

SUDIS QUESTIONNAIRE

Male version

__ ID __

PLACE ID LABEL HERE

Today's Date: MONTH / DAY / YEAR
 month day year

Interviewer Initials: INTVIEWR

SUDIS SITE: (check below)

- 1 Field site (specify site number) SITE
2 Other (specify) (99=OTHER)

Time interview started: _____ : _____ [AM/PM] > TIME
Time interview stopped: _____ : _____ [AM/PM]

Reviewed by __

Cleaned by __

Transcribed by __

SUDIS MEN'S QUESTIONNAIRE

Introduction:

Thank you for being a part of this study. Some of the things I will ask about are very personal. I want to make sure you understand that all of your answers will be kept confidential, meaning that they are private and will not be shared with others. Your name will not be written on this survey to add more protection of privacy. All research material will be kept in a locked file and destroyed after the research has ended.

Your answers will be used to help design programs for other people with HIV. Try to be honest in the answers you give. For example, some people feel it might be better to say that they always use condoms or never share outfits. But for this study, there are no right or wrong answers. I am most interested in your feelings, thoughts and experiences.

If you have any questions, feel free to ask them at any time. Some questions sound the same, but please answer all of them, because they are all important for this research. If you need to take a break during the interview, please let me know, because we can do that.

If you have questions, or things that you'd like to talk about after this interview, you can call Kelly Knight 415 597-4651. Also, the agencies and individuals in the Community Referral Guide included in this packet might be helpful in answering your questions or connecting you with other services.

SECTION A: HIV AND YOUR HEALTH

In this first section I'd like to know more about your health, especially how HIV has affected your health, and what health care services you receive.

A1. When did you first test positive for HIV, or learn that you had HIV? If you are unsure of the specific date, please give your best estimate.

(If respondent can not specify month, but can only provide the season, 01=winter, 04=spring, 07=summer, 10=fall)

Month: TESTMO Year: TESTYR

TESTED (YES=1, NO=0)

___ Was not tested; was told by a health care provider s/he had HIV → GO TO A3

A2. When you first got a positive HIV-test result, where were you tested?

- TESTWHR 1) Health department or other public test site -9 NOT TESTED
 ___ 2) Public hospital or community clinic or STD clinic
 ___ 3) Private doctor, clinic, hospital, or HMO
 ___ 4) Jail (city, county)
 ___ 5) Prison (state, Federal)
 ___ 6) Another study (specify) TESTOTHR
 ___ 7) Field-tested by outreach worker; mobile van
 ___ 8) Drug treatment center
 ___ 9) Needle exchange program
 ___ 10) Other: TESTOTHR

A3. What kind of health insurance do you have now?

- INSURZ 1) None
 ___ 2) Medicaid/Care or SSI
 ___ 3) Private
 ___ 4) Other: INSUROTH

A4. Do you have somewhere you go (a clinic or a doctor) regularly for your HIV care?

- CARE 0) No → GO TO A4b
 ___ 1) Yes
 ___ 8) Don't Know or not sure → GO TO A5
 ___ 9) Declines → GO TO A5

a. If YES: Where do you go most often to get medical care for HIV? (Choose only one.)

- CAREWHR 1) Public health clinic or hospital -9 NO HIV CARE
 ___ 2) Private doctor or private clinic -8 DK/NS/DCLN ANS CARE
 ___ 3) Health maintenance organization (HMO)
 ___ 4) VA hospital or clinic
 ___ 5) Emergency department/Emergency room
 ___ 6) Jail or prison
 ___ 7) Needle exchange program
 ___ 8) Other: CAREOTHR

b. IF NO: Why aren't you receiving regular medical care for your HIV?

(INTERVIEWER: DO NOT read aloud or suggest any answers. Check all that apply.)

- CAREN01 1) Don't know where to go for medical care
- CAREN02 2) Couldn't afford care (i.e., no money or insurance benefits)
- CAREN03 3) Could be identified as someone with HIV
- CAREN04 4) Could be identified as a drug user
- CAREN05 5) Could have effects on family (e.g., lose custody of kids)
- CAREN06 6) Too busy (i.e., competing concerns: shelter, drug habit, etc.)
- CAREN07 7) Inconvenient (i.e., no transportation, need for child care, clinic hours, etc.)
- CAREN08 8) Not interested
- CAREN09 9) Don't trust health care system (i.e., bad prior experience)
- CAREN10 10) Other 1: CAREWHY1
- CAREN11 11) Other 2: CAREWHY2

A5. Are you currently receiving any other types HIV-related services other than medical care?

- SVC50THR 0) No → GO TO A5b
- ___ 1) Yes
- ___ 8) Don't know or not sure → GO TO A6
- ___ 9) Declines → GO TO A6

9 NO OTH HIV SERVICES
8 DK/NS/DCLN OTH HIV

a. If YES: What kinds of services are you receiving?

(INTERVIEWER: READ answers. Check all that apply.)

- SVCS2 1) Housing or shelter for people with HIV/AIDS
- SNCS12 2) Food services (Open Hand, Food Bank, etc.)
- SVCS4 3) Case management
- SVCS1 4) Early Intervention Program
- SVCS6 5) Alcohol or drug treatment
- SVCS7 6) Needle exchange program
- SVCS13 7) One-to-one Psychological counseling
- SVCS5 8) Support groups (Specify: SUPPORT1, SUPPORT2)
- SVCS8 9) Legal assistance
- SVCS14 10) Financial assistance
- SVCS9 11) Practical support (bills, buddy program, help with cleaning)
- SVCS15 12) ADAPT: financial assistance with HIV medical treatment therapies
- SVCS10 13) Other HIV or non-HIV-related services (Specify: SERVICE1, SERVICE2)
- SVCS11 14) Other research studies (Specify: RSRCH1, RSRCH2)

9 RECV OTH HIV SERVICES

b. IF NO: Why aren't you receiving HIV-related services other than medical care?

(INTERVIEWER: DO NOT read aloud or suggest any answers; check all that apply.)

- NOSVCS11 1) Didn't know that services existed
- NOSVCS1 2) Didn't know where to go for services
- NOSVCS3 3) Couldn't afford it (including no insurance)
- NOSVCS12 4) Worried about being identified as a drug user
- NOSVCS13 5) Worried about being identified as someone with HIV
- NOSVCS5 6) Not convenient
- NOSVCS9 7) No transportation
- NOSVCS6 8) Not interested
- NOSVCS7 9) Services didn't fit my needs
- NOSVCS8 10) No HIV-related services in my area
- NOSVCS10 11) Other (Specify: SVCYOTHR)

A6. Have you ever had a CD4 or T-cell count? This is a blood test used to check the health of people with HIV, to see if they may be at risk for getting sick.

CD4

- 0) No → GO TO A7
- 1) Yes → GO TO A6a
- 8) Don't Know or not sure → GO TO A7
- 9) Declines

A6a. When was the last time you had a CD4 or T-cell count? If you are unsure of the specific date, please give your best guess.

-9 NO/DK/NS CD4 COUNT -9 NO/DK/NS CD4 COUNT
 Month: CD4MO Year: CD4YR
 (01=winter, 04=spring, 07=summer, 10=fall)

A6b. What was your last CD4 or T-cell count? If you don't know the exact number, please give your best guess.

-9 NO/DK/NS CD4 COUNT
 -8 DK/NS OF CD4 COUNT
 CD4/T-cell count: CD4COUNT Don't know, not sure _____

A7. Have you ever had your viral load measured? This is a blood test that measures the amount of HIV virus in your blood. Like T-cells, it is also used to check the health of people with HIV.

VLOAD

- 0) No → GO TO A8
- 1) Yes → GO TO A7a
- 8) Don't Know or not sure → GO TO A8
- 9) Declines

A7a. When was the last time you had your viral load measured?

(01=winter, 04=spring, 07=summer, 10=fall)

Month: _____ Year: _____

-9 NO/DK/NS VIRAL LOAD VLOADMO VLOADYR -9 NO/DK/NS VIRAL LOAD

A7b. What was your viral load at that time?

(INTERVIEWER: If respondent knows the value of viral load test record it on line one, if doesn't know exact value ask them if their provider indicated the result was undetectable, low or high; CHECK ONLY ONE)

VLOADEST 1) VLOADNUB

- 9 NO/DK/NS VIRAL LOAD -9 NO/DK/NS VIRAL LOAD
- NSVIRAL LOAD -8 ESTIMATED VIRAL LOAD
- 2) Undetectable
- 3) Low or good
- 4) High or bad
- 8) Don't know
- 9) Declines

A8. Have you ever been diagnosed with AIDS?

- AIDS
- 0) No → GO TO A9
 - 1) Yes → GO TO A8a
 - 8) Not sure → GO TO A9
 - 9) Declines → GO TO A9

A8a. When were you first diagnosed with AIDS?

(01=winter, 04=spring, 07=summer, 10=fall)

Month: AIDSMO Year: AIDSYR

-9 NO/NS/DCLN ANS HIV -9 NO/NS/DCLN ANS HIV

A9. Now I'm going to ask you about STDs or VD, that is, diseases one can get through sex.

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)

(01=winter, 04=spring, 07=summer, 10=fall)

Sexually Transmitted Disease	EVER Had?				When LAST HAD?		Did you have before you were HIV+ ?			
	N	Y	DK	DC	Month / Year		N	Y	DK	DC
Syphilis SYPH	0	1	8	9	SYPHMO / 19	SYPHYR	0	1	8	9
Gonorrhea or clap (If YES, probe for site) GON	0	1	8	9	GONMO / 19	GONYR	-9 NEVER HAD / DCNLSYPH			
...on your penis (genital) GONGENIT	0	1	8	9	GONGENMO / 19	GONGENYR				
...in your anus (rectal) GONANUS	0	1	8	9	GONANUMO / 19	GONANUYR	-9 NEVER HAD / DCNLSYPH			
...in your mouth (oral) GONMOUTH	0	1	8	9	GONMOUTHMO / 19	GONMOUTHYR				
A penile drip or discharge caused by chlamydia CHLAM	0	1	8	9	CHLAMMO / 19	CHLAMYR	-9 NEVER HAD / DCNLSYPH			
Any other drip or discharge from your penis URETH	0	1	8	9	URETHMO / 19	URETHYR				
Herpes (If YES, probe for site) HERP	0	1	8	9	HERPMO / 19	HERPYR	0	1	8	9
...on or near your penis HERPGENI	0	1	8	9	HERPGEMO / 19	HERPGEYR	-9 NEVER HAD HERPES			
...on or near your anus HERPANUS	0	1	8	9	HERPANMO / 19	HERPANYR				
Warts or condyloma (If YES, probe for site) WARTS	0	1	8	9	WARTSMO / 19	WARTSYR	0	1	8	9
...on or near your penis WARTGENI	0	1	8	9	WARTGEMO / 19	WARTGEYR	-9 NEVER HAD WARTS			
...on or near your anus WARTANUS	0	1	8	9	WARTANMO / 19	WARTANYR				
Any sore, ulcer or blister in your genital or rectal area SORE	0	1	8	9	SOREMO / 19	SOREYR	-9 NEVER HAD WARTS			
Other rectal infection RECTNAME / RECT	0	1	8	9	RECTMO / 19	RECTYR				
Any other STD, specify: USTDNAME / USTD	0	1	8	9	USTDMO / 19	USTDYR	-9 NEVER HAD WARTS			

A10. Now I'm going to ask you about health problems that injection drug users may experience.

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)

(01=winter, 04=spring, 07=summer, 10=fall)

Health problem	EVER Had?				When LAST HAD?		Did you have before you were HIV+?			
	N	Y	DK	DC	Month / Year		N	Y	DK	DC
Skin abscess ABSCESS	0	1	8	9	ABSCESSMO / 19 ABSCESSYR -9 NEV/DK/DCLN SKIN ABSCESS -9 NEV/DK/DCLN SKIN ABSCESS					
Endocarditis (an infection on your heart valves) ENDO	0	1	8	9	ENDOMO / 19 ENDOYR -9 NEV/DK/DCLN ENDOCARDITIS -9 NEV/DK/DCLN ENDOCARDITIS					
Hepatitis A HEPA	0	1	8	9	HEPAMO / 19 HEPAYR -9 NEV/DK/DCLN HEPA -9 NEV/DK/DCLN HEPA		0	1	8	9
Hepatitis B HEPB	0	1	8	9	HEPBMO / 19 HEPBYR -9 NEV/DK/DCLN HEPB -9 NEV/DK/DCLN HEPB		0	1	8	9
Hepatitis C HEPC	0	1	8	9	HEPCMO / 19 HEPCYR -9 NEV/DK/DCLN HEPC -9 NEV/DK/DCLN HEPC		0	1	8	9
Hepatitis, unknown type HEP	0	1	8	9	HEPMO / 19 HEPYR -9 NEV/DK/DCLN UNK HEP -9 NEV/DK/DCLN UNK HEP		0	1	8	9
Positive skin test (PPD) for tuberculosis (TB) PPD	0	1	8	9	PPDMO / 19 PPDYR -9 NEV/DK/DCLN PPD -9 NEV/DK/DCLN PPD		0	1	8	9
TB or tuberculosis in your lungs (you were asked to take at least 3 medicines) TB	0	1	8	9	TBMO / 19 TBYR -9 NEV/DK/DCLN TB -9 NEV/DK/DCLN TB		0	1	8	9
Drug overdose OD	0	1	8	9	ODMO / 19 ODYR -9 NEV/DK/DCLN DRUG OD -9 NEV/DK/DCLN DRUG OD					

A11. Are you currently taking any medications prescribed by a doctor for HIV/AIDS? (This does not include vitamins or alternative therapies or drugs such as medical marijuana.)

- MEDS** 0) No → GO TO A16
 ___ 1) Yes → GO TO A11a
 ___ 8) Don't know → GO TO A16
 ___ 9) Declines → GO TO A16

A11a. Are you currently in a research study that gives you medications for the treatment of HIV/AIDS?

- MEDEXP** 0) No -9 NO/DK/DCLN HIV DRUGS
 ___ 1) Yes (Name of study: MEDSTUD1, MEDSTUD2)

A12. Now I'm going to read you a list of different medicines that are used to fight HIV. I'm going to ask if you are taking this medicine. Because managing to take all of one's medicines every day can be difficult, I will also ask how many days in the LAST MONTH you were not able to take (or forgot to take) one or more doses of each medication.

INTERVIEWER: Show picture card of different pills. May use 30-day calendar to anchor significant dates and to assist respondent recall. Ask the participant if they missed any doses yesterday. Then ask for the last week, and work up to 30 days.

Are you CURRENTLY taking this medicine?				
NUCLEOSIDE ANALOGUES				Number of days missed any dose in last 30 days
3TC EPV (Epivir, lamivudine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSEPV days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE 3TC
DDC DDC (Hivid, zalcitibine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSDDC days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DDC
AZT AZT (Retrovir, zidovudine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSAZT days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE AZT
DDI DDI (Videx, didanosine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSDDI days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DDI
D4T D4T (Zerit, stavudine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSD4T days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE D4T
AZT + 3TC COMB (Combivir)	Yes -9 No/DK/DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSCOMB days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE COMBIVIR
NON-NUCLEOSIDE ANALOGUES				
Viramune NEV (nevirapine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSNEV days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE NEVIRAPINE
Rescriptor DEL (delavirdine)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSDEL days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE DELAVIRDINE
PROTEASE INHIBITORS				
Crixivan IND (indinavir)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSIND days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE INDINAVIR
Fortovase/Invirase SAQ (saquinavir)	Yes -9 No/DK/DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSSAQ days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE SAQUINAVIR
Norvir RIT (ritonavir)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSRIT days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE RITONAVIR
Abacavir ABAC (Ziagen)	Yes -9 No/DK/DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSABAC days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE ABACAVIR
Viracept NEL (nelfinavir)	-9 No/DK/ Yes DCLN HIV DRUGS	No Go to next drug	DK Go to next drug	MISSNEL days missed any dose -9 NO/DK/DCLN HIV DRUGS -8 NO/DK TAKE NELFINAVIR

Please name any other prescription HIV medications that you are currently using or taking :

MED1, MED2, MED3, MED4, MED5

A13. **SHOW SCALE:** In general, how easy or difficult is it for you to ALWAYS take all your HIV medications as prescribed? For example, remembering to take all your drugs, taking them at the right time, taking them with/without food, etc.?

- MEDTAKE**
- 1) Very difficult -9 NO/DK/DCLN HIV DRUGS
 - 2) Difficult
 - 3) Neither difficult nor easy
 - 4) Easy
 - 5) Very easy
 - 8) Don't know
 - 9) Declines to state

A14. **SHOW SCALE:** How often does your medical provider ask you about whether you are taking, or having any problems taking, your HIV medications?

- MEDASK**
- 1) Never -9 NO/DK/DCLN HIV DRUGS
 - 2) Rarely
 - 3) Occasionally
 - 4) Often
 - 5) Very often
 - 6) Not Applicable
 - 8) Don't know
 - 9) Declines

A15. **SHOW SCALE:** Have the HIV medications that you've been taking had an effect on your sex life?

- MEDSEX**
- 0) No effect -9 NO/DK/DCLN HIV DRUGS
 - 1) Yes, mostly a positive (good) effect
 - 2) Yes, mostly a negative (bad) effect
 - 8) Don't know
 - 9) Declines

A16. Are you currently using any alternative or complementary or holistic therapies against HIV?
(These include herbs, non-Western medicine, spiritual approaches, therapeutic/medical marijuana, etc.)

- MEDALT**
- 0) No
 - 1) Yes (Specify: MEDALT1, MEDALT2, MEDALT3)
 - 8) Don't know
 - 9) Declines

SECTION B: GENERAL SEXUAL RELATIONSHIPS & ACTIVITIES

The next several sections of this interview are about sex. Different people have different definitions of sex. Here we would like to you to think of "sex" as something that can include: vaginal sex (penis, fingers, or sex toys in vagina); anal sex (penis fingers, or sex toys in anus or butt); oral sex (mouth in contact with a penis or vagina or mouth in contact with an anus); or any other activity that can result in you or your partner having an orgasm.

This definition of sex DOES NOT include, however, activities where you and your partner did not have physical contact (like phone sex), or sexual activities, such as kissing.

SHOW SCALE: Display chart showing "VENUS definition of sex"

B1. These are some general questions about sexual partners you may have had in last year.

In the last 12 months, have you had ...	YES / NO	How many WOMEN	How many MEN
A main or primary sex partner, that is someone you call your spouse or significant other, girlfriend or boyfriend? YRPRMPTR	Y / N	FEPRMPTR -9 NO MAIN PART 12 MOS Complete Section C1 (blue)	MAPRMPTR -9 NO MAIN PART 12 MOS Complete Section C2 (blue)
Sex partners, who have given you money, drugs, food, clothing, or a place to stay in exchange for sex? YRGOTFRM	Y / N	FEGOTFRM -9 NO RECV MONEY SEX 12 MOS Complete Section D1 (orange)	MAGOTFRM -9 NO RECV MONEY SEX 12 MOS Complete Section D2 (orange)
Sex partners, who you have given money, drugs, food, clothing, or a place to stay in exchange for sex? YRGAVETO	Y / N	FEGAVETO -9 NO PAY FOR SEX 12 MOS Complete Section D1 (orange)	MAGAVETO -9 NO PAY FOR SEX 12 MOS Complete Section D2 (orange)
Casual or recreational sex partners? YRCASPTR	Y / N	FECASPTR -9 NO CASUAL SEX 12 MOS Complete Section E1 (yellow)	MACASPTR -9 NO CASUAL SEX 12 MOS Complete Section E2 (yellow)
Any other sex partners I may not have mentioned? Specify: YROTHSP1, YROTHSP2	Y / N	FEOTHER -9 NO OTHER SEX 12 MOS Complete Section E1 (yellow)	MAOTHER -9 NO OTHER SEX 12 MOS Complete Section E2 (yellow)
Sex partners who were transgender? YRTVTS (INTERVIEWER: Categorize FTM or MTF according to HIV risk, i.e., partner was with or without biological penis.)	Y / N	FEMTF -9 NO TRANSGENDERS 12 MOS	MAMTF -9 NO TRANSGENDERS 12 MOS
	TOTALS:	FEPTRS	MAPTRS

INTERVIEWER: Now remove the sections of the survey you will not be using from the binder. (i.e. Discard the sections for which you have entered a "0" above. Keep the sections where the participant has reported at least one partner of that type)

If respondent had NO FEMALE sex partners → GO TO B10

Throughout this next section, I will talk about protected and unprotected sex. For this purpose, I will call the following items protection: a male latex condom, a female polyurethane condom, a latex dental dam, a condom cut to be used as a dental dam or a finger cot.

B2. In the last 12 months, have you engaged in any of the following sexual activities with a woman who told you she was HIV positive? (Read list, including the prompt statements only when necessary)

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)

		(Circle one)			
		N	Y	DK	DC
a. Get a blow job from her without wearing a condom. (She put her mouth on your penis when you weren't wearing a condom.)	-9 NO FEM PRTR 12 MCS	0	1	8	9
b. Perform oral sex on her without some form of protection. (You put your mouth on her vagina without using a latex barrier or a dental dam.)	-9 NO FEM PRTR 12 MCS	0	1	8	9
c. Have vaginal sex with her without a condom. (You put your penis in her vagina without using a male or female condom.)	-9 NO FEM PRTR 12 MCS	0	1	8	9
d. Have anal sex with her without a condom. (You put your penis in her anus or butt without using a condom.)	-9 NO FEM PRTR 12 MCS	0	1	8	9

B3. In the last 12 months, have you engaged in any of the following sexual activities with a woman who did not tell you her HIV status or told you she was HIV negative? (Read list, including the prompt statements only when necessary)

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)

		(Circle one)			
		N	Y	DK	DC
a. Get a blow job from her without wearing a condom. (She put her mouth on your penis when you weren't wearing a condom.)	-9 NO FEM PRTR 12 MCS	0	1	8	9
b. Perform oral sex on her without some form of protection. (You put your mouth on her vagina without using a latex barrier or a dental dam.)	-9 NO FEM PRTR 12 MCS	0	1	8	9
c. Have vaginal sex with her without a condom. (You put your penis in her vagina without using a male or female condom.)	-9 NO FEM PRTR 12 MCS	0	1	8	9
d. Have anal sex with her without a condom. (You put your penis in her anus or butt without using a condom.)	-9 NO FEM PRTR 12 MCS	0	1	8	9

Now, I'd like you to think about your experiences only in the last 3 months. Before answering these questions, it may be helpful to look at this calendar and think about the major events in your life during this time.

INTERVIEWER: Use 3-month calendar to anchor significant dates and to assist respondent recall.

Three months ago, the date was: M03MO / DAY 3MO / YR 3MO

B4. In the last THREE MONTHS, have you had sex with a woman?
 SEXOPP3M 1) Yes -9 NO FEM PRTR 12 MCS
0) No → GO TO B 10

B5. In the last THREE MONTHS, how many women have you had sex with?

- If you have had about **one new partner a day**, that would be about 90 partners.
- If you have had **two or three new partners a week**, that would be about 30 partners.
- If you have had about **one new partner a week**, that would be about 12 partners.
- If you have had **one new partner a month**, that would be 3 partners. -9 NO FEM PRNTR 12 MOS

Number of women: SEXOPNUM * (Use this number in the questions below.)
 -8 NO SEX W/FEM 3 MOS

B6. SHOW SCALE: Of the _____ women* you had sex with in the last 3 months, how many would identify as:

-9 NO FEM PRNTR 12 MOS
 -8 NO SEX W/FEM 3 MOS

Race or ethnicity	None	Few	About Half	Most	All or Almost All	DK
Alaskan Native <u>SEX3AN</u>	1	2	3	4	5	9
American Indian <u>SEX3AI</u>	1	2	3	4	5	9
Asian or Pacific Islander <u>SEX3API</u>	1	2	3	4	5	9
Black or African American <u>SEX3AA</u>	1	2	3	4	5	9
Latina or Hispanic <u>SEX3HISP</u>	1	2	3	4	5	9
White or Caucasian <u>SEX3CAUC</u>	1	2	3	4	5	9
Multi-ethnic or mixed race <u>SEX3MIX</u>	1	2	3	4	5	9
Other <u>SEX3OTHR</u>	1	2	3	4	5	9

B7. Do you prefer your FEMALE sex partners to be of the same racial or ethnic background as you?

- SEXOPRAC 1) Yes, prefer same -9 NO FEM PRNTR 12 MOS
 ___ 2) No, prefer different -8 NO SEX W/FEM 3 MOS
 ___ 3) No preference (racial/ethnic background doesn't matter)
 ___ 8) Don't know
 ___ 9) Declines

B8. SHOW SCALE: Of the _____ women* you had sex with in the last 3 months, how many would you say were also drug injectors?

- SEXOPINT 1) None -9 NO FEM PRNTR 12 MOS
 ___ 2) Very few -8 NO SEX W/FEM 3 MOS
 ___ 3) About half
 ___ 4) More than half
 ___ 5) All or almost all
 ___ 8) Don't know
 ___ 9) Declines

B9. Do you have a preference with regard to whether your FEMALE sex partners are drug injectors or not?

- SEXOPPRF 1) Prefers female sex partners to be IDUs -9 NO FEM PRNTR 12 MOS
 ___ 2) Prefers female sex partner NOT to be IDUs -8 NO SEX W/FEM 3 MOS
 ___ 3) No, injection drug use doesn't matter
 ___ 8) Don't know
 ___ 9) Declines

If respondent had NO MALE sex partners → GO TO Section C

Recall the definition of "sex" I described earlier. (Repeat definition from introduction if necessary.)

B10. In the last 12 months, have you engaged in any of the following sexual activities with a man who told you he was HIV positive?

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)		(Circle one)			
		N	Y	DK	DC
a. Gave your partner a blow job without a condom. (You sucked your partner's penis without a condom.)	-9 NO MALE PRTNR 12 MOS	0	1	8	9
b. Fucked your partner without a condom. (Put your penis in your partner's ass without using a condom)	-9 NO MALE PRTNR 12 MOS	0	1	8	9
c. Got a blow job without a condom. (Your partner sucked your penis without a condom.)	-9 NO MALE PRTNR 12 MOS	0	1	8	9
d. Got fucked without a condom. (Your partner put his penis in your ass without a condom.)	-9 NO MALE PRTNR 12 MOS	0	1	8	9

B11. In the last 12 months, have you engaged in any of the following sexual activities with a man who did not tell you his HIV status or told you he was told you he was HIV negative?

(0 = No; 1 = Yes; 8 = Don't Know or Not Sure; 9 = Declines)		(Circle one)			
		N	Y	DK	DC
a. Gave your partner a blow job without a condom. (You sucked your partner's penis without a condom.)	-9 NO MALE PRTNR 12 MOS	0	1	8	9
b. Fucked your partner without a condom. (Put your penis in your partner's ass without using a condom)	-9 NO MALE PRTNR 12 MOS	0	1	8	9
c. Got a blow job without a condom. (Your partner sucked your penis without a condom.)	-9 NO MALE PRTNR 12 MOS	0	1	8	9
d. Got fucked without a condom. (Your partner put his penis in your ass without a condom.)	-9 NO MALE PRTNR 12 MOS	0	1	8	9

B12. Now I'd like you to think about your experiences only in the last 3 months. Before answering these questions, it may be helpful to look at this calendar and think about the major events in your life during this time.

INTERVIEWER: May use 3-month calendar to anchor significant dates and to assist respondent recall.

Three months ago, the date was: _____

B13. In the last THREE MONTHS, have you had sex with a man?
 SEXSAM3M 1) Yes -9 NO MALE PRTNR 12 MOS
 ___ 0) No → GO TO Section C

B14. In the last THREE MONTHS, how many men have you had sex with?

- If you have had about **one new partner a day**, that would be about 90 partners.
- If you have had **two or three new partners a week**, that would be about 30 partners.
- If you have had about **one new partner a week**, that would be about 12 partners.
- If you have had **one new partner a month**, that would be 3 partners.

SEXSANUM

-9 NO MALE PRNTR 12 MOS
-8 NO SEX W/MALE 3 MOS

Number of men: _____ ** (Use this number in the questions below.)

B15. Do you prefer your MALE sex partners to be of the same racial or ethnic background as you?

SEXSARAC

- 1) Yes, prefer same
- 2) No, prefer different
- 3) No preference (racial/ethnic background doesn't matter)
- 8) Don't know
- 9) Declines

-9 NO MALE PRNTR 12 MOS
-8 NO SEX W/MALE 3 MOS

B16. SHOW SCALE: Of the _____ men you had sex with in the last 3 months, how many would you say were drug injectors?**

SEXSAINJ

- 1) None
- 2) Very few
- 3) About half
- 4) More than half
- 5) All
- 8) Don't know
- 9) Declines

-9 NO MALE PRNTR 12 MOS
-8 NO SEX W/MALE 3 MOS

B17. Do you prefer your MALE sex partners to be drug injectors?

SEXSAPRE

- 1) Prefers male sex partners to be IDUs
- 2) Prefers male sex partner NOT to be IDUs
- 3) No, injection drug use doesn't matter
- 8) Don't know
- 9) Declines

-9 NO MALE PRNTR 12 MOS
-8 NO SEX W/MALE 3 MOS

SECTION C: MAIN SEX PARTNER

This next set of questions is about your relationship with your main or primary sex partner. Being able to remember this partner by using her/his initials may be helpful in answering the questions. Could you please give me her/his initials? If you feel more comfortable, you can make up the initials.

Main sex partner's initials

1. MAININT (X)

C1. What racial or ethnic background is X?

- MAINRACE = White/Caucasian
 ___ 2 = African American/Black
 ___ 3 = Hispanic/Latino/a
 ___ 4 = Asian/Pacific Islander
 ___ 5 = American Indian/Alaskan Native
 ___ 6 = Other or mixed ethnic background
 ___ 8 = Don't know
 ___ 9 = Declines to answer

-9 NO MAIN PRTRNR 12 MOS

C2. How old (or about how old) is X? MAINAGE
 88 = Don't know (INTERVIEWER: first probe for estimate)
 99 = Declines to answer

-9 NO MAIN PRTRNR 12 MOS

C3. How long have you and X been together?

(INTERVIEWER: If together for less than a year, write "00" for the number of years below.)

-9 NO MAIN PRTRNR 12 MOS

Years: MAINYP Months: MAINMO

-9 NO MAIN PRTRNR 12 MOS

C4. How would you describe your relationship?

- MAINDES1 1) Married, living together
 ___ 2) Married, living apart
 ___ 3) Committed (but not married) living together
 ___ 4) Committed (but not married) living apart
 ___ 5) Other Specify MAINDES1

-9 NO MAIN PRTRNR 12 MOS

C5. Do you have any children living with you that you're raising?

- MAINKIDS 1) Yes
 ___ 0) No

-9 NO MAIN PRTRNR 12 MOS

C6. If yes, how many?

MANYKIDS
 -8 NO CHILDREN

-9 NO MAIN PRTRNR 12 MOS

IF MAIN SEX PARTNER IS MALE, → GO TO SECTION C2

Section C1: Main Sex Partner is Female

The rest of the questions in this section are about your sexual relationship with X (Initials of main sex partner). Please be reassured that all your answers are confidential.

C7. In the last THREE MONTHS, have you had sex with X?
 ___ 1) Yes MAINSEX -9 NO MAIN PARTNER 12 MOS
 ___ 0) No → GO TO Section D -8 MALE MAIN PARTNER

C8. In the last THREE MONTHS, how many times did you do each of the following activities with X? For each activity I will ask you how many times with a condom and how many times without a condom. (Read out loud and write in the number of times).

- If you have had sex about **once a day**, that would be about 90 times.
- If you have had sex about **two or three times a week**, that would be about 30 times.
- If you have had sex about **once a week**, that would be about 12 times.
- If you have had sex about **once a month**, that would be 3 times.

FEMALE MAIN SEX PARTNER	TOTAL NUMBER OF TIMES	WITH a condom?	WITHOUT a condom?
a. She gave you a blow job and you came in her mouth	M03_ORC -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS	M03_ORCY -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A	M03_ORCN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A
b. She gave you a blow job, but you did NOT cum in her mouth	M03_ORN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS	M03_ORNY -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A	M03_ORNN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A
c. You went down on her (oral sex on her vagina)	M03_ORV -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS	M03_ORVY -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A	M03_ORVN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A
d. You had vaginal sex and you came inside her	M03_VAC -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS	M03_VACY -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A	M03_VACN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A
e. You had vaginal sex, but did NOT cum inside her	M03_VAN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS	M03_VANY -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A	M03_VANN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A
f. You had anal sex and came inside her	M03_ANC -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS	M03_ANCY -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A	M03_ANCN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A
g. You had anal sex, but did NOT cum inside her	M03_ANN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS	M03_ANNY -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A	M03_ANNN -9 NO MAIN PARTNER 12 MOS -8 MALE MAIN PARTNER -7 NO SEX W/MAIN 3 MOS -6 N/A

For the next set of questions, I will ask you about specific sexual practices with X over the last 30 days. You may have done these behaviors often or only tried them once or twice, or they may not apply to you at all. Again, please remember that all your answers are kept confidential.

INTERVIEWER: SHOW 30-DAY CALENDAR

Use the 30-day calendar to anchor significant dates and to assist respondent recall. These may be birthday, holidays, check dates, and other personal events. SPEND SOME TIME ON THIS CALENDAR BECAUSE IT WILL BE USED THROUGHOUT THE SURVEY.