Questionnaire:

(Audio CASI)

SEXUAL BEHAVIOR - SXQ

SXQ.020  The next set of questions is about your sexual behavior. By sex, we mean vaginal, oral, or anal sex. Please remember that your answers are strictly confidential.

Have you ever had sex?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1
NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2  (SXQ. 275)
REFUSED . . . . . . . . . . . . . . . . . . . . . . . . . 7  (SXQ. 275)
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . . 9  (SXQ. 275)

SXQ.030  How old were you when you had sex for the first time?

VERBAL INSTRUCTIONS TO SP:
Please enter an age.

|___|___|
ENTER AGE IN YEARS

REFUSED . . . . . . . . . . . . . . . . . . . . . . . . 77
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . 99

CHECK ITEM SXQ.090:
IF SP MALE, GO TO SXQ.170. OTHERWISE, CONTINUE WITH SXQ.100.

SXQ.100  In your lifetime, with how many men have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|
ENTER NUMBER (If none skip to SXQ.130)

REFUSED . . . . . . . . . . . . . . . . . . . . . . . . 77
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . 99

CHECK ITEM SXQ.110:
IF SP NEVER HAD MALE PARTNER (CODED ‘00’) IN SXQ100, GO TO SXQ.130. OTHERWISE, CONTINUE WITH SXQ.120.
SXQ.120  In the **past 12 months**, with how many **men** have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

<______>
ENTER NUMBER
REFUSED 77
DON'T KNOW 99

SXQ.130  In **your lifetime**, with how many **women** have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

<______>
ENTER NUMBER
REFUSED 77
DON'T KNOW 99

**CHECK ITEM SXQ.140:**
IF SP NEVER HAD FEMALE PARTNER (CODED '00') IN SXQ.130, GO TO SXQ.160. OTHERWISE, CONTINUE WITH SXQ.150.

SXQ.150  In the **past 12 months**, with how many **women** have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

<______>
ENTER NUMBER
REFUSED 77
DON'T KNOW 99

**CHECK ITEM SXQ.160:**
GO TO SXQ.230a.

SXQ.170  In **your lifetime**, with how many **women** have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

<______>
ENTER NUMBER
REFUSED 77
DON'T KNOW 99

**CHECK ITEM SXQ.180:**
IF SP NEVER HAD FEMALE PARTNER (CODED '00') IN SXQ.170, GO TO SXQ.200. OTHERWISE, CONTINUE WITH SXQ.190.
SXQ.190  In the past 12 months, with how many women have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

[_____] ENTER NUMBER

REFUSED ....................... 77
DON'T KNOW ..................... 99

SXQ.200  In your lifetime, with how many men have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

[_____] ENTER NUMBER

REFUSED ....................... 77
DON'T KNOW ..................... 99

CHECK ITEM SXQ.210:
IF SP NEVER HAD MALE PARTNER (CODED '00') IN SXQ.200, GO TO SXQ.230a.
OTHERWISE, CONTINUE WITH SXQ.220.

SXQ.220  In the past 12 months, with how many men have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

[_____] ENTER NUMBER

REFUSED ....................... 77
DON'T KNOW ..................... 99

CHECK ITEM SXQ.230a:
IF SP FEMALE AND HAS NEVER HAD MALE PARTNER (CODED '00') IN SXQ.100
OR TOTAL NUMBER OF PARTNERS IN SXQ.120 AND SXQ.150 IS ONE OR LESS,
GO TO SXQ.255.  IF SP MALE AND TOTAL NUMBER OF PARTNERS IN SXQ.190
AND SXQ.220 IS ONE OR LESS, GO TO SXQ.255. OTHERWISE, CONTINUE WITH
SXQ.235.
SXQ.235 For this survey, we use the term 'main sexual partner' to describe someone who is your spouse, lover, or anyone else you feel committed to or have a special relationship with. The last time you had sex, was it with your main sexual partner?

YES ........................................ 1
NO ........................................ 2
REFUSED ................................. 7
DON'T KNOW ......................... 9

SXQ.241 In the past 30 days, with how many people have you had sex?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|
ENTER # OF PARTNERS

REFUSED ......................... 77  SXQ.255
DON'T KNOW ...................... 99  SXQ.255

CHECK ITEM SXQ.245a:
IF SP REPORTS NOT HAVING SEX (CODED '00') IN SXQ.241, GO TO SXQ.255.
OTHERWISE, CONTINUE WITH SXQ.250.

SXQ.250 In the past 30 days, how many times have you had sex without using a condom?

VERBAL INSTRUCTIONS TO SP:
Please enter a number or enter zero for none.

|___|___|
ENTER # OF TIMES

REFUSED ......................... 77
DON'T KNOW ...................... 99

SXQ.255 Sexually transmitted diseases include HIV, genital warts, gonorrhea (also clap or GC), chlamydia and syphilis.

What is the chance that you currently have HIV or any other sexually transmitted disease? Would you say...

HIGH ................................. 1
MEDIUM .............................. 2
LOW .................................... 3
NONE .................................. 4
REFUSED .............................. 7
DON'T KNOW ......................... 9

SXQ.260 Has a doctor or other health care professional ever told you that you had genital herpes?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.
SXQ.265  Has a doctor or other health care professional ever told you that you had genital warts?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1
NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2
REFUSED . . . . . . . . . . . . . . . . . . . . . . . . . 7
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . 9

SXQ.270  In the past 12 months, has a doctor or other health care professional told you that you had gonorrhea, sometimes called GC or clap?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1
NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2
REFUSED . . . . . . . . . . . . . . . . . . . . . . . . . 7
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . 9

SXQ.272  In the past 12 months, has a doctor or other health care professional told you that you had chlamydia?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 1
NO . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 2
REFUSED . . . . . . . . . . . . . . . . . . . . . . . . . 7
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . 9

CHECK ITEM SXQ.275:
IF SP MALE, CONTINUE WITH SXQ.280. IF SP FEMALE GO TO SXQ.294.

SXQ.280  Are you circumcised or uncircumcised?
HAND CARD SXQ1 - CLINICAL SKETCH OF CIRCUMCISED PENIS
HAND CARD SXQ2 - CLINICAL SKETCH OF UNCIRCUMCISED PENIS

INSTRUCTIONS TO SP:
Please select circumcised, uncircumcised. Press a picture button to illustrate a choice.

CIRCUMCISED . . . . . . . . . . . . . . . . . . . . . . . 1
UNCIRCUMCISED . . . . . . . . . . . . . . . . . . . . . 2
REFUSED . . . . . . . . . . . . . . . . . . . . . . . . . 7
DON'T KNOW . . . . . . . . . . . . . . . . . . . . . . 9
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SXQ.292 Do you think of yourself as…

- Heterosexual or straight (that is, sexually attracted only to women) . . . . . . . . 1
- Homosexual or gay (that is, sexually attracted only to men) . . . . . . . . 2
- Bisexual (that is, sexually attracted to men and women) . . . . . . . . . . . . . . 3
- Something else. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4
- You’re not sure. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 5
- Refused. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 7
- Don’t know. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9

SXQ.294 Do you think of yourself as…

- Heterosexual or straight (that is, sexually attracted only to men) . . . . . . . . 1
- Homosexual or lesbian (that is, sexually attracted only to women) . . . . . 2
- Bisexual (that is, sexually attracted to men and women) . . . . . . . . . . . . . . 3
- Something else. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 4
- You’re not sure. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 5
- Refused. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 7
- Don’t know. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 9
DRUG USE, PRISION EXPERIENCE, and DOMESTIC VIOLENCE - DUQ

DUQ.100 The following questions ask about drug use.

Have you ever used cocaine, including crack or freebase, or other street drugs? Do not include marijuana.

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES......................................................... 1
NO........................................................... 2 (DUQ.570)
REFUSED............................................... 7 (DUQ.570)
DON'T KNOW......................................... 9 (DUQ.570)

DUQ.110 In the past 12 months, how many days have you used cocaine, including crack or freebase, or other street drugs?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|
ENTER NUMBER

REFUSED............................................... 777
DON'T KNOW......................................... 999

DUQ.120 Have you ever used a needle to take street drugs?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES......................................................... 1
NO........................................................... 2 DUQ.510
REFUSED............................................... 7 DUQ.510
DON'T KNOW......................................... 9 DUQ.510

DUQ.130 In the past 12 months, how many days have you used a needle to take street drugs?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|___|___|___|
ENTER NUMBER
DUQ.510  Now I’d like to ask about your experience with specific drugs. In the past 12 months, have you taken or used any of these drugs? Marijuana, Hashish, Inhalants, LSD, Psilocybin or mushrooms, Opium, Cocaine, Heroin, PCP, Glue, Methamphetamine or Crystal meth, Ecstasy, Other club drugs (Special K, GHB, etc.)?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES .........................................................  1
NO ...........................................................  2 (DUQ.540)
REFUSED ...............................................  7 (DUQ.540)
DON’T KNOW .........................................  9 (DUQ.540)

DUQ.520  Which ones?

VERBAL INSTRUCTIONS TO SP:
Please mark all that apply.

Marijuana . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 10
Hashish . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 11
Inhalants . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  12
LSD . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .13
Psilocybin/mushrooms . . . . . . . . . . . . . . . . . . . 14
Opium . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .15
Cocaine . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .16
Crack . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  17
Heroin . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .18
PCP . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .19
Glue . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .20
Methamphetamine/Crystal meth . . . . . . . . . .  21
Ecstasy . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .22
Other club drugs (Special K, GHB, etc.) . . . . . 23
Refused . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 77   (DUQ.540)
DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .  99  (DUQ.540)

LOOP 1:
ASK DUQ.530 FOR EACH TYPE OF DRUG (CODES 10-23) ENTERED IN DUQ.520.

DUQ.530  In the past 12 months, have you taken or used (Drug Mentioned in DUQ.520) more than 5 times?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES.........................................................  1
NO...........................................................  2
REFUSED...............................................  7
DON’T KNOW.........................................  9

END LOOP 1:
ASK DUQ.530 FOR NEXT TYPE OF DRUG (CODES 10-23) ENTERED IN
DUQ.520.
IF NO NEXT TYPE, CONTINUE WITH DUQ.540.

DUQ.540  In the past 12 months, has a doctor prescribed any of the following medicines for you? Sleeping pills, Percodan, Amphetamines, Tranquilizers, Valium, Seconal, Morphine, Codeine, Methadone, Xanax, Darvon, Oxycotin, Buprenorphine?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES.........................................................  1
NO...........................................................  2 (DUQ.570)
REFUSED...............................................  7 (DUQ.570)
DON’T KNOW.........................................  9 (DUQ.570)

DUQ.550  In the past 12 months, have you used any of these medicines more than 5 times when they were not prescribed for you, to get high, to relax, or to make you feel better, more active, or alert? Sleeping pills, Tranquilizers, Valium, Xanax, Seconal, Codeine, Darvon, Oxycotin, Percodan, Amphetamines, Morphine, Methadone, Buprenorphine?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES.........................................................  1
NO...........................................................  2 (DUQ.570)
REFUSED...............................................  7 (DUQ.570)
DON’T KNOW.........................................  9 (DUQ.570)

DUQ.560  Which ones? Please mark all that apply.

VERBAL INSTRUCTIONS TO SP:
Please mark all that apply.

Sleeping pills . . . . . . . . . . . . . . . . . . 10
Tranquilizers . . . . . . . . . . . . . . . . . . 11
Valium . . . . . . . . . . . . . . . . . . . . . 12
Xanax . . . . . . . . . . . . . . . . . . . . . . 13
Seconal . . . . . . . . . . . . . . . . . . . . . 14
Codeine . . . . . . . . . . . . . . . . . . . . . 15
Darvon . . . . . . . . . . . . . . . . . . . . . . 16
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Oxycotin .......................... 17
Percodan ........................... 18
Amphetamines ..................... 19
Morphine ............................ 20
Methadone ........................... 21
Buprenorphine ...................... 22
Refused ............................ 77
DK ................................. 99

DUQ.570 Now I’m going to ask you about your experiences in institutions such as jails, prison, correctional facilities or detention centers. Have you ever spent any time in a correctional facility, jail, prison, or detention center as an adult, that is, 18 years old or older?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES......................................................... 1
NO........................................................... 2
REFUSED............................................... 7
DON’T KNOW........................................... 9

DUQ.580 In the past 12 months, have you been frightened for the safety of yourself, your children or friends because of anger or threats of an intimate partner?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES......................................................... 1
NO........................................................... 2
REFUSED............................................... 7
DON’T KNOW........................................... 9

DUQ.590 In the past 12 months, have you sustained injuries such as bruises, cuts, a black eye, or broken bones as a result of behavior of an intimate partner?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES......................................................... 1
NO........................................................... 2
REFUSED............................................... 7
DON’T KNOW........................................... 9