

**WOMEN'S INTERAGENCY HIV STUDY  
F24BEH: ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR**

**SECTION A: GENERAL INFORMATION**

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE |\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|\_|\_|-|\_|\_|
- A2. WIHS STUDY VISIT #: |\_|\_|\_|
- A3. FORM VERSION: **04 / 0 1 / 0 9**
- 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 **(B7)**

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 M Y Y

b. When you quit smoking, did you use any of the following to help you quit?

- |   | <u>YES</u> | <u>NO</u>     |
|---|------------|---------------|
| i. Smoking cessation advice by health workers .....   | 1          | 2             |
| ii. Individual counseling for smoking cessation .....   | 1          | 2             |
| iii. Self-help interventions for smoking cessation (manuals, books, tapes, CDs).....  | 1          | 2             |
| iv. Supportive group sessions or workshops .....  | 1          | 2             |
| v. Toll-free telephone help-lines.....  | 1          | 2             |
| vi. Specialist smoking cessation clinics.....   | 1          | 2             |
| vii. Nicotine replacement therapy (NRT), including nicotine gum, nicotine spray,<br>nicotine patch, nicotine inhaler <b>(PROBE: Nicorette, Nicotinelli, Nicobate)</b> ..... | 1          | 2             |
| viii. Other pharmacological aids.....   | 1          | 2 <b>(ix)</b> |

SPECIFY: \_\_\_\_\_

WIHS ID #

	<u>YES</u>	<u>NO</u>
ix. Acupuncture .....	1	2
x. Homeopathy .....	1	2
xi. Hypnotherapy .....	1	2
xii. Exercise .....	1	2
xiii. Other .....	1	2 (c)

SPECIFY: \_\_\_\_\_

c. Did you start again?

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

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

_ _  /  _ _	<b>(B4)</b>
M M Y Y	

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

_ _ _	PACKS .....
NUMBER	1 (B7)
	CIGARETTES .....
	2 (B7)

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

_ _ _	PACKS .....
NUMBER	1
	CIGARETTES .....
	2

**PROMPT: IF PARTICIPANT CURRENTLY SMOKES, REFER TO A SMOKING CESSATION PROGRAM.**

B7. Since your (MONTH) study visit, did you drink beer, wine, hard liquor or any other alcoholic beverages?

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

Now I'm going to ask you about the alcoholic beverages you drank since your (MONTH) study visit. 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 alcoholic beverage. **SHOW PARTICIPANT RESPONSE CARD 9C, WITH PHOTOS OF DIFFERENT DRINK SIZES. KEEP RESPONSE CARD AVAILABLE THROUGHOUT THIS PORTION OF THE INTERVIEW.**

a. **SHOW PARTICIPANT RESPONSE CARD 9.**

Since your (MONTH) study visit, how often did you have a drink containing alcohol?

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

b. Since your (MONTH) study visit, on a day when you drank any alcoholic beverages, about how many did you USUALLY have altogether?

- 1-2 drinks..... 1
- 3-4 drinks..... 2
- 5-6 drinks..... 3
- 7 or more drinks ..... 4

**PROMPT: FOR ALL SHADED RESPONSES, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR.**

**B8. SKIP TO QUESTION B9 IF EVEN-NUMBERED VISIT.**

Does your use of alcohol affect how you take your HIV medications?

- YES ..... 1
- NO ..... 2 **(B9)**
- PARTICIPANT DOES NOT TAKE HIV MEDS ..... 3 **(B9)**

a. How does your use of alcohol affect how you take your HIV medications? Please say “yes” for all that apply.

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications.....          | 1          | 2         |
| ii. I forget to take my medications altogether .....     | 1          | 2         |
| iii. I don’t take my medications at the right time ..... | 1          | 2         |
| iv. I only take some of my medications .....             | 1          | 2         |
| v. I don’t take my medications with enough water.....    | 1          | 2         |
| vi. I don’t take my medications with enough food .....   | 1          | 2         |

**B9. HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE HOW OFTEN SHE USUALLY DRINKS BEER.**

Since your (MONTH) study visit, how often did you usually drink beer?

- |  |                   |                |
|--|-------------------|----------------|
| A few times/year, less than once/month ..... | 3 times/week..... | 7              |
| Once/month.....                              | 4 times/week..... | 8              |
| 2 times/month .....                          | 5 times/week..... | 9              |
| 3 times/month .....                          | 6 times/week..... | 10             |
| Once/week .....                              | Every day.....    | 11             |
| 2 times/week .....                           | Never .....       | 0 <b>(B10)</b> |

a. What type of beer do you usually drink? (**CIRCLE ONLY ONE**)

- Regular beer ..... 1
- Light beer ..... 2
- Non-alcoholic beer ..... 3
- Malt liquor..... 4
- Regular beer and malt liquor fairly equally ..... 5

- b. On a day when you drink beer, about how much do you usually drink in one day?  
**HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE SIZE AND NUMBER OF BEERS SHE USUALLY DRINKS ON A DAY WHEN SHE DRINKS BEER. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED, AND THE NUMBER OF DRINKS THAT SIZE THAT SHE NORMALLY DRINKS.**

- i. SIZE: |\_|\_|
- ii. NUMBER: |\_|\_|

**B10. HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE HOW OFTEN SHE USUALLY DRINKS WINE.**

Since your (MONTH) study visit, how often did you usually drink wine?

- |   |                           |
|---|---------------------------|
| A few times/year, less than once/month .....1 | 3 times/week .....7       |
| Once/month.....2                              | 4 times/week .....8       |
| 2 times/month .....3                          | 5 times/week .....9       |
| 3 times/month .....4                          | 6 times/week .....10      |
| Once/week .....5                              | Every day .....11         |
| 2 times/week .....6                           | Never .....0 <b>(B11)</b> |

- a. What type of wine do you usually drink? **(CIRCLE ONLY ONE)**

- White wine .....1
- Red wine .....2
- Port or other fortified wine.....3
- Wine coolers .....4
- Red and white wine fairly equally .....5

- b. On a day when you drink wine, about how much do you usually drink in one day?  
**HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE SIZE AND NUMBER OF GLASSES/BOTTLES OF WINE SHE USUALLY DRINKS ON A DAY WHEN SHE DRINKS WINE. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED, AND THE NUMBER OF DRINKS THAT SIZE SHE NORMALLY DRINKS.**

- i. SIZE: |\_|\_|
- ii. NUMBER: |\_|\_|

**B11. HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE HOW OFTEN SHE USUALLY DRINKS COCKTAILS OR HARD LIQUOR.**

Since your (MONTH) study visit, how often did you usually drink cocktails or hard liquor?

**(PROBE: For example, straight or mixed drinks of gin, whiskey, rum, vodka, tequila, etc.)**

- |   |                           |
|---|---------------------------|
| A few times/year, less than once/month .....1 | 3 times/week .....7       |
| Once/month.....2                              | 4 times/week .....8       |
| 2 times/month .....3                          | 5 times/week .....9       |
| 3 times/month .....4                          | 6 times/week .....10      |
| Once/week .....5                              | Every day .....11         |
| 2 times/week .....6                           | Never .....0 <b>(B13)</b> |

- a. On a day when you drink hard liquor, about how much do you usually drink in one day?  
**HAND PARTICIPANT RESPONSE CARD 9B. ASK HER TO SELECT THE SIZE AND NUMBER OF GLASSES/BOTTLES OF LIQUOR THAT SHE NORMALLY DRINKS ON A DAY WHEN SHE DRINKS LIQUOR. ENTER THE NUMBER CORRESPONDING TO THE SIZE SELECTED, AND THE NUMBER OF DRINKS THAT SIZE SHE NORMALLY DRINKS.**

- i. SIZE: |\_|\_|  
 ii. NUMBER: |\_|\_|

**B13. HAND PARTICIPANT RESPONSE CARD 9A. ASK HER TO INDICATE HOW OFTEN SHE DRINKS FOUR OR MORE DRINKS AT ONE SITTING.**

Since your (MONTH) study visit, how often did you drink four or more drinks at one sitting when you were drinking? 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.

- |   |                      |
|---|----------------------|
| A few times/year, less than once/month .....1 | 3 times/week .....7  |
| Once/month .....2                             | 4 times/week .....8  |
| 2 times/month .....3                          | 5 times/week .....9  |
| 3 times/month .....4                          | 6 times/week .....10 |
| Once/week .....5                              | Every day .....11    |
| 2 times/week .....6                           | Never .....0         |

B24. Do you think that you should cut down on how much you drink now?

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

B25. Has a health care provider suggested that you cut down on or stop drinking?

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

B26. Would you be interested in a program to help you reduce your level of drinking?

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

**PROMPT: 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.

**C0.** Since your (MONTH) study visit, have you used marijuana (either medical or recreational), cocaine, crack, heroin, amphetamines or methamphetamine, hallucinogens, club drugs, methadone or narcotics when they were not prescribed to you by a doctor, or any other illicit or recreational drugs?.

- YES ..... 1  
 NO ..... 2 (C17)

**C1.** Since your (MONTH) study visit, **have you used marijuana or hash?**

**YES** ..... 1  
**NO** ..... 2 (C2)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used marijuana or hash since your (MONTH) study visit?

Less than once a month .....1  
At least once a month, but less than once a week .....2  
Once a week .....3  
2 – 3 times a week .....4  
4 – 6 times a week .....5  
Once a day .....6  
More than once a day .....7

b. Was your use of marijuana medical, meaning prescribed by a doctor, or recreational?

Medical .....1  
Recreational .....2  
Both medical and recreational .....3

d. **SKIP TO QUESTION C2 IF EVEN-NUMBERED VISIT.**

Does your use of marijuana or hash affect how you take your HIV medications?

**YES** .....1  
**NO** .....2 (C2)  
**PARTICIPANT DOES NOT TAKE HIV MEDS** .....3 (C2)

e. How does your use of marijuana or hash usually affect how you take your HIV medications?  
Please say “yes” for all that apply.

	<u><b>YES</b></u>	<u><b>NO</b></u>
i. I am more likely to take my medications.....	1	2
ii. I forget to take my medications altogether .....	1	2
iii. I don't take my medications at the right time .....	1	2
iv. I only take some of my medications .....	1	2
v. I don't take my medications with enough water.....	1	2
vi. I don't take my medications with enough food .....	1	2

**C2.** (Since your (MONTH) study visit), **have you smoked crack?**

**YES** ..... 1  
**NO** ..... 2 (C3)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you smoked crack since your (MONTH) study visit?

Less than once a month .....1  
At least once a month, but less than once a week .....2  
Once a week .....3  
2 – 3 times a week .....4  
4 – 6 times a week .....5  
Once a day .....6  
More than once a day .....7

b. **SKIP TO QUESTION C3 IF EVEN-NUMBERED VISIT.**

Does smoking crack affect how you take your HIV medications?

- YES .....1
- NO .....2 (C3)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C3)

c. How does smoking crack usually affect how you take your HIV medications? Please say “yes” for all that apply.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1          | 1          | 2         |
| ii. I forget to take my medications altogether .....1     | 1          | 2         |
| iii. I don’t take my medications at the right time .....1 | 1          | 2         |
| iv. I only take some of my medications .....1             | 1          | 2         |
| v. I don’t take my medications with enough water.....1    | 1          | 2         |
| vi. I don’t take my medications with enough food .....1   | 1          | 2         |

**C3.** (Since your (MONTH) study visit), **have you injected crack by itself?**

- YES ..... 1
- NO ..... 2 (C4)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected crack since your (MONTH) study visit?

- Less than once a month .....1
- At least once a month, but less than once a week .....2
- Once a week .....3
- 2 – 3 times a week .....4
- 4 – 6 times a week .....5
- Once a day .....6
- More than once a day .....7

b. **SKIP TO QUESTION C4 IF EVEN-NUMBERED VISIT.**

Does injecting crack affect how you take your HIV medications?

- YES .....1
- NO .....2 (C4)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C4)

c. How does injecting crack usually affect how you take your HIV medications? Please say “yes” for all that apply.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1          | 1          | 2         |
| ii. I forget to take my medications altogether .....1     | 1          | 2         |
| iii. I don’t take my medications at the right time .....1 | 1          | 2         |
| iv. I only take some of my medications .....1             | 1          | 2         |
| v. I don’t take my medications with enough water.....1    | 1          | 2         |
| vi. I don’t take my medications with enough food .....1   | 1          | 2         |

**C4.** (Since your (MONTH) study visit), **have you sniffed or snorted cocaine?**

YES ..... 1  
 NO ..... 2 (C5)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you sniffed or snorted cocaine since your (MONTH) study visit?

Less than once a month .....1  
 At least once a month, but less than once a week .....2  
 Once a week .....3  
 2 – 3 times a week .....4  
 4 – 6 times a week .....5  
 Once a day .....6  
 More than once a day .....7

b. **SKIP TO QUESTION C5 IF EVEN-NUMBERED VISIT.**

Does sniffing or snorting cocaine affect how you take your HIV medications?

YES .....1  
 NO .....2 (C5)  
 PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C5)

c. How does sniffing or snorting cocaine usually affect how you take your HIV medications?  
 Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....1	1	2
ii. I forget to take my medications altogether .....1	1	2
iii. I don't take my medications at the right time .....1	1	2
iv. I only take some of my medications .....1	1	2
v. I don't take my medications with enough water.....1	1	2
vi. I don't take my medications with enough food .....1	1	2

**C5.** (Since your (MONTH) study visit), **have you injected cocaine by itself?**

YES ..... 1  
 NO ..... 2 (C6)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected cocaine since your (MONTH) study visit?

Less than once a month .....1  
 At least once a month, but less than once a week .....2  
 Once a week .....3  
 2 – 3 times a week .....4  
 4 – 6 times a week .....5  
 Once a day .....6  
 More than once a day .....7



**b. SKIP TO QUESTION C6 IF EVEN-NUMBERED VISIT.**

Does injecting cocaine affect how you take your HIV medications?

- YES .....1
- NO .....2 (C6)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C6)

**c. How does injecting cocaine usually affect how you take your HIV medications? Please say “yes” for all that apply.**

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications.....          | 1          | 2         |
| ii. I forget to take my medications altogether .....     | 1          | 2         |
| iii. I don’t take my medications at the right time ..... | 1          | 2         |
| iv. I only take some of my medications .....             | 1          | 2         |
| v. I don’t take my medications with enough water.....    | 1          | 2         |
| vi. I don’t take my medications with enough food .....   | 1          | 2         |

**C6.** (Since your (MONTH) study visit), **have you sniffed or snorted heroin?**

- YES ..... 1
- NO ..... 2 (C7)

**a. HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you sniffed or snorted heroin since your (MONTH) study visit?

- Less than once a month .....1
- At least once a month, but less than once a week .....2
- Once a week .....3
- 2 – 3 times a week .....4
- 4 – 6 times a week .....5
- Once a day .....6
- More than once a day .....7

**b. SKIP TO QUESTION C7 IF EVEN-NUMBERED VISIT.**

Does sniffing or snorting heroin affect how you take your HIV medications?

- YES .....1
- NO .....2 (C7)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C7)

**c. How does sniffing or snorting heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.**

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications.....          | 1          | 2         |
| ii. I forget to take my medications altogether .....     | 1          | 2         |
| iii. I don’t take my medications at the right time ..... | 1          | 2         |
| iv. I only take some of my medications .....             | 1          | 2         |
| v. I don’t take my medications with enough water.....    | 1          | 2         |
| vi. I don’t take my medications with enough food .....   | 1          | 2         |

**C7.** (Since your (MONTH) study visit), **have you smoked heroin?**

YES ..... 1  
 NO ..... 2 (C8)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you smoked heroin since your (MONTH) study visit?

Less than once a month .....1  
 At least once a month, but less than once a week .....2  
 Once a week .....3  
 2 – 3 times a week .....4  
 4 – 6 times a week .....5  
 Once a day .....6  
 More than once a day .....7

b. **SKIP TO QUESTION C8 IF EVEN-NUMBERED VISIT.**

Does smoking heroin affect how you take your HIV medications?

YES .....1  
 NO .....2 (C8)  
 PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C8)

c. How does smoking heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....1	1	2
ii. I forget to take my medications altogether .....1	1	2
iii. I don’t take my medications at the right time .....1	1	2
iv. I only take some of my medications .....1	1	2
v. I don’t take my medications with enough water.....1	1	2
vi. I don’t take my medications with enough food .....1	1	2

**C8.** (Since your (MONTH) study visit), **have you injected heroin by itself?**

YES ..... 1  
 NO ..... 2 (C9)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected heroin since your (MONTH) study visit?

Less than once a month .....1  
 At least once a month, but less than once a week .....2  
 Once a week .....3  
 2 – 3 times a week .....4  
 4 – 6 times a week .....5  
 Once a day .....6  
 More than once a day .....7

b. **SKIP TO QUESTION C9 IF EVEN-NUMBERED VISIT.**

Does injecting heroin affect how you take your HIV medications?

- YES .....1
- NO .....2 (C9)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C9)

c. How does injecting heroin usually affect how you take your HIV medications? Please say “yes” for all that apply.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1          | 1          | 2         |
| ii. I forget to take my medications altogether .....1     | 1          | 2         |
| iii. I don’t take my medications at the right time .....1 | 1          | 2         |
| iv. I only take some of my medications .....1             | 1          | 2         |
| v. I don’t take my medications with enough water.....1    | 1          | 2         |
| vi. I don’t take my medications with enough food .....1   | 1          | 2         |

**C9.** (Since your (MONTH) study visit), **have you injected heroin and cocaine together** (speedball)?

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

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected heroin and cocaine together (speedball) since your (MONTH) study visit?

- Less than once a month .....1
- At least once a month, but less than once a week .....2
- Once a week .....3
- 2 – 3 times a week .....4
- 4 – 6 times a week .....5
- Once a day .....6
- More than once a day .....7

b. **SKIP TO QUESTION C10 IF EVEN-NUMBERED VISIT.**

Does injecting heroin and cocaine together affect how you take your HIV medications?

- YES .....1
- NO .....2 (C10)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C10)

c. How does injecting cocaine and heroin together usually affect how you take your HIV medications? Please say “yes” for all that apply.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1          | 1          | 2         |
| ii. I forget to take my medications altogether .....1     | 1          | 2         |
| iii. I don’t take my medications at the right time .....1 | 1          | 2         |
| iv. I only take some of my medications .....1             | 1          | 2         |
| v. I don’t take my medications with enough water.....1    | 1          | 2         |
| vi. I don’t take my medications with enough food .....1   | 1          | 2         |

**C10.** (Since your (MONTH) study visit), **have you sniffed or smoked methamphetamine** (crank, crystal, tina)?

YES ..... 1  
 NO ..... 2 (C11)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you sniffed or smoked methamphetamine since your (MONTH) study visit?

Less than once a month .....1  
 At least once a month, but less than once a week .....2  
 Once a week .....3  
 2 – 3 times a week .....4  
 4 – 6 times a week .....5  
 Once a day .....6  
 More than once a day .....7

b. **SKIP TO QUESTION C11 IF EVEN-NUMBERED VISIT.**

Does sniffing or smoking methamphetamine affect how you take your HIV medications?

YES .....1  
 NO .....2 (C11)  
 PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C11)

c. How does sniffing or smoking methamphetamine usually affect how you take your HIV medications? Please say “yes” for all that apply.

	<u>YES</u>	<u>NO</u>
i. I am more likely to take my medications.....1	1	2
ii. I forget to take my medications altogether .....1	1	2
iii. I don't take my medications at the right time .....1	1	2
iv. I only take some of my medications .....1	1	2
v. I don't take my medications with enough water.....1	1	2
vi. I don't take my medications with enough food .....1	1	2

**C11.** (Since your (MONTH) study visit), **have you injected methamphetamine** (crank, crystal, tina) **by itself?**

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

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you injected methamphetamine since your (MONTH) study visit?

Less than once a month .....1  
 At least once a month, but less than once a week .....2  
 Once a week .....3  
 2 – 3 times a week .....4  
 4 – 6 times a week .....5  
 Once a day .....6  
 More than once a day .....7

b. **SKIP TO QUESTION C12 IF EVEN-NUMBERED VISIT.**

Does injecting methamphetamine affect how you take your HIV medications?

- YES .....1
- NO .....2 (C12)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C12)

c. How does injecting methamphetamine usually affect how you take your HIV medications?  
Please say “yes” for all that apply.

- |   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1          | 1          | 2         |
| ii. I forget to take my medications altogether .....1     | 1          | 2         |
| iii. I don’t take my medications at the right time .....1 | 1          | 2         |
| iv. I only take some of my medications .....1             | 1          | 2         |
| v. I don’t take my medications with enough water.....1    | 1          | 2         |
| vi. I don’t take my medications with enough food .....1   | 1          | 2         |

**C12.** (Since your (MONTH) study visit), **have you used methadone when it was not prescribed to you by a doctor?**

- YES ..... 1
- NO ..... 2 (C13)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used methadone when it was not prescribed to you by a doctor since your (MONTH) study visit?

- Less than once a month .....1
- At least once a month, but less than once a week .....2
- Once a week .....3
- 2 – 3 times a week .....4
- 4 – 6 times a week .....5
- Once a day .....6
- More than once a day .....7

b. **SKIP TO QUESTION C13 IF EVEN-NUMBERED VISIT.**

Does your use of methadone when it was not prescribed to you by a doctor affect how you take your HIV medications?

- YES .....1
- NO .....2 (d)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C13)

c. How does your use of methadone when it wasn’t prescribed to you by a doctor usually affect how you take your HIV medications? Please say “yes” for all that apply.

- |   | <b>YES</b> | <b>NO</b> |
|---|------------|-----------|
| i. I am more likely to take my medications.....1          | 1          | 2         |
| ii. I forget to take my medications altogether .....1     | 1          | 2         |
| iii. I don’t take my medications at the right time .....1 | 1          | 2         |
| iv. I only take some of my medications .....1             | 1          | 2         |

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| v. I don't take my medications with enough water.....  | 1          | 2         |
| vi. I don't take my medications with enough food ..... | 1          | 2         |

d. Does your use of HIV medications affect how you take methadone?

- |           |   |              |
|-----------|---|--------------|
| YES ..... | 1 |              |
| NO .....  | 2 | <b>(C13)</b> |

e. How does your use of HIV medications usually affect how you take methadone? Please say "yes" for all that apply.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| i. I need to take more methadone.....   | 1          | 2         |
| ii. I need to take less methadone ..... | 1          | 2         |

**C13.** (Since your (MONTH) study visit), **have you used amphetamines** (speed, uppers)?

- |           |   |              |
|-----------|---|--------------|
| YES ..... | 1 |              |
| NO .....  | 2 | <b>(C14)</b> |

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used amphetamines since your (MONTH) study visit?

- |  |   |  |
|--|---|--|
| Less than once a month .....                           | 1 |  |
| At least once a month, but less than once a week ..... | 2 |  |
| Once a week .....                                      | 3 |  |
| 2 – 3 times a week .....                               | 4 |  |
| 4 – 6 times a week .....                               | 5 |  |
| Once a day .....                                       | 6 |  |
| More than once a day .....                             | 7 |  |

b. **SKIP TO QUESTION C14 IF EVEN-NUMBERED VISIT.**

Does your use of amphetamines affect how you take your HIV medications?

- |  |   |              |
|--|---|--------------|
| YES .....                                | 1 |              |
| NO .....                                 | 2 | <b>(C14)</b> |
| PARTICIPANT DOES NOT TAKE HIV MEDS ..... | 3 | <b>(C14)</b> |

c. How does your use of amphetamines usually affect how you take your HIV medications? Please say "yes" for all that apply.

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications.....          | 1          | 2         |
| ii. I forget to take my medications altogether .....     | 1          | 2         |
| iii. I don't take my medications at the right time ..... | 1          | 2         |
| iv. I only take some of my medications .....             | 1          | 2         |
| v. I don't take my medications with enough water.....    | 1          | 2         |
| vi. I don't take my medications with enough food .....   | 1          | 2         |

**C14.** (Since your (MONTH) study visit), **have you used hallucinogens** (such as LSD, PCP, mushrooms, peyote)?

**YES** ..... 1  
**NO** ..... 2 (C15)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used hallucinogens since your (MONTH) study visit?

Less than once a month .....1  
 At least once a month, but less than once a week .....2  
 Once a week .....3  
 2 – 3 times a week .....4  
 4 – 6 times a week .....5  
 Once a day .....6  
 More than once a day .....7

b. **SKIP TO QUESTION C15 IF EVEN-NUMBERED VISIT.**

Does your use of hallucinogens affect how you take your HIV medications?

**YES** .....1  
**NO** .....2 (C15)  
**PARTICIPANT DOES NOT TAKE HIV MEDS** .....3 (C15)

c. How does your use of hallucinogens usually affect how you take your HIV medications? Please say “yes” for all that apply.

	<u><b>YES</b></u>	<u><b>NO</b></u>
i. I am more likely to take my medications.....	1	2
ii. I forget to take my medications altogether .....	1	2
iii. I don’t take my medications at the right time .....	1	2
iv. I only take some of my medications .....	1	2
v. I don’t take my medications with enough water.....	1	2
vi. I don’t take my medications with enough food .....	1	2

**C15.** (Since your (MONTH) study visit), **have you used any club drugs, such as ecstasy, ketamine or GHB?**

**YES** ..... 1  
**NO** ..... 2 (C16)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used club drugs since your (MONTH) study visit?

Less than once a month .....1  
 At least once a month, but less than once a week .....2  
 Once a week .....3  
 2 – 3 times a week .....4  
 4 – 6 times a week .....5  
 Once a day .....6  
 More than once a day .....7

b. **SKIP TO QUESTION C16 IF EVEN-NUMBERED VISIT.**

Does your use of club drugs affect how you take your HIV medications?

- YES .....1
- NO .....2 (C16)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (C16)

c. How does your use of club drugs usually affect how you take your HIV medications? Please say “yes” for all that apply.

- |      |  | <u>YES</u> | <u>NO</u> |
|------|--|------------|-----------|
| i.   | I am more likely to take my medications.....1        |            | 2         |
| ii.  | I forget to take my medications altogether .....1    |            | 2         |
| iii. | I don’t take my medications at the right time .....1 |            | 2         |
| iv.  | I only take some of my medications .....1            |            | 2         |
| v.   | I don’t take my medications with enough water.....1  |            | 2         |
| vi.  | I don’t take my medications with enough food .....1  |            | 2         |

**C16.** (Since your (MONTH) study visit), **have you used any other narcotic drugs**, such as morphine, codeine, oxycodone or Demerol, **that have not been prescribed by your doctor?**

- YES ..... 1
- NO ..... 2 (C17)

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used narcotic drugs that have not been prescribed by your doctor since your (MONTH) study visit?

- Less than once a month .....1
- At least once a month, but less than once a week .....2
- Once a week .....3
- 2 – 3 times a week .....4
- 4 – 6 times a week .....5
- Once a day .....6
- More than once a day .....7

b. **SKIP TO QUESTION C16d IF EVEN-NUMBERED VISIT.**

Does your use of narcotic drugs that have not been prescribed by your doctor affect how you take your HIV medications?

- YES .....1
- NO .....2 (d)
- PARTICIPANT DOES NOT TAKE HIV MEDS .....3 (d)

c. How does your use of narcotic drugs that have not been prescribed by your doctor usually affect how you take your HIV medications? Please say “yes” for all that apply.

- |      |  | <u>YES</u> | <u>NO</u> |
|------|--|------------|-----------|
| i.   | I am more likely to take my medications.....1        |            | 2         |
| ii.  | I forget to take my medications altogether .....1    |            | 2         |
| iii. | I don’t take my medications at the right time .....1 |            | 2         |
| iv.  | I only take some of my medications .....1            |            | 2         |



- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| v. I don't take my medications with enough water.....                    | 1          | 2         |
| vi. I don't take my medications with enough food .....                   | 1          | 2         |
| d. Since your (MONTH) study visit, have you injected any narcotic drugs? |            |           |
| YES .....  | 1          |           |
| NO .....   |            | 2         |

**C17.** Since your (MONTH) study visit, **have you used any tranquilizers**, such as sleeping pills, barbiturates or valium, **whether or not they were prescribed to you?**

- |           |   |              |
|-----------|---|--------------|
| YES ..... | 1 |              |
| NO .....  | 2 | <b>(C18)</b> |

a. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used tranquilizers since your (MONTH) study visit?

- |  |   |  |
|--|---|--|
| Less than once a month .....                           | 1 |  |
| At least once a month, but less than once a week ..... | 2 |  |
| Once a week .....                                      | 3 |  |
| 2 – 3 times a week .....                               | 4 |  |
| 4 – 6 times a week .....                               | 5 |  |
| Once a day .....                                       | 6 |  |
| More than once a day .....                             | 7 |  |

b. **SKIP TO QUESTION C18 IF EVEN-NUMBERED VISIT.**

Does your use of tranquilizers affect how you take your HIV medications?

- |  |   |              |
|--|---|--------------|
| YES .....                                | 1 |              |
| NO .....                                 | 2 | <b>(C18)</b> |
| PARTICIPANT DOES NOT TAKE HIV MEDS ..... | 3 | <b>(C18)</b> |

c. How does your use of tranquilizers usually affect how you take your HIV medications? Please say “yes” for all that apply.

- |  | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| i. I am more likely to take my medications.....          | 1          | 2         |
| ii. I forget to take my medications altogether .....     | 1          | 2         |
| iii. I don't take my medications at the right time ..... | 1          | 2         |
| iv. I only take some of my medications .....             | 1          | 2         |
| v. I don't take my medications with enough water.....    | 1          | 2         |
| vi. I don't take my medications with enough food .....   | 1          | 2         |

**C18.** **INTERVIEWER, BASED ON RESPONSES TO QUESTIONS C3 (crack), C5 (cocaine), C8 (heroin), C9 (speedball), C11 (methamphetamines), AND C16d (narcotic drugs), HAS PARTICIPANT INJECTED DRUGS SINCE HER (MONTH) STUDY VISIT?**

- |           |   |                    |
|-----------|---|--------------------|
| YES ..... | 1 |                    |
| NO .....  | 2 | <b>(SECTION D)</b> |

C19. Since your (MONTH) study visit, what is the total number of times that you injected drugs of **any** kind?      |\_\_|\_\_|\_\_| # TIMES

**(PROBE:** In a 6-month timeframe, for example, once a day equals 180 times; once a week equals 25 times; and once a month equals 6 times.)

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

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

C20. Over the past **month**, what is the total number of times that you injected drugs of **any** kind?      |\_\_|\_\_|\_\_| # TIMES

**(PROBE:** In a 1-month timeframe, for example: Once a day equals 30 times; once a week equals 4 times.)

C21. Now let's talk about reuse of injection equipment since your (MONTH) study visit. Since your (MONTH) study visit, how often have you used a needle or syringe that you are **absolutely sure** nobody else had used before you?

- All of the time ..... 1
- More than half of the time ..... 2
- Half of the time ..... 3
- Less than half of the time ..... 4
- Rarely ..... 5
- Never ..... 6

C22. Since your (MONTH) study visit, how often did you use a cooker or cotton that you are **absolutely sure** nobody else had used before you?

- All of the time ..... 1
- More than half of the time ..... 2
- Half of the time ..... 3
- Less than half of the time ..... 4
- Rarely ..... 5
- Never ..... 6

C23. Since your (MONTH) study visit, how often did you use rinse water that you are **absolutely sure** nobody else had used before you?

- All of the time ..... 1
- More than half of the time ..... 2
- Half of the time ..... 3
- Less than half of the time ..... 4
- Rarely ..... 5
- Never ..... 6

C24. So far we've talked about you using equipment **after** someone else; now I'd like to ask you about using equipment **before** someone else. We will be asking about times you lent, rented or sold your equipment to someone else. Since your (MONTH) study visit, how often did someone else use a needle or syringe **after you had used it?**

- All of the time ..... 1
- More than half of the time ..... 2
- Half of the time ..... 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

C25. Since your (MONTH) study visit, how often did someone else use a cooker or cotton **after you had used it?**

- All of the time ..... 1
- More than half of the time ..... 2
- Half of the time ..... 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

C26. Since your (MONTH) study visit, how often did someone else use rinse water **after you had used it?**

- All of the time ..... 1
- More than half of the time ..... 2
- Half of the time ..... 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

**PROMPT: FOR ALL SHADED RESPONSES IN SECTION C, REFER PARTICIPANT TO THE APPROPRIATE COUNSELOR.**

C27. Since your (MONTH) study visit, how often did you use bleach to clean your works? By works I mean needles, syringes, and/or a cooker.

- All of the time ..... 1
- More than half of the time ..... 2
- Half of the time ..... 3
- Less than half of the time..... 4
- Rarely..... 5
- Never..... 6

C28. Since your (MONTH) study visit, have you participated in a needle exchange program?

- YES ..... 1
- NO ..... 2 (SECTION D)

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

- All of the time ..... 1
- More than half of the time ..... 2
- Half of the time ..... 3
- Less than half of the time..... 4
- Rarely..... 5

WIHS ID #

**SECTION D: MALE PARTNERS**

**INTRODUCTION TO SEXUAL BEHAVIOR QUESTIONS:** I am now going to ask you some questions about sexual behavior, including sex with men and/or women, and prostitution. 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.

D1. How many males have you had sex with since your (MONTH) study visit? |\_|\_|\_|\_|  
 By "sex," I mean vaginal sex, oral sex or anal sex. (CODE AS "000" IF NONE) #MALES

**PROMPT: IF RESPONSE AT D1 = "000" OR IF PARTICIPANT DECLINES, SKIP TO SECTION E.**

Now I'd like to know a little more detail about your sex activity. Please think about all of the men with whom you have had sex with since your (MONTH) study visit.

	YES	NO	ALWAYS	SOMETIMES	NEVER
D5a. Since your (MONTH) study visit, did you have vaginal sex (that is when your partner puts his penis in your vagina)?.....	1	2 <b>(D6a)</b>			
b. During this time, how often did you or your partner(s) 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)? .....	1	2 <b>(D7a)</b>			
b. During this time, how often did your partner(s) 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)? .....	1	2 <b>(D8a)</b>			
b. During this time, how often did you use a dental dam or similar barrier method 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)?.....	1	2 <b>(D9a)</b>			
b. During this time, how often did your partner(s) wear a rubber or condom when you had anal sex?.....			1	2	3

WIHS ID #

[Empty box for WIHS ID #]

	ALL of my partners	SOME of my partners	NONE of my partners
D9a. Do you know the HIV serostatus of your partner(s)? This means whether he is HIV positive or negative?.....	1	2	3 <b>(D10)</b>
b. Was (were any of) your partner(s) HIV positive?.....	1	2	3
D10. Does (Do) your partner(s) know your HIV serostatus? .....	1	2	3

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

**SECTION E: FEMALE PARTNERS**

E1. How many females have you had sex with since your (MONTH) study visit? |\_|\_|\_|  
By "sex," I mean vaginal sex, oral sex or anal sex. (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

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