

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 6 / 1 5 / 9 7  
 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**

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

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

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

YES ..... 1  
NO ..... 2 (B4)

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

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

b. Did you start again?

YES ..... 1  
NO ..... 2 (B3)

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

\_\_\_/\_\_\_ (B4)  
M Y

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

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

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

_ _ _	PACKS.....1
NUMBER	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**

[Empty box for 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
<hr/> (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]?	<b>HAND PARTICIPANT RESPONSE CARD 10</b> 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 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..... <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 DAY ..... 6 ONCE A WEEK .....3      MORE THAN ONCE A DAY... 7 2-3 TIMES A WEEK .....4      DECLINED .....<-7> DON'T KNOW .....<-8>	
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 DAY ..... 6 ONCE A WEEK .....3      MORE THAN ONCE A DAY... 7 2-3 TIMES A WEEK .....4      DECLINED .....<-7> DON'T KNOW .....<-8>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">  #TIMES                     </div>
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 DAY ..... 6 ONCE A WEEK .....3      MORE THAN ONCE A DAY... 7 2-3 TIMES A WEEK .....4      DECLINED .....<-7> DON'T KNOW .....<-8>	<div style="border: 1px solid black; display: inline-block; padding: 2px;">  #TIMES                     </div>

**(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]?	<b>HAND PARTICIPANT RESPONSE CARD 10</b> 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..... <span style="border: 1px solid black; padding: 2px 5px;">1</span> 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> #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]?	<b>HAND PARTICIPANT RESPONSE CARD 10</b> 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..... <span style="border: 1px solid black; padding: 2px 5px;">1</span> 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





**SECTION D: 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 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, 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
<b>(IF "00" SKIP TO D3)</b>	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 .....	<b>2</b>
Never .....	<b>3</b>

b. (Since your (MONTH) study visit,) when you had sex with your partner(s) when you were menstruating [having your period], how often did you have vaginal sex?

Always.....	1
Sometimes .....	2
Never .....	3 <b>(D3)</b>
REPORTS NO SEX DURING MENSTRUATION .....	4 <b>(D3)</b>

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

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

D3. Since your (MONTH) study visit, 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)**

<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></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						
<b>(IF "00" SKIP TO D4)</b>						

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" style="width: 20px; height: 15px; margin: 0 auto;">2</table>
Never .....	<table border="1" style="width: 20px; height: 15px; margin: 0 auto;">3</table>

D4. Since your (MONTH) study visit, 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)**

<table style="margin-left: auto; margin-right: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></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						
<b>(IF "00" SKIP TO D5)</b>						

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" style="width: 20px; height: 15px; margin: 0 auto;">2</table>
Never .....	<table border="1" style="width: 20px; height: 15px; margin: 0 auto;">3</table>

b. (Since your (MONTH) study visit), when you had sex with your partner(s) while you were menstruating (having your period), how often did you receive oral sex?

Always.....	1
Sometimes .....	2
Never .....	3 <b>(D5)</b>
REPORTS NO SEX DURING MENSTRUATION .....	4 <b>(D5)</b>

c. (Since your (MONTH) study visit), when you received oral sex while you were menstruating, how often was a dental dam or similar barrier method used?

Always.....	1
Sometimes .....	<table border="1" style="width: 20px; height: 15px; margin: 0 auto;">2</table>
Never .....	<table border="1" style="width: 20px; height: 15px; margin: 0 auto;">3</table>

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

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(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
<b>(IF "00" SKIP TO SECTION E)</b>	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" style="width: 20px; height: 15px; margin: 0 auto;"><tr><td style="text-align: center;">2</td></tr></table>	2
2		
Never .....	<table border="1" style="width: 20px; height: 15px; margin: 0 auto;"><tr><td style="text-align: center;">3</td></tr></table>	3
3		

**SECTION E: FEMALE PARTNERS**

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
<b>(IF "00" SKIP TO E3)</b>	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 [her/they] (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
<b>(IF "00" SKIP TO E4)</b>	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/they] (put your tongue in or on your partner's vagina)?

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

b. (Since your (MONTH) study visit,) when you performed oral sex on [her/they] (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? (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
<b>(IF "00" SKIP TO E5)</b>	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 MENSTRUATION .....4

- 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

- E5. Since your (MONTH) study visit, again, thinking of all of your female partners, 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)**

_ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
<b>(IF "00" SKIP TO E6)</b>	TOTAL TIMES SINCE LAST VISIT .....	3

- 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, 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)**

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- 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

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

YES .....   
 NO ..... 2 (F1)

- a. Was it for drugs?

YES ..... 1  
 NO ..... 2 (F1)

- b. How many times?

#TIMES

**SECTION F: RECENT SEXUAL ENCOUNTERS**

The time frame for the following questions is the **last 6 months**. Please bear with me as I ask you something you may have previously told me.

F1. During the past 6 months, have you had any kind of a sexual encounter with a male or female (this would include vaginal sex, both types or oral sex and/or anal sex)?

- YES ..... 1
- NO ..... 2 **(F20)**

a. During the past 6 months, have you had someone that you think of as your main partner (an ongoing partnership, a steady relationship)?

- YES ..... 1
- NO ..... 2 **(F2)**

b. Was this partner male or female?

- MALE ..... 1
- FEMALE..... 2

c. In order to keep track of this person throughout the rest of this form, please tell me [his/her] initials:

\_\_\_\_\_ (INTERVIEWER: REFER TO THESE INITIALS WHEN QUESTION PROMPTS FOR **#1** )

d. Think about your most recent sexual encounter with this partner in the last 6 months. What was [his/her] HIV status at that time?

- HIV NEGATIVE..... 1 **(F3)**
- HIV POSITIVE..... 2 **(F3)**
- UNKNOWN..... 3 **(F3)**

F2. Think about your most recent sexual encounter in the past 6 months. **INTERVIEWER PAUSE FOR A FEW SECONDS, THEN READ:** What was your partner’s HIV status at that time?

- HIV NEGATIVE..... 1
- HIV POSITIVE..... 2
- UNKNOWN..... 3

a. Was this partner male or female?

- MALE ..... 1
- FEMALE..... 2

b. In order to keep track of this person throughout the rest of this form, please tell me [his/her] initials:

\_\_\_\_\_ (INTERVIEWER: REFER TO THESE INITIALS WHEN QUESTION PROMPTS FOR **#1** )

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F3. Before that sexual encounter, had you informed [him/her] of your HIV status?

YES ..... 1  
NO ..... 2

F4. At any time before that sexual encounter, had you and this partner discussed which types of sexual activities would be safe for the two of you?

YES ..... 1  
NO ..... 2

F5. What is the total number of times you have had sex with this partner in the past six months?

|\_|\_|\_|\_|  
TOTAL # OF TIMES

F6. Keep thinking about [\_\_ #1 \_\_] and please tell me which of the following activities occurred during your most recent sexual encounter with [him/her]. Did you have vaginal sex?

YES ..... 1  
NO ..... 2 (F7)

a. Was a rubber or condom used?

YES ..... 1  
NO ..... 2

F7. Did you have anal sex (during your most recent sexual encounter)?

YES ..... 1  
NO ..... 2 (F8)

a. Was a rubber, condom, dental dam or other barrier method used?

YES ..... 1  
NO ..... 2

F8. Did you perform oral sex on [him/her] (during your most recent sexual encounter)?

YES ..... 1  
NO ..... 2 (F9)

a. Was a rubber, condom, dental dam or other barrier method used?

YES ..... 1  
NO ..... 2



F9. Did you receive oral sex (during your most recent sexual encounter)?

YES ..... 1  
NO ..... 2 (F10)

a. Was a dental dam, saran wrap or other barrier method used?

YES ..... 1  
NO ..... 2

F10. In the past 6 months, have you had a sexual encounter with someone other than [\_\_ #1 \_\_]?

YES ..... 1  
NO ..... 2 (F20)

a. Think about your most recent sexual encounter with someone other than [\_\_ #1 \_\_], in the past 6 months. Was that person male or female?

MALE ..... 1  
FEMALE..... 2

F11. In order to keep track of this person throughout the rest of this form, please tell me [his/her] initials:

\_\_\_\_\_ (INTERVIEWER: REFER TO THESE INITIALS WHEN QUESTION PROMPTS FOR \_\_ #2 \_\_)

F12. Keep thinking about your most recent sexual encounter with [\_\_ #2 \_\_]. What was [his/her] HIV status at that time?

HIV NEGATIVE..... 1  
HIV POSITIVE..... 2  
UNKNOWN..... 3

F13. At any time before the sexual activity, did you inform [him/her] of your HIV status?

YES ..... 1  
NO ..... 2

F14. At any time before the sexual activity, did you and this person discuss which types of sexual activities would be safe for the two of you?

YES ..... 1  
NO ..... 2

F15. What is the total number of times you have had sex with this person in the past six months?

|\_|\_|\_|\_|  
TOTAL # OF TIMES

F16. Keep thinking about this person and tell me which of the following activities occurred during your most recent sexual encounter. Did you have vaginal sex?

WIHS ID #

YES ..... 1  
NO ..... 2 (F17)

a. Was a rubber or condom used?

YES ..... 1  
NO ..... 2

F17. Did you have anal sex (during your most recent sexual encounter)?

YES ..... 1  
NO ..... 2 (F18)

a. Was a rubber, condom, dental dam or other barrier method used?

YES ..... 1  
NO ..... 2

F18. Did you perform oral sex on [him/her] (during your most recent sexual encounter)?

YES ..... 1  
NO ..... 2 (F19)

a. Was a rubber, condom, dental dam or other barrier method used?

YES ..... 1  
NO ..... 2

F19. Did you receive oral sex (during your most recent sexual encounter)?

YES ..... 1  
NO ..... 2 (F20)

a. Was a dam, saran wrap or other barrier method used?

YES ..... 1  
NO ..... 2

F20. 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)**