

SECTION FOUR FOR NEW RECRUITS

I.D. _____

Time began: Hour ___ Min ___ am/pm

Visit 70

Date: Month ___ Day ___ Year ___

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?)

NO YES

- | | | | |
|----|-------------------------------|---|---|
| A. | Kaposi's Sarcoma or AIDS..... | 1 | 2 |
| B. | Some form of Cancer | 1 | 2 |

IF **AYES@** TO CANCER:

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

b. And when was it first diagnosed?
 In 19 ___ OR ___ years ago

- | | | | |
|----|--|---|---|
| C. | Have you ever had an organ-transplant? | 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? | 1 | 2 |

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

- | | | | |
|----|--|---|---|
| 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? | 1 | 2 |
| F. | In the past 6 months have you been ill with Tuberculosis?..... | 1 | 2 |

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

No, neither 1

Yes (*SPECIFY:* _____)..... 2

Question 1 (continued)

G.	Diabetes.....	1	2
	IF "YES" TO DIABETES: How old were you when it first started?		
	About ___ __ years old		
H.	Hemophilia	1	2
I.	Sickle cell.....	1	2
J.	Any other type of abnormal hemoglobin.....	1	2
K.	Chronic kidney disease -- not counting kidney stones.....	1	2
L.	Glomerulonephritis.....	1	2
M.	Systemic Lupus Erythematosus.....	1	2
N	Vasculitis.....	1	2
O.	Rheumatoid arthritis.....	1	2
P.	Ankylosing Spondylitis	1	2
Q.	Reiter=s Syndrome	1	2
R.	Thyroiditis or Grave's Disease.....	1	2
S.	Myasthenia Gravis.....	1	2
T.	Some other autoimmune disease (SPECIFY: _____)	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	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	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	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 ___			
C. Bullous Impetigo	1	2	3
D. Infectious Mononucleosis	1	2	3
E. Jaundice or some liver disease other than Hepatitis (SPECIFY: _____)	1	2	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	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	2	1	2
Infectious Hepatitis	1	2	1	2
Hepatitis B	1	2	1	2
Serum Hepatitis	1	2	1	2
Non A/Non B Hepatitis	1	2	1	2
Other (SPECIFY: _____)	1	2	1	2
Don't know which kind it was	1	2	1	2

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

No1
Yes2

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.....	1	2	___ times	___ times
(2)	Any form of gonorrhea	1	2		
<i>IF NO TO (2), SKIP TO (5)</i>					
(3)	Urethral gonorrhea (clap or drip of the urinary passage)	1	2	___ times	___ times
(4)	Oral gonorrhea (of the mouth or throat).....	1	2	___ times	___ times
(5)	Rectal gonorrhea (of the rectum)	1	2	___ times	___ times
(6)	Non-specific or nongonococcal urethritis (that is, a discharge from the penis that=s not caused by gonorrhea).....	1	2	___ times	___ times
(7)	Shigella, Shigellosis or Salmonella.....	1	2	___ times	___ times
(8)	Amoebic dysentery	1	2	___ times	___ times
(9)	Giardia or Giardiasis	1	2	___ times	___ times
(10)	Some other parasitic disease such as worms, not including childhood worms	1	2	___ times	___ times
(11)	Genital warts or anal warts (condylomata acuminata)	1	2	___ times	___ times
(12)	Crabs (or lice).....	1	2	___ times	___ times
(13)	Scabies	1	2	___ times	___ times
(14)	Psoriasis	1	2	___ times	___ times

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
(2) Sores in the genital region?	1	2
(3) Sores in the anal or rectal area?	1	2

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

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

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

A. A Cold sore throat, sinus infection, or sinusitis?1 2

B. A fever?1 2

C. Influenza, flu, or bronchitis?1 2

D. Diarrhea?1 2

E. Hay fever?1 2

F. An injury or some mechanical problem like a sprain, back pain, or stiff neck?1 2

G. Some other illness that began in the last week?1 2

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	1	2	___	___			1	2	1	2
(2)	A new or unusual kind of dry cough that lasted 2 weeks or longer	1	2	___	___			1	2	1	2
(3)	A persistent sore mouth or throat for at least 3 days	1	2	___	___	1	2	1	2	1	2
(4)	Thrush, candida or white patches in your mouth or throat for at least 2 weeks	1	2	___	___			1	2	1	2
(5)	A new skin rash that lasted for at least 3 days	1	2	___	___	1	2	1	2	1	2
(6)	An unusual bruise or bump or skin discoloration that lasted at least two weeks	1	2	___	___			1	2	1	2
(7)	Persistent fatigue (feeling tired all the time) for at least 3 days	1	2	___	___	1	2	1	2	1	2
(8)	An unintentional weight loss of at least 10 pounds (unrelated to dieting)	1	2	___	___			1	2	1	2
(9)	Diarrhea for at least 3 days	1	2	___	___	1	2	1	2	1	2
(10)	Persistent or recurring fever higher than 100° for at least 3 days	1	2	___	___	1	2	1	2	1	2
(11)	Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 days	1	2	___	___	1	2	1	2	1	2
(12)	Sweating at night for at least 3 days	1	2	___	___	1	2	1	2	1	2
(13)	Persistent, frequent, or unusual kinds of headaches for at least 3 days	1	2	___	___	1	2	1	2	1	2
(14)	Muscle or joint pains for at least 3 days	1	2	___	___	1	2	1	2	1	2

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

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)?	_____, 19_____ month day year	_____, 19_____ month day year
(2) How many nights did you spend in the hospital at that time?	_____ nights	_____ nights
(3) For what condition or problem were you hospitalized? <i>RECORD FULLY IN R=s OWN WORDS.</i>		

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

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
Yes2

B. Was that done during the last 6 months?

No1
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
Occasionally (less than one cigarette per day)(SKIP TO E)3

B. Did you ever smoke cigarettes?

No(SKIP TO Q.14)1
Yes2

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 day1
At least 1/2 pack, but less than one pack per day2
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

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

- 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 day3
- At least 1 pack per day but less than 2.....4
- 2 or more packs per day5

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.

- 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.*

[] 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.

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?

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.....	1	2	1	2	Today 8 ___ days ago	
(2) Steroids that you applied to your body	1	2	1	2	Today 8 ___ days ago	
(3) Steroids that were injected.....	1	2	1	2	Today 8 ___ days ago	
(4) Some other kind of hormone such as anabolic steroids	1	2	1	2	Today 8 ___ days ago	
(5) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	1	2	1	2	Today 8 ___ days ago	
(6) Medication taken by mouth for fungal infection	1	2	1	2	Today 8 ___ days ago	
(7) Medication taken by mouth for worms or parasites	1	2	1	2	Today 8 ___ days ago	
(8) Anti-histamines, decongestants or other nose or throat medicine	1	2	1	2	Today 8 ___ days ago	
(9) Aspirin, Anacin, Bufferin or other similar medications.	1	2	1	2	Today 8 ___ days ago	
(10) Some other kind of pain medicine	1	2	1	2	Today 8 ___ days ago	
(11) Tranquilizers or sleeping pills.....	1	2	1	2	Today 8 ___ days ago	
(12) Antidepressants or mood elevators	1	2	1	2	Today 8 ___ days ago	
(13) Appetite suppressants or diet pills	1	2	1	2	Today 8 ___ days ago	
(14) Lithium.....	1	2	1	2	Today 8 ___ days ago	
(15) Acyclovir (Zovirax).....	1	2	1	2	Today 8 ___ days ago	
(16) Another kind of medicine..... (SPECIFY: _____) [] USE CONTINUATION SHEET IF NEEDED	1	2	1	2	Today 8 ___ days ago	

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

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		
	NO	YES	NO	YES	NO	YES	TODAY	DAYS AGO	E. What was the name of the (KIND OF DRUG) you took during the last 7 days?
DRUG									
____ _	1	2	1	2	1	2	8	____	_____
____ _	1	2	1	2	1	2	8	____	_____
____ _	1	2	1	2	1	2	8	____	_____

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?

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		
	NO	YES	NO	YES	NO	YES	TODAY	DAYS AGO	E. What was the name of the (KIND OF DRUG) you took during the last 7 days?
____ _	1	2	1	2	1	2	8	____	_____
____ _	1	2	1	2	1	2	8	____	_____
____ _	1	2	1	2	1	2	8	____	_____

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

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.

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)?

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.)

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?

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)?

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 A regular basis@, we mean at least once a month).

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?

- 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> ?	____ men 0 ____ None	____ 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> ?	____ men 0 ____ None	____ 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?	____ men 0 ____ None	____ 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?)

	<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)?

_____ 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?

- No, not to my knowledge.. 1
- Yes.....2
- Don't know3

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

- No1
- Yes2

IF YES, is he:

- 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.....	5	4	3	2	1	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>	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (3)	You (ejaculated/came) into his mouth.....	5	4	3	2	1	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>	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (5)	You (ejaculated/came) in his rectum.....	5	4	3	2	1	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?.....	5	4	3	2	1	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.....	5	4	3	2	1	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.....	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(9)	You put your whole hand or fist into his rectum.....	5	4	3	2	1	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>	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner

Question 21 (continued)

Kind of Activity <i>** IF NO INTERCOURSE, SKIP ASTERISKED ITEMS</i>		A. Last 2 years					B. Last 6 months
		All	Most	Some	One	None	Number of Partners
** (11)	He (ejaculated/came) into your mouth.....	5	4	3	2	1	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>	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
** (13)	He (ejaculated/came) in your rectum	5	4	3	2	1	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?	5	4	3	2	1	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 (Anilingus).....	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(16)	He put his finger or fingers into your rectum	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(17)	He put his whole hand or fist into your rectum	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(18)	He put a dildo or other device into your rectum	5	4	3	2	1	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	5	4	3	2	1	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)?	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(21)	You engaged in scat.....	5	4	3	2	1	With ____ partners 1 = Yes, only one partner 0 = No & only one partner
(22)	You engaged in what you consider to be S&M activities.....	5	4	3	2	1	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?	5	4	3	2	1	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

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

_____ times

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).....	5	4	3	2	1	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>	5	4	3	2	1	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(3)	You ejaculated in her mouth.....	5	4	3	2	1	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(4)	You touched her clitoris with your tongue.....	5	4	3	2	1	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>	5	4	3	2	1	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(6)	You ejaculated in her vagina.....	5	4	3	2	1	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(7)	You put your penis into her rectum.....	5	4	3	2	1	With _____ partners 1 = Yes, only one partner 0 = No & only one partner
(8)	You ejaculated in her rectum.....	5	4	3	2	1	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?.....	5	4	3	2	1	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..... 1 Yes..... 2</p>	<p>No..... 1 Yes..... 2</p>	<p>No..... 1 Yes..... 2</p>	<p>No..... 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</p>	<p>Daily 1 Weekly 2 Monthly 3 Less often 4</p>	<p>Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4</p>	<p>Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4</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</p>	<p>Daily 1 Weekly 2 Monthly 3 Less often 4 Not at all 5</p>	<p>Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4 Not at all..... 5</p>	<p>Daily..... 1 Weekly..... 2 Monthly..... 3 Less often..... 4 Not at all..... 5</p>
<p>Have you (used it/taken any) within the last 7 days?</p>	<p>No (NEXT COL)..... 1 Yes..... 2</p>	<p>No (NEXT COL) 1 Yes..... 2</p>	<p>No (GO TO F) 1 Yes..... 2</p>	<p>No (GO TO F) 1 Yes..... 2</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</p>	<p>Today 8 ____ days ago</p>	<p>Today..... 8 ____ days ago</p>	<p>Today..... 8 ____ days ago</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 Intravenous 2 Intradermal..... 3 Intramuscular..... 4</p>	<p>No, not by needle..... 1 Intravenous 2 Intradermal..... 3 Intramuscular..... 4</p>

IF MORE THAN ONE ANOTHER 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>
No..... 1 Yes 2	No 1 Yes 2	No..... 1 Yes 2	No 1 Yes 2	No..... 1 Yes 2	No 1 Yes 2
Daily 1 Weekly..... 2 Monthly 3 Less often..... 4	Daily 1 Weekly 2 Monthly..... 3 Less often 4	Daily 1 Weekly..... 2 Monthly 3 Less often..... 4	Daily 1 Weekly 2 Monthly..... 3 Less often 4	Daily 1 Weekly..... 2 Monthly 3 Less often..... 4	Daily 1 Weekly 2 Monthly..... 3 Less often 4
Daily 1 Weekly..... 2 Monthly 3 Less often..... 4 Not at all..... 5	Daily 1 Weekly 2 Monthly..... 3 Less often 4 Not at all 5	Daily 1 Weekly..... 2 Monthly 3 Less often..... 4 Not at all..... 5	Daily 1 Weekly 2 Monthly..... 3 Less often 4 Not at all 5	Daily 1 Weekly..... 2 Monthly 3 Less often..... 4 Not at all 5	Daily 1 Weekly 2 Monthly..... 3 Less often 4 Not at all 5
No (GO TO F)..... 1 Yes 2	No (GO TO F)..... 1 Yes 2	No (NEXT COL) 1 Yes 2	No (GO TO F)..... 1 Yes 2	No (GO TO F)..... 1 Yes 2	No (GO TO F)..... 1 Yes 2
Today 8 ____ days ago	Today 8 ____ days ago	Today 8 ____ days ago	Today 8 ____ days ago	Today 8 ____ days ago	Today 8 ____ days ago
No, not by needle..... 1 Intravenous 2 Intradermal..... 3 Intramuscular 4	No, not by needle..... 1 Intravenous 2 Intradermal..... 3 Intramuscular..... 4		No, not by needle..... 1 Intravenous 2 Intradermal..... 3 Intramuscular..... 4	No, not by needle..... 1 Intravenous 2 Intradermal..... 3 Intramuscular 4	No, not by needle..... 1 Intravenous 2 Intradermal..... 3 Intramuscular..... 4

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

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

26. Did you ever share a needle with someone who had or later developed AIDS?
 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?

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)	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] (2) Poppers or nitrites (with sex)	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] (3) Cocaine (with sex).....	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] (4) MDA (with sex)	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] (5) Other hallucinogens (like LSD or mescaline) (with sex)	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] (6) Downers (like Quaaludes, Valium, Tranquilizers) (with sex) SPECIFY:	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] SPECIFY:	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] (7) Uppers (like speed or crystal) (with sex).....	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] (8) Any other drugs with sex SPECIFY:	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					
[] SPECIFY:	5	4	3	2	1	_____ partners
	└----- ASK C -----┘					

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

1 = NO

2 = YES

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

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?

____ ____ ____ 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?

_____ 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)?

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

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	2	1
(2) Having fewer anonymous sexual partners	3	2	1
(3) Increasing your use of condoms	3	2	1
(4) Reducing your use of drugs with sex.....	3	2	1
(5) <i>FOR PITTSBURGH, CHICAGO, AND BALTIMORE:</i> Having fewer (or no) partners from New York, San Francisco or Los Angeles	3	2	1
(6) Changing the <u>kinds</u> of sexual practices you engage in (SPECIFY: _____).....	3	2	1
(7) Any other changes (SPECIFY: _____).....	3	2	1
(SPECIFY: _____).....	3	2	1
(SPECIFY: _____).....	3	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?

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: _____