

SECTION FOUR



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

ID NUMBER				VISIT NO.			TIME BEGAN			DATE		
							HR	MIN		DATE		
										JAN	DAY	YR
0	0	0	0	0	0	0	0	0	0	<input type="radio"/>		
1	1	1	1	1	1	1	10	1	10	<input type="radio"/>		
2	2	2	2	2	2	2	2	20	2			
3	3	3	3	3	3	3	3	30	3			
4	4	4	4	4	4	4	4	40	4			
5	5	5	5	5	5	5	5	50	5			
6	6	6	6	6	6	6	6		6			
7	7	7	7	7	7	7	7		7			
8	8	8	8	8	8	8	8		8			
9	9	9	9	9	9	9	9		9			

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 ever told you that you had it. How about (EACH)? (Did a doctor or other medical practitioner say that you had that?)

A. Kaposi's sarcoma or AIDS NO  YES   
SKIP TO B

a. If yes, what was the diagnosis?	b. In what month and year was it first diagnosed?	c. Have you told us about this before?	d. Have you had an additional AIDS diagnosis not including ARC?
(SPECIFY) [Grid for diagnosis]	[Month-Year Grid] Diagnosed before 1984	NO <input type="radio"/> YES <input type="radio"/> DON'T KNOW <input type="radio"/>	NO <input type="radio"/> YES <input type="radio"/> SKIP TO B <input type="radio"/>
(SPECIFY) [Grid for diagnosis]	[Month-Year Grid] Diagnosed before 1984	NO <input type="radio"/> YES <input type="radio"/> DON'T KNOW <input type="radio"/>	NO <input type="radio"/> YES <input type="radio"/> SKIP TO B <input type="radio"/>
(SPECIFY) [Grid for diagnosis]	[Month-Year Grid] Diagnosed before 1984	NO <input type="radio"/> YES <input type="radio"/> DON'T KNOW <input type="radio"/>	NO <input type="radio"/> YES <input type="radio"/> SKIP TO B <input type="radio"/>

B. AIDS-related complex or ARC NO  YES

Notes/Comments: _____ _____	[Month-Year Grid] Diagnosed before 1984
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C. Some form of cancer NO  YES

a. If yes, what kind of cancer did they say it was?	b. In what month and year was it first diagnosed?	c. Have you told us about this before?
Site: [Grid for site] Type: _____	[Month-Year Grid] Diagnosed before 1984	NO <input type="radio"/> YES <input type="radio"/> DON'T KNOW <input type="radio"/>



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

NO YES

A. Shingles (or herpes zoster)

If yes, which month and year (since your last visit) did this episode of shingles (zoster) begin?

MONTH		J	F	M	A	M	J	J	A	S	O	N	D
YEAR		83	84	85	86	87	88	89	90	91			

Diagnosed before 1984

B. Bullous impetigo

C. Infectious mononucleosis

D. Jaundice or some liver disease other than hepatitis

E. Hepatitis or 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, or did they happen to find it when they were doing a blood test for some other reason?

(1) HAD THIS TYPE?		(2) HOW LEARNED?	
NO, NOT THIS KIND	YES, THIS KIND	SYMPTOMS	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"/>
OTHER (SPECIFY) _____		<input type="radio"/>	<input type="radio"/>
Didn't say which kind it was.		<input type="radio"/>	<input type="radio"/>

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

NO YES DON'T KNOW

If yes, when was the last time?

MONTH		J	F	M	A	M	J	J	A	S	O	N	D
YEAR		83	84	85	86	87	88	89	90	91			

G. Have you received an injection of hepatitis B vaccine since your last visit in (MONTH)?

H. 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)]?

I. Have you seen a doctor or other medical practitioner for any (other) condition [since your visit in (MONTH)]?

IF "YES": Was there a diagnosis for your condition?

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

IF "YES", what was the diagnosis?

GET RELEASE FORM

3. [Since your visit in (MONTH)], have you had:

NO YES

A. Hemorrhoids or piles?

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

B. Psoriasis

4. 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"/> |
| 4. Sores elsewhere on your body?                 | <input type="radio"/> | <input type="radio"/> |

IF "NO" TO ALL FOUR, SKIP TO Q. 5.

- |   |                       |                       |
|---|-----------------------|-----------------------|
| B. Did the first attack of herpes you ever had occur since your visit in (MONTH)?   | <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 than usual? | <input type="radio"/> | <input type="radio"/> |

5.

**IF NEEDED, EXPLAIN:**

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

A. Have you had any of the following diseases or conditions [since your visit in (MONTH)]? How about (EACH)?

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

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

DISEASE OR CONDITION	HAD DISEASE		NUMBER OF TIMES
	NO	YES	
(1) Syphilis	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(2) Any form of gonorrhea	<input type="radio"/>	<input type="radio"/>	
<span style="border: 1px solid black; padding: 2px;">IF NO TO (2), SKIP TO (6)</span>			
(3) Urethral gonorrhea (clap or drip of the urinary passage)	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(4) Oral gonorrhea (of the mouth or throat)	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(5) Rectal gonorrhea (of the rectum)	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(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 style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(7) Shigella, shigellosis, salmonella or salmonellosis	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(8) Amoebic dysentery	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(9) Giardia or giardiasis	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(10) Some other parasitic disease, such as worms	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(11) Genital warts or anal warts (condylomata acuminata)	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(12) Crabs (or lice)	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>
(13) Scabies	<input type="radio"/>	<input type="radio"/>	<input style="width: 20px;" type="text"/> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">0</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">1</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">2</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">3</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">4</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">5</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">6</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">7</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">8</span> <span style="display: inline-block; border: 1px solid black; border-radius: 50%; padding: 2px 5px;">9</span>

6. [Since your visit in (MONTH)] Have you had any of the following problems or symptoms?

PROBLEM OR SYMPTOM FOR EACH "YES" IN <u>A</u> , ASK <u>B</u> , <u>C</u> , <u>D</u> , <u>E</u> , AND <u>F</u> .	A.	B.	C.	D.	E.	F.
	How about (EACH)?	Did that last for two weeks or longer?	Did that last for more than 30 days?	And do you have that now?	Is this a new condition? IF NO, GO TO NEXT ITEM	In what month and year since your last visit 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 you have that at any time [since your visit in (MONTH)]?					WHEN BEGAN (Month and Year)
	No Yes	No Yes	No Yes	No Yes	No Yes	
(1) A persistent sore mouth or throat for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(2) A new skin rash that lasted for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(3) Persistent fatigue (feeling tired all the time) for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(4) Diarrhea for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(5) Persistent or recurring fever higher than 100° for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(6) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(7) Sweating at night for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(8) Persistent, frequent, or unusual kinds of headaches for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(9) Muscle or joint pains for at least 3 days	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(10) Persistent shortness of breath for at least two weeks	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(11) A new or unusual kind of dry cough that lasted 2 weeks or longer	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(12) Thrush, candida or white patches in your mouth or throat for at least two weeks	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(13) An unusual bruise or bump or skin discoloration that lasted at least two weeks	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90
(14) An unintentional weight loss of at least 10 pounds (unrelated to dieting)	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> No <input type="radio"/> Yes	J F M A M J J A S O N D 19 <input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> 80 <input type="radio"/> 90



8. A. Since your visit in (MONTH), have you had any biopsy? (By a biopsy, we mean removal of any tissue or gland to study under the microscope.)

- No  
 Yes

→ **SKIP TO Q 9**

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

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

**GET RELEASE OF RECORDS (AND NAME AND ADDRESS OF HOSPITAL)**

C. For each biopsy, please tell me:

a. Site of biopsy		b. What did they say the diagnosis or result of the biopsy was?	
(SPECIFY)		(SPECIFY)	
0	0		0
1	1		1
2	2		2
3	3		3
4	4		4
5	5		5
6	6		6
7	7		7
8	8		8
9	9		9
0	0		0
1	1		1
2	2		2
3	3		3
4	4		4
5	5		5
6	6		6
7	7		7
8	8		8
9	9		9
0	0		0
1	1		1
2	2		2
3	3		3
4	4		4
5	5		5
6	6		6
7	7		7
8	8		8
9	9		9

9. 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

10. Now I have some questions about cigarette smoking.

A. Have you ever smoked cigarettes?

- No  
 Yes

→ **SKIP TO Q 11**

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

- No  
 Yes  
 Occasionally (less than one cigarette per day)

→ **SKIP TO D**

C. 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

D. [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

11. 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
- Once or twice a week
- 6-11 times a year
- Nearly every day
- 2 or 3 times a month
- 1-5 times a year
- 3 or 4 times a week
- About once a month
- Not at all

→ SKIP TO Q. 12

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

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

12. A. Now, without telling me your HIV antibody status, do you know what it is?

- No → SKIP TO Q. 13
- Yes

B. How many months ago did you LAST receive the results of ANY test for HIV antibody?

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

C. Were you ever tested for HIV antibody OUTSIDE of this study?

- No → SKIP TO Q. 13
- Yes

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) →

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

13. 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)].

**ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEMS 15 a-d)**

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

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

**IF "NO" TO A OR B  
GO TO NEXT ITEM**

	A.		B.		IF USED IN 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.	D.
	NO	YES	NO	YES	How many days ago did you last take it, or did you take it today?	What was the name of the (KIND OF DRUG) you took during the last 7 days?
					T O D A Y	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 aspirin 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 or Ibuprofen	<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) Lithium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7
(14) Acyclovir (Zovirax)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7
(15) a. Other (SPECIFY in column D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7
	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					
(15) b. Other (SPECIFY in column D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7
	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					
(15) c. Other (SPECIFY in column D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7
	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					
(15) d. Other (SPECIFY in column D)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7
	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					



14. A. Have you taken any medicine or drug on this list to help fight AIDS or the HIV virus, prevent or treat opportunistic infections or stimulate the immune system?  <input type="radio"/> No <b>SKIP TO Q 14B</b> <input type="radio"/> Yes (HAVE PARTICIPANT REFER TO THE AIDS DRUG LIST—RECORD NAME OF DRUG TAKEN) (ASK A, B, C, D, E ITEMS)	A.	B.	C.	IF USED IN LAST 7 DAYS:		E.
	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?		What was the name of the (KIND OF DRUG) you took?  <input type="radio"/> GET RELEASE FORM
	<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"/>	TODAY	DAYS AGO	
0 100 200 300 400 500 600 700 800 900				<input type="radio"/>	<input type="radio"/> 1 2 3 4 5 6 7	
0 10 20 30 40 50 60 70 80 90						
0 1 2 3 4 5 6 7 8 9						
0 100 200 300 400 500 600 700 800 900				<input type="radio"/>	<input type="radio"/> 1 2 3 4 5 6 7	
0 10 20 30 40 50 60 70 80 90						
0 1 2 3 4 5 6 7 8 9						
0 100 200 300 400 500 600 700 800 900				<input type="radio"/>	<input type="radio"/> 1 2 3 4 5 6 7	
0 10 20 30 40 50 60 70 80 90						
0 1 2 3 4 5 6 7 8 9						
0 100 200 300 400 500 600 700 800 900				<input type="radio"/>	<input type="radio"/> 1 2 3 4 5 6 7	
0 10 20 30 40 50 60 70 80 90						
0 1 2 3 4 5 6 7 8 9						

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

- No  
 Yes (ASK ITEMS A, B, C, D AND GO TO E AND RECORD NAME)

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

15. 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 25**  
 Yes

16. 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)

17. Which of these terms best describes your sexual behavior or activities [since your visit in (MONTH)]?  
Please refer to page 4 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 HOMOSEXUAL (CODE A) READ THIS DEFINITION:** I will also ask you about non-intercourse sexual activity, but for the purposes of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, or rectum—or your partner put his penis in your mouth or rectum.

**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 Q 18D: asking for women only and then skip to Q 25.

**FOR ALL OTHERS, READ THIS DEFINITION:** I will also ask you about non-intercourse sexual activity, but for the purposes of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, vagina, or rectum—or your partner put his penis in your mouth or rectum.

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

<b>MEN</b>	A. With how many different men (if any) have you had sexual intercourse [since your last visit in (MONTH)]? <b>READ DEFINITION OF INTERCOURSE.</b>	<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	<b>IF NONE, SKIP TO Q 18C.</b>
		<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	
	B. With how many of these (number) men, if any, did you have sexual intercourse for the first time ever? [IF ONLY ONE PARTNER: Did the first time ever that you had sexual intercourse with him occur since your visit in (MONTH)]?	<input type="radio"/> 0 <input type="radio"/> 100 <input type="radio"/> 200 <input type="radio"/> 300 <input type="radio"/> 400 <input type="radio"/> 500 <input type="radio"/> 600 <input type="radio"/> 700 <input type="radio"/> 800 <input type="radio"/> 900	
		<input type="radio"/> 0 <input type="radio"/> 10 <input type="radio"/> 20 <input type="radio"/> 30 <input type="radio"/> 40 <input type="radio"/> 50 <input type="radio"/> 60 <input type="radio"/> 70 <input type="radio"/> 80 <input type="radio"/> 90	
		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	
		<input type="radio"/> No, had before <input type="radio"/> Yes, first time	
	C. With how many other men have you had sexual activity that did <u>not</u> include intercourse?	<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	

<b>WOMEN</b>	D. How many different women (if any) have you had sexual intercourse with [since your visit in (MONTH)]?	<input type="radio"/> 0 <input type="radio"/> 100 <input type="radio"/> 200 <input type="radio"/> 300 <input type="radio"/> 400 <input type="radio"/> 500 <input type="radio"/> 600 <input type="radio"/> 700 <input type="radio"/> 800 <input type="radio"/> 900	<b>IF NONE, SKIP TO NEXT QUESTION.</b>
		<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	
	E. With how many of these (number) women, if any, did you have sexual intercourse for the first time ever? [IF ONLY ONE PARTNER: Did the first time ever that you had sexual intercourse with her occur since your last visit in (MONTH)]?	<input type="radio"/> 0 <input type="radio"/> 100 <input type="radio"/> 200 <input type="radio"/> 300 <input type="radio"/> 400 <input type="radio"/> 500 <input type="radio"/> 600 <input type="radio"/> 700 <input type="radio"/> 800 <input type="radio"/> 900	
		<input type="radio"/> 0 <input type="radio"/> 10 <input type="radio"/> 20 <input type="radio"/> 30 <input type="radio"/> 40 <input type="radio"/> 50 <input type="radio"/> 60 <input type="radio"/> 70 <input type="radio"/> 80 <input type="radio"/> 90	
		<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9	
		<input type="radio"/> No, had before <input type="radio"/> Yes, first time	

If any intercourse or sexual activity with men since visit in (MONTH)

- and only 1 male partner since visit in (month), skip to Q 20
- and more than 1 male sex partner since visit in (month), ask Q 19
- if strictly heterosexual since visit in (month), skip to Q 25

19. You mentioned that you had more than one male sexual partner [since your visit in (MONTH)]. Would you consider only one of these partners to be a steady partner or lover (in a primary relationship of 3 months or more)?

- No, skip to Q 22
- Yes, skip to Q 20B

20. You said you had (intercourse or sexual activity) with only one male partner [since your visit in (MONTH)].

A. How would you describe this individual?

- Steady partner/lover (in a primary relationship of 3 months or more)
- Friend/acquaintance
- Anonymous → **SKIP TO Q 21**

B. Do you know this partner's HIV antibody status?

- No
- Yes IF "YES": Is he . . .
  - Positive
  - Negative
  - Decline to answer

C. Has this partner had sexual activity with anyone other than you [since your visit in (MONTH)]?

- No, not to my knowledge
- Yes → **SKIP TO Q 21**
- Don't know → **SKIP TO Q 21**

D. How long have you and this sexual partner limited your sexual intercourse to each other exclusively?

**ANSWER IN MONTHS OR YEARS**

	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

MONTHS

**OR**

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

YEARS

21. The next questions are about the sexual practices some men engage in. Tell me if you did any of the following practices with your (primary/only) partner [since your visit in (MONTH)].

* * * KIND OF ACTIVITY	A.		B.				
	Did you engage in this activity since your last visit?		How many times did you do this activity with your partner? (Give me your best estimate)				
(1) You engaged in deep, wet kissing, e.g., (where one of you put your tongue into the other's mouth).	NO <input type="radio"/>	YES <input type="radio"/>	NUMBER OF TIMES 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				
(2) You engaged in masturbation until your partner ejaculated/came.	NO <input type="radio"/>	YES <input type="radio"/>	NUMBER OF TIMES 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) You put your penis in his mouth. IF NONE, SKIP TO ITEM (5).	NO <input type="radio"/>	YES <input type="radio"/>	NUMBER OF TIMES 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				
(4) You ejaculated/came into his mouth.	NO <input type="radio"/>	YES <input type="radio"/>	NUMBER OF TIMES 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				
(5) You put your penis in his rectum. IF NONE, SKIP TO ITEM (12).	NO <input type="radio"/>	YES <input type="radio"/>	NUMBER OF TIMES 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				
(6) Now, thinking about all those times, how many times did you use a condom, even if it broke, tore or slipped? IF NONE, SKIP TO ITEM (9).	[Hatched Area]		NUMBER OF TIMES 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				
(7) How many times when you used a condom did it break, slip or tear, and semen may have spilled into your partner's rectum?			NUMBER OF TIMES 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				
(8) How many times when you used a condom, did you also use a spermicide?			NUMBER OF TIMES 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				
(9) How many times did you put your penis into his rectum when you <u>did not</u> use a condom? IF NONE, SKIP TO ITEM (12).			NUMBER OF TIMES 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				
(10) How many times when you did not use a condom did you ejaculate/come in his rectum?			NUMBER OF TIMES 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				
(11) How many times when you did not use a condom did you use a spermicide instead?			NUMBER OF TIMES 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				
(12) You used your tongue to touch or lick his anus or rectum ("rimming").			NO <input type="radio"/>	YES <input type="radio"/>	NUMBER OF TIMES 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		
(13) You inserted your finger or fingers (but not your whole hand) into your partner's rectum.			NO <input type="radio"/>	YES <input type="radio"/>	NUMBER OF TIMES 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		
(14) You put your whole hand or fist into his rectum ("fisting").			NO <input type="radio"/>	YES <input type="radio"/>	NUMBER OF TIMES 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		

KIND OF ACTIVITY	A. Did you engage in this activity since your last visit?		B. NUMBER OF TIMES											
	NO	YES	NUMBER OF TIMES											
(15) You used a douche or had an enema before having sex.	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="300"/>	<input type="text" value="400"/>	<input type="text" value="500"/>	<input type="text" value="600"/>	<input type="text" value="700"/>	<input type="text" value="800"/>	<input type="text" value="900"/>		
(16) He put his penis in your mouth. * IF NONE, SKIP TO ITEM (18). *	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="40"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="70"/>	<input type="text" value="80"/>	<input type="text" value="90"/>		
(17) He ejaculated/came into your mouth. * *	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="40"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="70"/>	<input type="text" value="80"/>	<input type="text" value="90"/>		
(18) He put his penis in your rectum. * IF NONE, SKIP TO ITEM (25). *	<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="300"/>	<input type="text" value="400"/>	<input type="text" value="500"/>	<input type="text" value="600"/>	<input type="text" value="700"/>	<input type="text" value="800"/>	<input type="text" value="900"/>		
(19) How many times did he use a condom, even if it broke, tore or slipped? * IF NONE, SKIP TO ITEM (22). *			<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="300"/>	<input type="text" value="400"/>	<input type="text" value="500"/>	<input type="text" value="600"/>	<input type="text" value="700"/>	<input type="text" value="800"/>	<input type="text" value="900"/>		
(20) How many times when he used a condom did it break, tear, or slip and semen may have spilled into your rectum? * *			<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="40"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="70"/>	<input type="text" value="80"/>	<input type="text" value="90"/>		
(21) How many times when he used a condom did he also use a spermicide? * *			<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="40"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="70"/>	<input type="text" value="80"/>	<input type="text" value="90"/>		
(22) How many times did he put his penis in your rectum when he <u>did not</u> use a condom? * IF NONE, SKIP TO ITEM (25). *			<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="300"/>	<input type="text" value="400"/>	<input type="text" value="500"/>	<input type="text" value="600"/>	<input type="text" value="700"/>	<input type="text" value="800"/>	<input type="text" value="900"/>		
(23) How many times when he did not use a condom did he ejaculate/come in your rectum? * *			<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="40"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="70"/>	<input type="text" value="80"/>	<input type="text" value="90"/>		
(24) How many times when he did not use a condom did he use a spermicide instead? * *			<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="300"/>	<input type="text" value="400"/>	<input type="text" value="500"/>	<input type="text" value="600"/>	<input type="text" value="700"/>	<input type="text" value="800"/>	<input type="text" value="900"/>		
(25) He used his tongue to touch or lick your anus or rectum ("rimming").			<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="300"/>	<input type="text" value="400"/>	<input type="text" value="500"/>	<input type="text" value="600"/>	<input type="text" value="700"/>	<input type="text" value="800"/>	<input type="text" value="900"/>
(26) He put his finger or fingers (but not his whole hand) into your rectum.			<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="40"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="70"/>	<input type="text" value="80"/>	<input type="text" value="90"/>
(27) He put his whole hand or fist into your rectum ("fisting").			<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/>	<input type="text" value="100"/>	<input type="text" value="200"/>	<input type="text" value="300"/>	<input type="text" value="400"/>	<input type="text" value="500"/>	<input type="text" value="600"/>	<input type="text" value="700"/>	<input type="text" value="800"/>	<input type="text" value="900"/>
(28) He put a dildo or other device into your rectum.			<input type="radio"/>	<input type="radio"/>	<input type="text" value="0"/>	<input type="text" value="10"/>	<input type="text" value="20"/>	<input type="text" value="30"/>	<input type="text" value="40"/>	<input type="text" value="50"/>	<input type="text" value="60"/>	<input type="text" value="70"/>	<input type="text" value="80"/>	<input type="text" value="90"/>

IF ONLY ONE MALE PARTNER, GO TO Q 24 (page 16).

IF MORE THAN ONE PARTNER, GO TO NEXT PAGE AND STATE: "NOW LET'S TALK ABOUT YOUR OTHER SEXUAL PARTNERS."

22. A. Of the (other) men 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)?

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

partners

B. (1) For how many of the other men you had intercourse with did you know their HIV status?

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

partners

IF NONE, SKIP TO Q. 23

(2) How many of these men were HIV antibody positive?

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

partners

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

partners

(3) How many were HIV antibody negative?

Declined to answer

23. The next questions are about the sexual practices some men engage in. Tell me the approximate number of (male) partners (other than your primary partner) you did each activity with [since your visit in (MONTH)].

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

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?)

How many times in all did you do this activity with your partners? (Give me your best estimate)

KIND OF ACTIVITY	A. NUMBER SINCE VISIT IN (MONTH)	B. NUMBER OF TIMES																																																												
(1) You engaged in deep, wet kissing, e.g., (where one of you put your tongue into the other's 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> <p>partners</p>	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>	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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(6) You inserted your finger or fingers (but not 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> <p>partners</p>	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>	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 used a douche or had an enema before having sex.	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> <p>partners</p>	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>	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 penis into your partner's rectum (anal insertive intercourse). * IF NONE, SKIP TO ITEM (17).	<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> <p>partners</p>	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>	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) With how many of those _____ partners had you used a condom every time even if it broke, tore or slipped? * IF ALL PARTNERS, SKIP TO ITEM 14.	<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> <p>partners</p>	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>	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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KIND OF ACTIVITY	A. NUMBER SINCE VISIT IN (MONTH)		B. NUMBER OF TIMES																	
	0	100	200	300	400	500	600	700	800	900	NUMBER OF TIMES WITH									
(11) With how many of those _____ partners had you used a condom <u>only some of the times</u> ?	0	10	20	30	40	50	60	70	80	90	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
a. How many times did you use a condom with these partners? →											NUMBER OF TIMES WITHOUT									
b. How many times was a condom not used with these partners? →	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

KIND OF ACTIVITY	A. NUMBER SINCE VISIT IN (MONTH)		B. NUMBER OF TIMES																	
	0	100	200	300	400	500	600	700	800	900	NUMBER OF TIMES WITH									
(12) With how many of those _____ partners was a condom never used?	0	10	20	30	40	50	60	70	80	90	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(13) With how many of these partners when you did not use a condom, had you ejaculated/come in his rectum?	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(14) With how many partners had you used a condom when it broke, tore or slipped?	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(15) Have you had anal insertive intercourse when you used a spermicide in addition to a condom? <input type="radio"/> No, GO TO NEXT ITEM <input type="radio"/> Yes →	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(16) Have you used a spermicide instead of a condom when you have had anal insertive intercourse? <input type="radio"/> No, GO TO NEXT ITEM <input type="radio"/> Yes →	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(17) He put his penis in your mouth. IF NONE, SKIP TO ITEM (19).	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(18) He ejaculated/came into your mouth.	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(19) He used his tongue to touch or lick your anus or rectum ("rimming").	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(20) He put his finger or fingers (but not his whole hand) into your rectum.	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(21) He put his whole hand or fist into your rectum ("fisting").	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(22) He put a dildo or other device into your rectum.	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(23) He put his penis in your rectum (anal receptive intercourse). IF NONE, SKIP TO Q 24.	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
(24) How many of those _____ partners used a condom <u>every</u> time even if it broke, tore or slipped? IF ALL SKIP TO ITEM (28)	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

KIND OF ACTIVITY	A. NUMBER SINCE VISIT IN (MONTH)		B. NUMBER OF TIMES																	
	0	100	200	300	400	500	600	700	800	900	NUMBER OF TIMES WITH									
(25) How many of those _____ partners used a condom <u>only some of the times</u> ?	0	10	20	30	40	50	60	70	80	90	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9
a. How many times did those partners use a condom? →											NUMBER OF TIMES WITHOUT									
b. How many times did those partners not use a condom? →	0	100	200	300	400	500	600	700	800	900	0	100	200	300	400	500	600	700	800	900
	0	10	20	30	40	50	60	70	80	90	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9	0	1	2	3	4	5	6	7	8	9

KIND OF ACTIVITY	NUMBER SINCE VISIT IN (MONTH)	
(26) How many of those _____ partners never used 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	
	NUMBER OF TIMES <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	
(27) Of those _____ number of partners, who did not use a condom during anal receptive sex, how many ejaculated/came in your 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	
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	partners	
(28) How many partners had used a condom when it broke, tore, or slipped and may have allowed semen to spill into your 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	
	NUMBER OF TIMES <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	
(29) Have you had anal receptive intercourse when a spermicide was used in addition to a condom?  * <input type="radio"/> No → GO TO NEXT ITEM * <input type="radio"/> Yes	<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	
	NUMBER OF TIMES <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	
(30) Have you used a spermicide instead of a condom when you had anal receptive intercourse?  * <input type="radio"/> No → GO TO Q. 24 * <input type="radio"/> Yes	<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	
	NUMBER OF TIMES <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	

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

A. You had cuts, sores, abrasions or bleeding on or from your penis.

<input type="text"/>	<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="text"/>	<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

B. Your partner had cuts, sores, abrasions or bleeding on or from his penis.

<input type="text"/>	<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="text"/>	<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

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

<input type="text"/>	<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="text"/>	<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

D. Your partner had bleeding around or from his anus or rectum.

<input type="text"/>	<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="text"/>	<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



25. 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 26

B. How many people got AIDS?

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

[LOCAL OPTION, ALL OTHERS, SKIP TO Q 28]

- Not asked →
- Asked

SKIP TO Q 28

26. Of those 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).]

	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

27.

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)]

KIND OF ACTIVITY	NUMBER SINCE VISIT IN (MONTH)																																	
(1) Your partner masturbated you to the point of ejaculation (until you came).	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								
(2) You put your penis into her mouth. IF NONE, SKIP TO (4).	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								
(3) You ejaculated/came in her mouth.	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								
(4) You touched her clitoris with your tongue.	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								
(5) You put your penis into her vagina. IF NONE, SKIP TO (7).	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								
(6) You ejaculated/came in her vagina.	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								
(7) You put your penis into her rectum. IF NONE, SKIP TO (9).	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								
(8) You ejaculated/came in her rectum.	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
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	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								
(9) Thinking of all the times you had intercourse, (with how many of your partners) did you use a condom?	<table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 60px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> <span style="float: right;">partners</span>		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
	0	100	200	300	400	500	600	700	800	900																								
	0	10	20	30	40	50	60	70	80	90																								
	0	1	2	3	4	5	6	7	8	9																								

28. 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.		B.				C.		D.							E.		
	NO	YES	DAILY	WEEKLY	MONTHLY	LESS OFTEN	NO	YES	TODAY	DAYS AGO						NO	YES	
Marijuana or Hashish	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Next row	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7		
"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"/>	<input type="radio"/> Next row	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7		
Cocaine	<input type="radio"/> Go to next row	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> Go to E	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/> Next row	<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"/>	<input type="radio"/> Go to E	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/> Next row	<input type="radio"/>
PCP, angel dust, psychedelics, mushrooms, 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"/>	<input type="radio"/> Go to E	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/> Next row	<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"/>	<input type="radio"/> Go to E	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/> Next row	<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"/>	<input type="radio"/> Go to E	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/> Next row	<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"/>	<input type="radio"/> Go to E	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/> Next row	<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"/>	<input type="radio"/> Go to E	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7	<input type="radio"/> Next row	<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

F.

How many times [since your visit in (MONTH)]  
have you (taken/used) (DRUG) by needle?

NOTE: 9 IS 9 OR MORE TIMES

DRUG	FREQUENCY
Marijuana etc.	
"Poppers"	
Cocaine	<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
MDA	<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
Psychedelics or hallucinogens	<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
"Downers"	<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
Opiates	<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
"Uppers"	<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
Other	<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

29. Have you shared a needle or syringe with anyone [since your visit in (MONTH)]?

- No  
 Yes

IF "YES", HOW MANY TIMES?

0 1 2 3 4 5 6 7 8 9

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

- No, nothing more
- Yes

THANK AND TERMINATE

→ SKIP TO Q. 31

B. Tell me about it  
RECORD FULLY IN R'S OWN WORDS.

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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.

31. Telephone interview? NO  YES

32. \_\_\_\_\_, 19\_\_\_\_

*Date interview completed*

33. \_\_\_\_\_

*Interviewer's signature*

INTERVIEWER'S NUMBER	<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



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DO NOT MARK IN THIS AREA