

WOMEN'S INTERAGENCY HIV STUDY
ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR
FORM 24

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|_|-|_|_|-|_|_|_|_|-|_|

A2. WIHS STUDY VISIT #:

___ ___

A3. FORM VERSION:

1 0 / 0 1 / 9 8
M D Y

A4. DATE OF INTERVIEW:

___ ___ / ___ ___ / ___ ___
M D Y

A5. INTERVIEWER'S INITIALS:

___ ___ ___

A6. DATE OF LAST STUDY VISIT
(FROM VISIT CONTROL SHEET)

___ ___ / ___ ___ / ___ ___
M D Y

A7. TIME MODULE BEGAN:

|_|_| : |_|_| AM..... 1
PM..... 2

INTRODUCTION TO PARTICIPANT:

During this part of the interview I am going to ask you some personal questions about your cigarette, alcohol and drug use, if any. Your answers are important to this research study.

WIHS ID #

SECTION C: DRUG USE

INTRODUCTION:

Now I will ask you a few questions about drug use. Your answers are strictly confidential. State laws regarding notification of partners of HIV+ individuals do not apply to research studies. Please answer as best you can.

Since your (MONTH) study visit, have you used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10 a. On average, how often have you used [DRUG] (since your (MONTH) study visit)?	b. What is the total number of times you have used [DRUG] since your (MONTH) study visit?
C1. Marijuana or hash YES..... <input type="text" value="1"/> NO 2 (C2)	Less than once a month..... 1 4-6 times a week5 At least once a month, but less than once a week..... 2 Once a day6 Once a week..... 3 More than once a day7 2-3 times a week 4	
C2. Methadone, when it was not prescribed to you by a doctor YES..... <input type="text" value="1"/> NO 2 (C3)	Less than once a month..... 1 4-6 times a week5 At least once a month, but less than once a week..... 2 Once a day6 Once a week..... 3 More than once a day7 2-3 times a week 4	
C3. Crack or cocaine or heroin YES..... 1 NO 2 (C7)		
C4. Crack (ready rock) or freebase cocaine YES..... <input type="text" value="1"/> NO 2 (C5)	Less than once a month..... 1 4-6 times a week5 At least once a month, but less than once a week..... 2 Once a day6 Once a week..... 3 More than once a day7 2-3 times a week 4	_ _ _ _ #TIMES
C5. Cocaine YES..... <input type="text" value="1"/> NO 2 (C6)	Less than once a month..... 1 4-6 times a week5 At least once a month, but less than once a week..... 2 Once a day6 Once a week..... 3 More than once a day7 2-3 times a week 4	_ _ _ _ #TIMES

PROBE: In a six month time frame, for example:
 Once a day equals 180 times, once a week equals 25 times, and once a month equals 6 times.)

WIHS ID #

YES NO i. How many times?

c. (Since your (MONTH) study visit,) did you use cocaine by snorting ? 1 2 (C6)
#TIMES

Since your (MONTH) study visit, have you used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10 a. On average, how often have you used [DRUG] (since your (MONTH) study visit)?	b. What is the total number of times you have used [DRUG] since your (MONTH) study visit?
C6. Heroin YES..... 1 NO 2 (C7)	Less than once a month..... 1 4-6 times a week..... 5 At least once a month, but less than once a week..... 2 Once a day..... 6 Once a week..... 3 More than once a day ... 7 2-3 times a week..... 4	<u> </u> <u> </u> <u> </u> #TIMES

(PROBE: In a six-month time frame, for example:
Once a day equals 180 times, once a week equals 25 times, and once a month equals 6 times)

YES NO i. How many times?

c. (Since your (MONTH) study visit,) did you use heroin by snorting? 1 2 (d)
#TIMES

d. (Since your (MONTH) study visit,) did you use heroin by smoking? 1 2 (C7)
#TIMES

Since your (MONTH) study visit, have you used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10 a. On average, how often have you used [DRUG] (since your (MONTH) study visit)?	
C7. Amphetamines (speed, uppers) hallucinogens, other narcotic drugs, or any other drug YES..... 1 NO 2 (C8)	Less than once a month..... 1 4-6 times a week 5 At least once a month, but less than once a week..... 2 Once a day 6 Once a week..... 3 More than once a day 7 2-3 times a week 4	

WIHS ID #

C8. Since your (MONTH) study visit, have you injected drugs (skin popped, shot up with a needle)?

YES 1
NO 2 (C12)

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

YES 1
NO 2

(Since your (MONTH) study visit,) how many times have you injected [DRUG]?

- b. Speedball (heroin and cocaine together)
#TIMES
- c. Cocaine by itself.....
#TIMES
- d. Heroin by itself.....
#TIMES

(PROBE: In a six month time frame, for example:
Once a day equals 180 times, once a week equals 25 times, and once a month equals 6 times)

e. (Since your (MONTH) study visit,) what is the total number of times that you injected drugs of any kind?

#TIMES

f. Over the past month, what is the total number of times that you injected drugs of any kind?

(PROBE: In a one month time frame,
for example, once a day equals 30 times, once a week equals 4 times)

#TIMES

C9. (Since your (MONTH) study visit,) have you shared a needle or works with anyone? By works I mean needles, syringes, and/or a cooker.

YES 1
NO 2 (c)

a. (Since your (MONTH) study visit,) how many times have you used needles or works that were first used by someone else and then passed to you?

|_|_|_|_|
#TIMES

b. With how many different people?

|_|_|_|_|
#PEOPLE

c. (Since your (MONTH) study visit,) have you shared water to rinse your needles with anyone?

YES 1
NO 2 (C10)

d. How many times?

|_|_|_|_|
#TIMES

e. With how many different people?

|_|_|_|_|
#PEOPLE

C10. (Since your (MONTH) study visit,) how often did you clean your works with bleach? (By works I mean needles, syringes, and/or a cooker.) Would you say:

Never 1
Less than half the time 2
About half the time 3
Most of the time 4
Always 5

C11. (Since your (MONTH) study visit) have you participated in a needle exchange program?

YES 1
NO 2 (C12)

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

Less than half the time 1
Half the time 2
Most of the time 3
Always 4

WIHS ID #

C12. Since your (MONTH) study visit, have you been in a drug treatment program, including inpatient and/or outpatient drug detox, methadone maintenance programs, halfway houses, Narcotics Anonymous, prison or jail-based programs and/or any other programs.

YES 1
 NO 2 (C20)

Have you been in a...? (PROBE: Any others?) [FOR EACH "YES" ASK SUBQUESTION]	MENTIONED		a. Since your (MONTH) study visit, how many different times did you start [PROGRAM]?	b. Since your (MONTH) study visit, how many days (total) have you been in [PROGRAM]?
	<u>YES</u>	<u>NO</u>		
C13. INPATIENT DRUG DETOX?.....	1	2 (C14)	_ _ _ (C14) #TIMES	
C14. OUTPATIENT DRUG DETOX?.....	1	2 (C15)	_ _ _ (C15) #TIMES	
C15. METHADONE MAINTENANCE PROGRAM?	1	2 (C16)	_ _ _ #TIMES	_ _ _ _ # DAYS
C16. HALFWAY HOUSE?.....	1	2 (C17)	_ _ _ #TIMES	_ _ _ _ # DAYS
C17. NARCOTICS ANONYMOUS?	1 (b)	2 (C18)		_ _ _ _ # DAYS
C18. PRISON OR JAIL-BASED TREATMENT PROGRAM?	1	2 (C19)	_ _ _ #TIMES	_ _ _ _ # DAYS
C19. OTHER PROGRAMS?..... (SPECIFY)	1	2 (C20)	_ _ _ #TIMES	_ _ _ _ # DAYS

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

YES 1
 NO 2

SECTION D: MALE PARTNERS

INTRODUCTION: Now I will ask you some questions about all types of sexual behavior with men or women including prostitution or sex for money or drugs or shelter. I understand that this is very personal, but your answers are very important for this research study. There are a lot of different people in this study, and many questions may not apply to you.

D1. This first set of questions is about all the males you have had sex with since your (MONTH) study visit. In this case, “sex” should include vaginal sex (when a male puts his penis in your vagina), both types of oral sex (a penis in your mouth and/or when a male puts his tongue in or on your vagina), or anal sex (sex in your bottom/butt/ass). How many different males (including men or boys) have you had sex with since your (MONTH) study visit? **(CODE AS “000” IF NONE)**

# OF MALES			

PROMPT: IF RESPONSE AT D1= “000” OR IF PARTICIPANT DECLINES, SKIP TO D6.

D2. Since your (MONTH) study visit, how often did you have vaginal sex (that is when your partner puts his penis in your vagina) with all your male partners? Please give your answer in times per week, times per month, or in total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

				PER WEEK.....	1
# TIMES				PER MONTH.....	2
(IF “00” SKIP TO D3)				TOTAL TIMES SINCE LAST VISIT	3

a. (Since your (MONTH) study visit,) how often did your partner(s) wear a rubber or condom when you had vaginal sex?

Always.....	1
Sometimes	2
Never	3

b. (Since your (MONTH) study visit,) when you had sex with your partner(s) when you were menstruating [having your period], how often did you have vaginal sex?

Always.....	1
Sometimes	2
Never	3 (D3)
REPORTS NO SEX DURING MENSTRUATION	4 (D3)

c. (Since your (MONTH) study visit,) how often did your partner(s) wear a rubber or condom when you had vaginal sex during your period?

Always.....	1
Sometimes	2
Never	3

D3. Since your (MONTH) study visit, how often did you perform oral sex on all your male partners (that is, a blow job or putting his penis in your mouth)? Please give me your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. **(CODE AS "00" IF NONE)**

<table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"># TIMES</td> </tr> </table>			# TIMES			PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT 3
# TIMES						
(IF "00" SKIP TO D4)						

a. (Since your (MONTH) study visit,) when you performed oral sex on all your male partners (that is, a blow job or putting his penis in your mouth), how often did your partner(s) wear a rubber or condom?

Always.....	1
Sometimes	<table border="1" style="width: 20px; height: 20px; text-align: center;">2</table>
Never	<table border="1" style="width: 20px; height: 20px; text-align: center;">3</table>

D4. Since your (MONTH) study visit, how often did you receive oral sex from all your male partners? (That is when your partner puts his tongue in or on your vagina.) Again, please give me your answer in times per week, times per month, or total times since your visit; whichever is easiest. **(CODE AS "00" IF NONE)**

<table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"># TIMES</td> </tr> </table>			# TIMES			PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT 3
# TIMES						
(IF "00" SKIP TO D5)						

a. (Since your (MONTH) study visit,) when you received oral sex (that is, when your partner put his tongue in or on your vagina), how often was a dental dam or similar barrier method used?

Always.....	1
Sometimes	<table border="1" style="width: 20px; height: 20px; text-align: center;">2</table>
Never	<table border="1" style="width: 20px; height: 20px; text-align: center;">3</table>

b. (Since your (MONTH) study visit), when you had sex with your partner(s) while you were menstruating (having your period), how often did you receive oral sex?

Always.....	1
Sometimes	2
Never	3 (D5)
REPORTS NO SEX DURING MENSTRUATION	4 (D5)

c. (Since your (MONTH) study visit), when you received oral sex while you were menstruating, how often was a dental dam or similar barrier method used?

Always.....	1
Sometimes	<table border="1" style="width: 20px; height: 20px; text-align: center;">2</table>
Never	<table border="1" style="width: 20px; height: 20px; text-align: center;">3</table>

WIHS ID #

D5. How often did you have anal sex (sex in your bottom/butt/ass) with all your male partners since your (MONTH) study visit? Please give me your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

<table style="margin: 0 auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;"> </td> <td style="border: 1px solid black; width: 20px; height: 15px; text-align: center;"> </td> </tr> <tr> <td colspan="4" style="text-align: center;"># TIMES</td> </tr> </table>					# TIMES					PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT 3
# TIMES										
(IF “00” SKIP TO D6)										

a. (Since your (MONTH) study visit,) when you had anal sex (sex in your bottom/butt/ass), how often did your partner use a rubber or condom?

Always.....	1
Sometimes	2
Never	3

D6. **[Visit 9 only]** Before we finish talking about male sexual partners, I have one question about lifetime experiences (if you have ever had) with oral/anal sex. Oral/anal sex occurs when your partner touches your anus (bottom, butt, ass) with his mouth or tongue or you touch his anus with your mouth (also known as rimming).

a. Have you ever received oral/anal sex from a man (has a male partner ever touched your anus with his mouth or tongue?)

YES	1
NO	2

b. Have you ever performed oral/anal sex on a man (have you ever touched a male partner’s anus with your mouth or tongue?)

YES	1
NO	2

SECTION E: FEMALE PARTNERS

E1. I am now going to ask you about sex with females. In this case “sex” should include vaginal sex (when she puts fingers, fists, sex toys, dildos or vibrators around or in your vagina), oral sex (when one of you puts your tongue or mouth in or on each other’s vagina) or anal sex (when she puts fingers, fists, tongue, sex toys, or a dildo in your bottom/butt/ass). How many different females (including women or girls) have you had sex with since your (MONTH) study visit? **(CODE “000” IF NONE)**

|_|_|_|_|
FEMALES

PROMPT: IF RESPONSE AT E1= “000” OR IF PARTICIPANT DECLINES, SKIP TO F1.

E2. For these next questions, I am going to ask you about all of the female partners you have had sex with since your (MONTH) study visit. How often did you have vaginal sex with all your female partners? Please give your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

_ _ _ _ # TIMES (IF “00” SKIP TO E3)	PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT 3
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a. (Since your (MONTH) study visit,) when you had vaginal sex, did you and your partner(s) use a sex toy (penetrating vibrator or object)?

YES 1
 NO 2 **(E3)**

b. (Since your (MONTH) study visit,) when you used a toy during vaginal sex with [her/them], how often did you and your partner(s) share it, without cleaning it, or without using a rubber or condom?

Always.....	1	
Sometimes	2	
Never	3	

E3. Since your (MONTH) study visit, how often did you perform oral sex on all your female partners (put your tongue in or on your partner’s vagina)? Please give your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. **(CODE AS “00” IF NONE)**

_ _ _ _ # TIMES (IF “00” SKIP TO E4)	PER WEEK..... 1 PER MONTH..... 2 TOTAL TIMES SINCE LAST VISIT 3
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- a. (Since your (MONTH) study visit,) when you had sex with your partner(s) when your [partner was/partners were] menstruating (having a period), how often did you perform oral sex on [her/them] (put your tongue in or on your partner’s vagina)?

Always.....1
 Sometimes2
 Never3
 REPORTS NO SEX DURING MENSTRUATION4

- b. (Since your (MONTH) study visit,) when you performed oral sex on all your female partners (put your tongue in or on your partner’s vagina), how often was a dental dam or similar barrier method used?

Always..... 1
 Sometimes
 Never

- E4. Since your (MONTH) study visit, how often did you receive oral sex from all your female partners? (That is when your partner puts her tongue in or on your vagina). Please give your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest. (CODE AS “00” IF NONE)

_ _	PER WEEK..... 1
# TIMES	PER MONTH..... 2
(IF “00” SKIP TO E5)	TOTAL TIMES SINCE LAST VISIT 3

- a. (Since your (MONTH) study visit,) when you had sex with all your female partners while you were menstruating (having your period), how often did you receive oral sex? (That is when your partner puts her tongue in or on your vagina).

Always..... 1
 Sometimes 2
 Never 3
 REPORTS NO SEX DURING MENSTRUATION4

- b. (Since your (MONTH) study visit,) when you received oral sex from all your female partners, (when your partner puts her tongue in or on your vagina), how often was a dental dam or similar barrier method used?

Always..... 1
 Sometimes
 Never

--

E5. Since your (MONTH) study visit, again, thinking of all of your female partners, how often did you receive anal sex from all your female partners (sex in your bottom/butt/ass)? Please give your answer in times per week, times per month, or total times since your (MONTH) study visit, whichever is easiest. **(CODE AS "00" IF NONE)**

_ _ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
(IF "00" SKIP TO E6)	TOTAL TIMES SINCE LAST VISIT	3

a. (Since your (MONTH) study visit,) when you received anal sex did you and your partner use a sex toy (penetrating vibrator or object)?

YES	1	
NO	2	(E6)
DON'T KNOW	<-8>	(E6)

b. (Since your (MONTH) study visit,) when you used a toy during anal sex, how often did you and your partner share it without cleaning it or without using a rubber or condom?

Always.....	1
Sometimes	2
Never	3

E6. Since your (MONTH) study visit, did you ever have vaginal contact with fingers, sex toys or dildos after they had anal contact, without them first being cleaned?

YES	1	
NO	2	(F1)
DON'T KNOW	<-8>	(F1)

a. (Since your (MONTH) study visit,) how often would you say this occurred? Please give your answer in times per week, times per month, or total times since your (MONTH) study visit; whichever is easiest.

_ _ _	PER WEEK.....	1
# TIMES	PER MONTH.....	2
	TOTAL TIMES SINCE LAST VISIT	3

WIHS ID #

[Empty box for WIHS ID #]

SECTION F: RECENT SEXUAL ENCOUNTERS

PROMPT: IF RESPONSE 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 (F2)

a. Was it for drugs?

YES 1
NO 2 (F2)

b. How many times?
#TIMES

F2. Think about all your sexual encounters in the past six months.

a. Were any of your partners HIV+?

YES 1
NO 2 (F2c)

b. Were these HIV+ partners male only, female only, or both male and female?

Male only..... 1
Female only..... 2
Both male and female..... 3

c. Did you inform any of your partners about your HIV status?

YES 1
NO 2

d. Did you discuss which types of sexual activities would be safe for you and your partner?

YES 1
NO 2

F3. TIME MODULE ENDED: : AM..... 1
PM..... 2

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

GO TO FORM 25 (HEALTH CARE UTILIZATION)