

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:

0 4 / 0 1 / 0 0
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
- NO2 (B5)

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

- YES.....1
- NO2 (B4)

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

___ / ___
M Y

b. Did you start again?

- YES.....1
- NO2 (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		PACKS..... 1 (B5) CIGARETTES..... 2 (B5)
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B4. How many cigarettes, on the average, do you smoke each day?

_ _ _ _ NUMBER		PACKS..... 1 CIGARETTES..... 2
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B5. **HAND PARTICIPANT RESPONSE CARD 9.**

Since your (MONTH) study visit, on average, how many days a week did you have a drink? 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.

- | | |
|-----------------------------|--------|
| 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 |
| None..... | 6 (B7) |

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

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.

Since your (MONTH) study visit, have you used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10 a. On average, how often have you used [DRUG] (since your (MONTH) study visit)?	b. What is the total number of times you have used [DRUG] since your (MONTH) study visit?
C1. Marijuana or hash YES <input type="text" value="1"/> NO 2 (C2)	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 day6 Once a week3 More than once a day....7 2-3 times a week.....4	
C2. Methadone, when it was not prescribed to you by a doctor YES <input type="text" value="1"/> NO 2 (C3)	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 day6 Once a week3 More than once a day....7 2-3 times a week.....4	
C3. Crack or cocaine or heroin YES 1 NO 2 (C7)		
C4. Crack (ready rock) or freebase cocaine YES <input type="text" value="1"/> NO 2 (C5)	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 day6 Once a week3 More than once a day....7 2-3 times a week.....4	 #TIMES
C5. Cocaine YES <input type="text" value="1"/> NO 2 (C6)	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 day6 Once a week3 More than once a day....7 2-3 times a week.....4	 #TIMES

PROBE: In a six month time frame, for example:
 Once a day equals 180 times, once a week equals 25 times, and once a month equals 6 times.)

WIHS ID #

YES NO i. How many times?

c. (Since your (MONTH) study visit,) did you use cocaine by snorting ? 1 2 (C6)
#TIMES

Since your (MONTH) study visit, have you used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10 a. On average, how often have you used [DRUG] (since your (MONTH) study visit)?	b. What is the total number of times you have used [DRUG] since your (MONTH) study visit?
C6. Heroin YES..... 1 NO..... 2 (C7)	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	<u> </u> <u> </u> <u> </u> <u> </u> #TIMES

**(PROBE: In a six-month time frame, for example:
Once a day equals 180 times, once a week equals 25 times, and once a month equals 6 times)**

YES NO i. How many times?

c. (Since your (MONTH) study visit,) did you use heroin by snorting? 1 2 (d)
#TIMES

d. (Since your (MONTH) study visit,) did you use heroin by smoking? 1 2 (C7)
#TIMES

Since your (MONTH) study visit, have you used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10 a. On average, how often have you used [DRUG] (since your (MONTH) study visit)?	
C7. Amphetamines (speed, uppers) hallucinogens, other narcotic drugs, or any other drug YES 1 NO 2 (C8)	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	

C8. Since your (MONTH) study visit, have you injected drugs (skin popped, shot up with a needle)?

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

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

YES.....1
NO2

(Since your (MONTH) study visit,) how many times have you injected [DRUG]?

b. Speedball (heroin and cocaine together)..... | | | |
#TIMES

c. Cocaine by itself..... | | | |
#TIMES

d. Heroin by itself..... | | | |
#TIMES

e. Speed (crank) by itself..... | | | |
#TIMES

(PROBE: In a six month time frame, for example:
Once a day equals 180 times, once a week equals 25 times, and once a month equals 6 times)

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

| | | |
#TIMES

g. Over the past month, what is the total number of times that you injected drugs of any kind?

(PROBE: In a one month time frame,
for example, once a day equals 30 times, once a week equals 4 times)

| | | |
#TIMES

C9. (Since your (MONTH) study visit,) have you shared a needle or works with anyone? By works I mean needles, syringes, and/or a cooker.

YES..... 1
NO 2 (c)

- a. (Since your (MONTH) study visit,) how many times have you used needles or works that were first used by someone else and then passed to you?

|_|_|_|_|
#TIMES

- b. With how many different people?

|_|_|_|_|
#PEOPLE

- c. (Since your (MONTH) study visit,) have you shared water to rinse your needles with anyone?

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

- d. How many times?

|_|_|_|_|
#TIMES

- e. With how many different people?

|_|_|_|_|
#PEOPLE

- C10. (Since your (MONTH) study visit,) 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

- C11. (Since your (MONTH) study visit) have you participated in a needle exchange program?

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

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

Less than half the time..... 1
Half the time 2
Most of the time 3
Always..... 4

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C12. Since your (MONTH) study visit, have you been in a drug treatment program, including inpatient and/or outpatient drug detox, methadone maintenance programs, halfway houses, Narcotics Anonymous, prison or jail-based programs and/or any other programs.

YES.....1
 NO2 (C20)

What programs...? (PROBE: Any others?) [FOR EACH "YES" ASK SUBQUESTION]	MENTIONED		a. Since your (MONTH) study visit, how many different times did you start [PROGRAM]?	b. Since your (MONTH) study visit, how many days (total) have you been in [PROGRAM]?
	YES	NO		
C13. INPATIENT DRUG DETOX?.....	1	2 (C14)	____ (C14) #TIMES	
C14. OUTPATIENT DRUG DETOX?.....	1	2 (C15)	____ (C15) #TIMES	
C15. METHADONE MAINTENANCE PROGRAM?	1	2 (C16)	____ #TIMES	_____ # DAYS
C16. HALFWAY HOUSE?	1	2 (C17)	____ #TIMES	_____ # DAYS
C17. NARCOTICS ANONYMOUS?	1 (b)	2 (C18)		_____ # DAYS
C18. PRISON OR JAIL-BASED TREATMENT PROGRAM?	1	2 (C19)	____ #TIMES	_____ # DAYS
C19. OTHER PROGRAMS?..... _____ (SPECIFY)	1	2 (C20)	____ #TIMES	_____ # DAYS

C20. Are you on a waiting list for any drug treatment programs?

YES.....1
 NO2

SECTION D: MALE PARTNERS

INTRODUCTION: 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. These questions are important, because they help us understand about the transmission of HIV and other sexually transmitted diseases, and about the general health of women living with HIV. 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?

D1. This first set of questions is about all the males you have had sex with since your (MONTH) study visit. In this case, “sex” should include vaginal sex, both types of oral sex, or 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. Since your (MONTH) study visit, how often did you have vaginal sex (that is when your partner puts his penis in your vagina) with all your male partners? Please give your answer in times per week, times per month, or in total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

			PER WEEK.....	1
# TIMES			PER MONTH.....	2
(IF “00” SKIP TO D3)			TOTAL TIMES SINCE LAST VISIT	3

a. (Since your (MONTH) study visit,) how often did your partner(s) wear a rubber or condom when you had vaginal sex?

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

D3. Since your (MONTH) study visit, how often did you perform oral sex on all your male partners (that is, a blow job or putting his penis in your mouth)? Please give me your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

			PER WEEK.....	1
# TIMES			PER MONTH.....	2
(IF “00” SKIP TO D4)			TOTAL TIMES SINCE LAST VISIT	3

- a. (Since your (MONTH) study visit,) when you performed oral sex on all your male partners (that is, a blow job or putting his penis in your mouth), how often did your partner(s) wear a rubber or condom?

Always.....	1
Sometimes	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>
Never.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div>

- D4. Since your (MONTH) study visit, how often did you receive oral sex from all your male partners? (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 since your visit; whichever is easiest. **(CODE AS “00” IF NONE)**

<table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"># TIMES</td> </tr> </table>			# TIMES		PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT 3
# TIMES					

(IF “00” SKIP TO D5)

- a. (Since your (MONTH) study visit,) 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	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>
Never.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div>

- D5. How often did you have anal sex (sex in your bottom/butt/ass) with all your male partners since your (MONTH) study visit? Please give me your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

<table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"># TIMES</td> </tr> </table>			# TIMES		PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT 3
# TIMES					

(IF “00” SKIP TO E1)

- a. (Since your (MONTH) study visit,) when you had anal sex (sex in your bottom/butt/ass), how often did your partner use a rubber or condom?

Always.....	1
Sometimes	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2</div>
Never.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3</div>

SECTION E: FEMALE PARTNERS

E1. I am now going to ask you about sex you may have had with females. In this case “sex” should include vaginal sex, oral sex, or anal sex. How many females have you had sex with since your (MONTH) study visit? **(CODE “000” IF NONE)**

|_|_|_|_|
FEMALES

**PROMPT: IF RESPONSE AT E1= “000” OR IF PARTICIPANT DECLINES, SKIP TO F1.
IF RESPONSE AT D1= “000” AND E1= “000,” SKIP TO F3.**

E2. For these next questions, I am going to ask you about all of the female partners that you have had sex with since your (MONTH) study visit. How often did you have vaginal sex with all your female partners? Please give your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

_ _ _ _ # TIMES	PER WEEK..... 1	
	PER MONTH..... 2	
(IF “00” SKIP TO E3)	TOTAL TIMES SINCE LAST VISIT..... 3	

a. (Since your (MONTH) study visit,) when you had vaginal sex, did you and your partner(s) use a sex toy (penetrating vibrator or object)?

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

b. (Since your (MONTH) study visit,) when you used a toy during vaginal sex with [her/they], 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

E3. Since your (MONTH) study visit, how often did you perform oral sex on all your female partners (put your tongue in or on your partner’s vagina)? Please give your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

_ _ _ _ # TIMES	PER WEEK..... 1	
	PER MONTH..... 2	
(IF “00” SKIP TO E4)	TOTAL TIMES SINCE LAST VISIT..... 3	

b. (Since your (MONTH) study visit,) when you performed oral sex on all your female partners (put your tongue in or on your partner’s vagina), how often was a dental dam or similar barrier method used?

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

E4. Since your (MONTH) study visit, how often did you receive oral sex from all your female partners? (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 since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

- PER WEEK..... 1
- # TIMES PER MONTH..... 2
- (IF “00” SKIP TO E5)** TOTAL TIMES SINCE LAST VISIT 3

b. (Since your (MONTH) study visit,) when you received oral sex from all your female partners, (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**

E5. Since your (MONTH) study visit, again, thinking of all of your female partners, how often did you receive anal sex from all your female partners (sex in your bottom/butt/ass)? Please give your answer in times per week, times per month, or total times since your (MONTH) study visit, whichever is easiest. **(CODE AS “00” IF NONE)**

- PER WEEK..... 1
- # TIMES PER MONTH..... 2
- (IF “00” SKIP TO SECT. F)** TOTAL TIMES SINCE LAST VISIT 3

WIHS ID #

SECTION F: RECENT SEXUAL ENCOUNTERS

PROMPT: IF RESPONSES AT D1= "000" AND E1="000", SKIP TO F3.

F1. Since your (MONTH) study visit, have you had sex for drugs or money or shelter?

YES **1**
NO..... 2 (F3)

a. Was it for drugs?

YES 1
NO..... 2 (F3)

b. How many times?

#TIMES

F3. TIME MODULE ENDED:

:

AM..... 1
PM 2

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

GO TO FORM 25 (HEALTH CARE UTILIZATION)