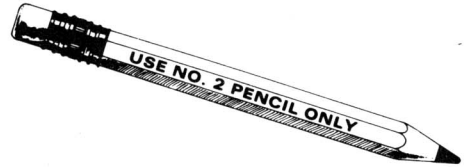


FOLLOW-UP VISIT

SECTION FOUR

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

NO YES

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	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

Type: _____

- C.
 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))?

NO YES

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.

MAKE NO STRAY MARKS

- 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

142911

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" value="0"/> 0 1 2 3 4 5 6 7 8 9
(2) Any form of gonorrhea <input type="text" value="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" value="0"/> 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" value="0"/> 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" value="0"/> 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" value="0"/> 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" value="0"/> 0 1 2 3 4 5 6 7 8 9
(8) Amoebic dysentery	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/> 0 1 2 3 4 5 6 7 8 9
(9) Giardia or giardiasis	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/> 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" value="0"/> 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" value="0"/> 0 1 2 3 4 5 6 7 8 9
(12) Crabs (or lice)	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/> 0 1 2 3 4 5 6 7 8 9
(13) Scabies	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/> 0 1 2 3 4 5 6 7 8 9
(14) Psoriasis	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/> 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? | <input type="radio"/> | <input type="radio"/> |
| 2) Sores in the genital region? | <input type="radio"/> | <input type="radio"/> |
| 3) Sores in the anal or rectal area? | <input type="radio"/> | <input type="radio"/> |

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 |
| | <input type="radio"/> | <input type="radio"/> |
- 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 infections, or sinusitis | <input type="radio"/> | <input type="radio"/> |
| B. A fever | <input type="radio"/> | <input type="radio"/> |
| C. Influenza, flu, or bronchitis | <input type="radio"/> | <input type="radio"/> |
| D. Diarrhea | <input type="radio"/> | <input type="radio"/> |
| E. Hay fever | <input type="radio"/> | <input type="radio"/> |
| F. An injury or some mechanical problem like a sprain, back pain, or stiff neck | <input type="radio"/> | <input type="radio"/> |
| G. Some other illness that began in the last week | <input type="radio"/> | <input type="radio"/> |

(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, D, AND E.	A.		B.												C.		D.		E.		
	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?		Did that last for more than 30 days?		And do you still have that?		
	NO	YES	WHEN BEGAN (Month and Year)												NO	YES	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="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<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="radio"/>	<input type="radio"/>	<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="radio"/>	<input type="radio"/>	<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="radio"/>	<input type="radio"/>	<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)]?

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

times



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
		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	
(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 11

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

times

0
1
2
3
4
5
6
7
8
9

B

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

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

(SPECIFY) _____

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

MAKE
NO
STRAY
MARKS

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)

	A.		B.		C.		IF USED IN LAST 7 DAYS:					
	How about (EACH)? Have you (taken/used) any [since your visit in (MONTH)]?		IF YES or uncertain: Did you take (THAT DRUG) as part of a research study in which you may have taken a placebo (not the actual drug)?		IF USED SINCE VISIT IN (MONTH): Have you (taken/used) (DRUG) in last 7 days?		D. How many days ago did you last take it, or did you take it today?		E. What was the name of the (KIND OF DRUG) you took during the last 7 days?			
	NO	YES	NO	YES	NO	YES	TODAY	DAYS AGO				
(1) Steroids that you took orally	<input type="radio"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <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"/>	Skip to C <input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				
(14) Lithium	<input type="radio"/>	Skip to C <input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				
(15) Acyclovir (Zovirax)	<input type="radio"/>	Skip to C <input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				

16. (A.) Have you taken any medicine or drug on this list to help fight AIDS or the AIDS virus?

- Yes (HAVE PARTICIPANT READ/REVIEW WITH PARTICIPANT THE AIDS DRUG LIST—RECORD NAME OF DRUG TAKEN) (BE SURE TO ASK A, B, C, D, E QUESTIONS)
- No (SKIP TO Q 17)

<input type="radio"/>	0 100 200 300 400 500 600 700 800 900	<input type="radio"/> No	NO	YES	NO	YES	TODAY	DAYS AGO				
<input type="radio"/>	0 10 20 30 40 50 60 70 80 90	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				
<input type="radio"/>	0 1 2 3 4 5 6 7 8 9	<input type="radio"/> Uncertain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				
<input type="radio"/>	0 100 200 300 400 500 600 700 800 900	<input type="radio"/> No	NO	YES	NO	YES	TODAY	DAYS AGO				
<input type="radio"/>	0 10 20 30 40 50 60 70 80 90	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				
<input type="radio"/>	0 1 2 3 4 5 6 7 8 9	<input type="radio"/> Uncertain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				
<input type="radio"/>	0 100 200 300 400 500 600 700 800 900	<input type="radio"/> No	NO	YES	NO	YES	TODAY	DAYS AGO				
<input type="radio"/>	0 10 20 30 40 50 60 70 80 90	<input type="radio"/> Yes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				
<input type="radio"/>	0 1 2 3 4 5 6 7 8 9	<input type="radio"/> Uncertain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	① ② ③ ④ ⑤ ⑥ ⑦				

MARK HERE IF YOU NEED TO USE CONTINUATION SHEET

16. (B.) Have you taken any substance at all (not on the list) to help fight AIDS or the AIDS virus?

- No
 Yes (GO TO E AND RECORD NAME)

		A. How about (EACH)? Have you (taken/used) any [since your visit in (MONTH)]?	B. IF YES or uncertain: Did you take (THAT DRUG) as part of a research study in which you may have taken a placebo (not the actual drug)?	C. IF USED SINCE VISIT IN (MONTH): Have you (taken/used) (DRUG) in last 7 days?	IF USED IN LAST 7 DAYS:		E. What was the name of the (KIND OF DRUG) you took?
					D. How many days ago did you last take it, or did you take it today?		
					TODAY	DAYS AGO	
<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"/> No <input type="radio"/> Yes <input type="radio"/> Uncertain	NO YES <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/>	<input type="radio"/>	<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	
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17. Have you engaged in any sort of sexual activities, involving another person [since your visit in (MONTH)], any sort at all (including deep kissing)?

- No → **SKIP TO 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 <u>different men</u> (if any) have you had sexual intercourse with [since your visit in (MONTH)]?	<input type="text"/> 0	<input type="text"/> 100	<input type="text"/> 200	<input type="text"/> 300	<input type="text"/> 400	<input type="text"/> 500	<input type="text"/> 600	<input type="text"/> 700	<input type="text"/> 800	<input type="text"/> 900
		<input type="text"/> 0	<input type="text"/> 10	<input type="text"/> 20	<input type="text"/> 30	<input type="text"/> 40	<input type="text"/> 50	<input type="text"/> 60	<input type="text"/> 70	<input type="text"/> 80	<input type="text"/> 90
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	IF NONE, SKIP TO Q 20 D										
	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="text"/> 0	<input type="text"/> 100	<input type="text"/> 200	<input type="text"/> 300	<input type="text"/> 400	<input type="text"/> 500	<input type="text"/> 600	<input type="text"/> 700	<input type="text"/> 800	<input type="text"/> 900
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		<input type="radio"/> Yes, had before <input type="radio"/> No, not had before									
W O M E N	D. How many <u>different women</u> (if any) have you had sexual intercourse with [since your visit in (MONTH)]?	<input type="text"/> 0	<input type="text"/> 100	<input type="text"/> 200	<input type="text"/> 300	<input type="text"/> 400	<input type="text"/> 500	<input type="text"/> 600	<input type="text"/> 700	<input type="text"/> 800	<input type="text"/> 900
		<input type="text"/> 0	<input type="text"/> 10	<input type="text"/> 20	<input type="text"/> 30	<input type="text"/> 40	<input type="text"/> 50	<input type="text"/> 60	<input type="text"/> 70	<input type="text"/> 80	<input type="text"/> 90
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	IF NONE, SKIP TO Q 20 G										
	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="text"/> 0	<input type="text"/> 100	<input type="text"/> 200	<input type="text"/> 300	<input type="text"/> 400	<input type="text"/> 500	<input type="text"/> 600	<input type="text"/> 700	<input type="text"/> 800	<input type="text"/> 900
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		<input type="radio"/> Yes, had before <input type="radio"/> No, not had before									

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="text"/> 0	<input type="text"/> 100	<input type="text"/> 200	<input type="text"/> 300	<input type="text"/> 400	<input type="text"/> 500	<input type="text"/> 600	<input type="text"/> 700	<input type="text"/> 800	<input type="text"/> 900
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W O M E N	<input type="text"/> 0	<input type="text"/> 100	<input type="text"/> 200	<input type="text"/> 300	<input type="text"/> 400	<input type="text"/> 500	<input type="text"/> 600	<input type="text"/> 700	<input type="text"/> 800	<input type="text"/> 900
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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. (1) 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

(2) Do you know this partner's HIV antibody status? No Yes

IF "YES": Is he . . .

Positive

Negative

Decline to answer

<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.</p> <p>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) (CHECK BOOKMARK)</p>	<p>B.</p> <p>(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																																																												
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(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? * *	<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> partners	0	100	200	300	400	500	600	700	800	900	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td>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> 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
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(7) You used your tongue to touch or lick his anus or rectum ("rimming")	<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> partners	0	100	200	300	400	500	600	700	800	900	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td>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> 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
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(8) You inserted your finger or fingers (but not your whole hand) into your partner's 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> partners	0	100	200	300	400	500	600	700	800	900	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td>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> 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
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(9) You put your whole hand or fist into his rectum ("fisting")	<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> partners	0	100	200	300	400	500	600	700	800	900	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td>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> 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
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(10) He put his penis in your mouth * IF NONE, SKIP TO (12) *	<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> partners	0	100	200	300	400	500	600	700	800	900	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td>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> 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
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(11) He ejaculated/came into your mouth * *	<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> partners	0	100	200	300	400	500	600	700	800	900	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td>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> 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
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(12) He put his penis in your rectum IF NONE, SKIP TO (15) * *	<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> partners	0	100	200	300	400	500	600	700	800	900	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<table border="1"> <tr><td>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> 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
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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. Now 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="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 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="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(3) You ejaculated/came in her mouth	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 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="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 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="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(6) You ejaculated/came in her vagina	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 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="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners <input type="radio"/> Yes, done before <input type="radio"/> No, not done before
(8) You ejaculated/came in her rectum	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 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="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 9 partners	<input type="text"/> 0 <input type="text"/> 100 <input type="text"/> 200 <input type="text"/> 300 <input type="text"/> 400 <input type="text"/> 500 <input type="text"/> 600 <input type="text"/> 700 <input type="text"/> 800 <input type="text"/> 900 <input type="text"/> 0 <input type="text"/> 10 <input type="text"/> 20 <input type="text"/> 30 <input type="text"/> 40 <input type="text"/> 50 <input type="text"/> 60 <input type="text"/> 70 <input type="text"/> 80 <input type="text"/> 90 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 5 <input type="text"/> 6 <input type="text"/> 7 <input type="text"/> 8 <input type="text"/> 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

DRUG	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.			
	NO	YES	DAILY	WEEKLY	MONTHLY	OFTEN
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"/>

MAKE
NO
STRAY
MARKS

↓

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

NOTES



24. A. Have you ever used/taken poppers or nitrite inhalants (amyl, butyl, or isopropyl nitrites)?

- No
- Yes

(1) IF YES, in what year did you first use poppers or nitrites?

19	10	20	30	40	50	60	70	80	
	0	1	2	3	4	5	6	7	8

(2) Beginning with 19__ (YEAR FROM PREVIOUS QUESTION), during how many months altogether have you used/taken poppers or nitrites at least one time?

M O N T H S		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

(3) If we take an average month of use, for how many days (or nights) out of a possible 30 during the month would you use/take them?

D A Y S		0	10	20	30					
		0	1	2	3	4	5	6	7	8

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

NOTES

27. A. Have you ever been tested for the AIDS virus antibody outside of this study?

- No → **SKIP TO Q 29**
- Yes

B. Without telling me the results, have you received the results of any antibody test done outside of this study?

- No → **SKIP TO D**
- Yes

C. How many months ago did you last receive the results of any outside test for antibody?

- <6 months ago
- 6–12 months ago
- >12 months ago

D. Where was your most recent outside test performed?

- Through private physician's office
- Alternative test site
- Hospital
- Private laboratory
- Blood bank
- STD clinic
- Insurance company laboratory
- Other: _____
(SPECIFY)

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

E. Why did you have your most recent outside test performed?
(ANSWER ALL THAT APPLY)

- For purposes of another study
- For insurance purposes
- Because of known exposure to the virus
- To check for a change in your antibody status
- Because the U.S. Public Health Service recommended screening
- To check/confirm/refute the results given to you in this study
- For information to guide you in your current sexual relationship(s)
- For curiosity
- Because of symptoms
- Because it was required at your workplace
- Other:

(SPECIFY)

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

MAKE
NO STRAY
MARKS
ON THIS FORM

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 31

B. How many got AIDS?

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

MAKE
NO STRAY
MARKS
ON THIS FORM

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

a.m.

p.m.

33.

_____, 19____
Date interview completed

34.

Interviewer's signature

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

OFFICE USE ONLY							
0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	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 NO STRAY

MARKS

ON THIS FORM

31.B R's Comments continued

DO NOT ASK—INTERVIEWER OBSERVATIONS

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

Interviewer's signature

