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58. I would get angry and demand that s/he talk about AIDS with me.
59. I would give up if my partner refused to discuss any AIDS-related issues.
60. I would appeal to my partner’s love/affection for me as a basis for our discussing AIDS.
61. I would ask my partner if s/he wanted to discuss AIDS.
62. I would argue until my partner agreed to discuss the topic of AIDS with me.
63. I would refuse to interact further with my partner unless we first discussed AIDS.
64. I would act nice so that my partner could not refuse to discuss AIDS with me.
65. I would convince my partner that we need to discuss AIDS.
66. I would be especially sweet, charming, and pleasant before bringing up the subject of AIDS.
67. I would tell my partner we are close enough to discuss AIDS.
68. I would loudly voice my desire to discuss the topic of AIDS.
69. I would pretend to be an expert about AIDS.
70. I would plead or beg my partner to talk about the disease AIDS.
71. I would get someone else to help persuade my partner to discuss AIDS.
72. I would tell my partner I have a lot of knowledge about the topic of AIDS.

Multidimensional AIDS Anxiety Questionnaire

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Although considerable medical attention has been recently focused on AIDS, relatively little is known about the amount and nature of anxiety that this disease may be fostering in segments of society. To better understand the public’s reaction to AIDS, a multidimensional self-report measure of anxiety experienced about AIDS was developed, the Multidimensional AIDS Anxiety Questionnaire (MAAQ; Finney & Snell, 1989; Snell & Finney, 1996). Factor analysis indicated that the MAAQ items correspond to five concepts concerned with AIDS anxiety: (a) AIDS-related anxiety manifested as physiological arousal, (b) AIDS-related anxiety manifested as fear, (c) AIDS-related anxiety manifested as cognitive worry, (d) AIDS-related anxiety manifested as sexual inhibition, and (e) AIDS-anxiety manifested as discussion inhibition.

Description

The MAAQ consists of 50 items. In responding to the MAAQ, individuals are asked to indicate how characteristic each statement is of them. A 5-point Likert-type scale is used to collect data on the subjects’ responses, with each item being scored from 0 to 4: not at all characteristic of me (A), slightly characteristic of me (B), somewhat characteristic of me (C), moderately characteristic of me (D), and very characteristic of me (E). In order to create subscale scores, the items on each subscale are averaged. Higher scores thus correspond to greater amounts of each respective type of AIDS-related anxiety.

Response Mode and Timing

Individuals are asked to record their responses to the MAAQ on a computer scan sheet by darkening in a response from A to E for each MAAQ item. Alternatively, one could prepare the MAAQ so that respondents write directly on the instrument itself. The questionnaire usually takes between 20 and 25 minutes to complete.

Scoring

The MAAQ consists of five subscales designed to measure several aspects of anxiety about AIDS. (The items on the sixth subscale are indicated here also, although the eigenvalue from the factor analysis for this subscale was less than 1. Although this sixth subscale appears to be psychometrically weak, we anticipate that it will gain more prominence in future research.) The labels for these subscales are (with a listing of the items on each subscale) Physiological Arousal (Items 13, 14, 23, 27, 28, 29, 31, 33, 34, 38, 39, 43, 44, 46, 47, 48); Fear of AIDS (Items 5, 6, 10, 15, 16, and 21); Sexual Inhibition (Items 18, 30, 35, 37, 40, 42); Cognitive Worry (Items 1, 3, 4, 8, and 9); Discussion Inhibition (Items 2, 7, 12, 19, and 24); and Anxiety About AIDS Exposure.

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(Items 20, 49, 50). The MAAQ items are scored so that A = 0, B = 1, C = 2, D = 3, and E = 4. Next, they are averaged for each subscale so that higher scores correspond to greater amounts of anxiety about AIDS (score range for each subscale = 0 to 4).

Reliability
Internal consistency coefficients for the MAAQ were reported by Finney and Snell (1989). All five scales had high internal consistency, with Cronbach alphas ranging from a low of .85 to a high of .94. Test-retest reliability coefficients for the Physiological Arousal (.65), Fear of AIDS (.78), and Sexual Inhibition (.63) subscales of the MAAQ were quite high; the coefficients for the Cognitive Worry (.40) and Discussion Inhibition (.40) subscales were somewhat lower.

Validity
To determine whether the 50 MAAQ items would cluster into unique groups, a principal components factor analysis with varimax rotation was conducted. There were five factors with eigenvalues greater than 1. Factor 1 had an eigenvalue of 17.00 (accounting for 34% of the variance) and consisted of 16 items concerned with signs of general physiological arousal about AIDS. Factor 2 had an eigenvalue of 4.43 (accounting for 8.9% of the variance) and consisted of six items reflecting a stronger fear of AIDS. Factor 3 consisted of six statements concerned specifically with sexual inhibition resulting from AIDS (eigenvalue = 2.24; 4.5% percent of the variance). The five items that characterized Factor 4 concerned cognitive worry about AIDS (eigenvalue = 1.23; 2.5% of the variance). Factor 5 consisted of five items concerned with discussion inhibition about AIDS (eigenvalue = 1.16; 2.3% of the variance). As anticipated, physiological (the arousal and fear factors), cognitive (the worry factor), and behavioral (the sexual inhibition and discussion inhibition factors) manifestations of AIDS anxiety were apparent in these data.

Researchers (Finney & Snell, 1989; Snell & Finney, 1996) have indicated that physiological arousal about AIDS and discussion inhibition about AIDS are associated with more positive personal approaches to AIDS. Additionally, in our research findings, we found that the MAAQ is related to the Stereotypes About AIDS Scale (Snell, Finney & Godwin, 1991) and the AIDS Discussion Strategy Scale (Snell & Finney, 1990). Still other results demonstrate convergent validity for the MAAQ with other measures of general anxiety and discriminant validity from social desirability and other personality characteristics. Also, AIDS anxiety was found to be broadly related to individuals’ underlying general anxiety level but unrelated to other specific forms of anxiety (e.g., relationship anxiety). Furthermore, scores on the MAAQ have been shown to be related to the contraceptive behavior of university students. More specifically, the physiological arousal type of AIDS anxiety was positively correlated with reliable contraceptive behaviors among males. Males who reported AIDS anxiety, manifested as physiologically arousal, were also more likely to report a change in sexual practices due to the possibility of contracting AIDS. In addition, there was a trend for physiological arousal to be positively related to self-reported use of condoms or spermicides to protect against AIDS among males.

References

Exhibit

The Multidimensional AIDS Anxiety Questionnaire

*Instructions:* The items listed below refer to feelings and reactions that people may experience about the disease AIDS (Acquired Immune Deficiency Syndrome). As such, there are no right or wrong answers, only the individual reactions that people have. We are interested in how typical these feelings and behaviors are of you. To provide your responses, use the following scale to indicate how characteristic the following statements are for you.

A = Not at all characteristic of me.
B = Slightly characteristic of me.
C = Somewhat characteristic of me.
D = Moderately characteristic of me.
E = Very characteristic of me.

*Note:* Remember to respond to all items, even if you are not completely sure. Also, please be honest in responding to these statements.
1. Thinking about AIDS makes me feel anxious.
2. I sometimes find it hard to discuss issues dealing with AIDS.
3. I feel tense when I think about the threat of AIDS.
4. I feel quite anxious about the epidemic of AIDS.
5. I feel scared about AIDS when I think about sexual relationships.
6. I'm afraid of getting AIDS.
7. I have trouble talking about AIDS with an intimate partner.
8. I feel flustered when I realize the threat of AIDS.
9. The disease AIDS makes me feel nervous and anxious.
10. I feel scared when I think about catching AIDS from a sexual partner.
11. I'm not worried about getting AIDS.
12. I would feel shy discussing AIDS with an intimate partner.
13. My heart beats fast with anxiety when I think about AIDS.
15. Because of AIDS, I feel nervous about initiating sexual relations.
16. All these discussions of AIDS leaves me feeling a bit alarmed.
17. I would not find it hard to discuss AIDS with an intimate partner.
18. AIDS makes me feel jittery about having sex with someone.
19. I feel uncomfortable when discussing AIDS.
20. I sometimes worry that one of my past sexual partners may have had AIDS.
21. Thinking about catching AIDS leaves me feeling concerned.
22. I would not hesitate to ask a former sex partner about AIDS-related concerns.
23. The issue of AIDS is a very stressful experience for me.
24. I feel nervous when I discuss AIDS with another person.
25. The threat of getting AIDS makes me feel uneasy about sex.
26. I worry about what I should do about AIDS.
27. Anxiety about AIDS is beginning to affect my personal relationships.
28. In general, the media attention on AIDS makes me feel restless.
29. I have feelings of worry when I think about AIDS.
30. Were I to have sexual relations, I would worry about getting AIDS.
31. All this recent media attention about AIDS leaves me feeling on edge.
32. AIDS does not influence my willingness to engage in sexual relationships.
33. When I think about AIDS, I feel tense.
34. I am more anxious than most people are about the disease AIDS.
35. If I were to have sex with someone, I would worry about AIDS.
36. I'm pretty indifferent to the idea of catching AIDS.
37. I would hesitate to involve myself in a sexual relationship because of AIDS.
38. When talking about AIDS with someone, I feel jumpy and high-strung.
39. I become really frightened when I think about the threat of AIDS.
40. The fear of AIDS makes me feel nervous about engaging in sex.
41. The increased chances of being infected with AIDS leaves me feeling troubled.
42. Because of AIDS, I feel too nervous to start a new sexual relationship.
43. The spread of AIDS is causing me to feel quite a bit of stress.
44. I worry that AIDS may directly influence my life.
45. I had a better attitude towards sex before the AIDS epidemic.
46. I get pretty upset when I think about the possibility of catching AIDS.
47. The discussion of AIDS makes me feel uncomfortable.
48. All this talk about AIDS has left me feeling strained and tense.
49. I'm concerned that I might be carrying the AIDS virus.
50. I feel nervous when I think that a past sexual partner could have given me AIDS.