THE SISTA PROJECT:
Evaluation Survey
PRE-TEST

For Official Use Only

<table>
<thead>
<tr>
<th>Site:</th>
<th>ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intervention: Y N</td>
<td>Comparison: Y N</td>
</tr>
</tbody>
</table>
Instructions for Participants

_all your answers to this survey are confidential._

**What to answer**

This is not a test. There are no right or wrong answers, only answers that are true for you. Your answers may be different from another person’s. We just want you to answer each question as honestly as you can.

Please answer every question, unless:

1. Instructions direct you to skip over some questions, or
2. You do not want to answer the question for some reason.

If you do not want to answer a question, please put a line through it like this to show us that you have chosen not to answer it. Otherwise we might think you just forgot to answer.

A6. How old are you?

___________ years old

**How to answer**

There are two kinds of questions: multiple choice and fill-in. For multiple choice questions, two or more answers are given, and you select the one answer that fits you. Respond by circling the number that appears before the answer. For example, if you were a male, you would answer the following question like this:

A1. Are you a female or male?

1. Female

2. Male
Some multiple choice questions have instructions that say “CIRCLE ALL THAT APPLY.” This means that you may, but don’t have to, give more than one answer. Circle the number before each answer that applies to you. For example, if you live with your father, stepmother, children, and aunt, you would answer like this:

8. At this time (right now), with whom do you live? (CIRCLE ALL THAT APPLY)
   1. Wife
   2. Parents
   3. Children
   4. Grandparents
   5. Other adult relatives (PLEASE NAME: for example, aunt, adult brother, or grandmother)
      ________Aunt________
   6. Other adults (PLEASE NAME: for example, foster parent, guardian, or tenant)
      _________________________

Some multiple choice questions have a list of questions (or statements) on the left side and numbers on the right side. Each number is directly below an answer choice. For each question (or statement), look at the answer choices and decide which one best fits you. Then circle the number to the right of the question (or statement) that is directly below the best answer choice. Ask for help if you don’t understand the instructions.

In the example on the next page, if you strongly agree with the statement, “I know what I want out of life,” circle 1 to the right of that statement.

Sometimes none of the responses will feel “exactly right” for you. For example, maybe you agree with the statement “If I became a mother or father while I was a teenager, it would interfere with my future plans,” but you are not sure whether you agree or strongly agree. Just circle the number of the answer that is closest to how you feel (for example, “agree”), even if it isn’t perfect.
13. The following is a list of statements. Please rate each item on a 1 to 4 scale according to how much you agree or disagree with the statement.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

a. I know what I want out of life. 1 2 3 4
b. If I became a mother or father while I was a teenager, it would interfere with my future plans. 1 2 3 4

The second kind of question is a fill-in. Respond by filling in a blank, usually with a number or a word. A phrase to the right or below the blank tells you what kind of information to fill in. For example, you might answer the following question like this:

2. How old are you?
   25 YEARS OLD

**Complete the Tracking Form**

Please fill out the Tracking Form on the next page. This form will be separated from the rest of the survey and kept in a locked drawer. No one other than the researcher has access to these forms. This information is collected only so the researchers can contact you for the follow-up survey, and can link your answers on this questionnaire to the answers you provide on the later surveys. This will enable us to investigate changes in your values, attitudes, and behaviors over time.
THE SISTA PROJECT Tracking Form

THIS INFORMATION IS CONFIDENTIAL.

Please write your:

Name: ______________________________________________________________

LAST  FIRST  MIDDLE

Age: ________  Birth Date: _____________________________________________

Month  Day  Year

Your current address:

____________________________________________

Street & Number

____________________________________________

City, State & ZIP

Current Phone Number: _______________________________________

Area Code & Number

If you are currently homeless/transient, can you tell me the intersection nearest to where you usually stay?

We are interested in keeping up with you over the coming months to see how you are doing. But people move, have their telephone numbers changed, and become hard to find. Please help us by giving us the names and telephone numbers of three adults who will know where to find you. These people do not have to live in the same city or town as you do.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to you</th>
<th>Telephone Area Code &amp; Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This page will be removed before anyone reviews your answers

THANK YOU
SECTION A: BACKGROUND & DEMOGRAPHICS

EDUCATION

A1) In school, what is the highest grade you ever completed?  
(Please circle only one response.)
1. Less than high school
2. High school graduate
3. Some college
4. College graduate
5. Post-Graduate

A2) Are you currently a full-time or part-time student?  
(Please circle only one response.)
1. Full-time
2. Part-time
3. Not a student

A3) When you do the following activities, do you use only English, more English than another language, both languages equally, more another language than English, or only another language?  
(Please circle one number for each activity.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Only English</th>
<th>More English</th>
<th>Both Equal</th>
<th>More Another Language</th>
<th>Only Another Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Talk with close friends</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) Talk with family at home</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
SEXUAL ORIENTATION

A4)  In general, are you sexually attracted to:
(Please circle only one response.)

1  Only men
2  Mostly men
3  Both men and women
4  Mostly women
5  Only women

A5)  Do you think of yourself as:
(Please circle only one response.)

1  Heterosexual
2  Homosexual
3  Bisexual
4  Don’t know
5  Something else

WORK/INCOME

A6)  Are you:
(Please circle only one response.)

1  Employed full-time
2  Employed part-time
3  Not employed for pay
4  Retired

A7)  Which of the following categories best represents your total household income before taxes?
(Please circle only one response.)

1  Less than $10,000
2  $10,000-$15,000
3  $15,000-$25,000
4  $25,000-$50,000
5  $50,000-$75,000
6  Over $75,000
In the last 3 months, did you receive income from:
*(Please circle Yes or No for each source of income.)*

a) Job you had ........................................... 1 Yes 2 No
b) Unemployment ........................................... 1 Yes 2 No
c) VA benefits ............................................. 1 Yes 2 No
d) Governmental income (such as Welfare/food stamps/ SSI) . 1 Yes 2 No
e) Spouse or sexual partner you live with .................. 1 Yes 2 No
f) Other family/friends ..................................... 1 Yes 2 No
g) Recycling ................................................ 1 Yes 2 No
h) Illegal or possibly illegal sources ......................... 1 Yes 2 No
i) Panhandling ............................................. 1 Yes 2 No
j) Other (Please specify) ____________________________ 1 Yes 2 No

**FAMILY**

What is your current marital or relationship status?
*(Please circle only one response.)*

1 Now married
2 Member of an unmarried couple
3 Divorced
4 Separated
5 Widowed
6 Never married

Do you have any children?
*(Please circle only one response.)*

1 Yes
2 No → **PLEASE SKIP TO QUESTION A12**

Including adopted children or step-children, how many children do you have?

______ Children
HIGH RISK LIVING SITUATIONS

A12) In the last 3 months did you ever stay:
(Please circle Yes or No for each place, and write how long you stayed at each in the past six months.)

   a) On the streets ................................ 1 Yes How long? _____ 2 No
   b) In a temporary shelter .......................... 1 Yes How long? _____ 2 No
   c) In a temporary hotel .............................. 1 Yes How long? _____ 2 No
   d) Crashing with friends ............................ 1 Yes How long? _____ 2 No
   e) With relatives .................................. 1 Yes How long? _____ 2 No
   f) In jail/institution ................................. 1 Yes How long? _____ 2 No
   g) Other (Please specify) ______________________ . 1 Yes How long? _____ 2 No

A13) Have you ever spent one night or more in:
(Please circle Yes or No for each place.)

   a) A military jail .................................... 1 Yes 2 No
   b) Jail .................................................. 1 Yes 2 No
   c) Prison .................................................. 1 Yes 2 No
   d) Reform School ..................................... 1 Yes 2 No
   e) Detention Center ................................. 1 Yes 2 No

THIS IS THE END OF SECTION A: BACKGROUND & DEMOGRAPHICS
SECTION B: MEDICAL HISTORY

B1) In general, would you say your health is:
(Please circle only one response.)

1 Excellent
2 Good
3 Fair
4 Poor

B2) To the best of your knowledge, how many times have you received blood transfusions in the last ten years?
_____ times

B3) Have you ever been tattooed?
(Please circle only one response. If you circle Yes, please write the year of your first and your most recent tattoo.)

1 Yes Year of your first tattoo? ______ Year of your most recent tattoo? ______
2 No

STD SYMPTOMS AND HISTORY

B4) Have you ever had:
(Please circle Yes or No for each STD.)

a) Hepatitis type A . . . . . . . . . . . . . . . . . . . . . . . . . 1 Yes 2 No
b) Hepatitis type B . . . . . . . . . . . . . . . . . . . . . . . . . 1 Yes 2 No
c) Hepatitis type C . . . . . . . . . . . . . . . . . . . . . . . . . 1 Yes 2 No
B5) During the **past 3 months**, have you experienced any of the following symptoms: 

*(Please circle *Yes* or *No* for each symptom.)*

- a) Painful/difficult urination .......................... 1 Yes 2 No
- b) Painful intercourse .................................. 1 Yes 2 No
- c) Lesions or sores in the genital area ............... 1 Yes 2 No
- d) Intense chronic itching of the genital area ....... 1 Yes 2 No
- e) Vaginal discharge ................................. 1 Yes 2 No

B6) Have you **ever** been tested for HIV/AIDS? 

*(Please circle only one response.)*

1 Yes
2 No  ➟ **PLEASE SKIP TO QUESTION C1**

B7) When was the **last time** you were tested for HIV/AIDS? 

Month _________ Year______

B8) Are you HIV positive? 

1 Yes
2 No

B9) Which of these diseases have you **ever** had or do you have at this time? 

*(Please circle *all* you have had.)*

1 AIDS/HIV
2 Chlamydia
3 Genital Herpes
4 Genital Warts
5 Gonorrhea, Clap
6 Syphilis
7 Other (Please Specify): ____________________________

---

**THIS IS THE END OF SECTION B: MEDICAL HISTORY**
C1) Please circle the number that best shows if you agree or disagree with each statement:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree</th>
<th>Disagree</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) AIDS is a disease which affects only homosexual or gay men</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>b) There is no known cure for AIDS at the present time</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>c) Any person who has AIDS can pass it on to someone else during sexual intercourse</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d) A pregnant woman with AIDS can pass it on to her baby</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e) The risk of getting AIDS is higher if a person has a lot of sexual partners</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

C2) According to the information you have, how would you define “safe sex”? (Please circle all that apply.)

1. Reducing my number of partners
2. Not exchanging body fluids
3. Using condoms
4. Avoiding anal intercourse
5. Having only one partner
6. Taking sanitary precautions
7. Knowing partner/being aware of partner’s background
8. Avoiding high risk partners
9. Having sex with only one other person who is not infected
10. Other (Please Specify): ____________________________
11. Don’t know
C3) Please indicate how likely you think it is that a person can get AIDS by doing the following activities:

(Please circle the one number that best describes what you think for each activity.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Very Likely (almost certain)</th>
<th>Good Chance</th>
<th>50-50 Chance</th>
<th>Some Chance</th>
<th>Very Unlikely (almost impossible)</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Shaking hands, touching, or kissing on the cheek someone who has AIDS</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b) Sharing plates/ forks/glasses with someone who has AIDS</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c) Sharing needles for drug use with someone who has AIDS</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d) Being coughed or sneezed on by someone who has AIDS</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>e) Receiving a blood transfusion</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

C4) Please indicate how much you agree or disagree with the following statements. If you completely agree, circle 10. If you completely disagree, circle 1.

<table>
<thead>
<tr>
<th>Statement</th>
<th>100% Agree</th>
<th>100% Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Using a condom during intercourse is a turnoff</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>b) I worry about whether potential sex partners will enjoy sex using a</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>condom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Condoms are the best way to protect myself from AIDS and other</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>sexually transmitted diseases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) When I use alcohol or drugs and have sex I am less likely to use a</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>condom</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) I can have sex without alcohol or drugs and still be satisfied</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>f) Finding a sex partner who will have safe sex is difficult</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>g) I will only have sex with a condom</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
</table>
C5) Please indicate whether you think the following are very effective, somewhat effective, or not at all effective in preventing someone from getting the AIDS virus through sexual activity.

*(Please circle the number that best describes what you think about each.)*

<table>
<thead>
<tr>
<th>Option</th>
<th>Very Effective</th>
<th>Somewhat Effective</th>
<th>Not at all Effective</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Using a diaphragm</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>b) Using a condom</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>c) Using a spermicidal jelly, foam, or cream</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>d) Using a condom with a spermicidal jelly, foam or cream</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>e) Having a vasectomy</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>f) Two people who do not have the AIDS virus having sex only with each other</td>
<td>3</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>
D1) For each of the following substances, please indicate if you have ever used it or not by circling 1 if you have never used it, or 2 if you have used it. If you have used it, write how many days you used it in the last 3 months:

<table>
<thead>
<tr>
<th>Substance</th>
<th>Never Used</th>
<th>Used</th>
<th>How many days in last 3 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Marijuana/Hashish</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>b) Cocaine</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>c) PCP</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>d) Hallucinogens (LSD, Mescaline, Psylocybin, MDA, STP)</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>e) Heroin</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>f) Illegal Methadone</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>g) Non-Medical Sedatives (Barbituates, Quaaludes, ‘Downers’)</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>h) Non-Medical Tranquilizers (Valium, Librium)</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>i) Non-Medical Stimulants (Amphetamines, Speed, Crystal)</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
<tr>
<td>j) Non-Medical Painkillers (Demoral, Davoran)</td>
<td>1</td>
<td>2</td>
<td>____ days</td>
</tr>
</tbody>
</table>

D2) Please circle the number that shows how much you believe each practice is related to contracting or spreading AIDS. Please use a 10-point scale where 1 means that it is not at all related to contracting or spreading AIDS infection and 10 means that it is very much related to contracting or spreading AIDS infection.

<table>
<thead>
<tr>
<th>Practice</th>
<th>Not at all related</th>
<th>Very much related</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Sharing needles without using bleach to clean them</td>
<td>1  2  3  4  5  6  7  8  9  10</td>
<td></td>
</tr>
<tr>
<td>b) Sharing needles using bleach to clean them</td>
<td>1  2  3  4  5  6  7  8  9  10</td>
<td></td>
</tr>
</tbody>
</table>
D3) Have you **ever** taken any street drugs using a needle? This includes ever injecting intravenously, muscling, or skin-popping.  
(Please circle only one response. If you circle Yes, please write the number of times.)

1  Yes    Number of Times_____
2  No  →  YOU ARE FINISHED WITH SECTION D.  
      PLEASE SKIP TO QUESTION E1.

D4) How many different people have you shared needles with in the **past 3 months**?  
______ People

D5) In the **past 3 months**, have you even once shot drugs with an outfit that someone else had used without first cleaning it with bleach?  
(Please circle only one response. If you circle Yes, please write the number of times.)

1  Yes    Number of Times_____
2  No

D6) In the **past 3 months** did you share a cotton, cooker, or rinse water with another drug user?  
(Please circle only one response. If you circle Yes, please write the number of times.)

1  Yes    Number of Times_____
2  No

D7) In the **last 3 months**, did you use a needle that your partner had already used, whether or not it was cleaned in between?  
(Please circle only one response.)

1  Yes
2  No
D8) Have you ever participated in any kind of drug treatment program?
(Please circle only one response.)
1. Yes
2. No
3. Don’t Know

THIS IS THE END OF SECTION D: DRUG RISK BEHAVIORS
E1) How old were you the first time you had any sexual contact—that is, oral, anal, or vaginal intercourse—with another person?

(Please write your age, or circle 1 if you have never had any sexual contact.)

Age ______

1 Never had any sexual contact

IF YOU HAVE NEVER HAD SEXUAL CONTACT,
YOU ARE DONE WITH THE SURVEY.
THANK YOU.

E2) Have you ever performed oral sex on a partner?

(Please circle only one response.)

1 Yes
2 No

E3) Has anyone ever performed oral sex on you?

(Please circle only one response.)

1 Yes
2 No

E4) Have you ever had vaginal intercourse?

(Please circle only one response.)

1 Yes
2 No
E5) Have you ever had anal sex?
(Please circle only one response.)

1 Yes
2 No

E6) Have you ever had group sex, that is sex with more than one person at the same time?
(Please circle only one response.)

1 Yes
2 No

E7) Have you ever had sex with a person you paid or who paid you for sex?
(Please circle only one response.)

1 Yes
2 No

PARTNERS

E8) Have you had sex in the last 3 months?
(Please circle only one response.)

1 Yes → PLEASE CONTINUE TO QUESTION E9.
2 No → IF YOU HAVE NOT HAD SEXUAL CONTACT IN THE LAST 3 MONTHS,
      YOU ARE DONE WITH THE SURVEY.
      THANK YOU.

E9) How many sex partners have you had in the last 3 months?
(Please circle only one response.)

1 One partner
2 Two partners
3 Three partners
4 Four partners
5 Five to ten partners
6 Eleven to twenty partners
7 Twenty-one to one hundred partners
8 More than one hundred partners
E10) In the **past 3 months**, have you had sex with:

*(Please circle only one response.)*

1. Only men
2. Only women
3. Both men and women

The next section is about your sexual activities with the person you had sex with in the **last 3 months** whom you consider to be your most important sexual partner. We refer to this person as your primary partner. Your primary partner could be your boyfriend, your husband, or your lover. If you have recently had a change in your relationship status, your primary partner could be your ex-boyfriend, ex-husband, or ex-lover.

E11) Of the people you have had sex with **in the last 3 months**, is there one that you consider to be your most important (or primary) sexual partner?

*(Please circle only one response.)*

2. No  SKIP TO QUESTION G1.

**THIS IS THE END OF SECTION E: GENERAL SEX BEHAVIORS**
This section is about your sexual activities with the person you had sex with in the last 3 months whom you consider to be your most important sexual partner. We refer to this person as your primary partner. Your primary partner could be your husband, your boyfriend, or your lover. If you have recently had a change in your relationship status, your primary partner could be your ex-husband, ex-boyfriend, or ex-lover. Some questions in this section focus on sexual contact with men. In such cases, if your primary partner is a women, please circle the answer that indicates you have not engaged in the activity, or write “0” if appropriate.

F1) Is your primary partner male or female?
   (Please circle only one response.)
   1 Male
   2 Female

SEXUAL ACTIVITY WITH PRIMARY PARTNER

F2) Please indicate which activities you and your primary partner have engaged in during your relationship.
   (Please circle all that apply.)
   1 Oral Sex (mouth on vagina)
   2 Oral Sex (mouth on penis)
   3 Anal Sex (penis in rectum)
   4 Vaginal Intercourse
   5 Other (Please specify) _________________________
Please circle the number that indicates how many times in the past 3 months you have engaged in each of the following activities with your primary partner:

<table>
<thead>
<tr>
<th>Activity</th>
<th>0 Times</th>
<th>1-20 Times</th>
<th>21-40 Times</th>
<th>41-60 Times</th>
<th>61-80 Times</th>
<th>81-100 Times</th>
<th>100+ Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Vaginal Intercourse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b) Anal Intercourse</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c) Performed oral sex on partner</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d) Partner performed oral sex on you</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

When you had vaginal intercourse with your primary partner during the last 3 months, how often did you use condoms?
(Please circle only one response.)

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
6. I have not had vaginal intercourse with my primary partner during the last 3 months

When you had anal intercourse with your primary partner during the last 3 months, how often did you use condoms?
(Please circle only one response.)

1. Always
2. Usually
3. Sometimes
4. Rarely
5. Never
6. I have not had anal intercourse with my primary partner during the last 3 months
ALCOHOL/DRUG USE WITH SEX

F6) In the last 3 months, how often did you drink alcohol before having vaginal or anal intercourse with your primary partner?
(Please circle only one response.)

1. Never
2. Sometimes
3. About half the time
4. Almost all the time
5. Every time
6. Don’t know
7. We have not had vaginal or anal intercourse during the last 3 months

F7) In the last 3 months, how often did you use drugs like marijuana, cocaine, crack, or heroin before having vaginal or anal intercourse with your primary partner?
(Please circle only one response.)

1. Never
2. Sometimes
3. About half the time
4. Almost all the time
5. Every time
6. Don’t know
7. We have not had vaginal or anal intercourse during the last 3 months

F8) Has your primary partner ever injected himself or herself with drugs like heroin, cocaine, speed, or steroids?
(Please circle only one response.)

1. Yes
2. No
3. Don’t Know
F9) Has your primary partner used street drugs with a needle during your relationship?  
(Please circle only one response.)  
1 Yes  
2 No  
3 Don’t Know  

F10) As far as you know, during the past 3 months, has your primary partner had other sexual partners?  
(Please circle all that apply and, if you circle 1 or 2, write in the number of other partners.)  
1 Yes, my partner has been sexually involved with (approximately) ___ other women  
2 Yes, my partner has been sexually involved with (approximately) ___ men  
3 No, my partner has not had any other sexual partners in the past 3 months.  

F11) To the best of your knowledge, before or during your relationship, did your primary partner have sex with a prostitute?  
(Please circle only one response.)  
1 Yes  
2 No  

F12) Since you have been in this relationship, have you engaged in any sexual activity with any other partners?  
(Please circle only one response.)  
1 Yes P L E A S E  G O  O N  T O  Q U E S T I O N  G 1.  
2 No I F  Y O U  A N S W E R E D  “N O ”  T O  F 1 2 ,  
THANK  Y O U .  

THIS IS THE END OF SECTION F: WOMEN & PRIMARY PARTNERS
Please answer these questions if you have had only casual sexual partners in the past 3 months, or if you have sexual partners besides your primary partner in the past 3 months. Some questions in this section focus on sexual contact with men. In such cases, if your primary partner is a woman, please circle the answer that indicates you have not engaged in the activity, or write “0” if appropriate.

G1) In the 3 months, how many different men/women (excluding your primary partner if you have one) have you had sexual contact with?

(Please write the number of male and female sexual partners you have had. If you have not had any sexual contact with either men or women, please write 0 for your answer.)

   _____ Men
   _____ Women

G2) In the past 3 months, how many different people (other than your primary partner) have you had vaginal intercourse with?

(Please write in the number of people.)

   _____ People

G3) In the past 3 months, how many different people (other than your primary partner) have you had anal intercourse with?

(Please write in the number of people.)

   _____ People
**CONDOM USE**

G4) Thinking about all the times you had vaginal or anal intercourse during the last 3 months, would you say you used a condom:

*(Please circle only one response.)*

1 Never
2 Less than half the time
3 More than half the time
4 More than half the time, but not always
5 All the time
6 I have not had vaginal intercourse in the last 3 months

G5) For each of the following activities, please indicate how many times in the last 3 months you have done each with partners (excluding your primary partner):

*(Please write in the number of times for each activity.)*

<table>
<thead>
<tr>
<th>Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Vaginal Intercourse with a Condom</td>
</tr>
<tr>
<td>b) Vaginal Intercourse without a Condom</td>
</tr>
<tr>
<td>c) Anal Intercourse with a Condom</td>
</tr>
<tr>
<td>d) Anal Intercourse without a Condom</td>
</tr>
</tbody>
</table>

G6) During the most recent time you had vaginal sex with someone not your primary partner, did you use condoms?

*(Please circle only one response.)*

1 Yes
2 No
3 I have not had vaginal sex with someone who is not my primary partner.

G7) During the most recent time you had anal sex with someone not your primary partner, did you use condoms?

*(Please circle only one response.)*

1 Yes
2 No
3 I have not had anal sex with someone who is not my primary partner.

**ALCOHOL/DRUG USE WITH SEX**
G8) In the **last 3 months**, how many times did you have sex while you were feeling the effects of drugs, such as marijuana, cocaine, or crack?

*(Please write the number of times.)*

_____ Times

G9) In the **last 3 months**, how many times did you have sex while you were feeling the effects of alcohol?

*(Please write the number of times.)*

_____ Times

**PARTNER RISK**

G10) Please indicate how many times in the **last 30 days** and in the **last 3 months** you have done the following:

*(Please write the number of times for each.)*

<table>
<thead>
<tr>
<th></th>
<th>Number of Times in Last 30 Days</th>
<th>Number of Times in Last 3 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Had sex with partners who injected non-prescription drugs</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>b) Had sex with men who have had sex with prostitutes</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>c) Had sex with men who have sex with other men</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>d) Had sex with a person who is positive for the antibody to the AIDS virus</td>
<td>_____</td>
<td>_____</td>
</tr>
</tbody>
</table>

**THIS IS THE END OF THE SURVEY!**

**PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS BEFORE TURNING IN YOUR SURVEY.**

**THANK YOU!**