

**WOMEN'S INTERAGENCY HIV STUDY**  
**BASELINE VISIT**  
**ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR**  
**FORM 4**

**SECTION A: GENERAL INFORMATION**

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

|\_| - |\_|\_| - |\_|\_|\_|\_| - |\_|

A2. WIHS STUDY VISIT #:

\_\_\_ \_\_\_

A3. FORM VERSION:

0 8 / 1 5 / 9 4  
M D Y

A4. DATE OF INTERVIEW:

\_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_  
M D Y

A5. INTERVIEWER'S INITIALS:

\_\_\_ \_\_\_ \_\_\_

A6. TIME MODULE BEGAN:

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

**INTRODUCTION TO PARTICIPANT:**

During this part of the interview I am going to ask you some personal questions about your alcohol and drug use, if any. Your answers are important to this research study.

**SECTION B.  
CIGARETTE AND ALCOHOL USE**

B1. These questions relate to cigarette and alcohol use. Have you smoked at least 100 cigarettes (about 5 packs) in your lifetime?

YES ..... 1  
NO ..... 2 (B7)

B2. Do you currently smoke cigarettes?

YES ..... 1 (B5)  
NO ..... 2

B3. When did you quit smoking cigarettes? (PROBE: The most recent time.) I just need the month and year.

\_ \_ / \_ \_  
M Y

B4. Before you stopped smoking, how many cigarettes, on the average, did you smoke each day? (PROBE: IF RESPONSE IS GIVEN IN PACKS, ASK: How many cigarettes is that?)

|\_|\_|\_| (B6)  
# CIGARETTES

B5. How many cigarettes, on the average, do you smoke each day? (PROBE: IF RESPONSE IS GIVEN IN PACKS, ASK: How many cigarettes is that?)

|\_|\_|\_|  
# CIGARETTES

B6. For how many months or years altogether [have you smoked/did you smoke] cigarettes? (PROBE: Not including years when you did not smoke cigarettes.) (PROBE: If you cannot remember exactly, please estimate as best you can.)

|\_|\_|                      |\_|\_|  
YEARS                      AND                      MONTHS

B7. During the past six months, have you had 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.

YES ..... 1  
NO ..... 2 (B10)

WIHS ID #

**B8. HAND PARTICIPANT RESPONSE CARD 9.**

During the past six months, in an average week, how many days a week did you have a drink containing alcohol, that is a beer, wine, a mixed drink or any kind of alcoholic beverages?

Everyday.....	<b>1</b>
5-6 days a week.....	<b>2</b>
3-4 days a week.....	<b>3</b>
1-2 days a week.....	4
Less than once a week.....	5
DECLINED.....	<-7>
DON'T KNOW.....	<-8>

**REFER PARTICIPANT TO COUNSELOR**

B9. During the past six months, on the days that you drank, how many drinks did you usually have per day?

**IF THE PARTICIPANT IS NOT ABLE TO AVERAGE THE NUMBER OF DRINKS AFTER PROBING, RECORD HER RESPONSE VERBATIM IN THE SPACE PROVIDED.**

# DRINKS PER DAY      **OR**      
**(SPECIFY)**

B10. Was there ever a (period of) time when you drank more than you have in the past six months?

YES ..... 1  
NO ..... 2 **(B11)**

**a. ASK PARTICIPANT TO REFER TO RESPONSE CARD 9.**

During that time, how many days per week did you have a drink containing alcohol? (Again, by a drink, I mean one can, bottle or glass of beer, a glass of wine, a shot of liquor, or a mixed drink with that amount of liquor.)

Everyday.....	1
5-6 days a week.....	2
3-4 days a week.....	3
1-2 days a week.....	4
Less than once a week.....	5
DECLINED.....	<-7>
DON'T KNOW.....	<-8>

WIHS ID #

[Empty box for WIHS ID #]

b. During that time, on the days that you drank, on the average, how many drinks did you usually have per day? (By a drink, I mean one can, bottle or glass of beer, a glass of wine, a shot of liquor, or a mixed drink with that amount of liquor.)

# DRINKS PER DAY                          OR      \_\_\_\_\_  
(SPECIFY)

B11. Now I'm going to ask you some questions about alcohol treatment programs. I am interested in any treatment programs you may have been in including inpatient and/or outpatient alcohol detox, halfway houses, Alcoholics Anonymous, and/or other alcohol treatment programs. Have you ever been in an alcohol treatment program?

YES ..... 1  
NO ..... 2      (SECTION C)

MENTIONED      a. Have you been in [PROGRAM] during the past six months?

What programs?  
(PROBE: Any others?)

[FOR EACH "YES" ASK QUESTION "a"]		YES	NO	YES	NO
B12.	INPATIENT ALCOHOL DETOX.....	1	2 (B13)	1	2
B13.	OUTPATIENT ALCOHOL TREATMENT PROGRAM .....	1	2 (B14)	1	2
B14.	HALFWAY HOUSE.....	1	2 (B15)	1	2
B15.	ALCOHOLICS ANONYMOUS .....	1	2 (B16)	1	2
B16.	OTHER ALCOHOL TREATMENT PROGRAM .....	1	2 (SECTION C)	1	2

(SPECIFY)

**SECTION C  
DRUG USE**

**INTRODUCTION:** Now I will ask you a few questions about drug use. Your answers are strictly confidential. Please answer as best you can.

C1. Have you ever used marijuana or hash?

YES ..... 1  
NO ..... 2      (C2)

a. Have you used marijuana or hash during the past six months?

WIHS ID #

YES ..... 1  
NO ..... 2 (C2)

**REFER PARTICIPANT TO COUNSELOR**

**b. HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used marijuana or hash during the past six months?

Less than once a month..... 1	4-6 times a week .....5
At least once a month, but less than once a week..... 2	Once a day .....6
Once a week..... 3	More than once a day.....7
2-3 times a week ..... 4	DECLINED ..... <-7>
	DON'T KNOW ..... <-8>

C2. Have you ever used crack, or cocaine or heroin?

YES ..... 1  
NO ..... 2 (C6)

C3. Have you used crack during the past six months?

YES ..... 1  
NO ..... 2 (C4)

**REFER PARTICIPANT TO COUNSELOR**

**a. ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used crack during the past six months?

Less than once a month..... 1	4-6 times a week .....5
At least once a month, but less than once a week..... 2	Once a day .....6
Once a week..... 3	More than once a day.....7
2-3 times a week ..... 4	DECLINED ..... <-7>
	DON'T KNOW ..... <-8>

WIHS ID #

C4. Have you used cocaine during the past six months?

YES .....  1  
NO ..... 2 (C5)

**REFER PARTICIPANT TO COUNSELOR**

a. **ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used cocaine during the past six months?

Less than once a month.....	1	4-6 times a week .....	5
At least once a month, but less than once a week.....	2	Once a day .....	6
Once a week.....	3	More than once a day.....	7
2-3 times a week .....	4	DECLINED .....	<-7>
		DON'T KNOW .....	<-8>

C5. Have you used heroin during the past six months?

YES .....  1  
NO ..... 2 (C6)

**REFER PARTICIPANT TO COUNSELOR**

a. **ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used heroin during the past six months?

Less than once a month.....	1	4-6 times a week .....	5
At least once a month, but less than once a week.....	2	Once a day .....	6
Once a week.....	3	More than once a day.....	7
2-3 times a week .....	4	DECLINED .....	<-7>
		DON'T KNOW .....	<-8>

C6. Have you ever used methadone, when it was not prescribed to you by a doctor?

YES ..... 1  
NO ..... 2 (C7)

a. Have you used methadone, when it was not prescribed to you by a doctor, during the past six months?

YES .....  1  
NO ..... 2 (C7)

**REFER PARTICIPANT TO COUNSELOR**

WIHS ID #

b. **ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used methadone, when it was not prescribed to you by a doctor, during the past six months?

- |   |   |                           |      |
|---|---|---------------------------|------|
| Less than once a month.....                           | 1 | 4-6 times a week .....    | 5    |
| At least once a month, but less than once a week..... | 2 | Once a day .....          | 6    |
| Once a week.....                                      | 3 | More than once a day..... | 7    |
| 2-3 times a week .....                                | 4 | DECLINED .....            | <-7> |
|   |   | DON'T KNOW .....          | <-8> |

C7. Have you ever used amphetamines (speed, uppers)?

- YES ..... 1  
 NO ..... 2 (C8)

a. Have you used amphetamines (speed, uppers) during the past six months?

- YES .....  1  
 NO ..... 2 (C8)

**REFER PARTICIPANT TO COUNSELOR**

b. **ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used amphetamines (speed, uppers) during the past six months?

- |   |   |                           |      |
|---|---|---------------------------|------|
| Less than once a month.....                           | 1 | 4-6 times a week .....    | 5    |
| At least once a month, but less than once a week..... | 2 | Once a day .....          | 6    |
| Once a week.....                                      | 3 | More than once a day..... | 7    |
| 2-3 times a week .....                                | 4 | DECLINED .....            | <-7> |
|   |   | DON'T KNOW .....          | <-8> |

C8. Have you ever used hallucinogens?

- YES ..... 1  
 NO ..... 2 (C9)

a. Have you used hallucinogens during the past six months?

- YES .....  1  
 NO ..... 2 (C9)

**REFER PARTICIPANT TO COUNSELOR**

b. **ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used hallucinogens during the past six months?

- |  |   |                           |      |
|--|---|---------------------------|------|
| Less than once a month.....                              | 1 | 4-6 times a week .....    | 5    |
| At least once a month, but less<br>than once a week..... | 2 | Once a day .....          | 6    |
| Once a week.....   | 3 | More than once a day..... | 7    |
| 2-3 times a week .....                                   | 4 | DECLINED .....            | <-7> |
|  |   | DON'T KNOW .....          | <-8> |

C9. Have you ever used any other drugs such as narcotic pills (Darvon, Codeine, Demerol or morphine), tranquilizers, or sleeping pills, whether or not they were prescribed to you? (**PROBE:** Other drugs may include things like barbiturates, designer drugs, inhalants or poppers.)

- YES ..... 1  
 NO ..... 2 (C12)

a. What was the name of the (first) drug? \_\_\_\_\_  
(SPECIFY)

b. Have you used [OTHER DRUG] in the past six months?

- YES ..... 1  
 NO ..... 2 (C10)

**REFER PARTICIPANT TO COUNSELOR**

c. **ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used [OTHER DRUG] during the past six months?

- |  |   |                           |      |
|--|---|---------------------------|------|
| Less than once a month.....                              | 1 | 4-6 times a week .....    | 5    |
| At least once a month, but less<br>than once a week..... | 2 | Once a day .....          | 6    |
| Once a week.....   | 3 | More than once a day..... | 7    |
| 2-3 times a week .....                                   | 4 | DECLINED .....            | <-7> |
|  |   | DON'T KNOW .....          | <-8> |

C10. Have you ever used any other drug? (**PROBE:** Other drugs may include things like barbiturates, designer drugs, inhalants or poppers.)

- YES ..... 1  
 NO ..... 2 (C12)

a. What was the name of the (second) drug? \_\_\_\_\_  
(SPECIFY)



WIHS ID #

b. Have you used [OTHER DRUG] in the past six months?

YES .....  1  
NO ..... 2 (C11)

**REFER PARTICIPANT TO COUNSELOR**

c. **ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used [OTHER DRUG] during the past six months?

Less than once a month.....	1	4-6 times a week .....	5
At least once a month, but less than once a week.....	2	Once a day .....	6
Once a week.....	3	More than once a day.....	7
2-3 times a week .....	4	DECLINED .....	<-7>
		DON'T KNOW .....	<-8>

C11. Have you ever used any other drug? (**PROBE:** Other drugs may include things like barbiturates, designer drugs, inhalants or poppers.)

YES ..... 1  
NO ..... 2 (C12)

a. What was the name of the (third) drug? \_\_\_\_\_  
(SPECIFY)

b. Have you used [OTHER DRUG] in the past six months?

YES .....  1  
NO ..... 2 (C12)

**REFER PARTICIPANT TO COUNSELOR**

c. **ASK PARTICIPANT TO REFER TO CARD 10.**

On average, how often have you used [OTHER DRUG] during the past six months?

Less than once a month.....	1	4-6 times a week .....	5
At least once a month, but less than once a week.....	2	Once a day .....	6
Once a week.....	3	More than once a day.....	7
2-3 times a week .....	4	DECLINED .....	<-7>
		DON'T KNOW .....	<-8>

WIHS ID #

C12. Have you injected drugs (skin popped, shot up with a needle) in the past six months?

YES ..... **1**  
NO ..... 2 (C13)

**REFER PARTICIPANT TO COUNSELOR**

a. During the past six months, have you shared a needle or works with anyone?

YES ..... **1**  
NO ..... 2  
DON'T KNOW ..... <-8>

**REFER PARTICIPANT TO COUNSELOR**

b. During the past six months have you shared water to rinse your needles with anyone?

YES ..... **1**  
NO ..... 2  
DON'T KNOW ..... <-8>

**REFER PARTICIPANT TO COUNSELOR**

c. During the past six months, how often did you clean your works with bleach. By works I mean needles, syringes, and/or a cooker? Would you say:

Never ..... **1**  
Less than half the time ..... 2  
About half the time ..... 3  
Most of the time ..... 4  
Always ..... 5

**REFER PARTICIPANT TO COUNSELOR**

d. During the past six months, have you participated in a needle exchange program?

YES ..... 1  
NO ..... 2 (C13)

C13. Now I'd like to ask you about drug treatment programs. I am interested in any drug treatment programs you may have been in including inpatient and/or outpatient drug detox, methadone maintenance programs, halfway houses, Narcotics Anonymous, prison or jail-based programs and/or any other programs. Have you ever been in a drug treatment program?

YES ..... 1  
NO ..... 2 (SECTION D)

WIHS ID #

What programs? ( <b>PROBE:</b> Any others?) [FOR EACH "YES", ASK SUBQUESTION "a"]	<u>MENTIONED</u>		a. Have you been in [PROGRAM] during the past six months?	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
C14. INPATIENT DRUG DETOX .....	1	2 (C15)	1	2
C15. OUTPATIENT DRUG DETOX .....	1	2 (C16)	1	2
C16. METHADONE MAINTENANCE PROGRAM .....	1	2 (C17)	1	2
C17. HALFWAY HOUSE .....	1	2 (C18)	1	2
C18. NARCOTICS ANONYMOUS.....	1	2 (C19)	1	2
C19. PRISON OR JAIL-BASED TREATMENT PROGRAM .....	1	2 (C20)	1	2
C20. OTHER PROGRAM(S) .....	1	2 (SECTION D)	1	2

(SPECIFY)

**SECTION D  
LIFETIME MALE PARTNERS**

**INTRODUCTION:** Now I will ask you some questions about all types of sexual behavior with men or women including prostitution or sex for money or drugs or shelter. I understand that this is very personal, but your answers are very important to this research study. There are a lot of different people in this study and many questions may not apply to you.

D1. The first set of questions are about all the males you have ever had sex with in your lifetime. In this case, "sex" should include vaginal sex (when a male puts his penis in your vagina), both types of oral sex (a penis in your mouth and/or when a male puts his tongue in or on your vagina), or anal sex (sex in your bottom/butt/ass). How many different males (men or boys) have you had sex with in your lifetime?  
(**PROBE:** This includes any sexual encounters with males, with or without consent.)  
(**PROBE:** Please estimate as best you can.)  
(**CODE AS "000" IF NONE**)

|\_|\_|\_|\_|  
# MALE PARTNERS

**PROMPT: IF RESPONSE AT D1 = "000" SKIP TO F1, PAGE 15**

D2. How old were you when you had your first sexual encounter with a man or boy with or without consent?

WIHS ID #

[Empty box for WIHS ID #]

\_\_\_\_\_  
YEARS

**[INTRODUCTION FOR D3-D6]**

Since 1978, have you ever had any type of sex (vaginal, oral, or anal) with a man who, to your knowledge...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
D3. ...ever used drugs by injection (by a needle; that is skin popping, shooting up, or intravenously) that were not prescribed by a doctor?.....	1	2	<-8>
D4. ...had hemophilia (a bleeding disease in which bleeding takes a long time to stop or does not stop at all)?.....	1	2	<-8>
D5. ...tested positive for HIV (the virus that causes AIDS) or became sick or died from AIDS or AIDS- related symptoms? .....	1	2	<-8>
D6. ...ever had sex with another man? .....	1	2	<-8>
D7. How many different males (including men or boys) have you had sex with in the past five years? (CODE AS "000" IF NONE)			

\_\_\_\_\_  
# OF MALE PARTNERS

**PROMPT: IF RESPONSE AT D7 = "000" SKIP TO F1, PAGE 15**

**SECTION E.  
MALE PARTNERS WITHIN THE PAST SIX MONTHS**

E1. How many different males (including men or boys) have you had sex with during the past six months? (CODE AS "000" IF NONE)

\_\_\_\_\_  
# OF MALE PARTNERS

**PROMPT: IF RESPONSE AT E1= "000" SKIP TO F1, PAGE 15**

E2. For these next questions, I am going to ask about the male partner(s) you have had sex with during the past six months. Please think of [this partner/all of these partners] when answering these questions. During the past six months have you had vaginal sex (when your partner puts his penis in your vagina) with [this partner/these partners]?

YES ..... 1  
NO ..... 2 (E3)

- a. During the past six months, how often did you have vaginal sex with [this partner/these partners]? Please give your answer in times per week, times per month, or total times in the past six months; whichever is easiest.

_ _ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
	TOTAL DURING PAST 6 MONTHS.....	3

- b. During the past six months, how often did your partner(s) wear a rubber or condom when you had vaginal sex?

Always.....	1
Sometimes .....	<b>2</b>
Never .....	<b>3</b>

**REFER PARTICIPANT TO COUNSELOR**

- E3. Have you performed oral sex on [this partner/these partners] (blow job or putting his penis in your mouth) during the past six months?

YES .....	1
NO .....	2 <b>(E4)</b>

- a. During the past six months, how often did you perform oral sex on [him/them] (blow job or putting his penis in your mouth)? Please give me your answer in times per week, times per month, or total times in the past six months; whichever is easiest.

_ _ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
	TOTAL DURING PAST 6 MONTHS.....	3

- b. During the past six months, when you performed oral sex on [him/them] (blow job or putting his penis in your mouth), how often did your partner(s) wear a rubber or condom?

Always.....	1
Sometimes .....	<b>2</b>
Never .....	<b>3</b>

**REFER PARTICIPANT TO COUNSELOR**

- E4. During the past six months, when you had sex with [this partner/these partners] did you receive oral sex? (That is when your partner puts his tongue in or on your vagina.)

YES .....	1
NO .....	2 <b>(E5)</b>

- a. During the past six months, when you had sex with [him/them], how often did you receive oral sex? (That is when your partner puts his tongue in or on your vagina.) Again, please give me your answer in times per week, times per month, or total times in the past six months; whichever is easiest.

_ _ _		PER WEEK.....	1
# TIMES		PER MONTH.....	2
		TOTAL DURING PAST 6 MONTHS.....	3

- b. During the past six months, when you received oral sex (that is, when your partner put his tongue in or on your vagina), how often was a dental dam or similar barrier method used?

Always.....	1
Sometimes .....	<b>2</b>
Never .....	<b>3</b>

REFER PARTICIPANT TO COUNSELOR

- E5. Now I am going to ask you some questions about anal sex. First I need to ask you, have you ever had anal sex (sex in your bottom/butt/ass) with a male partner?

YES .....	1	
NO .....	2	<b>(SECTION F)</b>
DON'T KNOW.....	<-8>	<b>(SECTION F)</b>

- a. Have you had anal sex (sex in your butt/bottom/ass) with any male partner during the past six months? (Please think about all of your male partners during the past six months.)

YES .....	1	
NO .....	2	<b>(SECTION F)</b>
DON'T KNOW.....	<-8>	<b>(SECTION F)</b>

- b. How often did you have anal sex during the past six months. Please give me your answer in times per week, times per month, or total times in the past six months; whichever is easiest. (Please think about all of your male partners during the past six months.)

_ _ _		PER WEEK.....	1
# TIMES		PER MONTH.....	2
		TOTAL DURING PAST 6 MONTHS.....	3

- c. During the past six months, when you had anal sex (sex in your bottom/butt/ass), how often did your partner use a rubber or condom?

Always.....	1
Sometimes .....	<b>2</b>
Never .....	<b>3</b>

REFER PARTICIPANT TO COUNSELOR

**SECTION F.**

**LIFETIME FEMALE PARTNERS**

F1. I am now going to ask you about sex with female partners. In this case "sex" should include vaginal sex (when she puts fingers, fists, sex toys, dildos or vibrators around or in your vagina), oral sex (when you or she put your tongue or mouth in or on each other's vagina) or anal sex (when she puts fingers, fists, tongue, sex toys, or a dildo in your rectum). Have you ever had sex with a female (woman or girl)?  
**(PROBE: This includes any sexual encounters with females, with or without consent.)**

YES ..... 1  
 NO ..... 2 **(G7, PAGE 19)**  
 DECLINED .....<-7> **(G7, PAGE 19)**

F2. How many different females (women or girls) have you had sex with in your lifetime?  
**(PROBE: In this case sex should include vaginal sex (when she puts fingers, sex toys, dildos, or vibrators around or in your vagina) oral sex (when you or she put your tongue or mouth in or on each other's vagina) or anal sex (when she puts fingers, tongue, sex toys, or a dildo in your rectum). (PROBE: This includes any sexual encounters with females, with or without consent.) (PROBE: Please estimate as best you can.)**

|\_|\_|\_|\_|  
 # FEMALE PARTNERS

**[INTRODUCTION FOR F3-F4]**

Since 1978, have you ever had any type of sex (vaginal, oral, or anal) with a woman who, to your knowledge...

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
--	------------	-----------	-------------------

F3. ...ever used drugs by injection (by a needle; that is skin popping, shooting up, or intravenously) that were not prescribed by a doctor? .....	1	2	<-8>
--	---	---	------

F4. ...tested positive for HIV (the virus that causes AIDS) or became sick or died from AIDS or AIDS- related symptoms? .....	1	2	<-8>
---	---	---	------

F5. How many different females (including women or girls) have you had sex with in the past five years? **(CODE AS "000" IF NONE)**

|\_|\_|\_|\_|  
 # FEMALE PARTNERS

**PROMPT: IF RESPONSE AT F5 = "000" GO TO G7, PAGE 19**

WIHS ID #

**SECTION G.  
FEMALE PARTNERS DURING THE PAST SIX MONTHS**

G1. How many different females (including women or girls) have you had sex with during the past six months? (CODE "000" IF NONE)

|\_|\_|\_|  
# FEMALE PARTNERS

**PROMPT: IF RESPONSE AT G1 = "000" GO TO G7, PAGE 19**

G2. For these next questions, I am going to ask you about all of the female partners you have had sex with during the past six months. Please think about [this partner/all of these partners] when answering these questions. During the past six months have you had vaginal sex with [this partner/these partners]? (When your partner puts fingers, fists, sex toys, dildos, or vibrators in or around your vagina.)

YES ..... 1  
NO ..... 2 (G3)

a. During the past six months, how often did you have vaginal sex with [her/them]? Please give your answer in times per week, times per month, or total times in the past six months; whichever is easiest.

|\_|\_|  
# TIMES PER WEEK..... 1  
PER MONTH..... 2  
TOTAL DURING PAST 6 MONTHS..... 3

b. During the past six months, when you had vaginal sex did you and your partner(s) use a sex toy (penetrating vibrator or object)?

YES ..... 1  
NO ..... 2 (G3)

c. During the past six months, when you used a toy during vaginal sex with [her/them], how often did you and your partner(s) share it, without cleaning it, or without using a rubber or condom?

Always..... 1  
Sometimes ..... 2  
Never ..... 3

**REFER PARTICIPANT TO COUNSELOR**

G3. Have you performed oral sex on [this partner/these partners], (put your tongue in or on your partner's vagina) during the past six months?

YES ..... 1  
NO ..... 2 (G4)



- a. During the past six months, how often did you perform oral sex on [her/them] (put your tongue in or on your partner's vagina)? Please give your answer in times per week, times per month, or total times in the past six months; whichever is easiest.

_ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
	TOTAL DURING PAST 6 MONTHS.....	3

- b. During the past six months, when you had sex with your partner(s) when your [partner was/partners were] menstruating (having a period), how often did you perform oral sex on [her/them] (put your tongue in or on your partner's vagina)?

Always.....	1
Sometimes .....	2
Never .....	3
REPORTS NO SEX DURING MENSTRUATION .....	4

- c. During the past six months when you performed oral sex on [her/them] (put your tongue in or on your partner's vagina) how often was a dental dam or similar barrier method used?

Always.....	1
Sometimes .....	<b>2</b>
Never .....	<b>3</b>

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- G4. During the past six months, when you had sex with [this partner/these partners] did you receive oral sex? (That is when your partner puts her tongue in or on your vagina.)

YES .....	1
NO .....	2 <b>(G5)</b>

- a. During the past six months, when you had sex with [her/them], how often did you receive oral sex? (That is when your partner puts her tongue in or on your vagina). Please give your answer in times per week, times per month, or total times in the past six months; whichever is easiest.

_ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
	TOTAL DURING PAST 6 MONTHS.....	3

- b. During the past six months, when you had sex with [her/them] while you were menstruating (having your period), how often did you receive oral sex? (That is when your partner puts her tongue in or on your vagina).

Always.....	1
Sometimes .....	2
Never .....	3
REPORTS NO SEX DURING MENSTRUATION .....	4

- c. During the past six months, when you received oral sex from [her/they], (when your partner puts her tongue in or on your vagina), how often was a dental dam or similar barrier method used?

Always..... 1  
 Sometimes ..... **2**  
 Never ..... **3**

**REFER PARTICIPANT TO COUNSELOR**

- G5. Now I am going to ask you some questions about anal sex. First I need to ask you, have you ever had anal sex (when your partner puts fingers, tongue, sex toys, or a dildo in your rectum) with a female partner?

YES ..... 1  
 NO ..... 2 **(G7)**  
 DON'T KNOW.....<-8> **(G7)**

- a. Have you had anal sex (when your partner puts fingers, tongue, sex toys, or a dildo in your rectum) with [this partner/any of these partners] during the past six months? (Please think about all of your female partners during the past six months.)

YES ..... 1  
 NO ..... 2 **(G7)**  
 DON'T KNOW.....<-8> **(G7)**

- b. How often did you receive anal sex (sex in your bottom/butt/ass) during the past six months? Please give your answer in times per week, times per month, or total times in the past six months, whichever is easiest. (Please think about all of your female partners during the past six months.)

PER WEEK..... 1  
 # TIMES PER MONTH..... 2  
 TOTAL DURING PAST 6 MONTHS..... 3

- c. During the past six months, when you received anal sex did you and your partner use a sex toy (penetrating vibrator or object)?

YES ..... 1  
 NO ..... 2 **(G6)**  
 DON'T KNOW.....<-8> **(G6)**

- d. During the past six months, when you used a toy during anal sex, how often did you and your partner share it without cleaning it or without using a rubber or condom?

Always..... 1  
 Sometimes ..... **2**  
 Never ..... **3**

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WIHS ID #

G6. During the past six months, when you had sex with [this partner/these partners], did you ever have vaginal contact with fingers, sex toys or dildos after they had anal contact, without them first being cleaned?

YES ..... 1  
NO ..... 2 (G7)  
DONT KNOW.....<-8> (G7)

a. How often would you say this occurred? Please give your answer in times per week, times per month, or total times in the past six months; whichever is easiest.

PER WEEK..... 1  
# TIMES PER MONTH..... 2  
TOTAL DURING PAST 6 MONTHS..... 3

G7. Do you consider yourself...

Heterosexual/Straight.....1  
Bisexual.....2  
Lesbian/Gay .....3  
Other.....4

\_\_\_\_\_  
(SPECIFY)

G8. Have you ever had sex for drugs or money or shelter?

YES .....   
NO ..... 2

**REFER PARTICIPANT TO COUNSELOR**

G9. TIME MODULE ENDED:  :  AM..... 1  
PM ..... 2

**GO TO FORM 5 (HEALTH CARE UTILIZATION)**