





WIHS ID #

B6. (Since your (MONTH) study visit,) on the days that you did have a drink, 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. Since your (MONTH) study visit, have you been in an inpatient or outpatient alcohol detox, halfway house, Alcoholics Anonymous, or other alcohol treatment program?

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

What programs? MENTIONED

**(PROBE: Any others?)** YES NO

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)**

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**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]?	<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="checkbox"/> 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	
C2. Methadone, when it was not prescribed to you by a doctor YES..... <input type="checkbox"/> 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	
C3. Crack or cocaine or heroin  YES..... 1 NO .....2 (C7)		
C4. Crack (ready rock) or freebase cocaine  YES..... <input type="checkbox"/> 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	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> #TIMES
C5. Cocaine  YES..... <input type="checkbox"/> 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	<div style="border: 1px solid black; width: 60px; 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.)

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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..... <input style="width: 40px; text-align: center;" type="text" value="1"/> NO ..... 2 <b>(C7)</b>	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]?	<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..... <input style="width: 40px; text-align: center;" type="text" value="1"/> NO ..... 2 <b>(C8)</b>	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)

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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

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

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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  
 NO ..... 2 (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?.....	1	2 (C20)		
	Specify		____  #TIMES	____  # DAYS

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

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

**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 pertain 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 <b>(D6a)</b>			
b. During this time, how often did (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 <b>(D7a)</b>			
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 <b>(D8a)</b>			
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 <b>(D9a)</b>			
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 <b>(D10)</b>			
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 <b>(D6a)</b>			
b. During this time, how often did (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 <b>(D7a)</b>			
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 <b>(D8a)</b>			
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 <b>(D9a)</b>			
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 <b>(D10)</b>			
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 <b>(D6a)</b>			
b. During this time, how often did (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 <b>(D7a)</b>			
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 <b>(D8a)</b>			
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 <b>(D9a)</b>			
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 <b>(D10)</b>			
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 <b>(D6a)</b>			
b. During this time, how often did (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 <b>(D7a)</b>			
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 <b>(D8a)</b>			
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 <b>(D9a)</b>			
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 <b>(D10)</b>			
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 <b>(D6a)</b>			
b. During this time, how often did (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 <b>(D7a)</b>			
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 <b>(D8a)</b>			
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 <b>(D9a)</b>			
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 <b>(D10)</b>			
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**

**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			
<b>(IF “00” SKIP TO E3)</b>			
	PER WEEK.....	1	
	PER MONTH.....	2	
	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	<b>(E3)</b>

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			
<b>(IF “00” SKIP TO E4)</b>			
	PER WEEK.....	1	
	PER MONTH.....	2	
	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

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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)**

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> # TIMES		PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT ..... 3
<b>(IF "00" SKIP TO E5)</b>		

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 .....	<b>2</b>
Never .....	<b>3</b>

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)**

<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> # TIMES		PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT ..... 3
<b>(IF "00" SKIP TO SECT. F)</b>		

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

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**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)**