
Femmes- hommes au foyer / House perso	2519	7%	10%	78%	5%
Chômeurs / Unemployed	1758	4%	8%	85%	3%
Retraités / Retired	6184	6%	12%	74%	7%
Etudiants / Students	2560	3%	7%	89%	1%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	5%	8%	82%	5%
Petite moyenne ville / Small/ mid size tow	9829	5%	9%	84%	3%
Grande ville / Large town	6159	4%	9%	85%	2%

QD1.8 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.8 In your opinion, can AIDS be caught by each of the following ways?

En embrassant sur la bouche un malade du SIDA ou une personne séropositive

Kissing on the mouth someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	24%	30%	40%	6%
BE	1047	22%	25%	53%	0%
CZ	1011	35%	38%	24%	3%
DK	1011	14%	23%	59%	4%
DE	1528	18%	33%	43%	5%
EE	1009	25%	34%	32%	8%
EL	1000	35%	39%	21%	4%
ES	1016	28%	23%	37%	12%
FR	1014	12%	15%	69%	4%
IE	1000	23%	38%	28%	11%
IT	1000	32%	39%	25%	4%
CY	502	38%	39%	20%	3%
LV	1049	22%	32%	40%	6%
LT	1002	44%	27%	21%	8%
LU	500	29%	24%	44%	4%
HU	1012	41%	27%	25%	7%
MT	500	20%	32%	42%	7%
NL	1000	20%	19%	58%	3%
AT	1012	21%	37%	36%	6%
PL	999	29%	29%	32%	9%
PT	1000	25%	35%	31%	8%
SI	1037	35%	36%	26%	3%
SK	1056	47%	32%	16%	4%
FI	1003	21%	39%	39%	1%
SE	1000	23%	42%	33%	2%
UK	1334	22%	29%	42%	7%
Sexe / Sex					
Homme / Male	11882	23%	30%	41%	6%
Femme / Female	12760	25%	29%	40%	6%
Age					
15-24	3758	19%	27%	52%	3%
25-39	6538	18%	29%	49%	4%
40-54	6299	23%	31%	41%	4%
55 +	8047	32%	30%	27%	10%
Age de fin d'études / Education (End of)					
15	5879	32%	30%	26%	11%
16-19	9871	24%	30%	41%	5%
20+	5753	19%	28%	49%	3%
Tjs étudiant / Still Studying	2560	17%	29%	52%	2%
Composition du ménage / Household composition					
1	4662	27%	30%	36%	8%
2	7495	26%	29%	38%	7%
3	4865	22%	29%	43%	5%
4+	7619	22%	30%	44%	4%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	22%	33%	41%	4%
Cadres directeurs / Managers	2320	17%	29%	51%	4%
Autres employés / Other white collars	2622	21%	30%	46%	3%
Ouvriers / Manual workers	4743	22%	29%	44%	4%
Femmes- hommes au foyer / House perso	2519	29%	29%	34%	8%
Chômeurs / Unemployed	1758	26%	26%	44%	5%
Retraités / Retired	6184	31%	30%	28%	11%
Etudiants / Students	2560	17%	29%	52%	2%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	25%	28%	40%	7%
Petite moyenne ville / Small/ mid size tow	9829	24%	30%	40%	6%
Grande ville / Large town	6159	23%	31%	41%	5%

QD1.9 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.9 In your opinion, can AIDS be caught by each of the following ways?

En ayant des rapports sexuels sans protection avec un malade du SIDA ou une personne séropositive

Having sex without protection with someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	94%	3%	1%	2%
BE	1047	98%	1%	0%	0%
CZ	1011	98%	1%	0%	1%
DK	1011	95%	1%	1%	2%
DE	1528	90%	4%	2%	3%
EE	1009	94%	2%	1%	3%
EL	1000	95%	2%	1%	1%
ES	1016	94%	2%	1%	3%
FR	1014	98%	1%	0%	1%
IE	1000	90%	6%	1%	4%
IT	1000	90%	7%	2%	2%
CY	502	99%	0%	0%	0%
LV	1049	94%	4%	1%	1%
LT	1002	92%	4%	1%	3%
LU	500	97%	1%	1%	1%
HU	1012	95%	2%	2%	2%
MT	500	86%	2%	9%	3%
NL	1000	97%	1%	1%	0%
AT	1012	95%	3%	1%	1%
PL	999	95%	3%	0%	2%
PT	1000	91%	6%	1%	2%
SI	1037	94%	4%	1%	2%
SK	1056	97%	2%	0%	1%
FI	1003	96%	3%	1%	0%
SE	1000	96%	2%	1%	0%
UK	1334	94%	3%	1%	2%
Sexe / Sex					
Homme / Male	11882	94%	3%	1%	2%
Femme / Female	12760	93%	3%	1%	2%
Age					
15-24	3758	96%	3%	1%	0%
25-39	6538	95%	3%	1%	1%
40-54	6299	95%	3%	1%	1%
55 +	8047	90%	4%	2%	4%
Age de fin d'études / Education (End of)					
15	5879	90%	4%	2%	5%
16-19	9871	95%	3%	1%	1%
20+	5753	95%	3%	1%	0%
Tjs étudiant / Still Studying	2560	95%	4%	1%	0%
Composition du ménage / Household composition					
1	4662	91%	4%	1%	3%
2	7495	93%	3%	2%	2%
3	4865	95%	3%	1%	1%
4+	7619	95%	3%	1%	1%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	93%	4%	1%	1%
Cadres directeurs / Managers	2320	96%	2%	1%	1%
Autres employés / Other white collars	2622	96%	3%	1%	0%
Ouvriers / Manual workers	4743	95%	3%	1%	1%
Femmes- hommes au foyer / House perso	2519	92%	4%	1%	3%
Chômeurs / Unemployed	1758	95%	3%	1%	1%
Retraités / Retired	6184	91%	3%	2%	4%
Etudiants / Students	2560	95%	4%	1%	0%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	93%	4%	1%	3%
Petite moyenne ville / Small/ mid size tow	9829	94%	3%	1%	1%
Grande ville / Large town	6159	94%	3%	2%	1%

QD1.10 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.10 In your opinion, can AIDS be caught by each of the following ways?

En soignant un malade du SIDA ou une personne séropositive

Taking care of someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	12%	25%	58%	4%
BE	1047	16%	30%	54%	1%
CZ	1011	12%	32%	53%	4%
DK	1011	4%	12%	80%	3%
DE	1528	6%	27%	63%	4%
EE	1009	13%	31%	49%	6%
EL	1000	10%	33%	52%	5%
ES	1016	10%	12%	70%	8%
FR	1014	26%	28%	44%	3%
IE	1000	10%	22%	58%	10%
IT	1000	23%	32%	42%	3%
CY	502	7%	32%	58%	3%
LV	1049	17%	33%	45%	4%
LT	1002	16%	34%	41%	9%
LU	500	7%	27%	65%	1%
HU	1012	11%	28%	55%	6%
MT	500	10%	18%	66%	7%
NL	1000	6%	16%	77%	1%
AT	1012	10%	32%	54%	5%
PL	999	9%	25%	61%	5%
PT	1000	11%	27%	56%	7%
SI	1037	8%	26%	63%	3%
SK	1056	16%	33%	48%	3%
FI	1003	6%	17%	75%	1%
SE	1000	4%	17%	77%	1%
UK	1334	7%	25%	64%	4%
Sexe / Sex					
Homme / Male	11882	13%	25%	59%	4%
Femme / Female	12760	12%	26%	58%	5%
Age					
15-24	3758	9%	24%	65%	2%
25-39	6538	10%	24%	64%	2%
40-54	6299	14%	25%	58%	3%
55 +	8047	15%	28%	50%	8%
Age de fin d'études / Education (End of)					
15	5879	15%	26%	50%	9%
16-19	9871	12%	26%	58%	3%
20+	5753	11%	24%	63%	2%
Tjs étudiant / Still Studying	2560	8%	24%	66%	2%
Composition du ménage / Household composition					
1	4662	14%	28%	52%	6%
2	7495	13%	26%	56%	5%
3	4865	12%	24%	61%	4%
4+	7619	11%	25%	61%	3%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	12%	23%	61%	3%
Cadres directeurs / Managers	2320	9%	24%	65%	2%
Autres employés / Other white collars	2622	12%	27%	60%	2%
Ouvriers / Manual workers	4743	14%	24%	60%	3%
Femmes- hommes au foyer / House perso	2519	15%	26%	52%	6%
Chômeurs / Unemployed	1758	11%	24%	62%	3%
Retraités / Retired	6184	14%	28%	50%	8%
Etudiants / Students	2560	8%	24%	66%	2%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	12%	24%	58%	5%
Petite moyenne ville / Small/ mid size tow	9829	14%	26%	57%	4%
Grande ville / Large town	6159	10%	26%	60%	3%

QD1.11 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QD1.11 In your opinion, can AIDS be caught by each of the following ways?

En donnant du sang

Giving blood

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	30%	13%	54%	3%
BE	1047	25%	10%	64%	0%
CZ	1011	55%	11%	32%	1%
DK	1011	7%	3%	87%	3%
DE	1528	31%	16%	50%	4%
EE	1009	45%	24%	25%	6%
EL	1000	12%	16%	68%	4%
ES	1016	25%	10%	58%	7%
FR	1014	26%	11%	62%	1%
IE	1000	17%	14%	59%	10%
IT	1000	23%	15%	59%	2%
CY	502	6%	5%	86%	4%
LV	1049	59%	24%	16%	1%
LT	1002	63%	16%	17%	4%
LU	500	43%	11%	45%	2%
HU	1012	26%	15%	55%	4%
MT	500	7%	9%	80%	4%
NL	1000	25%	8%	65%	1%
AT	1012	22%	16%	59%	3%
PL	999	50%	20%	26%	4%
PT	1000	12%	18%	63%	8%
SI	1037	45%	19%	34%	2%
SK	1056	71%	11%	16%	2%
FI	1003	23%	14%	62%	1%
SE	1000	6%	3%	89%	2%
UK	1334	36%	9%	51%	4%
Sexe / Sex					
Homme / Male	11882	30%	12%	55%	3%
Femme / Female	12760	30%	14%	52%	4%
Age					
15-24	3758	28%	15%	54%	2%
25-39	6538	26%	13%	59%	1%
40-54	6299	31%	12%	54%	2%
55 +	8047	32%	14%	48%	6%
Age de fin d'études / Education (End of)					
15	5879	31%	13%	48%	7%
16-19	9871	32%	14%	52%	2%
20+	5753	26%	12%	60%	2%
Tjs étudiant / Still Studying	2560	27%	13%	57%	2%
Composition du ménage / Household composition					
1	4662	30%	14%	50%	6%
2	7495	31%	12%	53%	4%
3	4865	28%	13%	56%	3%
4+	7619	29%	13%	55%	2%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	28%	15%	55%	2%
Cadres directeurs / Managers	2320	24%	10%	65%	1%
Autres employés / Other white collars	2622	27%	14%	58%	1%
Ouvriers / Manual workers	4743	30%	13%	55%	2%
Femmes- hommes au foyer / House perso	2519	29%	14%	52%	5%
Chômeurs / Unemployed	1758	36%	12%	48%	3%
Retraités / Retired	6184	33%	14%	47%	6%
Etudiants / Students	2560	27%	13%	57%	2%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	29%	13%	52%	5%
Petite moyenne ville / Small/ mid size tow	9829	30%	14%	54%	3%
Grande ville / Large town	6159	30%	12%	55%	3%

QD2.1 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QD2.1 Have the emergence and the spread of AIDS led you personally to...?

Faire plus attention aux choses que vous touchez

Taking more care over the things you touch

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	14%	11%	73%	2%
BE	1047	13%	9%	78%	0%
CZ	1011	22%	16%	60%	2%
DK	1011	8%	5%	85%	2%
DE	1528	10%	12%	75%	3%
EE	1009	32%	17%	46%	4%
EL	1000	21%	10%	68%	1%
ES	1016	11%	10%	78%	1%
FR	1014	9%	5%	84%	1%
IE	1000	11%	16%	69%	4%
IT	1000	23%	19%	56%	2%
CY	502	29%	13%	57%	0%
LV	1049	16%	13%	67%	3%
LT	1002	14%	9%	72%	5%
LU	500	19%	8%	73%	0%
HU	1012	16%	13%	69%	2%
MT	500	41%	15%	43%	2%
NL	1000	9%	5%	86%	0%
AT	1012	19%	17%	62%	2%
PL	999	23%	9%	65%	3%
PT	1000	15%	22%	61%	2%
SI	1037	11%	15%	73%	1%
SK	1056	25%	18%	55%	2%
FI	1003	8%	7%	84%	0%
SE	1000	6%	4%	89%	1%
UK	1334	12%	10%	77%	2%
Sexe / Sex					
Homme / Male	11882	14%	11%	73%	2%
Femme / Female	12760	15%	11%	72%	2%
Age					
15-24	3758	14%	13%	73%	1%
25-39	6538	13%	11%	76%	1%
40-54	6299	15%	12%	72%	1%
55 +	8047	15%	10%	71%	4%
Age de fin d'études / Education (End of)					
15	5879	18%	12%	67%	4%
16-19	9871	14%	11%	73%	2%
20+	5753	11%	10%	79%	1%
Tjs étudiant / Still Studying	2560	14%	14%	72%	1%
Composition du ménage / Household composition					
1	4662	16%	12%	69%	4%
2	7495	13%	10%	75%	2%
3	4865	13%	11%	74%	1%
4+	7619	15%	12%	71%	1%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	13%	12%	74%	1%
Cadres directeurs / Managers	2320	9%	10%	80%	1%
Autres employés / Other white collars	2622	13%	13%	74%	1%
Ouvriers / Manual workers	4743	15%	11%	73%	1%
Femmes- hommes au foyer / House perso	2519	17%	12%	69%	2%
Chômeurs / Unemployed	1758	15%	12%	72%	1%
Retraités / Retired	6184	15%	10%	71%	4%
Etudiants / Students	2560	14%	14%	72%	1%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	13%	10%	73%	3%
Petite moyenne ville / Small/ mid size tow	9829	15%	12%	72%	1%
Grande ville / Large town	6159	14%	12%	72%	1%

QD2.2 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QD2.2 Have the emergence and the spread of AIDS led you personally to...?

Eviter certains endroits (régions \ établissements)

Avoiding certain places (areas\establishments)

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	14%	9%	75%	2%
BE	1047	10%	6%	83%	0%
CZ	1011	23%	14%	62%	2%
DK	1011	8%	5%	85%	2%
DE	1528	12%	9%	76%	3%
EE	1009	30%	17%	47%	5%
EL	1000	19%	10%	70%	1%
ES	1016	13%	9%	77%	1%
FR	1014	9%	4%	86%	1%
IE	1000	11%	16%	69%	4%
IT	1000	24%	13%	62%	2%
CY	502	22%	12%	65%	1%
LV	1049	14%	11%	72%	3%
LT	1002	16%	11%	66%	6%
LU	500	19%	6%	74%	1%
HU	1012	24%	14%	60%	2%
MT	500	29%	12%	58%	1%
NL	1000	2%	2%	97%	0%
AT	1012	23%	16%	58%	3%
PL	999	22%	6%	67%	5%
PT	1000	14%	18%	66%	2%
SI	1037	4%	9%	86%	1%
SK	1056	30%	20%	49%	1%
FI	1003	9%	9%	82%	1%
SE	1000	7%	4%	88%	1%
UK	1334	8%	7%	83%	2%
Sexe / Sex					
Homme / Male	11882	14%	9%	75%	2%
Femme / Female	12760	14%	9%	74%	2%
Age					
15-24	3758	16%	9%	74%	1%
25-39	6538	14%	8%	77%	1%
40-54	6299	14%	9%	75%	1%
55 +	8047	14%	8%	73%	4%
Age de fin d'études / Education (End of)					
15	5879	16%	9%	70%	5%
16-19	9871	14%	8%	75%	2%
20+	5753	12%	8%	80%	1%
Tjs étudiant / Still Studying	2560	16%	10%	74%	1%
Composition du ménage / Household composition					
1	4662	15%	10%	71%	4%
2	7495	13%	8%	77%	2%
3	4865	14%	9%	76%	1%
4+	7619	16%	9%	74%	1%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	16%	9%	74%	1%
Cadres directeurs / Managers	2320	9%	8%	82%	1%
Autres employés / Other white collars	2622	14%	10%	76%	0%
Ouvriers / Manual workers	4743	15%	9%	75%	2%
Femmes- hommes au foyer / House perso	2519	16%	9%	72%	3%
Chômeurs / Unemployed	1758	15%	9%	75%	1%
Retraités / Retired	6184	14%	8%	74%	5%
Etudiants / Students	2560	16%	10%	74%	1%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	14%	9%	75%	3%
Petite moyenne ville / Small/ mid size tow	9829	16%	8%	74%	2%
Grande ville / Large town	6159	14%	10%	76%	1%

QD2.3 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QD2.3 Have the emergence and the spread of AIDS led you personally to...?

Chercher plus de stabilité dans votre choix de partenaires

Seek more stability in your choice of partners

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	38%	8%	48%	6%
BE	1047	36%	9%	50%	5%
CZ	1011	50%	10%	33%	7%
DK	1011	28%	6%	60%	6%
DE	1528	37%	8%	49%	6%
EE	1009	53%	8%	23%	16%
EL	1000	64%	5%	28%	3%
ES	1016	31%	8%	58%	3%
FR	1014	28%	6%	60%	5%
IE	1000	27%	12%	47%	13%
IT	1000	47%	11%	38%	3%
CY	502	65%	5%	24%	7%
LV	1049	29%	10%	52%	9%
LT	1002	41%	8%	38%	13%
LU	500	39%	6%	50%	4%
HU	1012	71%	5%	19%	5%
MT	500	63%	7%	22%	9%
NL	1000	20%	6%	68%	6%
AT	1012	56%	13%	25%	6%
PL	999	45%	6%	35%	14%
PT	1000	32%	18%	38%	12%
SI	1037	47%	12%	39%	2%
SK	1056	54%	11%	26%	8%
FI	1003	39%	9%	48%	4%
SE	1000	36%	9%	50%	6%
UK	1334	27%	9%	58%	6%
Sexe / Sex					
Homme / Male	11882	38%	9%	48%	5%
Femme / Female	12760	37%	8%	47%	7%
Age					
15-24	3758	42%	14%	39%	5%
25-39	6538	45%	10%	42%	3%
40-54	6299	42%	7%	46%	5%
55 +	8047	27%	6%	58%	10%
Age de fin d'études / Education (End of)					
15	5879	32%	6%	53%	9%
16-19	9871	40%	8%	46%	5%
20+	5753	38%	8%	49%	5%
Tjs étudiant / Still Studying	2560	41%	15%	39%	5%
Composition du ménage / Household composition					
1	4662	35%	10%	46%	9%
2	7495	34%	7%	53%	6%
3	4865	40%	9%	46%	5%
4+	7619	41%	9%	45%	5%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	42%	8%	46%	4%
Cadres directeurs / Managers	2320	35%	7%	53%	5%
Autres employés / Other white collars	2622	44%	9%	43%	4%
Ouvriers / Manual workers	4743	44%	9%	43%	4%
Femmes- hommes au foyer / House perso	2519	37%	8%	49%	6%
Chômeurs / Unemployed	1758	45%	11%	39%	5%
Retraités / Retired	6184	27%	5%	57%	11%
Etudiants / Students	2560	41%	15%	39%	5%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	35%	8%	50%	8%
Petite moyenne ville / Small/ mid size tow	9829	38%	9%	47%	6%
Grande ville / Large town	6159	40%	9%	46%	5%

QD2.4 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QD2.4 Have the emergence and the spread of AIDS led you personally to...?

Eviter la compagnie de certaines personnes \ sortes de gens

Avoiding certain company\types of people

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	17%	9%	71%	2%
BE	1047	9%	7%	84%	0%
CZ	1011	38%	16%	44%	2%
DK	1011	7%	5%	85%	3%
DE	1528	14%	10%	73%	3%
EE	1009	37%	16%	42%	4%
EL	1000	25%	13%	61%	2%
ES	1016	14%	9%	75%	2%
FR	1014	8%	3%	87%	2%
IE	1000	14%	15%	63%	7%
IT	1000	30%	14%	53%	3%
CY	502	39%	12%	47%	2%
LV	1049	19%	14%	63%	4%
LT	1002	19%	11%	63%	6%
LU	500	20%	7%	73%	1%
HU	1012	21%	15%	63%	2%
MT	500	42%	12%	43%	4%
NL	1000	2%	2%	96%	0%
AT	1012	25%	18%	55%	2%
PL	999	26%	8%	61%	4%
PT	1000	18%	19%	58%	5%
SI	1037	10%	10%	79%	1%
SK	1056	39%	17%	42%	2%
FI	1003	14%	10%	75%	1%
SE	1000	7%	5%	87%	1%
UK	1334	9%	7%	82%	2%
Sexe / Sex					
Homme / Male	11882	17%	9%	71%	2%
Femme / Female	12760	17%	9%	72%	3%
Age					
15-24	3758	19%	12%	68%	1%
25-39	6538	16%	11%	72%	1%
40-54	6299	17%	9%	72%	2%
55 +	8047	16%	7%	72%	5%
Age de fin d'études / Education (End of)					
15	5879	19%	8%	69%	5%
16-19	9871	18%	9%	71%	2%
20+	5753	13%	10%	76%	1%
Tjs étudiant / Still Studying	2560	19%	13%	67%	1%
Composition du ménage / Household composition					
1	4662	19%	9%	68%	5%
2	7495	15%	8%	74%	2%
3	4865	17%	10%	72%	1%
4+	7619	18%	10%	70%	2%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	18%	11%	68%	2%
Cadres directeurs / Managers	2320	10%	8%	80%	1%
Autres employés / Other white collars	2622	16%	10%	72%	2%
Ouvriers / Manual workers	4743	17%	10%	71%	2%
Femmes- hommes au foyer / House perso	2519	19%	9%	70%	2%
Chômeurs / Unemployed	1758	20%	10%	69%	1%
Retraités / Retired	6184	16%	7%	72%	5%
Etudiants / Students	2560	19%	13%	67%	1%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	15%	9%	73%	3%
Petite moyenne ville / Small/ mid size tow	9829	18%	9%	70%	2%
Grande ville / Large town	6159	16%	11%	71%	2%

QD2.5 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QD2.5 Have the emergence and the spread of AIDS led you personally to...?

Prendre des précautions dans les relations sexuelles

Take precautions in sexual intercourse

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
UE25 EU25	24642	48%	6%	41%	6%
BE	1047	53%	4%	38%	4%
CZ	1011	60%	8%	25%	8%
DK	1011	42%	4%	48%	6%
DE	1528	43%	7%	44%	6%
EE	1009	56%	6%	23%	15%
EL	1000	63%	5%	28%	4%
ES	1016	45%	5%	48%	2%
FR	1014	52%	1%	44%	3%
IE	1000	41%	9%	37%	13%
IT	1000	51%	8%	38%	3%
CY	502	66%	1%	24%	8%
LV	1049	38%	8%	45%	9%
LT	1002	34%	8%	46%	13%
LU	500	63%	4%	30%	3%
HU	1012	60%	5%	29%	5%
MT	500	63%	4%	24%	8%
NL	1000	38%	4%	53%	5%
AT	1012	66%	8%	21%	5%
PL	999	43%	6%	37%	14%
PT	1000	42%	16%	29%	13%
SI	1037	40%	10%	48%	2%
SK	1056	50%	9%	31%	10%
FI	1003	49%	7%	40%	4%
SE	1000	57%	5%	33%	6%
UK	1334	46%	5%	43%	6%
Sexe / Sex					
Homme / Male	11882	51%	6%	39%	4%
Femme / Female	12760	45%	6%	42%	7%
Age					
15-24	3758	71%	7%	18%	4%
25-39	6538	61%	6%	30%	3%
40-54	6299	44%	6%	45%	5%
55 +	8047	30%	4%	56%	10%
Age de fin d'études / Education (End of)					
15	5879	35%	5%	51%	9%
16-19	9871	47%	6%	42%	5%
20+	5753	53%	5%	38%	4%
Tjs étudiant / Still Studying	2560	70%	7%	17%	6%
Composition du ménage / Household composition					
1	4662	49%	6%	35%	9%
2	7495	42%	5%	47%	6%
3	4865	51%	6%	39%	3%
4+	7619	51%	6%	38%	5%
Echelle d'occupation du répondant / Respondant occupation scale					
Indépendants / Self- employed	1937	51%	6%	40%	4%
Cadres directeurs / Managers	2320	49%	5%	42%	4%
Autres employés / Other white collars	2622	55%	6%	35%	4%
Ouvriers / Manual workers	4743	55%	7%	36%	3%
Femmes- hommes au foyer / House perso	2519	38%	6%	50%	6%
Chômeurs / Unemployed	1758	59%	8%	29%	4%
Retraités / Retired	6184	30%	4%	56%	11%
Etudiants / Students	2560	70%	7%	17%	6%
Urbanisation subjective / Subjective urbanisation					
Village rural / Rural village	8639	43%	6%	44%	7%
Petite moyenne ville / Small/ mid size tow	9829	49%	5%	41%	5%
Grande ville / Large town	6159	53%	7%	35%	5%

QD3.1 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.1 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Une campagne d'information sur les types de comportement qui exposent les gens à l'infection par le virus du SIDA

An information campaign on the types of behaviour which expose people to infection by the AIDS virus

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
UE25 EU25	24642	22%	45%	21%	4%	8%	67%	25%
BE	1047	26%	45%	24%	4%	2%	71%	27%
CZ	1011	18%	50%	23%	4%	6%	67%	27%
DK	1011	21%	43%	23%	3%	9%	65%	26%
DE	1528	27%	42%	20%	3%	8%	69%	23%
EE	1009	5%	42%	33%	6%	14%	47%	39%
EL	1000	18%	36%	32%	9%	4%	54%	41%
ES	1016	27%	43%	17%	2%	10%	70%	19%
FR	1014	24%	48%	20%	5%	3%	72%	25%
IE	1000	11%	41%	23%	7%	18%	51%	30%
IT	1000	36%	47%	11%	2%	4%	83%	13%
CY	502	23%	35%	28%	5%	8%	59%	33%
LV	1049	4%	35%	38%	6%	15%	40%	45%
LT	1002	18%	39%	23%	6%	14%	57%	29%
LU	500	23%	40%	26%	3%	8%	63%	29%
HU	1012	11%	36%	33%	6%	14%	47%	38%
MT	500	27%	39%	21%	5%	7%	67%	26%
NL	1000	32%	46%	16%	3%	4%	78%	18%
AT	1012	31%	43%	14%	4%	8%	74%	18%
PL	999	9%	43%	30%	7%	12%	52%	36%
PT	1000	11%	47%	31%	3%	7%	58%	34%
SI	1037	14%	54%	20%	3%	9%	68%	23%
SK	1056	13%	43%	34%	5%	5%	56%	39%
FI	1003	20%	57%	18%	2%	3%	76%	20%
SE	1000	13%	51%	25%	4%	7%	64%	29%
UK	1334	11%	45%	24%	6%	14%	57%	29%
Sexe / Sex								
Homme / Male	11882	21%	46%	21%	5%	7%	67%	26%
Femme / Female	12760	24%	44%	21%	4%	9%	67%	24%
Age								
15-24	3758	23%	43%	22%	4%	5%	69%	26%
25-39	6538	22%	46%	22%	5%	5%	68%	27%
40-54	6299	21%	46%	23%	4%	6%	67%	27%
55 +	8047	22%	42%	18%	3%	13%	65%	22%
Age de fin d'études / Education (End of)								
15	5879	23%	42%	18%	3%	14%	66%	21%
16-19	9871	22%	44%	23%	5%	7%	66%	27%
20+	5753	22%	47%	22%	4%	5%	69%	26%
Tjs étudiant / Still Studying	2560	24%	46%	21%	5%	4%	70%	25%
Composition du ménage / Household composition								
1	4662	20%	43%	21%	4%	12%	63%	25%
2	7495	23%	44%	20%	4%	9%	67%	24%
3	4865	23%	46%	21%	3%	7%	69%	25%
4+	7619	23%	45%	22%	4%	6%	68%	26%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	21%	43%	23%	5%	7%	65%	28%
Cadres directeurs / Managers	2320	20%	46%	25%	3%	5%	66%	28%
Autres employés / Other white collars	2622	23%	47%	22%	5%	3%	70%	26%
Ouvriers / Manual workers	4743	22%	47%	21%	5%	5%	69%	26%
Femmes- hommes au foyer / House person	2519	27%	44%	16%	3%	10%	71%	19%
Chômeurs / Unemployed	1758	24%	39%	25%	4%	8%	63%	29%
Retraités / Retired	6184	21%	43%	19%	4%	14%	63%	23%
Etudiants / Students	2560	24%	46%	21%	5%	4%	70%	25%

QD3.1 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.1 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Une campagne d'information sur les types de comportement qui exposent les gens à l'infection par le virus du SIDA

An information campaign on the types of behaviour which expose people to infection by the AIDS virus

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	21%	44%	22%	4%	9%	65%	26%
Petite moyenne ville / Small/ mid size town	9822	25%	45%	19%	3%	7%	70%	23%
Grande ville / Large town	6159	20%	45%	23%	5%	7%	65%	28%

DR.RUPNATHJIK (DR.RUPAK NATH)

QD3.2 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.2 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Essayer davantage d'identifier les personnes qui sont séropositives ou qui ont le SIDA

Try harder to identify the people who are HIV positive or who have AIDS

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
UE25 EU25	24642	16%	38%	25%	7%	15%	54%	31%
BE	1047	15%	39%	29%	11%	6%	54%	40%
CZ	1011	12%	44%	26%	5%	12%	57%	31%
DK	1011	12%	34%	28%	6%	20%	46%	34%
DE	1528	17%	35%	26%	7%	14%	52%	33%
EE	1009	3%	30%	40%	7%	19%	34%	47%
EL	1000	16%	31%	36%	9%	7%	47%	46%
ES	1016	17%	37%	16%	9%	20%	54%	25%
FR	1014	16%	39%	27%	9%	10%	55%	36%
IE	1000	8%	34%	26%	9%	23%	42%	35%
IT	1000	26%	41%	18%	6%	9%	67%	24%
CY	502	22%	30%	28%	7%	13%	52%	35%
LV	1049	4%	28%	41%	9%	18%	32%	50%
LT	1002	22%	33%	23%	7%	15%	55%	29%
LU	500	19%	31%	26%	8%	16%	50%	34%
HU	1012	14%	34%	30%	6%	16%	48%	36%
MT	500	20%	38%	23%	5%	13%	59%	29%
NL	1000	20%	40%	22%	5%	14%	60%	26%
AT	1012	26%	38%	18%	5%	14%	64%	23%
PL	999	7%	33%	34%	7%	20%	40%	40%
PT	1000	13%	37%	33%	6%	12%	49%	39%
SI	1037	10%	46%	28%	5%	12%	55%	33%
SK	1056	13%	42%	32%	6%	7%	55%	38%
FI	1003	15%	62%	17%	1%	6%	76%	18%
SE	1000	15%	46%	24%	3%	12%	61%	27%
UK	1334	7%	42%	24%	5%	23%	49%	28%
Sexe / Sex								
Homme / Male	11882	16%	39%	26%	7%	13%	54%	33%
Femme / Female	12760	15%	38%	24%	6%	16%	53%	30%
Age								
15-24	3758	17%	38%	29%	7%	9%	54%	36%
25-39	6538	15%	39%	26%	9%	12%	53%	35%
40-54	6299	15%	38%	25%	7%	14%	53%	32%
55 +	8047	16%	39%	21%	5%	20%	54%	26%
Age de fin d'études / Education (End of)								
15	5879	16%	39%	20%	6%	19%	56%	26%
16-19	9871	16%	37%	26%	7%	14%	53%	33%
20+	5753	14%	39%	26%	7%	13%	54%	33%
Tjs étudiant / Still Studying	2560	16%	39%	29%	7%	9%	55%	36%
Composition du ménage / Household composition								
1	4662	15%	36%	25%	7%	18%	51%	31%
2	7495	16%	39%	23%	7%	16%	54%	30%
3	4865	15%	39%	26%	6%	14%	54%	32%
4+	7619	16%	39%	26%	7%	12%	55%	33%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	15%	37%	25%	9%	14%	52%	34%
Cadres directeurs / Managers	2320	13%	37%	30%	6%	13%	51%	36%
Autres employés / Other white collars	2622	16%	40%	25%	8%	12%	55%	33%
Ouvriers / Manual workers	4743	16%	39%	26%	8%	11%	55%	34%
Femmes- hommes au foyer / House person	2519	19%	38%	19%	6%	18%	57%	25%
Chômeurs / Unemployed	1758	15%	36%	26%	8%	15%	52%	34%
Retraités / Retired	6184	15%	38%	22%	5%	20%	53%	27%
Etudiants / Students	2560	16%	39%	29%	7%	9%	55%	36%

QD3.2 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.2 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Essayer davantage d'identifier les personnes qui sont séropositives ou qui ont le SIDA

Try harder to identify the people who are HIV positive or who have AIDS

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	14%	40%	23%	7%	16%	54%	30%
Petite moyenne ville / Small/ mid size town	9822	18%	38%	25%	6%	14%	55%	31%
Grande ville / Large town	6159	14%	37%	27%	7%	14%	52%	34%

DR.RUPNATHJI(DR.RUPAK NATH)

QD3.3 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.3 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Traiter les personnes séropositives pour retarder le déclenchement de la maladie

Treating those who are HIV positive to delay the onset of AIDS

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
UE25 EU25	24642	22%	45%	17%	3%	13%	67%	20%
BE	1047	30%	52%	13%	2%	4%	82%	14%
CZ	1011	12%	45%	26%	3%	15%	57%	29%
DK	1011	35%	46%	7%	2%	11%	80%	9%
DE	1528	23%	46%	16%	2%	13%	69%	19%
EE	1009	2%	22%	46%	8%	22%	24%	54%
EL	1000	19%	31%	32%	10%	9%	49%	41%
ES	1016	21%	42%	14%	5%	18%	63%	19%
FR	1014	27%	52%	11%	2%	8%	79%	13%
IE	1000	13%	37%	17%	5%	28%	50%	22%
IT	1000	37%	46%	9%	1%	7%	83%	11%
CY	502	24%	33%	21%	2%	20%	57%	23%
LV	1049	3%	25%	42%	8%	22%	28%	50%
LT	1002	20%	35%	20%	6%	19%	55%	26%
LU	500	31%	44%	11%	1%	14%	75%	11%
HU	1012	11%	36%	28%	4%	21%	47%	32%
MT	500	35%	34%	11%	3%	18%	69%	13%
NL	1000	36%	48%	6%	1%	9%	84%	7%
AT	1012	30%	42%	14%	2%	12%	72%	16%
PL	999	7%	30%	36%	8%	20%	37%	43%
PT	1000	16%	37%	31%	5%	10%	54%	36%
SI	1037	9%	49%	24%	3%	15%	58%	27%
SK	1056	21%	44%	24%	4%	7%	64%	28%
FI	1003	19%	58%	13%	1%	9%	77%	14%
SE	1000	33%	49%	8%	1%	9%	82%	8%
UK	1334	12%	51%	13%	2%	22%	63%	15%
Sexe / Sex								
Homme / Male	11882	21%	46%	17%	3%	12%	67%	20%
Femme / Female	12760	23%	43%	16%	3%	15%	67%	19%
Age								
15-24	3758	20%	42%	20%	4%	10%	67%	23%
25-39	6538	23%	46%	17%	3%	11%	69%	20%
40-54	6299	23%	44%	17%	3%	12%	67%	20%
55 +	8047	22%	43%	14%	3%	18%	65%	17%
Age de fin d'études / Education (End of)								
15	5879	22%	43%	14%	3%	17%	65%	17%
16-19	9871	21%	45%	18%	3%	13%	66%	21%
20+	5753	24%	47%	15%	3%	11%	71%	18%
Tjs étudiant / Still Studying	2560	23%	44%	19%	4%	9%	68%	23%
Composition du ménage / Household composition								
1	4662	21%	43%	17%	3%	17%	63%	19%
2	7495	23%	45%	15%	3%	14%	67%	18%
3	4865	22%	46%	17%	3%	13%	68%	19%
4+	7619	23%	45%	18%	4%	11%	68%	21%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	22%	42%	18%	5%	14%	63%	23%
Cadres directeurs / Managers	2320	23%	50%	15%	2%	10%	73%	18%
Autres employés / Other white collars	2622	23%	50%	15%	3%	9%	73%	18%
Ouvriers / Manual workers	4743	21%	47%	18%	3%	11%	68%	21%
Femmes- hommes au foyer / House person	2519	28%	41%	12%	2%	16%	69%	15%
Chômeurs / Unemployed	1758	21%	39%	20%	4%	15%	61%	24%
Retraités / Retired	6184	20%	43%	15%	3%	19%	63%	18%
Etudiants / Students	2560	23%	44%	19%	4%	9%	68%	23%

QD3.3 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.3 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Traiter les personnes séropositives pour retarder le déclenchement de la maladie

Treating those who are HIV positive to delay the onset of AIDS

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	21%	45%	17%	3%	15%	65%	20%
Petite moyenne ville / Small/ mid size town	9822	25%	44%	16%	3%	12%	69%	19%
Grande ville / Large town	6159	20%	46%	17%	4%	13%	66%	21%

DR.RUPNATHJI(DR.RUPAK NATH)

QD3.4 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.4 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Traiter ceux qui ont le SIDA et prendre soin d'eux

Treating those who has AIDS and looking after them

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
UE25 EU25	24642	22%	46%	16%	3%	13%	68%	19%
BE	1047	33%	50%	12%	1%	4%	83%	14%
CZ	1011	13%	48%	20%	3%	17%	61%	22%
DK	1011	27%	49%	8%	1%	14%	77%	9%
DE	1528	18%	49%	17%	1%	15%	67%	18%
EE	1009	3%	23%	45%	10%	20%	26%	54%
EL	1000	18%	32%	32%	10%	8%	50%	41%
ES	1016	30%	46%	10%	2%	12%	76%	12%
FR	1014	29%	50%	12%	2%	7%	79%	14%
IE	1000	13%	38%	16%	5%	28%	51%	21%
IT	1000	36%	46%	10%	1%	6%	82%	12%
CY	502	25%	32%	22%	2%	18%	57%	25%
LV	1049	3%	22%	41%	9%	25%	25%	50%
LT	1002	20%	35%	20%	7%	19%	55%	27%
LU	500	33%	46%	9%	1%	11%	78%	10%
HU	1012	10%	41%	25%	5%	19%	51%	30%
MT	500	38%	37%	11%	1%	13%	75%	12%
NL	1000	33%	50%	8%	1%	8%	83%	9%
AT	1012	29%	44%	12%	3%	12%	73%	15%
PL	999	6%	32%	37%	7%	19%	38%	44%
PT	1000	16%	38%	30%	5%	11%	54%	34%
SI	1037	11%	52%	22%	2%	13%	63%	25%
SK	1056	19%	44%	24%	4%	8%	63%	29%
FI	1003	19%	62%	12%	1%	6%	81%	13%
SE	1000	33%	49%	7%	1%	10%	82%	8%
UK	1334	12%	49%	14%	2%	22%	62%	16%
Sexe / Sex								
Homme / Male	11882	22%	47%	17%	3%	12%	68%	20%
Femme / Female	12760	23%	45%	16%	2%	14%	67%	19%
Age								
15-24	3758	21%	42%	19%	3%	9%	68%	22%
25-39	6538	23%	46%	17%	3%	11%	69%	20%
40-54	6299	23%	46%	17%	3%	12%	69%	19%
55 +	8047	21%	45%	15%	2%	17%	66%	17%
Age de fin d'études / Education (End of)								
15	5879	21%	46%	14%	2%	16%	67%	16%
16-19	9871	22%	44%	18%	3%	13%	66%	21%
20+	5753	23%	48%	15%	2%	11%	71%	18%
Tjs étudiant / Still Studying	2560	23%	47%	20%	3%	8%	70%	22%
Composition du ménage / Household composition								
1	4662	22%	43%	16%	2%	17%	65%	18%
2	7495	22%	46%	16%	2%	14%	68%	18%
3	4865	23%	46%	17%	2%	12%	69%	19%
4+	7619	23%	46%	17%	3%	11%	69%	20%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	22%	43%	19%	4%	13%	65%	22%
Cadres directeurs / Managers	2320	22%	50%	16%	2%	11%	71%	18%
Autres employés / Other white collars	2622	24%	49%	15%	3%	9%	73%	18%
Ouvriers / Manual workers	4743	23%	46%	17%	3%	11%	69%	20%
Femmes- hommes au foyer / House person	2519	26%	47%	11%	1%	14%	73%	13%
Chômeurs / Unemployed	1758	20%	41%	20%	5%	15%	60%	25%
Retraités / Retired	6184	20%	44%	15%	2%	18%	64%	18%
Etudiants / Students	2560	23%	47%	20%	3%	8%	70%	22%

QD3.4 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.4 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Traiter ceux qui ont le SIDA et prendre soin d'eux

Treating those who has AIDS and looking after them

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	21%	47%	15%	3%	14%	68%	18%
Petite moyenne ville / Small/ mid size town	9822	25%	45%	17%	2%	12%	70%	19%
Grande ville / Large town	6159	20%	46%	18%	3%	13%	66%	21%

DR.RUPNATHJIK (DR.RUPAK NATH)

QD3.5 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.5 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Placer de l'argent dans la recherche pour trouver un vaccin contre le SIDA

Funding research to find an AIDS vaccine

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
UE25 EU25	24642	23%	36%	21%	6%	14%	60%	27%
BE	1047	32%	38%	22%	4%	4%	70%	26%
CZ	1011	14%	40%	26%	3%	17%	54%	29%
DK	1011	25%	40%	16%	3%	16%	65%	19%
DE	1528	25%	33%	22%	4%	15%	58%	27%
EE	1009	3%	17%	39%	16%	25%	20%	55%
EL	1000	21%	18%	30%	16%	15%	39%	46%
ES	1016	30%	39%	15%	4%	13%	69%	18%
FR	1014	25%	38%	26%	6%	5%	63%	32%
IE	1000	14%	27%	20%	8%	31%	41%	28%
IT	1000	38%	42%	11%	4%	5%	80%	15%
CY	502	26%	23%	21%	8%	23%	49%	28%
LV	1049	3%	16%	38%	16%	27%	19%	54%
LT	1002	21%	28%	22%	10%	19%	49%	32%
LU	500	41%	32%	10%	3%	13%	73%	14%
HU	1012	16%	31%	29%	8%	16%	47%	37%
MT	500	22%	27%	16%	11%	24%	49%	27%
NL	1000	34%	44%	10%	1%	10%	78%	11%
AT	1012	33%	36%	15%	4%	12%	69%	19%
PL	999	7%	25%	33%	15%	19%	33%	48%
PT	1000	15%	30%	33%	8%	14%	45%	40%
SI	1037	7%	28%	37%	14%	14%	36%	51%
SK	1056	25%	34%	22%	9%	10%	59%	31%
FI	1003	8%	48%	30%	3%	12%	55%	33%
SE	1000	34%	35%	14%	3%	15%	69%	17%
UK	1334	12%	40%	20%	4%	24%	52%	24%
Sexe / Sex								
Homme / Male	11882	23%	36%	23%	7%	12%	59%	29%
Femme / Female	12760	24%	36%	20%	5%	15%	60%	25%
Age								
15-24	3758	26%	32%	22%	6%	9%	62%	28%
25-39	6538	23%	36%	23%	7%	11%	59%	30%
40-54	6299	23%	35%	22%	6%	13%	59%	29%
55 +	8047	23%	37%	18%	4%	18%	59%	22%
Age de fin d'études / Education (End of)								
15	5879	23%	37%	18%	4%	17%	61%	22%
16-19	9871	22%	36%	22%	7%	13%	58%	29%
20+	5753	24%	35%	23%	6%	12%	59%	29%
Tjs étudiant / Still Studying	2560	26%	36%	23%	5%	10%	62%	28%
Composition du ménage / Household composition								
1	4662	21%	35%	20%	5%	17%	57%	26%
2	7495	24%	36%	20%	6%	14%	60%	26%
3	4865	23%	37%	22%	6%	12%	60%	28%
4+	7619	24%	36%	22%	6%	12%	60%	28%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	22%	34%	24%	8%	12%	56%	32%
Cadres directeurs / Managers	2320	21%	36%	25%	7%	12%	56%	32%
Autres employés / Other white collars	2622	24%	38%	21%	6%	12%	62%	26%
Ouvriers / Manual workers	4743	24%	36%	23%	6%	10%	60%	30%
Femmes- hommes au foyer / House person	2519	26%	39%	15%	4%	15%	65%	19%
Chômeurs / Unemployed	1758	22%	33%	22%	8%	14%	55%	30%
Retraités / Retired	6184	22%	36%	19%	5%	19%	58%	23%
Etudiants / Students	2560	26%	36%	23%	5%	10%	62%	28%

QD3.5 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QD3.5 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Placer de l'argent dans la recherche pour trouver un vaccin contre le SIDA

Funding research to find an AIDS vaccine

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	23%	36%	21%	5%	15%	59%	26%
Petite moyenne ville / Small/ mid size town	9822	26%	37%	21%	5%	12%	62%	26%
Grande ville / Large town	6159	21%	36%	22%	7%	14%	56%	30%

DR.RUPNATHJI(DR.RUPAK NATH)

QD4.1 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.1 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Une campagne d'information sur les types de comportement qui exposent les gens à l'infection par le virus du SIDA

An information campaign on the types of behaviour which expose people to infection by the AIDS virus

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
UE25 EU25	24642	54%	34%	5%	1%	6%	88%	6%
BE	1047	65%	29%	4%	1%	0%	94%	6%
CZ	1011	43%	45%	7%	1%	5%	87%	8%
DK	1011	44%	33%	12%	2%	10%	77%	13%
DE	1528	60%	28%	5%	1%	7%	88%	6%
EE	1009	54%	32%	4%	1%	9%	86%	5%
EL	1000	73%	23%	2%	0%	2%	96%	2%
ES	1016	53%	37%	4%	0%	6%	90%	4%
FR	1014	62%	32%	3%	1%	2%	94%	4%
IE	1000	54%	32%	2%	0%	12%	86%	3%
IT	1000	54%	39%	4%	1%	2%	93%	5%
CY	502	79%	18%	2%	-	1%	97%	2%
LV	1049	58%	31%	3%	0%	8%	89%	3%
LT	1002	50%	36%	3%	1%	11%	86%	3%
LU	500	62%	34%	3%	-	1%	96%	3%
HU	1012	51%	35%	5%	1%	8%	86%	6%
MT	500	68%	24%	2%	1%	6%	91%	3%
NL	1000	67%	24%	6%	1%	2%	91%	7%
AT	1012	51%	35%	7%	1%	6%	86%	8%
PL	999	42%	40%	8%	1%	9%	82%	9%
PT	1000	48%	47%	3%	0%	2%	94%	3%
SI	1037	66%	27%	2%	0%	5%	93%	2%
SK	1056	37%	47%	13%	1%	3%	84%	13%
FI	1003	56%	37%	4%	1%	2%	93%	5%
SE	1000	49%	34%	11%	2%	5%	83%	13%
UK	1334	43%	37%	7%	1%	12%	80%	8%
Sexe / Sex								
Homme / Male	11882	52%	36%	6%	1%	5%	88%	7%
Femme / Female	12760	55%	33%	5%	1%	6%	88%	5%
Age								
15-24	3758	53%	38%	5%	0%	3%	91%	6%
25-39	6538	55%	31%	5%	1%	4%	90%	6%
40-54	6299	56%	33%	5%	1%	5%	89%	6%
55 +	8047	51%	34%	5%	1%	9%	85%	6%
Age de fin d'études / Education (End of)								
15	5879	49%	36%	5%	1%	9%	85%	6%
16-19	9871	54%	34%	5%	1%	6%	89%	6%
20+	5753	58%	32%	6%	1%	3%	90%	7%
Tjs étudiant / Still Studying	2560	56%	36%	5%	0%	3%	92%	6%
Composition du ménage / Household composition								
1	4662	51%	33%	6%	1%	9%	84%	8%
2	7495	54%	34%	5%	1%	6%	88%	6%
3	4865	56%	34%	5%	1%	5%	90%	6%
4+	7619	54%	36%	5%	1%	5%	90%	6%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	54%	35%	5%	1%	4%	90%	6%
Cadres directeurs / Managers	2320	57%	33%	5%	1%	4%	90%	6%
Autres employés / Other white collars	2622	55%	36%	5%	1%	3%	91%	6%
Ouvriers / Manual workers	4743	55%	34%	6%	1%	4%	89%	6%
Femmes- hommes au foyer / House person	2519	54%	33%	6%	1%	7%	86%	7%
Chômeurs / Unemployed	1758	52%	36%	5%	1%	6%	88%	6%
Retraités / Retired	6184	50%	35%	5%	1%	10%	84%	6%
Etudiants / Students	2560	56%	36%	5%	0%	3%	92%	6%

QD4.1 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.1 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Une campagne d'information sur les types de comportement qui exposent les gens à l'infection par le virus du SIDA

An information campaign on the types of behaviour which expose people to infection by the AIDS virus

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	52%	35%	5%	1%	7%	87%	6%
Petite moyenne ville / Small/ mid size town	9822	56%	33%	5%	1%	5%	90%	5%
Grande ville / Large town	6159	52%	35%	6%	1%	5%	88%	7%

DR.RUPNATHJIK (DR.RUPAK NATH)

QD4.2 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.2 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Essayer davantage d'identifier les personnes qui sont séropositives ou qui ont le SIDA

Try harder to identify the people who are HIV positive or who have AIDS

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
UE25 EU25	24642	45%	36%	8%	3%	8%	81%	11%
BE	1047	46%	32%	13%	8%	1%	78%	21%
CZ	1011	42%	43%	8%	1%	6%	85%	9%
DK	1011	30%	34%	18%	5%	14%	64%	22%
DE	1528	47%	32%	10%	4%	8%	79%	14%
EE	1009	54%	31%	3%	1%	10%	86%	4%
EL	1000	76%	19%	3%	0%	2%	95%	3%
ES	1016	41%	35%	7%	6%	12%	76%	12%
FR	1014	48%	34%	8%	6%	4%	83%	14%
IE	1000	52%	29%	4%	1%	13%	81%	6%
IT	1000	38%	43%	8%	5%	5%	81%	14%
CY	502	76%	20%	2%	0%	2%	96%	2%
LV	1049	57%	30%	4%	1%	9%	87%	4%
LT	1002	56%	32%	2%	0%	10%	88%	2%
LU	500	55%	32%	8%	3%	3%	87%	11%
HU	1012	55%	33%	3%	1%	8%	88%	4%
MT	500	57%	26%	6%	1%	9%	83%	7%
NL	1000	49%	32%	12%	3%	4%	81%	15%
AT	1012	47%	33%	10%	2%	8%	80%	12%
PL	999	39%	43%	3%	1%	10%	82%	8%
PT	1000	50%	41%	3%	1%	3%	92%	5%
SI	1037	66%	26%	3%	0%	4%	93%	3%
SK	1056	37%	43%	14%	2%	4%	81%	16%
FI	1003	54%	39%	5%	0%	2%	92%	5%
SE	1000	48%	35%	9%	2%	6%	83%	10%
UK	1334	43%	36%	6%	1%	13%	79%	7%
Sexe / Sex								
Homme / Male	11882	45%	37%	9%	3%	7%	81%	12%
Femme / Female	12760	46%	35%	7%	4%	8%	81%	11%
Age								
15-24	3758	45%	30%	10%	3%	5%	82%	13%
25-39	6538	44%	33%	9%	5%	6%	80%	14%
40-54	6299	45%	34%	8%	4%	7%	81%	12%
55 +	8047	46%	36%	6%	2%	11%	81%	8%
Age de fin d'études / Education (End of)								
15	5879	43%	38%	6%	3%	10%	81%	9%
16-19	9871	46%	36%	7%	3%	7%	82%	10%
20+	5753	46%	34%	10%	5%	6%	80%	14%
Tjs étudiant / Still Studying	2560	47%	35%	10%	4%	4%	81%	14%
Composition du ménage / Household composition								
1	4662	45%	35%	7%	4%	10%	80%	11%
2	7495	46%	35%	7%	3%	8%	81%	11%
3	4865	46%	36%	8%	3%	7%	82%	11%
4+	7619	47%	37%	9%	4%	6%	81%	12%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	46%	36%	9%	5%	5%	82%	14%
Cadres directeurs / Managers	2320	45%	34%	10%	3%	7%	79%	14%
Autres employés / Other white collars	2622	45%	39%	8%	4%	6%	83%	11%
Ouvriers / Manual workers	4743	44%	38%	8%	4%	6%	82%	12%
Femmes- hommes au foyer / House person	2519	45%	34%	7%	4%	10%	79%	11%
Chômeurs / Unemployed	1758	46%	35%	8%	3%	8%	81%	11%
Retraités / Retired	6184	45%	35%	6%	2%	11%	81%	8%
Etudiants / Students	2560	47%	35%	10%	4%	4%	81%	14%

QD4.2 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.2 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Essayer davantage d'identifier les personnes qui sont séropositives ou qui ont le SIDA

Try harder to identify the people who are HIV positive or who have AIDS

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	44%	36%	7%	4%	9%	80%	11%
Petite moyenne ville / Small/ mid size town	9822	46%	35%	8%	3%	7%	81%	11%
Grande ville / Large town	6159	46%	36%	8%	3%	6%	82%	11%

DR.RUPNATHJIK (DR.RUPAK NATH)

QD4.3 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.3 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Traiter les personnes séropositives pour retarder le déclenchement de la maladie

Treating those who are HIV positive to delay the onset of AIDS

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
UE25 EU25	24642	55%	34%	4%	1%	6%	88%	5%
BE	1047	68%	28%	3%	1%	1%	96%	4%
CZ	1011	44%	44%	6%	1%	6%	88%	7%
DK	1011	50%	32%	7%	1%	11%	82%	8%
DE	1528	58%	30%	4%	1%	7%	88%	5%
EE	1009	55%	31%	5%	1%	9%	86%	6%
EL	1000	79%	17%	2%	0%	2%	96%	2%
ES	1016	47%	35%	6%	4%	9%	82%	10%
FR	1014	66%	30%	1%	0%	2%	97%	2%
IE	1000	60%	24%	3%	0%	12%	84%	4%
IT	1000	54%	39%	4%	1%	3%	93%	4%
CY	502	80%	17%	1%	0%	2%	97%	2%
LV	1049	62%	28%	3%	0%	7%	89%	3%
LT	1002	54%	33%	2%	1%	10%	87%	3%
LU	500	68%	29%	1%	-	2%	97%	1%
HU	1012	55%	34%	4%	1%	7%	89%	4%
MT	500	66%	22%	4%	1%	7%	88%	5%
NL	1000	65%	27%	4%	1%	4%	91%	5%
AT	1012	52%	34%	7%	1%	6%	86%	8%
PL	999	41%	41%	3%	2%	10%	82%	8%
PT	1000	59%	36%	3%	0%	3%	95%	3%
SI	1037	66%	27%	2%	-	5%	93%	2%
SK	1056	45%	41%	11%	1%	3%	86%	11%
FI	1003	57%	36%	4%	1%	3%	92%	5%
SE	1000	59%	30%	5%	1%	5%	90%	6%
UK	1334	46%	36%	4%	1%	13%	82%	5%
Sexe / Sex								
Homme / Male	11882	54%	35%	5%	1%	6%	89%	6%
Femme / Female	12760	56%	33%	4%	1%	7%	88%	5%
Age								
15-24	3758	56%	33%	5%	1%	3%	91%	6%
25-39	6538	55%	33%	4%	1%	5%	89%	6%
40-54	6299	57%	33%	4%	1%	6%	89%	5%
55 +	8047	52%	34%	4%	1%	9%	86%	5%
Age de fin d'études / Education (End of)								
15	5879	50%	36%	3%	1%	10%	86%	5%
16-19	9871	55%	34%	4%	1%	6%	89%	5%
20+	5753	60%	30%	4%	1%	4%	91%	5%
Tjs étudiant / Still Studying	2560	57%	34%	6%	1%	3%	90%	7%
Composition du ménage / Household composition								
1	4662	52%	34%	4%	1%	9%	86%	5%
2	7495	55%	33%	4%	1%	7%	88%	5%
3	4865	57%	33%	4%	1%	6%	90%	5%
4+	7619	53%	35%	5%	1%	5%	89%	6%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	57%	34%	3%	1%	4%	91%	5%
Cadres directeurs / Managers	2320	59%	31%	4%	2%	4%	91%	5%
Autres employés / Other white collars	2622	55%	36%	4%	1%	4%	91%	5%
Ouvriers / Manual workers	4743	56%	34%	4%	1%	5%	90%	5%
Femmes- hommes au foyer / House person	2519	55%	32%	4%	1%	9%	86%	5%
Chômeurs / Unemployed	1758	54%	32%	5%	2%	6%	87%	7%
Retraités / Retired	6184	51%	35%	4%	1%	10%	85%	5%
Etudiants / Students	2560	57%	34%	6%	1%	3%	90%	7%

QD4.3 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.3 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Traiter les personnes séropositives pour retarder le déclenchement de la maladie

Treating those who are HIV positive to delay the onset of AIDS

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	53%	34%	4%	1%	8%	87%	5%
Petite moyenne ville / Small/ mid size town	9822	57%	32%	4%	1%	6%	89%	5%
Grande ville / Large town	6159	53%	35%	4%	1%	6%	89%	6%

DR.RUPNATHJIK (DR.RUPAK NATH)

QD4.4 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.4 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Traiter ceux qui ont le SIDA et prendre soin d'eux

Treating those who has AIDS and looking after them

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
UE25 EU25	24642	55%	34%	4%	1%	6%	89%	5%
BE	1047	71%	25%	3%	0%	0%	96%	4%
CZ	1011	41%	46%	6%	1%	5%	87%	7%
DK	1011	42%	35%	10%	1%	12%	77%	11%
DE	1528	55%	32%	5%	1%	7%	87%	6%
EE	1009	53%	34%	4%	1%	8%	88%	4%
EL	1000	79%	17%	1%	0%	2%	97%	1%
ES	1016	53%	38%	2%	0%	6%	92%	3%
FR	1014	71%	27%	1%	0%	1%	97%	1%
IE	1000	60%	25%	3%	0%	12%	85%	3%
IT	1000	55%	38%	3%	0%	3%	93%	3%
CY	502	80%	17%	1%	-	2%	98%	1%
LV	1049	61%	28%	3%	1%	8%	88%	3%
LT	1002	55%	32%	2%	1%	10%	87%	3%
LU	500	71%	27%	1%	-	1%	98%	1%
HU	1012	57%	33%	4%	1%	6%	89%	5%
MT	500	69%	22%	2%	-	6%	92%	2%
NL	1000	63%	28%	5%	1%	2%	91%	6%
AT	1012	49%	38%	5%	1%	7%	86%	7%
PL	999	41%	42%	7%	2%	8%	83%	9%
PT	1000	59%	37%	2%	0%	2%	96%	2%
SI	1037	68%	26%	2%	-	5%	94%	2%
SK	1056	43%	42%	11%	1%	3%	85%	11%
FI	1003	57%	36%	4%	0%	3%	93%	4%
SE	1000	62%	28%	5%	1%	4%	90%	6%
UK	1334	45%	37%	5%	1%	12%	82%	6%
Sexe / Sex								
Homme / Male	11882	54%	36%	4%	1%	5%	90%	5%
Femme / Female	12760	57%	33%	4%	1%	6%	89%	4%
Age								
15-24	3758	57%	30%	4%	1%	3%	92%	5%
25-39	6538	56%	31%	4%	1%	5%	90%	5%
40-54	6299	57%	34%	4%	1%	5%	90%	5%
55 +	8047	53%	34%	4%	1%	9%	87%	5%
Age de fin d'études / Education (End of)								
15	5879	51%	35%	4%	1%	9%	87%	4%
16-19	9871	55%	35%	4%	1%	6%	90%	4%
20+	5753	59%	31%	4%	1%	4%	91%	5%
Tjs étudiant / Still Studying	2560	58%	34%	5%	1%	3%	92%	5%
Composition du ménage / Household composition								
1	4662	53%	34%	4%	1%	8%	87%	5%
2	7495	56%	34%	4%	1%	6%	89%	4%
3	4865	56%	35%	4%	1%	5%	91%	4%
4+	7619	56%	35%	4%	1%	5%	91%	5%
Echelle d'occupation du répondant / Respondant occupation scale								
Indépendants / Self- employed	1937	58%	34%	4%	1%	3%	92%	5%
Cadres directeurs / Managers	2320	58%	33%	4%	1%	5%	91%	5%
Autres employés / Other white collars	2622	56%	37%	3%	1%	4%	93%	3%
Ouvriers / Manual workers	4743	55%	36%	4%	1%	5%	91%	5%
Femmes- hommes au foyer / House person	2519	57%	31%	3%	1%	8%	88%	4%
Chômeurs / Unemployed	1758	56%	33%	4%	1%	6%	89%	5%
Retraités / Retired	6184	51%	34%	4%	1%	9%	86%	5%
Etudiants / Students	2560	58%	34%	5%	1%	3%	92%	5%

QD4.4 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.4 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Traiter ceux qui ont le SIDA et prendre soin d'eux

Treating those who has AIDS and looking after them

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	53%	35%	4%	1%	7%	88%	5%
Petite moyenne ville / Small/ mid size town	9822	58%	32%	4%	1%	5%	91%	4%
Grande ville / Large town	6159	53%	37%	4%	1%	6%	90%	5%

DR.RUPNATHJIK(DR.RUPAK NATH)

QD4.5 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.5 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Placer de l'argent dans la recherche pour trouver un vaccin contre le SIDA

Funding research to find an AIDS vaccine

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
UE25 EU25	24642	61%	28%	3%	1%	6%	90%	4%
BE	1047	73%	24%	2%	1%	0%	97%	3%
CZ	1011	53%	37%	4%	1%	5%	90%	5%
DK	1011	59%	23%	5%	1%	11%	82%	7%
DE	1528	67%	22%	3%	1%	7%	89%	4%
EE	1009	61%	27%	4%	0%	8%	87%	4%
EL	1000	83%	13%	2%	0%	2%	96%	2%
ES	1016	59%	34%	3%	0%	5%	92%	3%
FR	1014	69%	26%	3%	1%	2%	94%	4%
IE	1000	63%	21%	3%	1%	13%	84%	3%
IT	1000	57%	35%	3%	2%	3%	92%	5%
CY	502	83%	14%	1%	0%	2%	97%	1%
LV	1049	65%	25%	2%	0%	8%	89%	3%
LT	1002	57%	30%	2%	0%	11%	87%	2%
LU	500	74%	24%	1%	0%	1%	98%	1%
HU	1012	66%	24%	3%	1%	6%	91%	4%
MT	500	63%	23%	2%	2%	11%	86%	3%
NL	1000	80%	16%	2%	0%	2%	96%	2%
AT	1012	58%	29%	5%	1%	7%	88%	6%
PL	999	46%	38%	6%	2%	9%	83%	8%
PT	1000	61%	34%	2%	0%	3%	95%	2%
SI	1037	69%	24%	2%	-	5%	93%	2%
SK	1056	53%	33%	8%	2%	4%	86%	10%
FI	1003	65%	29%	3%	0%	3%	94%	3%
SE	1000	77%	17%	3%	0%	4%	93%	3%
UK	1334	51%	30%	5%	2%	12%	82%	6%
Sexe / Sex								
Homme / Male	11882	61%	29%	4%	1%	5%	90%	5%
Femme / Female	12760	62%	28%	3%	1%	6%	90%	4%
Age								
15-24	3758	65%	28%	3%	1%	3%	93%	4%
25-39	6538	64%	27%	4%	1%	5%	91%	4%
40-54	6299	61%	29%	4%	1%	5%	90%	5%
55 +	8047	58%	29%	3%	1%	8%	87%	4%
Age de fin d'études / Education (End of)								
15	5879	55%	32%	3%	1%	9%	87%	5%
16-19	9871	61%	29%	4%	1%	6%	90%	4%
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2	7495	61%	29%	3%	1%	6%	90%	4%
3	4865	64%	27%	4%	1%	5%	91%	4%
4+	7619	61%	30%	3%	1%	5%	91%	4%
Echelle d'occupation du répondant / Respondant occupation scale								
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Autres employés / Other white collars	2622	64%	28%	4%	1%	4%	92%	4%
Ouvriers / Manual workers	4743	61%	30%	4%	1%	5%	91%	5%
Femmes- hommes au foyer / House perso	2519	60%	28%	4%	1%	8%	88%	4%
Chômeurs / Unemployed	1758	62%	27%	4%	1%	5%	89%	6%
Retraités / Retired	6184	57%	29%	3%	1%	9%	86%	5%
Etudiants / Students	2560	67%	27%	3%	1%	3%	93%	4%

DR. RUPAK NATHUJ (DR. RUPAK NATHUJ)

QD4.5 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QD4.5 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Placer de l'argent dans la recherche pour trouver un vaccin contre le SIDA

Funding research to find an AIDS vaccine

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
Urbanisation subjective / Subjective urbanisation								
Village rural / Rural village	8632	59%	29%	4%	1%	7%	88%	5%
Petite moyenne ville / Small/ mid size tow	9822	63%	28%	3%	1%	5%	91%	4%
Grande ville / Large town	6159	62%	28%	4%	1%	5%	90%	4%

DR.RUPNATHJIK (DR.RUPAK NATH)

Technical note and data tables

**Acceding and candidate countries and
the non government controlled areas
of Cyprus**

DR.RUPNATHJI(DR.RUPAK NATH)

SPECIAL EUROBAROMETER N° 240 (2)

"AIDS prevention"

TECHNICAL SPECIFICATIONS

Between the 5th of November and the 7th of December 2005, TNS Opinion & Social, a consortium created between Taylor Nelson Sofres and EOS Gallup Europe, carried out wave 64.3 of the EUROBAROMETER, on request of the EUROPEAN COMMISSION, Directorate-General Press and Communication, Opinion Polls.

The SPECIAL EUROBAROMETER N° 240 (2) is part of wave 64.3 and has been conducted in the two acceding countries (Bulgaria and Romania) and in the two candidate countries (Croatia and Turkey) and in the Turkish Cypriot Community. The survey covers the national population of citizens of the respective nationalities and the population of citizens of all the European Union Member States that are residents in those countries and have a sufficient command of one of the respective national language(s) to answer the questionnaire. The basic sample design applied in all states is a multi-stage, random (probability) one. In each country a number of sampling points was drawn with probability proportional to population size (for a total coverage of the country) and to population density.

In order to do so, the sampling points were drawn systematically from each of the "administrative regional units", after stratification by individual unit and type of area. They thus represent the whole territory of the countries surveyed according to the EUROSTAT NUTS II (or equivalent) and according to the distribution of the resident population of the respective nationalities in terms of metropolitan, urban and rural areas. In each of the selected sampling points, a starting address was drawn, at random. Further addresses (every Nth address) were selected by standard "random route" procedures, from the initial address. In each household, the respondent was drawn, at random (following the "closest birthday rule"). All interviews were conducted face-to-face in people's homes and in the appropriate national language. As far as the data capture is concerned, CAPI (*Computer Assisted Personal Interview*) was used in those countries where this technique was available.

DR. RUPNATHI (DR. RUPAK NATH)

ABBREVIATIONS	COUNTRIES	INSTITUTES	N° INTERVIEWS	FIELDWORK DATES		POPULATION 15+
BG	Bulgaria	TNS BBSS	1.004	07/11/2005	21/11/2005	6.695.512
HR	Croatia	Puls	1.000	08/11/2005	05/12/2005	3.682.826
RO	Romania	TNS CSOP	1.002	12/11/2005	04/12/2005	18.145.036
TR	Turkey	TNS PIAR	1.005	07/11/2005	05/12/2005	47.583.830
CY(tcc)	Turkish Cypriot Comm.	KADEM	500	09/11/2005	26/11/2005	157.101
TOTAL			4.511	07/11/2005	05/12/2005	76.264.305

For each country a comparison between the sample and the universe was carried out. The Universe description was derived from Eurostat population data or from national statistics offices. For all countries surveyed, a national weighting procedure, using marginal and intercellular weighting, was carried out based on this Universe description. In all countries, gender, age, region and size of locality were introduced in the iteration procedure. For international weighting (i.e. EU averages), TNS Opinion & Social applies the official population figures as provided by EUROSTAT or national statistic offices. The total population figures for input in this post-weighting procedure are listed above.

Readers are reminded that survey results are estimations, the accuracy of which, everything being equal, rests upon the sample size and upon the observed percentage. With samples of about 1,000 interviews, the real percentages vary within the following confidence limits:

Observed percentages	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
Confidence limits	± 1.9 points	± 2.5 points	± 2.7 points	± 3.0 points	± 3.1 points

DR.RUPNATHI/DR.RUPNATHI

QF1.1 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.1 In your opinion, can AIDS be caught by each of the following ways?

En mangeant un repas préparé par un malade du SIDA ou une personne séropositive

Eating a meal prepared by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	7%	22%	51%	20%
HR	1000	8%	11%	71%	10%
RO	1002	5%	18%	61%	16%
TR	1005	10%	6%	62%	22%
CY (tcc)	500	12%	9%	66%	13%

DR.RUPNATHJIK(DR.RUPAK NATH)

QF1.2 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.2 In your opinion, can AIDS be caught by each of the following ways?

En manipulant des objets qu'a touché un malade du SIDA ou une personne séropositive

Handling objects touched by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	7%	17%	59%	17%
HR	1000	7%	12%	72%	9%
RO	1002	4%	17%	63%	16%
TR	1005	8%	9%	62%	21%
CY (tcc)	500	11%	9%	67%	13%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF1.3 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.3 In your opinion, can AIDS be caught by each of the following ways?

En buvant dans un verre que vient d'utiliser un malade du SIDA ou une personne séropositive

Drinking from a glass which has just been used by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	16%	33%	31%	20%
HR	1000	22%	24%	44%	10%
RO	1002	12%	27%	44%	17%
TR	1005	12%	17%	48%	22%
CY (tcc)	500	20%	20%	45%	14%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF1.4 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.4 In your opinion, can AIDS be caught by each of the following ways?

En s'asseyant sur un siège de toilette qui vient d'être utilisé par un malade du SIDA ou une personne séropositive

Sitting on a toilet seat which has been used by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	15%	33%	29%	23%
HR	1000	20%	23%	46%	11%
RO	1002	10%	28%	43%	19%
TR	1005	17%	16%	44%	23%
CY (tcc)	500	26%	18%	42%	14%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF1.5 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.5 In your opinion, can AIDS be caught by each of the following ways?

En étant piqué(e) par une seringue qui vient de servir à un malade du SIDA ou une personne séropositive

Being injected with a needle which has been used by someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	85%	8%	1%	6%
HR	1000	92%	2%	3%	4%
RO	1002	90%	3%	1%	6%
TR	1005	66%	10%	8%	16%
CY (tcc)	500	80%	8%	5%	8%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF1.6 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.6 In your opinion, can AIDS be caught by each of the following ways?

En recevant du sang qui vient d'un malade du SIDA ou d'une personne séropositive

Receiving blood from someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	87%	7%	1%	5%
HR	1000	92%	2%	3%	3%
RO	1002	92%	1%	0%	7%
TR	1005	74%	4%	7%	14%
CY (tcc)	500	86%	5%	4%	5%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF1.7 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.7 In your opinion, can AIDS be caught by each of the following ways?

En serrant la main d'un malade du SIDA ou d'une personne séropositive

Shaking hands with someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	10%	17%	58%	15%
HR	1000	8%	6%	79%	6%
RO	1002	7%	13%	66%	14%
TR	1005	9%	7%	66%	18%
CY (tcc)	500	10%	12%	70%	9%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF1.8 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.8 In your opinion, can AIDS be caught by each of the following ways?

En embrassant sur la bouche un malade du SIDA ou une personne séropositive

Kissing on the mouth someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	31%	37%	12%	19%
HR	1000	41%	27%	23%	9%
RO	1002	25%	34%	23%	18%
TR	1005	31%	21%	27%	22%
CY (tcc)	500	35%	27%	28%	10%

DR.RUPNATHJIK(DR.RUPAK NATH)

QF1.9 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.9 In your opinion, can AIDS be caught by each of the following ways?

En ayant des rapports sexuels sans protection avec un malade du SIDA ou une personne séropositive

Having sex without protection with someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	89%	5%	1%	5%
HR	1000	91%	2%	2%	4%
RO	1002	90%	3%	0%	6%
TR	1005	78%	5%	4%	13%
CY (tcc)	500	91%	2%	3%	3%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF1.10 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.10 In your opinion, can AIDS be caught by each of the following ways?

En soignant un malade du SIDA ou une personne séropositive

Taking care of someone who has AIDS or who is HIV positive

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	16%	31%	34%	18%
HR	1000	13%	13%	66%	9%
RO	1002	9%	31%	45%	15%
TR	1005	7%	7%	65%	20%
CY (tcc)	500	17%	23%	47%	13%

DR.RUPNATHJIK(DR.RUPAK NATH)

QF1.11 Selon vous, le SIDA peut-il être attrapé de chacune des façons suivantes ?

QF1.11 In your opinion, can AIDS be caught by each of the following ways?

En donnant du sang

Giving blood

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	48%	26%	16%	10%
HR	1000	37%	11%	41%	11%
RO	1002	22%	15%	50%	13%
TR	1005	14%	7%	61%	18%
CY (tcc)	500	23%	11%	57%	9%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF2.1 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QF2.1 Have the emergence and the spread of AIDS led you personally to...?

Faire plus attention aux choses que vous touchez

Taking more care over the things you touch

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	19%	14%	63%	4%
HR	1000	14%	10%	72%	3%
RO	1002	22%	19%	51%	8%
TR	1005	14%	13%	59%	14%
CY (tcc)	500	33%	13%	50%	5%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF2.2 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QF2.2 Have the emergence and the spread of AIDS led you personally to...?

Eviter certains endroits (régions\ établissements)

Avoiding certain places (areas\ establishments)

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	14%	12%	69%	5%
HR	1000	12%	9%	76%	4%
RO	1002	19%	19%	53%	9%
TR	1005	14%	12%	59%	15%
CY (tcc)	500	34%	10%	50%	6%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF2.3 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QF2.3 Have the emergence and the spread of AIDS led you personally to...?

Chercher plus de stabilité dans votre choix de partenaires

Seek more stability in your choice of partners

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	35%	10%	48%	6%
HR	1000	33%	11%	48%	9%
RO	1002	43%	14%	29%	15%
TR	1005	23%	14%	46%	16%
CY (tcc)	500	40%	12%	41%	7%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF2.4 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QF2.4 Have the emergence and the spread of AIDS led you personally to...?

Eviter la compagnie de certaines personnes\ sortes de gens

Avoiding certain company\ types of people

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	18%	16%	61%	5%
HR	1000	19%	11%	66%	5%
RO	1002	25%	19%	47%	9%
TR	1005	18%	19%	48%	15%
CY (tcc)	500	31%	17%	47%	5%

DR.RUPNATHJIK(DR.RUPAK NATH)

QF2.5 L'émergence et la diffusion du SIDA vous ont-elles mené(e) personnellement à ... ?

QF2.5 Have the emergence and the spread of AIDS led you personally to...?

Prendre des précautions dans les relations sexuelles

Take precautions in sexual intercourse

	TOTAL	Oui / Yes	Peut-être / Possibly	Non / No	NSP / DK
BG	1004	42%	9%	42%	7%
HR	1000	38%	9%	45%	9%
RO	1002	52%	9%	24%	15%
TR	1005	37%	10%	38%	15%
CY (tcc)	500	55%	10%	30%	5%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF3.1 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QF3.1 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Une campagne d'information sur les types de comportement qui exposent les gens à l'infection par le virus du SIDA

An information campaign on the types of behaviour which expose people to infection by the AIDS virus

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
BG	1004	14%	44%	15%	7%	21%	58%	22%
HR	1000	23%	49%	11%	7%	10%	72%	18%
RO	1002	47%	30%	8%	1%	14%	77%	9%
TR	1005	18%	12%	12%	31%	27%	30%	44%
CY (tcc)	500	18%	17%	23%	30%	13%	35%	52%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF3.2 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QF3.2 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Essayer davantage d'identifier les personnes qui sont séropositives ou qui ont le SIDA

Try harder to identify the people who are HIV positive or who have AIDS

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
BG	1004	13%	33%	15%	11%	28%	46%	27%
HR	1000	22%	38%	15%	10%	15%	60%	25%
RO	1002	46%	28%	10%	1%	15%	74%	11%
TR	1005	13%	13%	16%	30%	27%	27%	46%
CY (tcc)	500	14%	19%	20%	32%	14%	33%	52%

DR.RUPNATHJIK(DR.RUPAK NATH)

QF3.3 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QF3.3 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Traiter les personnes séropositives pour retarder le déclenchement de la maladie

Treating those who are HIV positive to delay the onset of AIDS

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
BG	1004	16%	30%	13%	8%	34%	46%	20%
HR	1000	33%	39%	10%	5%	13%	72%	15%
RO	1002	51%	24%	9%	2%	14%	75%	11%
TR	1005	15%	13%	15%	30%	27%	28%	45%
CY (tcc)	500	13%	18%	22%	31%	17%	30%	53%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF3.4 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QF3.4 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Traiter ceux qui ont le SIDA et prendre soin d'eux

Treating those who has AIDS and looking after them

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
BG	1004	16%	31%	14%	7%	32%	47%	20%
HR	1000	34%	39%	9%	5%	13%	73%	14%
RO	1002	51%	24%	9%	2%	13%	75%	11%
TR	1005	16%	11%	16%	29%	28%	27%	45%
CY (tcc)	500	16%	19%	19%	29%	17%	35%	48%

DR.RUPNATHJIK(DR.RUPAK NATH)

QF3.5 Pour chacune de ces options, pensez-vous que les mesures actuellement entreprises en (NOTRE PAYS) sont très efficaces, plutôt efficaces, pas très efficaces ou pas du tout efficaces ?

QF3.5 For each of these options, do you feel that the measures currently being undertaken in (OUR COUNTRY) are very effective, fairly effective, not very effective or not at all effective?

Placer de l'argent dans la recherche pour trouver un vaccin contre le SIDA

Funding research to find an AIDS vaccine

	TOTAL	Très efficace / Very effective	Assez efficace / Fairly effective	Peu efficace / Not very effective	Pas du tout efficace / Not at all effective	NSP / DK	Efficace / Effective	Pas efficace / Not effective
BG	1004	18%	23%	11%	10%	38%	41%	21%
HR	1000	36%	28%	10%	11%	15%	63%	22%
RO	1002	55%	17%	9%	5%	14%	72%	14%
TR	1005	19%	9%	14%	30%	28%	28%	44%
CY (tcc)	500	17%	19%	18%	30%	17%	36%	48%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF4.1 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QF4.1 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Une campagne d'information sur les types de comportement qui exposent les gens à l'infection par le virus du SIDA

An information campaign on the types of behaviour which expose people to infection by the AIDS virus

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
BG	1004	52%	27%	4%	1%	16%	80%	4%
HR	1000	62%	26%	2%	1%	8%	88%	3%
RO	1002	72%	21%	0%	0%	7%	92%	1%
TR	1005	36%	26%	4%	10%	25%	62%	13%
CY (tcc)	500	32%	36%	7%	4%	22%	68%	10%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF4.2 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QF4.2 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Essayer davantage d'identifier les personnes qui sont séropositives ou qui ont le SIDA

Try harder to identify the people who are HIV positive or who have AIDS

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
BG	1004	54%	26%	3%	0%	16%	80%	4%
HR	1000	53%	26%	8%	4%	9%	79%	12%
RO	1002	70%	21%	2%	0%	7%	91%	2%
TR	1005	34%	26%	8%	7%	25%	60%	15%
CY (tcc)	500	29%	38%	6%	4%	23%	67%	10%

DR.RUPNATHJIK(DR.RUPAK NATH)

QF4.3 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QF4.3 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Traiter les personnes séropositives pour retarder le déclenchement de la maladie

Treating those who are HIV positive to delay the onset of AIDS

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
BG	1004	58%	21%	4%	1%	17%	79%	5%
HR	1000	65%	23%	4%	0%	8%	88%	4%
RO	1002	76%	16%	1%	0%	7%	92%	1%
TR	1005	35%	25%	7%	7%	26%	60%	14%
CY (tcc)	500	28%	35%	8%	5%	25%	63%	13%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF4.4 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QF4.4 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Traiter ceux qui ont le SIDA et prendre soin d'eux

Treating those who has AIDS and looking after them

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
BG	1004	59%	22%	3%	1%	15%	81%	4%
HR	1000	68%	20%	3%	1%	8%	88%	3%
RO	1002	76%	17%	0%	0%	7%	93%	0%
TR	1005	35%	24%	8%	7%	26%	58%	15%
CY (tcc)	500	32%	33%	6%	4%	25%	66%	9%

DR.RUPNATHJIK (DR.RUPAK NATH)

QF4.5 Regardons cette même liste de mesures possibles. Pour chacune d'elles, pensez-vous qu'il soit utile ou non de collaborer et d'harmoniser les efforts au sein de l'Union européenne ?

QF4.5 Let us look at this same list of possible measures. For each of them do you think it is useful or not to collaborate and to harmonise efforts within the European Union?

Placer de l'argent dans la recherche pour trouver un vaccin contre le SIDA

Funding research to find an AIDS vaccine

	TOTAL	Très utile / Very useful	Plutôt utile / Fairly useful	Plutôt pas utile / Not very useful	Pas du tout utile / Not at all useful	NSP / DK	Utile / Useful	Pas utile / Not useful
BG	1004	64%	16%	3%	1%	16%	80%	4%
HR	1000	71%	17%	3%	1%	8%	88%	3%
RO	1002	80%	13%	0%	0%	7%	93%	0%
TR	1005	39%	23%	7%	6%	25%	62%	13%
CY (tcc)	500	35%	33%	5%	3%	24%	68%	8%

DR.RUPNATHJIK(DR.RUPAK NATH)