

WOMEN'S INTERAGENCY HIV STUDY
FOLLOW-UP VISIT
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 / 9 5
 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

INTRODUCTION TO PARTICIPANT:

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

**SECTION B.
CIGARETTE AND ALCOHOL USE**

These questions are about cigarette and alcohol use.

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

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

_ _ _ NUMBER	PACKS 1 (B5)
	CIGARETTES 2 (B5)

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

_ _ _ NUMBER	PACKS 1
	CIGARETTES 2

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)
DECLINED.....	<-7>	(B7)
DON'T KNOW.....	<-8>	

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

WIHS ID #

B6. (Since your (MONTH) study visit,) 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)

B7. I am interested in any alcohol treatment programs you may have been in, including inpatient and/or outpatient alcohol detox, halfway houses, Alcoholics Anonymous, and/or other alcohol treatment programs. Since your (MONTH) study visit, have you been in an alcohol treatment program?

YES 1
NO 2 (SECTION C)

MENTIONED

What programs?
(**PROBE**: Any others?)

	<u>YES</u>	<u>NO</u>	
B8. INPATIENT ALCOHOL DETOX.....	1	2	
B9. OUTPATIENT ALCOHOL TREATMENT PROGRAM	1	2	
B10. HALFWAY HOUSE	1	2	
B11. ALCOHOLICS ANONYMOUS	1	2	
B12. OTHER ALCOHOL TREATMENT PROGRAM	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.

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. How many times (have you used [DRUG])
C1. Marijuana or hash YES..... 1 NO 2 (C2)	Less than once a month 1 4-6 times a week5 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. Methadone, when it was not prescribed to you by a doctor YES..... 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 DAY 6 MORE THAN ONCE A DAY... 7 ONCE A WEEK.....3 DECLINED<-7> 2-3 TIMES A WEEK4 DON'T KNOW<-8>	
C3. Crack or cocaine or heroin YES..... 1 NO2 (C7)		
C4. Crack (ready rock) or freebase cocaine YES..... 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 DAY 6 MORE THAN ONCE A DAY... 7 ONCE A WEEK.....3 DECLINED<-7> 2-3 TIMES A WEEK4 DON'T KNOW<-8>	 #TIMES
C5. Cocaine YES..... 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 DAY 6 MORE THAN ONCE A DAY... 7 ONCE A WEEK.....3 DECLINED<-7> 2-3 TIMES A WEEK4 DON'T KNOW<-8>	 #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. How many times have you used [DRUG]?
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 ONCE A DAY 6 LESS THAN ONCE A WEEK 2 MORE THAN ONCE A DAY 7 ONCE A WEEK 3 DECLINED <-7> 2-3 TIMES A WEEK 4 DON'T KNOW <-8>	<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 ONCE A DAY 6 LESS THAN ONCE A WEEK 2 MORE THAN ONCE A DAY 7 ONCE A WEEK 3 DECLINED <-7> 2-3 TIMES A WEEK 4 DON'T KNOW <-8>	

WIHS ID #

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
NO 2

(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

(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)

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

|_|_|_|
#TIMES

f. 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)
DON'T KNOW <-8>

- 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)

DON'T KNOW <-8>

- 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

WIHS ID #

C12. 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. Since your (MONTH) study visit, have you been in a drug treatment program?

YES 1
 NO 2 (SECTION D)

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 weeks (total) have you been in [PROGRAM]?
	<u>YES</u>	<u>NO</u>		
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	_ _ _ # WEEKS
C16. HALFWAY HOUSE	1	2 (C17)	_ _ _ #TIMES	_ _ _ # WEEKS
C17. NARCOTICS ANONYMOUS	1 (b)	2 (C18)		_ _ _ # WEEKS
C18. PRISON OR JAIL-BASED TREATMENT PROGRAM	1	2 (C19)	_ _ _ #TIMES	_ _ _ # WEEKS
C19. OTHER PROGRAMS	1	2 (C20)	_ _ _ #TIMES	_ _ _ # WEEKS
(SPECIFY)				

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

YES 1
 NO 2

SECTION D: MALE PARTNERS SINCE THE LAST STUDY VISIT

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 for this research study. There are a lot of different people in this study, and many questions may not apply to you.

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 (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 (including men or boys) 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, PAGE 11

D2. Since your (MONTH) study visit, when you had sex with [him/them] how often did you have vaginal sex (that is when your partner puts his penis in your vagina) with [this partner/these 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, when you had sex with [him/them] how often did you perform oral sex on [him/them] (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 [him/them] (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	<table border="1"><tr><td>2</td></tr></table>	2
2		
Never	<table border="1"><tr><td>3</td></tr></table>	3
3		

- D4. Since your (MONTH) study visit, 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 since your visit; whichever is easiest. (CODE AS "00" IF NONE)

_ _ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
(IF "00" SKIP TO D5)	TOTAL TIMES SINCE LAST VISIT	3

- 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	<table border="1"><tr><td>2</td></tr></table>	2
2		
Never	<table border="1"><tr><td>3</td></tr></table>	3
3		

- D5. How often did you have anal sex (sex in your bottom/butt/ass) 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. (Please think about all of your male partners since your (MONTH) study visit.) (CODE AS "00" IF NONE)

_ _ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
(IF "00" SKIP TO E1)	TOTAL TIMES SINCE LAST VISIT	3

- 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	<table border="1"><tr><td>2</td></tr></table>	2
2		
Never	<table border="1"><tr><td>3</td></tr></table>	3
3		

SECTION E: FEMALE PARTNERS SINCE THE LAST STUDY VISIT

E1. I am now going to ask you about sex with females. 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 one of you puts 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). How many different females (including women or girls) 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 E7, PAGE 14

E2. For these next questions, I am going to ask you about all of the female partners you have had sex with since your (MONTH) study visit. How often did you have vaginal sex with [her/them]? 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 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/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	

E3. Since your (MONTH) study visit, 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 since your (MONTH) study visit; whichever is easiest. **(CODE AS "00" IF NONE)**

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

- a. (Since your (MONTH) study visit,) 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
 Sometimes2
 Never3
 REPORTS NO SEX DURING MENSTRUATION4

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

2

 Never

3

- E4. Since your (MONTH) study visit, 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 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

- a. (Since your (MONTH) study visit,) 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 MENSTRUATION4

- b. (Since your (MONTH) study visit,) when you received oral sex from [her/them], (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

WIHS ID #

E5. Since your (MONTH) study visit, how often did you receive anal sex (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. (Please think about all of your female partners since your (MONTH) study visit.) (CODE AS "00" IF NONE)

|_|_|
TIMES

PER WEEK..... 1
PER MONTH..... 2
TOTAL TIMES SINCE LAST VISIT 3

(IF "00" SKIP TO E6)

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

YES 1
NO 2 (E6)
DON'T KNOW..... <-8> (E6)

b. (Since your (MONTH) study visit,) 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

E6. Since your (MONTH) study visit, 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 (E7)
DON'T KNOW..... <-8> (E7)

a. (Since your (MONTH) study visit,) how often would you say this occurred? Please give your answer in times per week, times per month, or total times since your MONTH study visit; whichever is easiest.

|_|_|
TIMES

PER WEEK..... 1
PER MONTH..... 2
TOTAL TIMES SINCE LAST VISIT 3

WIHS ID #

E7. Since your (MONTH) study visit, have you had sex for drugs or money or shelter?

YES 1
NO 2 (E8)

a. Was it for drugs?

YES 1
NO 2 (E8)

b. How many times?

|_|_|
#TIMES

E8. 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)