

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 4
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
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?

_ _ _ _ NUMBER	PACKS1 (B5)
	CIGARETTES2 (B5)

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

_ _ _ _ NUMBER	PACKS1
	CIGARETTES2

B5. HAND PARTICIPANT RESPONSE CARD 9.

How often do you have 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.

At least once a day	1	
Nearly every day	2	
3-4 days a week	3	
1-2 days a week	4	
1-2 times a month	5	
About once a month	6	
6-11 times a year	7	
1-5 times a year	8	
Never	9	(C1)

B6. Since your (MONTH) study visit, on days when you drank any alcoholic beverages, how many drinks did you USUALLY have altogether? 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.

None	0
1 – 2 drinks	1
3 – 4 drinks	2
5 – 6 drinks	3
7 or more drinks	4

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

WIHS ID #

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 week5 At least once a month, but less than once a week..... 2 Once a day6 Once a week..... 3 More than once a day7 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 week5 At least once a month, but less than once a week..... 2 Once a day6 Once a week..... 3 More than once a day7 2-3 times a week 4	
C3. Crack or cocaine or heroin YES..... 1 NO2 (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 week5 At least once a month, but less than once a week..... 2 Once a day6 Once a week..... 3 More than once a day7 2-3 times a week 4	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> #TIMES
C5. Cocaine YES..... <input type="text" value="1"/> NO 2 (C6)	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 day6 Once a week..... 3 More than once a day7 2-3 times a week 4	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> #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..... <input style="width: 40px; text-align: center;" type="text" value="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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #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..... <input style="width: 40px; text-align: center;" type="text" value="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
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

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

WIHS ID #

C12. Since your (MONTH) study visit, have you taken any form of amphetamine that was not prescribed for you by a medical provider? (Sometimes called MDMA, ecstasy, XTC, Adam, Essence, speed, crystal meth, or meth-amphetamine.)

YES 1
NO 2

C15. Since your (MONTH) study visit, have you taken any form of PCP? (Sometimes called angel dust, rocket fuel, or killer weed.)

YES 1
NO 2

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

C16. We need to be certain that we have correct information about your history of injection drug use, EVER in your lifetime. Did you ever, even once, use a needle or syringe after someone else had used it?

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

a. How old were you when you last used a needle or syringe after someone else had used it? (PROBE: Please give me your best estimate.)

b. How often did you use a needle or syringe after someone else had used it:

Rarely1
Less than half of the time2
Half of the time3
More than half of the time4
All of the time5

WIHS ID #

INTRODUCTION TO SEXUAL BEHAVIOR QUESTIONS: 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. 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?

SECTION D: MALE PARTNERS

D1. This first set of questions pertains only to the men you may have had sex with since your (MONTH) study visit. In this case, “sex” should include vaginal sex, both types of oral sex, and 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. Now I'd like to know a little more detail about your sex activity since your last (MONTH) study visit. In this case, “sex” includes vaginal sex, oral sex, and anal sex. I would like you to think about all of the people that you have had sex with since your last (MONTH) study visit and give me either a nickname, a set of initials, or some other name for each of them. I do not want you to tell me their real names, just give me some way to refer to them without telling me who they are, starting with the person you had sex with most recently (**PROBE AFTER IDENTIFICATION OF PARTNER INITIALS: Have there been any other sexual partners since your (MONTH) study visit that you can think of?). IF RESPONDENT REPORTS A DIFFERENT NUMBER OF PARTNERS THAN SHE DID IN D1, CLARIFY WITH PARTICIPANT AND MODIFY D1 IF NECESSARY; IF THERE WERE MORE THAN 5 PARTNERS REPORTED, ONLY LIST THE 5 MOST RECENT PARTNERS**).

D2a. PARTNER ID 1: _____

D2d. PARTNER ID 4: _____

D2b. PARTNER ID 2: _____

D2e. PARTNER ID 5: _____

D2c. PARTNER ID 3: _____

START F24s1

Now I would like to ask you a series of questions about each of the partners you just mentioned. Some of these questions may seem repetitive or like the answers are obvious, but please bear with me. I need to ask each of the questions as they are written here. Let's first start with (PARTNER ID 1). **(INDICATE THE NUMBER ASSOCIATED WITH THE PARTNERS INITIALS IN D3a, THEN COMPLETE QUESTIONS D3b – D10 FOR EACH PARTNER LISTED IN D2.)**

WIHS ID #

D3. a. PARTNER ID NUMBER (ENTER 1-5 BASED ON RESPECTIVE ID NUMBER FROM D2):

b. Is (PARTNER ID) a regular partner such as a boyfriend, husband, or lover, or is he a more casual partner?

Regular.....1
Casual.....2

	YES	NO	ALWAYS	SOMETIMES	NEVER
D4. Is (PARTNER ID) a new partner? This means that you did not have sex with him before your (MONTH) study visit?.....	1	2			
D5a. Since your (MONTH) study visit, did you have vaginal sex (that is when your partner puts his penis in your vagina) with (PARTNER ID)?.....	1	2 (D6a)			
b. During this time, how often did you and/or (PARTNER ID) wear a rubber or condom when you had vaginal sex?.....			1	2	3
D6a. Since your (MONTH) study visit, did you perform oral sex (that is, a blow job or putting his penis in your mouth) on (PARTNER ID)?.....	1	2 (D7a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you performed oral sex?.....			1	2	3
D7a. Since your (MONTH) study visit, did you receive oral sex (that is, when your partner puts his tongue in or on your vagina) from (PARTNER ID)?.....	1	2 (D8a)			
b. During this time, how often did you use a dental dam or similar barrier method with (PARTNER ID) when you received oral sex?.....			1	2	3
D8a. Since your (MONTH) study visit, did you have anal sex (sex in your bottom/butt/ass) with (PARTNER ID)?.....	1	2 (D9a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you had anal sex?.....			1	2	3
D9a. Has (PARTNER ID) told you his HIV serostatus? This means whether he is HIV positive or negative?.....	1	2 (D10)			
b. Is he HIV positive?.....	1	2			
D10. Does (PARTNER ID) know your HIV serostatus?.....	1	2			

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

END F24s1

WIHS ID #

D3. a. PARTNER ID NUMBER (ENTER 1-5 BASED ON RESPECTIVE ID NUMBER FROM D2):

b. Is (PARTNER ID) a regular partner such as a boyfriend, husband, or lover, or is he a more casual partner?

Regular.....1

Casual.....2

	YES	NO	ALWAYS	SOMETIMES	NEVER
D4. Is (PARTNER ID) a new partner? This means that you did not have sex with him before your (MONTH) study visit?.....	1	2			
D5a. Since your (MONTH) study visit, did you have vaginal sex (that is when your partner puts his penis in your vagina) with (PARTNER ID)?.....	1	2 (D6a)			
b. During this time, how often did you and/or (PARTNER ID) wear a rubber or condom when you had vaginal sex?.....			1	2	3
D6a. Since your (MONTH) study visit, did you perform oral sex (that is, a blow job or putting his penis in your mouth) on (PARTNER ID)?.....	1	2 (D7a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you performed oral sex?.....			1	2	3
D7a. Since your (MONTH) study visit, did you receive oral sex (that is, when your partner puts his tongue in or on your vagina) from (PARTNER ID)?.....	1	2 (D8a)			
b. During this time, how often did you use a dental dam or similar barrier method with (PARTNER ID) when you received oral sex?.....			1	2	3
D8a. Since your (MONTH) study visit, did you have anal sex (sex in your bottom/butt/ass) with (PARTNER ID)?.....	1	2 (D9a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you had anal sex?.....			1	2	3
D9a. Has (PARTNER ID) told you his HIV serostatus? This means whether he is HIV positive or negative?.....	1	2 (D10)			
b. Is he HIV positive?.....	1	2			
D10. Does (PARTNER ID) know your HIV serostatus?.....	1	2			

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

END F24s1

WIHS ID #

D3. a. PARTNER ID NUMBER (ENTER 1-5 BASED ON RESPECTIVE ID NUMBER FROM D2):

b. Is (PARTNER ID) a regular partner such as a boyfriend, husband, or lover, or is he a more casual partner?

Regular.....1
 Casual.....2

	YES	NO	ALWAYS	SOMETIMES	NEVER
D4. Is (PARTNER ID) a new partner? This means that you did not have sex with him before your (MONTH) study visit?.....	1	2			
D5a. Since your (MONTH) study visit, did you have vaginal sex (that is when your partner puts his penis in your vagina) with (PARTNER ID)?.....	1	2 (D6a)			
b. During this time, how often did you and/or (PARTNER ID) wear a rubber or condom when you had vaginal sex?.....			1	2	3
D6a. Since your (MONTH) study visit, did you perform oral sex (that is, a blow job or putting his penis in your mouth) on (PARTNER ID)?.....	1	2 (D7a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you performed oral sex?.....			1	2	3
D7a. Since your (MONTH) study visit, did you receive oral sex (that is, when your partner puts his tongue in or on your vagina) from (PARTNER ID)?.....	1	2 (D8a)			
b. During this time, how often did you use a dental dam or similar barrier method with (PARTNER ID) when you received oral sex?.....			1	2	3
D8a. Since your (MONTH) study visit, did you have anal sex (sex in your bottom/butt/ass) with (PARTNER ID)?.....	1	2 (D9a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you had anal sex?.....			1	2	3
D9a. Has (PARTNER ID) told you his HIV serostatus? This means whether he is HIV positive or negative?.....	1	2 (D10)			
b. Is he HIV positive?.....	1	2			
D10. Does (PARTNER ID) know your HIV serostatus?.....	1	2			

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

END F24s1

WIHS ID #

D3. a. PARTNER ID NUMBER (ENTER 1-5 BASED ON RESPECTIVE ID NUMBER FROM D2):

b. Is (PARTNER ID) a regular partner such as a boyfriend, husband, or lover, or is he a more casual partner?

Regular.....1
Casual.....2

	YES	NO	ALWAYS	SOMETIMES	NEVER
D4. Is (PARTNER ID) a new partner? This means that you did not have sex with him before your (MONTH) study visit?.....	1	2			
D5a. Since your (MONTH) study visit, did you have vaginal sex (that is when your partner puts his penis in your vagina) with (PARTNER ID)?.....	1	2 (D6a)			
b. During this time, how often did you and/or (PARTNER ID) wear a rubber or condom when you had vaginal sex?.....			1	2	3
D6a. Since your (MONTH) study visit, did you perform oral sex (that is, a blow job or putting his penis in your mouth) on (PARTNER ID)?.....	1	2 (D7a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you performed oral sex?.....			1	2	3
D7a. Since your (MONTH) study visit, did you receive oral sex (that is, when your partner puts his tongue in or on your vagina) from (PARTNER ID)?.....	1	2 (D8a)			
b. During this time, how often did you use a dental dam or similar barrier method with (PARTNER ID) when you received oral sex?.....			1	2	3
D8a. Since your (MONTH) study visit, did you have anal sex (sex in your bottom/butt/ass) with (PARTNER ID)?.....	1	2 (D9a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you had anal sex?.....			1	2	3
D9a. Has (PARTNER ID) told you his HIV serostatus? This means whether he is HIV positive or negative?.....	1	2 (D10)			
b. Is he HIV positive?.....	1	2			
D10. Does (PARTNER ID) know your HIV serostatus?.....	1	2			

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

END F24s1

WIHS ID #

D3. a. PARTNER ID NUMBER (ENTER 1-5 BASED ON RESPECTIVE ID NUMBER FROM D2):

b. Is (PARTNER ID) a regular partner such as a boyfriend, husband, or lover, or is he a more casual partner?

Regular.....1
 Casual.....2

	YES	NO	ALWAYS	SOMETIMES	NEVER
D4. Is (PARTNER ID) a new partner? This means that you did not have sex with him before your (MONTH) study visit?.....	1	2			
D5a. Since your (MONTH) study visit, did you have vaginal sex (that is when your partner puts his penis in your vagina) with (PARTNER ID)?.....	1	2 (D6a)			
b. During this time, how often did you and/or (PARTNER ID) wear a rubber or condom when you had vaginal sex?.....			1	2	3
D6a. Since your (MONTH) study visit, did you perform oral sex (that is, a blow job or putting his penis in your mouth) on (PARTNER ID)?.....	1	2 (D7a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you performed oral sex?.....			1	2	3
D7a. Since your (MONTH) study visit, did you receive oral sex (that is, when your partner puts his tongue in or on your vagina) from (PARTNER ID)?.....	1	2 (D8a)			
b. During this time, how often did you use a dental dam or similar barrier method with (PARTNER ID) when you received oral sex?.....			1	2	3
D8a. Since your (MONTH) study visit, did you have anal sex (sex in your bottom/butt/ass) with (PARTNER ID)?.....	1	2 (D9a)			
b. During this time, how often did (PARTNER ID) wear a rubber or condom when you had anal sex?.....			1	2	3
D9a. Has (PARTNER ID) told you his HIV serostatus? This means whether he is HIV positive or negative?.....	1	2 (D10)			
b. Is he HIV positive?.....	1	2			
D10. Does (PARTNER ID) know your HIV serostatus?.....	1	2			

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

END F24s1

WIHS ID #

[Empty box for WIHS ID #]

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

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)