

FOLLOW-UP VISIT

SECTION FOUR

ID NUMBER					VISIT NO.		TIME BEGAN				DATE		
							HR		MIN		JAN <input type="radio"/> DAY YR FEB <input type="radio"/> DAY YR MAR <input type="radio"/> DAY YR APR <input type="radio"/> DAY YR MAY <input type="radio"/> DAY YR JUN <input type="radio"/> DAY YR JUL <input type="radio"/> DAY YR AUG <input type="radio"/> DAY YR SEP <input type="radio"/> DAY YR OCT <input type="radio"/> DAY YR NOV <input type="radio"/> DAY YR DEC <input type="radio"/> DAY YR		
0 0 0 0					0 0		0 0		0 0		8 0 1 2 3 4 5 6 7 8 9		
1 1 1 1					1 1		10 1		10 1		a.m. p.m.		
2 2 2 2					2 2		2		20 2				
3 3 3 3					3 3		3		30 3				
4 4 4 4					4 4		4		40 4				
5 5 5 5					5 5		5		50 5				
6 6 6 6					6 6		6		6				
7 7 7 7					7 7		7		7				
8 8 8 8					8 8		8		8				
9 9 9 9					9 9		9		9				



- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make NO stray marks.
- Do NOT fold this form.

1. Let's start with a list of medical conditions. As I read each one, please tell me whether a doctor or other medical practitioner told you that you had it [since your visit in (MONTH)]. How about (EACH)? ([Since your visit in (MONTH)] Did a doctor or other medical practitioner say that you had that?)

- A. Kaposi's sarcoma or AIDS NO YES
- B. Some form of cancer

IF "YES" TO CANCER:

a. In what month and year was it first diagnosed?

b. And what kind of cancer did they say it was?

Site: _____

MONTH	J	F	M	A	M	J	J	A	S	O	N	D
YEAR	83	84	85	86	87	88						

Diagnosed before 1984

	0	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

Type: _____

- C. Have you had an organ transplant [since your visit in (MONTH)]? NO YES
- D. Have you taken steroids or other drugs that suppress the immune system – not counting male sex hormones or anabolic steroids – for longer than two weeks [since your visit in (MONTH)]?

IF "YES" TO D: For what condition (are you taking/did you take) (it/them)?

(SPECIFY) _____

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

- E. Not counting diagnostic dental x-rays or diagnostic x-rays of your lungs, bones, or other organs – did you have any radiation therapy or treatment [since your visit in (MONTH)]?
- F. Have you been ill with tuberculosis [since your visit in (MONTH)]?

IF "YES" TO TUBERCULOSIS: Are you taking any kind of medication or therapy for it?

IF "YES" (SPECIFY) _____

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

- G. Have you had diabetes diagnosed [since your visit in (MONTH)]?

IF "YES" TO DIABETES: In what month and year did it first start?

MONTH	J	F	M	A	M	J	J	A	S	O	N	D
YEAR	84	85	86	87	88							



DO NOT MARK IN THIS AREA

60401

1. Continued: How about (EACH)? Have you had that [since your visit in (MONTH)]?

NO YES

- H. Hemophilia NO YES
- I. Any type of abnormal hemoglobin NO YES
- J. Chronic kidney disease – not counting kidney stones NO YES
- K. Glomerulonephritis NO YES
- L. Systemic lupus erythematosus NO YES
- M. Vasculitis NO YES
- N. Rheumatoid arthritis NO YES
- O. Ankylosing spondylitis NO YES
- P. Reiter's syndrome NO YES
- Q. Thyroiditis or Grave's disease NO YES
- R. Myasthenia gravis NO YES
- S. Some other autoimmune disease NO YES

(SPECIFY _____)

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

2. A. [Since your visit in (MONTH)] Have you had

hemorrhoids or piles?

IF "YES": Have they bled since your visit in (MONTH)?

NO YES

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

[Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had (EACH)?

- B. Shingles (or herpes zoster)
- C. Bullous impetigo
- D. Infectious mononucleosis
- E. Jaundice or some liver disease other than hepatitis

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

(SPECIFY _____)

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

F. [Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had hepatitis or a blood test that was positive for hepatitis?

(1) IF HAD HEPATITIS: 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, did they happen to find it when they were doing a blood test for some other reason?

- Hepatitis A
- Infectious hepatitis
- Hepatitis B
- Serum hepatitis
- Non-A/non B-hepatitis

(1) HAD THIS TYPE?		(2) HOW LEARNED?	
NO, NOT THIS KIND	YES, THIS KIND	SYMP-TOMS	BLOOD TEST
<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"/>	<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"/>

Other

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

(SPECIFY _____)

Didn't say which kind it was.

NO YES

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

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

IF "YES": Have you had it since your visit in (MONTH)?

MAKE NO STRAY MARKS

4.

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 FOR ANY.

<p>A</p> <p>Have you had any of the following diseases or conditions [since your visit in (MONTH)]?</p> <p>How about (EACH)?</p>	<p>B</p> <p>And how many times have you had it [since your visit in (MONTH)]?</p>
---	--

DISEASE OR CONDITION	HAD DISEASE		NUMBER OF TIMES
	NO	YES	
(1) Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(2) Any form of gonorrhea IF NO TO (2), SKIP TO (6)	<input type="radio"/>	<input type="radio"/>	
(3) Urethral gonorrhea (clap or drip of the urinary passage)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(4) Oral gonorrhea (of the mouth or throat)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(5) Rectal gonorrhea (of the rectum)	<input type="radio"/>	<input type="radio"/>	<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)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(7) Shigella, shigellosis, salmonella or salmonellosis	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(8) Amoebic dysentery	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(9) Giardia or giardiasis	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(10) Some other parasitic disease, such as worms.	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(11) Genital warts or anal warts (condylomata acuminata)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(12) Crabs (or lice)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
abies	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9

5. A. Have you had any of the following forms of herpes [since your visit in (MONTH)]?

NO YES

- 1) Facial herpes, cold sores, or fever blisters? NO YES
- 2) Sores in the genital region? NO YES
- 3) Sores in the anal or rectal area? NO YES

IF "NO" TO ALL THREE, SKIP TO Q 6

B. Did the first attack of herpes you ever had occur since your visit in (MONTH)? NO YES

C. Has there been a period [since your visit in (MONTH)] when your herpes sores seemed to come more often, get worse, or last longer?
 No, not since visit in (MONTH)
 Yes, that has happened

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

NO YES

- A. A cold, sore throat, sinus infection, or sinusitis NO YES
- B. A fever NO YES
- C. Influenza, flu, or bronchitis NO YES
- D. Diarrhea NO YES
- E. Hay fever NO YES
- F. An injury or some mechanical problem like a sprain, back pain, or stiff neck NO YES
- G. Some other illness that began in the last week NO YES

(SPECIFY)

0 1 2 3 4 5 6 7 8 9

7. [Since your visit in (MONTH)] Have you had any of the following problems or symptoms that have lasted for at least two weeks?

PROBLEM OR SYMPTOM FOR EACH "YES" IN A, ASK B AND C:	A.		B.		C.	
	How about (EACH)? (Did you have that at any time [since your visit in (MONTH)]?)		In what month and year did it begin? [IF NEEDED: Even though you don't remember the exact month, it would help if you could tell me the season or approximate time of year when it started (this last time).]		And do you still have that?	
	NO	YES	WHEN BEGAN (Month and Year)	NO	YES	
(1) Persistent shortness of breath for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(2) A new or unusual kind of dry cough that lasted 2 weeks or longer	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(3) A persistent sore mouth or throat for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(4) Thrush, candida or white patches in your mouth or throat for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(5) A new skin rash that lasted for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(6) An unusual bruise or bump or skin discoloration that lasted at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(7) Persistent fatigue (feeling tired all the time) for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(8) An unintentional weight loss of at least 10 pounds (unrelated to dieting)	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(9) Diarrhea for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(10) Persistent or recurring fever higher than 100° for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(11) Tender or enlarged glands or lymph nodes (not counting your groin) for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(12) Sweating at night for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	
(13) Persistent, frequent, or unusual kind of headaches for at least two weeks	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	<input type="radio"/>	<input type="radio"/>	

CHECK A. IF "NO" TO ALL 13 ITEMS, SKIP TO 8.

OPTIONAL Not asked Asked

D. Then you had (RECAP ALL ITEMS CODED "YES" IN A) [since your visit in (MONTH)]. Did you see a doctor or other health professional about (that/any of them/either of them) [since your visit in (MONTH)]? INCLUDE ONLY PERSONAL VISITS.

- No, not since visit in (MONTH)
- Yes, at least once since visit in (MONTH)

8. A. At any time [since your visit in (MONTH)] did you stay overnight as a patient in a hospital?

- No → Yes

SKIP TO Q 9

IF "YES": How many separate times did you stay overnight as a patient in a hospital [since your visit in (MONTH)]?

		times
0	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 SINCE VISIT IN (MONTH).

NOTES

	MOST RECENT HOSPITALIZATION			SECOND MOST RECENT HOSPITALIZATION		
	MONTH	DAY	YEAR	MONTH	DAY	YEAR
(1) On what date 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"/>		FEB	<input type="radio"/>	
	MAR	<input type="radio"/>	0 0	MAR	<input type="radio"/>	0 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		
(3) For what condition or problem were you hospitalized? RECORD FULLY IN R's OWN WORDS.	_____			_____		
	_____			_____		
	_____			_____		
	_____			_____		
	_____			_____		

(SPECIFY)

	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

IF MORE THAN 2 HOSPITALIZATIONS SINCE VISIT IN (MONTH) MARK HERE AND USE CONTINUATION SHEET.

9. A. Have you had a biopsy of lymph nodes or lymph glands [since your visit in (MONTH)]? (By a biopsy, we mean removal of at least one lymph node or lymph gland to study under the microscope.)

- No → **SKIP TO Q 10**
 Yes

B. How many times did you have one [since your visit in (MONTH)]?

_____ times

0
 1
 2
 3
 4
 5
 6
 7
 8
 9



**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?

(SPECIFY) _____ 0 1 2 3 4 5 6 7 8 9

10. A. Have you received an injection or shot of gamma globulin [since your visit in (MONTH)]? (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 11**
 Yes
 Don't know → **SKIP TO Q 11**

B. When was the last time?

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

11. A. Have you received a transfusion of blood or blood components (platelets or plasma) [since your visit in (MONTH)]?

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

B. When was the last time?

MONTH	YEAR
JAN <input type="radio"/>	8
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. Not counting things like skin tests or injections of drugs, have you had any part of your body pierced – by acupuncture, by tattoo, or having your ears, nose or nipples pierced, or something like that [since your visit in (MONTH)]?

- No
 Yes

13. Now I have some questions about cigarette smoking [since your visit in (MONTH)].

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

- No → SKIP TO C
 Yes
 Occasionally (less than one cigarette per day) → SKIP TO C

B. 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

C. [Since your visit in (MONTH)] Has there been a change in your smoking habits?

- No, no change
 Yes, increased or started
 Yes, decreased or stopped

NOTES

14. The next questions are about alcoholic beverages – that is, wine, beer or liquor you've drunk [since your visit in (MONTH)].

A. Please turn to page 1 in your booklet and tell me how often you have had a drink containing alcohol (a glass of beer, wine, a mixed drink, any kind of alcoholic beverage).

- 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
- Not at all

→ **SKIP TO D**

B. [Since your visit in (MONTH)] 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 2 in your booklet for the possible answers to this.

- 1 or 2 drinks
- 3 or 4 drinks
- 5 or 6 drinks
- 7 or more drinks

C. [Since your visit in (MONTH)] 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 2 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

D. Have you changed the amount you drink [since your visit in (MONTH)]?

- No, no change
- Yes, increased or started
- Yes, decreased or stopped

NOTES

15. 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 [since your visit in (MONTH)].

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 [since your visit in (MONTH)]?		IF USED SINCE VISIT IN (MONTH): Have you (taken/used) (DRUG) in last 7 days?		C. How many days ago did you last take it, or did you take it today?		
	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, including Tylenol	<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)

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

MARK HERE IF YOU NEED TO USE CONTINUATION SHEET

16. A. Have you taken any vitamins, minerals, or nutritional supplements on a regular basis (not occasionally or sporadically) at any time [since your visit in (MONTH)]?

- No → **SKIP TO Q 17**
 Yes

B. Here are some questions about those you have taken regularly

ENTER "DK" FOR DON'T KNOW

	A. What is/was the brand name if you know it?	B. What type/kind have you taken?	C. For how many of the months since (MONTH) did you take it?
1 MULTIVITAMIN	(SPECIFY) _____ _____	(SPECIFY) _____ _____	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
2 OTHER	(SPECIFY) _____ _____	(SPECIFY) _____ _____	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
3 OTHER	(SPECIFY) _____ _____	(SPECIFY) _____ _____	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
4 OTHER	(SPECIFY) _____ _____	(SPECIFY) _____ _____	<input type="text"/> 0 1 2 3 4 5 6 7 8 9

17. Have you engaged in any sort of sexual activities, involving another person [since your visit in (MONTH)], any sort at all?

- No → **ASK Q 20C and Q 20F. THEN ASK Q 24**
 Yes

18. A. [Since your visit in (MONTH)] Have you had some kind of sexual activity with another man?

- No, not since visit in (MONTH)
 Yes, since visit in (MONTH)

B. [Since your visit in (MONTH)] Have you had some kind of sexual activity with a woman?

- No, not since visit in (MONTH)
 Yes, since visit in (MONTH)

19. Which of these terms best describes your sexual behavior or activities [since your visit in (MONTH)]?

Please refer to page 3 in the booklet.

- A - Exclusively homosexual
 B - Almost exclusively homosexual, but a small degree of heterosexual activity
 C - Primarily homosexual, but with a substantial degree of heterosexual activity
 D - Equally homosexual and heterosexual
 E - Primarily heterosexual, but with a substantial degree of homosexual activity
 F - Almost exclusively heterosexual, but a small degree of homosexual activity
 G - Exclusively heterosexual

IF EXCLUSIVELY HETEROSEXUAL (CODE G) 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 Q20, asking for women only, and then skip to Q23.

FOR ALL OTHERS, 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 — or your partner put his penis in your mouth or rectum.

20. Now let's talk about the numbers of different people you have had sexual intercourse with [since your visit in (MONTH)].

MAKE
NO
STRAY
MARKS

M E N	A. How many different men (if any) have you had sexual intercourse with [since your visit in (MONTH)]?	<input type="radio"/> 0	<input type="radio"/> 100	<input type="radio"/> 200	<input type="radio"/> 300	<input type="radio"/> 400	<input type="radio"/> 500	<input type="radio"/> 600	<input type="radio"/> 700	<input type="radio"/> 800	<input type="radio"/> 900	
		<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	
		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
	IF NONE, SKIP TO Q 20 C											
M E N	B. With how many of these (number) men, if any, did you have sexual intercourse for the first time ever? [If ONLY ONE PARTNER: Had you ever had sexual intercourse with him before your visit in (MONTH)]? (Code yes or no)	<input type="radio"/> 0	<input type="radio"/> 100	<input type="radio"/> 200	<input type="radio"/> 300	<input type="radio"/> 400	<input type="radio"/> 500	<input type="radio"/> 600	<input type="radio"/> 700	<input type="radio"/> 800	<input type="radio"/> 900	
		<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	
		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
		<input type="radio"/> Yes, had before <input type="radio"/> No, not had before										
M E N	IF NEEDED, READ DEFINITION											
	C. And about how many different men (if any) have you had sexual intercourse with in your whole life?	<input type="radio"/> 0	<input type="radio"/> 1K	<input type="radio"/> 2K	<input type="radio"/> 3K	<input type="radio"/> 4K	<input type="radio"/> 5K	<input type="radio"/> 6K	<input type="radio"/> 7K	<input type="radio"/> 8K	<input type="radio"/> 9K	
		<input type="radio"/> 0	<input type="radio"/> 100	<input type="radio"/> 200	<input type="radio"/> 300	<input type="radio"/> 400	<input type="radio"/> 500	<input type="radio"/> 600	<input type="radio"/> 700	<input type="radio"/> 800	<input type="radio"/> 900	
		<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	
W O M E N	D. How many different women (if any) have you had sexual intercourse with [since your visit in (MONTH)]?	<input type="radio"/> 0	<input type="radio"/> 100	<input type="radio"/> 200	<input type="radio"/> 300	<input type="radio"/> 400	<input type="radio"/> 500	<input type="radio"/> 600	<input type="radio"/> 700	<input type="radio"/> 800	<input type="radio"/> 900	
		<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	
		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
	IF NONE, SKIP TO Q 20 F											
W O M E N	E. With how many of these (number) women, if any, did you have sexual intercourse for the first time ever? [If ONLY ONE PARTNER: Had you ever had sexual intercourse with her before your visit in (MONTH)]? (Code yes or no)	<input type="radio"/> 0	<input type="radio"/> 100	<input type="radio"/> 200	<input type="radio"/> 300	<input type="radio"/> 400	<input type="radio"/> 500	<input type="radio"/> 600	<input type="radio"/> 700	<input type="radio"/> 800	<input type="radio"/> 900	
		<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	
		<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9	
		<input type="radio"/> Yes, had before <input type="radio"/> No, not had before										
W O M E N	IF NEEDED, READ DEFINITION											
	F. And about how many different women (if any) have you had sexual intercourse with in your whole life?	<input type="radio"/> 0	<input type="radio"/> 1K	<input type="radio"/> 2K	<input type="radio"/> 3K	<input type="radio"/> 4K	<input type="radio"/> 5K	<input type="radio"/> 6K	<input type="radio"/> 7K	<input type="radio"/> 8K	<input type="radio"/> 9K	
		<input type="radio"/> 0	<input type="radio"/> 100	<input type="radio"/> 200	<input type="radio"/> 300	<input type="radio"/> 400	<input type="radio"/> 500	<input type="radio"/> 600	<input type="radio"/> 700	<input type="radio"/> 800	<input type="radio"/> 900	
		<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90	

IF NO INTERCOURSE SINCE VISIT IN (MONTH) (NEITHER MEN NOR WOMEN)

- but other sexual activity with men, then skip to Q 21;
 if other sexual activity with women, but not with men, then skip to Q 23.

G. Of those (men/women) you had sexual intercourse with [since your visit in (MONTH)] how many of them were more or less anonymous (that is, you did not know how to find them again)? [If ONLY ONE PARTNER: Was your partner anonymous? (Code "0" for No or "1" for Yes).]

M E N	<input type="radio"/> 0	<input type="radio"/> 100	<input type="radio"/> 200	<input type="radio"/> 300	<input type="radio"/> 400	<input type="radio"/> 500	<input type="radio"/> 600	<input type="radio"/> 700	<input type="radio"/> 800	<input type="radio"/> 900
	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9
W O M E N	<input type="radio"/> 0	<input type="radio"/> 100	<input type="radio"/> 200	<input type="radio"/> 300	<input type="radio"/> 400	<input type="radio"/> 500	<input type="radio"/> 600	<input type="radio"/> 700	<input type="radio"/> 800	<input type="radio"/> 900
	<input type="radio"/> 0	<input type="radio"/> 10	<input type="radio"/> 20	<input type="radio"/> 30	<input type="radio"/> 40	<input type="radio"/> 50	<input type="radio"/> 60	<input type="radio"/> 70	<input type="radio"/> 80	<input type="radio"/> 90
	<input type="radio"/> 0	<input type="radio"/> 1	<input type="radio"/> 2	<input type="radio"/> 3	<input type="radio"/> 4	<input type="radio"/> 5	<input type="radio"/> 6	<input type="radio"/> 7	<input type="radio"/> 8	<input type="radio"/> 9

IF ANY INTERCOURSE/
SEX WITH MEN SINCE
VISIT IN (MONTH)—

- AND MORE THAN 1 MALE SEX PARTNER SINCE VISIT IN (MONTH), SKIP TO Q 21.
 AND ONLY 1 MALE PARTNER SINCE VISIT IN (MONTH), ASK H.
 IF STRICTLY HETEROSEXUAL SINCE VISIT IN (MONTH), SKIP TO Q 23.

H. You said you had (intercourse/sex) with only one male partner [since your visit in (MONTH)]. Has this partner had sexual activity with anyone other than you [since your visit in (MONTH)]?

- No, not to my knowledge
 Yes
 Don't know

<p>21. The next questions are about the sexual practices some men engage in. Tell me the approximate number of (male) partners you did each activity with [since your visit in (MONTH)].</p> <p>* IF NO INTERCOURSE, SKIP * ASTERISKED ITEMS.</p>	<p>A. IF ANY SEX WITH MEN SINCE VISIT IN (MONTH): How about (EACH)? How many men did you do that with [since your visit in (MONTH)]? (Give me the actual number) (IF NEEDED: What's your best estimate?) [If ONLY ONE PARTNER: Is that something you did with your partner [since your visit in (MONTH)]? (CODE YES OR NO)</p> <p>(CHECK BOOKMARK)</p>	<p>B. (Although you may have done this activity before) With how many of these men did you do this (engage in this activity) for the first time? [IF ONLY ONE PARTNER: Had you done that with him before? (CODE YES OR NO.)]</p> <p>(CHECK BOOKMARK)</p>
KIND OF ACTIVITY	NUMBER SINCE VISIT IN (MONTH)	NUMBER FIRST TIME
(1) You engaged in masturbation until your partner ejaculated/came	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(2) You put your penis in his mouth * IF NONE, SKIP TO (4) *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(3) You ejaculated/came into his mouth * *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(4) You put your penis in his rectum * IF NONE, SKIP TO (7) *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(5) You ejaculated/came in his rectum * *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(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? * *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(7) You used your tongue to touch or lick his anus or rectum ("rimming") *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(8) You inserted your finger or fingers (but not your whole hand) into your partner's rectum *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(9) You put your whole hand or fist into his rectum ("fisting") *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(10) He put his penis in your mouth * IF NONE, SKIP TO (12) *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(11) He ejaculated/came into your mouth * *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(12) He put his penis in your rectum IF NONE, SKIP TO (15) * *	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<input type="checkbox"/> 0 <input type="checkbox"/> 100 <input type="checkbox"/> 200 <input type="checkbox"/> 300 <input type="checkbox"/> 400 <input type="checkbox"/> 500 <input type="checkbox"/> 600 <input type="checkbox"/> 700 <input type="checkbox"/> 800 <input type="checkbox"/> 900 <input type="checkbox"/> 0 <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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before

KIND OF ACTIVITY	A. NUMBER SINCE VISIT IN (MONTH)		B. NUMBER FIRST TIME																																																													
		partners		partners																																																												
(13) He ejaculated/came in your rectum	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before
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(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?	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before
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(18) He put a dildo or other device into your rectum	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before
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(19) You engaged in water sports and were urinated on or drank your partner's urine	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before
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(20) You engaged in scat	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before
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(21) You engaged in what you consider to be S&M activities	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before
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(22) And with how many partners did you use a douche or have an enema before having sex?	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner	<table border="1"><tr><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>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>	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	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before
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NOTES

22. How many times [since your visit in (MONTH)] have you noticed the following during or after sex?

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

Never OR

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

times

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

Never OR

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

times

IF NO SEX WITH WOMEN SINCE VISIT IN (MONTH)
SKIP TO Q. 24

NOTES

23. some questions about sexual
 or with women. Tell me the
 approximate number of women you did
 each activity with [since your visit in
 (MONTH)].

A.
**IF ANY SEX WITH WOMEN SINCE
 VISIT IN (MONTH):** How about (EACH)?
 How many women did you do that
 with [since your visit in (MONTH)]?
 (Give me the actual number.) (IF
 NEEDED: What is your best estimate?)
[IF ONLY ONE PARTNER: Is that some-
 thing you did with your partner [since
 your visit in (MONTH)]? (CODE YES
 OR NO)]

B.
 (Although you may have done this
 activity before) With how many
 of these women did you do this
 (engage in this activity) for the
 first time? **[IF ONLY ONE PARTNER:**
 Had you done that with her before?
 (CODE YES OR NO.)]

KIND OF ACTIVITY	NUMBER SINCE VISIT IN (MONTH)	NUMBER FIRST TIME
(1) Your partner masturbated you to the point of ejaculation (until you came)	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners
(2) You put your penis into her mouth IF NONE, SKIP TO (4)	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners
(3) You ejaculated/came in her mouth	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners
(4) You touched her clitoris with your tongue	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners
(5) You put your penis into her vagina IF NONE, SKIP TO (7)	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners
(6) You ejaculated/came in her vagina	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners
(7) You put your penis into her rectum IF NONE, SKIP TO (9)	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners
(8) You ejaculated/came in her rectum	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners
(9) Thinking of all the times you had intercourse, (with how many of your partners) did you use a condom?	<input type="radio"/> Yes, one partner <input type="radio"/> No, one partner 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 partners	<input type="radio"/> Yes, done before <input type="radio"/> No, not done before 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 partners

MAKE NO STRAY MARKS

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 [since your visit in (MONTH)]?

ASK A FOR ALL BEFORE ASKING
B – E FOR ANY

FOR EACH "YES" IN A, ASK
B – E AS NEEDED

A.
How about (EACH)
B
[Have you (taken/used) any [Since your visit in (MONTH)]?

B.
How often did you (use/take) (DRUG) [since your visit in (MONTH)]? Refer to page 4 in your booklet.

MAKE
NO
STRAY
MARKS

DRUG			DAILY	WEEKLY	MONTHLY	OFTEN LESS
	NO	YES				
Marijuana or Hashish	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDA	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PCP, angel dust, psychedelics or hallucinogens like LSD, DMT or mescaline	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
"Downers", including barbiturates such as yellow jackets or reds, tranquilizers like Valium or Librium or other sedatives or hypnotics like Quaaludes	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethyl chloride used as an inhalant	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin, Methadone or other opiates like Demerol	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines, speed, crystal, or other "uppers"	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kinds of street drugs	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

↓

SPECIFY

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

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

C.		D.								E.				
Have you used it/taken any within the last 7 days?		IF IN LAST 7 DAYS: How many days ago did you last use it, or was it today?								Have you (taken/used) (DRUG) with a needle [since your visit in (MONTH)]? [IF YES: Was that intravenous (or IV), intradermal or skin popping, or intramuscular?] CODE ALL THAT APPLY.				
NO	YES	TODAY	DAYS AGO							NO, NOT BY NEEDLE	INTRAVENOUS	INTRADERMAL	INTRAMUSCULAR	DRUG
<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 E	<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
Go To E	<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
<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"/>	"Downers"
Go To E	<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 E	<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"
Go To E	<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 E														

NOTES

25. How many times have you shared a needle with anyone [since your visit in (MONTH)]?

	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

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

- No, not to my knowledge
- Yes

MAKE
NO
STRAY
MARKS

NOTES


27. A. Thinking back to your visit in (MONTH), has there been any time since then, even once, when you used any drugs while having sex, or had sex while under the influence of drugs?

- No
 Yes

SKIP TO Q 28

CHECK BOOKMARK, USING CIRCLES ON LEFT TO REMIND YOU WHICH DRUGS R USED SINCE VISIT IN (MONTH). THEN ASK B ABOUT THOSE DRUGS USED WITH SEX SINCE VISIT IN (MONTH).

B.
FOR EACH USED SINCE VISIT IN MONTH: And [since your visit in (MONTH)] with how many partners did you use (DRUG) when you had sex? (Please give me the approximate number.) [If ONLY ONE PARTNER: Did you use (DRUG) with your partner? (CODE YES OR NO)]

 DRUGS USED	NUMBER OF SEX PARTNERS SINCE VISIT IN (MONTH)																																																																																										
(1) <input type="radio"/> Marijuana or Hashish (with sex)	<table border="1"> <tr><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>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"/> Yes, used <input type="radio"/> No, not used	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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(2) <input type="radio"/> "Poppers" or nitrites (with sex)	<table border="1"> <tr><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>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"/> Yes, used <input type="radio"/> No, not used	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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0	1	2	3	4	5	6	7	8	9																																																																																		
(3) <input type="radio"/> Cocaine (with sex)	<table border="1"> <tr><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>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"/> Yes, used <input type="radio"/> No, not used	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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(4) <input type="radio"/> MDA (with sex)	<table border="1"> <tr><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>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"/> Yes, used <input type="radio"/> No, not used	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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(5) <input type="radio"/> PCP, angel dust, psychedelics or hallucinogens (like LSD, DMT or mescaline) (with sex)	<table border="1"> <tr><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>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"/> Yes, used <input type="radio"/> No, not used	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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(7) <input type="radio"/> Uppers (like speed or crystal) (with sex)	<table border="1"> <tr><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>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"/> Yes, used <input type="radio"/> No, not used	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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(8) Any other drugs with sex <input type="radio"/> _____ (SPECIFY) ----- <input type="radio"/> _____ (SPECIFY) ----- <input type="radio"/> _____ (SPECIFY)	<table border="1"> <tr><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>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> <table border="1"> <tr><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>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> <table border="1"> <tr><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>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>	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	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	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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MAKE
 NO
 STRAY
 MARKS

MAKE
NO
STRAY
MARKS

ASK A FOR ALL,
BEFORE ASKING
B FOR ANY

	A.		FOR EACH "YES" ASK	
	Tell me which of the following places you've been to [since your visit in (MONTH)]. How about (EACH)? (Have you been there [since your visit in (MONTH)]?)		B. And about how many different sexual partners (if any) have you had in (EACH) [since your visit in (MONTH)]? (We mean people who were living in that area at the time).	
	BEEN THERE SINCE VISIT IN (MONTH) NO YES		PARTNERS SINCE VISIT IN (MONTH)	
(1) The New York City-Long Island-Newark Area	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9
(2) The San Francisco Bay Area	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9
(3) The Los Angeles Area	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9
(4) The Miami Area, including Fort Lauderdale and Key West	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9
(5) The Galveston-Houston Area	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> 0 10 20 30 40 50 60 70 <input type="text"/> 0 1 2 3 4 5 6 7 8 9
(6) Haiti	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9
(7) Zaire	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9

29. 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. 30

B. How many got AIDS?

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

30. Now let's talk about changes in sexual practices. Please turn to page 5 in your booklet. As I read each one, please tell me whether it's something you've done since your visit in (MONTH), 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(7) Any other changes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/> (SPECIFY) <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

31. 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 32

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

32.

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

a.m.

p.m.

33.

, 19

Date interview completed

34.

Interviewer's signature

INTERVIEWER'S NUMBER	
<input type="radio"/> 0	<input type="radio"/> 0
<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"/> 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"/> 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"/> 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"/> 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"/> 3	<input type="radio"/> 3
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<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"/> 5	<input type="radio"/> 5
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<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"/> 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"/> 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	<input type="radio"/> 9	<input type="radio"/> 9

MAKE NO STRAY
MARKS
ON THIS FORM

31. B R's Comments continued

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.

Interview length: _____

R-8. _____
Interviewer's signature

