

- 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. In the past 30 days, have you smoked tobacco in a cigar or pipe, or used chewing tobacco?

Have you...?	<u>YES</u>	<u>NO</u>	i. During the past 30 days, on days you [SMOKED A PIPE / CHEWED TOBACCO], how many times did you do it?
a. Smoked a cigar	1	2	
b. Smoked a pipe	1	2 (c)	_ _ # TIMES
c. Chewed tobacco	1	2 (B7)	_ _ # TIMES

WIHS ID #

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

- YES1
- NO2 (B14)

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 drink 1
- 2 drinks 2
- 3 drinks 3
- 4 drinks 4
- 5 drinks 5
- 6 drinks 6
- 7 to 9 drinks 7
- 10 or more drinks 8

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/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 (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 |

B14. 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)**

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		<u>MENTIONED</u>	
		<u>YES</u>	<u>NO</u>
What programs? (PROBE : Any others?)			
B15.	INPATIENT ALCOHOL DETOX?.....	1	2
B16.	OUTPATIENT ALCOHOL TREATMENT PROGRAM?	1	2
B17.	HALFWAY HOUSE?.....	1	2
B18.	ALCOHOLICS ANONYMOUS?.....	1	2
B19.	OTHER ALCOHOL TREATMENT PROGRAM?.....	1	2

(SPECIFY)

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, methamphetamine, hallucinogens, club drugs, or any other illicit or recreational drugs?

YES 1
NO 2 (C16)

C1. Since your (MONTH) study visit, **have you used marijuana or hash** to get high, for medical reasons, or both?

YES 1
NO 2 (C2)

a. Did you have a prescription from a medical provider for medical marijuana?

YES 1
NO 2 (c)

b. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often did you use medical 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

c. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often did you use marijuana or hash recreationally 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
- Never8

d. What is the typical way you use marijuana?

- Smoke a joint.....1
- Smoke a blunt.....2
- Smoke a bowl.....3
- Smoke a bong4
- Smoke with a one-hitter5
- Ingest it by mouth, with food, etc.....6 (C2)
- Use a vaporizer.....7 (C2)

e. When you smoke marijuana, how much do you smoke per occasion (how many joints, bowls, bong hits, etc.)?

- One1
- Two.....2
- Three.....3
- Four4
- Five.....5
- Six6
- Seven7
- Eight8
- More than eight9

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, snorted, or smoked cocaine?**

YES 1
NO 2 (C5)

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

On average, how often have you sniffed, snorted, or smoked 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 (C14)

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

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 **prescription drugs** in ways that were **not prescribed**? Not prescribed means that you didn't have a doctor's prescription for the drug, you used more than was prescribed, or you used it to get high?

- YES** 1
- NO** 2 (C18)

C16a. (Since your (MONTH) study visit), **have you used methadone in a way that was not prescribed?** Not prescribed means you didn't have a doctor's prescription for methadone, you used more than was prescribed, or you used it to get high.

- YES** 1
- NO** 2 (C16c)

b. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used methadone in a way that was not prescribed 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

C16c. (Since your (MONTH) study visit), **have you used any other prescription narcotic drugs**, such as morphine, codeine, oxycodone or Demerol, **in a way that was not prescribed?** Not prescribed means you didn't have a doctor's prescription for the narcotic, you used more than was prescribed, or you used it to get high.

- YES** 1
- NO** 2 (C16f)

d. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used any other narcotic drugs in a way that was not prescribed 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

e. Since your (MONTH) study visit, have you injected any narcotic drugs?

- YES**1
- NO**2

C16f. (Since your (MONTH) study visit), **have you used amphetamines** (speed, uppers) **in a way that was not prescribed?** Not prescribed means you didn't have a doctor's prescription for the amphetamine, you used more than was prescribed, or you used it to get high.

- YES** 1
- NO** 2 (C16h)

g. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used amphetamines in a way that was not prescribed 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

C16h. Since your (MONTH) study visit, **have you used any tranquilizers**, such as sleeping pills, barbiturates or valium, **in a way that was not prescribed?** Not prescribed means you didn't have a doctor's prescription for the drug, you used more than was prescribed, or you used it to get high.

- YES 1
- NO 2 (C18)

i. **HAND PARTICIPANT RESPONSE CARD 10.**

On average, how often have you used tranquilizers in a way that was not prescribed 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

C18. Since your (MONTH) study visit, **have you used any other illicit or recreational drugs, or any other prescription medications in a way that was not prescribed, that we haven't talked about already?**

- YES 1
- NO 2 (C19)

START F24BEHs1

	a. What is the name of this drug?	b. On average, how often have you used (DRUG) since your (MONTH) study visit?
1	_____	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 week4 4 – 6 times a week5 Once a day6 More than once a day.....7

WIHS ID #

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	a. What is the name of this drug?	b. On average, how often have you used (DRUG) since your (MONTH) study visit?
2	_____	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 week4 4 – 6 times a week5 Once a day6 More than once a day.....7
3	_____	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 week4 4 – 6 times a week5 Once a day6 More than once a day.....7
4	_____	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 week4 4 – 6 times a week5 Once a day6 More than once a day.....7

END F24BEHs1

C19. INTERVIEWER, BASED ON RESPONSES TO QUESTIONS C3 (crack), C5 (cocaine), C8 (heroin), C9 (speedball), C11 (methamphetamines), AND C16e (narcotic drugs), HAS PARTICIPANT INJECTED DRUGS SINCE HER (MONTH) STUDY VISIT?

YES 1
NO 2 (C29)

C20. 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

C21. 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.)

C22. Now let's talk about reuse of injection equipment since your (MONTH) study visit. Please think about whether you used needles, a cooker, cotton, or rinse water after another person. Did you do this:

- 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. We just talked about you using injection materials **after** someone else; now I'd like to ask you about using them **before** someone else. Since your (MONTH) study visit, how often did someone else use your needles, cooker, cotton, or rinse water after you did?

- 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. Of all the times you used needles to inject drugs, how often did you get them from a needle exchange program?

- 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

C28. Of all the times you used needles to inject drugs, how often did you get them from a pharmacy?

- 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

C29. Since your (MONTH) study visit, have you been in a drug treatment program? This would include being in inpatient and/or outpatient drug detox, methadone or suboxone maintenance programs, halfway houses, Narcotics Anonymous, prison or jail-based programs, and/or any other programs, or using medications for drug treatment.

- YES 1
- NO 2 (SECTION D)

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What programs...? (PROBE: Any others?) [FOR EACH "YES" ASK SUBQUESTION a OR b]	MENTIONED		a. Since your (MONTH) study visit, how many total days have you been in this program <u>OR</u> how many total visits have you made?	b. What drug(s) have you used in this treatment?
	YES	NO		
C30. INPATIENT DRUG DETOX?.....	1	2		
C31. OUTPATIENT DRUG DETOX?.....	1	2		
C32. METHADONE MAINTENANCE PROGRAM?	1	2 (C33)	_ _ _ # DAYS	
C33. SUBOXONE PROGRAM?	1	2 (C34)	_ _ _ # DAYS	
C34. OTHER MEDICATION-ASSISTED DRUG TREATMENT?.....	1	2 (C35)		_____ _____ _____
C35. HALFWAY HOUSE?	1	2 (C36)	_ _ _ # DAYS	
C36. NARCOTICS ANONYMOUS?	1	2 (C37)	_ _ _ # VISITS	
C37. PRISON OR JAIL-BASED TREATMENT PROGRAM?	1	2 (C37)	_ _ _ # DAYS	
C38. OTHER PROGRAMS?.....	1	2 (SECTION D)		
	_____ Specify		_ _ _ # DAYS/VISITS	

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

D1. How many men 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.

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

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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	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/they are HIV positive or negative?.....	1	2	3 (c)
b. Was (were any of) your partner(s) HIV positive?.....	1	2	3
c. Has (have any of) your partner(s) been in jail or prison since your (MONTH) study visit?.....	1	2	3
D10. Does (Do) your partner(s) know your HIV serostatus?	1	2	3

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 QUESTION G10.

F1. Since your (MONTH) study visit, have you had sex for drugs or money or shelter?

YES 1
NO 2 (G10)

a. Was it for drugs?

YES 1
NO 2 (G10)

b. How many times?

#TIMES

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

G10. TIME MODULE ENDED: : AM..... 1
PM 2