

WOMEN'S INTERAGENCY HIV STUDY
ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR
FORM 24

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|_|-|_|_|-|_|_|_|_|-|_|

A2. WIHS STUDY VISIT #:

__ __

A3. FORM VERSION:

1 0 / 0 1 / 0 4
M D Y

A4. DATE OF INTERVIEW:

__ __ / __ __ / __ __
M D Y

A5. INTERVIEWER'S INITIALS:

__ __ __

A6. DATE OF LAST STUDY VISIT
(FROM VISIT CONTROL SHEET)

__ __ / __ __ / __ __
M D Y

A7. TIME MODULE BEGAN:

|_|_| : |_|_| AM..... 1
PM 2

SECTION B: CIGARETTE AND ALCOHOL USE

Now I am going to ask you some personal questions about your cigarette and alcohol use, if any.

B1. Since your study visit on __ / __ / __ have you smoked cigarettes?
M D Y

YES 1
NO 2 **(B5)**

B2. Since your (MONTH) study visit, have you quit smoking?

YES 1
NO 2 **(B4)**

a. When did you quit? I just need the month and year.

___ ___ / ___ ___
 M Y

b. Did you start again?

YES 1
 NO 2 **(B3)**

c. When did you start again? I just need the month and year.

___ ___ / ___ ___ **(B4)**
 M Y

B3. Before you stopped smoking, how many cigarettes, on the average, did you smoke each day?

_ _ _ _ NUMBER	PACKS1 (B5)
	CIGARETTES2 (B5)

B4. How many cigarettes, on the average, do you smoke each day?

_ _ _ _ NUMBER	PACKS1
	CIGARETTES2

B5. HAND PARTICIPANT RESPONSE CARD 9.

How often do you have a drink containing alcohol? By a drink, I mean one can, bottle or glass of beer, a glass of wine, a shot of liquor, a mixed drink with that amount of liquor, or any other kind of alcoholic beverage.

At least once a day	1	
Nearly every day	2	
3-4 days a week	3	
1-2 days a week	4	
1-2 times a month	5	
About once a month	6	
6-11 times a year	7	
1-5 times a year	8	
Never	9	(C1)

B6. Since your (MONTH) study visit, on days when you drank any alcoholic beverages, how many drinks did you USUALLY have altogether? By a drink, I mean one can, bottle or glass of beer, a glass of wine, a shot of liquor, a mixed drink with that amount of liquor, or any other kind of alcoholic beverage.

None	0
1 – 2 drinks	1
3 – 4 drinks	2
5 – 6 drinks	3
7 or more drinks	4

FOR ALL SHADED BOX RESPONSES, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR

WIHS ID #

B7. Does your use of alcohol affect how you take your HIV medications?

- YES1
- NO2 **(SECTION C)**
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 **(SECTION C)**

a. How does your use of alcohol affect how you take your HIV medications? Please say “yes” for all that apply.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1 | 1 | 2 |
| ii. I forget to take my medications altogether1 | 1 | 2 |
| iii. I don’t take my medications at the right time1 | 1 | 2 |
| iv. I only take some of my medications.....1 | 1 | 2 |
| v. I don’t take my medications with enough water.....1 | 1 | 2 |
| vi. I don’t take my medications with enough food1 | 1 | 2 |

SECTION C: DRUG USE

INTRODUCTION:

Now I will ask you a few questions about drug use. Your answers are strictly confidential. State laws regarding notification of partners of HIV+ individuals do not apply to research studies.

C1. Since your (MONTH) study visit, **have you used marijuana or hash?**

- YES** 1
- NO 2 **(C2)**

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used marijuana or hash since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. Of the marijuana or hash that you consumed, did you use it:	YES	NO	c. Of the times you used marijuana or hash, how often did you use it for this reason?
i. To relax or reduce stress?	1	2 (ii)	All of the time 1
			More than half of the time 2
			Half of the time..... 3
			Less than half of the time..... 4
			Rarely..... 5

WIHS ID #

b. Of the marijuana or hash that you consumed, did you use it:	YES	NO	c. Of the times you used marijuana or hash, how often did you use it for this reason?
ii. To better appreciate a social situation?	1	2 (iii)	All of the time 1 More than half of the time 2 Half of the time..... 3 Less than half of the time..... 4 Rarely..... 5
iii. To reduce HIV-related symptoms, such as nausea?	1	2 (iv)	All of the time 1 More than half of the time 2 Half of the time..... 3 Less than half of the time..... 4 Rarely..... 5
iv. To increase appetite because of weight loss?	1	2 (v)	All of the time 1 More than half of the time 2 Half of the time..... 3 Less than half of the time..... 4 Rarely..... 5
v. To relieve symptoms related to eye disease, such as glaucoma?	1	2 (vi)	All of the time 1 More than half of the time 2 Half of the time..... 3 Less than half of the time..... 4 Rarely..... 5
vi. For any other reason? SPECIFY: _____	1	2 (d)	All of the time 1 More than half of the time 2 Half of the time..... 3 Less than half of the time..... 4 Rarely..... 5

d. Does your use of marijuana or hash affect how you take your HIV medications?

- YES 1
 NO 2 **(C2)**
 PARTICIPANT DOES NOT TAKE HIV MEDS..... 3 **(C2)**

e. How does your use of marijuana or hash usually affect how you take your HIV medications?
Please say "yes" for all that apply.

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications..... | 1 | 2 |
| ii. I forget to take my medications altogether | 1 | 2 |
| iii. I don't take my medications at the right time | 1 | 2 |
| iv. I only take some of my medications | 1 | 2 |
| v. I don't take my medications with enough water..... | 1 | 2 |
| vi. I don't take my medications with enough food | 1 | 2 |

C2. Since your (MONTH) study visit, **have you smoked crack?**

YES 1
 NO 2 (C3)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you smoked crack since your (MONTH) study visit?

Less than once a month 1
 At least once a month, but less than once a week 2
 Once a week 3
 2 – 3 times a week 4
 4 – 6 times a week 5
 Once a day 6
 More than once a day 7

b. Does smoking crack affect how you take your HIV medications?

YES 1
 NO 2 (C3)
 PARTICIPANT DOES NOT TAKE HIV MEDS 3 (C3)

c. How does smoking crack usually affect how you take your HIV medications? Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....	1	2
ii. I forget to take my medications altogether	1	2
iii. I don’t take my medications at the right time	1	2
iv. I only take some of my medications	1	2
v. I don’t take my medications with enough water.....	1	2
vi. I don’t take my medications with enough food	1	2

C3. Since your (MONTH) study visit, **have you injected crack by itself?**

YES 1
 NO 2 (C4)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected crack since your (MONTH) study visit?

Less than once a month 1
 At least once a month, but less than once a week 2
 Once a week 3
 2 – 3 times a week 4
 4 – 6 times a week 5
 Once a day 6
 More than once a day 7

- b. Does injecting crack affect how you take your HIV medications?
- YES1
- NO2 (C4)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C4)
- c. How does injecting crack usually affect how you take your HIV medications? Please say “yes” for all that apply.
- | | | <u>YES</u> | <u>NO</u> |
|------|---|------------|-----------|
| i. | I am more likely to take my medications..... | 1 | 2 |
| ii. | I forget to take my medications altogether | 1 | 2 |
| iii. | I don’t take my medications at the right time | 1 | 2 |
| iv. | I only take some of my medications | 1 | 2 |
| v. | I don’t take my medications with enough water..... | 1 | 2 |
| vi. | I don’t take my medications with enough food | 1 | 2 |

C4. Since your (MONTH) study visit, **have you sniffed or snorted cocaine?**

- YES 1
- NO 2 (C5)

a. **HAND PARTICIPANT RESPONSE CARD 10.**
On average, how often have you sniffed or snorted cocaine since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

- b. Does sniffing or snorting cocaine affect how you take your HIV medications?
- YES1
- NO2 (C5)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C5)

c. How does sniffing or snorting cocaine usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | | <u>YES</u> | <u>NO</u> |
|------|---|------------|-----------|
| i. | I am more likely to take my medications..... | 1 | 2 |
| ii. | I forget to take my medications altogether | 1 | 2 |
| iii. | I don’t take my medications at the right time | 1 | 2 |
| iv. | I only take some of my medications | 1 | 2 |
| v. | I don’t take my medications with enough water..... | 1 | 2 |
| vi. | I don’t take my medications with enough food | 1 | 2 |

C5. Since your (MONTH) study visit, **have you injected cocaine by itself?**

YES 1
 NO 2 (C6)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected cocaine since your (MONTH) study visit?

Less than once a month 1
 At least once a month, but less than once a week 2
 Once a week 3
 2 – 3 times a week 4
 4 – 6 times a week 5
 Once a day 6
 More than once a day 7

b. Does injecting cocaine affect how you take your HIV medications?

YES 1
 NO 2 (C6)
 PARTICIPANT DOES NOT TAKE HIV MEDS 3 (C6)

c. How does injecting cocaine usually affect how you take your HIV medications? Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....	1	2
ii. I forget to take my medications altogether	1	2
iii. I don’t take my medications at the right time	1	2
iv. I only take some of my medications	1	2
v. I don’t take my medications with enough water.....	1	2
vi. I don’t take my medications with enough food	1	2

C6. Since your (MONTH) study visit, **have you sniffed or snorted heroin?**

YES 1
 NO 2 (C7)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you sniffed or snorted heroin since your (MONTH) study visit?

Less than once a month 1
 At least once a month, but less than once a week 2
 Once a week 3
 2 – 3 times a week 4
 4 – 6 times a week 5
 Once a day 6
 More than once a day 7

b. Does sniffing or snorting heroin affect how you take your HIV medications?

- YES1
- NO2 (C7)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C7)

c. How does sniffing or snorting heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | | <u>YES</u> | <u>NO</u> |
|------|--|------------|-----------|
| i. | I am more likely to take my medications.....1 | 1 | 2 |
| ii. | I forget to take my medications altogether1 | 1 | 2 |
| iii. | I don’t take my medications at the right time1 | 1 | 2 |
| iv. | I only take some of my medications1 | 1 | 2 |
| v. | I don’t take my medications with enough water1 | 1 | 2 |
| vi. | I don’t take my medications with enough food1 | 1 | 2 |

C7. Since your (MONTH) study visit, **have you smoked heroin?**

- YES 1
- NO 2 (C8)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you smoked heroin since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. Does smoking heroin affect how you take your HIV medications?

- YES1
- NO2 (C8)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C8)

c. How does smoking heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | | <u>YES</u> | <u>NO</u> |
|------|--|------------|-----------|
| i. | I am more likely to take my medications.....1 | 1 | 2 |
| ii. | I forget to take my medications altogether1 | 1 | 2 |
| iii. | I don’t take my medications at the right time1 | 1 | 2 |
| iv. | I only take some of my medications1 | 1 | 2 |
| v. | I don’t take my medications with enough water1 | 1 | 2 |
| vi. | I don’t take my medications with enough food1 | 1 | 2 |

C8. Since your (MONTH) study visit, **have you injected heroin by itself?**

YES 1
 NO 2 (C9)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected heroin since your (MONTH) study visit?

Less than once a month1
 At least once a month, but less than once a week2
 Once a week3
 2 – 3 times a week4
 4 – 6 times a week5
 Once a day6
 More than once a day7

b. Does injecting heroin affect how you take your HIV medications?

YES1
 NO2 (C9)
 PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C9)

c. How does injecting heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....1	1	2
ii. I forget to take my medications altogether1	1	2
iii. I don’t take my medications at the right time1	1	2
iv. I only take some of my medications1	1	2
v. I don’t take my medications with enough water.....1	1	2
vi. I don’t take my medications with enough food1	1	2

C9. Since your (MONTH) study visit, **have you injected heroin and cocaine together** (speedball)?

YES 1
 NO 2 (C10)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected heroin and cocaine together (speedball) since your (MONTH) study visit?

Less than once a month1
 At least once a month, but less than once a week2
 Once a week3
 2 – 3 times a week4
 4 – 6 times a week5
 Once a day6
 More than once a day7

b. Does injecting heroin and cocaine together affect how you take your HIV medications?

- YES1
- NO2 (C10)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C10)

c. How does injecting cocaine and heroin together usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications..... | 1 | 2 |
| ii. I forget to take my medications altogether | 1 | 2 |
| iii. I don’t take my medications at the right time | 1 | 2 |
| iv. I only take some of my medications..... | 1 | 2 |
| v. I don’t take my medications with enough water..... | 1 | 2 |
| vi. I don’t take my medications with enough food | 1 | 2 |

C10. Since your (MONTH) study visit, **have you sniffed or smoked methamphetamine** (crank, crystal, tina)?

- YES 1
- NO 2 (C11)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you sniffed or smoked methamphetamine since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. Does sniffing or smoking methamphetamine affect how you take your HIV medications?

- YES1
- NO2 (C11)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C11)

c. How does sniffing or smoking methamphetamine usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications..... | 1 | 2 |
| ii. I forget to take my medications altogether | 1 | 2 |
| iii. I don’t take my medications at the right time | 1 | 2 |
| iv. I only take some of my medications..... | 1 | 2 |
| v. I don’t take my medications with enough water..... | 1 | 2 |
| vi. I don’t take my medications with enough food | 1 | 2 |

C11. Since your (MONTH) study visit, **have you injected methamphetamine** (crank, crystal, tina) **by itself**?

YES 1
NO 2 (C12)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected methamphetamine since your (MONTH) study visit?

Less than once a month1
At least once a month, but less than once a week2
Once a week3
2 – 3 times a week4
4 – 6 times a week5
Once a day6
More than once a day7

b. Does injecting methamphetamine affect how you take your HIV medications?

YES1
NO2 (C12)
PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C12)

c. How does injecting methamphetamine usually affect how you take your HIV medications?
Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....	1	2
ii. I forget to take my medications altogether	1	2
iii. I don’t take my medications at the right time	1	2
iv. I only take some of my medications	1	2
v. I don’t take my medications with enough water.....	1	2
vi. I don’t take my medications with enough food	1	2

C12. Since your (MONTH) study visit, **have you used methadone when it was not prescribed to you by a doctor**?

YES 1
NO 2 (C13)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used methadone when it was not prescribed to you by a doctor since your (MONTH) study visit?

Less than once a month1
At least once a month, but less than once a week2
Once a week3
2 – 3 times a week4
4 – 6 times a week5
Once a day6
More than once a day7

b. Does your use of methadone when it was not prescribed to you by a doctor affect how you take your HIV medications?

YES1
 NO2 (d)
 PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C13)

c. How does your use of methadone when it wasn't prescribed to you by a doctor usually affect how you take your HIV medications? Please say "yes" for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....1	1	2
ii. I forget to take my medications altogether1	1	2
iii. I don't take my medications at the right time1	1	2
iv. I only take some of my medications1	1	2
v. I don't take my medications with enough water.....1	1	2
vi. I don't take my medications with enough food1	1	2

d. Does your use of HIV medications affect how you take methadone?

YES 1
 NO 2 (C13)

e. How does your use of HIV medications usually affect how you take methadone? Please say "yes" for all that apply.

	<u>YES</u>	<u>NO</u>
i. I need to take more methadone.....1	1	2
ii. I need to take less methadone1	1	2

C13. Since your (MONTH) study visit, **have you used amphetamines** (speed, uppers)?

YES 1
 NO 2 (C14)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used amphetamines since your (MONTH) study visit?

Less than once a month1
 At least once a month, but less than once a week2
 Once a week3
 2 – 3 times a week4
 4 – 6 times a week5
 Once a day6
 More than once a day7

b. Does your use of amphetamines affect how you take your HIV medications?

YES1
 NO2 (C14)
 PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C14)

c. How does your use of amphetamines usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don't take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don't take my medications with enough water.....1	1	2
vi.	I don't take my medications with enough food1	1	2

C14. Since your (MONTH) study visit, **have you used hallucinogens** (such as LSD, PCP, mushrooms, peyote)?

YES	1
NO	2 (C15)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used hallucinogens since your (MONTH) study visit?

Less than once a month	1
At least once a month, but less than once a week	2
Once a week	3
2 – 3 times a week	4
4 – 6 times a week	5
Once a day	6
More than once a day	7

b. Does your use of hallucinogens affect how you take your HIV medications?

YES	1
NO	2 (C15)
PARTICIPANT DOES NOT TAKE HIV MEDS.....	3 (C15)

c. How does your use of hallucinogens usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....1	1	2
ii.	I forget to take my medications altogether1	1	2
iii.	I don't take my medications at the right time1	1	2
iv.	I only take some of my medications1	1	2
v.	I don't take my medications with enough water.....1	1	2
vi.	I don't take my medications with enough food1	1	2

C15. Since your (MONTH) study visit, **have you used any club drugs, such as ecstasy, ketamine or GHB?**

YES 1
 NO 2 (C16)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used club drugs since your (MONTH) study visit?

Less than once a month 1
 At least once a month, but less than once a week 2
 Once a week 3
 2 – 3 times a week 4
 4 – 6 times a week 5
 Once a day 6
 More than once a day 7

b. Does your use of club drugs affect how you take your HIV medications?

YES 1
 NO 2 (C16)
 PARTICIPANT DOES NOT TAKE HIV MEDS..... 3 (C16)

c. How does your use of club drugs usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....	1	2
ii.	I forget to take my medications altogether	1	2
iii.	I don’t take my medications at the right time	1	2
iv.	I only take some of my medications	1	2
v.	I don’t take my medications with enough water.....	1	2
vi.	I don’t take my medications with enough food	1	2

C16. Since your (MONTH) study visit, **have you used any other narcotic drugs, such as morphine, codeine, oxycodone or Demerol, that have not been prescribed by your doctor?**

YES 1
 NO 2 (C17)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used narcotic drugs that have not been prescribed by your doctor since your (MONTH) study visit?

Less than once a month 1
 At least once a month, but less than once a week 2
 Once a week 3
 2 – 3 times a week 4
 4 – 6 times a week 5
 Once a day 6
 More than once a day 7

b. Does your use of narcotic drugs that have not been prescribed by your doctor affect how you take your HIV medications?

- YES1
- NO2 (C17)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C17)

c. How does your use of narcotic drugs that have not been prescribed by your doctor usually affect how you take your HIV medications? Please say “yes” for all that apply.

- | | | <u>YES</u> | <u>NO</u> |
|------|--|------------|-----------|
| i. | I am more likely to take my medications.....1 | 1 | 2 |
| ii. | I forget to take my medications altogether1 | 1 | 2 |
| iii. | I don't take my medications at the right time1 | 1 | 2 |
| iv. | I only take some of my medications1 | 1 | 2 |
| v. | I don't take my medications with enough water.....1 | 1 | 2 |
| vi. | I don't take my medications with enough food1 | 1 | 2 |

C17. Since your (MONTH) study visit, **have you used any tranquilizers**, such as sleeping pills, barbiturates or valium, **whether or not they were prescribed to you?**

- YES 1
- NO 2 (C18)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used tranquilizers since your (MONTH) study visit?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

b. Does your use of tranquilizers affect how you take your HIV medications?

- YES1
- NO2 (C18)
- PARTICIPANT DOES NOT TAKE HIV MEDS.....3 (C18)

c. How does your use of tranquilizers usually affect how you take your HIV medications? Please say “yes” for all that apply.

		<u>YES</u>	<u>NO</u>
i.	I am more likely to take my medications.....	1	2
ii.	I forget to take my medications altogether	1	2
iii.	I don’t take my medications at the right time	1	2
iv.	I only take some of my medications	1	2
v.	I don’t take my medications with enough water.....	1	2
vi.	I don’t take my medications with enough food	1	2

C18. INTERVIEWER, BASED ON RESPONSES TO QUESTIONS C3 (crack), C5 (cocaine), C8 (heroin), C9 (speedball) and C11 (methamphetamines), HAS PARTICIPANT INJECTED DRUGS SINCE HER (MONTH) STUDY VISIT?

YES 1
 NO 2 (SECTION D)

C19. Since your (MONTH) study visit, what is the total number of times that you injected drugs of *any* kind? # TIMES

(PROBE: In a 6-month timeframe, for example, Once a day equals 180 times; once a week equals 25 times; and once a month equals 6 times.)

a. Were any of these times in a shooting gallery?

YES 1
 NO 2

C20. Over the past **month**, what is the total number of times that you injected drugs of *any* kind? # TIMES

(PROBE: In a 1-month timeframe, for example: Once a day equals 30 times; once a week equals 4 times.)

C21. Now let’s talk about reuse of injection equipment since your (MONTH) study visit. Since your (MONTH) study visit, how often have you used a needle or syringe that you are **absolutely sure** nobody else had used before you?

All of the time 1
 More than half of the time 2
 Half of the time 3
 Less than half of the time..... 4
 Rarely..... 5
 Never..... 6

C22. Since your (MONTH) study visit, how often did you use a cooker or cotton that you are **absolutely sure** nobody else had used before you?

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

C23. Since your (MONTH) study visit, how often did you use rinse water that you are **absolutely sure** nobody else had used before you?

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

C24. So far we've talked about you using equipment **after** someone else; now I'd like to ask you about using equipment **before** someone else. We will be asking about times you lent, rented or sold your equipment to someone else. Since your (MONTH) study visit, how often did someone else use a needle or syringe **after you had used it**?

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

C25. Since your (MONTH) study visit, how often did someone else use a cooker or cotton **after you had used it**?

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

C26. Since your (MONTH) study visit, how often did someone else use rinse water **after you had used it**?

- All of the time 1
- More than half of the time 2
- Half of the time 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

PROMPT: FOR ALL SHADED RESPONSES IN SECTION C, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR.

WIHS ID #

C27. Since your (MONTH) study visit, how often did you use bleach to clean your works? By works I mean needles, syringes, and/or a cooker.

- All of the time1
- More than half of the time2
- Half of the time3
- Less than half of the time.....4
- Rarely.....5
- Never.....6

C28. Since your (MONTH) study visit, have you participated in a needle exchange program?

- YES 1
- NO 2 **(SECTION D)**

a. Of the times you obtained needles, how often did you get them from a needle exchange?

- All of the time1
- More than half of the time2
- Half of the time3
- Less than half of the time.....4
- Rarely.....5

WIHS ID #

INTRODUCTION TO SEXUAL BEHAVIOR QUESTIONS: I am now going to ask you some questions about different types of sexual behavior, including sex with men and/or women, prostitution, and sex for money or drugs or shelter. I understand that these questions can sometimes be embarrassing or difficult to answer, but please remember that no one is judging you on your answers. Let me remind you that any answers you give me will have no effect on the care you receive, and all of your answers are personal and confidential, meaning that your name is not associated with your answers. Do you have any questions before we go on?

SECTION D: MALE PARTNERS

D1. This first set of questions pertains only to the men you may have had sex with since your (MONTH) study visit. In this case, “sex” should include vaginal sex, both types of oral sex, and anal sex. How many males have you had sex with since your (MONTH) study visit? **(CODE AS “000” IF NONE)**

|_|_|_|_|
OF MALES

PROMPT: IF RESPONSE AT D1= “000” OR IF PARTICIPANT DECLINES, SKIP TO E1.

D2. Now I'd like to know a little more detail about your sex activity since your last (MONTH) study visit. In this case, “sex” includes vaginal sex, oral sex, and anal sex. I would like you to think about all of the people that you have had sex with since your last (MONTH) study visit and give me either a nickname, a set of initials, or some other name for each of them. I do not want you to tell me their real names, just give me some way to refer to them without telling me who they are, starting with the person you had sex with most recently (**PROBE AFTER IDENTIFICATION OF PARTNER INITIALS: Have there been any other sexual partners since your (MONTH) study visit that you can think of?). IF RESPONDENT REPORTS A DIFFERENT NUMBER OF PARTNERS THAN SHE DID IN D1, CLARIFY WITH PARTICIPANT AND MODIFY D1 IF NECESSARY; IF THERE WERE MORE THAN 5 PARTNERS REPORTED, ONLY LIST THE 5 MOST RECENT PARTNERS**).

D2a. PARTNER ID 1: _____

D2d. PARTNER ID 4: _____

D2b. PARTNER ID 2: _____

D2e. PARTNER ID 5: _____

D2c. PARTNER ID 3: _____

START F24s1

Now I would like to ask you a series of questions about each of the partners you just mentioned. Some of these questions may seem repetitive or like the answers are obvious, but please bear with me. I need to ask each of the questions as they are written here. Let's first start with (PARTNER ID 1). **(INDICATE THE NUMBER ASSOCIATED WITH THE PARTNERS INITIALS IN D3a, THEN COMPLETE QUESTIONS D3b – D10 FOR EACH PARTNER LISTED IN D2.)**

WIHS ID #

D3. a. PARTNER ID NUMBER (ENTER 1-5 BASED ON RESPECTIVE ID NUMBER FROM D2):

b. Is (PARTNER ID) a regular partner such as a boyfriend, husband, or lover, or is he a more casual partner?

Regular.....1
 Casual.....2

	YES	NO	ALWAYS	SOMETIMES	NEVER
D4. Is (PARTNER ID) a new partner? This means that you did not have sex with him before your (MONTH) study visit?.....	1	2			
D5a. Since your (MONTH) study visit, did you have vaginal sex (that is when your partner puts his penis in your vagina) with (PARTNER ID)?.....	1	2 (D6a)			
b. During this time, how often did you and/or (PARTNER ID) wear a rubber or condom when you had vaginal sex?.....			1	2	3
D6a. Since your (MONTH) study visit, did you perform oral sex (that is, a blow job or putting his penis in your mouth) on (PARTNER ID)?.....	1	2 (D7a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you performed oral sex?.....			1	2	3
D7a. Since your (MONTH) study visit, did you receive oral sex (that is, when your partner puts his tongue in or on your vagina) from (PARTNER ID)?.....	1	2 (D8a)			
b. During this time, how often did you use a dental dam or similar barrier method with (PARTNER ID) when you received oral sex?.....			1	2	3
D8a. Since your (MONTH) study visit, did you have anal sex (sex in your bottom/butt/ass) with (PARTNER ID)?.....	1	2 (D9a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you had anal sex?.....			1	2	3
D9a. Has (PARTNER ID) told you his HIV serostatus? This means whether he is HIV positive or negative?.....	1	2 (D10)			
b. Is he HIV positive?.....	1	2			
D10. Does (PARTNER ID) know your HIV serostatus?.....	1	2			

FOR ALL SHADED BOX RESPONSES, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR

END F24s1

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 Casual.....2

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Casual.....2

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