

# FOLLOW-UP VISIT

## SECTION FOUR



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

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<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"/>	<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"/>	<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"/>						



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

NO YES

- H.
- I.
- 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 Graves' disease  NO  YES
- R. Myasthenia gravis  NO  YES
- S. Some other autoimmune disease  NO  YES

(SPECIFY \_\_\_\_\_)

<input type="radio"/>	0	10	20	30	40	50	60	70	80	90
<input type="radio"/>	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)?

[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

(SPECIFY \_\_\_\_\_)

<input type="radio"/>	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

Other

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

(SPECIFY \_\_\_\_\_)

Didn't say which kind it was.

(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"/>

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

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

NO YES

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

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><b>A</b></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>B</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 <input type="text"/> 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
(13) Scabies	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 0 1 2 3 4 5 6 7 8 9
(14) Psoriasis	<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?
- 2) Sores in the genital region?
- 3) Sores in the anal or rectal area?

**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
- B. A fever
- C. Influenza, flu, or bronchitis
- D. Diarrhea
- E. Hay fever
- F. An injury or some mechanical problem like a sprain, back pain, or stiff neck
- G. Some other illness that began in the last week

(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?

PROBLEM OR SYMPTOM  FOR EACH "YES" IN A, ASK B, C, AND D:	A.		B.		C.		D.	
	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).]		Did that last for two weeks or longer?		And do you still have that?	
	NO	YES	WHEN BEGAN (Month and Year)		NO	YES	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="checkbox"/>	<input type="checkbox"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
(3) A persistent sore mouth or throat for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
(5) A new skin rash that lasted for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
(7) Persistent fatigue (feeling tired all the time) for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<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="checkbox"/>	<input type="checkbox"/>	<input type="radio"/>	<input type="radio"/>
(9) Diarrhea for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(10) Persistent or recurring fever higher than 100° for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(11) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(12) Sweating at night for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(13) Persistent, frequent, or unusual kinds of headaches for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(14) Muscle or joint pains for at least 3 days	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D	19	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

	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"/>		8	JAN	<input type="radio"/>		8
	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		
		0	0		0	0		
		10	1		10	1		
		20	2		20	2		
		30	3		30	3		
		40	4		40	4		
		50	5		50	5		
		60	6		60	6		
		70	7		70	7		
		80	8		80	8		
	90	9		90	9			
(3) For what condition or problem were you hospitalized? RECORD FULLY IN R's OWN WORDS.	_____			_____				
	_____			_____				
	_____			_____				
	_____			_____				
	_____			_____				

(SPECIFY)

	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
- Yes

**SKIP TO Q 10**

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
- Yes
- Don't know

**SKIP TO Q 11**

**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"/>	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



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 checked="" 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**

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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 How about Isoprinosine, HPA-23, Ribavirin or Suramin?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7	

(SPECIFY AIDS DRUGS FIRST)

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



MAKE  
NO  
STRAY  
MARKS

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

- No  
 Yes

ASK Q 20C and Q 20F. THEN ASK Q 24

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.







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)].

**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 1 IF YES, 0 IF NO)

**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 Y NO.)]

\* IF NO INTERCOURSE, SKIP  
 \* ASTERISKED ITEMS.

(CHECK BOOKMARK)

(CHECK BOOKMARK)

KIND OF ACTIVITY

NUMBER SINCE VISIT IN (MONTH)

NUMBER FIRST TIME

KIND OF ACTIVITY	NUMBER SINCE VISIT IN (MONTH)	NUMBER FIRST TIME
(1) You engaged in masturbation until your partner ejaculated/came	<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"/> 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, done before <input type="radio"/> No, not done before
(2) You put your penis in his mouth * IF NONE, SKIP TO (4)	<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"/> 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, done before <input type="radio"/> No, not done before
(3) You ejaculated/came into his mouth * *	<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"/> 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, done before <input type="radio"/> No, not done before
(4) You put your penis in his rectum * IF NONE, SKIP TO (7)	<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"/> 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, done before <input type="radio"/> No, not done before
(5) You ejaculated/came in his rectum * *	<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"/> 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, 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="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"/> 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, 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="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"/> 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, 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="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"/> 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, done before <input type="radio"/> No, not done before
(9) You put your whole hand or fist into his rectum ("fisting")	<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"/> 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, done before <input type="radio"/> No, not done before
(10) He put his penis in your mouth * IF NONE, SKIP TO (12)	<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"/> 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, done before <input type="radio"/> No, not done before
(11) He ejaculated/came into your mouth * *	<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"/> 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, done before <input type="radio"/> No, not done before
(12) He put his penis in your rectum IF NONE, SKIP TO (15) * *	<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"/> 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, done before <input type="radio"/> No, not done before







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. Answer some questions about sexual behavior 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 something you did with your partner [since your visit in (MONTH)]? (CODE 1 IF Yes, 0 IF 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"/> 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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(2) You put your penis into her mouth IF NONE, SKIP TO (4)	<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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(3) You ejaculated/came in her mouth	<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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(4) You touched her clitoris with your tongue	<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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(5) You put your penis into her vagina IF NONE, SKIP TO (7)	<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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(6) You ejaculated/came in her vagina	<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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(7) You put your penis into her rectum IF NONE, SKIP TO (9)	<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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(8) You ejaculated/came in her rectum	<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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(9) Thinking of all the times you had intercourse, (with how many of your partners) did you use a condom?	<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 partners	<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 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before

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	A.		DAILY	WEEKLY	MONTHLY	LESS	OFTEN
	NO	YES					
Marijuana or Hashish	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MDA	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethyl chloride used as an inhalant	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin, Methadone or other opiates like Demerol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamines, speed, crystal, or other "uppers"	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other kinds of street drugs	<input type="radio"/>	<input type="radio"/>	<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.  
Have you (used it/taken any) within the last 7 days?

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

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

NOTES

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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

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MAKE  
NO MARKS  
ON  
THIS SIDE





MAKE  
NO  
STRAY  
MARKS

**ASK A FOR ALL,  
BEFORE ASKING  
B FOR ANY**

	A.		FOR EACH "YES" ANSWER TO A:	
	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)		PARTNERS SINCE VISIT IN (MONTH)	
	NO	YES		
(1) The New York City-Long Island-Newark Area	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
(2) The San Francisco Bay Area	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
(3) The Los Angeles Area	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
(4) The Miami Area, including Fort Lauderdale and Key West	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
(5) The Galveston-Houston Area	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
(6) Haiti	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>
(7) Zaire	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>

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 → **SKIP TO Q 30**
- Possibly, not certain
- Yes, definitely

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) <b>FOR PITTSBURGH, CHICAGO, AND BALTIMORE:</b> 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 <u>kinds</u> of sexual practices you engage in	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(SPECIFY) <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(SPECIFY) <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(SPECIFY) <input type="text"/> <input type="text"/> 0 1 2 3 4 5 6 7 8 9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(SPECIFY) <input type="text"/> <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"/>
(SPECIFY) <input type="text"/> <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.

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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"/> 2
<input type="radio"/> 3	<input type="radio"/> 30	<input type="radio"/> 3	<input type="radio"/> 3
<input type="radio"/> 4	<input type="radio"/> 40	<input type="radio"/> 4	<input type="radio"/> 4
<input type="radio"/> 5	<input type="radio"/> 50	<input type="radio"/> 5	<input type="radio"/> 5
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 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"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9

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
<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4	<input type="radio"/> 4
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<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7
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<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

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**DO NOT ASK – INTERVIEWER OBSERVATIONS**

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

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Interviewer's signature

