

SECTION FOUR FOR NEW RECRUITS

I.D. **MACSID**

Time began: Hour Min am/pm

Visit 70

Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_75) to a 3 digit suffix (i.e., VARIABLE_707) and affects ALL visit questionnaire variables from the first visit onward.

Date: Month Day Year
DAT4M_707 DAT4D_707 DAT4Y_707

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. Some of these conditions are quite rare, so you may not have heard of all of them. But if you've had any of them, you'll know it. How about (EACH)? (Did a doctor or other medical practitioner ever say you had that?)

	<u>NO</u>	<u>YES</u>
A. Kaposi's Sarcoma or AIDS.....	KAPOS_707 1	2
B. Some form of Cancer	CANCE_707 1	2

IF AYES@ TO CANCER:

a. What kind of cancer did they say it was?
 Site: CANSI_707 _____ Type: CANTY_707 _____

b. And when was it first diagnosed?
 In 19 OR years ago CANAG_707
CANYR_707 _____

C. Have you ever had an organ-transplant?	TRANE_707	1	2
D. Have you ever taken steroids or other drugs that suppress the immune system - - not counting male sex hormones or anabolic steroids for longer than two weeks?	STERO_707	1	2

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

STERC_707

E. And during the last 20 years - 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?	RADTE_707	1	2
F. In the past 6 months have you been ill with Tuberculosis?.....	TUBER_707	1	2

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

No, neither		1	
Yes (SPECIFY: _____)	TUBEM_707	1	2

Question 1 (continued)

G.	Diabetes.....	DIABE_707	1	2
	IF "YES" TO DIABETES: How old were you when it first started?			
	About ___ ___ years old	DIABA_707		
H.	Hemophilia	HEMPE_707	1	2
I.	Sickle cell.....	SCKCL_707	1	2
J.	Any other type of abnormal hemoglobin.....	HBABN_707	1	2
K.	Chronic kidney disease -- not counting kidney stones.....	KIDNY_707	1	2
L.	Glomerulonephritis.....	GLOME_707	1	2
M.	Systemic Lupus Erythematosus.....	LUPUS_707	1	2
N	Vasculitis.....	VASCU_707	1	2
O.	Rheumatoid arthritis.....	RARTH_707	1	2
P.	Ankylosing Spondylitis	ANKSP_707	1	2
Q.	Reiter=s Syndrome	REITS_707	1	2
R.	Thyroiditis or Grave's Disease.....	GRAVE_707	1	2
S.	Myasthenia Gravis.....	MGRAV_707	1	2
T.	Some other autoimmune disease (SPECIFY: _____)	AUTIM_707	1	2

2. Have you ever had:

	<u>NO, NEVER</u>	<u>YES, BUT NOT IN LAST 6 MOS.</u>	<u>YES, WITHIN LAST 6 MOS.</u>
A. Hemorrhoids or piles (<u>IF YES:</u> Have you had them in the past 6 months?)	1	2 HEMOR_707	3
<u>IF EVER HAD HEMORRHOIDS:</u> Did they ever bleed? (<u>IF YES:</u> Have they bled in the last 6 months?).....	1	2 HEMBL_707	3
Has a doctor or other medical practitioner ever told you that you had (EACH)? (<u>IF YES:</u> Have you had it in the past 6 months?)			
B. Shingles (or Herpes Zoster)	1	2 HERPZ_707	3
<u>IF @YES@ TO SHINGLES (Code 2 or 3):</u> In which month (and year) did the most recent episode of shingles (Zoster) begin? MONTH ___ YEAR ___ HERPM_707 HERPY_707			
C. Bullous Impetigo	1	2 BULIM_707	3
D. Infectious Mononucleosis	1	2 MONO_707	3
E. Jaundice or some liver disease other than Hepatitis (SPECIFY: _____)	1	2 JAUND_707	3
F. Has a doctor or other medical practitioner ever told you that you had Hepatitis or a blood test that was positive for Hepatitis?	1	2 HEPAT_707	3

IF EVER HAD HEPATITIS (CODE 2 OR 3):

(1) 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? **CIRCLE 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?	
	<u>No, not this kind</u>	<u>Yes, this kind</u>	<u>Had symptoms</u>	<u>Did blood test for other reason</u>
Hepatitis A	1 HEPA_707	2	1 HEPAL_707	2
Infectious Hepatitis	1 HEPIN_707	2	1 HPINL_707	2
Hepatitis B	1 HEPB_707	2	1 HEPBL_707	2
Serum Hepatitis	1 HPSER_707	2	1 HPSRL_707	2
Non A/Non B Hepatitis	1 HPNON_707	2	1 HPNNL_707	2
Other (SPECIFY: _____)	1 HPOTT_707	2	1 HPOTL_707	2
Don't know which kind it was	1 HEPDK_707	2	1 HPDKL_707	2

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

HPVAC_707

No 1

Yes 2

4. A. Have you ever had any of the following diseases or conditions? How about (EACH)?

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

B. And how many times in your life have you had (DISEASE OR CONDITION)?

C. And how many times have you had it during the last six months?

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

		A. EVER		B. TOTAL TIMES EVER HAD	C. NUMBER TIMES DURING THE LAST 6 MONTHS
		No	Yes		
(1)	Syphilis.....	SYPHE_707		SYPHL_707	SYPHB_707
(2)	Any form of gonorrhea	GONOE_707			
<i>IF NO TO (2), SKIP TO (5)</i>					
(3)	Urethral gonorrhea (clap or drip of the urinary passage)	UGONE_707		UGONL_707	UGONB_707
(4)	Oral gonorrhea (of the mouth or throat).....	OGONE_707		OGONL_707	OGONB_707
(5)	Rectal gonorrhea (of the rectum)	RGONE_707		RGONL_707	RGONB_707
(6)	Non-specific or nongonococcal urethritis (that is, a discharge from the penis that=s not caused by gonorrhea).....	URETE_707		URETL_707	URETB_707
(7)	Shigella, Shigellosis or Salmonella.....	SHIGE_707		SHIGL_707	SHIGB_707
(8)	Amoebic dysentery	DYSNE_707		DYSNL_707	DYSNB_707
(9)	Giardia or Giardiasis	GIARE_707		GIARL_707	GIARB_707
(10)	Some other parasitic disease such as worms, not including childhood worms	PARAE_707		PARAL_707	PARAB_707
(11)	Genital warts or anal warts (condylomata acuminata)	WARTE_707		WARTL_707	WARTB_707
(12)	Crabs (or lice).....	CRABE_707		CRABL_707	CRABB_707
(13)	Scabies	SCABE_707		SCABL_707	SCABB_707
(14)	Psoriasis.....	PSORA_707		PSORL_707	PSORB_707

5. A. Have you ever had any of the following forms of herpes?

	<u>NO</u>	<u>YES</u>	
(1) Facial herpes, cold sores, or fever blisters	1	2	HERFE_707
(2) Sores in the genital region?	1	2	HERGE_707
(3) Sores in the anal or rectal area?	1	2	HERAE_707

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

B. Did the first attack of herpes you ever had occur during the past 6 months?	1	2	HERLV_707
C. Has there been a period during the past 6 months when your herpes sores seemed to come more often, get worse, or last longer?	1	2	HERWR_707

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

A. A Cold sore throat, sinus infection, or sinusitis?	1	2	COLDW_707
B. A fever?	1	2	FEVRW-707
C. Influenza, flu, or bronchitis?	1	2	FLUW_707
D. Diarrhea?	1	2	DIARW_707
E. Hay fever?	1	2	HFEVW_707
F. An injury or some mechanical problem like a sprain, back pain, or stiff neck?	1	2	INJUW_707
G. Some other illness that began in the last week?	1	2	ILLOT_707

SPECIFY _____

7. Have you had any of the following problems or symptoms during the last six months that have lasted for at least 3 days?

PROBLEM OR SYMPTOM FOR EACH "YES" IN <u>A</u> , ASK <u>B</u> , <u>C</u> , <u>D</u> , AND <u>E</u>		A.		B.		C.		D.		E.	
		How about (EACH)? (Did you have that at any time during the last 6 mos?)		In what month and year did it begin? [IF NEEDED: Even though you don't remember the exact month, it would help if you could tell me the season or approximate time of year when it started (this last time).]		Did that last for two weeks or longer?		Did that last for more than 30 days?		And do you still have that?	
		NO	YES	WHEN BEGAN		NO	YES	NO	YES	NO	YES
				MONTH	YEAR						
(1)	Persistent shortness of breath for at least two weeks	BREAT_707	BREAM_707	BREAY_707				BRE30_707	BREAN_707		
(2)	A new or unusual kind of dry cough that lasted 2 weeks or longer	COUGH_707	COUGM_707	COUGY_707				COU30_707	COUGN_707		
(3)	A persistent sore mouth or throat for at least 3 days	THROT_707	THROM_707	THROY_707	THR2W_707	THR30_707	THR30_707	THRON_707			
(4)	Thrush, candida or white patches in your mouth or throat for at least 2 weeks	THRSM_707	THRSM_707	THRSY_707				THS30_707	THRSN_707		
(5)	A new skin rash that lasted for at least 3 days	RASH_707	RASHM_707	RASHY_707	RAS2W_707	RAS30_707	RAS30_707	RASHN_707			
(6)	An unusual bruise or bump or skin discoloration that lasted at least two weeks	BRUIS_707	BRUSM_707	BRUSY_707				BRU30_707	BRUSN_707		
(7)	Persistent fatigue (feeling tired all the time) for at least 3 days	FATIG_707	FATIM_707	FATYI_707	FAT2W_707	FAT30_707	FAT30_707	FATIN_707			
(8)	An unintentional weight loss of at least 10 pounds (unrelated to dieting)	WTLOS_707	WTLSM_707	WTLSY_707				WTL30_707	WTLSN_707		
(9)	Diarrhea for at least 3 days	DIARR-707	DAIRM_707	DAIRY_707	DIA2W_707	DIA30_707	DIA30_707	DIARN_707			
(10)	Persistent or recurring fever higher than 100° for at least 3 days	FEVER_707	FEVRM_707	FEVRY_707	FEV2W_707	FEV30_707	FEV30_707	FEVRN_707			
(11)	Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 days	GLAND_707	GLANM_707	GLANY_707	GLN2W_707	GLN30_707	GLN30_707	GLANN_707			
(12)	Sweating at night for at least 3 days	SWEAT_707	SWETM_707	SWETY_707	SWT2W_707	SWT30_707	SWT30_707	SWETN_707			
(13)	Persistent, frequent, or unusual kinds of headaches for at least 3 days	HEADA_707	HEADM_707	HEADY_707	HED2W_707	HED30_707	HED30_707	HEADN_707			
(14)	Muscle or joint pains for at least 3 days	MUSCL_707	MUSCM_707	MUSCY_707	MUS2W_707	MUS30_707	MUS30_707	MUSCN_707			

HOSP_707

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

No.....(SKIP TO Q9)1

Yes2

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

_____ times NHOSP_707

B. Tell me about (that hospitalization/each of those times).

USE ONE COLUMN FOR EACH SEPARATE STAY DURING THE LAST 6 MONTHS.

	Most Recent Hospitalization	Second Most Recent Hospitalization
(1) On what date did you go into the hospital (the last time/the time before that)?	___ HOS1M_707 HOS1D_707 ___ mo HOS1Y_707 , ar	___ HOS2M_707 HOS2D_707 ___ mon HOS2Y_707 day year
(2) How many nights did you spend in the hospital at that time?	HOS1N_707 _____ nights	HOS2N_707 _____ nights
(3) For what condition or problem were you hospitalized? <i>RECORD FULLY IN R=s OWN WORDS.</i>		

HOSCK_707 [] IF MORE THAN 2 HOSPITALIZATIONS IN LAST 6 MONTHS, CHECK HERE AND USE CONTINUATION SHEET.

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

No(SKIP TO Q10).....1 **NO2BX_707**
 Yes2

B. How many times did you have one? **NNODB_707**

_____ times

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

CODE
ALL
THAT APPLY

	NO	YES	
Tuberculosis	1	2	NODTB_707
Lymphoma or Cancer	1	2	NODCA_707
Toxoplasmosis.....	1	2	NODTX_707
Reactive Hyperplasia.....	1	2	NODRH_707
Other (SPECIFY: _____).....	1	2	NODOT_707

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

No(SKIP TO Q.11)1
 Yes2 **GGL2B_707**
 Don't know.....(SKIP TO Q.11)3

B. How many times in the last 2 years have you had one? **GGLB_707** _____ times

C. When was the last time? **GGLBM_707** _____, 19____
GGLBY_707 month year

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

No(SKIP TO Q.12)1
 Yes2 **TRN5Y_707**
 Don't know.....(SKIP TO Q.12)3

B. And how many times have you had a transfusion in the last 5 years? **TRNSN_707** _____ times

C. When was the last time? **TRNSM_707** _____, 19____
TRNSY_707 month year

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

No.....(*SKIP TO Q.13*)1 **PIE5Y_707**
Yes2

B. Was that done during the last 6 months?

No1 **PIERC_707**
Yes2

13. Now I have some questions about cigarette smoking.

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

No1
Yes(*SKIP TO D*)2 **SMOKN_707**
Occasionally (less than one cigarette per day)(*SKIP TO E*)3

B. Did you ever smoke cigarettes?

No.....(*SKIP TO Q.14*)1 **SMOKE_707**
Yes2

SMOKM_707 **SMOKY_707**

C. How long ago did you stop? _____ months ago OR _____ years ago

NOW SKIP TO E

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

Less than 1/2 pack a day.....1
At least 1/2 pack, but less than one pack per day2 **PACKS_707**
At least 1 but less than 2 packs3
2 or more packs per day4

Question 13 (continued)

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

About _____ years old **SMOKA_707**

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

SMOKP_707	Never smoked regularly (never as much as 1 cigarette per day)	1
	Less than 1/2 pack a day.....	2
	At least 1/2 pack, but less than one pack per day	3
	At least 1 pack per day but less than 2.....	4
	2 or more packs per day	5

14. The next questions are about alcoholic beverages - - that is, wine, beer or liquor.

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

NDRNK_707	None, did not drink in the last 12 months.....(SKIP TO Q.15)	1
	1 or 2 drinks.....	2
	3 or 4 drinks.....	3
	5 or 6 drinks.....	4
	7 or more drinks.....	5

Question14 (continued)

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

DRNKY_707

DDRNK_707
WDRNK_707
MODRK_707

FDRNK_707

[] IF DRANK DURING THE LAST 12 MONTHS, BUT NO LONGER DRINKS, CHECK HERE AND ASK:

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

About ____ days ago OR ____ weeks ago OR ____ months ago

- - Then tell me how often you had a drink containing alcohol during the month before you stopped drinking. *CODE BELOW AS USUAL.*

- At least once a day1
- Nearly every day.....2
- 3 or 4 times a week.....3
- Once or twice a week4
- 2 or 3 times a month5
- About once a month.....6
- 6 - 11 times a year7
- 1 - 5 times a year8

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

MDRNK_707

- Never had more than usual1
- 1 or 2 drinks.....2
- 3 or 4 drinks.....3
- 5 or 6 drinks.....4
- 7 or 8 drinks.....5
- 9 - 11 drinks.....6
- 12 or more drinks.....7

15. I'll be asking about recreational drug use later, but now I have some questions about drugs and medications that you may have taken for health reasons - - either prescribed drugs or other things you took on your own - - during the last 6 months.
How about any kinds of steroids - - taken by mouth like cortisone or prednisone, or applied to the skin or other body surfaces or injected? **STRDS_707**

2 = Yes, used steroids → *START WITH ITEM (1)* 1 = No steroids → *START WITH ITEM (4)*

<i>ASK A FOR ALL, BEFORE ASKING B - D FOR ANY. FOR EACH YES, ASK B - D AS APPROPRIATE</i>	A. How about (EACH)? Have you (taken/ used) any in the last 6 months?		B. <u>IF USED IN LAST 6 MONTHS</u> : Have you (taken/ used) (DRUG) in last 7 days?		IF USED IN LAST 7 DAYS:	
	NO	YES	NO	YES	C. How many days ago did you last take it?	D. What was the name of the (KIND OF DRUG) you took (during the last 7 days)?
(1) Steroids that you took orally.....	STROV_707		STRO7_707		Today.....8	STRON_707
(2) Steroids that you applied to your body	STRBV_707		STRB7_707			STRBN_707
(3) Steroids that were injected.....	STRIV_707		STRI7_707			STRIN_707
(4) Some other kind of hormone such as anabolic steroids	HORMV_707		HORM7_707			HORMN_707
(5) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	ANTBV_707		ANTB7_707			ANTBN_707
(6) Medication taken by mouth for fungal infection	FGMDV_707		FGMD7_707			FGMDN_707
(7) Medication taken by mouth for worms or parasites	WRMDV_707		WRMD7_707			WRMDN_707
(8) Anti-histamines, decongestants or other nose or throat medicine	DECOV_707		DECO7_707			DECON_707
(9) Aspirin, Anacin, Bufferin or other similar medications.	ASPIV_707		ASPI7_707			ASPIN_707
(10) Some other kind of pain medicine	TYLEV_707		TYLE7_707			TYLEN_707
(11) Tranquilizers or sleeping pills.....	TRNQV_707		TRNQ7_707			TRNQN_707
(12) Antidepressants or mood elevators	MOODV_707		MOOD7_707			MOODN_707
(13) Appetite suppressants or diet pills	DIETV_707		DIET7_707			DIETN_707
(14) Lithium.....	LITHV_707		LITH7_707			LITHN_707
(15) Acyclovir (Zovirax).....	ACYCV_707		ACYC7_707			ACYCN_707
(16) Another kind of medicine..... (SPECIFY: _____) [] USE CONTINUATION SHEET IF NEEDED	OTMDV_707		OTMD7_707		___ days ago	OTMDN_707

16. A. Have you taken any medicine or drug on this list to help fight AIDS or the AIDS virus? **MAIDS_707**

2 ____ Yes (HAVE PARTICIPANT READ/REVIEW WITH PARTICIPANT THE AIDS DRUG LIST - RECORD NAME OF DRUG TAKEN) (BE SURE TO ASK A, B, C, D, E QUESTIONS) ---]

1 ____ No (SKIP TO Q.17)

ASK A FOR ALL, BEFORE ASKING B-E FOR ANY. ASK B-E AS APPROPRIATE.	A. How about (EACH)? Have you ever (taken/used) any?		B. <u>IF YES</u> or uncertain: Did you take (THAT DRUG) as part of a research study in which you may have taken a placebo (not the actual drug)?		C. <u>IF USED SINCE VISIT IN (MONTH):</u> Have you (taken/used) (DRUG) in last 7 days?		IF USED IN LAST 7 DAYS		E. What was the name of the (KIND OF DRUG) you took during the last 7 days?
	NO	YES	NO	YES	NO	YES	TODAY	DAYS AGO	
M1AID_707	M1ADE_707		M1ADS_707		M1AD7_707		8	M1ADN_707	_____
M2AID_707	M2ADE_707		M2ADS_707		M2AD7_707		8	M2ADN_707	_____
M3AID_707	M2ADE_707		M3ADS_707		M2AD7_707		8	M3ADN_707	_____

MAIDC_707 1 [] ← MARK HERE IF YOU NEED TO USE CONTINUATION SHEET

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

OMAID_707 1 ____ No

2 ____ Yes (GO TO E AND RECORD NAME)

DRUG	A. How about (EACH)? Have you ever (taken/used) any?		B. <u>IF YES</u> or uncertain: Did you take (THAT DRUG) as part of a research study in which you may have taken a placebo (not the actual drug)?		C. <u>IF USED SINCE VISIT IN (MONTH):</u> Have you (taken/used) (DRUG) in last 7 days?		IF USED IN LAST 7 DAYS		E. What was the name of the (KIND OF DRUG) you took during the last 7 days?
	NO	YES	NO	YES	NO	YES	TODAY	DAYS AGO	
O1AID_707	O1ADE_707		O1ADS_707		O1AD7_707		8	O1ADN_707	_____
O2AID_707	O2ADE_707		O2ADS_707		O2AD7_707		8	O2ADN_707	_____
O3AID_707	O2ADE_707		O3ADS_707		O2AD7_707		8	O3ADN_707	_____

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

SEX5Y_707

No (*SKIP TO 2nd INSTRUCTION IN BOX*).....1

Yes.....2

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

TSX5Y_707

A. Exclusively homosexual.....1

B. Almost exclusively homosexual, but a small degree of heterosexual activity.....2

C. Primarily homosexual, but with a substantial degree of heterosexual activity.....3

D. Equally homosexual and heterosexual.....4

E. Primarily heterosexual, but with a substantial degree of homosexual activity.....5

F. Almost exclusively heterosexual, but a small degree of homosexual activity.....6

G. Exclusively heterosexual7

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

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

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

ASEXM_707

About _____ years old 0 _____ Never → **SKIP TO C**

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

ASXMR_707

About _____ years old 0 _____ Never on a regular basis

NOW SKIP TO Q.19

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

LSEXM_707

During the last 6 months... 1

During last 2 years (but more than 6 months ago)2

More than 2 years ago3

Never.....4

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

ASEXF_707

About _____ years old 0 _____ Never → *SKIP TO C*

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

ASXFR_707

About _____ years old 0 _____ Never on a regular basis

GO TO Q.20

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

LSEXF_707

- During the last 6 months.....1
- During last 2 years (but more than 6 months ago).....2
- More than 2 years ago.....3
- Never.....4

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

	MEN	WOMEN
A. How many <u>different</u> (men/women) (if any) have you had sexual intercourse with during <u>the last six months</u> ?	NSEXM_707 ____ men 0 ____ None	NSEXF_707 ____ women 0 ____ None
B. And how many <u>different</u> (men/women)(if any) have you had sexual intercourse with during <u>the last two years</u> ?	NSX2M_707 ____ men 0 ____ None	NSX2F_707 ____ women 0 ____ None
C. And about how many <u>different</u> (men/women) (if any) have you had sexual intercourse with in your whole life?	NSXLM_707 ____ men 0 ____ None	NSXLF_707 ____ women 0 ____ None

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

Q 20 (continued)

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

	ANO2M_707	ANO2F_707
	<u>Men</u>	<u>Women</u>
All of them	1	1
More than half (but not all)	2	2
About half of them	3	3
Less than half	4	4
None of them	5	5

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

ANONM_707 **ANONF_707**
 _____ men AND _____ women

[] IF ANY SEX WITH MEN IN LAST 6 MONTHS --

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

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

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

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

[] IF NO SEX IN LAST 2 YEARS (NEITHER MEN NOR WOMEN), SKIP TO Q24.

F. (1) You said you had (intercourse/sex) with only one male partner in the last 6 months. Has this partner had sexual activity with anyone other than you during the last 6 months?

UNFAT_707

No, not to my knowledge.. 1

Yes.....2

Don't know3

(2) Do you know this partner's HIV antibody status?

HIVKN_707

No1

Yes2

IF YES, is he:

HIVST_707

Positive 1

Negative..... 2

Decline to answer 3

21. The next questions are about different kinds of sexual practices some men engage in. I'll ask you to tell me what proportion of your (male) partners you did something with during the last 2 years, choosing an answer from the top of page 4 in your booklet. [IF ANY SEX WITH MEN IN LAST 6 MONTHS: Then I'll ask for the approximate number of (male) partners in the last 6 months you did that with.]

A. How about (EACH) in the last 2 years? (What proportion of your partners did you do that with?) Please pick your answer from the top of page 4. [IF ONLY ONE PARTNER IN LAST 2 YEARS: Is that something you did with your partner in the last 2 years? (CODE ALL (5) OR NONE (1).]

B. [IF ANY SEX WITH MEN IN LAST 6 MONTHS: And how many men did you do that with in the last 6 months? (Give me the actual number.) (IF NEEDED: What's your best estimate?) [IF ONLY ONE PARTNER: Is that something you did with your partner during the last 6 months? (CODE ALL (1) FOR YES, 0 FOR NO.)]

(CHECK BOOKMARK)

Kind of Activity		A. Last 2 years					B. Last 6 months
		All	Most	Some	One	None	Number of Partners
** IF NO INTERCOURSE, SKIP ASTERISKED ITEMS							
(1)	You engaged in masturbation until your partner ejaculated/came.....	MAS2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (2)	You put your penis in his mouth <i>IF NONE, SKIP TO (4)</i>	MOU2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (3)	You (ejaculated/came) into his mouth.....	EMO2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (4)	You put your penis in his rectum <i>IF NONE, SKIP TO (7)</i>	REC2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (5)	You (ejaculated/came) in his rectum.....	ERE2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (6)	Thinking of the time you inserted your penis in your partner-s rectum, with how many of your partners did you use a condom?.....	CON2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(7)	You used your tongue to touch or lick his anus or rectum.....	RIM2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(8)	You inserted your finger or fingers (but not your whole hand) into your partner-s rectum.....	FIN2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(9)	You put your whole hand or fist into his rectum.....	HAN2Y_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (10)	He put his penis in your mouth <i>IF NONE, SKIP TO (12)</i>	MOU2P_707					With ____ partners 1 = Yes, only one partner 0 = No & only one partner

Question 21 (continued)

Kind of Activity ** IF NO INTERCOURSE, SKIP ASTERISKED ITEMS		A. Last 2 years					B. Last 6 months
		All	Most	Some	One	None	Number of Partners
** (11)	He (ejaculated/came) into your mouth.....	EMO2P_707				EMOUP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (12)	Your partner put his penis in your rectum <i>IF NONE, SKIP TO (15)</i>	REC2P_707				RECTP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (13)	He (ejaculated/came) in your rectum	ERE2P_707				ERECP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (14)	And thinking only of the times when your partner inserted his penis in your rectum, (how many of <u>your partners</u> used/did he use) a condom?	CON2P_707				CONDP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(15)	He used his tongue to touch or lick your anus or rectum (Arimming@).....	RIM2P_707				RIMP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(16)	He put his finger or fingers into your rectum	FIN2P_707				FINGP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(17)	He put his whole hand or fist into your rectum	HAN2P_707				HANDP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(18)	He put a dildo or other device into your rectum	DIL2P_707				DILP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(19)	You engaged in water sports and were urinated on or drank your partner's urine	WAT2P_707				WATSP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(20)	You engaged in deep wet kissing, (e.g., where one of you put your tongue into the other's mouth)?	DWK2P_707				DWKIP_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(21)	You engaged in scat.....	SCA2B_707				SCATB_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(22)	You engaged in what you consider to be S&M activities.....	SNM2B_707				SNMB_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(23)	And with how many partners did you use a douche or have an enema before having sex?	ENE2Y_707				ENEMY_707	With ____ partners 1 = Yes, only one partner 0 = No & only one partner

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

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

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

_____ times **BLRCY_707**

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

_____ times **BLRCP_707**

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

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

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

23. Now some questions about various kinds of sexual behavior with women. I'll ask [the same questions I asked about male partners] [you to tell me what proportion of your (female) partners you did something with during the last 2 years, choosing an answer from the top of page 4 in your booklet. IF ANY SEX WITH WOMEN IN LAST 6 MONTHS, ADD: Then I'll ask for the approximate number of women you did that with during the last 6 months.]

A. How about (EACH) in the last 2 years? (What proportion of your partners did you do that with?) Please pick your answer from the top of page 4. [IF ONLY ONE PARTNER IN LAST 2 YEARS: Is that something you did with your partner in the last 2 years? (CODE ALL (5) OR NONE (1).]

B. IF ANY SEX WITH WOMEN IN LAST 6 MONTHS: And how many women did you do that with in the last 6 months? (Give me the actual number.) (IF NEEDED: What's your best estimate?) (IF ONLY ONE PARTNER: Is that something you did with your partner during the last 6 months? (CODE ALL (1) FOR YES, 0 FOR NO.])

Kind of Activity		A. Last 2 years					B. Last 6 months	
		All	Most	Some	One	None	Number of Partners	
(1)	Your partner masturbated you to the point of ejaculation (til <u>you</u> came).....	MAS2F_707					MOUTF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(2)	You put your penis into her mouth <i>IF NONE, SKIP TO (4)</i>	MOU2F_707					MOUF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(3)	You ejaculated in her mouth.....	EMO2F_707					EMOUF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(4)	You touched her clitoris with your tongue.....	CLI2F_707					CLITF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(5)	You put your penis into her vagina <i>IF NONE, SKIP TO (8)</i>	VAG2F_707					VAGIF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(6)	You ejaculated in her vagina.....	EVA2F_707					EVAGF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(7)	You put your penis into her rectum.....	REC2F_707					RECTF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(8)	You ejaculated in her rectum.....	ERE2F_707					ERECF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(9)	Thinking of all the times you had intercourse, with how many of your partners did you use a condom?.....	CON2F_707					CONDF_707	With _____ partners 1 = Yes, only one partner 0 = No & only one partner

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

<p>A. How about (EACH)? [Have you (taken/used) any during the last two years?]</p> <p>ASK A FOR ALL BEFORE ASKING B - F FOR ANY</p> <p><u>FOR EACH AYES@ IN A. ASK B - F AS NEEDED:</u></p>	<p>Marijuana or Hashish</p>	<p>APoppers@like nitrite inhalants (amyl, butyl or isopropyl nitrites)</p>	<p>Cocaine</p>	<p>MDA</p>
	<p>No..... HAS2Y_707 1 Yes..... 2</p>	<p>No..... POP2Y_707 1 Yes..... 2</p>	<p>No..... COK2Y_707 1 Yes..... 2</p>	<p>No..... MDA2Y_707 1 Yes..... 2</p>
<p>How often did you (use/take) (DRUG) during the last two years? (The answers to this are on page 5 of the booklet.)</p>	<p>Daily 1 Weekly 2 Monthly 3 Less often 4 HAS2F_707</p>	<p>Daily 1 Weekly 2 Monthly 3 Less often 4 POP2F_707</p>	<p>Daily.....1 Weekly.....2 Monthly.....3 Less often.....4 COK2F_707</p>	<p>Daily.....1 Weekly.....2 Monthly.....3 Less often.....4 MDA2F_707</p>
<p>And how often did you (use/take) (DRUG) during the last 6 months? Again, refer to page 5 in the booklet.</p>	<p>Daily 1 Weekly 2 Monthly 3 Less often 4 Not at all 5 HASHF_707</p>	<p>Daily 1 Weekly 2 Monthly 3 Less often 4 Not at all 5 POPPF_707</p>	<p>Daily.....1 Weekly.....2 Monthly.....3 Less often.....4 Not at all.....5 COKEF_707</p>	<p>Daily.....1 Weekly.....2 Monthly.....3 Less often.....4 Not at all.....5 MDAF_707</p>
<p>Have you (used it/taken any) within the last 7 days?</p>	<p>No (NEXT COL)..... 1 Yes 2 HASH7_707</p>	<p>No (NEXT COL) 1 Yes 2 POPP7_707</p>	<p>No (GO TO F) 1 Yes..... 2 COKE7_707</p>	<p>No (GO TO F) 1 Yes..... 2 MDA7_707</p>
<p><i>If in last 7 days:</i> How many days ago did you last use it, or was it today?</p>	<p>Today 8 ____ days ago NHASH_707</p>	<p>Today 8 ____ days ago NPOPP_707</p>	<p>Today.....8 ____ days ago NCOKE_707</p>	<p>Today.....8 ____ days ago NMDA_707</p>
<p>Have you ever (taken/used) (DRUG) with a needle? [<i>IF YES:</i> Was that intra-venous (or IV), intra-dermal, or skin popping, or intra-muscular?] CODE ALL THAT APPLY</p>			<p>No, not by needle.....1 Intravenous2 Intradermal.....3 Intramuscular.....4 COKNE_707 COKIV_707 COKID_707 COKIM_707</p>	<p>No, not by needle.....1 Intravenous2 Intradermal.....3 Intramuscular.....4 MDANE_707 MDAIV_707 MDAID_707 MDAIM_707</p>

IF MORE THAN ONE/OTHER STREET DRUG®, CHECK HERE [] AND USE CONTINUATION SHEET

<i>PCP, angel dust, psychedelics or hallucinogens like LSD, DMT or mescaline</i>	<i>↓Downers® including barbiturates such as yellow jackets or reds, tranquilizers like Valium or Librium or other sedatives or hypnotics like Quaaludes</i>	<i>Ethyl chloride used as an inhalant</i>	<i>Heroin, Methadone or other opiates like Demerol</i>	<i>Amphetamines, speed, crystal, or other Auppers®</i>	<i>Other kinds of street drugs (SPECIFY: _____) Use continuation sheet if necessary</i>
PCP2Y_707 No..... 1 Yes..... 2	DOW2Y_707 No..... 1 Yes..... 2	ETY2Y_707 No..... 1 Yes..... 2	OPI2Y_707 No..... 1 Yes..... 2	UPP2Y_707 No..... 1 Yes..... 2	STM2Y_707 No..... 1 Yes..... 2
PCP2F_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4	DOW2F_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4	ETY2F_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4	OPI2F_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4	UPP2F_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4	STM2F_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4
DPCPF_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4 Not at all..... 5	DOWNF_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4 Not at all..... 5	ETYL F_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4 Not at all..... 5	OPIAF_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4 Not at all..... 5	UPPRF_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4 Not at all..... 5	STMD F_707 Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4 Not at all..... 5
NPCP7_707 No..... 1 Yes..... 2	DOWN7_707 No..... 1 Yes..... 2	ETYL7_707 No..... 1 Yes..... 2	OPIA7_707 No..... 1 Yes..... 2	UPPR7_707 No..... 1 Yes..... 2	STMD7_707 No..... 1 Yes..... 2
TNPCP_707 ____ days ago	TNDOWN_707 ____ days ago	TNETYL_707 ____ days ago	TNOPIA_707 ____ days ago	TNUPPR_707 ____ days ago	TNSTMD_707 ____ days ago
No, not by needle..... 1 In PCPNE_707 2 In PCPIV_707 3 In PCPID_707 4 In PCPIM_707 4	No, not by needle..... 1 In DOWNE_707 .2 In DOWIV_707 .3 In DOWID_707 .3 In DOWIM_707 .4		No, not by needle..... 1 In OPINE_707O 2 In PIPIV_707 2 In OPIID_707 3 In OPIIM_707 4	No, not by needle..... 1 Int UPNE_707 2 Int UPPIV_707 2 Int UPPID_707 3 Int UPPIM_707 4	No, not by needle..... 1 Int STMNE_707 2 Int STMIV_707 2 Int STMID_707 3 Int STMIM_707 4

25. A. Have you shared a needle with anyone in the last ten years, since 1977?
NEEDT_707 No.....(SKIP TO Q.27)..... 1
Yes 2

B. How many times have you shared a needle in the last six months?
NNEED_707 _____ times

26. Did you ever share a needle with someone who had or later developed AIDS?
AIDND_707 No, not to my knowledge 1
Yes 2

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

MSX2Y_707 No(SKIP TO Q.28) 1
 Yes 2

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

B. Now turn to page 4 in your booklet and tell me with how many partners you used each of the following drugs during the last 2 years. How about (EACH)?

C. FOR EACH USED IN LAST 2 YEARS: And during the last 6 months, with how many partners did you use (DRUG) when you had sex? (Instead of using the booklet page, please give me the approximate number.)

USED	B. Proportion of sex partners in last 2 years					C. Number of sex partners in last 6 months
	ALL	MOST	SOME	ONE	NONE	
[] (1) Marijuana or Hashish (with sex) HASXU_707	5	4	3	2	1	_____ partners HASHS_707
	↑----- ASK C -----↓ HASX2_707					
[] (2) APoppers@ or nitrites (with sex) POPXU_707	5	4	3	2	1	_____ partners POPXS_707
	↑----- ASK C -----↓ POPX2_707					
[] (3) Cocaine (with sex)..... COSXU_707	5	4	3	2	1	_____ partners COKES_707
	↑----- ASK C -----↓ COSX2_707					
[] (4) MDA (with sex) MDAXU_707	5	4	3	2	1	_____ partners MDAS_707
	↑----- ASK C -----↓ MDSX2_707					
[] (5) Other hallucinogens (like LSD or mescaline) (with sex) PCPXU_707	5	4	3	2	1	_____ partners PCPS_707
	↑----- ASK C -----↓ PCPX2_707					
[] (6) Downers (like Quaaludes, Valium, Tranquilizers) (with sex) SPECIFY: DDSXU_707	5	4	3	2	1	_____ partners DOWN1_707
	↑----- ASK C -----↓ DOSX1_707					
SPECIFY: DDSXU_707	5	4	3	2	1	_____ partners DOWN2_707
	↑----- ASK C -----↓ DOSX2_707					
[] (7) Uppers (like speed or crystal) (with sex)..... UPSXU_707	5	4	3	2	1	_____ partners UPPRS_707
	↑----- ASK C -----↓ UPSX2_707					
[] (8) Any other drugs with sex SPECIFY: OTSXU_707	5	4	3	2	1	_____ partners OT1SX_707
	↑----- ASK C -----↓ OT1X2_707					
SPECIFY: OTSXU_707	5	4	3	2	1	_____ partners OT2SX_707
	↑----- ASK C -----↓ OT2X2_707					

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

1 = NO

EPPNI_707

2 = YES

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

YPPNI_707

19 ____ ____

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

MPPNI_707

____ ____ ____ Months

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

DPPNI_707

_____ Days

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

AIDSX_707

No, not to my knowledge(SKIP TO Q 30) 1

Possibly, not certain 2

Yes, definitely 3

B. How many got AIDS?

_____ of them got AIDS

NADSX_707

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

How about (EACH)? (Is that something you've done in order to lower your risk of getting AIDS, something that's happened for some other reason, or something that

	Did it to reduce risk of AIDS	Happened for other reason (or just happened)	Did not happen
(1) Having fewer sexual partners than you used to have	3 DENUM_707	2	1
(2) Having fewer anonymous sexual partners	3 DEANO_707	2	1
(3) Increasing your use of condoms	3 INCON_707	2	1
(4) Reducing your use of drugs with sex.....	3 DEDRX_707	2	1
(5) <i>FOR PITTSBURGH, CHICAGO, AND BALTIMORE:</i> Having fewer (or no) partners from New York, San Francisco or Los Angeles	3 DNyla_707	2	1
(6) Changing the <u>kinds</u> of sexual practices you engage in (SPECIFY: _____ CHPRS_707 .	3 CHPRC_707	2	1
(7) Any other changes (SPECIFY: _____ OTC1S_707 .	3 OTCH1_707	2	1
(SPECIFY: _____ OTC2S_707 .	3 OTCH2_707	2	1
(SPECIFY: _____ OTC3S_707 .	3 OTCH3_707	2	1

31. A. Is there any aspect of your sexual experiences or anything more that I haven't asked about that you think we should know about? **OTINF_707**

No, nothing more
(THANK AND TERMINATE)1
Yes2

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

32. TIME ENDED: Hour: _____ Minute: _____ am/pm

33. Date interview completed: _____, 19 ____

34. Interviewer's signature: _____

DO NOT ASK B INTERVIEWER OBSERVATIONS

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

Yes, great difficulty 1

Yes, some difficulty 2

No, none at all 3

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

Yes, could not or did not
read at all..... 1

Yes, read with great difficulty..... 2

Yes, read with some difficulty 3

No, none at all 4

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

Yes, great difficulty 1

Yes, some difficulty 2

No, none at all(SKIP TO R-5) 3

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

DO NOT ASK B INTERVIEWER OBSERVATIONS

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

- Completely confident ..(SKIP TO R-6) 1
- Some doubts.....2
- No confidence.....3

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

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

R-7. Interview Length: _____

R-8. Interviewer's signature: _____