

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 / 12**
- 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.

- B0. Have you ever smoked cigarettes?
 YES 1
 NO 2 **(B5)**
 - a. Thinking about the entire time you have smoked cigarettes, what percentage of time did you smoke menthol cigarettes?
 100-75% of the time 1
 Less than 75% but greater than 25% of the time 2
 Less than 25% of the time 3
- 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 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, nicotine patch, nicotine inhaler (PROBE: Nicorette, Nicotinelli, Nicobate) | 1 | 2 |
| viii. Other pharmacological aids..... | 1 | 2 (ix) |
| SPECIFY: _____ | | |
| ix. Acupuncture | 1 | 2 |
| x. Homeopathy | 1 | 2 |
| xi. Hypnotherapy | 1 | 2 |
| xii. Exercise | 1 | 2 |
| xiii. Electronic cigarettes (E-cigs) | 1 | 2 |
| xiv. 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. |__|__| / |__|__| (B4)
- M M Y 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 |

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

- B5. The next question is about smoking cigars. By cigars we mean any kind, including big cigars, cigarillos, and even little cigars that look like cigarettes. We do not mean cigars that are filled with marijuana. Since your (MONTH) study visit, have you smoked part or all of any type of cigar?
- YES 1
- NO 2 (B7)

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B6. During the past 30 days, on how many days did you smoke part or all of a cigar? [] [] [] DAYS

PROMPT: IF QUESTION B6 = 0, SKIP TO QUESTION B7.

a. During the past 30 days, on days you smoked cigars, [] [] [] CIGARS
how many cigars did you smoke each day?

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

- YES1
- NO2 (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.

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/month1 | 3 times/week7 |
| Once/month.....2 | 4 times/week8 |
| 2 times/month3 | 5 times/week9 |
| 3 times/month4 | 6 times/week10 |
| Once/week5 | Every day11 |
| 2 times/week6 | Never0 (B10) |

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

- Regular beer1
- Light beer2
- Non-alcoholic beer3
- Malt liquor.....4
- Regular beer and malt liquor fairly equally5

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/month1 | 3 times/week7 |
| Once/month.....2 | 4 times/week8 |
| 2 times/month3 | 5 times/week9 |
| 3 times/month4 | 6 times/week10 |
| Once/week5 | Every day11 |
| 2 times/week6 | Never0 (B11) |

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

- White wine1
- Red wine2
- Port or other fortified wine.....3
- Wine coolers4
- Red and white wine fairly equally5

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/month1 | 3 times/week7 |
| Once/month.....2 | 4 times/week8 |
| 2 times/month3 | 5 times/week9 |
| 3 times/month4 | 6 times/week10 |
| Once/week5 | Every day11 |
| 2 times/week6 | Never0 (B13) |

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/month1 | 3 times/week7 |
| Once/month.....2 | 4 times/week8 |
| 2 times/month3 | 5 times/week9 |
| 3 times/month4 | 6 times/week10 |
| Once/week5 | Every day11 |
| 2 times/week6 | Never0 |

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

YES**1**
 NO2

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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.

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, or both?
Medical 1
Recreational 2
Both medical and recreational 3

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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

- YES** 1
- NO** 2 (C14)

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

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

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 month1
- At least once a month, but less than once a week2
- Once a week3
- 2 – 3 times a week4
- 4 – 6 times a week5
- Once a day6
- More than once a day7

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 (C18)

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

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 (SECTION D)

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.

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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 time1
- More than half of the time2
- Half of the time3
- 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 time1
- More than half of the time2
- Half of the time3
- Less than half of the time.....4
- Rarely.....5

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. State laws regarding notification of partners of HIV+ individuals do not apply to research studies.

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.

a. Do you consider your main sexual partner to be someone with whom you have an ongoing relationship, like a spouse, lover, or boyfriend, or is he a more casual partner? By "main sexual partner" I mean the person with whom you have sex most frequently. By "casual partner" I mean someone with whom you have sex occasionally.

- ONGOING 1
- CASUAL..... 2
- NO MAIN PARTNER.....3 (D2)

b. Do you know the age of your main sexual partner?

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

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- c. What is your best guess? Is your main sexual partner:
- Older than you.....1 (D2)
 - Younger than you.....2 (D2)
 - About the same age.....3 (D2)

d. What is his age? |_|_|
AGE

D2. How many of the males you've had sex with are new sexual partners? By new partners, |_|_|_|
MALES
I mean someone you had not had sex with before your (MONTH) study visit?

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 (D6a) | | | |
| 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 (D7a) | | | |
| b. During this time, how often did your partner(s) wear a rubber or condom when you performed oral sex? | | | 1 | 2 | 3 |
| c. Since your (MONTH) study visit, how many men did you perform oral sex (blow job) on?..... _ _ _ | | | | | |
| 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 (D8a) | | | |
| 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 (D9a) | | | |
| b. During this time, how often did your partner(s) wear a rubber or condom when you had anal sex?..... | | | 1 | 2 | 3 |

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

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| |
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| |
|--|

| | 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 (D10) |
| 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 |

D11. IS PARTICIPANT HIV-POSITIVE?

YES1
 NO.....2 (SECTION E)

HAND PARTICIPANT RESPONSE CARD 10a. Please indicate the extent to which you disagree or agree with the following statements. Do you strongly disagree, disagree, agree, or strongly agree?

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-------------------|----------|-------|----------------|
| D12. If I did not know a person's HIV status I am certain that I could decide about telling them my status before having sex. | 1 | 2 | 3 | 4 |
| D13. I am certain that I can discuss being HIV positive with a new sex partner. | 1 | 2 | 3 | 4 |
| D14. I feel confident telling someone I was dating that I am HIV positive. | 1 | 2 | 3 | 4 |
| D15. I am certain that I could decide about disclosing my HIV status to a new sex partner even if I had been drinking. | 1 | 2 | 3 | 4 |
| D16. I would rather not have sex than deal with decisions to disclose. | 1 | 2 | 3 | 4 |
| D17. I am confident about suggesting using condoms with new sex partners. | 1 | 2 | 3 | 4 |
| D18. I am certain that I would remember to use a condom even if I were drinking or using drugs. | 1 | 2 | 3 | 4 |
| D19. I am confident that I can have safer sex and satisfy my partner. | 1 | 2 | 3 | 4 |

WIHS ID #

[Empty box for WIHS ID #]

| | Strongly Disagree | Disagree | Agree | Strongly Agree |
|---|-------------------|----------|-------|----------------|
| D20. I am confident that I can have safer sex that is satisfying to me. | 1 | 2 | 3 | 4 |

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

PROMPT: IF RESPONSE AT E1 = "000" OR IF PARTICIPANT DECLINES, SKIP TO SECTION F.

E2. How many of these females are new sexual partners? By new partners, I mean
someone you had not had sex with before your (MONTH) study visit? # FEMALES

SECTION F: RECENT SEXUAL ENCOUNTERS

PROMPT: IF RESPONSES AT D1="000" AND E1="000", SKIP TO SECTION G.

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

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

SECTION G: SEXUAL FUNCTIONING & AGING

INTRODUCTION: I am now going to ask you some questions about sex and sexuality, including how you feel about sex as you grow older, reasons for not having sex, problems having sex for you and your partner, sexual satisfaction, and discussing sexual health with providers.

For the following two statements, please indicate the extent to which you agree or disagree or whether the statement is important or not at all important to you. These are just general statements; they are not about your specific relationship.

G1. For some people sex is a very important part of their lives and for others it is not very important at all. How important a part of your life would you say that sex is?

- Extremely important1
- Very important.....2
- Moderately important3
- Somewhat important.....4
- Not at all important.....5

G2. The ability to have sex decreases as a person grows older. Do you:

- Strongly agree1
- Agree.....2
- Disagree3
- Strongly disagree4

G3. Think about the last period of time during which you weren't having sex: what were the reasons you weren't having sexual activity? Please indicate all the reasons that apply to you:

| | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. You are not interested..... | 1 | 2 |
| b. Your partner is not interested..... | 1 | 2 |
| c. Physical health problems or physical limitations you have..... | 1 | 2 |
| d. Physical health problems or physical limitations your partner has..... | 1 | 2 |
| e. Emotional problems you have..... | 1 | 2 |
| f. Emotional problems your partner has..... | 1 | 2 |
| g. Your children or other family members wouldn't approve..... | 1 | 2 |
| h. Your friends wouldn't approve..... | 1 | 2 |
| i. Your religious beliefs do not allow sex outside of marriage..... | 1 | 2 |
| j. Sex is painful..... | 1 | 2 |
| k. You are grieving..... | 1 | 2 |
| l. You did not want to get a sexually transmitted disease..... | 1 | 2 |
| m. You did not have enough privacy..... | 1 | 2 |
| n. You have not had an opportunity..... | 1 | 2 |
| o. Other..... | 1 | 2 (G4) |

SPECIFY: _____

WIHS ID #

G4. Do you ever have problems having sex? (These problems include feeling aroused, level of arousal, confidence having sex, difficulty becoming lubricated, difficulty maintaining lubrication, difficulty reaching climax/orgasm).

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

G5. Does your partner have problems having sex? (These problems include those mentioned above - problems feeling aroused, level of arousal, confidence having sex, difficulty becoming lubricated, difficulty maintaining lubrication, difficulty reaching climax/orgasm – as well as problems sustaining an erection with or without a condom).

YES.....1
NO.....2
PARTICIPANT DOES NOT HAVE PARTNER.....3

G6. Over the past 4 weeks, how satisfied have you been with your overall sexual life?

Very satisfied1
Moderately satisfied.....2
About equally satisfied and dissatisfied.....3
Moderately dissatisfied4
Very dissatisfied5

G7. Over the past 4 weeks, how satisfied have you been with your sexual relationship with your partner?

Very satisfied1
Moderately satisfied.....2
About equally satisfied and dissatisfied.....3
Moderately dissatisfied4
Very dissatisfied5
PARTICIPANT DOES NOT HAVE PARTNER.....6

G8. As you have grown older, have you ever discussed sex with a doctor?

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

G9. How comfortable would you feel discussing sexual issues with a doctor?

Very comfortable1
Somewhat comfortable2
Somewhat uncomfortable3
Very uncomfortable4

G10. TIME MODULE ENDED:

|_|_| : |_|_|

AM..... 1
PM 2