

1. Continued

- | | | |
|--|-----------------------|-----------------------|
| H. Hemophilia | <input type="radio"/> | <input type="radio"/> |
| I. Any type of abnormal hemoglobin | <input type="radio"/> | <input type="radio"/> |
| J. Chronic kidney disease – not counting kidney stones | <input type="radio"/> | <input type="radio"/> |
| K. Glomerulonephritis | <input type="radio"/> | <input type="radio"/> |
| L. Systemic Lupus Erythematosus | <input type="radio"/> | <input type="radio"/> |
| M. Vasculitis | <input type="radio"/> | <input type="radio"/> |
| N. Rheumatoid arthritis | <input type="radio"/> | <input type="radio"/> |
| O. Ankylosing Spondylitis | <input type="radio"/> | <input type="radio"/> |
| P. Reiter's Syndrome | <input type="radio"/> | <input type="radio"/> |
| Q. Thyroiditis or Grave's Disease | <input type="radio"/> | <input type="radio"/> |
| R. Myasthenia Gravis | <input type="radio"/> | <input type="radio"/> |
| S. Some other autoimmune disease | <input type="radio"/> | <input type="radio"/> |

(SPECIFY) _____

	10	20	30	40	50	60	70	80	90	
	0	1	2	3	4	5	6	7	8	9

2. Have you ever had:

A. Hemorrhoids or piles
(IF "YES": Have you had them in the past 6 months?)

IF EVER HAD HEMORRHOIDS: Did they ever bleed? (IF "YES": Have they bled in the last 6 months?)

Has a doctor or other medical practitioner ever told you that you had (EACH)?
(IF "YES": Have you had it in the past 6 months?)

- B. Shingles (or Herpes Zoster)
C. Bullous Impetigo
D. Infectious Mononucleosis
E. Jaundice or some liver disease other than Hepatitis

(SPECIFY) _____

	0	1	2	3	4	5	6	7	8	9
--	---	---	---	---	---	---	---	---	---	---

F. Has a doctor or other medical practitioner ever told you that you had Hepatitis or a blood test that was positive for Hepatitis?

(1) IF EVER HAD HEPATITIS (CODE 2 OR 3): Can you tell me whether you had Hepatitis A, Infectious Hepatitis, Hepatitis B, Serum Hepatitis, Non A/Non B Hepatitis, or didn't they say which kind it was? MARK ONE CODE FOR EACH IN FIRST SECTION.

(2) FOR EACH "YES": How did you happen to find out that you had (TYPE OF HEPATITIS) (IF DON'T KNOW WHICH KIND: some kind of hepatitis) – did you go to the doctor because you were feeling sick, or did they happen to find it when they were doing a blood test for some other reason?

Hepatitis A	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infectious Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hepatitis B	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Serum Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non A/Non B Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Didn't say which kind it was.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(SPECIFY) _____

	NO, NEVER	YES, BUT NOT IN LAST 6 MONTHS	YES, WITHIN LAST 6 MONTHS
A. Hemorrhoids or piles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IF EVER HAD HEMORRHOIDS: Did they ever bleed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a doctor or other medical practitioner ever told you that you had (EACH)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
B. Shingles (or Herpes Zoster)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
C. Bullous Impetigo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
D. Infectious Mononucleosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
E. Jaundice or some liver disease other than Hepatitis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
F. Has a doctor or other medical practitioner ever told you that you had Hepatitis or a blood test that was positive for Hepatitis?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(1) HAD THIS TYPE?			
NO, NOT THIS KIND	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
YES, THIS KIND	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) HOW LEARNED? DID BLOOD TEST FOR OTHER REASON			
HAD SYMPTOMS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
DID BLOOD TEST FOR OTHER REASON	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

3. Have you ever received an injection of Hepatitis B vaccine?

NO YES

4. Has a doctor or other medical practitioner ever told you that you had any of the following conditions?
(IF NEEDED: Was it diagnosed by a doctor or other medical practitioner?)

- | | | |
|---|-----------------------|-----------------------|
| A. Asthma | <input type="radio"/> | <input type="radio"/> |
| B. Hayfever | <input type="radio"/> | <input type="radio"/> |
| C. Hives | <input type="radio"/> | <input type="radio"/> |
| D. Allergic Dermatitis | <input type="radio"/> | <input type="radio"/> |
| E. An immediate allergic reaction to a drug or insect sting that caused difficulty with breathing or blood pressure | <input type="radio"/> | <input type="radio"/> |

5.

IF NEEDED, EXPLAIN: By a "time" we mean each period when you thought it was cured and then it started again (or finally went away for good).

ASK A FOR ALL BEFORE ASKING B AND C FOR ANY.

<p>A</p> <p>Have you ever had any of the following diseases or conditions?</p> <p>How about (EACH)?</p>	<p>B</p> <p>And how many times in your life have you had (DISEASE OR CONDITION)?</p>	<p>C</p> <p>And how many times have you had it during the last six months?</p>
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DISEASE OR CONDITION	EVER	TOTAL TIMES EVER HAD	IN LAST 6 MONTHS
(1) Syphilis	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(2) Any form of gonorrhea <input type="text"/> IF NO TO (2), SKIP TO (6)	NO YES <input type="radio"/> <input type="radio"/>		
(3) Urethral gonorrhea (clap or drip of the urinary passage)	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(4) Oral gonorrhea (of the mouth or throat)	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(5) Rectal gonorrhea (of the rectum)	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(6) Non-specific or nongonococcal urethritis (that is, a discharge from the penis that's not caused by gonorrhea)	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(7) Shigella, Shigellosis or Salmonella	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(8) Amoebic dysentery	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(9) Giardia or Giardiasis	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(10) Some other parasitic disease such as worms, not including childhood worms	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(11) Genital warts or anal warts (condylomata acuminata)	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(12) Crabs (or lice)	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
Scabies	NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> 10 20 30 40 50 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="text"/> 0 1 2 3 4 5 6 7 8 9

6. A. Have you ever had any of the following forms of Herpes?

1) Facial herpes, cold sores, or fever blisters?

NO YES

2) Sores in the genital region?

3) Sores in the anal or rectal area?

IF "NO" TO ALL THREE, SKIP TO Q. 7

B. Has there been a period during the last six months when your herpes sores seemed to come more often, get worse, or last longer?

- No, not in the last 6 months
 Yes, that has happened

7. Within the past week have you had (EACH)?

A. A cold

NO YES

B. A fever

C. Influenza or flu

D. Diarrhea

E. Some other illness that began in the last week

(SPECIFY) _____

0 1 2 3 4 5 6 7 8 9

MAKE NO STRAY MARKS

9. A. At any time during the last six months did you stay overnight as a patient in a hospital?

- No →
 Yes

SKIP TO Q 10

IF "YES": How many separate times did you stay overnight as a patient in a hospital during these last six months?

times

0
10 1
20 2
30 3
40 4
50 5
60 6
70 7
80 8
90 9



**NOTE ON BOOKMARK TO GET RELEASE OF RECORDS
 (AND NAME AND ADDRESS OF HOSPITAL)**

B. Tell me about (that hospitalization/each of those times).
 USE ONE COLUMN FOR EACH SEPARATE STAY DURING THE LAST 6 MONTHS.

	MOST RECENT HOSPITALIZATION			SECOND MOST RECENT HOSPITALIZATION		
	MONTH	DAY	YEAR	MONTH	DAY	YEAR
(1) On what <u>date</u> did you go into the hospital (the last time/the time before that)?	JAN	<input type="radio"/>		JAN	<input type="radio"/>	
	FEB	<input type="radio"/>	198	FEB	<input type="radio"/>	198
	MAR	<input type="radio"/>	0	MAR	<input type="radio"/>	0
	APR	<input type="radio"/>	10 1	APR	<input type="radio"/>	10 1
	MAY	<input type="radio"/>	20 2	MAY	<input type="radio"/>	20 2
	JUN	<input type="radio"/>	30 3	JUN	<input type="radio"/>	30 3
	JUL	<input type="radio"/>	4	JUL	<input type="radio"/>	4
	AUG	<input type="radio"/>	5	AUG	<input type="radio"/>	5
	SEP	<input type="radio"/>	6	SEP	<input type="radio"/>	6
	OCT	<input type="radio"/>	7	OCT	<input type="radio"/>	7
	NOV	<input type="radio"/>	8	NOV	<input type="radio"/>	8
	DEC	<input type="radio"/>	9	DEC	<input type="radio"/>	9
(2) How many nights did you spend in the hospital at that time?	nights			nights		
	0			0		
	10 1			10 1		
	20 2			20 2		
	30 3			30 3		
	40 4			40 4		
	50 5			50 5		
	60 6			60 6		
	70 7			70 7		
	80 8			80 8		
90 9			90 9			
(3) For what condition or problem were you hospitalized? RECORD FULLY IN R's OWN WORDS.	_____			_____		
	_____			_____		
	_____			_____		
	_____			_____		
	_____			_____		

(SPECIFY)

	100	200	300	400	500	600	700	800	900	
	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

IF MORE THAN 2 HOSPITALIZATIONS IN LAST 6 MONTHS, MARK HERE AND USE CONTINUATION SHEET.

10. A. Have you had a biopsy of lymph nodes or lymph glands in the last 2 years? (By a biopsy, we mean removal of at least one lymph node or lymph gland to study under the microscope.)

- No → **SKIP TO Q. 11**
 Yes

B. How many times did you have one?

times

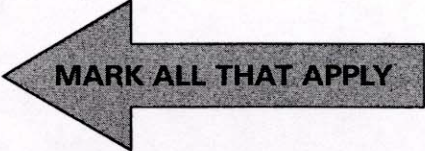
0
1
2
3
4
5
6
7
8
9

B

**NOTE ON BOOKMARK TO GET
 RELEASE OF RECORDS
 (AND NAME AND ADDRESS
 OF HOSPITAL)**

C. And what did they say the diagnosis or result of the biopsy was?

- Tuberculosis
 Lymphoma or Cancer
 Toxoplasmosis
 Reactive Hyperplasia
 Other



(SPECIFY) _____

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

11. A. Have you received an injection or shot of gamma globulin in the last 2 years? (It's usually given in the buttocks to help protect you against hepatitis or to prevent other diseases – especially before you travel.)

- No → **SKIP TO Q. 12**
 Yes
 Don't know → **SKIP TO Q. 12**

B. How many times in the last 2 years have you had one?

times

0
1
2
3
4
5
6
7
8
9

C. When was the last time?

MONTH	YEAR
JAN <input type="radio"/>	198
FEB <input type="radio"/>	
MAR <input type="radio"/>	0
APR <input type="radio"/>	1
MAY <input type="radio"/>	2
JUN <input type="radio"/>	3
JUL <input type="radio"/>	4
AUG <input type="radio"/>	5
SEP <input type="radio"/>	6
OCT <input type="radio"/>	7
NOV <input type="radio"/>	8
DEC <input type="radio"/>	9

12. A. Have you received a transfusion of blood or blood components (platelets or plasma) in the last 5 years?

- No → **SKIP TO Q 13**
- Yes
- Don't know → **SKIP TO Q 13**

B. And how many times have you had a transfusion in the last 5 years?

		times
0	<input type="radio"/>	
10	<input type="radio"/>	1
20	<input type="radio"/>	2
30	<input type="radio"/>	3
40	<input type="radio"/>	4
50	<input type="radio"/>	5
60	<input type="radio"/>	6
70	<input type="radio"/>	7
80	<input type="radio"/>	8
90	<input type="radio"/>	9

C. When was the last time?

MONTH	YEAR
JAN <input type="radio"/>	19 <input type="radio"/>
FEB <input type="radio"/>	<input type="radio"/>
MAR <input type="radio"/>	<input type="radio"/>
APR <input type="radio"/>	<input type="radio"/>
MAY <input type="radio"/>	<input type="radio"/>
JUN <input type="radio"/>	<input type="radio"/>
JUL <input type="radio"/>	<input type="radio"/>
AUG <input type="radio"/>	<input type="radio"/>
SEP <input type="radio"/>	<input type="radio"/>
OCT <input type="radio"/>	<input type="radio"/>
NOV <input type="radio"/>	<input type="radio"/>
DEC <input type="radio"/>	<input type="radio"/>

13. A. Not counting things like skin tests or injections of drugs, have you had any part of your body pierced – by acupuncture, by a tattoo, or having your ears, nose or nipples pierced, or something like that in the last 5 years?

- No → **SKIP TO Q 14**
- Yes

B. Was that done during the last 6 months?

- No
- Yes

14. Now I have some questions about cigarette smoking.

A. Do you smoke cigarettes now? (As of one month ago?)

- No
- Yes → **SKIP TO D**
- Occasionally (less than one cigarette per day) **SKIP TO E**

B. Did you ever smoke cigarettes?

- No → **SKIP TO Q 15**
- Yes

C. How long ago did you stop?

		<input type="radio"/> months ago
0	<input type="radio"/>	
10	<input type="radio"/>	1
20	<input type="radio"/>	2
30	<input type="radio"/>	3
40	<input type="radio"/>	4
50	<input type="radio"/>	5
60	<input type="radio"/>	6
70	<input type="radio"/>	7
80	<input type="radio"/>	8
90	<input type="radio"/>	9

OR

years ago

NOW SKIP TO E

D. How many packs do you usually smoke per day?

- Less than 1/2 pack a day
- At least 1/2 pack, but less than one pack per day
- At least 1 but less than 2 packs
- 2 or more packs per day

E. And how old were you when you began smoking (cigarettes)?

	10	20	30	40	50	60	70	80		
	0	1	2	3	4	5	6	7	8	9

F. Thinking about the period of time when you smoked the most, how many (packs of) cigarettes did you smoke per day?

- Never smoked regularly (never as much as 1 cigarette per day)
- Less than 1/2 pack a day
- At least 1/2 pack, but less than one pack per day
- At least 1 pack per day but less than 2
- 2 or more packs per day

15. The next questions are about alcoholic beverages – that is, wine, beer or liquor.

A. During the past 12 months, on days when you drank any alcoholic beverages, how many drinks did you usually have altogether? (By a drink we mean a can or glass of beer, a 4-ounce glass of wine, a 1 1/2-ounce shot of liquor, or a mixed drink with that amount of liquor.) Please turn to page 1 in your booklet for the possible answers to this.

- None, did not drink in the last 12 months → **SKIP TO Q. 16**
- 1 or 2 drinks
- 3 or 4 drinks
- 5 or 6 drinks
- 7 or more drinks

B. Now please turn to page 2 in your booklet and tell me how often you have a drink containing alcohol (a glass of beer, wine, a mixed drink, any kind of alcoholic beverage)?

MARK CODE BELOW.

IF DRANK DURING THE LAST 12 MONTHS, BUT NO LONGER DRINKS, MARK HERE → AND ASK:

How long has it been since you had your last drink?

	0
10	1
20	2
30	3
40	4
50	5
60	6
70	7
80	8
90	9

- days ago
- OR
- weeks ago
- OR
- months ago

- At least once a day
- Nearly every day
- 3 or 4 times a week
- Once or twice a week
- 2 or 3 times a month
- About once a month
- 6 – 11 times a year
- 1 – 5 times a year

- Then tell me how often you had a drink containing alcohol during the month before you stopped drinking.
- MARK APPROPRIATE CODE

C. During the past 12 months, what was the most that you had to drink in any given 24-hour period? Again, you'll find the answers to this on page 1 of your answer booklet.

- Never had more than usual
- 1 or 2 drinks
- 3 or 4 drinks
- 5 or 6 drinks
- 7 or 8 drinks
- 9 – 11 drinks
- 12 or more drinks

16. I'll be asking about recreational drug use later, but now I have some questions about drugs and medications that you may have taken for health reasons – either prescribed drugs or other things you took on your own – during the last 6 months.

How about any kinds of steroids – taken by mouth like cortisone or prednisone, or applied to the skin or other body surfaces or injected?

- Yes, used steroids
START WITH ITEM (1)
- No steroids
START WITH ITEM (4)

ASK A FOR ALL, BEFORE ASKING B – D FOR ANY. FOR EACH YES, ASK B – D AS APPROPRIATE

	A.		B.		IF USED IN LAST 7 DAYS:		D. What was the name of the (KIND OF DRUG) you took (during the last 7 days)?
	How about (EACH)? Have you (taken/used) any in the last 6 months?		IF USED IN LAST 6 MONTHS: Have you (taken/used) (DRUG) in last 7 days?		C. How many days ago did you last take it?		
	NO	YES	NO	YES	TODAY	DAYS AGO	
(1) Steroids that you took orally	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(2) Steroids that you applied to your body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(3) Steroids that were injected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(4) Some other kind of hormone such as anabolic steroids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(5) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(6) Medication taken by mouth for fungal infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(7) Medication taken by mouth for worms or parasites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(8) Anti-histamines, decongestants or other nose or throat medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(9) Aspirin, Anacin, Bufferin or other similar medications	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(10) Some other kind of pain medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(11) Tranquilizers or sleeping pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(12) Antidepressants or mood elevators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(13) Appetite suppressants or diet pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(14) Lithium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(15) Interferon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	
(16) Another kind of medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	

(SPECIFY)

	100	200	300	400	500	600	700	800	900	
	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

MARK HERE IF YOU NEED TO USE CONTINUATION SHEET

17. Have you engaged in any sort of sexual activities, involving another person, in the last 5 years? Any sort at all?

B

- No
- Yes

SKIP TO 2nd INSTRUCTION IN BOX

IF YES: Which of these terms best describes your sexual behavior or activities during the last five years? Please refer to page 3 in the booklet.

- Exclusively homosexual
- Almost exclusively homosexual, but a small degree of heterosexual activity
- Primarily homosexual, but with a substantial degree of heterosexual activity
- Equally homosexual and heterosexual
- Primarily heterosexual, but with a substantial degree of homosexual activity
- Almost exclusively heterosexual, but a small degree of homosexual activity
- Exclusively heterosexual

IF EXCLUSIVELY HETEROSEXUAL (CODE 7) IN LAST 5 YEARS, READ THIS DEFINITION: For the purposes of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, vagina or rectum. THEN SKIP TO Q 19.

FOR ALL OTHERS, ASK BOTH Q 18 AND 19 AFTER READING THIS DEFINITION: For the purposes of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, vagina or rectum – or your partner put his penis in your mouth or rectum.

18. A. How old were you the very first time you had sexual intercourse with another male (or was there never such a time – not even once)?

B

		10	20	30	40	50	60	70			
		0	1	2	3	4	5	6	7	8	9

- Never

SKIP TO C

B. And about how old were you when you first started having sexual intercourse with males on a regular basis? (By "regular basis," we mean at least once a month.)

		10	20	30	40	50	60	70			
		0	1	2	3	4	5	6	7	8	9

- Never on a regular basis

NOW SKIP TO Q 19

C. **IF NEVER HAD INTERCOURSE WITH MALES:** When did you last have some kind of sexual activity with another man – was that during the last 6 months, during the last 2 years (but more than 6 months ago), more than 2 years ago, or never?

B

- During the last 6 months
- During last 2 years (but more than 6 months ago)
- More than 2 years ago
- Never

19. A. How old were you the very first time you had sexual intercourse with a female (or was there never such a time – not even once)?

B

	10	20	30	40	50	60	70			
	0	1	2	3	4	5	6	7	8	9

Never

SKIP TO C

B. And about how old were you when you first started having sexual intercourse with females on a regular basis (or was there never such a time)? (By "regular basis", we mean at least once a month).

	10	20	30	40	50	60	70			
	0	1	2	3	4	5	6	7	8	9

Never on a regular basis

GO TO Q 20

C. **IF NEVER HAD INTERCOURSE WITH FEMALES:** When did you last have some kind of sexual activity with a woman – was that during the last 6 months, during the last 2 years (but more than 6 months ago), more than 2 years ago, or never?

B

- During the last 6 months
- During last 2 years (but more than 6 months ago)
- More than 2 years ago
- Never

20. Now let's talk about the numbers of different people you've had sexual intercourse with over the years.

	MEN	WOMEN																																																																																						
A. How many different (men/women) (if any) have you had sexual intercourse with during the last six months?	<table border="1"> <tr><td></td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td></td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9																						
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B. And how many different (men/women) (if any) have you had sexual intercourse with during the last two years?	<table border="1"> <tr><td></td><td>1K</td><td>2K</td><td>3K</td><td>4K</td><td>5K</td><td>6K</td><td>7K</td><td>8K</td><td>9K</td></tr> <tr><td></td><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		1K	2K	3K	4K	5K	6K	7K	8K	9K		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td></td><td>1K</td><td>2K</td><td>3K</td><td>4K</td><td>5K</td><td>6K</td><td>7K</td><td>8K</td><td>9K</td></tr> <tr><td></td><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		1K	2K	3K	4K	5K	6K	7K	8K	9K		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	None <input type="radio"/>	None <input type="radio"/>																																																																																						
C. And about how many different (men/women) (if any) have you had sexual intercourse with in your whole life?	<table border="1"> <tr><td></td><td>1K</td><td>2K</td><td>3K</td><td>4K</td><td>5K</td><td>6K</td><td>7K</td><td>8K</td><td>9K</td></tr> <tr><td></td><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		1K	2K	3K	4K	5K	6K	7K	8K	9K		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td></td><td>1K</td><td>2K</td><td>3K</td><td>4K</td><td>5K</td><td>6K</td><td>7K</td><td>8K</td><td>9K</td></tr> <tr><td></td><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		1K	2K	3K	4K	5K	6K	7K	8K	9K		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	None <input type="radio"/>	None <input type="radio"/>																																																																																						

IF NO INTERCOURSE IN LAST 2 YEARS (NEITHER MEN NOR WOMEN,) SKIP TO NEXT INSTRUCTION BOX, NEXT PAGE.

D. And about how many of the (men/women) you had sexual intercourse with in the last two years were more or less anonymous – all, some, or none of them? By anonymous we mean that you did not know how to find them again. (IF SOME: would you say more than half, just about half, or less than half were anonymous?)

	MEN	WOMEN
All of them	<input type="radio"/>	<input type="radio"/>
More than half (but not all)	<input type="radio"/>	<input type="radio"/>
About half of them	<input type="radio"/>	<input type="radio"/>
Less than half	<input type="radio"/>	<input type="radio"/>
None of them	<input type="radio"/>	<input type="radio"/>

E. Of those (men/women) you had sexual intercourse with in the last six months how many of them were more or less anonymous (that is, you did not know how to find them again)?

	100	200	300	400	500	600	700	800	900	men	
	0	10	20	30	40	50	60	70	80	90	
	0	1	2	3	4	5	6	7	8	9	
	100	200	300	400	500	600	700	800	900	women	
	0	10	20	30	40	50	60	70	80	90	
	0	1	2	3	4	5	6	7	8	9	

IF ANY SEX WITH MEN IN LAST 6 MONTHS --

AND MORE THAN 1 MALE SEX PARTNER IN LAST 6 MONTHS, SKIP TO Q 21 (ASKING BOTH COLUMNS)

AND ONLY 1 MALE PARTNER IN LAST 6 MONTHS, ASK F.

IF SEX WITH MEN IN LAST 2 YEARS (BUT NOT IN LAST 6 MONTHS, SKIP TO Q 21 (ASKING ONLY FIRST COLUMN))

IF NO SEX WITH MEN IN LAST 2 YEARS BUT HAD SEX WITH WOMEN IN LAST 2 YEARS, SKIP TO Q 23.

IF NO SEX IN LAST 2 YEARS (NEITHER MEN NOR WOMEN), SKIP TO Q 24.

F. You said you had (intercourse/sex) with only one male partner in the last 6 months. Has this partner had sexual activity with anyone other than you during the last 6 months?

No, not to my knowledge

Yes

Don't know

21. The next questions are about different kinds of sexual practices some men engage in. I'll ask you to tell me what proportion of your (male) partners you did something with during the last 2 years, choosing an answer from the top of page 4 in your booklet. [IF ANY SEX WITH MEN IN LAST 6 MONTHS: Then I'll ask for the approximate number of (male) partners in the last 6 months you did that with.]	A.					B.															
	How about (EACH) in the last 2 years? (What proportion of your partners did you do that with?) Please pick your answer from the top of page 4. [IF ONLY ONE PARTNER IN LAST 2 YEARS: Is that something you did with your partner in the last 2 years? (CODE ALL OR NONE.)]					IF ANY SEX WITH MEN IN LAST 6 MONTHS: And how many men did you do that with in the last 6 months? (Give me the actual number.) (IF NEEDED: What's your best estimate?) [IF ONLY ONE PARTNER: Is that something you did with your partner during the last 6 months? (CODE YES OR NO.)]															
						(CHECK BOOKMARK)															
KIND OF ACTIVITY	LAST 2 YEARS					LAST 6 MONTHS															
(1) You engaged in masturbation until your partner ejaculated/came	1,0 ALL ○ 5	1,66 MOST ○ 4	1,33 SOME ○ 3	1 ONE ○ 2	0 NONE ○ 1	00 20 40 60 80 90 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner												
(2) You put your penis in his mouth * IF NONE, SKIP TO (4) *	ALL ○	MOST ○	SOME ○	ONE ○	NONE ○	00 20 40 60 80 90 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner												
(3) You (ejaculated/came) into his * mouth *	ALL ○	MOST ○	SOME ○	ONE ○	NONE ○	00 20 40 60 80 90 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner												
(4) You put your penis in his rectum * IF NONE, SKIP TO (7) *	ALL ○	MOST ○	SOME ○	ONE ○	NONE ○	00 20 40 60 80 90 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner												
(5) You (ejaculated/came) in his * rectum *	ALL ○	MOST ○	SOME ○	ONE ○	NONE ○	00 20 40 60 80 90 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner												
(6) Thinking of the times you inserted * your penis in your partner's rectum, * with how many of your partners did you use a condom?	ALL ○	MOST ○	SOME ○	ONE ○	NONE ○	00 20 40 60 80 90 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner												
(7) You used your tongue to touch or lick his anus or rectum	ALL ○	MOST ○	SOME ○	ONE ○	NONE ○	00 20 40 60 80 90 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner												
You inserted your finger or fingers (but not your whole hand) into your partner's rectum	ALL ○	MOST ○	SOME ○	ONE ○	NONE ○	00 20 40 60 80 90 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner												

KIND OF ACTIVITY	A. LAST 2 YEARS					B. LAST 6 MONTHS										
	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners
(9) You put your whole hand or fist into his rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(10) He put his penis in your mouth IF NONE, SKIP TO (12)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(11) He (ejaculated/came) into your mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(12) Your partner put his penis in your rectum IF NONE, SKIP TO (15)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(13) He (ejaculated/came) in your rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(14) And thinking only of the times when your partner inserted his penis in your rectum, (how many of your partners used/did he use) a condom?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(15) He used his tongue to touch or lick your anus or rectum ("rimming")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(16) He put his finger or fingers into your rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(17) He put his whole hand or fist into your rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(18) He put a dildo or other device into your rectum	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(19) You engaged in water sports and were urinated on or drank your partner's urine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(20) You engaged in scat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(21) You engaged in what you consider to be S&M activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										
(22) And with how many partners did you use a douche or have an enema before having sex?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
						<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner										

IF NO HOMOSEXUAL ACTIVITY IN LAST 6 MONTHS.
 AND R IS COMPLETELY HOMOSEXUAL, SKIP TO Q 24.
 AND R IS BISEXUAL, SKIP TO INSTRUCTION BOX ON NEXT PAGE.

22. How many times during the last 6 months have you noticed the following after sex?

A. You had bleeding around or from your anus or rectum

times

Never

0
10 1
20 2
30 3
40 4
50 5
60 6
70 7
80 8
90 9

B. Your (male) partner had bleeding around or from his anus or rectum

times

Never

0
10 1
20 2
30 3
40 4
50 5
60 6
70 7
80 8
90 9

IF ANY SEX WITH WOMEN IN LAST 6 MONTHS, ASK BOTH COLUMNS OF Q 23.

IF SEX WITH WOMEN IN LAST 2 YEARS (BUT NOT IN LAST 6 MONTHS), ASK ONLY FIRST COLUMN OF Q 23.

IF NO SEX WITH WOMEN IN LAST 2 YEARS, SKIP TO Q 24.

23. Now some questions about various kinds of sexual behavior with women. I'll ask [the same questions I asked about male partners] [you to tell me what proportion of your (female) partners you did something with during the last 2 years, choosing an answer from the top of page 4 in your booklet. <u>IF ANY SEX WITH WOMEN IN LAST 6 MONTHS, ADD:</u> Then I'll ask for the approximate number of women you did that with during the last 6 months.]	A.					B.												
	How about (EACH) in the last 2 years? (What proportion of your partners did you do that with?) Please pick your answer from the top of page 4. [IF ONLY ONE PARTNER IN LAST 2 YEARS: Is that something you did with your partner in the last 2 years? (CODE ALL OR NONE).]					IF ANY SEX WITH WOMEN IN LAST 6 MONTHS: And how many women did you do that with in the last 6 months? (Give me the actual number.) (IF NEEDED: What's your best estimate?) [IF ONLY ONE PARTNER: Is that something you did with your partner during the last 6 months? (CODE YES, OR NO.)]												
	LAST 2 YEARS					LAST 6 MONTHS												
(1) Your partner masturbated you to the point of ejaculation (until you came)	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner
(2) You put your penis into her mouth IF NONE, SKIP TO (4)	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner
(3) You ejaculated in her mouth	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner
(4) You touched her clitoris with your tongue	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner
(5) You put your penis into her vagina IF NONE, SKIP TO (8)	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner
(6) You ejaculated in her vagina	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner
(7) You put your penis into her rectum IF NONE, SKIP TO (9)	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner
(8) You ejaculated in her rectum	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner
(9) Thinking of all the times you had intercourse, with how many of your partners did you use a condom?	ALL	MOST	SOME	ONE	NONE	0	10	20	30	40	50	60	70	80	90	partners	<input type="radio"/> Yes, one partner	<input type="radio"/> No, one partner

24. Now let's talk about other drugs you may have used. As I read each one, please tell me whether you used it even once during the last two years.

ASK A FOR ALL BEFORE ASKING
B - F FOR ANY

FOR EACH "YES" IN A, ASK
B - F AS NEEDED

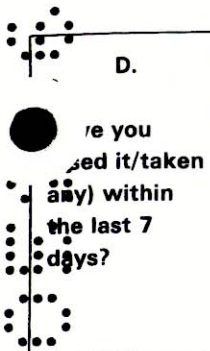
<p>A.</p> <p>How about (EACH)?</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 2em; font-weight: bold;">B</div> <p>[Have you (taken/used) any during the last two years?]</p>	<p>B.</p> <p>How often did you (use/take) (DRUG) during the last two years? (The answers to this are on page 5 of the booklet.)</p>	<p>C.</p> <p>And how often did you (use/take) (DRUG) during the last 6 months? Again, refer to page 5 in the booklet.</p> <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 2em; font-weight: bold;">B</div>
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DRUG	A.		B.					C.				
	NO	YES	DAILY	WEEKLY	MONTHLY	LESS OFTEN	DAILY	WEEKLY	MONTHLY	LESS OFTEN	NOT AT ALL	
Marijuana or Hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Next Row
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Next Row
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Go To F
MDA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Go To F
PCP, angel dust, psychedelics or hallucinogens like LSD, DMT or mescaline	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Go To F
"Downers", including barbiturates such as yellow jackets or reds, tranquilizers like Valium or Librium or other sedatives or hypnotics like Quaaludes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Go To F
Ethyl chloride used as an inhalant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Next Row
Heroin, Methadone or other opiates like Demerol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Go To F
Amphetamines, speed, crystal, or other "uppers"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Go To F
Other kinds of street drugs (SPECIFY IN BOX AT RIGHT)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Go To F

LIST "OTHER" STREET DRUG

		100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90	
0	1	2	3	4	5	6	7	8	9	

IF MORE THAN ONE "OTHER STREET DRUG" MARK HERE AND USE CONTINUATION SHEET



D.

Have you used it/taken any) within the last 7 days?

E.

IF IN LAST 7 DAYS: How many days ago did you last use it, or was it today?

F.

Have you ever (taken/used) (DRUG) with a needle? [IF YES: Was that intravenous (or IV), intradermal or skin popping, or intramuscular?]

CODE ALL THAT APPLY.

NO	YES	T O D A Y	DAYS AGO							NO, NOT BY NEEDLE	INTRA- VENOUS	INTRA- DERMAL	INTRA- MUSCU- LAR	DRUG
			1	2	3	4	5	6	7					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7					Marijuana etc.
Next Row	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7					"Poppers"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Cocaine
Go To F	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MDA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychedelics or hallucinogens
Go To F	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	"Downers"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7					Ethyl chloride
Next Row	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Opiates
Go To F	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	"Uppers"
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Other
Go To F														

25. A. Have you shared a needle with anyone in the last five years?

- No →
 Yes

SKIP TO Q 26

B. How many times have you shared a needle in the last six months?

	00	10	20	30	40	50	60	70	80	90
	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

26. Did you ever share a needle with someone who had or later developed AIDS?

- No, not to my knowledge
 Yes

27. A. Have you taken any drugs rectally during the last six months?

- No →
 Yes

SKIP TO C, BELOW

B. Which ones? (CHECK BOOKMARK, THEN ASK FOR EACH DRUG TAKEN DURING LAST SIX MONTHS.)

How about (DRUG)? [Did you take (it/any of those) rectally during the last six months?]

DRUG USED IN LAST SIX MONTHS	NO	YES
<input type="radio"/> Cocaine	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> MDA	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> PCP, angel dust, psychedelics or hallucinogens (like LSD, DMT or mescaline)	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Any downers	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Heroin, methadone or other opiates	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Amphetamines, speed or other uppers	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> Other drugs <input type="text"/> (SPECIFY)	<input type="radio"/>	<input type="radio"/>

C. And have you taken any alcohol rectally during the last six months?

- No
 Yes

28. A. Thinking back over the last two years, was there a time, even once, when you used any drugs while having sex, or had sex while under the influence of drugs?

- No →
 Yes

SKIP TO Q. 29

CHECK BOOKMARK, USING BOXES ON LEFT TO REMIND YOU WHICH DRUGS R USED DURING THE LAST 2 YEARS. ASK B ONLY ABOUT THOSE DRUGS R USED. THEN ASK C ABOUT THOSE USED WITH SEX IN LAST 2 YEARS.

DRUGS USED	B. Now turn to page 4 in your booklet and tell me with how many partners you used each of the following drugs during the last 2 years. How about (EACH)?	C. FOR EACH USED IN LAST 2 YEARS: And during the last 6 months, with how many partners did you use (DRUG) when you had sex? (Instead of using the booklet page, please give me the approximate number.)																														
	PROPORTION OF SEX PARTNERS IN LAST 2 YEARS	NUMBER OF SEX PARTNERS IN LAST SIX MONTHS																														
(1) <input type="radio"/> Marijuana or Hashish (with sex)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																							
0	10	20	30	40	50	60	70	80	90																							
0	1	2	3	4	5	6	7	8	9																							
(2) <input type="radio"/> "Poppers" or nitrites (with sex)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
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(3) <input type="radio"/> Cocaine (with sex)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																							
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0	1	2	3	4	5	6	7	8	9																							
(4) <input type="radio"/> MDA (with sex)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
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(5) <input type="radio"/> PCP, angel dust, psychedelics or hallucinogens (like LSD, DMT or mescaline) (with sex)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
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(6) <input type="radio"/> Downers (like Quaaludes, Valium, tranquilizers) (with sex)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
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(7) <input type="radio"/> Uppers (like speed or crystal) (with sex)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
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0	1	2	3	4	5	6	7	8	9																							
(8) <input type="radio"/> Any other drugs with sex _____ (SPECIFY)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
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_____ (SPECIFY)	ALL MOST SOME ONE NONE <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> ASK C	<table border="1"> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9
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0	10	20	30	40	50	60	70	80	90																							
0	1	2	3	4	5	6	7	8	9																							

29.

ASK A FOR ALL, BEFORE ASKING B AND C FOR ANY

	A.		FOR EACH "YES" ASK B AND C	
	Tell me which of the following places you've been during the last two years. How about (EACH)? (Have you been there during the last two years?)		B. During the last 2 years, about how many different sexual partners (if any) have you had in (EACH) who were "locals" or people who live there?	C. And about how many different sexual partners (if any) have you had in (EACH) during the last six months? (Again, we mean people who were living in that area at the time).
	BEEN THERE IN LAST 2 YEARS		PARTNERS IN LAST TWO YEARS	PARTNERS IN LAST 6 MONTHS
	NO	YES		
(1) The New York City-Long Island-Newark Area	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
(2) The San Francisco Bay Area	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
(3) The Los Angeles Area	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
(4) The Miami Area, including Fort Lauderdale and Key West	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
(5) The Galveston-Houston Area	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
(6) Haiti	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9
(7) Zaire	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 10 <input type="checkbox"/> 20 <input type="checkbox"/> 30 <input type="checkbox"/> 40 <input type="checkbox"/> 50 <input type="checkbox"/> 60 <input type="checkbox"/> 70 <input type="checkbox"/> 80 <input type="checkbox"/> 90 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9

30. A. So far as you know, did anyone that you ever had any sexual activity with get AIDS (either before or after your contact)?

- No, not to my knowledge
- Possibly, not certain
- Yes, definitely

SKIP TO Q 31

B. How many got AIDS?

<input type="checkbox"/>	0
<input type="checkbox"/>	10 1
<input type="checkbox"/>	20 2
<input type="checkbox"/>	30 3
<input type="checkbox"/>	40 4
<input type="checkbox"/>	50 5
<input type="checkbox"/>	60 6
<input type="checkbox"/>	70 7
<input type="checkbox"/>	80 8
<input type="checkbox"/>	90 9

31. Now let's talk about changes in sexual practices. Please turn to page 6 in your booklet. As I read each one, please tell me whether it's something you've done since you found out about AIDS, and if so, why.

How about (EACH)? (Is that something you've done in order to lower your risk of getting AIDS, something that's happened for some other reason, or something that did not happen?)

CHANGES IN SEXUAL PRACTICE	DID IT TO REDUCE RISK OF AIDS	HAPPENED FOR OTHER REASON (or just happened)	DID NOT HAPPEN
(1) Having fewer sexual partners than you used to have	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(2) Having fewer anonymous sexual partners	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(3) Increasing your use of condoms	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(4) Reducing your use of drugs with sex	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(5) FOR PITTSBURGH, CHICAGO, AND BALTIMORE: Having fewer (or no) partners from New York, San Francisco or Los Angeles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(6) Changing the kinds of sexual practices you engage in <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9 </div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Any other changes <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9 </div> <hr style="border-top: 1px dashed black;"/> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9 </div> <hr style="border-top: 1px dashed black;"/> <div style="border: 1px solid black; padding: 2px;"> <input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9 </div>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. A. Is there any aspect of your sexual experiences or anything more that I haven't asked about that you think we should know about?

- No, nothing more
- Yes

THANK AND TERMINATE

SKIP TO Q 33

B. Tell me about it. RECORD FULLY IN R'S OWN WORDS. CONTINUE ON BACK OF PAGE IF MORE SPACE NEEDED.

33.

TIME ENDED	
HR	MIN
<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 10
<input type="radio"/> 2	<input type="radio"/> 20
<input type="radio"/> 3	<input type="radio"/> 30
<input type="radio"/> 4	<input type="radio"/> 40
<input type="radio"/> 5	<input type="radio"/> 50
<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9

a.m.

p.m.

34.

, 19

Date interview completed _____

35.

Interviewer's signature _____

INTERVIEWER'S NUMBER

<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 10	<input type="radio"/> 1
<input type="radio"/> 20	<input type="radio"/> 2
<input type="radio"/> 30	<input type="radio"/> 3
<input type="radio"/> 40	<input type="radio"/> 4
<input type="radio"/> 50	<input type="radio"/> 5
<input type="radio"/> 60	<input type="radio"/> 6
<input type="radio"/> 70	<input type="radio"/> 7
<input type="radio"/> 80	<input type="radio"/> 8
<input type="radio"/> 90	<input type="radio"/> 9

OFFICE USE ONLY

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0
<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1	<input type="radio"/> 1
<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2	<input type="radio"/> 2
<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

MAKE NO STRAY

MARKS

ON THIS FORM

DO NOT ASK – INTERVIEWER OBSERVATIONS

R-1. Did the respondent have any difficulty hearing the questions?

- Yes, great difficulty
- Yes, some difficulty
- No, none at all

R-2. Did the respondent have any difficulty reading the booklet?

- Yes, could not or did not read at all
- Yes, read with great difficulty
- Yes, read with some difficulty
- No, none at all

R-3. Did the respondent have any difficulty understanding the questions?

- Yes, great difficulty
- Yes, some difficulty
- No, none at all

SKIP TO R-5

R-4. IF ANY DIFFICULTY UNDERSTANDING QUESTIONS: Which ones did R have trouble understanding? (Why?)

R-5. A. How confident do you feel about the validity of R's answers?

- No confidence
- Some doubts
- Completely confident

SKIP TO R-6

B. IF ANY DOUBTS: Please say which data you have doubts about and why you feel this way.

R-6. Other comments about interview or respondent – please write out below and, if necessary, continue on blank page.

R-7. Interview length: _____

R-8. _____
Interviewer's signature