



INTRODUCTION

The National Sexual Health Survey (NSHS) obtained a probability sample (n=8,466) of all U. S. adults 18 years and older residing in the 48 contiguous states. Among identified eligibles, 77% were interviewed and the overall cooperation rate was 65%. Cooperation rates are comparable to those obtained by other national-level surveys of sexual behavior (see Catania et al., 1992 Science; Catania et al., 1995 Ann Rev. Sex Res.). All respondents were interviewed by telephone in Spanish or English using procedures employed in our previous national telephone surveys of HIV-related behavior to ensure anonymity and privacy and to verify study authenticity (e.g., interviews were only conducted under private circumstances, respondent's names were not required, respondents were provided phone numbers at Survey Methods Group (SMG) in San Francisco, University of California at San Francisco (UCSF), and the Centers for Disease Control and Prevention (CDC) to verify the study; Catania et al., 1992 Science; Catania et al., 1993 in Kessler & Ostrow). Up to 20 call backs were made to each number. The random digit dial sample was developed by Survey Research Center (SRC) at the University of Maryland, College Park (Waksberg-Mitofsky Sample Design), and all survey work was conducted by SMG between June, 1995 and April, 1996.

A weight is provided that combines an adjustment for unequal probability of selection, multiple telephones in the household, household non-response, non-coverage of households without telephones and post-stratification to the Current Population Survey figures for 1995. All analyses where standard errors are computed should adjust the standard errors to reflect the complex survey design. For this data set, it is sufficient to use the area code of the telephone number as the cluster in the analysis algorithm along with the weights to account for the complex design.

Measures were developed to assess a wide range of HIV-related and human sexuality topics, including, but not limited to: condom attitudes, condom slips and breaks, HIV-related caregiving, HIV-testing and home testing use, STD histories, perceived risk for HIV and other STDs and optimistic bias assessments, extramarital sex, sexual development, sexual abuse and rape, sexual dysfunctions, various psychological scales (sensation-seeking, machismo), family assessments and history, health and demographics, and a detailed assessment was conducted of sexual activities with each of the respondent's sexual partners in the past year up to a total of 10 partners, and, in addition, demographic, geographic, and HIV/STD risk characteristics of their sexual partners were determined. Complete survey instruments in both English and Spanish are

provided on the accompanying CD-ROM. Definitions of key terms were provided to the respondent as needed throughout the survey. All measures were pretested twice using methods developed by Oksenberg et al., 1991, and Spanish translation work used for the instrument development, language selection, and interviewing procedures employed in the present study (Catania, et al., 1992 *Science*; Catania et al., 1996 *POQ*; Catania et al., 1995 *Ann Rev. Sex Res.*)

References

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