FOLLOW UP **8** PERMID: __ __ __ __

VERSION 04/21/08 INTID: __ __

FOLLOW-UP 8

Non-Diagnostic Protocol

INTERVIEWERS:
Date of Interview: __/__/__
Date of FUP7 Interview: __/__/__
Gender: M F
Age: ____
Currently Incarcerated: N Y
Temporarily Incar. (1 month or less): N Y
Incar. Entire time SLI: N Y
Reentered community after an incarnation of at least 6 months: N Y
In the community the entire time P3M: N Y
Incarcerated entire time in P3M: N Y
Incarcerated at any time SLI: N Y
Was S administered DIS Section R (Did S get past 1st question on DIS Section R)? N Y
Was S administered DIS Section S (Did S get past 1st question on DIS Section S)? N Y

A. LES -- LIFE EXPERIENCES SURVEY

Now I am going to read a list of things that might happen to people in their lives. Please tell me if any of these things have happened to you SINCE THE LAST INTERVIEW and in the PAST YEAR.

	Happened SLI? NO	Happened SLI? YES ☐ ⇒	Happened Past Year? NO	Happened Past Year? YES ☐
Have you worked or been in school SLI?	**NO 1 [GO TO 7] YES 5**			
1. Changed work situation (promoted, different work responsibility, major change in working conditions, working hours, etc.)	**1**	**5⇒**	**1**	**5**
2. New job	**1**	**5⇒**	**1**	**5**
3. Trouble with employer (in danger of losing job, being suspended, demoted, etc.)	**1**	**5⇒**	**1**	**5**
4. Being fired from a job	**1**	**5⇒**	**1**	**5**
5. Retirement or cease working	**1**	**5⇒**	**1**	**5**
6. Ending of formal schooling	**1**	**5⇒**	**1**	**5**
7. Detention in jail or comparable institution	**1**	**5⇒**	**1**	**5**
8. Minor law violations (traffic tickets, disturbing the peace, etc.)	**1**	**5⇒**	**1**	**5**
9. Major change in sleeping habits (much more or much less sleep)	**1**	**5⇒**	**1**	**5**
10. Major change in eating habits (much more or much less food intake)	**1**	**5⇒**	**1**	**5**
11. Sexual difficulties	**1**	**5⇒**	**1**	**5**
Has anyone close to you such as a family member or close friend had a serious illness, injury, or died SLI?	**NO 1 [GO TO 17] YES 5**			
12. Death of spouse (or significant other)	**1**	**5⇒**	**1**	**5**
13. Death of a close family member: Specify _____[__ __] _____[__ __] _____[__ __]	**1** ⇒ ⇒	**5** ⇒ ⇒	**1**	**5**
14. Death of close friend.	**1**	**5⇒**	**1**	**5**
15. Serious injury or illness of close friend	**1**	**5⇒**	**1**	**5**
16. Serious illness or injury of close family member or spouse/significant other Specify _____[__ __] _____[__ __] _____[__ __]	**1** ⇒ ⇒	**5** ⇒ ⇒	**1**	**5**
17. Major change in closeness of family members (increased or decreased closeness)	**1**	**5⇒**	**1**	**5**
18. Gaining a new family member (through birth, adoption, family member moving in, etc.)	**1**	**5⇒**	**1**	**5**
19. Eviction, Foreclosure on mortgage/loan or unable to pay rent (for 1 month or longer)	**1**	**5⇒**	**1**	**5**
20. Major change in financial status (a lot better off or a lot worse off)	**1**	**5⇒**	**1**	**5**
21. Change of residence	**1**	**5⇒**	**1**	**5**
22. Major change in living conditions (or change in family) (building new home, remodeling, deterioration of home, neighborhood, etc)	**1**	**5⇒**	**1**	**5**
Have you had a boyfriend/girlfriend/significant other/partner/or spouse SLI?	**NO 1 [GO TO 35] YES 5**			
23. Marriage	**1**	**5⇒**	**1**	**5**
24. Trouble with in-laws	**1**	**5⇒**	**1**	**5**
25. Marital separation from mate (due to conflict)	**1**	**5⇒**	**1**	**5**
26. Engagement	**1**	**5⇒**	**1**	**5**
27. Divorce	**1**	**5⇒**	**1**	**5**

	Happened SLI? NO	YES ☐ ⇒	Happened Past Year? NO	YES ☐
28. Breaking up with boyfriend/girlfriend/significant other	1	5⇒	1	5
29. Separation from spouse/significant other (due to work, travel, etc.)	1	5⇒	1	5
30. Reconciliation with boyfriend/girlfriend/significant other	1	5⇒	1	5
31. Marital reconciliation with mate	1	5⇒	1	5
32. Major change in number of arguments with spouse/significant other (a lot more or a lot less arguments)	1	5⇒	1	5
33. [IF FEMALE GO TO 34] Change in wife's/significant other's work outside the home (loss of job, beginning work, ceasing work, changing to a new job, etc.)	1	5⇒	1	5
34. [IF MALE GO TO 35] Change in husband's/significant other's work (loss of job, beginning new job, ceasing work, etc.)	1	5⇒	1	5
35. Borrowing more than $10,000 (buying home, business, etc.)	1	5⇒	1	5
36. Borrowing less than $10,000 (buying car, TV, getting school loan, etc.)	1	5⇒	1	5
37. Outstanding personal achievement	1	5⇒	1	5
38. Major change in church activities (increased or decreased attendance)	1	5⇒	1	5
39. Major change in usual type and/or amount of recreation	1	5⇒	1	5
40. [IF FEMALE GO TO 41] Wife/girlfriend's pregnancy	1	5⇒	1	5
41. [IF MALE GO TO 42] Pregnancy	1	5⇒	1	5
42. [IF FEMALE GO TO 43] Wife/girlfriend having an abortion	1	5⇒	1	5
43. [IF MALE GO TO 44] Having an abortion	1	5⇒	1	5
44. Major personal illness or injury	1	5⇒	1	5
45. Major change in social activities, eg, parties, movies, visiting (increased or decreased participation)	1	5⇒	1	5
46. Son or daughter leaving home (due to custody issue, DCFS involvement, etc.)	1	5⇒	1	5
47. Leaving home for the first time	1	5⇒	1	5
48. Other recent experiences that have impacted your life: Specify: _____ [___]	1	5⇒	1	5

B. RESIDENTIAL STABILITY

[READ] The next few questions I'm going to be asking you are about your family and where you live.

1. Where have you MOSTLY been living SINCE THE LAST INTERVIEW? IS THIS A..?

Family Home [Any relative]……. 01
Foster Home…….. 02
Neighbor's/Friend's Home…… 03
Group/Residential Home [SPECIFY BELOW]…….. 04
- ☐ Hospital for emotional, behavior, drug/alcohol problems
- ☐ Drug/alcohol treatment program
- ☐ Residential treatment center
- ☐ Group home
- ☐ Therapeutic foster home
- ☐ Emergency shelter for emotional or behavior problems
- ☐ Summer tx program/Therapeutic camp
- ☐ Transitional Living Program
- ☐ Other Shelter (Specify) _____ [___ ___]

Correctional Facility [SPECIFY BELOW]……. 05
- ☐ JTDC ☐ DOC ☐ Boot Camp

Own Place/Lives Alone……. 06
Own Place/With Roommate(s)…… 09
With Significant Other/No Parental Figure……..……. 07
(if with Significant Other's Parent(s), code 3)
Military Base/Barracks …… 10
College/Job Corps Dorms ……. 11
Homeless/On the Streets …….. 12
Other [DESCRIBE BELOW]…… 08
_____ [___ ___ ___]

2. Is this where you have MOSTLY been living in the PAST THREE MONTHS? No 1
Yes 5 [GO TO 3]

A. Where do you live now?

Family Home [Any relative]……. 01
Foster Home…….. 02
Neighbor's/Friend's Home…… 03
Group/Residential Home [SPECIFY BELOW]…….. 04
- ☐ Hospital for emotional, behavior, drug/alcohol problems
- ☐ Drug/alcohol treatment program
- ☐ Residential treatment center
- ☐ Group home
- ☐ Therapeutic foster home
- ☐ Emergency shelter for emotional or behavior problems
- ☐ Summer tx program/Therapeutic camp
- ☐ Transitional Living Program
- ☐ Other Shelter (Specify) _____ [___ ___]

Correctional Facility [SPECIFY BELOW]……. 05
- ☐ JTDC ☐ DOC ☐ Boot Camp

Own Place/Lives Alone……. 06
Own Place/With Roommate(s)…… 09
With Significant Other/No Parental Figure……..……. 07
(if with Significant Other's Parent(s), code 3)
Military Base/Barracks …… 10
College/Job Corps Dorms ……. 11
Homeless/On the Streets …….. 12
Other [DESCRIBE BELOW]…… 08
_____ [___ ___ ___]

B. How long have you lived there?_____[___ ___ ___] [DAYS]

[IF SUBJECT HAS BEEN INCARCERATED ENTIRE TIME SLI, GO TO NEXT SECTION]

3. How would you describe your current living quarters? [CODE FROM RESPONSE]

01 Apartment/Condo
02 Single Family House
03 Single Room Occupancy (SRO)
04 Hotel Room
05 Shelter
06 Mobile Home
07 Other, specify: _____ [__ __] [__ __]

4. Is the place you're living:

01 Owned or being bought by you [GO TO B]
02 Owned or being bought by someone else
03 Rented by you (and someone else) [GO TO B]
04 Rented by someone else
05 Occupied without payment
06 Other, specify: _____ [__ __] [__ __]

A. Who owns or rents the place where you live?

01 Parent
02 Brother/Sister
03 Other Relative
04 Friend
05 Girlfriend/Boyfriend/Spouse
06 Other, specify: _____ [__ __] [__ __]

B. How many housing units/apartments are there in your building?

01 1 to 3
02 4 to 8
03 9 to 12
04 12 or more

5. How satisfied are you with your housing? [READ]

1 Very dissatisfied
2 Dissatisfied
3 Neither satisfied nor dissatisfied
4 Satisfied
5 Very satisfied

[IF SUBJECT OWNS HOME, GO TO 11]

6. Each year, as part of your rental agreement, is your household required to complete recertification by reporting income or who lives with you to determine the amount of rent you pay? No 1 Yes 5

7. Is your rent amount lower because you are in a federal, state, or local government housing program? No 1 Yes 5

8. Is the housing authority your landlord? No 1 Yes 5

9. Does your household have a housing voucher that allows you to choose where you live and pays for the rent? No 1 Yes 5

10. Can you use your (a) housing voucher to move to another location? No 1 Yes 5

11. We use the word homeless to describe people who do not have a regular place to stay overnight. SINCE THE LAST INTERVIEW, have you and/or your family (the people you live with) ever been homeless?

No 1 [GO TO 12]
Yes 5

A. SINCE THE LAST INTERVIEW, how many times has this happened? ___ ___ [# TIMES]

B. Where did you stay? [DO NOT READ; CIRCLE ALL THAT APPLY]

01 Hotel room
02 Someone else's home
03 Relative's home
04 Streets, car or other outside place
05 Abandoned building
06 Bus station, movie theater, or inside place
07 Group home / shelter / halfway house
08 Other [Specify]_____ [___ ___]

C. Why were you and/or your family (the people you live with) homeless? [DO NOT READ; CIRCLE ALL THAT APPLY.]

01 Damage to house/apartment
02 Couldn't pay rent (Parent lost job; parent died; divorce; drug use)
03 Evicted/violated lease
07 Runaway/family conflict
04 Domestic violence
05 General difficulty finding an apartment; new to area; lease fell through
06 Other [Specify] _____ [___ ___]

D. What's the longest amount of time you (and/or your family) have been homeless?
_____[___ ___ ___] [DAYS]

E. In the PAST THREE MONTHS, how many times have you (and/or your family) been homeless?
___ ___ [# TIMES]

12. About how many times SINCE THE LAST INTERVIEW have you moved apartments or homes? ___ ___ [# TIMES]

[DO NOT INCLUDE INCARCERATIONS] [IF "00", GO TO NEXT SECTION]

A. In the PAST THREE MONTHS, how many times have you moved? ___ ___ [# TIMES]

C. EDUCATION

1. Have you received any training or taken any classes SINCE THE LAST INTERVIEW, such as pre-GED classes, reading skills, job training or skills training, or college/associate courses? No 1 [GO TO NEXT SECTION]
Yes 5

A. Was it… → [READ RESPONSES]	B. From what organization [did you take the training or class]? →	C. How did you hear about the training or class? →	D. Are you currently taking this class?	
			No	Yes
1. Pre-GED, reading skills classes?	01 Workforce Center, which one: 01 Northside Center (Sheridan) 02 Mid-South Center (E. 47th St) 03 Garfield Center (Kedzie) 04 Southwest Center (S. Pulaski) 05 Pilsen Center (Blue Island) 06 Other, specify: _____ [__ __] 02 Community College 03 Church/Religious Organization 04 DOC, specify: 01Prison 02 ATC/Work Release Program 03 Jail 05 University/college 94 Other, specify: _____ [__ __]	01 Family 02 Friends (includes bf/gf) 03 Referred by organization, specify: _____[__ __] 04 DOC, specify: 01 Prison 02 ATC/Work Release Program 03 Jail 94 Other, specify:_____[__ __]	1	5
2. Job skills/training or vocational training?	01 Workforce Center, which one: 01 Northside Center (Sheridan) 02 Mid-South Center (E. 47th St) 03 Garfield Center (Kedzie) 04 Southwest Center (S. Pulaski) 05 Pilsen Center (Blue Island) 06 Other, specify: _____ [__ __] 02 Community College 03 Church/Religious Organization 04 DOC, specify: 01Prison 02 ATC/Work Release Program 03 Jail 05 University/college 94 Other, specify: _____ [__ __]	01 Family 02 Friends (includes bf/gf) 03 Referred by organization, specify: _____[__ __] 04 DOC, specify: 01 Prison 02 ATC/Work Release Program 03 Jail 94 Other, specify:_____[__ __]	1	5
3. College/Associate courses?	01 Workforce Center, which one: 01 Northside Center (Sheridan) 02 Mid-South Center (E. 47th St) 03 Garfield Center (Kedzie) 04 Southwest Center (S. Pulaski) 05 Pilsen Center (Blue Island) 06 Other, specify: _____ [__ __] 02 Community College 03 Church/Religious Organization 04 DOC, specify: 01Prison 02 ATC/Work Release Program 03 Jail 05 University/college 94 Other, specify: _____ [__ __]	01 Family 02 Friends (includes bf/gf) 03 Referred by organization, specify: _____[__ __] 04 DOC, specify: 01 Prison 02 ATC/Work Release Program 03 Jail 94 Other, specify:_____[__ __]	1	5
4. Other, specify: _____[__ __]	01 Workforce Center, which one: 01 Northside Center (Sheridan) 02 Mid-South Center (E. 47th St) 03 Garfield Center (Kedzie) 04 Southwest Center (S. Pulaski) 05 Pilsen Center (Blue Island) 06 Other, specify: _____ [__ __] 02 Community College 03 Church/Religious Organization 04 DOC, specify: 01Prison 02 ATC/Work Release Program 03 Jail 05 University/college 94 Other, specify: _____ [__ __]	01 Family 02 Friends (includes bf/gf) 03 Referred by organization, specify: _____[__ __] 04 DOC, specify: 01 Prison 02 ATC/Work Release Program 03 Jail 94 Other, specify:_____[__ __]	1	5

D. EMPLOYMENT AND INCOME

[READ] Now I'm going to ask you some questions about work.

1. SINCE THE LAST INTERVIEW, have you had any legal jobs (full-time or part-time) where you've worked for pay?

No 1
Yes 5 [GO TO D]

A. IF NO, have you been looking for a job?

No 1 [GO TO C]
Yes 5

B. IF YES, why haven't you had a job? [CODE FROM RESPONSE]

01 Structural barriers (no car, no babysitter, etc.)
02 Incarcerated
03 Lacking requisite qualifications (too young, no experience, no ID)
04 Criminal background
05 Not trying hard enough
06 Other _____ [___ ___]

C. What is the main reason you are not working?
[CODE FROM RESPONSE; CIRCLE ALL THAT APPLY]

01 Could not find work
02 Physical injury or illness
03 Mental or emotional problems
04 Alcohol or substance abuse
05 Family responsibilities: caring for children, spouse, or parents
06 Attending school
07 Chose not to work
08 Fired
09 Laid off
10 Break between jobs
11 Other (Specify) _____[__ __] [__ __]

[IF NO JOB SLI, GO TO 6]

[D. Does the subject currently have a legal job (full-time or part-time) where they work for pay?]

No 1
Yes 5

2. How many jobs have you had SLI? ___ ___ [# TOTAL]

3. In the PAST THREE MONTHS, on average how many hours did you work in a week?
__ __ __ [# HOURS]

4. What/who [did/do] you work for? [PROBE MOST RECENT JOB]
[INTERVIEWER: BE SURE TO GET ENOUGH DETAIL ABOUT THE JOB SITUATION]
_____ [___ ___ ___] [___ ___ ___]

A. What type of business is it [e.g., construction, manufacturing, retail, transportation, etc]?
_____[__ __] [__ __]

B. What is your position? _____[__ __] [__ __]

C. How did you get this job?

01 Friend Help/Referral (includes Boyfriend/Girlfriend) [GO TO E]
02 Family Help/Referral [GO TO E]
03 Acquaintance Help (cellmate/neighbor) [GO TO E]

04 Filled out application (no further information given) [GO TO E]
05 Walk-in to establishment [GO TO E]
06 Response to Newspaper Advertisement [GO TO E]
07 Job Fair/Job Agency/Employment Agency [GO TO D]
08 Response to Internet Advertisement/Search on Internet [GO TO E]
09 Temp Agency [GO TO E]
10 DOC/Job Placement [GO TO E]
94 Other, specify [GO TO E] _____[__ __] [__ __]

D. [IF REFERRED BY JOB AGENCY OR PROFESSIONAL], Who referred you?
01 Workforce Center, which one:
- ☐ Northside Center (Sheridan)
- ☐ Garfield Center (Kedzie)
- ☐ Pilsen Center (Blue Island)
- ☐ Mid-South Center (E. 47th St)
- ☐ Southwest Center (S. Pulaski)
- ☐ Other, specify: _____ [__ __]

02 Probation Officer
03 DOC/Job placement program
94 Other, specify:_____[__ __] [__ __]

E. How long have you held this job? _____[__ __ __ __] [# OF DAYS]

F. How many months/years have you been working [at ANY job EVER]? _____[__ __ __ __] [# OF DAYS]

G. What is the longest amount of time you have worked at the SAME job? _____[__ __ __ __] [# OF DAYS]

5. Did you receive training at your job when you started? No 1 [GO TO 6]
Yes 5

A. IF YES, for how long? _____ [__ __ __ __] [# OF DAYS]

6. SINCE THE LAST INTERVIEW, have you had any legal jobs (full-time or part-time) in which you were not paid? For example, have you had an internship or apprenticeship SINCE THE LAST INTERVIEW?
No 1 [GO TO 7]
Yes 5

A. What/who [did/do] you work for and what kind of business [is/was] it?
[INTERVIEWER: BE SURE TO GET ENOUGH DETAIL ABOUT THE JOB SITUATION]
_____ [___ ___ ___] [___ ___ ___]

[IF NO LEGAL JOBS GO TO 9]

7. In the PAST THREE MONTHS, about how much did you earn before taxes were taken out?
$__ __, __ __ __

[IF D/K, ASK]:	1.	Was it over $500?	No	1	Yes	5
	2.	Was it over $1,000?	No	1	Yes	5
[READ UNTIL YOU RECEIVE	3.	Was it over $5,000?	No	1	Yes	5
A "NO" RESPONSE]	4.	Was it over $10,000?	No	1	Yes	5

A. Did you receive any benefits with your job? No 1 [GO TO 8]
Yes 5

B. If yes, what kind of employment benefits that are offered have you used?
[READ LIST AND CIRCLE ALL THAT APPLY]
01 Health Insurance
02 Dental Insurance
11 Life Insurance
12 Vision
03 Retirement/ Pension
04 Educational Assistance
05 Vacation Time

06 Sick Time
08 Union membership
13 Profit Sharing/stocks/bonuses
14 Maternity Leave
15 Disability
16 Gym membership
09 Don't know
10 Other (Specify): _____[__ __] [__ __]

8. Have you been fired from a job SINCE THE LAST INTERVIEW? No 1 [GO TO 9]
Yes 5

A. IF YES, how many times? ___ ___ ___ [# TIMES]

B. Have you been fired from a job in the PAST THREE MONTHS? No 1 [GO TO 9]
Yes 5

C. IF YES, what were you fired for (in the past 3 months)?
[CODE FROM RESPONSE]

01 Missed work too often/Was late too often
08 Misrepresenting hours on the timesheet
02 Behavior on the job (e.g., yelling, hitting, stealing, insubordination)
09 Came to work high/drunk or while on drugs/alcohol
03 Poor performance
05 References/ Background check unacceptable
06 Unspecified conflict with coworker or supervisor
10 Missed work due to incarceration
11 Behavior while incarcerated
12 Moonlighting/looking for another job
13 Physical appearance
04 Other (Specify): _____[__ __]

[IF INCARCERATED ENTIRE TIME, SKIP TO 10]

9. Some organizations offer help for getting jobs or for keeping jobs, such as giving out bus passes, helping to find good childcare, or helping to find a job. SLI, have you received ANY assistance/help like this from any organization? No 1 [GO TO 10]
Yes 5

A. Was it… → [READ RESPONSES]	B. From what organization [did you receive the help]?
1. Bus passes?	01 Workforce Center, which one: □ Northside Center (Sheridan) □ Mid-South Center (E. 47th St) □ Garfield Center (Kedzie) □ Southwest Center (S. Pulaski) □ Pilsen Center (Blue Island) □ Other, specify: _____ [__ __] 02 Church/Religious Organization 94 Other, specify:_____[__ __]
2. Childcare Assistance?	01 Workforce Center, which one: □ Northside Center (Sheridan) □ Mid-South Center (E. 47th St) □ Garfield Center (Kedzie) □ Southwest Center (S. Pulaski) □ Pilsen Center (Blue Island) □ Other, specify: _____ [__ __] 02 Church/Religious Organization 94 Other, specify:_____[__ __]
3. Assistance Finding a Job?	01 Workforce Center, which one: □ Northside Center (Sheridan) □ Mid-South Center (E. 47th St)

A. Was it… → [READ RESPONSES]	B. From what organization [did you receive the help]?
	☐ Garfield Center (Kedzie) ☐ Southwest Center (S. Pulaski) ☐ Pilsen Center (Blue Island) ☐ Other, specify: _____ [__ __] 02 Church/Religious Organization 94 Other, specify:_____[__ __]
4. Resume/Job Application Assistance?	01 Workforce Center, which one: ☐ Northside Center (Sheridan) ☐ Mid-South Center (E. 47th St) ☐ Garfield Center (Kedzie) ☐ Southwest Center (S. Pulaski) ☐ Pilsen Center (Blue Island) ☐ Other, specify: _____ [__ __] 02 Church/Religious Organization 94 Other, specify:_____[__ __]
6. Other, specify: _____ _____ [__ __] [__ __]	01 Workforce Center, which one: ☐ Northside Center (Sheridan) ☐ Mid-South Center (E. 47th St) ☐ Garfield Center (Kedzie) ☐ Southwest Center (S. Pulaski) ☐ Pilsen Center (Blue Island) ☐ Other, specify: _____ [__ __] 02 Church/Religious Organization 94 Other, specify:_____[__ __]

10. Have you EVER gotten a job through a summer youth employment program? No 1 [GO TO 11]
Yes 5

A. How old were you? _____ [__ __] [AGE]

[IF SUBJECT HAS MENTIONED WORKFORCE CENTER GO TO A]

11. Have you heard of Workforce Center? No 1 [GO TO 12]
Yes 5

A. Which ones/which Workforce Center have you heard of?
☐ Northside Center (Sheridan) ☐ Mid-South Center (E. 47th St)
☐ Garfield Center (Kedzie) ☐ Southwest Center (S. Pulaski)
☐ Pilsen Center (Blue Island) ☐ Other, specify: _____ [__ __]

B. How did you hear of the Workforce Center?
01 Friend (includes boyfriend/girlfriend)
02 Family member
03 Newspaper
94 Other, specify: _____[__ __] [__ __]

[IF CURRENTLY INCARCERATED GO TO JDI]

12. SINCE THE LAST INTERVIEW, has anyone in your household (you, your spouse/girlfriend/boyfriend or a family member) received any of the following? [READ LIST]	No	Yes	A. Was this you, your spouse/girlfriend/ boyfriend, or a family member?	B. Have you received X in the past 3 months? No	B. Have you received X in the past 3 months? Yes	C. How much have you received in the past 3 months [in dollars]?
A. Link Card/Food stamps	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
B. Public Aid - AFDC/TANF	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
C. Child support/alimony	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
D. Housing Assistance	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __

12. SINCE THE LAST INTERVIEW, has anyone in your household (you, your spouse/girlfriend/boyfriend or a family member) received any of the following? [READ LIST]	No	Yes	A. Was this you, your spouse/girlfriend/ boyfriend, or a family member?	B. Have you received X in the past 3 months? No	B. Have you received X in the past 3 months? Yes	C. How much have you received in the past 3 months [in dollars]?
E. Social security/SSI	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
F. Disability	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
G. DCFS assistance	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
H. Medical card (Medicaid)	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	
I. WIC	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	
J. Food/Church Pantry	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
K. Kidcare/ health insurance for children	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	
L. Unemployment	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
M. Child care assistance	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
N. Veteran's pension/retirement	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
O. Inheritance	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
P. Money from family members	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
Q. Money from dealing drugs	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
R. Money for sex	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __
S. Other, specify_____[__ __]	1	5⇒	☐ Subject ☐ Spouse/gf/bf ☐ Family member	1	5	$ __ __ __, __ __ __

13. Taking into account all sources of income that you can think of in your family (the people you live with), including food stamps, AFDC/TANF, and Social Security, what is the CURRENT total income in your household?
[CODE FROM RESPONSE, PLACE ON PROPER LINE]

Basis	Before Taxes
Last month	__ __ __, __ __ __
Per every two weeks	__ __ __, __ __ __
Per week	__ __ __, __ __ __
Annually	__ __ __, __ __ __

A. How many people are provided for with this income? __ __ [# OF PEOPLE]

[READ] Now I would like to ask you some questions about how you spend your money.

14. About how much of your earnings each month do you use in each of the following ways: [SEE HOW MUCH SPENT CARD]	**All**	**Most**	**About Half**	**Some**	**None**
A. How much do you save?	1	2	3	4	5
B. How much do you give to your family to help with living expenses?	1	2	3	4	5
C. How much do you spend on cigarettes, alcohol, or drugs?	1	2	3	4	5
D. How much do you spend on other things for yourself, like clothes or going out?	1	2	3	4	5

15. Do you have a checking/savings account or investments? No 1 [GO TO 16]
Yes 5

A. If yes, which one?
01 Checking/savings account
02 Investments

B. How much?
$ __ __ __, __ __ __
$ __ __ __, __ __ __

16. In general, would you say you have more money than you need, just enough for your needs, or not enough to meet your needs? [READ]
1 More Than Need [GO TO JDI]
2 Just Enough
3 Not Enough

A. How difficult is it for you to pay your monthly bills? [READ]
1 Very Difficult
2 Somewhat Difficult
3 Not Very Difficult
4 Not at All Difficult

[WORK: ADMINISTER JDI ONLY TO SUBJECTS WHO ARE CURRENTLY WORKING 20 OR MORE PAID HOURS PER WEEK.]
[REFER TO SECTION D 1D TO DETERMINE CURRENT EMPLOYMENT STATUS AND # OF HOURS RESPONDENT WORKS PER WEEK]

[JOB DESCRIPTIVE INDEX]
[READ] Now, think about current your job.

How well does (Do) each of the following words or phrases describe your work?	**Yes**	**No**	**? (Don't Know)**
1. Satisfying	5	1	?
2. Gives sense of accomplishment	5	1	?
3. Challenging	5	1	?
4. Dull	5	1	?
5. Uninteresting	5	1	?

[READ] Think of the pay you get now.

How well does (Do) each of the following words or phrases describe your present pay?	**Yes**	**No**	**? (Don't Know)**
6. Income adequate for normal expenses	5	1	?
7. Fair	5	1	?
8. Insecure (Insufficient)	5	1	?
9. Well paid	5	1	?

10. Underpaid	5	1	?

[READ] Think of the opportunities for promotion that you have now.

How well does (Do) each of the following words or phrases describe your opportunities for promotion?	Yes	No	? (Don't Know)
11. Good opportunities for promotion	5	1	?
12. Promotion on ability	5	1	?
13. Dead-end job	5	1	?
14. Good chance for promotion	5	1	?
15. Unfair promotion policy	5	1	?

[READ] Think of your supervision and the kind of supervision that you get on your job.

How well does (Do) each of the following words or phrases describe your supervision?	Yes	No	? (Don't Know)
16. Praises good work	5	1	?
17. Tactful (Sensitive)	5	1	?
18. Up-to-date (knows what is going on)	5	1	?
19. Annoying	5	1	?
20. Bad	5	1	?

[READ] Think of the majority of people that you work with now or the people you meet in connection with your work.

How well does (Do) each of the following words or phrases describe these people?	Yes	No	? (Don't Know)
21. Boring	5	1	?
22. Helpful	5	1	?
23. Responsible	5	1	?
24. Intelligent	5	1	?
25. Lazy	5	1	?

E. MILITARY

[READ] Now I'm going to ask you some questions about the military.

1. Have you ever been in the military? By military we mean the Armed Forces, the Navy, the Marines, the Air Force, the Reserves and the National Guard. No 1 [GO TO NEXT SECTION]
Yes 5

A. Have you been in the military SINCE THE LAST INTERVIEW? No 1 [GO TO C]
Yes 5

B. IF YES, are you currently in the military? No 1
Yes 5

C. What branch were/are you in ? _____[__ __]

D. What rank were/are you? _____[__ __]

E. What year did you enlist? _____ [__ __ __ __] [YEAR]

2. Have you ever received any disciplinary actions? No 1 [GO TO 3]
Yes 5

A. Have you received any disciplinary actions SINCE THE LAST INTERVIEW? No 1 [GO TO 3]
Yes 5

B. Did this happen in the past year? No 1 [GO TO 3]
Yes 5

C. IF YES, how many times? __ __ __ [# OF TIMES]

D. What disciplinary actions did you receive? _____[__ __] [__ __] [__ __]

3. Have you ever been dishonorably discharged? No 1 [GO TO NEXT SECTION]
Yes 5

A. Was this SINCE THE LAST INTERVIEW? No 1 [GO TO NEXT SECTION]
Yes 5

B. Did this happen in the past year? No 1 [GO TO NEXT SECTION]
Yes 5

C. IF YES, what was the charge(s)? _____[__ __] [__ __]

F. MEDICAL

[READ] Now I would like to ask you some questions about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

1. In general would you say that your health is :

1 Excellent
2 Very good
3 Good
4 Fair
5 Poor

2. Compared to one year ago, how would you rate your health in general now?

1 Much better now than one year ago
2 Somewhat better now than a year ago
3 About the same now as one year ago
4 Somewhat worse now than one year ago
5 Much worse now than one year ago

3. How tall are you? _____ [__ __] [HEIGHT IN INCHES]

4. How much do you weigh? _____ [__ __ __] [WEIGHT IN POUNDS]

5. Do you exercise? By exercise I mean doing vigorous physical activity that lasts for 15 minutes or longer and causes your heart to beat fast.

No 1 [GO TO 6]
Yes 5

A. How often do you exercise?
[READ]

1 Several times a week or more
2 About once a week
3 Several times a month
4 About once a month
5 Less than once a month
6 Never

B. What kind of exercise do you do? _____[__ __] [__ __] [__ __]

6. Do you have one person you think of as your personal doctor or health care provider?

1 Yes, only one
2 More than one
3 No

7. About how long has it been since you last visited a doctor for a routine checkup?

1 Within the past year (anytime less than 12 months ago)
2 Within the past 2 years (1 year but less than 2 years ago)
3 Within the past 5 years (2 years but less than 5 years ago)
4 5 or more years ago

8. When you are sick or need advice about your health, where do you usually go? Would you say: [READ]

1 A doctor's office
2 A public health clinic or community health center
3 A hospital outpatient department
4 A hospital emergency room
5 Urgent care center

6 No usual place
7 Some other kind of place, specify _____[__ __]

9. Was there a time SINCE THE LAST INTERVIEW when you needed medical care, but could not get it? No 1 [GO TO 10]
Yes 5

A. Did this happen in the past year? No 1 [GO TO 10]
Yes 5

B. What is the main reason you could not get medical care (in the past year)?
[IF MORE THAN ONE INCIDENT ASK ABOUT MOST RECENT]
Would you say: [READ]
01 Cost [include no insurance]
02 Distance
03 Office wasn't open when I could get there
04 Too long a wait for an appointment
05 Too long a wait in waiting room
06 No child care
07 No transportation
08 No access for people with disabilities
09 The medical provider didn't speak my language
10 Other, specify _____[__ __] [__ __]

10. SINCE THE LAST INTERVIEW, how many different times have you been treated in an emergency room for any reason? __ __ __ [# OF TIMES] [IF "000" OR "NONE" GO TO 11]

A. Did this happen in the past year? No 1 [GO TO 11]
Yes 5

B. What was/were the reason(s) you were treated in an emergency room (in the past year)?
_____[__ __] [__ __] [__ __]

11. SINCE THE LAST INTERVIEW, have you stayed overnight or longer as an inpatient in a (medical) hospital? No 1 [GO TO 12]
Yes 5

A. Did this happen in the past year? No 1 [GO TO 12]
Yes 5

B. How many nights were you an inpatient in a hospital (in the past year)? __ __ __ [# OF NIGHTS]

C. Why were you hospitalized? _____[__ __] [__ __] [__ __]

12. SINCE THE LAST INTERVIEW, have you had a serious physical injury that you needed to take medicine for, OR that required you to go to seek medical attention, OR that limited your ability to do things? No 1 [GO TO 13]
Yes 5

A. Did this happen in the past year? No 1 [GO TO 13]
Yes 5

[PROBE FOR DETAIL ABOUT THE RESULTANT INJURY]
B. IF YES, what was it (in the past year)?
10 Broken bones/fracture
20 General open wound (need stitches; excluding gun shot/knife wounds)

21 Gunshot wound
22 Knife wound
30 Torn ligament/dislocated joint/sprain
40 Damage to internal organs (non-head)
60 Burns
70 Back/spinal/neck injury
80 Facial injury
90 Bruises/other injuries
50 Other (Specify): _____[__ __] [__ __]

13. SINCE THE LAST INTERVIEW, have you had a serious medical illness that you needed to take medicine for, OR that required you to seek medical attention, OR that limited your ability to do things? No 1 [GO TO 14]
Yes 5

A. Did this happen in the past year? No 1 [GO TO 14]
Yes 5

B. IF YES, what was it (in the past year)?
_____ [___ ___] [___ ___] [___ ___]

[READ] The next few questions are about health problems you might have had at any time in your life.

14. Have you EVER had any of the following:		**IF YES⇒ [IF APPLICABLE]**	**A. How old were you the first time you had (dx)?**	**B. Did you still have (DX) or receive any treatment for (it/them) at any time SINCE THE LAST INTERVIEW?**	
	No	**Yes**		**No**	**Yes**
A. Arthritis or rheumatism?	1	5	__ __ [AGE]	1	5
B. Chronic back or neck problems?	1	5	__ __ [AGE]	1	5
C. Frequent or severe headaches?	1	5	__ __ [AGE]	1	5
D. Any other chronic pain?	1	5	__ __ [AGE]	1	5
E. Seasonal allergies like hay fever?	1	5	__ __ [AGE]	1	5
F. A stroke?	1	5	__ __ [AGE]	1	5
G. A heart attack?	1	5	__ __ [AGE]	1	5
H. Heart disease?	1	5	__ __ [AGE]	1	5
I. High blood pressure?	1	5	__ __ [AGE]	1	5
J. Asthma?	1	5	__ __ [AGE]	1	5
K. Tuberculosis?	1	5	__ __ [AGE]	1	5
L. Any other chronic lung disease like COPD (Chronic Obstructive Pulmonary Disease), or emphysema?	1	5	__ __ [AGE]	1	5
M. Diabetes?	1	5	__ __ [AGE]	1	5
N. An ulcer in your stomach or intestine?	1	5	__ __ [AGE]	1	5
O. Epilepsy or seizures?	1	5	__ __ [AGE]	1	5
P. Cancer?	1	5	__ __ [AGE]	1	5
Q. Cirrhosis?	1	5	__ __ [AGE]	1	5

[IF NO CANCER IN 14Q, THEN GO TO Q16]

15. Are you currently in treatment for your cancer, in remission, or has it been cured?
1 Treatment
2 Remission
3 Cured

A. Where (is/was) your cancer? In what part of your body?
[CIRCLE ALL THAT APPLY]
1 Breast Cancer

2 Colon Cancer
3 Lung Cancer
4 Lymphoma or Leukemia
5 Prostate Cancer
6 Skin Cancer (Melanoma)
7 Uterine Cancer
8 Ovarian Cancer
9 Cervical Cancer
10 Other (Specify): _____[__ __] [__ __]

[READ 16 A-M. IF YES, ASK HOW MANY TIMES]

16. SINCE THE LAST INTERVIEW, have you had or been told by a doctor or nurse that you had...

		NO	YES	# OF TIMES SLI	# OF TIMES PAST YEAR
A.	Hepatitis	1	5		
	IF YES, was it? Hepatitis A	1	5⇒	__ __ __	__ __ __
	Hepatitis B	1	5⇒	__ __ __	__ __ __
	Hepatitis C	1	5⇒	__ __ __	__ __ __
B.	Mono	1	5⇒	__ __ __	__ __ __
C.	Yeast infections	1	5⇒	__ __ __	__ __ __
D.	Cystitis/ Urinary Tract Infection (UTI)	1	5⇒	__ __ __	__ __ __
E.	Pubic lice/crabs	1	5⇒	__ __ __	__ __ __
F.	Abscesses (related to drug use)	1	5⇒	__ __ __	__ __ __

		NO	YES	# OF TIMES SLI	# OF TIMES PAST YEAR
G.	Trichomoniasis/trich	1	5⇒	__ __ __	__ __ __
H.	Gonorrhea/Clap	1	5⇒	__ __ __	__ __ __
I.	Syphilis/syph	1	5⇒	__ __ __	__ __ __
J.	Chlamydia	1	5⇒	__ __ __	__ __ __
K.	Genital herpes	1	5		
L.	Human papilloma virus (HPV)/Genital warts	1	5		
M.	Chancroid	1	5⇒	__ __ __	__ __ __
[IF MALE GO TO O]					
N.	Pelvic Inflammatory Disease (PID)	1	5⇒	__ __ __	__ __ __

[IF FEMALE GO TO 17]

O. Are you circumcised? 1 5

If yes, how old were you?

1 Infant
2 Other (specify): __ __ [AGE]

[READ] Now I'm going to ask you a few questions about how you have slept during the PAST TWO WEEKS.

17. Do you have a regular time that you go to bed? No 1 Yes 5

18. Do you have a regular time when you wake up? No 1 Yes 5

19. On average, how many nights a week do you go to sleep after 2 a.m.? ___ ___ [# NIGHTS]

20. On average, how many hours of sleep do you get a night? 6 or less 1
[READ, AND CIRCLE ONE] 7-9 hours 2

10 or more 3

21. Are you excessively sleepy during the day a lot?
No 1
Yes 5

22. Do you usually feel like you've had enough sleep?
No 1
Yes 5

[READ] Now I'm going to ask you some questions about tobacco.

23. Have you smoked or used smokeless tobacco in the past year?
No 1 [GO TO NEXT SECTION]
Yes 5

A. Do you CURRENTLY smoke or use tobacco?
No 1
Yes 5

24. In the past year, about how many cigars, packs of cigarettes, and/or pipes did/do you usually have per week?
[REPORT SEPARATELY]
__ __ __ [# OF CIGARS]
__ __ __ [# OF PACKS OF CIGARETTES, <1 PACK CODE "01"]
__ __ __ [# OF PIPES]

25. On the days (During the time when) you used smokeless tobacco such as snuff or chew (in the past year), how many times do you usually do it per week?
__ __ __ [TIMES USED]

26. In the past year, were there times when you tried to stop or cut down on your smoking or tobacco use and found that you were not able to do so?
No 1
Yes 5

27. In the past year, how many different times did you make a serious attempt to stop smoking or using tobacco?
__ __ __ [# OF TIMES]

G. SUBJECT'S SPOUSE/SIGNIFICANT OTHER

1. Do you have a boy/girlfriend, significant other, or partner who has <u>lived with you most of the time</u>, during the PAST THREE MONTHS? No 1
Yes 5 [GO TO 3]

2. Have you had a boyfriend, girlfriend, significant other, or partner for most of the time during the PAST THREE MONTHS? No 1
Yes 5

3. SINCE THE LAST INTERVIEW, have you gotten married? No 1 [GO TO B]
Yes 5

A. IF YES, when did you get married? __ __/ __ __/ __, __

___ ___ [AGE]

[B. Is the subject currently married?] No 1
Yes 5

[IF NO SIGNIFICANT OTHER OR NO SPOUSE GO TO NEXT SECTION]
[IF SIGNIFICANT OTHER IS NOT A LIVE-IN OR SPOUSE, GO TO IBM]
[READ] Now I would like to ask you some questions about your [partner's/spouse's/live-in girlfriend's/boyfriend's] job.

4. What is your (spouse's/live-in's) current employment status? Is (he/she) working now for pay, self-employed, looking for work, disabled, temporarily laid off, a homemaker, a full-time or part-time student, or something else?

01 Employed
02 Self-employed
03 Looking for work; unemployed
04 Temporarily laid off
05 Retired
06 Homemaker
07 Student
08 Maternity leave
09 Illness/sick leave
10 Disabled
11 Other (Specify) _____[__ __]

A. What kind of work did your (spouse/live-in) do at her/his last job? [PROBE MOST RECENT JOB]
[INTERVIEWER: BE SURE TO GET ENOUGH DETAIL ABOUT THE JOB SITUATION]
_____ [___ ___ ___] [___ ___ ___]

B. Does your (spouse/live-in) ever have trouble holding down a job? No 1
Yes 5

5. You mentioned earlier in the interview that you are living with a spouse/someone in past 3 months. How long have the two of you been living together? _____ [__ __ __ __] [# OF DAYS]

6. Using a scale from 0 to 10 where 0 means "the worst" possible (marriage/relationship) and 10 means "the best", how would you rate your current marriage/relationship? _____ [__ __] [NUMBER]

[READ]: No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different way of trying to settle their differences.

7. In the past year, how often did you and your spouse/partner behave in the following ways? [SEE COUPLES CARD 2]	**Often**	**Sometimes**	**Rarely**	**Never**

7. In the past year, how often did you and your spouse/partner behave in the following ways? [SEE COUPLES CARD 2]	**Often**	**Sometimes**	**Rarely**	**Never**
A. I insulted or swore at my partner	1	2	3	4
B. My partner insulted or swore at me	1	2	3	4
C. I shouted or yelled at my partner	1	2	3	4
D. My partner shouted or yelled at me	1	2	3	4
E. I stomped out of the room or house or yard during a disagreement	1	2	3	4
F. My partner stomped out of the room or house or yard during a disagreement	1	2	3	4
G. I did something to spite (annoy/provoke) my partner	1	2	3	4
H. My partner did something to spite (annoy/provoke) me	1	2	3	4
I. I called my partner fat or ugly	1	2	3	4
J. My partner called me fat or ugly	1	2	3	4
K. I destroyed something belonging to my partner	1	2	3	4
L. My partner did this to me	1	2	3	4
M. I accused my partner of being a lousy lover	1	2	3	4
N. My partner accused me of this	1	2	3	4
O. I threatened to hit or throw something at my partner	1	2	3	4
P. My partner did this to me	1	2	3	4

8. Since living together SLI, has your spouse/live-in been involved in criminal activities? No 1 [GO TO 9]
Yes 5

A. Has this happened in the past year? No 1
Yes 5

9. Since living together SLI, has your spouse/live-in been arrested? No 1 [GO TO IBM]
Yes 5

A. Has this happened in the past year? No 1 [GO TO IBM]
Yes 5

B. Has your spouse/live-in been sent to prison/jail in the past year? No 1
Yes 5

INTIMATE BOND MEASURE

[GO TO SECTION H1 OR H2 IF SUBJECT IS NOT MARRIED, HAS NOT LIVED AS THOUGH MARRIED, OR HAS NOT HAD A BOYFRIEND/GIRLFRIEND/SIGNIFICANT PARTNER FOR THE MAJORITY OF THE P3M]

[READ] Thinking of your most significant relationship [P3M] with a (partner/boyfriend/girlfriend/spouse) please answer the following questions about some attitudes and behaviors people have in their close relationships. Using the IBM SCALE CARD, please tell me (IN GENERAL THE TRUTH OF THE FOLLOWING QUESTIONS) about your partner's attitudes and behaviors towards you in recent times.

[SEE IBM SCALE CARD] **Is this a he or she?** [Use appropriate pronoun for IBM questions]	**Very True**	**Moderately True**	**Somewhat True**	**Not True at All**
1. (He/she) Is very considerate of me	3	2	1	0
2. (He/she) Wants me to take his/her side in an argument	3	2	1	0
3. (He/she) Wants to know exactly what I'm doing and where I am	3	2	1	0
4. (He/she) Is a good companion	3	2	1	0
5. (He/she) Is affectionate to me	3	2	1	0
6. (He/she) Is clearly hurt if I don't accept his/her views	3	2	1	0
7. (He/she) Tends to try and change me	3	2	1	0
8. (He/she) Confides (trusts me with a secret) closely in me	3	2	1	0
9. (He/she) Tends to criticize (cut me down) me over small issues	3	2	1	0
10. (He/she) Understands my problems and worries	3	2	1	0
11. (He/she) Tends to order me about [around]	3	2	1	0

[SEE IBM SCALE CARD] **Is this a he or she?** [Use appropriate pronoun for IBM questions]	**Very True**	**Moderately True**	**Somewhat True**	**Not True at All**
12. (He/she) Insists I do exactly as I'm told	3	2	1	0
13. (He/she) Is physically gentle and considerate	3	2	1	0
14. (He/she) Makes me feel needed	3	2	1	0
15. (He/she) Wants me to change in small ways	3	2	1	0
16. (He/she) Is very loving to me	3	2	1	0
17. (He/she) Seeks to dominate me	3	2	1	0
18. (He/she) Is fun to be with	3	2	1	0
19. (He/she) Wants to change me in big ways	3	2	1	0
20. (He/she) Tends to control everything I do	3	2	1	0
21. (He/she) Shows his/her appreciation of me	3	2	1	0
22. (He/she) Is critical (belittling or nit-picking) of me in private	3	2	1	0
23. (He/she) Is gentle and kind to me	3	2	1	0
24. (He/she) Speaks to me in a warm and friendly voice	3	2	1	0

H. VICTIMIZATION

[READ] I am going to ask you some questions about some personal experiences you may have had SINCE THE LAST INTERVIEW. The questions are about unwanted sexual contact and other forms of violence you may have experienced. We are particularly interested in learning about violence that you experience, either by strangers, friends, relatives, wives/husbands, or partners. You may find the questions disturbing, but it is important we ask them this way so that everyone is clear about what we mean. Remember, the information you are providing is confidential.

1. SLI, did any other adult, male or female, [CODE FROM RESPONSE]**:**	N Y⇒	**IF YES, was this person:** **CIRCLE** **A current or ex-spouse**	**CIRCLE** **A current or ex-male live-in partner**	**CIRCLE** **A current or ex-female live-in partner**	**CIRCLE** **A g-friend, b-friend, or someone you are dating**	**SPCF'Y** **A relative**	**SPCF'Y** **Some-one else you know**	**A stranger**	**A member of a gang**	**An Inmate**	**Other**	**DK**
A. Throw something at you that could hurt?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
B. Push, grab, or shove you?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
C. Pull your hair?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
D. Slap or hit you [without an object]?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
E. Kick or bite you?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
F. Choke or attempt to drown you?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
G. [Struck] you with some object [e.g., a bat, a pistol, a stick]?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
H. Beat you up?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
I. Threaten you with a gun?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
J. Threaten you with a knife or other weapon?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
K. Use a gun on you?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11
L. Use a knife or other weapon on you besides a gun?	1 5⇒	01 current ex	02 current ex	03 current ex	04 current ex	05 specify _____	06	07	08	09	10 spe'fy _____	11

[IF NO TO A-L, GO TO 2]

M. What is the total number of separate events where these things occurred? __ __ __ [# OF TIMES SLI]

N. How about in the past year? __ __ __ [# OF TIMES PAST YR]

---

2. Now I'd like to ask you some questions about being followed or harassed by strangers, friends, relatives, husbands/wives, and partners. NOT INCLUDING bill collectors, telephone solicitors, other salespeople, or police officer, has anyone, male or female, SINCE THE LAST INTERVIEW, [CODE FROM RESPONSE]

[IF SUBJECT SAYS NO TO ANY FOLLOW-UP QUESTIONS, GO TO NEXT QUESTION]

	N Y ⇒	**IF YES, has anyone ever done any of these things to you on more than one occas'n [SLI]?** N Y⇒	**IF YES, did you feel frightn'd or fear for your safety?** N Y⇒	**IF YES, was this person:** **CIRC.** **A curr't or ex-spouse**	**CIRC.** **A curr't or ex-male live-in part'r**	**CIRC.** **A curr't or ex-female live-in part'r**	**CIRC.** **A curr't or ex-g-friend, b-fr'nd, or someone you are dating**	**SPCF'Y** **A relative**	**SPCF'Y** **Some-one else you know**	**A strng'r**	**A member of a gang**	**Other**	**DK**
A. Followed you or spied on you?	1 5⇒	1 5⇒	1 5⇒	01 curr't ex	02 curr't ex	03 curr't ex	04 curr't ex	05 specify _____	06	07	08	09 spe'fy _____	10
B. Sent you unsolicited [unwanted] letters or written correspondence?	1 5⇒	1 5⇒	1 5⇒	01 curr't ex	02 curr't ex	03 curr't ex	04 curr't ex	05 specify _____	06	07	08	09 spe'fy _____	10
C. Made unsolicited [unwanted] phone calls to you?	1 5⇒	1 5⇒	1 5⇒	01 curr't ex	02 curr't ex	03 curr't ex	04 curr't ex	05 specify _____	06	07	08	09 spe'fy _____	10
D. Stood outside your home, school, or workplace?	1 5⇒	1 5⇒	1 5⇒	01 curr't ex	02 curr't ex	03 curr't ex	04 curr't ex	05 specify _____	06	07	08	09 spe'fy _____	10
E. Showed up at places even though he or she had no business being there?	1 5⇒	1 5⇒	1 5⇒	01 curr't ex	02 curr't ex	03 curr't ex	04 curr't ex	05 specify _____	06	07	08	09 spe'fy _____	10
F. Left unwanted items for you to find?	1 5⇒	1 5⇒	1 5⇒	01 curr't ex	02 curr't ex	03 curr't ex	04 curr't ex	05 specify _____	06	07	08	09 spe'fy _____	10
G. Tried to communicate in other ways against your will?	1 5⇒	1 5⇒	1 5⇒	01 curr't ex	02 curr't ex	03 curr't ex	04 curr't ex	05 specify _____	06	07	08	09 spe'fy _____	10
H. Vandalized your property or destroyed something you loved?	1 5⇒	1 5⇒	1 5⇒	01 curr't ex	02 curr't ex	03 curr't ex	04 curr't ex	05 specify _____	06	07	08	09 spe'fy _____	10

[IF INCARCERATED ENTIRE TIME SLI, SKIP TO NEXT SECTION]

3. SINCE THE LAST INTERVIEW, have you received an injury (broken nose, bones) from someone in your house (someone you live with) or from someone you were dating?

No 1 [GO TO 4]
Yes 5

A. Who injured you? _____ [__ __][__ __]

B. How did they hurt/injure you? [CODE FROM RESPONSE; CIRCLE ALL THAT APPLY]

01 They threw something at you
02 They hit you with an object – cut or burned someone
03 They pushed, grabbed or shoved you
04 They slapped you
05 They hit you with a fist, kicked or bit you
06 They beat you up
07 They choked you
09 They shot you
08 Other _____ [___ ___]

C. Did you ever have to go to the hospital?

No 1
Should Have 3
Yes 5

D. Have you received an injury like this in the PAST THREE MONTHS?

No 1
Yes 5

4. SINCE THE LAST INTERVIEW, have you ever been threatened with a weapon by someone you live with or by someone you were dating?

No 1 [GO T0 5]
Yes 5

A. Who threatened you? _____[__ __][__ __]

B. What kind of weapons were used? [CODE FROM RESPONSE; CIRCLE ALL THAT APPLY]

01 Gun
02 Knife
03 Sharp object (broken bottle, etc.)
04 Blunt object (bat, pipe, etc.)
06 Household object
07 Chemicals
05 Other _____ [___ ___]

[IF NOTHING ENDORSED IN QUESTION 4, GO TO D]

C. Is this a different incident than what you were thinking about for the last question?

No 1
Yes 5

D. Have you been threatened with a weapon like this in the PAST THREE MONTHS?

No 1
Yes 5

[MALES GO TO 6]

5. SINCE THE LAST INTERVIEW, has a man or boy made you have sex by using force or

threatening to harm you or someone close to you? (Just so there is no mistake), by sex we mean putting his penis in your vagina.

No 1 [GO TO 6]
Yes 5

A. IF YES, was this person:

01 Current or ex-spouse (Specify which one): _____
02 Current or ex-male live-in partner (Specify which one): _____
04 Current or ex- girlfriend/boyfriend/someone you are dating (Specify which one):_____
05 A relative (Specify relationship): _____
06 Someone else you know
07 A stranger
09 A member of a gang
10 Other (Specify):_____
08 Don't know/can't remember

6. SINCE THE LAST INTERVIEW, has a male or female made you have oral sex by using force or the threat of force? (Just so there is no mistake), by oral sex we mean that a man or boy put his penis in your mouth or someone, male or female, penetrated (or touched) your (vagina/penis) or anus with their mouth or tongue.

No 1 [GO TO 7]
Yes 5

A. IF YES, was this person:

01 Current or ex-spouse (Specify which one): _____
02 Current or ex-male live-in partner (Specify which one): _____
03 Current or ex-female live-in partner (Specify which one): _____
04 Current or ex- girlfriend/boyfriend/someone you are dating (Specify which one):_____
05 A relative (Specify relationship): _____
06 Someone else you know
07 A stranger
09 A member of a gang
10 Other (Specify):_____
08 Don't know/can't remember

7. SINCE THE LAST INTERVIEW, has a male made you have anal sex by using force or the threat of force? (Just so there is no mistake), by anal sex we mean that a man or boy put his penis in your anus.

No 1 [GO TO 8]
Yes 5

A. IF YES, was this person:

01 Current or ex-spouse (Specify which one): _____
02 Current or ex-male live-in partner (Specify which one): _____
03 Current or ex-female live-in partner (Specify which one): _____
04 Current or ex- girlfriend/boyfriend/someone you are dating (Specify which one):_____
05 A relative (Specify relationship): _____
06 Someone else you know
07 A stranger
09 A member of a gang
10 Other (Specify):_____
08 Don't know/can't remember

8. SINCE THE LAST INTERVIEW, has a male or female put fingers or objects in your (vagina) or anus against your will or by using force or threats?

No 1 [GO TO 9]
Yes 5

A. IF YES, was this person:

01 Current or ex-spouse (Specify which one): _____
02 Current or ex-male live-in partner (Specify which one): _____
03 Current or ex-female live-in partner (Specify which one): _____
04 Current or ex- girlfriend/boyfriend/someone you are dating (Specify which one):_____

05 A relative (Specify relationship): _____
06 Someone else you know
07 A stranger
09 A member of a gang
10 Other (Specify):_____
08 Don't know/can't remember

9. SINCE THE LAST INTERVIEW, has a male or female attempted to make you have (vaginal), oral, or anal sex against your will, but intercourse or penetration did not occur? No 1 [GO TO 10]
Yes 5

A. IF YES, was this person:
01 Current or ex-spouse (Specify which one): _____
02 Current or ex-male live-in partner (Specify which one): _____
03 Current or ex-female live-in partner (Specify which one): _____
04 Current or ex- girlfriend/boyfriend/someone you are dating (Specify which one):_____
05 A relative (Specify relationship): _____
06 Someone else you know
07 A stranger
09 A member of a gang
10 Other (Specify):_____
08 Don't know/can't remember

10. SINCE THE LAST INTERVIEW, have you been made to perform any other sexual activities that I have not mentioned [EITHER FROM THE USE OF FORCE OR FROM THE THREAT OF FORCE]? No 1 [GO TO 11]
Yes 5

A. What were these activities? _____[__ __]

B. IF YES, was this person:
01 Current or ex-spouse (Specify which one): _____
02 Current or ex-male live-in partner (Specify which one): _____
03 Current or ex-female live-in partner (Specify which one): _____
04 Current or ex- girlfriend/boyfriend/someone you are dating (Specify which one):_____
05 A relative (Specify relationship): _____
06 Someone else you know
07 A stranger
09 A member of a gang
10 Other (Specify):_____
08 Don't know/can't remember

[IF NO TO QUESTIONS 4-10, GO TO 12]

11. You told me that [REPEAT ENDORSEMENTS FOR Q 4 – 10] has happened SLI, have any of these happened in the past year? No 1 [GO TO 12]
Yes 5

A. If yes, which one(s)?
01 Received injury from someone living with or dating
02 Threatened with a weapon from someone live with or dating
03 Made to have sex by force or threat
04 Made to have oral sex by force or threat
05 Made to have anal sex by force or threat
06 Fingers or objects inserted by force or threat
07 Attempted sex against will but penetration did not occur
08 Other sex activities by force or threat

[READ] In every family there are times when people don't get along. We would like to know what happens when the people in your home have arguments or disagreements with each other.

12. SINCE THE LAST INTERVIEW, have you caused an injury (broken nose, bones) to someone [INCLUDING CHILDREN] in your house (someone you live with)?

No 1 [GO TO 13]
Yes 5

AGE

A. Who have you injured?_____ [__ __] __ __

_____ [__ __] __ __

_____ [__ __] __ __

B. How did you hurt/injure them?
[CODE FROM RESPONSE; CIRCLE ALL THAT APPLY]
01 Threw something at them
02 Hit them with an object – cut or burned someone
03 Pushed, grabbed, or shoved them
04 Slapped them
05 Kicked or bit them, hit them with fist
06 Beat them up
07 Choked them
09 Shot them
08 Other [SPECIFY]_____ [___ ___]

C. Why? [CODE FROM RESPONSE; CIRCLE ALL THAT APPLY]
01 Self-defense
02 Trying to get something
03 Anger/Temper/Annoyed
04 Revenge/Retaliation
06 Protection of others (Parents, Siblings, Friends)
05 Other [SPECIFY]_____ [___ ___]

D. Did the person have to go to the hospital?
No 1
Should Have 3
Yes 5

E. Have you caused an injury to someone in your home in the PAST THREE MONTHS?
No 1
Yes 5

13. SINCE THE LAST INTERVIEW, have you used or threatened to use a weapon on someone you live with?

No 1 [GO TO 14]
Yes 5

AGE

A. Who have you injured?_____ [__ __] __ __
_____ [__ __] __ __

B. What kinds of weapons were used? [CODE FROM RESPONSE; CIRCLE ALL THAT APPLY]
01 Gun
02 Knife
03 Sharp object (Broken bottle, etc.)
04 Blunt object (Bat, pipe, etc.)
06 Household object
07 Chemicals

05 Other _____ [___ ___]

C. Why? [CODE FROM RESPONSE; CIRCLE ALL THAT APPLY]
01 Self-defense
02 Trying to get something
03 Anger/Temper/Annoyed
04 Revenge/Retaliation
06 Protection of others (Parents, Siblings, Friends)
05 Other [SPECIFY]_____ [___ ___]

[IF NOTHING ENDORSED IN QUESTION 12, GO TO E]

D. Is this a different incident than what you were thinking about for the last question? No 1 Yes 5

E. Have you used a weapon on someone in the house in the PAST THREE MONTHS? No 1 Yes 5

[14. Has the subject married SLI and/or lived with a partner for 1 day or more SLI?] No 1 [GO TO NEXT SECTION] Yes 5

A. SINCE THE LAST INTERVIEW, have you more than once hit your (husband/wife/partner) or thrown things that could have hurt (him/her)? No 1[GO TO NEXT SECTION] Yes 5

B. Has this happened in the past 3 months? No 1 Yes 5

I1. SUBJECT'S OWN CHILDREN: MALE SUBJECTS

[ASK ONLY TO **MALES**; GO TO I2 FOR FEMALES]

[READ] Now I'm going to ask you some questions about pregnancies and children you have had WITH YOUR SEX PARTNERS.

1. How many times have your partners been pregnant with your child, SLI? __ __ [IF "00", GO TO 2]

A. Do you have a partner who is CURRENTLY pregnant with your child? No 1
Yes 5

B. SLI, how many times have your partners had a live birth with your child? __ __

C. SLI, how many times have your partners had a miscarriage with your child? __ __

D. SLI, how many times have your partners had an abortion with your child? __ __

E. SLI, how many times have your partners had a stillbirth with your child? __ __

For these next questions, we are interested in your biological as well as your step/adopted/foster child(ren).

2. How many children do you have? __ __ [IF "NONE", GO TO 4]

[INCLUDE BIO AND NON-BIO CHILDREN]

[ENTER CHILD'S 6-DIGIT ID #]

A. What is/are the age(s) and sex(es) of your child(ren)? [AGE IN YEARS; '00' FOR LESS THAN 1 YEAR]
B. Are you the child's biological parent? [NO/YES]
C. Who is the primary caretaker of the child? [PROBE FOR RELATIONSHIP TO SUBJECT]
D. Who is the legal guardian of the child? [PROBE FOR RELATIONSHIP TO SUBJECT]
E. Was the child born SLI? [NO/YES]
F. Does he/she live with you full-time, part-time, or not at all? [FT, PT, NO]
G. How many days in an average month do you take care of him/her? [# OF DAYS]
H. On a scale from 0 to 10 where 0 means "the worst possible relationship" and 10 means "the best possible relationship," how would you rate your overall relationship with your child these days?

ID	AGE	SEX	BIO	CARETAKER		LEGAL GUARDIAN		SLI	LIVE	DAYS	R'SHIP
____	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]	N/Y	__ __	__ __	__
____	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]	N/Y	__ __	__ __	__
____	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]	N/Y	__ __	__ __	__
____	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]	N/Y	__ __	__ __	__

3. Are you required to pay child support? No 1 [GO TO 4]
Yes 5

A. Do you pay child support? No 1
Yes 5
Sometimes (IF VOL) 3

4. Have any of your children died SINCE THE LAST INTERVIEW? No 1 [GO TO 5]
[INCLUDE BIO AND NON-BIO CHILDREN] Yes 5
[CAPTURE STILLBIRTHS UNDER 1E]

A. IF YES, how many? __ __ [# OF CHILDREN]
B. What was the age and sex of your child when he/she died? [AGE IN YEARS; '00' FOR LESS THAN 1 YEAR]
C. Were you the child's biological parent? [NO/YES]
D. Who was the caretaker when your child died? [PROBE FOR RELATIONSHIP TO SUBJECT]
E. Who was the legal guardian when your child died? [PROBE FOR RELATIONSHIP TO SUBJECT]

AGE	SEX	BIO	CARETAKER	LEGAL GUARDIAN

1)__ __ M/F N/Y _____ [___ ___] _____ [___ ___]

2)__ __ M/F N/Y _____ [___ ___] _____ [___ ___]

3)__ __ M/F N/Y _____ [___ ___] _____ [___ ___]

4)__ __ M/F N/Y _____ [___ ___] _____ [___ ___]

F. How did your child(ren) die?

1)_____ [__ __ __]
2)_____ [__ __ __]
3)_____ [__ __ __]
4)_____ [__ __ __]

5. Have any of your children been taken away from you by DCFS SINCE THE LAST INTERVIEW? No 1 [GO TO NEXT SECTION]
[INCLUDE BIO AND NON-BIO CHILDREN] Yes 5

A. IF YES, how many? __ __ [# OF CHILDREN]
B. Why was/were your child(ren) taken from you?
C. Who was the primary caretaker of your child before they were taken away? [PROBE FOR RELATIONSHIP TO SUBJECT]
D. Who was the legal guardian of your child before they were taken away? [PROBE FOR RELATIONSHIP TO SUBJECT]

WHY?

1)_____ [___ ___]

2)_____ [___ ___]

3)_____ [___ ___]

4)_____ [___ ___]

CARETAKER LEGAL GUARDIAN

1)_____ [___ ___] _____ [___ ___]

2)_____ [___ ___] _____ [___ ___]

3)_____ [___ ___] _____ [___ ___]

4)_____ [___ ___] _____ [___ ___]

I2. SUBJECT'S OWN CHILDREN: FEMALE SUBJECTS

[ASK ONLY TO **FEMALES**; SKIP TO NEXT SECTION FOR MALES]

[READ] Now I'm going to ask you some questions about your pregnancies and children.

1. How many pregnancies have you had SLI? __ __ [IF "00", GO TO 2]

A. Are you currently pregnant? No 1
Yes 5

B. How many live births have you had SLI? __ __

C. How many miscarriages have you had SLI? __ __

D. How many abortions have you had SLI? __ __

E. How many stillbirths have you had SLI? __ __

These next questions are about your biological/step/adopted/foster child(ren).

2. How many children do you have? __ __ [IF "NONE", GO TO 4]
[INCLUDE BIO AND NON-BIO CHILDREN]

[ENTER CHILD'S 6-DIGIT ID #]

A. What is/are the age(s) and sex(es) of your child(ren)? [AGE IN YEARS; '00' FOR LESS THAN 1 YEAR]
B. Are you the child's biological parent? [NO/YES]
C. Who is the primary caretaker of the child? [PROBE FOR RELATIONSHIP TO SUBJECT]
D. Who is the legal guardian of the child? [PROBE FOR RELATIONSHIP TO SUBJECT]
E. Was the child born SLI? [NO/YES]
F. Does he/she live with you full-time, part-time, or not at all? [FT, PT, NO]
G. How many days in an average month do you take care of him/her? [# OF DAYS]
H. On a scale from 0 to 10 where 0 means "the worst possible relationship" and 10 means "the best possible relationship," how would you rate your overall relationship with your child these days?

ID	AGE	SEX	BIO	CARETAKER		LEGAL GUARDIAN		SLI	LIVE	DAYS	R'SHIP
____	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]	N/Y	__ __	__ __	__
____	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]	N/Y	__ __	__ __	__
____	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]	N/Y	__ __	__ __	__
____	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]	N/Y	__ __	__ __	__

3. Are you required to pay child support? No 1 [GO TO 4]
Yes 5

A. Do you pay child support? No 1
Yes 5
Sometimes (IF VOL) 3

4. Have any of your children died SINCE THE LAST INTERVIEW? No 1 [GO TO 5]
[INCLUDE BIO AND NON-BIO CHILDREN] Yes 5
[CAPTURE STILLBIRTHS UNDER 1E]

A. IF YES, how many? __ __ [# OF CHILDREN]
B. What was the age and sex of your child when he/she died? [AGE IN YEARS; '00' FOR LESS THAN 1 YEAR]
C. Were you the child's biological parent? [NO/YES]

D. Who was the caretaker when your child died? [PROBE FOR RELATIONSHIP TO SUBJECT]
E. Who was the legal guardian when your child died? [PROBE FOR RELATIONSHIP TO SUBJECT

	AGE	SEX	BIO	CARETAKER		LEGAL GUARDIAN	
1)	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]
2)	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]
3)	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]
4)	__ __	M/F	N/Y	_____	[___ ___]	_____	[___ ___]

F. How did your child(ren) die?
1)_____ [__ __ __]
2)_____ [__ __ __]
3)_____ [__ __ __]
4)_____ [__ __ __]

5. Have any of your children been taken away from you by DCFS SINCE THE LAST INTERVIEW? [INCLUDE BIO AND NON-BIO CHILDREN]
No 1 [GO TO NEXT SECTION]
Yes 5

A. IF YES, how many? __ __ [# OF CHILDREN]
B. Why was/were your child(ren) taken from you?
C. Who was the primary caretaker of your child before they were taken away? [PROBE FOR RELATIONSHIP TO SUBJECT]
D. Who was the legal guardian of your child before they were taken away? [PROBE FOR RELATIONSHIP TO SUBJECT]

	WHY?			
1)	_____	[___ ___]		
2)	_____	[___ ___]		
3)	_____	[___ ___]		
4)	_____	[___ ___]		

	CARETAKER		LEGAL GUARDIAN	
1)	_____	[___ ___]	_____	[___ ___]
2)	_____	[___ ___]	_____	[___ ___]
3)	_____	[___ ___]	_____	[___ ___]
4)	_____	[___ ___]	_____	[___ ___]

J. MODIFIED - CHILD REARING PRACTICES REPORT

[IF SUBJECT IS NOT THE PRIMARY CARETAKER OF ANY CHILD(REN) (BIO OR NONBIO) OR DOES NOT LIVE WITH ANY CHILD(REN) (BIO OR NONBIO) FOR **MORE THAN HALF OF THE TIME** GO TO NEXT SECTION]

[READ] The following questions are about parenting and raising your children. Please answer whether you strongly agree, agree, disagree or strongly disagree with each statement. [SEE AGREE/DISAGREE CARD]

Does subject have multiple children? **[IF YES, Use appropriate pronouns M-CRPR]** **[IF NO, is subject's child(ren) a he or she? Use appropriate pronoun(s) for M-CRPR questions]**	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
1. I respect my child(ren)'s opinion and encourage him/her/them to express it	4	3	2	1
2. I don't think that children of different sexes should be allowed to see each other naked.	4	3	2	1
3. I feel that a child should be given comfort and understanding when he/she is scared or upset	4	3	2	1
4. I try to keep my child(ren) away from children or families whose ideas or values are different from our own.	4	3	2	1
5. I believe that a child should be seen and not heard.	4	3	2	1
6. I express my affection by hugging, kissing, and holding my child(ren).	4	3	2	1
7. I find some of my greatest satisfaction in my child(ren).	4	2	3	1
8. I prefer my child(ren) not try things if there is a chance he/she/they might fail.	4	2	3	1
9. I encourage my child(ren) to wonder and think about life.	4	2	3	1
10. I usually take into account my child(ren)'s preference when making plans for the family.	4	3	2	1
11. I feel that a child should have time to daydream, think, and even loaf (hang out) sometimes.	4	3	2	1
12. I do not allow my child(ren) to say bad things about his/her/their teacher(s).	4	3	2	1
13. I teach my child(ren) that in one way or another, punishment will find him/her/them when he/she/they is/are bad.	4	3	2	1
14. I do not allow my child(ren) to get angry with me.	4	3	2	1
15. I am easygoing and relaxed with my child(ren).	4	3	2	1
16. I talk it over and reason with my child when he/she misbehaves.	4	3	2	1
17. I trust my child(ren) to behave as he/she/they should, even when I am not with him/her/them.	4	3	2	1
18. I joke and play with my child(ren).	4	3	2	1
19. My child(ren) and I have warm intimate (friendly) moments together.	4	3	2	1
20. I encourage my child(ren) to be curious, to explore, and question things.	4	3	2	1
21. I expect my child(ren) to be grateful and appreciate all advantages he/she/they has/have.	4	3	2	1
22. I believe in toilet training a child as soon as possible.	4	3	2	1
23. I believe in praising a child when he/she is good and think it gets better results than punishing when he/she is bad.	4	3	2	1
24. I make sure my child(ren) knows that I appreciate what he/she/they tries/try to accomplish.	4	3	2	1
25. I encourage my child(ren) to talk about his/her/their troubles.	4	3	2	1
26. I believe children should not have secrets from their parents.	4	3	2	1
27. I teach my child(ren) to keep control of his/her/their feelings at all times.	4	3	2	1
28. I dread (really do not look forward to) answering my child(ren)'s questions about sex.	4	3	2	1
29. When I am angry with my child(ren), I let him/her/them know about it.	4	3	2	1

Does subject have multiple children? **[IF YES, Use appropriate pronouns M-CRPR]** **[IF NO, is subject's child(ren) a he or she? Use appropriate pronoun(s) for M-CRPR questions]**	**Strongly Agree**	**Agree**	**Disagree**	**Strongly Disagree**
30. I think a child should be encouraged to do things better than others.	4	3	2	1
31. I believe that scolding and criticism make a child improve.	4	3	2	1
32. I believe a child should be aware of how much I sacrifice for him/her.	4	3	2	1
33. I do not allow my child(ren) to question my decisions.	4	3	2	1
34. I let my child(ren) know how ashamed and disappointed I am when he/she/they misbehaves/misbehave.	4	3	2	1
35. I want my child(ren) to make a good impression on others.	4	3	2	1
36. I find it interesting and educational to be with my child(ren) for long periods.	4	3	2	1
37. I instruct my child(ren) not to get dirty when he/she/they is/are playing.	4	3	2	1
38. I control my child(ren) by warning him/her/them about the bad things that can happen to him/her/them.	4	3	2	1
39. I don't want my child(ren) to be looked upon as different from others.	4	3	2	1
40. I don't think children should be given sexual information.	4	3	2	1

K. STRENGTHS AND DIFFICULTIES QUESTIONNAIRE

[IF SUBJECT IS NOT THE PRIMARY CARETAKER OF ANY CHILD(REN) (BIO OR NONBIO) OR DOES NOT LIVE WITH ANY CHILD(REN) (BIO OR NONBIO) FOR MORE THAN HALF OF THE TIME GO TO NEXT SECTION] [IF ALL CHILDREN ARE YOUNGER THAN THE AGE OF 3, GO TO NEXT SECTION]

[READ] The following questions are about your child(ren). Please give answers on the basis of the child's behavior over the last six months or this school year.

CHILD A
Name/ID _____
Date of birth _____
Gender _____

CHILD B
Name/ID _____
Date of Birth _____
Gender _____

CHILD C
Name/ID _____
Date of birth _____
Gender _____

CHILD D
Name/ID _____
Date of Birth _____
Gender _____

[FOR CHILDREN AGES 3]
NOT TRUE=1 SOMEWHAT TRUE=2 CERTAINLY TRUE=3

[SEE STRENGTHS/DIFFICULTIES SCALE CARD]	Child A	Child B	Child C	Child D
1. Considerate of other people's feelings				
2. Restless, overactive, cannot stay still for long				
3. Often complains of headaches, stomach-aches, or sickness				
4. Shares readily with other children, for example, toys, treats, pencils				
5. Often loses temper				
6. Rather solitary, prefers to play alone				
7. Generally well behaved, usually does what adults request				
8. Many worries or often seems worried				
9. Helpful if someone is hurt, upset, or feeling ill				
10. Constantly fidgeting or squirming				
11. Has at least one good friend				
12. Often fights with other children or bullies them				
13. Often unhappy, depressed, or tearful				
14. Generally liked by other children				
15. Easily distracted, concentration wanders				
16. Nervous or clingy in new situations, easily loses confidence				
17. Kind to younger children				
18. Often argumentative with adults				
19. Picked on or bullied by other children				
20. Often offers to help others (parents, teachers, other children)				
21. Can stop and think things out before acting				
22. Can be spiteful (bitchy) to others				
23. Gets along better with adults than with other children				
24. Many fears, easily scared				
25. Good attention span, sees work through to the end				

[FOR CHILDREN BETWEEN 4 – 10]
NOT TRUE=1 SOMEWHAT TRUE=2 CERTAINLY TRUE=3

[SEE STRENGTHS/DIFFICULTIES SCALE CARD] **NOT TRUE=1 SOMEWHAT TRUE=2 CERTAINLY TRUE=3**	Child A	Child B	Child C	Child D
1. Considerate of other people's feelings				
2. Restless, overactive, cannot stay still for long				

[SEE STRENGTHS/DIFFICULTIES SCALE CARD] **NOT TRUE=1 SOMEWHAT TRUE=2 CERTAINLY TRUE=3**	**Child A**	**Child B**	**Child C**	**Child D**
3. Often complains of headaches, stomach-aches, or sickness				
4. Shares readily with other children, for example, toys, treats, pencils				
5. Often loses temper				
6. Rather solitary, prefers to play alone				
7. Generally well behaved, usually does what adults request				
8. Many worries or often seems worried				
9. Helpful if someone is hurt, upset, or feeling ill				
10. Constantly fidgeting or squirming				
11. Has at least one good friend				
12. Often fights with other children or bullies them				
13. Often unhappy, depressed, or tearful				
14. Generally liked by other children				
15. Easily distracted, concentration wanders				
16. Nervous or clingy in new situations, easily loses confidence				
17. Kind to younger children				
18. Often lies or cheats				
19. Picked on or bullied by other children				
20. Often offers to help others (parents, teachers, other children)				
21. Thinks things out before acting				
22. Steals from home, school, or elsewhere				
23. Gets along better with adults than with other children				
24. Many fears, easily scared				
25. Good attention span, sees work through to the end				

[FOR CHILDREN BETWEEN 11-17]
NOT TRUE=1 SOMEWHAT TRUE=2 CERTAINLY TRUE=3

[SEE STRENGTHS/DIFFICULTIES SCALE CARD]	**Child A**	**Child B**	**Child C**	**Child D**
1. Considerate of other people's feelings				
2. Restless, overactive, cannot stay still for long				
3. Often complains of headaches, stomach-aches, or sickness				
4. Shares readily with other youth, for example, books, games, food				
5. Often loses temper				
6. Would rather be alone than with other youth				
7. Generally well behaved, usually does what adults request				
8. Many worries or often seems worried				
9. Helpful if someone is hurt, upset, or feeling ill				
10. Constantly fidgeting or squirming				
11. Has at least one good friend				
12. Often fights with other youth or bullies them				
13. Often unhappy, depressed, or tearful				
14. Generally liked by other youth				
15. Easily distracted, concentration wanders				
16. Nervous in new situations, easily loses confidence				
17. Kind to younger children				
18. Often lies or cheats				
19. Picked on or bullied by other youth				
20. Often offers to help others (parents, teachers, children)				
21. Thinks things out before acting				
22. Steals from home, school, or elsewhere				
23. Gets along better with adults than with other youth				
24. Many fears, easily scared				
25. Good attention span, sees work through to the end				

L. CHILDHOOD NEGLECT

Bringing up children can be difficult. Many parents do not do some things for their children that they should do. For example, a parent might not take an interest in how well a child is doing in school, may not comfort a child when he or she is upset or they might leave a child alone when it is dangerous to do that.

1. Was there ever a time, when you were younger, that you felt like this? (For instance, a time when you felt you could have used more care or attention from your parents or caregivers?) No 1 [GO TO NEXT SECTION]
Yes 5

2. Think about the year when this was the worst. About how old were you when this sort of thing happened or happened the most?

_____ years old.

3. Who were your caregiver(s) during this time?

01 Bio-Mom
02 Bio-Dad
03 Foster Mom
04 Foster Dad
05 Adoptive Mom
06 Adoptive Dad
07 Grandmother
08 Grandfather
09 Other: _____[__ __] [__ __] [__ __]

For each of the following statements, decide how well it describes your life with those caregivers during that year?	Strongly Agree	Agree	Disagree	Strongly Disagree
1. Did not help me when I had problems	4	3	2	1
2. Did not comfort me when I was upset	4	3	2	1
3. Did not praise me	4	3	2	1
4. Did not tell me they loved me	4	3	2	1
5. Did things with me just for fun	4	3	2	1
6. Did not help me to do my best	4	3	2	1
7. Helped me when I had trouble understanding something	4	3	2	1
8. Did not read books to me	4	3	2	1
9. Were not interested in my activities or hobbies	4	3	2	1
10. Did not help me with homework	4	3	2	1
11. Did not make sure I went to school	4	3	2	1
12. Did not care if I got into trouble in school	4	3	2	1
13. Did not care if I did things like shoplifting	4	3	2	1
14. Were not interested in the kind of friends I had	4	3	2	1
15. Wanted to know what I was doing when I was not at home	4	3	2	1
16. Did not keep me clean	4	3	2	1
17. Did not make sure I saw a doctor when I needed one	4	3	2	1
18. Did not give me enough clothes to keep me warm	4	3	2	1
19. Did not give me enough to eat	4	3	2	1
20. Kept the house clean	4	3	2	1

M. SOCIAL SUPPORT

1. Think about the adults (family and non-family) that <u>you live with</u> that you discuss <u>important matters</u> with or can <u>really count on</u>?

A. What are the first names of these people? [GET NAMES OF ALL PEOPLE THEN GO TO FOLLOW-UP QUESTIONS]
B. Is this person male or female?
C. How old is this person?
D. How are you connected to this person?
E. How long have you known this person? 1=Less than 3 years 2=3-6 years 3=More than 6 years
F. How close are you to this person? 1=Very Close 2=Sort of Close 3=Not Very Close.
G. Does this person talk to you about his/her ***important*** matters? 1=No 5=Yes
H. Has he/she done anything for you or helped you out? [SEE FUNCTION CARD] 1-6
I. Have you done anything for him/her or helped him/her out? [SEE FUNCTION CARD] 1-6
J. How often does this person boss you around, try to control you, or intrude on you? 1=Often 2=Sometimes 3=Rarely 4=Never.
K. How often does this person use alcohol and/or marijuana? 4=Never 3=Rarely 2=Sometimes 1=Often
L. How often does this person use other drugs? 4=Never 3=Rarely 2=Sometimes 1=Often
M. How would you feel if they knew you were using other drugs? (Say you were using hard drugs and X knew about it, would you be ashamed?) 1=Very ashamed 2=Sort of ashamed 3=Not too ashamed 4= Not at all ashamed

	Name	M/F	Age	Connect'd	Length	How close	Imp. Matters	Friend func.	Subj func	Boss
1		M/F					N/Y			
2		M/F					N/Y			
3		M/F					N/Y			
4		M/F					N/Y			
5		M/F					N/Y			
6		M/F					N/Y			
7		M/F					N/Y			
8		M/F					N/Y			
9		M/F					N/Y			
10		M/F					N/Y			

	Alc/Marij	Oth Drug	Oth Drug Shame
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

2. Now think about family, friends, people at work or school, neighbors, people in the community, advisors or counselors that you <u>do not live with</u> who you <u>discuss important matters with</u> or <u>can really count on</u>?

A. What are the first names of these people? [GET NAMES OF ALL PEOPLE THEN GO TO FOLLOW-UP QUESTIONS]
B. Is this person male or female?
C. How old is this person?
D. How are you connected to this person?
E. How long have you known this person? 1=Less than 3 years 2=3-6 years 3=More than 6 years
F. How often do you see or talk on phone or computer to this person? 1=Every day. 2=Few times week. 3=Few times a month. 4=Once a month. 5=Less than once a month.
G. How close are you to this person? 1=Very Close 2=Sort of Close 3=Not Very Close.
H. Does this person talk to you about his/her ***important*** matters? 1=No 2.Yes
I. Has he/she done anything for you or helped you out? [SEE FUNCTION CARD] 1-6
J. Have you done anything for him/her or helped him/her out? [SEE FUNCTION CARD] 1-6
K. How often does this person boss you around, try to control you, or intrude on you? 1=Often 2=Sometimes 3=Rarely 4=Never.
L. How often does this person use alcohol and/or marijuana? 4=Never 3=Rarely 2=Sometimes 1=Often
M. How often does this person use other drugs? 4=Never 3=Rarely 2=Sometimes 1=Often
N. How would you feel if they knew you were using other drugs? (Say you were using hard drugs and X knew about it, would you be ashamed?) 1=Very ashamed 2=Sort of ashamed 3=Not too ashamed 4= Not at all ashamed

	Name	M/F	Age	Connect'd	Length	Talk	How close	Imp. Matters	Friend func.	Subj func	Boss
1		M/F						N/Y			
2		M/F						N/Y			
3		M/F						N/Y			
4		M/F						N/Y			
5		M/F						N/Y			
6		M/F						N/Y			
7		M/F						N/Y			
8		M/F						N/Y			
9		M/F						N/Y			
10		M/F						N/Y			

[CHART CONTINUED]

	Alc/Marij	Oth Drug	Oth Drug Shame
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

3. [LIST THE NAMES OF THE FIRST 4 PEOPLE FROM Q1 AND Q2.]

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

4. Now I'd like to ask you about the (_____ number) of people that you just listed. Please think about the relation between these people. Some of them may be total strangers in the sense that they wouldn't recognize one another if they bumped into each other on the street. Others may know each other a bit or they may be especially close.

First, think about (1._____) and (2. _____).
How close are they to one another:

1 Very close
2 Sorta close
3 Not very close

NAME	_____ 2.	_____ 3.	_____ 4.	_____ 5.	_____ 6.	_____ 7.	_____ 8.
1. _____	_____	_____	_____	_____	_____	_____	_____
2. _____		_____	_____	_____	_____	_____	_____
3. _____			_____	_____	_____	_____	_____
4. _____				_____	_____	_____	_____
5. _____					_____	_____	_____
6. _____						_____	_____
7. _____							_____

Now I would like to ask you some questions about religion and/or spirituality.

5. What is your religious preference?

PROTESTANTISM
01 PROTESTANT, NO DENOMINATION MENTIONED - CHRISTIAN
02 PROTESTANT INTERDENOMINATIONAL (IF YOU GO TO TWO OR MORE PROTESTANT CHURCHES]
03 APOSTOLIC
04 ASSEMBLY OF GOD
05 BAPTIST (ALL TYPES)
06 BORN-AGAIN CHRISTIAN
07 BRETHREN
08 DISCIPLES OF CHRIST/CHRISTIAN CHURCH
09 CHRISTIAN REFORMED
10 CHURCH OF GOD
11 CONGREGATIONAL
12 EPISCOPALIAN OR ANGLICAN/CHURCH OF ENGLAND
13 EVANGELICAL
14 HOLINESS
15 JEHOVAH'S WITNESS

16 LUTHERAN
17 MENNONITE
18 METHODIST (ALL TYPES, INCLUDING UNITED BRETHREN)
19 MORMON, LATTER DAY SAINTS
20 NAZARENE
21 PENTECOSTAL
22 PRESBYTERIAN
23 QUAKER, SOCIETY OF FRIENDS
24 SALVATION ARMY
25 SANCTIFIED
26 SEVENTH DAY ADVENTIST
27 SPIRITUAL
28 UNITARIAN
29 UNITED CHURCH OF CHRIST
30 PROTESTANT, OTHER (SPECIFY): _____
_____[__ __] [__ __]

CATHOLICISM
31 CATHOLIC, NO DENOMINATION MENTIONED
32 CATHOLIC, ROMAN
33 CATHOLIC, UKRANIAN
34 ORTHODOX (RUSSIAN, GREEK, SERBIAN)
35 CATHOLIC (ALL OTHERS)

JUDAISM
36 JEWISH, NO DENOMINATION MENTIONED
37 JEWISH, ORTHODOX
38 JEWISH, CONSERVATIVE
39 JEWISH, REFORM
40 JEWISH, RECONSTRUCTIONIST
41 JEWISH (ALL OTHERS)

EASTERN
42 BUDDHIST (ALL TYPES, INCLUDING ZEN)
43 HINDU
44 MUSLIM

OTHERS
45 RASTAFARIAN
46 AGNOSTIC OR ATHEIST [GO TO NEXT SECTION]
47 NO RELIGIOUS PREFERENCE [GO TO NEXT SECTION]

6. How often have you attended religious services in the past year?

1 More than once a week
2 About once a week
3 One to three times a month
4 Less than once a month
5 Never

7. In general, how important are religious or spiritual beliefs in your daily life – very important, somewhat, not very, or not at all important?

1 Very important
2 Somewhat important
3 Not very important
4 Not at all important

8. When you have problems or difficulties in your family, work, or personal life, how often do you seek comfort through religious or spiritual means such as praying, meditating, attending a religious or spiritual service, or talking to a religious or spiritual advisor – often, sometimes, rarely, or never?

1 Often
2 Sometimes
3 Rarely
4 Never

9. When you have decisions to make in your daily life, how often do you think about what your religious or spiritual beliefs suggest you should do – often, sometimes, rarely, or never?

1 Often
2 Sometimes
3 Rarely
4 Never

10. Please indicate whether you strongly disagree, disagree, agree, or strongly agree to the following statement: It is important that your friends share your religious beliefs.

1 Strongly disagree
2 Disagree
3 Agree
4 Strongly Agree

N. ROSENBERG SELF-ESTEEM SCALE

[READ] Now I'm going to read some statements dealing with your general feelings about yourself. Please tell me if you strongly agree, agree, disagree, or strongly disagree. [Use AGREE/DISAGREE SCALE CARD]

	Strongly Agree	**Agree**	**Disagree**	**Strongly Disagree**
1. I feel that I'm a person of worth, at least on an equal plane (equal to) with others.	4	3	2	1
2. I feel that I have a number of good qualities.	4	3	2	1
3. All in all, I am inclined/tend to feel that I am a failure.	4	3	2	1
4. I am able to do things as well as most other people.	4	3	2	1
5. I feel I do not have much to be proud of.	4	3	2	1
6. I take a positive attitude toward myself.	4	3	2	1
7. On the whole, I am satisfied with myself.	4	3	2	1
8. I wish I could have more respect for myself.	4	3	2	1
9. I certainly feel useless at times.	4	3	2	1
10. At times I think I am no good at all.	4	3	2	1

O. SELF-EFFICACY SCALE (Modified from the General Self-Efficacy Scale)

[READ] Now I'm going to read some statements about your personal attitudes and traits. Each statement represents a commonly held belief. There are no right or wrong answers. You will probably agree with some of the statements and disagree with others. Please tell me if you strongly disagree, moderately disagree, neither agree nor disagree, moderately agree, or strongly agree. [SEE AGREE/DISAGREE SCALE CARD 2]

	Strongly Disagree	**Disagree**	**Neither Agree nor Disagree**	**Agree**	**Strongly Agree**
1. When I make plans, I am certain I can make them work.	1	2	3	4	5
2. One of my problems is that I cannot get down to work when I should.	1	2	3	4	5
3. If I can't do a job the first time, I keep trying until I can.	1	2	3	4	5
4. When I set important goals for myself, I rarely achieve them.	1	2	3	4	5
5. I give up on things before completing them.	1	2	3	4	5
6. I avoid facing difficulties.	1	2	3	4	5
7. If something looks too complicated, I will not even bother to try it.	1	2	3	4	5
8. When I have something unpleasant to do, I stick to it until I finish it.	1	2	3	4	5
9. When I decide to do something, I go right to work on it.	1	2	3	4	5
10. When trying to learn something new, I soon give up if I am not initially successful.	1	2	3	4	5
11. When unexpected problems occur, I don't handle them very well.	1	2	3	4	5
12. I avoid trying to learn new things when they look too difficult for me.	1	2	3	4	5
13. Failure just makes me try harder.	1	2	3	4	5
14. I feel insecure about my ability to do things.	1	2	3	4	5
15. I am a self-reliant (independent) person meaning that I am a person who relies on myself.	1	2	3	4	5
16. I give up easily.	1	2	3	4	5
17. I do not seem capable/able of dealing with most problems that come up in my life.	1	2	3	4	5

P. COMMUNITY

[GO TO NEXT SECTION IF SUBJECT HAS BEEN INCARCERATED THE ENTIRE TIME SLI]

[READ] I am going to read a list of problems that sometimes occur in neighborhoods. Please tell me whether you think each is a problem in your neighborhood, the place where you lived most in THE PAST YEAR. Please use the problem scale card to select your answers. [USE THE PROBLEM SCALE CARD.]

1. How much of a problem is…..

How much of a problem is …..	Big Problem	Somewhat of a Problem	Not a Problem
High unemployment	3	2	1
Different racial or cultural groups who do not get along well with each other	3	2	1
Vandalism, buildings and personal belongings broken and torn up	3	2	1
Little respect for rules, laws and authority	3	2	1
Winos and junkies	3	2	1
Prostitution	3	2	1
Abandoned houses	3	2	1
Sexual assaults or rapes	3	2	1
Burglaries and thefts	3	2	1
Gambling	3	2	1
Run down and poorly kept buildings and yards	3	2	1
Assaults and muggings	3	2	1
Transients, street people	3	2	1
Drug use or drug dealing in open	3	2	1
Peddling (selling) of stolen goods	3	2	1
Unsupervised children	3	2	1
City officials ignoring problems	3	2	1
High prices in local stores	3	2	1
Groups of teenagers hanging out in public places making a nuisance of themselves	3	2	1
Teenage pregnancy	3	2	1
Teachers that don’t care about kids	3	2	1
Unsafe being out alone at night	3	2	1
Transportation not available	3	2	1
Medical services too far away	3	2	1
Police not caring about problems	3	2	1
Unsafe being on the streets during the day	3	2	1
Poor quality schools	3	2	1

How much of a problem is …..	Big Problem	Somewhat of a Problem	Not a Problem
Pressure on kids to join gangs	3	2	1
Gangs	3	2	1

2. Overall, would you say that conditions in your neighborhood have gotten better, remained the same or gotten worse IN THE PAST YEAR? [READ]

3 Better
2 Remained the same
1 Worse

3. I've asked you a number of questions about your neighborhood. When you think about your neighborhood, are you thinking about: [READ]

1 The block or street you live on?
2 Several blocks or streets in each direction? [IN ADDITION TO THE BLOCK OR STREET THE SUBJECT LIVES ON]
3 The area within a 15 minute walk from your house?
4 An area larger than this?

Q. ARREST AND VIOLENCE

1. Since the last interview, have you been arrested? No 1 [GO TO 2]
Yes 5

A. If yes, how many times? __ __ __ [# OF TIMES]

B. Have you been arrested in the past year? No 1
Yes 5

C. If yes, how many times? __ __ __ [# OF TIMES]

D. SINCE THE LAST INTERVIEW, how many times have you been arrested for:

1.	Larceny/Theft?	__ __ __
2.	Burglary/Res Burglary	__ __ __
3.	Auto Theft?	__ __ __
4.	Shoplifting?	__ __ __
5.	Credit Card Fraud?	__ __ __
6.	Retail Theft?	__ __ __
7.	Vandalism?	__ __ __
8.	Arson?	__ __ __
9.	Possession of explosives?	__ __ __
10.	Possession of Controlled Substance (PCS)?	__ __ __
11.	Delivery of Controlled Substance (DCS)?	__ __ __
12.	Unlawful Use of a Weapon (UUW)?	__ __ __
13.	Agg Discharge Firearm?	__ __ __
14.	Unlawful Possession of a Firearm?	__ __ __
15.	Robbery?	__ __ __
16.	Armed Robbery?	__ __ __
17.	Veh High-jacking?	__ __ __
18.	Assault (including domestic violence) ?	__ __ __
19.	Battery (including domestic violence) ?	__ __ __
20.	Agg. Assault (including domestic violence) ?	__ __ __
21.	Agg. Battery (including domestic violence) ?	__ __ __
22.	Manslaughter?	__ __ __
23.	Att. Murder?	__ __ __
24.	Murder?	__ __ __
25.	Criminal Sexual Abuse?	__ __ __
26.	Agg Criminal Sexual Abuse?	__ __ __
27.	Sexual Assault?	__ __ __
28.	Stalking?	__ __ __
29.	Abduction?	__ __ __
30.	Kidnapping?	__ __ __
31.	Agg Kidnapping?	__ __ __
32.	Prostitution?	__ __ __
33.	Solicitation?	__ __ __
34.	Hitchhiking?	__ __ __
35.	Pimping?	__ __ __
36.	Theft by Deception?	__ __ __
37.	Violation of Parole?	__ __ __
38.	Violation of Probation?	__ __ __
39.	Traffic-related?	__ __ __

E. [IF # OF ARRESTS (1A) IS GREATER THAN THE # OF CHARGES ASK, OTHERWISE, GO TO 2]
What else have you been arrested for SLI?
(Specify): _____[__ __][__ __] [__ __][__ __] [__ __]

2. SLI, did you spend time in…?
01 Jail
02 Prison

03 Both
04 None [GO TO 6]

A. In the past 3 months, did you spend time in…?
01 Jail
02 Prison
03 Both
04 None

B. SLI, what was the total amount of time you spent in… [# OF DAYS]
__ __ __ __ [JAIL]
__ __ __ __ [PRISON]

C. In the past 3 months, what was the total amount of time you spent in… [# OF DAYS]
__ __ __ __ [JAIL]
__ __ __ __ [PRISON]

3. SLI, have you ever been in segregation (isolation, the hole, solitary) while incarcerated? No 1 [GO TO 6]
Yes 5

A. How many separate times since the last interview? __ __ __ [# OF TIMES SLI] [IF "001" THEN GO TO Q5]

4. Now thinking about the longest time (consecutive days) you spent in segregation SLI. How many days were you in segregation?__ __ __ [# OF DAYS].

A. Why were you placed in segregation?
_____ [__ __] [__ __]

5. Now thinking about the most recent/only time you spent in segregation.
How many days were you in segregation? __ __ __ [# OF DAYS]

A. Why were you placed in segregation?
_____ [__ __] [__ __]

[GO TO 7 IF SUBJECT HAS RE-ENTERED INTO THE COMMUNITY AFTER INCARCERATION OF AT LEAST 6 MONTHS]

6. SLI, have you been on parole? No 1 [GO TO 7]
Yes 5

A. Are you currently on parole? No 1 [GO TO D]
Yes 5

B. When did it start? __ __/__ __ __ __ [DATE]

C. When is it scheduled to end? __ __/__ __ __ __ [DATE] [GO TO E]

D. When did it end? __ __/__ __ __ __ [DATE] [GO TO 7]

E. What are the terms of your parole? _____[__ __] [__ __] [__ __]

7. SLI, have you been on probation? No 1 [GO TO 8]
Yes 5

A. Are you currently on probation? No 1 [GO TO D]
Yes 5

B. When did it start? __ __/__ __ __ __ [DATE]

C. When is it scheduled to end? __ __/__ __ __ __ [DATE] [GO TO E]

D. When did it end? __ __/__ __ __ __ [DATE] [GO TO 8]

E. What are the terms of your probation? _____[__ __] [__ __] [__ __]

[READ] I want to ask you some more questions about other things you may have done. Again, just because I ask you if you have done something, it doesn't mean that I think you have. We ask everyone the same questions. Also, all of your answers are private and no one except our research staff will see them.

8. SINCE THE LAST INTERVIEW, how many times have you stolen anything (without using a weapon)? __ __ __ [IF "000" GO TO 9]

A. Was this the first time you ever stole anything? No 1
Yes 5

B. How many times have you stolen anything in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]
[IF INCARCERATED ENTIRE TIME P3M GO TO D]
C. Of these times, how many times have you done this while incarcerated? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO 9]
[READ] Now thinking of the most serious time you stole anything [SLI], where most serious refers to the SINGLE largest amount you have stolen:

D. How much was it worth $_____ [__ __ __, __ __ __]

E. Were you alone or with others? ALONE 1
W/ OTHERS 2

F. Were you drinking or taking drugs before the incident? No 1
Yes 5

9. SINCE THE LAST INTERVIEW, how many times have you sold drugs? __ __ __ [IF "000" GO TO 10]

A. Was this the first time you ever sold drugs? No 1
Yes 5

B. How many times have you sold drugs in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]
[IF INCARCERATED ENTIRE TIME P3M GO TO D]
C. Of these times, how many times have you done this while incarcerated? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO 10]
[READ] Now thinking of the most serious time you sold drugs [SLI], where most serious refers to the SINGLE largest sale:

D. How much money was involved in the sale? $_____ [__ __ __, __ __ __]

E. Were you alone or with others? ALONE 1
W/ OTHERS 2

F. Were you drinking or taking drugs before the incident? No 1
Yes 5

10. SINCE THE LAST INTERVIEW, how many times have you purposely damaged or destroyed property or things that did not belong to you? __ __ __ [IF "NEVER" OR "000" GO TO 11]

A. Was this the first time you ever did this? NO 1
YES 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]

[IF INCARCERATED ENTIRE TIME P3M GO TO D]
C. Of these times, how many times have you done this while incarcerated? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO 11]
[READ] Now thinking of the most serious time you did this [SLI], where most serious means the largest dollar value damaged.

D. Were you alone or with others? ALONE 1
W/ OTHERS 2

E. Were you drinking or taking drugs before the incident? No 1
Yes 5

11. SINCE THE LAST INTERVIEW, how many times have you purposefully set fire to a house, building, or car? __ __ __ [IF "000" GO TO 12]

A. Was this the first time you did this? No 1
Yes 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]
[IF INCARCERATED ENTIRE TIME P3M GO TO D]
C. Of these times, how many times have you done this while incarcerated? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO 12]
[READ] Now thinking of the most serious time you did this [SLI], where most serious means the largest dollar value damaged.

D. Were you alone or with others? ALONE 1
W/ OTHERS 2

E. Were you taking drugs or drinking before doing this? No 1
Yes 5

12. SINCE THE LAST INTERVIEW, how many times have you used a gun? (By using a gun, we mean, for instance, firing a gun or showing a gun in a threatening manner.) __ __ __ [IF "000" GO TO C]

A. Was this the first time you ever used a gun? No 1
Yes 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

GUN QUESTIONS: ASK OF ALL SUBJECTS

[IF SUBJECT INCARCERATED FOR MORE THAN ONE MONTH: GO TO 13]
[IF SUBJECT INCARCERATED FOR ONE MONTH OR LESS: ANSWER FOR WHEN THEY WERE IN THE COMMUNITY PRIOR TO MOST RECENT/CURRENT INCARCERATION, NOT FOR IN CORRECTIONAL FACILITY]

C. Do you have your own gun? No 1 [GO TO I]
Yes 5
Easy Access to Block Gun/Other's Gun (Virtual Ownership) 3

D. How many do you have? _____[__ __ __]

E. How did you get it/them? [CODE FROM RESPONSE]
01 BOUGHT IT
02 STOLE IT
03 TRADED FOR IT
05 GIFT
06 ACCESS: NOT OWNERSHIP
04 OTHER [SPECIFY:]_____[__ __]

F. Who did you get it/them from? [Was it?] [READ]
01 STRANGER
02 ACQUAINTANCE/PEOPLE IN
11 FAMILY MEMBER (NOT SPOUSE/SIG. OTHER)
09 SPOUSE OR LIVE-IN SIG OTHER

NEIGHBORHOOD
03 FRIEND
06 OTHER: _____ [__ __]
10 SIG OTHER (NOT SPOUSE/LIVE-IN)
07 GUN DEALER
Was this a legal or illegal sale? □ Legal □ Illegal

G. Are any of these people gang members? (Was this a gang member?) □ No □ Yes

H. Where did you get it/them from? [CODE FROM RESPONSE]
01 SCHOOL
02 STREET/OUTSIDE
03 GUN SHOP
04 A HOME
06 ACCESS: NOT OWNERSHIP
05 OTHER [SPECIFY:]_____ [__ __]

I. Does someone/else in your household have a gun? No 1 [GO TO K]
Yes 5

J. Who? [CODE RELATIONSHIP TO SUBJECT]
_____ [__ __]
_____ [__ __]

K. How easy would it be for you to get (buy or access) a/another gun (CURRENTLY)? [READ AND CODE FROM RESPONSE]

01	02	03	04
Very Easy	Somewhat Easy	Somewhat Hard	Very Hard

13. SINCE THE LAST INTERVIEW, how many times have you used a weapon, force or strong arm methods to get money or things from people? __ __ __ [IF "000" GO TO 14]

A. Was this the first time you ever did this? No 1
Yes 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]
[IF INCARCERATED ENTIRE TIME P3M GO TO D]
C. Of these times, how many times have you done this while incarcerated? __ __ __

D. Of the times in the past 3 months (that you have used a weapon), how many times were these with a gun? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO 14]
[READ] Now thinking of the most serious time you did this [SLI], where most serious refers to the most physical injury or potential for physical injury:

E. How much was it worth? $_____ [__ __ __, __ __ __]

F. What kind of force did you use? [READ AND CIRCLE ALL THAT APPLY]
01 = HIT, SLAPPED, OR PUNCHED THE PERSON
02 = PHYSICALLY BEAT AND/OR CHOKED THE PERSON
03 = ATTACKED WITH A WEAPON (GUN, KNIFE, CLUB, BOTTLE)
What kind of weapon?
01 GUN
02 KNIFE
03 CLUB
04 BOTTLE
05 OTHER, _____[__ __]
04 = [DO NOT READ] THREATENED ONLY, NO ACTUAL FORCE [GO TO I]
05 = OTHER [SPECIFY:] _____ [__ __]

G. Did you hurt the person? No 1 [GO TO I]
Yes 5

H. How badly did you hurt them? [READ AND CIRCLE ALL THAT APPLY]
Did you … ?
1 = PUSH OR SLAP THEM
3 = KNOCK THEM DOWN
4 = BRUISE THEM
5 = CAUSE THEM TO BLEED/CUT OR STAB THEM
9 = BREAK THEIR BONES
10 = SHOOT THEM
11 = ANYTHING ELSE?: _____ [__ __]

Were they … ?
6 = UNCONSCIOUS
7 = HOSPITALIZED
12 = KILLED
8 = ANYTHING ELSE?: _____ [__ __]
13 = NONE OF THE ABOVE

I. Who was the person? [Was it?] [READ]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01	STRANGER	03	FRIEND
02	ACQUAINTANCE/PEOPLE IN NEIGHBORHOOD	11	FAMILY MEMBER (NOT SPOUSE/SIG.OTHER)
		06	OTHER: _____ [__ __]
09	SPOUSE/LIVE-IN/SIG.OTHER	10	SIG OTHER (NOT LIVE-IN/SPOUSE)
12	INMATE		

J. Were you alone or with others? ALONE 1
W/OTHERS 2

K. Were you drinking or taking drugs before the incident? No 1
Yes 5

14. SINCE THE LAST INTERVIEW, how many times have you beat someone up or hit someone with the idea of seriously hurting them? __ __ __ [IF "000" GO TO 15]

A. Was this the first time you ever did this? No 1
Yes 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]
[IF INCARCERATED ENTIRE TIME P3M GO TO D]
C. Of these times, how many times have you done this while incarcerated? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO 15]
[READ]Now thinking of the most serious time you did this [SLI], where most serious refers to the most physical injury involved:

D. Did you hurt the person? No 1 [GO TO F]
Yes 5

E. How badly did you hurt them? [READ AND CIRCLE ALL THAT APPLY]
Did you … ?
1 = PUSH OR SLAP THEM
3 = KNOCK THEM DOWN
4 = BRUISE THEM
5 = CAUSE THEM TO BLEED/CUT OR STAB THEM
9 = BREAK THEIR BONES
10 = SHOOT THEM

11 = ANYTHING ELSE?: _____ [__ __]

Were they … ?
6 = UNCONSCIOUS
7 = HOSPITALIZED
12 = KILLED
8 = ANYTHING ELSE?: _____ [__ __]
13 = NONE OF THE ABOVE

F. Who was the person? [Was it?] [READ]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]
01 STRANGER
02 ACQUAINTANCE/PEOPLE IN NEIGHBORHOOD
03 FRIEND
08 DATE
09 SPOUSE OR LIVE-IN SIG. OTHER
10 SIG. OTHER (NOT SPOUSE/LIVE-IN)
11 FAMILY MEMBER (NOT SPOUSE/SIG. OTHER)
06 OTHER: _____ [__ __]
12 INMATE

G. Why did you attack the person? [CODE FROM RESPONSE]
01 SELF DEFENSE
02 TRYING TO GET SOMETHING FROM THEM
03 OTHER: _____
04 RIVAL GANG
05 REVENGE/RETALIATION
[__ __]

H. Were you alone or with others? ALONE 1 W/OTHERS 2

I. Were you drinking or taking drugs before the incident? No 1 Yes 5

[READ ONLY IF SUBJECT ANSWERED QUESTIONS 13E-13K]
J. Is this a different incident than what you were thinking about for question 12 (used a weapon, force or strong arm methods to get money or things from people ? No 1 Yes 5

15. SINCE THE LAST INTERVIEW, how many times have you attacked someone with a weapon with the idea of seriously hurting them or killing them ? __ __ __ [IF "000" GO TO 16]

A. Was this the first time your ever did this? No 1 Yes 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]
[IF INCARCERATED ENTIRE TIME P3M GO TO D]
C. Of these times, how many times have you done this while incarcerated? __ __ __

D. Of the times in the past 3 months (that you have used a weapon), how many times were these with a gun? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO 17]
[READ] Thinking of the most serious time you did this [SLI], where most serious refers to the most physical injury or potential for physical injury [THERE MAY BE MULTIPLE VICTIMS AND MULTIPLE RESPONSES TO SOME ITEMS. IF MULTIPLE VICTIMS PLEASE NOTE.]

E. What kind of weapon did you use to attack the person?
01 Gun
02 Knife
03 Sharp object (broken bottle, etc.)

04 Blunt object (bat, pipe, etc.)
06 Household object
07 Chemicals
05 Other (Specify): _____[__ __] [__ __] [__ __]

F. Did you hurt the person? No 1 [GO TO H]
Yes 5

G. How badly did you hurt them? [READ AND CIRCLE ALL THAT APPLY]
Did you … ?
1 = PUSH OR SLAP THEM
3 = KNOCK THEM DOWN
4 = BRUISE THEM
5 = CAUSE THEM TO BLEED/CUT OR STAB THEM
9 = BREAK THEIR BONES
10 = SHOOT THEM
11 = ANYTHING ELSE?: _____ [__ __]

Were they … ?
6 = UNCONSCIOUS
7 = HOSPITALIZED
12 = KILLED
8 = ANYTHING ELSE?: _____ [__ __]
13 = NONE OF THE ABOVE

H. Who was the person? [Was it?] [READ]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]
01 STRANGER
02 ACQUAINTANCE/PEOPLE IN NEIGHBORHOOD
03 FRIEND
08 DATE
09 SPOUSE OR LIVE-IN SIG. OTHER
10 SIG. OTHER (NOT LIVE-IN/SPOUSE)
11 FAMILY MEMBER (NOT SPOUSE/SIG OTHER)
06 OTHER _____[__ __]
12 INMATE

I. Why did you attack the person? [CODE FROM RESPONSE]
01 SELF DEFENSE
02 TRYING TO GET SOMETHING FROM THEM
03 OTHER: _____ [__ __]
04 RIVAL GANG
05 REVENGE/RETALIATION

J. Were you alone or with others? ALONE 1
W/OTHERS 2

K. Were you drinking or taking drugs before the incident? No 1
Yes 5

[READ ONLY IF SUBJECT ANSWERED QUESTIONS 14D-14J]

L. Is this a different incident than what you were thinking about for the last question? No 1
Yes 5

16. SINCE THE LAST INTERVIEW, how many times have you had or tried to have sexual relations with someone against their will? __ __ __ [IF "000" GO TO 17]

A. Was this the first time you ever did this? No 1
Yes 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]

[IF INCARCERATED ENTIRE TIME P3M GO TO D]

C. Of these times, how many times have you done this while incarcerated? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO 17]

[READ] Thinking of the most serious time you did this [SLI], where most serious refers to the level of pressure or force used:

D. Did you actually have sexual relations with him/her? No 1
Yes 5

E. What kind of pressure or force did you use? [READ AND CIRCLE ALL THAT APPLY]

1 = VERBAL THREATS OF INJURY
2 = HITTING, SLAPPING, OR MILD ROUGHNESS
3 = PHYSICAL BEATING AND/OR CHOKING THE PERSON
4 = THREATENED TO USE A WEAPON
What kind of weapon?
01 GUN
02 KNIFE
03 CLUB
04 BOTTLE
05 OTHER, _____[__ __]
5 = ATTACKED WITH A WEAPON (GUN, KNIFE, CLUB, BOTTLE)
What kind of weapon?
01 GUN
02 KNIFE
03 CLUB
04 BOTTLE
05 OTHER, _____[__ __]
6 = OTHER: _____ [__ __]

F. Who was the person? [Was it?] [READ]

[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01 STRANGER
02 ACQUAINTANCE/PEOPLE IN NEIGHBORHOOD
03 FRIEND
08 DATE
09 SPOUSE OR LIVE-IN SIG. OTHER
10 SIG. OTHER (NOT SPOUSE/LIVE-IN)
11 FAMILY MEMBER (NOT SPOUSE/SIG OTHER)
06 OTHER: _____ [__ __]
12 INMATE

G. What sex was the person? [CODE FROM RESPONSE]

MALE 01 FEMALE 02 BOTH 03

H. Did you hurt the person? No 1 [GO TO J]
Yes 5

I. How badly did you hurt them? [READ AND CIRCLE ALL THAT APPLY]
Did you … ?

1 = PUSH OR SLAP THEM
2 = CAUSE THEM TO GRAB THEMSELVES IN PAIN
3 = KNOCK THEM DOWN
4 = BRUISE THEM
5 = CAUSE THEM TO BLEED/CUT OR STAB THEM
9 = BREAK THEIR BONES
10 = SHOOT THEM
11 = ANYTHING ELSE?: _____ [__ __]

Were they … ?

6 = UNCONSCIOUS
7 = HOSPITALIZED
12 = KILLED
8 = ANYTHING ELSE?: _____ [__ __]
13 = NONE OF THE ABOVE

J. Were you alone or with others? ALONE 1
W/OTHERS 2

K. Were you drinking or taking drugs before the incident? No 1
Yes 5

17. SINCE THE LAST INTERVIEW, how many times have you stalked, kidnapped or abducted someone? __ __ __ [IF "000" GO TO 18]

A. Was this the first time you ever did this? No 1
Yes 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

[IF IN COMMUNITY ENTIRE TIME P3M GO TO D]
[IF INCARCERATED ENTIRE TIME P3M GO TO D]
C. Of these times, how many times have you done this while incarcerated? __ __ __

[IF SUBJECT ADMITS HAVING ENGAGED IN BEHAVIOR SLI, CONTINUE; OTHERWISE GO TO QUESTION 18]

[READ] Thinking of the most serious time you did this [SLI], where most serious refers to the most physical injury or potential for physical injury:

D. Who was the person you did this to? [Was it?] [READ]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]
01 STRANGER
02 ACQUAINTANCE/PEOPLE IN NEIGHBORHOOD
03 FRIEND
08 DATE
09 SPOUSE OR LIVE-IN SIG. OTHER
10 SIG. OTHER (NOT SPOUSE/LIVE-IN)
11 FAMILY MEMBER (NOT SPOUSE/SIG. OTHER)
06 OTHER: _____ [__ __]
12 INMATE

E. What kind of pressure or force did you use? [READ AND CIRCLE ALL THAT APPLY]
1 = VERBAL THREATS OF INJURY
2 = HITTING, SLAPPING, OR MILD ROUGHNESS
3 = PHYSICAL BEATING AND/OR CHOKING THE PERSON
4 = THREATENED TO USE A WEAPON
What kind of weapon?
01 GUN
02 KNIFE
03 CLUB
04 BOTTLE
05 OTHER, _____[__ __]
5 = ATTACKED WITH A WEAPON (GUN, KNIFE, CLUB, BOTTLE)
What kind of weapon?
01 GUN
02 KNIFE
03 CLUB
04 BOTTLE
05 OTHER, _____[__ __]
6 = OTHER: _____ [__ __]

F. Did you hurt the person?	No	1	[GO TO H]
	Yes	5	

G. How badly did you hurt them? [READ AND CIRCLE ALL THAT APPLY]

Did you … ?

1 = PUSH OR SLAP THEM
3 = KNOCK THEM DOWN
4 = BRUISE THEM
5 = CAUSE THEM TO BLEED/CUT OR STAB THEM
9 = BREAK THEIR BONES
10 = SHOOT THEM
11 = ANYTHING ELSE?: _____ [__ __]

Were they … ?

6 = UNCONSCIOUS
7 = HOSPITALIZED
12 = KILLED
8 = ANYTHING ELSE?: _____ [__ __]
13 = NONE OF THE ABOVE

H. Were you alone or with others? ALONE 1
W/OTHERS 2

I. Were you drinking or taking drugs before the incident? No 1
Yes 5

[READ ONLY IF SUBJECT ANSWERED QUESTIONS 16D-16K]

J. Is this a different incident than what you were thinking about for the last question? No 1
Yes 5

18. SINCE THE LAST INTERVIEW , how many times have you ever done something sexual with someone for money or for something else you wanted (drugs, a place to stay, food, clothes)? __ __ __ [IF "NEVER" OR "000" GO TO 19]

A. What did you get? [CODE FROM RESPONSE]

01	MONEY	05	CAR
02	DRUGS	06	CLOTHES
04	JEWELRY	07	PLACE TO STAY
		03	OTHER [SPECIFY:] _____ [__ __]

B. Was this the first time you ever did this? NO 1
YES 5

C. How many times have you done this in the PAST 3 MONTHS? __ __ __ [IF "000" OR "NEVER" GO TO 19]

D. Of these times, how many times have you done this while incarcerated? __ __ __

19. SINCE THE LAST INTERVIEW, how many times have you arranged for someone to have sex with someone else for money, drugs, or something else you wanted? __ __ __ [IF "NEVER" OR "000" GO TO 20]

A. Was this the first time you ever did this? NO 1
YES 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __ [IF "000" GO TO 20]

C. Of these times, how many times have you done this while incarcerated? __ __ __

20. SINCE THE LAST INTERVIEW, have you been paid for posing nude in photos or being filmed or videotaped engaging in sex acts? No 1 [GO TO 21]
Yes 5

A. Was this the first time you ever did this? No 1
Yes 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __

21. SINCE THE LAST INTERVIEW, how many times have you conned or tricked someone out of money? By conned or tricked I mean trying to cheat someone by selling them something that was worthless or not what you said it was. __ __ __ [IF "NEVER" OR "000" GO TO 22]

A. Was this the first time you ever did this? NO 1
YES 5

B. How many times have you done this in the PAST 3 MONTHS? __ __ __ [IF "000" GO TO 22]

C. Of these times, how many times have you done this while incarcerated? __ __ __

22. SINCE THE LAST INTERVIEW:

A. Did you give false information on an application for a job, a tax form, or an application for a loan or bank account? No 1 [GO TO C]
Yes 5

B. Did this happen in the past 3 months? No 1
Yes 5

C. Did you move away from an apartment or house without paying the final bills or rent? No 1 [GO TO E]
Yes 5

D. Did this happen in the past 3 months? No 1
Yes 5

E. Did you buy something on credit and then never made any payments? No 1 [GO TO G]
Yes 5

F. Did this happen in the past 3 months? No 1
Yes 5

G. Were you late or absent from work without permission? No 1 [GO TO I]
Yes 5

H. Did this happen in the past 3 months? No 1
Yes 5

I. Did you call in sick when you were not really sick? No 1 [GO TO NEXT SECTION]
Yes 5

J. Did this happen in the past 3 months? No 1
Yes 5

R. REENTRY MODULE

[IF NOT RE-ENTERED THE COMMUNITY AFTER INCARCERATION OF AT LEAST 6 MONTHS, GO TO NEXT SECTION]
The following questions are about your most recent experience of leaving prison and/or jail.

1. Were you on parole when you left prison? No 1 [GO TO 2]
Yes 5

A. Are you currently on parole? No 1 [GO TO C]
Yes 5

B. When is it scheduled to end? __ __/__ __ __ __ [DATE] [GO TO D]

C. When did it end? __ __/__ __ __ __ [DATE] [GO TO 2]

D. What are the terms of your parole? _____[__ __] [__ __] [__ __]

2. At the time of your release, did you have money in your commissary account? No 1 [GO TO 3]
Yes 5

A. How much? $__ __ __,__ __ __

B. Were you given this money (in your commissary account) to take with you on the day that you were released? No 1
Yes 5

3. Did IDOC (or relevant agency) give you any money or other resources (e.g., travel voucher, "gate money") to help you get started? No 1 [GO TO 4]
Yes 5

A. Did you receive money or other resources? 01 Money
02 Other Resources
03 Both

[IF DIDN'T RECEIVE MONEY GO TO D]
B. How much money? $__ __ __,__ __ __

C. From which agency? 01 IDOC
02 Other, specify: _____[__ __]

[IF DIDN'T RECEIVE OTHER RESOURCES GO TO 4]
D. How much were the "other resources" worth? $__ __ __ ,__ __ __

E. From which agency? 01 IDOC
02 Other, specify: __[__ __]

4. Did you participate in any pre-release programs or re-entry transition programs before leaving prison? No 1 [GO TO 5]
Yes 5

A. What programs?
01 Drug/Alcohol Treatment and Education
02 HIV Prevention/Counseling
03 Criminal Sex Offender Program
04 Stress Management/Anger Management
05 Parenting Skills
06 Other, specify: _____[__ __] [__ __] [__ __]

5. Before your reentry did you participate in any education/job training while in prison? No 1 [GO TO 6]
Yes 5

A. What programs?

01 Adult Basic Education/Literacy Program/ESL

02 GED Did you get a degree? No 1
Yes 5

03 Certificate programs What kind?
01 Janitorial
02 Horticultural
03 Auto Tech
04 Food Service
05 Construction Trades
06 Computer Skills
07 Business Skills
08 Other, specify: _____[__ __]

Did you get a degree? No 1
Yes 5

04 Job skills training (Housing, life counseling)

05 Certified Nurse Assistant

06 College Classes Did you get a degree? No 1
Yes 5

07 Other, specify: _____ _____[__ __]

B. Did this education/training lead to a job when you were released from prison? No 1
Yes 5

6. Have you looked for a job since leaving prison? No 1
Yes 5 [GO TO B]

A. Why not? [THEN GO TO 7]
[CODE FROM RESPONSE; CIRCLE ALL THAT APPLY]

01 Physical injury or illness
02 Mental or emotional problems
03 Alcohol or substance abuse
04 Family responsibilities: caring for children, spouse, or parents
05 Attending school
06 Chose not to work
07 Other (Specify) _____[__ __] [__ __]

B. Did you look for a job immediately after leaving prison? No 1
Yes 5 [GO TO D]

C. How long after you got out of prison did you start looking for a job (if ever)?
__ __ __ __ [# OF DAYS]

D. Did you inform prospective employers that you had been incarcerated? No 1
Yes 5

E. Did you get a job since your release? No 1 [IF NO JOB SLI, GO TO G]
Yes 5

F. If you got a job, how long did it take you to find it? __ __ __ __ [# OF DAYS]

G. Do you think your criminal record has had an effect on your job search? No 1
Yes 5

7. What was your biggest worry when leaving prison?
_____[__ __]

8. Since your release from prison what has actually been your (single) biggest challenge?
_____[__ __]

9. Where did you *first* live after you left prison?

Family Home [Any relative]……. 01
Foster Home…….. 02
Neighbor's/Friend's Home…… 03
Group/Residential Home [SPECIFY BELOW]…….. 04 [GO TO A]
□ Hospital for emotional, behavior, drug/alcohol problems
□ Drug/alcohol treatment program
□ Residential treatment center
□ Group home
□ Therapeutic foster home
□ Emergency shelter for emotional or behavior problems
□ Summer tx program/Therapeutic camp
□ Transitional Living Program
□ Other Shelter (Specify) _____ [___ ___]
Own Place/Lives Alone……. 06
Own Place/With Roommate(s)…… 09
With Significant Other/No Parental Figure……..……. 07
(if with Significant Other's Parent(s), code 3)
Military Base/Barracks …… 10
College/Job Corps Dorms ……. 11
Homeless/On the Streets …….. 12
Motel/Hotel/SRO …….. 13
Other [DESCRIBE BELOW]…… 08
_____ [___ ___ ___]

[IF 9 NOT "04 Group/Residential" THEN GO TO E]

A. Did a court order you to go to this facility? No 1
Yes 5 [GO TO 11]

B. Was it required by your parole? No 1
Yes 5 [GO TO 10]

C. Did you go on your own? No 1
Yes 5

D. Why did you go? _____[__ __]

E. How did you get there?

01 picked up in car By whom?
1 Parent
2 Brother/sister
3 Other relative
4 Teacher/adult at school
5 Friend
6 Priest/Rabbi/Clergy
8 Correctional Officer
9 Caseworker/counselor/therapist
10 Spouse/partner
11 Other, specify: _____[__ __]

02 cab
03 bus
04 train
05 plane
06 Other, specify: _____ [__ __]

F. Who paid for the travel expenses?
01 IDOC
02 Self
03 Family Member
04 Spouse/partner/girlfriend/boyfriend
05 Friend
06 Other, specify: _____ [__ __]

G. Who did you live with in this residence? [Check all that apply]. [After identifying each person respondent lives with, ask relevant questions for each person.]	**Did you live with …?**		**1. Did this person use drugs while you were living with them?**		**2. Did this person sell drugs while you were living with them?**		**3. Did you meet this person in jail (or prison)?**		**4. Did you have sex with this person while you were living with them?**	
	No	Yes →	No	Yes	No	Yes	No	Yes	No	Yes
A. Spouse	1	5	1	5	1	5	1	5	1	5
B. Ex-Spouse	1	5	1	5	1	5	1	5	1	5
C. Boyfriend/Girlfriend/fiancé	1	5	1	5	1	5	1	5	1	5
D. Ex-Boyfriend/Girlfriend/fiancé	1	5	1	5	1	5	1	5	1	5
E. Mother/stepmother	1	5	1	5	1	5				
F. Father/stepfather	1	5	1	5	1	5				
G. Sister/stepsister	1	5	1	5	1	5				
H. Brother/stepbrother	1	5	1	5	1	5				
I. Grandmother	1	5	1	5	1	5				
J. Grandfather	1	5	1	5	1	5				
K. Daughter/stepdaughter	1	5	1	5	1	5				
L. Son/stepson	1	5	1	5	1	5				
M. Other female relative	1	5	1	5	1	5				
N. Other male relative	1	5	1	5	1	5				
O. Male friend	1	5	1	5	1	5	1	5	1	5
P. Female friend	1	5	1	5	1	5	1	5	1	5
Q. Other, specify _____ [____]	1	5	1	5	1	5	1	5	1	5

H. How did you find this place?

01 Already had a place to live lined up
02 Checked the newspaper
03 Contacted a family member
04 Contacted a spouse / partner
05 Contacted a friend
06 Contacted my parole officer
07 Contacted a shelter
08 Referral service / housing program
09 Government program, Which one? _____ [__ __]
10 Other, specify: _____[__ __]

I. How satisfied were you with this housing situation?

1 Very dissatisfied
2 Dissatisfied
3 Neither satisfied nor dissatisfied
4 Satisfied
5 Very satisfied

J. Did you see this as a temporary or permanent arrangement? [BY PERMANENT WE MEAN PLANNED ON STAYING AT RESIDENCE FOR AT LEAST 1 YEAR]
Temporary 1
Permanent 5

[K. Is Subject's Permanent living situation different from first living situation?
No 1 [GO TO 11]
Yes 5]

10. How long did it take you to find a [more] permanent living situation? _____ [__ __ __ __] [# OF DAYS]
[CIRCLE IF APPLICABLE] [IF N/A Not in permanent living situation, GO TO 11]

A. What type of place was this [see above list]?

Family Home [Any relative]……. 01
Foster Home…….. 02
Neighbor's/Friend's Home…… 03
Group/Residential Home [SPECIFY BELOW]…….. 04
□ Hospital for emotional, behavior, drug/alcohol problems
□ Drug/alcohol treatment program
□ Residential treatment center
□ Group home
□ Therapeutic foster home
□ Emergency shelter for emotional or behavior problems
□ Summer tx program/Therapeutic camp
□ Transitional Living Program
□ Other Shelter (Specify) _____ [___ ___]
Own Place/Lives Alone……. 06
Own Place/With Roommate(s)…… 09
With Significant Other/No Parental Figure…….……. 07
(if with Significant Other's Parent(s), code 3)
Military Base/Barracks …… 10
College/Job Corps Dorms ……. 11
Homeless/On the Streets …….. 12
Motel/Hotel/SRO …….. 13
Other [DESCRIBE BELOW]…… 08
_____ [___ ___ ___]

B. Who did you live with in this primary residence? [Check all that apply]. [After identifying each person respondent lives with, ask relevant questions for each person.]	**Do you live with …?**		**1. Did this person use drugs while you were living with them?**		**2. Did this person sell drugs while you were living with them?**		**3. Did you meet this person in jail (or prison)?**		**4. Did you have sex with this person while you were living with them?**	
	No	Yes →	No	Yes	No	Yes	No	Yes	No	Yes
A. Spouse	1	5	1	5	1	5	1	5	1	5
B. Ex-Spouse	1	5	1	5	1	5	1	5	1	5
C. Boyfriend/Girlfriend/fiancé	1	5	1	5	1	5	1	5	1	5
D. Ex-Boyfriend/Girlfriend/fiancé	1	5	1	5	1	5	1	5	1	5
E. Mother/stepmother	1	5	1	5	1	5				
F. Father/stepfather	1	5	1	5	1	5				
G. Sister/stepsister	1	5	1	5	1	5				
H. Brother/stepbrother	1	5	1	5	1	5				
I. Grandmother	1	5	1	5	1	5				
J. Grandfather	1	5	1	5	1	5				
K. Daughter/stepdaughter	1	5	1	5	1	5				
L. Son/stepson	1	5	1	5	1	5				
M. Other female relative	1	5	1	5	1	5				
N. Other male relative	1	5	1	5	1	5				
O. Male friend	1	5	1	5	1	5	1	5	1	5
P. Female friend	1	5	1	5	1	5	1	5	1	5
Q. Other, specify _____ [___ ___]	1	5	1	5	1	5	1	5	1	5

C. How did you find this place?

01 Already had a place to live lined up
02 Checked the newspaper
03 Contacted a family member
04 Contacted a spouse / partner
05 Contacted a friend
06 Contacted my parole officer
07 Contacted a shelter
08 Referral service / housing program
09 Government program, Which one? _____ [__ __]

10 Other, specify: _____[__ __]

D. How satisfied were you with this housing situation?
1 Very dissatisfied
2 Dissatisfied
3 Neither satisfied nor dissatisfied
4 Satisfied
5 Very satisfied

11. What kinds of problems with housing have you encountered because of your record (since your release)?
[CODE FROM RESPONSE]
01 Unable to obtain public housing or section 8 voucher
02 Unable to stay with friends/family who live in public housing or section 8 unit
03 Unable to obtain lease on non-public housing home or apartment
04 Unable to stay with friends/family in non-public housing home or apartment
05 Unable to obtain a bed in a long-term shelter/supportive housing
06 Other, specify: _____[__ __] [__ __]
07 No reported housing problems

12. Please answer the next questions for the following timeframes: a month before prison, while in prison, and first month out of prison.	**A. During a typical month *before* prison, did you…** 1 Never 2 Rarely 3 Sometimes 4 Often	**B. What kind of drugs?** 1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify	**C. During a typical month *in* prison, did you…** 1 Never 2 Rarely 3 Sometimes 4 Often	**D. What kind of drugs?** 1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify	**E. During the *first* month *out* of prison, did you…** 1 Never 2 Rarely 3 Sometimes 4 Often	**F. What kind of drugs?** 1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify
A. Attend church						
B. Use drugs	[IF NEVER GO TO 12B.C]		[IF NEVER GO TO 12B.E]		[IF NEVER GO TO 12E]	
C. Inject drugs						
D. Inject with used needle	[IF NEVER TO 12C.A, GO TO 12D.C]		[IF NEVER TO 12C.C, GO TO 12D.E]		[IF NEVER TO 12C.E, GO TO 12E]	
E. Have sex						
F. Have sex with someone whose sexual history you didn't know very well?	[IF NEVER TO 12E.A, GO TO 12F.C]		[IF NEVER TO 12E.C, GO TO 12E.E]		[IF NEVER TO 12E.E, GO TO 12G] [IF NEVER TO ALL OF 12E GO TO 13]	
G. Have sex with anyone who has worked as a prostitute?	[IF NEVER TO 12E.A, GO TO 12G.C]		IF NEVER TO 12E.C, GO TO 12G.E]		[IF NEVER TO 12E.E, GO TO 12H]	
H. Have sex with someone who has HIV or AIDS?	[IF NEVER TO 12E.A, GO TO 12H.C]		IF NEVER TO 12E.C, GO TO 12H.E]		[IF NEVER TO 12E.E, GO TO 12I]	
I. Have sex with someone who injects drugs?	[IF NEVER TO 12E.A, GO TO 12I.C]		IF NEVER TO 12E.C, GO TO 12I.E]		[IF NEVER TO 12E.E, GO TO 12J]	
J. Have unprotected vaginal sex?	[IF NEVER TO 12E.A, GO TO 12J.C]		IF NEVER TO 12E.C, GO TO 12J.E]		[IF NEVER TO 12E.E, GO TO 12K]	
K. Have unprotected anal	IF NEVER TO 12E.A, GO TO 12K.C]		IF NEVER TO 12E.C, GO TO 12K.E]		[IF NEVER TO 12E.E, GO TO 13]	

12. Please answer the next questions for the following timeframes: a month before prison, while in prison, and first month out of prison.	**A. During a typical month *before* prison, did you…** 1 Never 2 Rarely 3 Sometimes 4 Often	**B. What kind of drugs?** 1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify	**C. During a typical month *in* prison, did you…** 1 Never 2 Rarely 3 Sometimes 4 Often	**D. What kind of drugs?** 1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify	**E. During the *first* month *out* of prison, did you…** 1 Never 2 Rarely 3 Sometimes 4 Often	**F. What kind of drugs?** 1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify
sex (receptive)?						

13. How soon after your release did you first have sex? [MARK THE ANSWER THAT BEST APPLIES]

01 I have not had sex since I was released [GO TO 14]
02 During the first 24 hours
03 After the first 24 hours but before the end of the first week
04 After the end of the first week but before one month
05 After one month but before three month
06 After three month but before one year
07 After one year
08 Other, specify: _____[__ __]

A. Who did you have sex with that first time after your incarceration?

01 A partner I was in a committed relationship with (gf, bf, spouse, fiancé, etc)
02 Ex-girlfriend, Ex-boyfriend, Ex-wife, Ex-husband
03 A friend/acquaintance who I knew before I went to prison/jail
04 Someone I had just met during or upon release from prison/jail
05 A sex worker/prostitute
06 I was paid for sex
07 Other, specify: _____[__ __]

B. Did you use a condom the first time you had sex after your release? No 1
Yes 5 [GO TO 14]

C. Can you tell me why you didn't use a condom/latex protection?
[CODE FROM RESPONSE:]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necessary (Trusts partner/monogamy)
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other: _____ [__ __]

14. How soon after your release did you start using alcohol or drugs?
[CHECK FIRST THAT APPLIES]

01 I haven't used since my incarceration [GO TO 15]
02 Within the first 24 hours
03 Within the first few days but not the first 24 hours
04 Within the first week but not the first few days
05 Within the first month but not within the first week
06 Within the first three months but not the first month
07 Within the first year but not the first three months
08 After a year

A. What drugs did you use?

1 ALCOHOL
2 MARIJUANA
3 CRACK
4 COCAINE
5 AMPHETAMINES
6 SMOKABLE METH/ICE
7 HEROIN
8 HEROIN MIXED W/ OTHER DRUGS (SPEEDBALL)
9 NON-PRESCRIPTION METHADONE
10 OPIATES/NARCOTICS
11 BARBITURATES
12 TRANQUILIZERS
13 PSYCHEDELICS
14 INHALANTS
16 ECSTASY
15 OTHER: _____ [__ __]

The next questions are about your most recent experience of leaving prison.

15. Did any of your family members write or visit more often than usual in the three months leading up to your release? No 1 [GO TO 16]
Yes 5

A. Who?
- 01 Mother/stepmother
- 02 Father/stepfather
- 03 Sister/stepsister
- 04 Brother/stepbrother
- 06 Grandmother
- 07 Daughter/stepdaughter
- 08 Son/stepson
- 09 Other female relative
- 10 Other male relative
- 11 Spouse/partner
- 12 Other, specify: _____[__ __] [__ __]

16. Did any of your friends write or visit more often than usual in the three months leading up to your release? No 1 [GO TO 17]
Yes 5

A. Who?
- 01 Girlfriend/boyfriend
- 02 Friend
- 03 Cousin
- 04 Other, specify: _____[__ __] [__ __]

17. Did any of your family members offer you any assistance or help (during the time leading up to and including 6 months after your release)? By assistance/help, we mean help with money, finding housing, or finding a job. No 1 [GO TO 18]
Yes 5

A. Who?
- 01 Mother/stepmother
- 02 Father/stepfather
- 03 Sister/stepsister
- 04 Brother/stepbrother
- 06 Grandmother
- 07 Daughter/stepdaughter
- 08 Son/stepson
- 09 Other female relative
- 10 Other male relative
- 11 Spouse/partner
- 12 Other, specify: _____[__ __] [__ __]

B. What did they give you?
- 01 Money How much? $__ __ __, __ __ __
- 02 Help finding housing
- 03 Help finding a job
- 04 Other, specify: _____[__ __] [__ __]

18. Did any one else offer you any assistance or help (during the time leading up to and including 6 months after your release)? By assistance/help, we mean help with money, finding housing, or finding a job. No 1 [GO TO 19]
Yes 5

A. Who?
- 01 Girlfriend/boyfriend
- 02 Friend
- 03 Cousin
- 04 Other, specify: _____[__ __] [__ __]

B. What did they give you?

01 Money How much? $__ __ __, __ __ __

02 Help finding housing

03 Help finding a job

04 Other, specify: _____[__ __] [__ __]

[IF NO SIGNIFICANT OTHER SLI, GO TO NEXT SECTION]

19. Sometimes when people are released from prison/jail, their relationship with their partner changes. Within the first three months after you were released did you:

01 Get married

02 Get divorced

03 Become separated

04 Stop living with a partner I lived with before going to prison/jail

05 Start a new relationship

06 There was no change in my relationship with my partner.

07 I didn't have a partner at the time of my first incarceration and I did not start a new relationship upon release.

08 Other, specify: _____[__ __][__ __]

S. DRUG SCREEN CARD

[READ] These are more questions about alcohol/drug use, sex, your health and your friends. Some of the questions are very personal, so please remember that everything we talk about here is private. The first questions are about alcohol and drugs. I'm going to read a list of drugs and I want you to tell me whether you have used them SINCE THE LAST INTERVIEW. If you have, I'm going to ask you whether you have used them for the first time SINCE THE LAST INTERVIEW, how you used them, whether you have used them more than 5 times in your life and how often you have used them IN THE LAST 30 DAYS.

A. (Now, let me just double check) Have you used … SLI? [PUT □ IF SUBJECT USED SLI] [IF YES, ASK:] **Have you used… for the FIRST TIME SLI?** [READ NAME OF DRUG. THEN GO TO NEXT DRUG. READ DOWN ENTIRE LIST]			**B. You said that you used…? SLI, what are all the ways you have (taken/used) …? Did you swallow (in pills or food), smoke, inject, or snort (or inhale)? Any other ways?** [CHECK ALL THAT APPLY]	**C. You said that you used... MORE THAN 5X Ever?**	**D. # OF DAYS USED IN PAST 30 DAYS**	**E. X's USED PAST 30 DAYS**
A1. Us'd SLI (□)	**A2. [ASK FOR ALL DRUGS USED SLI] →**	**A3. 1st X SLI? N Y**	[ASK FOR ALL DRUGS USED SLI] →	**N Y**		
	1. ALCOHOL	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	2. MARIJUANA	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	3. CRACK	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	4. COCAINE	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	5. AMPHETAMINES A. _____ [__ __]	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	B. _____[__ __]	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	C. _____[__ __]	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	6. SMOKABLE METH/ICE _____[__ __]	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	7. HEROIN	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	8. HEROIN MIXED w/ ANOTHER DRUG (SPEEDBALL) A. _____[__ __]	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	B. _____[__ __]	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	C. _____[__ __]	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __
	9. NON-PRESCRIPTION METHADONE	1 5⇒	□ SWALLOW □ SMOKE □ INJECT □ SNORT □OTHER:_____ [__ __]	1 5	__ __	__ __ __

	10. OPIATES/NARCOTICS A. _____[__ __] B. _____[__ __] C. _____[__ __]	1 5⇒ 1 5⇒ 1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5 1 5 1 5	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __
	11. BARBITURATES A. _____[__ __] B. _____[__ __] C. _____[__ __]	1 5⇒ 1 5⇒ 1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5 1 5 1 5	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __
	12. TRANQUILIZERS A. _____[__ __] B. _____[__ __] C. _____[__ __]	1 5⇒ 1 5⇒ 1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5 1 5 1 5	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __
	13. PSYCHEDELICS A. _____[__ __] B. _____[__ __] C. _____[__ __]	1 5⇒ 1 5⇒ 1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5 1 5 1 5	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __
	14. INHALANTS A. _____[__ __] B. _____[__ __] C. _____[__ __]	1 5⇒ 1 5⇒ 1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __] ☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5 1 5 1 5	__ __ __ __ __ __	__ __ __ __ __ __ __ __ __
	16. ECSTASY	1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5	__ __	__ __ __
	15. OTHER [SPECIFY]: _____ [__ __]	1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5	__ __	__ __ __
	OTHER [SPECIFY]: _____ [__ __]	1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5	__ __	__ __ __
	[__ __] EXTRA _____[__ __]	1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5	__ __	__ __ __
	[__ __] EXTRA _____[__ __]	1 5☐	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5	__ __	__ __ __
	[__ __] EXTRA _____[__ __]	1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5	__ __	__ __ __
	[__ __] EXTRA _____[__ __]	1 5⇒	☐ SWALLOW ☐ SMOKE ☐ INJECT ☐ SNORT ☐OTHER:_____ [__ __]	1 5	__ __	__ __ __

NOTE 1	YES? ASK SUP A	ANY INTRAVENOUS DRUG USE (IDU) EVER? PUT AN "X" IN THE BOX BELOW ☐	USED MORE THAN 5X? USED IN THE PAST 30 DAYS? ASK SUP B FOR EACH DRUG USED MORE THAN FIVE TIMES EVER AND USED WITHIN PAST 30 DAYS.

[IF NO SUBSTANCES USED SLI, SKIP TO NEXT SECTION]

[ASK 1 ONLY IF SUBJECT HAS BEEN PREGNANT SLI (SECTION H2, Q1); OTHERWISE GO TO NEXT SECTION]

DRUG SUPPLEMENT A: FIRST USED SINCE LAST INTERVIEW

NAME OF DRUG: _____ [__ __] [__ __]

1. The first time you used …, how old were you? __ __

2. The first time you used …, how did you use it? [CODE FROM RESPONSE]

01	SWALLOWED IT	03	INJECTED IT
02	SMOKED IT	04	SNORTED IT/INHALED
		05	OTHER: _____ [__ __]

3. The first time you used …, who did you get it from? [CODE FROM RESPONSE]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01	FRIEND
02	FAMILY MEMBER'S PARTNER
03	STORE [GO TO 4]
04	SOMEONE ELSE [SPECIFY:]_____[__ __]
05	DEALER [GO TO B]
06	ACQUAINTANCE
07	STRANGER
08	INMATES
09	SELF [GO TO 4]
10	RESTAURANT/BAR [GO TO 4]
11	FAMILY MEMBER (NOT SPOUSE/SIG OTHER)
12	SPOUSE OR LIVE-IN SIG. OTHER
13	SIG. OTHER (NOT LIVE-IN SPOUSE)
14	CORRECTIONAL PERSONNEL

A. Was this person a drug dealer? NO 1 YES 5
B. Was this person a gang member? NO 1 YES 5

4. The first time you used …, how did you get it? [CODE FROM RESPONSE]

01	BOUGHT IT	04	STOLE IT
02	TRADED FOR IT	05	USED FROM DRUGS I WAS SELLING
07	HAD SEX FOR IT	08	MADE IT
03	GOT IT FOR FREE	06	OTHER: _____ [__ __]
09	FOUND IT		

5. The first time you used …, were you alone or with others?

01 ALONE
02 WITH OTHERS

6. The first time you used …, why did you use it? [CODE ALL THAT APPLY]

01	TO LOOSEN UP AT A PARTY	07	FOR A SPECIAL OCCASION/CELEBRATION
02	TO CALM DOWN/RELIEVE STRESS	08	TO BE DIFFERENT/REBELLIOUS
03	TO GET HIGH OR HAVE FUN	09	TO RELIEVE LONELINESS OR BOREDOM
04	TO BE ACCEPTED/POPULAR	10	TO SHARE AS PART OF SEXUAL ENCOUNTER
05	TO APPEAR GROWN UP	13	SAW OTHERS DOING IT [THIS WAS SOLE REASON]
06	FOR CURIOSITY	11	OTHER: _____ [__ __]
12	SELF MEDICATION/ESCAPE		

7. How often have you used…, SINCE THE LAST INTERVIEW? [CODE FROM RESPONSE]

01	ONCE	04	MONTHLY
02	DAILY	05	SEVERAL TIMES A YEAR
03	WEEKLY	06	EXACT # OF TIMES: __ __ __

8. Have you used…, in the past 3 months? No 1 [GO TO NOTE 2A BELOW]
Yes 5

A. How often have you used it? [CODE FROM RESPONSE]

01	ONCE	04	MONTHLY
02	DAILY	05	SEVERAL TIMES A YEAR
03	WEEKLY	06	EXACT # OF TIMES: __ __ __

NOTE 2A

GO TO SUPPLEMENT B IF THIS DRUG WAS USED MORE THAN 5X EVER **AND** USED WITHIN THE PAST 30 DAYS.
OTHERWISE PROBE NEXT DRUG USED FOR THE FIRST TIME SINCE THE LAST INTERVIEW WITH ADDITIONAL SUPPLEMENT A's.
IF NO OTHER DRUGS ENDORSED, GO TO NEXT SECTION.

DRUG USE SUPPLEMENT B: RECENT DRUG USE

NAME OF DRUG: _____ [__ __] [__ __]

1. In the last 30 days when you used …, how did you usually use it? [CODE FROM RESPONSE]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01	SWALLOWED IT	03	INJECTED IT
02	SMOKED IT	04	SNORTED IT/INHALED
		05	OTHER: _____ [__ __]

2. In the last 30 days when you used…, who did you usually get it from? [CODE FROM RESPONSE]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01 FRIEND
02 FAMILY MEMBER'S PARTNER
03 STORE [GO TO 5]
04 SOMEONE ELSE [SPECIFY:]_____[__ __]
05 DEALER [GO TO B]
06 ACQUAINTANCE
07 STRANGER
08 INMATES
09 SELF [GO TO 4]
10 RESTAURANT/BAR [GO TO 5]
11 FAMILY MEMBER (NOT SPOUSE/SIG OTHER)
12 SPOUSE OR LIVE-IN SIG. OTHER
13 SIG. OTHER (NOT LIVE-IN SPOUSE)
14 CORRECTIONAL PERSONNEL

		No	Yes
A.	Is this person a drug dealer?	1	5
B.	Is this person a gang member?	1	5

3. How old is this person? __ __

4. During the past 30 days, where did you usually get …? [CODE FROM RESPONSE]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01	HOME/APARTMENT	04	CRACK HOUSE
02	STREETS/PARKS	05	SHOOTING GALLERY
03	SCHOOL	08	DETENTION CENTER/JAIL (UNIT)
07	RESTAURANT/BAR/CLUB		Was this…? ☐ Prison ☐ Jail OR ☐ Both
06	OTHER: _____ [__ __]		

5. In the last 30 days, how did you usually get it? [CODE FROM RESPONSE]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01	BOUGHT IT	04	STOLE IT
02	TRADED FOR IT	05	USED FROM DRUGS I WAS SELLING
07	HAD SEX FOR IT	08	MADE IT
03	GOT IT FOR FREE	06	OTHER: _____ [__ __]
09	FOUND IT		

6. In the last 30 days when you used …, were you usually alone or with others? 01 ALONE 02 WITH OTHERS

7. In the last 30 days when you used …, why did you use it? [CODE ALL THAT APPLY]

01	TO LOOSEN UP AT A PARTY	07	FOR A SPECIAL OCCASION/CELEBRATION
02	TO CALM DOWN/RELIEVE STRESS	08	TO BE DIFFERENT/REBELLIOUS
03	TO GET HIGH OR HAVE FUN	09	TO RELIEVE LONELINESS OR BOREDOM
04	TO BE ACCEPTED/POPULAR	10	TO SHARE AS PART OF SEXUAL ENCOUNTER
05	TO APPEAR GROWN UP	11	I'M HOOKED/ADDICTED/CAN'T STOP

06	FOR CURIOSITY	14	SAW OTHERS DOING IT [THIS WAS SOLE REASON]
13	SELF MEDICATION/ESCAPE	12	OTHER: _____ [__ __]

8. On a typical occasion, what makes you stop using…?

_____ [__ __] [__ __] [__ __] [__ __]

NOTE 2B
PROBE DETAILS OF ALL OTHER DRUGS USED WITH ADDITIONAL SUPPLEMENTS

1. During your last pregnancy did you ever take any of these drugs or medication?
[READ DOWN LIST; FOR ALL DRUGS ENDORSED ASK:]
How often during your pregnancy did you use…?

[CIRCLE ALL THAT APPLY, ASK HOW OFTEN, AND IN WHICH TRIMESTER(S)]	DAILY	3-6 DAYS A WEEK	1-2 DAYS A WEEK	SEVERAL X'S A MONTH	MONTHLY OR LESS	TRI-MESTER
1. ALCOHOL	a	b	c	d	e	1 2 3
2. MARIJUANA	a	b	c	d	e	1 2 3
3. CRACK	a	b	c	d	e	1 2 3
4. COCAINE	a	b	c	d	e	1 2 3
5. AMPHETAMINES	a	b	c	d	e	1 2 3
6. SMOKABLE METH/ICE	a	b	c	d	e	1 2 3
7. HEROIN	a	b	c	d	e	1 2 3
8. HEROIN MIXED W/ OTHER DRUGS (SPEEDBALL)	a	b	c	d	e	1 2 3
9. NON-PRESCRIPTION METHADONE	a	b	c	d	e	1 2 3
10. OPIATES/NARCOTICS	a	b	c	d	e	1 2 3
11. BARBITURATES	a	b	c	d	e	1 2 3
12. TRANQUILIZERS	a	b	c	d	e	1 2 3
13. PSYCHEDELICS	a	b	c	d	e	1 2 3
14. INHALANTS	a	b	c	d	e	1 2 3
18. ECSTASY	a	b	c	d	e	1 2 3
15. OTHER	a	b	c	d	e	1 2 3
17. CIGARETTES	a	b	c	d	e	1 2 3

16. NO DRUGS

T. DECISION BALANCE SCALE FOR DRUG AND ALCOHOL USE

[Has subject used alcohol in the past year? No 1
Yes 5]

[Has subject used marijuana in the past year? No 1
Yes 5]

[Has subject used other drugs in the past year? No 1
Yes 5]

[IF NO DRUG OR ALCOHOL USE IN THE PAST YEAR GO TO NEXT SECTION]
[READ] How much do you agree/disagree with the following statements **AT THE PRESENT TIME**. Your rating should reflect how much you agree/disagree with each statement in your decisions whether to drink or use drugs at the present time.

If you have not used any drugs except alcohol, answer the questions as they pertain to your alcohol use. If you have used both alcohol and drugs, rate the statements for their importance to both your drinking and drug use.
Use the following scale: [SEE AGREE/DISAGREE CARD 2]

Strongly Disagree 1 **Disagree 2** **Neither Agree or Disagree 3** **Agree 4** **Strongly Agree 5**

[IF SUBJECT ENDORSES BOTH ALCOHOL AND DRUG USE IN THE PAST YEAR, ASK ALL QUESTIONS FOR ALCOHOL USE FIRST THEN ASK ALL DRUG USE QUESTIONS]

	Alcohol Use					**Drug Use**				
1. Drinking or taking drugs relaxes me.	1	2	3	4	5	1	2	3	4	5
2. I am more pleasant to be around when I'm drinking or taking drugs.	1	2	3	4	5	1	2	3	4	5
3. I like myself better when I'm drinking or taking drugs.	1	2	3	4	5	1	2	3	4	5
4. Being able to hold your liquor or drugs is a tradition in my family.	1	2	3	4	5	1	2	3	4	5
5. Drinking or using drugs helps me deal with problems.	1	2	3	4	5	1	2	3	4	5
6. If I try to stop drinking or using drugs I'll probably be irritable and a pain to be around.	1	2	3	4	5	1	2	3	4	5
7. By continuing to drink or use drugs I feel I am making my own decisions.	1	2	3	4	5	1	2	3	4	5
8. I would lose my friends if I stopped drinking or using drugs.	1	2	3	4	5	1	2	3	4	5
9. Drinking or using drugs helps me to have fun and socialize.	1	2	3	4	5	1	2	3	4	5
10. When I drink or use drugs I get less angry and less frustrated with others.	1	2	3	4	5	1	2	3	4	5
11. Drinking or using drugs makes me more of a fun person.	1	2	3	4	5	1	2	3	4	5
12. I feel like one of the gang (group) if I drink or use drugs along with everybody else.	1	2	3	4	5	1	2	3	4	5
13. Drinking or using drugs helps me to loosen up and express myself.	1	2	3	4	5	1	2	3	4	5
14. Things seem to go better at home and at work when I'm drinking or using drugs.	1	2	3	4	5	1	2	3	4	5
15. I feel I am in control of my drinking or drug habit.	1	2	3	4	5	1	2	3	4	5
16. Not drinking or using drugs at a social gathering would make me feel too different.	1	2	3	4	5	1	2	3	4	5
17. My drinking or drug use helps give me energy and keep going.	1	2	3	4	5	1	2	3	4	5
18. I am more sure of myself when I am drinking or using drugs.	1	2	3	4	5	1	2	3	4	5
19. Without alcohol or drugs my life would be boring and dull.	1	2	3	4	5	1	2	3	4	5
20. People seem to like me better when I am drinking or using drugs.	1	2	3	4	5	1	2	3	4	5
21. My drinking or drug use makes other problems seem less important or problematic.	1	2	3	4	5	1	2	3	4	5
22. I cannot imagine someone being happy without the use of alcohol or drugs.	1	2	3	4	5	1	2	3	4	5

U. CONTEMPLATION LADDER

[IF SUBJECT DID NOT ENDORSE USING EITHER ALCOHOL OR DRUGS IN PAST YEAR GO TO NEXT SECTION]

[USE LADDER CARD]

These next questions are about how you feel about your substance use, such as your alcohol or drug use.

[IF NO ALCOHOL USE IN PAST YEAR GO TO 2]

1. Please indicate the number that best describes how you feel right now about your alcohol use:

0	1	2	3	4	5	6	7	8	9	10
Never think about my drinking			Sometimes I think about drinking less		I have decided to drink less		I am already trying to cut back on my drinking		My drinking has changed. I now drink less than before	

[IF NO MARIJUANA USE IN PAST YEAR GO TO 3]

2. Please indicate the number that best describes how you feel right now about your marijuana use:

0	1	2	3	4	5	6	7	8	9	10
Never think about my marijuana use			Sometimes I think about using marijuana less		I have decided to use marijuana less		I am already trying to cut back on my marijuana use less		My use has changed. I now use marijuana less than before	

[IF NO OTHER DRUG USE IN PAST YEAR, GO TO NEXT SECTION]

3. Please indicate the number that best describes how you feel right now about your other drug use:

0	1	2	3	4	5	6	7	8	9	10
Never think about my other drug use			Sometimes I think about using other drugs less		I have decided to use other drugs less		I am already trying to cut back on my other drug use		My use has changed. I now use other drugs less than before	

V. DRUG INJECTION AND NEEDLE USE

1. SINCE THE LAST INTERVIEW, have you injected any drugs? No 1 [GO TO 2]
Yes 5

A. What drug/s have you injected? [READ AND CODE FROM RESPONSE]
07 Heroin
04 Cocaine
08 Speedball (Heroin mixed with another drug)
05 Amphetamines
15 Other: _____ [__ __]

B. Was this the first time you injected any of these? No 1 [GO TO D]
Yes 5

C. How old were you the first time you injected any of these? __ __

D. Have you injected drugs through your skin (popped or booted)? No 1
Yes 5

E. Have you injected drugs in other ways, like front loaded or back loaded? No 1 [GO TO 2]
Yes 5

IF YES, DESCRIBE : _____[__ __] [__ __] [__ __]

2. Do you have any tattoos? No 1 [GO TO 3]
Yes 5

A. SINCE THE LAST INTERVIEW, have you given yourself or had someone else give you a tattoo? No 1
Yes 5

3. Do you have any piercings? No 1
Yes 5

A. SINCE THE LAST INTERVIEW, have you given yourself or had someone else give you a piercing? No 1
Yes 5

[IF NO TO INJECTING DRUGS SLI (Q1), GO TO 16]

4. SINCE THE LAST INTERVIEW have you ever used needles or equipment (syringes, cookers, cotton, water, …, etc.) to inject yourself that you know had been used by someone else? No 1
Yes 5

[READ] Now I'd like to ask you some more questions about your drug use in the last 30 days (the past month).

5. How many days did you inject (drugs) in the last 30 days? __ __ [# DAYS IN LAST 30 DAYS]
[IF 00 THEN GO TO 15]

A. On a typical day, how many times did you inject? __ __ __ [TYPICAL # OF TIMES PER DAY]

I'm going to ask you how you got your works (needles, syringes, or other drug injecting equipment) when you injected drugs. People get their works in different ways. Sometimes, they are rented or bought. Other times, they are loaned or given. I'd like you to think about the times you injected drugs during the LAST THIRTY DAYS, and answer the following questions. (NIDA RBA)

6. When was the last time you used "works" (needles or syringes) that you know had been used by someone else?
__ __ /__ __/__ __ __ __ [MONTH, DAY, YEAR] [IF NOT IN PAST 30 DAYS, THEN GO TO 12]

7. **How many times (number of injections) in the last 30 days did you inject using works (needles/syringes) that you know had been used by somebody else?**

___ ___ ___ [# TIMES]
[IF "00", OR "DK" THEN GO TO 12]

8. **How many of the _____** (TOTAL FROM 7) **times that you used somebody else's works (needles/syringes), did you give money or a taste or something else to use the works?**

___ ___ ___ [# TIMES]

[READ] Now I'm going to ask about different ways you may have cleaned your works (needles/syringes) when you know or think they may have been used by someone else.
You just told me that IN THE LAST 30 DAYS you used works (needles/syringes) _____ (NUMBER FROM 7) times that had been used by someone else.

[READ THE FOLLOWING STATEMENT BEFORE ASKING A-G:]

9. **Of those _____** (NUMBER FROM 7) **times that you used works (needles/syringes) that had been used by someone else, how many <u>times</u> did you** . . .

A. Use the works (needles/syringes) without cleaning them with anything?	___ ___ ___ [# TIMES] [IF "000", GO TO 12]	
B. Clean the works (needles/syringes) with tap water only before you shot up?	___ ___ ___	[# TIMES]
C. Clean the works (needles/syringes) in boiling water before you shot up?	___ ___ ___	[# TIMES]
D. Clean the works (needles/syringes) with bleach before you shot up?	___ ___ ___	[# TIMES]
E. Clean the works (needles/syringes) with alcohol before you shot up?	___ ___ ___	[# TIMES]
F. Clean the works (needles/syringes) with peroxide before you shot up?	___ ___ ___	[# TIMES]
G. Clean the works [needles/syringes] some other way before you shot up? SPECIFY: _____ [___ ___]	___ ___ ___	[# TIMES]

[READ] Now I'm going to ask you some questions about the types of people who used your works (needles/syringes) before you. This question refers to drug use during the LAST 30 DAYS.

10. **Of those _____** (NUMBER FROM 7) **times that you used someone else's works (needles/syringes), how many <u>TIMES</u> did you get them from**:

A. Your Girlfriend/Boyfriend/Spouse?	___ ___ ___	[# TIMES]
B. Another Sex Partner?	___ ___ ___	[# TIMES]
C. Family Member/Relative?	___ ___ ___	[# TIMES]
D. Friend/Acquaintance?	___ ___ ___	[# TIMES]
E. Drug Dealer?	___ ___ ___	[# TIMES]
F. Inmate	___ ___ ___	[# TIMES]
G. Other? [SPECIFY:] _____ [___ ___]	___ ___ ___	[# TIMES]

[READ] Now I'm going to ask you some questions about the places where you used someone else's works (needles/syringes) after they had used them. This question refers to drug use during the LAST 30 DAYS.

11. **Of those _____** (NUMBER FROM 7) **times that you used "works" (needles/syringes) that had been used by someone else, how many <u>times</u> did you use at/in . . .**

A. The place you are living now? (not a shooting gallery/crack house)	___ ___ ___	[# TIMES]
B. A Friend's house or apartment? (not a shooting gallery/crack house)	___ ___ ___	[# TIMES]

C. A Relative's house or apartment? (not a shooting gallery/crack house) ___ ___ ___ [# TIMES]

D. A park, street, or alley? ___ ___ ___ [# TIMES]

E. An abandoned building? (not a shooting gallery/crack house) ___ ___ ___ [# TIMES]

F. A car? ___ ___ ___ [# TIMES]

G. A public bathroom? ___ ___ ___ [# TIMES]

H. A place where you pay or exchange dope to use (shooting gallery/crack house) ___ ___ ___ [# TIMES]

J. Incarcerated? Jail ___ ___ ___ [# TIMES]
Prison ___ ___ ___ [# TIMES]

I. Other? [SPECIFY:] _____ [___ ___] ___ ___ ___ [# TIMES]

12. How many times in the LAST 30 DAYS did you use a cooker, cotton, and/or rinse water that had been used by another injector.

___ ___ ___ [# TIMES]

13. To your knowledge, have you ever used works (needles/syringes) that had been used by someone else who later got AIDS or died from AIDS, or had a positive blood test for the AIDS virus (HIV)? NO 1
YES 5

14. The following statements refer to heroin, cocaine, speed or crack (not marijuana or alcohol). Please tell me how much you agree with each of the following: [USE AGREE/DISAGREE CARD 2]

	Strongly Agree	Agree	Not Sure (Neither Agree Nor Disagree)	Disagree	Strongly Disagree
a. Your drug use is a problem for you.	**5**	**4**	**3**	**2**	**1**
b. Your drug use is more trouble than it's worth.	**5**	**4**	**3**	**2**	**1**
c. Your drug use is under control.	**5**	**4**	**3**	**2**	**1**
d. Your drug use is causing problems with the law.	**5**	**4**	**3**	**2**	**1**
e. You plan to quit using drugs in the next six months.	**5**	**4**	**3**	**2**	**1**
f. You can solve your problems without a drug treatment program.	**5**	**4**	**3**	**2**	**1**
g. You are ready to quit using drugs right now.	**5**	**4**	**3**	**2**	**1**
h. Your drug use is causing problems in thinking or doing your work.	**5**	**4**	**3**	**2**	**1**
i. You want to make changes in your use of drugs but feel you can't right now.	**5**	**4**	**3**	**2**	**1**
j. Being in drug treatment is the only way you can get off drugs.	**5**	**4**	**3**	**2**	**1**
k. Your drug use is causing problems with your friends and family.	**5**	**4**	**3**	**2**	**1**
l. Being in drug treatment would help you with a lot of your problems.	**5**	**4**	**3**	**2**	**1**

	Strongly Agree	Agree	Not Sure (Neither Agree Nor Disagree)	Disagree	Strongly Disagree
m. Your drug use is causing problems with your health.	**5**	**4**	**3**	**2**	**1**
n. You need help in dealing with your drug use.	**5**	**4**	**3**	**2**	**1**
o. Your drug use is making your life become worse and worse.	**5**	**4**	**3**	**2**	**1**
p. You plan to quit using drugs in the next 30 days.	**5**	**4**	**3**	**2**	**1**
q. Your drug use is going to cause your death if you do not quit soon.	**5**	**4**	**3**	**2**	**1**
r. Your life is out of control due to your drug use.	**5**	**4**	**3**	**2**	**1**
s. You're going to quit using drugs someday, but not right now.	**5**	**4**	**3**	**2**	**1**
t. You would like to get into drug treatment.	**5**	**4**	**3**	**2**	**1**
u. Your drug use is causing problems in finding or keeping a job.	**5**	**4**	**3**	**2**	**1**
v. It is urgent that you find help immediately for your drug use.	**5**	**4**	**3**	**2**	**1**
w. Part of you wants to keep using drugs and another part of you wants to quit.	**5**	**4**	**3**	**2**	**1**

15. You said that you haven't injected drugs in the PAST 30 DAYS, right? [IF SUBJECT ENDORSES IDU IN PAST 30 DAYS, CORRECT ANSWER TO QUESTION 5 AND ADMINISTER SUBSEQUENT QUESTIONS.] **The following statements refer to heroin, cocaine, speed or crack (not marijuana or alcohol). Please tell me how much you agree with each of the following:** [USE AGREE/DISAGREE CARD 2]

	Strongly Agree	Agree	Not Sure (Neither Agree Nor Disagree)	Disagree	Strongly Disagree
a. You are sure that you can stay off drugs for the next 30 days.	**5**	**4**	**3**	**2**	**1**
b. You often want to use drugs.	**5**	**4**	**3**	**2**	**1**
c. You can use drugs occasionally and not get addicted.	**5**	**4**	**3**	**2**	**1**
d. You hang out with people who use drugs.	**5**	**4**	**3**	**2**	**1**
e. You're sure that you can stay off drugs for the next six months.	**5**	**4**	**3**	**2**	**1**

[IF NO TATTOOS, GO TO 18]
[IF NO TATTOOS SLI, GO TO 18]

16. Who did your tattoo(s)?

1 Professional
2 Nonprofessional
3 Combination of professional and nonprofessional

A. What equipment was used (i.e., electrical instrument, disposable needle, new needle, or new dye)? [PROBE FOR INSTRUMENT, DYE, AND NEEDLE HYGIENE]
_____[__ __] [__ __] [__ __]

17. SINCE THE LAST INTERVIEW have you or someone else ever used needles or equipment (syringes, cotton, water, …, etc.) to give you a tattoo that you know had been used by someone else? No 1 [GO TO 18]
Yes 5

A. Did this happen in the past 30 days? No 1 [GO TO F]
Yes 5

B. In the past 30 days, who used them before you? [CODE FROM RESPONSE ALL INDICATED]

01 Girlfriend/Boyfriend/Spouse 04 Friend/Acquaintance

02 Another Sex Partner
03 Family Member/Relative
07 Inmate
05 Drug Dealer
06 Other: _____ [__ __]

C. Where did you use them? [CODE FROM RESPONSE ALL PLACES INDICATED]

01 Current residence
02 Friend's house
03 Relative's house
04 Park/street/alley
05 Abandoned building
09 Other [SPECIFY BELOW:]
_____ [__ __]
06 Car
07 Public bathroom
08 Crack house/shooting gallery
10 Incarcerated
Was this…? ☐ Prison ☐ Jail OR ☐ Both

D. Of the times that you used needles or other equipment to tattoo yourself that were used by someone else, how often did you clean the needles or equipment?
[READ AND CODE FROM RESPONSE]

1. Never = 0% [IF NEVER GO TO F]
2. Some of the time = 25%
3. Half of the time = 50%
4. More than half of the time = 75%
5. Every time = 100 %

E. How did you clean the needles or equipment you used?
[CODE FROM RESPONSE ALL METHODS INDICATED]
[FOR EACH METHOD ENDORSED, PROBE: # OF TIMES USED]

01 Water only __ __ [# OF TIMES]
02 Boiling in water __ __ [# OF TIMES]
03 Rinsing with bleach__ __ [# OF TIMES]
04 Cleaning with alcohol__ __ [# OF TIMES]
05 Cleaning with peroxide __ __ [# OF TIMES]
06 Burning __ __ [# OF TIMES]
07 Cleaning in some other way__ __ [# OF TIMES]
Other: _____ _____ [__ __] [# OF TIMES]

F. To your knowledge, SINCE THE LAST INTERVIEW have you used needles/equipment that had been used by someone who later got AIDS or had a positive blood test for the AIDS virus (HIV)? No 1 Yes 5

[IF NO PIERCINGS SLI, GO TO NEXT SECTION]

18. [SLI] where [on your body] have you been pierced? [CODE FROM RESPONSE]

01 Ears
02 Eyebrow
03 Tongue
04 Lip
05 Genitalia
06 Nipple
07 Nose
08 Bellybutton
10 Chin
09 Other: _____ [__ __]

19. Who did your piercing(s)?

1 Professional
2 Nonprofessional
3 Combination of professional and nonprofessional

A. What equipment was used (e.g. electrical instrument, piercing gun, disposable needle, or new needle)? [PROBE INSTRUMENT AND NEEDLE HYGIENE]

_____[__ __] [__ __]

20. SINCE THE LAST INTERVIEW, have you or someone else used needles or equipment (syringe, cotton, water, …, etc.) that you know had been used by someone else to give you a piercing?

No 1[GO TO NEXT SECTION]
Yes 5

A. For which piercing(s) did you share needles?

[CODE FROM RESPONSE]

01 Ears
02 Eyebrow
03 Tongue
04 Lip
05 Genitalia
06 Nipple
07 Nose
08 Bellybutton
10 Chin
09 Other: _____ [__ __]

B. Did this happen in the past 30 days? No 1 [GO TO G]
Yes 5

C. In the past 30 days, who used them before you? [CODE FROM RESPONSE ALL INDICATED]

01 Girlfriend/Boyfriend/Spouse
02 Another Sex Partner
03 Family Member/Relative
07 Inmate
04 Friend/Acquaintance
05 Drug Dealer
06 Other: _____ [__ __]

D. Where did you use them? [CODE FROM RESPONSE ALL PLACES INDICATED]

01 Current residence
02 Friend's house
03 Relative's house
04 Park/street/alley
05 Abandoned building
09 Other [SPECIFY:]_____ [__ __]
06 Car
07 Public bathroom
08 Crack house/shooting gallery
10 Incarcerated

Was this…? ☐ Prison ☐ Jail OR ☐ Both

E. Of the times that you used needles or other equipment to tattoo yourself that were used by someone else, how often did you clean the needles or equipment?

[READ AND CODE FROM RESPONSE]

1. Never = 0% [IF NEVER GO TO G]
2. Some of the time = 25%
3. Half of the time = 50%
4. More than half of the time = 75%
5. Every time = 100 %

F. How did you clean the needles or equipment you used?

[CODE FROM RESPONSE ALL METHODS INDICATED]
[FOR EACH METHOD ENDORSED, PROBE: # OF TIMES USED]

01 Water only __ __ [# OF TIMES]
02 Boiling in water __ __ [# OF TIMES]
03 Rinsing with bleach__ __ [# OF TIMES]
04 Cleaning with alcohol__ __ [# OF TIMES]
05 Cleaning with peroxide __ __ [# OF TIMES]
06 Burning __ __ [# OF TIMES]
07 Cleaning in some other way__ __ [# OF TIMES]
Other: _____ _____ [__ __] [# OF TIMES]

G.	To your knowledge, SINCE THE LAST INTERVIEW have you used needles/equipment that had been used by someone who later got AIDS or had a positive blood test for the AIDS virus (HIV)?	No Yes	1 5

W. ATTITUDES AND PEER BEHAVIOR

[READ] This section asks about when you think it's okay to do certain acts or behaviors. Remember there are no right or wrong answers. [USE AGREE/DISAGREE CARD2]

1. How much do you agree or disagree that…

	Strongly Agree	Agree	Neither Agree Nor Disagree	Disagree	Strongly Disagree
A. It's okay to not show up to work if you missed the bus or train or couldn't get there for some reason.	**5**	**4**	**3**	**2**	**1**
B. It's okay to skip school/work if your friends or family need you to help them do something or go somewhere with them.	**5**	**4**	**3**	**2**	**1**
C. People who leave things around outside their house should expect that some of their things will be stolen.	**5**	**4**	**3**	**2**	**1**
D. It's okay to steal something from someone who is rich and can easily replace it.	**5**	**4**	**3**	**2**	**1**
E. It's okay to take little things from a store without paying for them since stores make so much money that it won't hurt them.	**5**	**4**	**3**	**2**	**1**
F. It's okay to steal something if it's the only way you could ever get it.	**5**	**4**	**3**	**2**	**1**
G. It's okay to hurt someone if you didn't mean to or if it was an accident.	**5**	**4**	**3**	**2**	**1**
H. It's okay to get into a physical fight with someone if they hit you first.	**5**	**4**	**3**	**2**	**1**
I. It's okay to get into a physical fight with someone if you have to stand up for or protect your rights.	**5**	**4**	**3**	**2**	**1**
J. It's okay to beat up someone (and really hurt them) if they are threatening to hurt your friends or family.	**5**	**4**	**3**	**2**	**1**
***** [ASK THE FOLLOWING ONLY IF WORKING ≥ 20 HRS/WK ON AVERAGE IN THE PAST 3 MONTHS SECTION D, Q3, P. 6] *****					
K. It's okay to call in sick if you need to take care of a sick family member.	**5**	**4**	**3**	**2**	**1**
L. It's okay to call in sick if you want to do something special with a friend.	**5**	**4**	**3**	**2**	**1**
M. It's okay to call in sick because if you don't use your sick days, you'll lose them.	**5**	**4**	**3**	**2**	**1**

[READ] This next section asks about your friends. [ASK OF ALL RESPONDENTS, UNLESS THEY REITERATE THAT THEY HAVE NO FRIENDS AND CAN'T ANSWER THE QUESTIONS. IF SO, GO TO NEXT SECTION] [SEE FRIENDS CARD]

2. SINCE THE LAST INTERVIEW, how many of them...

	All of Them	Most of Them	Half of Them	Few of Them	None of Them
A. Didn't show up to school/work without an excuse?	**5**	**4**	**3**	**2**	**1**
B. Purposely damaged property that didn't belong to them?	**5**	**4**	**3**	**2**	**1**
C. Stolen something worth more than $100?	**5**	**4**	**3**	**2**	**1**
D. Gotten into a physical fight with their co-workers or friends?	**5**	**4**	**3**	**2**	**1**

	All of Them	Most of Them	Half of Them	Few of Them	None of Them
E. Hit someone with the idea of hurting them?	**5**	**4**	**3**	**2**	**1**
F. Attacked someone with a weapon or with the idea of seriously hurting them?	**5**	**4**	**3**	**2**	**1**
G. Used a weapon, force, or strong-arm methods to get money or things from people?	**5**	**4**	**3**	**2**	**1**
H. Sold hard drugs such as heroin, cocaine, or LSD?	**5**	**4**	**3**	**2**	**1**
I. Used alcohol?	**5**	**4**	**3**	**2**	**1**
J. Used marijuana?	**5**	**4**	**3**	**2**	**1**
K. Used hard drugs, such as heroin, cocaine, or LSD?	**5**	**4**	**3**	**2**	**1**

[READ] The next questions ask about characteristics which some people associate with the use of particular drugs. We want to know what you think.

3. Do you think that people who use illegal drugs several times a week tend to be…

	No	Yes	Not sure, no opinion
a. More creative than average	1	5	6
b. Less sensible than average	1	5	6
c. More interesting people than average	1	5	6
d. Less hard-working than average	1	5	6
e. More independent than average	1	5	6
f. More emotionally unstable than average	1	5	6
g. More concerned about other people (caring) than average	1	5	6
h. More weak-willed than average	1	5	6
i. More criminal than average	1	5	6

X. AUXILIARY THERAPIES

[READ] Now I would like to ask you some questions about some treatments you may have used for problems with your behavior, feelings, drugs, or alcohol.

1. Since the last interview, have you ever received any services such as attending a self-help group, seeing a curandero or minister, or calling a hotline for help with your behaviors, feelings, drugs, or alcohol? No 1 [GO TO NEXT SECTION]
Yes 5

[READ] IF SERVICE HAS BEEN RECEIVED SLI, THEN ASK "HOW MANY DIFFERENT TIMES?" AND "IN THE PAST THREE MONTHS?"; IF SERVICE RECEIVED IN PAST THREE MONTHS THEN ASK, "HOW ABOUT NOW?"

[IF INCARCERATED AT ANY TIME SLI, ADD:] **This includes when you were incarcerated.**

	SINCE THE LAST INTERVIEW? No Yes	How many separate times SLI? [CODE #X]	Have you received … in the PAST THREE MONTHS? No Yes	How about NOW? No Yes
A. Internet support group	1 5	__ __	1 5	1 5
B. Self Help Group				
[IF YES] What kind of group?				
Groups for people:				
☐ With substance problems	1 5	__ __	1 5	1 5
☐ With emotional problems	1 5	__ __	1 5	1 5
☐ With eating problems	1 5	__ __	1 5	1 5
☐ Dealing with the death of a loved one	1 5	__ __	1 5	1 5
☐ Making life transitions	1 5	__ __	1 5	1 5
☐ With physical disabilities	1 5	__ __	1 5	1 5
☐ Who are parents	1 5	__ __	1 5	1 5
☐ Who are the families of people with a physical illness	1 5	__ __	1 5	1 5
☐ Who are the families of people with an emotional or substance problems	1 5	__ __	1 5	1 5
☐ Any other: _____ _____ [__ __]	1 5	__ __	1 5	1 5
C. Hotline (crisis hotline)	1 5	__ __	1 5	1 5
D. Spiritual advisor (priest/minister/rabbi)	1 5	__ __	1 5	1 5
E. A healer (healer/shaman/curandero/ Herbalist/chiropractor):				
[IF YES] What kind:				
☐ Acupuncturist	1 5	__ __	1 5	1 5
☐ Biofeedback Specialist	1 5	__ __	1 5	1 5
☐ Chiropractor	1 5	__ __	1 5	1 5
☐ Energy Healing Specialist	1 5	__ __	1 5	1 5
☐ Exercise or Movement Therapist	1 5	__ __	1 5	1 5
☐ Herbalist	1 5	__ __	1 5	1 5
☐ Hypnotist	1 5	__ __	1 5	1 5
☐ Guided Imagery Specialist	1 5	__ __	1 5	1 5
☐ Masseuse	1 5	__ __	1 5	1 5
☐ Spiritualist/Psychic	1 5	__ __	1 5	1 5
☐ Yoga, Relaxation, or Meditation Expert	1 5	__ __	1 5	1 5
☐ Dietician	1 5	__ __	1 5	1 5

□ Other: _____[__ __] 1 5 __ __ 1 5 1 5

[READ] IF SERVICE HAS BEEN RECEIVED SLI, THEN ASK "HOW MANY DIFFERENT TIMES?" "HOW LONG DID YOU USE…?" "HOW MANY TIMES PER DAY?" AND "IN THE PAST THREE MONTHS?"; IF SERVICE RECEIVED IN PAST THREE MONTHS THEN ASK, "HOW ABOUT NOW?"

	SINCE THE→ LAST INTERVIEW? No Yes	Longest→ duration of use? [# mos]	# x→ per day	How many→ separate times SLI? [CODE #X]	Have you used …→ in the PAST THREE MONTHS? No Yes	How about NOW? No Yes
F. Herbal Remedies						
[IF YES] What kind:						
□ Chamomile	1 5	__ __	__ __	__ __	1 5	1 5
□ Kava	1 5	__ __	__ __	__ __	1 5	1 5
□ Lavender	1 5	__ __	__ __	__ __	1 5	1 5
□ St. John's Wort	1 5	__ __	__ __	__ __	1 5	1 5
□ Valerian	1 5	__ __	__ __	__ __	1 5	1 5
□ Chasteberry	1 5	__ __	__ __	__ __	1 5	1 5
□ Black Cohosh	1 5	__ __	__ __	__ __	1 5	1 5
□ Other: _____[__ __]	1 5	__ __	__ __	__ __	1 5	1 5

[FILL OUT FOR HERBAL REMEDY USE SINCE THE LAST INTERVIEW]

1. Here is a list of things people often say they hope to get from treatment. Which of these were the main things you were hoping to get from using an herbal remedy SINCE THE LAST INTERVIEW?

10 (Help with) Drugs/Alcohol abuse
31 To help with your emotions (e.g., sadness, anger)
32 To control problem behaviors (e.g., gambling, fighting)
33 To cope with ongoing stress (e.g., job stress, marital problems)
34 To cope with recent stressful events (e.g., divorce, loved one's death)
35 To come to terms with your past (e.g., feelings about your childhood)
71 To deal with a general body complaint (e.g., tiredness)
72 To help make a life decision (e.g., to get married or change jobs)
73 Other, specify _____[__ __] [__ __]

2. Who recommended/suggested that you should use an herbal remedy?
[CIRCLE ALL INDICATED]

01	Teacher/school personnel/boss	07	Priest/rabbi/clergy/minister
02	Friend/neighbor	03	Judge/court/police/PO/ Correctional Case Worker
04	Caseworker/Case Manager	08	No one
09	Parent/caretaker/family		
10	Healer/shaman/curandero.		
05	Psychiatrist/psychologist/counselor	11	Girlfriend/boyfriend/partner
06	Primary Care Physician/family doctor	12	Other _____[__ __][__ __][__ __]

3. Do you think that using an herbal remedy was helpful?
Additional probes to ascertain "helpfulness": How did you feel about it? Did they make much difference? In what way? Did they make things even worse? How was that? If you had to do it over again would you?
0 = Definitely + effect 1= Neutral/no effect 2= Definitely – effect

AUXILIARY THERAPIES DETAILED SERVICES FORM

[FILL OUT FOR EACH AUXILIARY THERAPY SERVICE RECEIVED EXCEPT HERBAL REMEDIES SINCE THE LAST INTERVIEW]

You mentioned you had attended a support group, went to a healer SINCE THE LAST INTERVIEW.

□ [CHECK IF SERVICE RECEIVED WHILE INCARCERATED]

1. Treatment 1: A B C D E F/ 1 2 3 [Circle to which treatment responses pertain]
Name of Agency or website: _____

2. Here is a list of things people often say they hope to get from treatment. Which of these were the main things you were hoping to get from treatment when you saw a professional SINCE THE LAST INTERVIEW?

10 (Help with)Drugs/Alcohol abuse
31 To help with your emotions (e.g., sadness, anger)
32 To control problem behaviors (e.g., gambling, fighting)
33 To cope with ongoing stress (e.g., job stress, marital problems)
34 To cope with recent stressful events (e.g., divorce, loved one's death)
35 To come to terms with your past (e.g., feelings about your childhood)
71 To deal with a general body complaint (e.g., tiredness)
72 To help make a life decision (e.g., to get married or change jobs)
73 Other, specify _____[__ __] [__ __]

3. What type of treatment did you receive? [CIRCLE ALL INDICATED]

01	Individual Therapy/Counseling	07	Milieu only
02	Group Therapy/Counseling	08	Assessment/evaluation
03	Family Therapy/Counseling	09	Medication Management
10	Physical Therapy/Massage	06	Other_____ [__ __][__ __][__ __]

4. How many times have you used this service? __ __ __ __ [# OF TIMES]

5. When you went to see a professional about your behavior, feelings, drugs, or alcohol SINCE THE LAST INTERVIEW was this something you wanted to do, or did you go only because someone else was putting pressure on you?

01 Subject wanted to do it
02 Someone else putting pressure on subject
03 (IF VOL) BOTH

6. Who recommended/suggested that you should go there? [CIRCLE ALL INDICATED]

01	Teacher/school personnel/boss	07	Priest/rabbi/clergy/minister
02	Friend/neighbor	08	No one
03	Judge/court/police/P.O./ correctional case worker	09	Parent/caretaker/family
04	Caseworker/case manager	10	Healer/shaman/curandero, etc.
05	Psychiatrist/psychologist/counselor	11	Girlfriend/boyfriend/partner
06	Primary Care Physician/family doctor	12	Other _____[__ __][__ __][__ __]

A. Was this the first time someone suggested that you see someone outside of school for help with any problems? No 1 Yes 5

7. How old were you when you went there? When you left?
__ __ to __ __ CODE "00" IF STILL THERE

A. Is this a new service or a service you told us about before? CHECK ONE: □ New Service □ Ongoing SLI

[IF NOT A NEW SERVICE GO TO 8]
[IF "NO ONE" TO Q6 THEN GO TO C]

B. How long after someone suggested that you receive services did you actually start receiving them?
_____ [__ __ __ __] [DAYS]

C. How long after you decided you wanted to do it did you start getting help? [__ __ __ __] [DAYS]

8. How often do/did you go?

01	One time only (Eval/assessment)	77	Daily		
62	Bimonthly/sporadically	02	Two times only	32	2 x per month
31	1 x per month	03	Three times only	33	3 x per month
71	1 x per week	72	2 x per week	73	3 x per week
74	4 x per week	75	5x per week	76	6 x per week

9. If NOT currently receiving this service, ask: **Why are you no longer getting this help?**
[CIRCLE ALL INDICATED. GO TO PAYMENT Q12 IF CURRENTLY IN TX]

01	Subject got better	10	Subject left/ran from placement
02	Program completed	11	Treatment was too expensive
03	Subject wasn't getting better	12	Subject's family wanted subject to stop
04	Bad experiences with treatment providers	13	Subject kicked out of treatment
05	Subject wanted to be back home	15	Placement ended/Released from jail/Parole ended
06	Therapist or counselor moved away	16	Subject arrested/sent to jail
07	Subject felt out of place	17	Time limit/visit limit
08	Policies were a hassle	14	Other_____[__ __] [__ __]
09	Problems with distance/location		

10. IF NOT currently receiving this service, ask: **Who decided that treatment should end?**
[CIRCLE ALL INDICATED]

01	Therapist/caseworker/mental health professional	05	Judge/Courts/P.O.
02	Partner/Spouse	06	Medical Professional
03	Subject	04	Other_____ [__ __]

11. If NOT currently receiving this service, ask: **When you left...**
Did they refer you to treatment or a counselor ?
No = 1 Yes = 5 IF YES, ASK:

Did they: [√ ALL INDICATED]
__ Make the first appointment for you?
__ Go with you to your first appointment?
__ Check up with you afterward to see if you went back?
__ None of the above?

12. How were these services paid for? [OUT OF POCKET EXPENSES] (CASA DETAILED SERVICE QUESTIONS)
Additional Probes: Did you pay any of the cost yourself?

0	Subject paid all of the cost	2	Subject paid none of the cost
1	Subject paid some of the cost	3	No charge for service

13. Were any of the following involved in telling you that you should get this service or giving you this service?
[READ AND CHECK ALL INDICATED]
☐DCFS ☐ Court/probation ☐ Medical/Family Doctor ☐ DMH/substance abuse ☐ School ☐ None

14. [IF 1 OR 2 WAS CIRCLED IN Q12, ASK:] **Were any of the following involved in paying for this service?**
[READ AND CHECK ALL INDICATED]
☐ DCFS ☐ Court/probation ☐ Medical/Family Doctor ☐ DMH/substance abuse ☐ School ☐ None

15. Do you think that the services provided were helpful?
Additional probes to ascertain "helpfulness": How did you feel about it? Did they make much difference? In what way? Did they make things even worse? How was that? If you had to do it over again would you?
0 = Definitely + effect 1= Neutral/no effect 2= Definitely – effect

16. To what extent has the program/service met your needs?

4 Almost all of my needs have been met
3 Most of my needs have been met
2 Only a few of my needs have been met
1 None of my needs have been met

17. In an overall, general sense, how satisfied are you with the services you have received?

4 Very satisfied
3 Mostly satisfied
2 Indifferent or mildly dissatisfied
1 Quite dissatisfied

18. If you were to seek help again, would you come back to this program?

1 No, definitely not
2 No, I don't think so
3 Yes, I think so
4 Yes, definitely

Y. SERVICES SCREEN

[READ] Now I would like to ask you some questions about ANY treatment you may have received for problems with your behavior, feelings, drugs, or alcohol.

1. SINCE THE LAST INTERVIEW, have you ever stayed anywhere overnight where you received any services (help) for problems with your behavior, feelings, drugs or alcohol?

[IF YES, ASK:] **Where have you stayed**?

[CODE FROM RESPONSE; IF SERVICE HAS BEEN RECEIVED SLI, THEN ASK "HOW MANY DIFFERENT TIMES?" AND "IN THE PAST THREE MONTHS?"; IF SERVICE RECEIVED IN PAST THREE MONTHS THEN ASK "HOW ABOUT NOW?"]

[READ DOWN THE LIST AND PROBE ANY REMAINING SERVICES IN CHART A-I BELOW, PAUSING AFTER EACH SERVICE. CODE ANY ADDITIONAL SERVICES ON CHART.]

SINCE THE LAST INTERVIEW, have you stayed overnight in a...?

[IF ANY ADDITIONAL SERVICES HAVE BEEN RECEIVED SLI, THEN ASK "HOW MANY TIMES?" AND "IN THE PAST THREE MONTHS?"; IF SERVICE RECEIVED IN PAST THREE MONTHS THEN ASK "HOW ABOUT NOW?"]

	SINCE THE→ LAST INTERVIEW? No Yes	How many→ separate times SLI? [CODE #X]	Have you received …→ in the PAST THREE MONTHS? No Yes	How about NOW? No Yes
A. Hospital for emotional, behavior, drug/alcohol problems? PROBE: Psychiatric □ General □ Both □	1 5	__ __	1 5	1 5
B. Drug/alcohol treatment program	1 5	__ __	1 5	1 5
C. Residential treatment center	1 5	__ __	1 5	1 5
D. Group home	1 5	__ __	1 5	1 5
E. Emergency shelter for emotional or behavior problems	1 5	__ __	1 5	1 5
F. Detention center/jail/ training school/DOC	1 5			

[PROBE: WERE SERVICES RECEIVED?]

Additional Probes: Did you receive any services for behavior, feelings, drugs, or alcohol?

No 1 Yes 5

[IF YES, PLACE IN APPROPRIATE CATEGORIES ON THIS PAGE OR IF OUTPATIENT SERVICES WERE RECEIVED GO TO THE NEXT PAGE]

G. Other: _____[__ __]	1 5	__ __	1 5	1 5

NOTE 2:

IF NO INPATIENT SERVICES RECEIVED SLI BUT SUBJECT HAS MENTIONED EARLIER IN THE INTERVIEW SOMETHING YOU THINK COULD BE NOTED HERE, PLEASE PROBE FOR DETAILS. IF NO, GO TO 2.

OTHERWISE GO TO DETAILED SERVICES FORMS.

2. SINCE THE LAST INTERVIEW, have you ever received outpatient help (not overnight) anywhere for problems with your behavior, feelings, drugs, or alcohol?

[IF INCARCERATED AT ANY TIME SLI, ADD:] **This includes when you were incarcerated.**

[IF YES, ASK:] **Where have you received any services (help)?**

[CODE FROM RESPONSE; IF SERVICE HAS BEEN RECEIVED SLI, THEN ASK "HOW MANY DIFFERENT TIMES?" AND "IN THE PAST THREE MONTHS?"; IF SERVICE RECEIVED IN PAST THREE MONTHS THEN ASK "HOW ABOUT NOW?"]

[READ DOWN THE LIST AND PROBE ANY REMAINING SERVICES IN CHART A-M BELOW, PAUSING AFTER EACH SERVICE. CODE ANY ADDITIONAL SERVICES ON CHART.]

SINCE THE LAST INTERVIEW, have you received outpatient help (not overnight) from a...?
[IF INCARCERATED AT ANY TIME SLI, ADD:] **This includes when you were incarcerated.**

[IF ANY ADDITIONAL SERVICES HAVE BEEN RECEIVED SLI, THEN ASK "HOW MANY TIMES?" AND "IN THE PAST THREE MONTHS?"; IF SERVICE RECEIVED IN PAST THREE MONTHS THEN ASK "HOW ABOUT NOW?"]

	SINCE→ THE LAST INTER-VIEW? No Yes	How many→ separate times SINCE THE LAST INTERVIEW? [CODE #X]	Have you→ received… IN THE PAST 3 MONTHS? No Yes	How about NOW? No Yes
A. CMHC or outpatient mental health clinic	1 5	__ __	1 5	1 5
B. Professional, like a psychologist, counselor, or social worker, not part of a service/clinic/school	1 5	__ __	1 5	1 5
C. Partial hospitalization/day treatment program	1 5	__ __	1 5	1 5
D. Drug or alcohol treatment clinic	1 5	__ __	1 5	1 5
E. In-home counseling/respite care worker	1 5	__ __	1 5	1 5
F. Emergency room for feelings/ behavior	1 5	__ __	1 5	1 5
G. Family doctor for feelings/behavior	1 5	__ __	1 5	1 5
H. Probation officer for feelings/ behavior	1 5	__ __	1 5	1 5
I. Professional associated with a school, like a counselor or therapist	1 5	__ __	1 5	1 5
J. Other:_____[__ __]	1 5	__ __	1 5	1 5

NOTE 3:

IF NO OUTPATIENT SERVICES RECEIVED SLI BUT SUBJECT HAS MENTIONED EARLIER IN THE INTERVIEW SOMETHING YOU THINK COULD BE NOTED HERE, PLEASE PROBE FOR DETAILS. IF NO, GO TO NEXT SECTION.

OTHERWISE GO TO DETAILED SERVICES FORMS.

DETAILED SERVICES FORM: INPATIENT/RESIDENTIAL SERVICES

[FILL OUT FOR EACH OVERNIGHT SERVICE PROVIDED SINCE THE LAST INTERVIEW]
You mentioned that you were in a (hospital, treatment center...) SINCE THE LAST INTERVIEW.
□ [CHECK IF SERVICE RECEIVED WHILE INCARCERATED]

1. Treatment 3: A B C D E F G /1 2 3 [Circle To Which Treatment Responses Pertain]
Name of Agency:_____

2. Here is a list of things people often say they hope to get from treatment. Which of these were the main things you were hoping to get from treatment when you saw a professional SINCE THE LAST INTERVIEW?

10 (Help with) Drugs/Alcohol abuse
31 To help with your emotions (e.g., sadness, anger)
32 To control problem behaviors (e.g., gambling, fighting)
33 To cope with ongoing stress (e.g., job stress, marital problems)
34 To cope with recent stressful events (e.g., divorce, loved one's death)
35 To come to terms with your past (e.g., feelings about your childhood)
71 To deal with a general body complaint (e.g., tiredness)
72 To help make a life decision (e.g., to get married or change jobs)
73 Other, specify _____[__ __] [__ __]

3. While you were there, what type of treatment did you receive? [CIRCLE ALL INDICATED]

01	Individual Therapy/Counseling	07	Milieu only
02	Group Therapy/Counseling	08	Assessment/evaluation
03	Family Therapy/Counseling	09	Medication Management
		06	Other_____ [__ __][__ __][__ __]

4. When you went to see a professional about your behavior, feelings, drugs, or alcohol SINCE THE LAST INTERVIEW was this something you wanted to do, or did you go only because someone else was putting pressure on you?

01 Subject wanted to do it
02 Someone else putting pressure on subject
03 (IF VOL) BOTH

5. Who recommended/suggested that you should go there? [CIRCLE ALL INDICATED]

01	Teacher/school personnel/boss	07	Priest/rabbi/clergy/minister
02	Friend/neighbor	08	No one
03	Judge/court/police/P.O./ correctional case worker	09	Parent/caretaker/family
04	Caseworker/case manager	10	Healer/shaman/curandero, etc.
05	Psychiatrist/psychologist/counselor	11	Girlfriend/boyfriend/partner
06	Primary Care Physician/family doctor	12	Other _____[__ __][__ __][__ __]

A. Was this the first time someone suggested that you see someone for help with any problems? No 1 Yes 5

6. How old were you when you went there? When you left?
__ __ to __ __ CODE "00" IF STILL THERE

A. Is this a new service or a service you told us about before? CHECK ONE: □ New Service □Ongoing SLI

[IF NOT A NEW SERVICE GO TO 7]
[IF "NO ONE" TO Q5 THEN GO TO C]
B. How long after someone suggested that you receive services did you actually start receiving them?

_____ [__ __ __ __] [DAYS]

C. How long after you decided you wanted to do it did you start getting help? [__ __ __ __] [DAYS]

7. Did your family members attend sessions with you? Who? How did you feel about their involvement? *Additional probes:* Was their involvement adequate? Did you want these people to be more involved? Less involved? (CASA DETAILED SERVICES SECTION)

[MATCH ASSESSMENT OF INVOLVEMENT WITH PARTIES INDICATED]

0____No one/none
1____ Partner/Spouse
2____ Children
3____ Other family member

0 = Adequate involvement
2 = Involvement was inadequate
3 = Involvement was too extensive

8. Did your family members or others visit you? Who? How did you feel about their visits? *Additional probes:* Were their visits adequate? Did you want these people to be more involved? Less involved? [MATCH ASSESSMENT OF VISIT WITH PARTIES INDICATED]

0____ No one/none
1____ Partner/Spouse
2____ Children
3____ Friend
4____ Other family member

0 = Adequate involvement
2 = Involvement was inadequate
3 = Involvement was too extensive

9. Did you receive medication? What were you prescribed? (MODIFIED SERV; SERV MED CODES) [REFER TO MEDICATIONS LIST AND CODE BY CATEGORY. CIRCLE ALL INDICATED. CODE ALL MEDICATIONS PRESCRIBED, EVEN IF SUBJECT REFUSED TO TAKE THEM].

01	Stimulants	06	Misc. Sedative
02	Antidepressants	07	Mood Stabilizer
03	Antianxiety	10	Drugs for side effects
04	Antipsychotic	09	No medications received or prescribed
05	Anticonvulsant	08	Other_____[__ __][__ __][__ __]

10. If NOT currently receiving this service, ask: **Why are you no longer getting this help?** [CIRCLE ALL INDICATED. GO TO PAYMENT Q13 IF CURRENTLY IN TX]

01	Subject got better	10	Subject left/ran from placement
02	Program completed	11	Treatment was too expensive
03	Subject wasn't getting better	12	Subject's family wanted subject to stop
04	Bad experiences with treatment providers	13	Subject kicked out of treatment
05	Subject wanted to be back home	15	Placement ended/Released from jail/Parole ended
06	Therapist or counselor moved away	16	Subject arrested/sent to jail
07	Subject felt out of place	17	Time limit/visit limit
08	Policies were a hassle	14	Other_____[__ __] [__ __]
09	Problems with distance/location		

11. If NOT currently receiving this service, ask: **Who decided that treatment should end?** [CIRCLE ALL INDICATED]

01	Therapist/caseworker/mental health professional	05	Judge/Courts/P.O.
02	Partner/Spouse	06	Medical Professional
03	Subject	04	Other_____ [__ __]

12. If NOT currently receiving this service, ask: **When you left...**
Did they refer you to treatment or a counselor ?
No = 1 Yes = 5 IF YES, ASK: **Did they:** [√ ALL INDICATED]

__ Make the first appointment for you?
__ Go with you to your first appointment?
__ Check up with you afterward to see if you went back?
__ None of the above

13. How were these services paid for? [OUT OF POCKET EXPENSES] (CASA DETAILED SERVICE QUESTIONS)
Additional Probes: Did you pay any of the cost yourself?

0	Subject paid all of the cost	2	Subject paid none of the cost
1	Subject paid some of the cost	3	No charge for service

14. Were any of the following involved in telling you that you should get this service or giving you this service? [READ AND CHECK ALL INDICATED]
DCFS Court/probation Medical/Family Doctor DMH/substance abuse School None

15. [IF 1 OR 2 WAS CIRCLED IN Q13, ASK:] **Were any of the following involved in paying for this service?** [READ AND CHECK ALL INDICATED]
 DCFS Court/probation Medical/Family Doctor DMH/substance abuse School None

16. Do you think that the services provided were helpful?
Additional probes to ascertain "helpfulness": How did you feel about it? Did they make much difference? In what way? Did they make things even worse? How was that? If you had to do it over again would you?

0 = Definitely + effect 1= Neutral/no effect 2= Definitely – effect

17. To what extent has the program/service met your needs?
4 Almost all of my needs have been met
3 Most of my needs have been met
2 Only a few of my needs have been met
1 None of my needs have been met

18. In an overall, general sense, how satisfied are you with the services you have received?
4 Very satisfied
3 Mostly satisfied
2 Indifferent or mildly dissatisfied
1 Quite dissatisfied

19. If you were to seek help again, would you come back to this program?
1 No, definitely not
2 No, I don't think so
3 Yes, I think so
4 Yes, definitely

NOTE 4:
PROBE ADDITIONAL INPATIENT SERVICES, PROBE DETAILS OF OUT-PATIENT SERVICES, OR GO TO NEXT SECTION.

DETAILED SERVICES FORM: OUTPATIENT SERVICES

[FILL OUT FOR EACH OUTPATIENT SERVICE SINCE THE LAST INTERVIEW]

You mentioned that you went to a (clinic, talked to a counselor...) SINCE THE LAST INTERVIEW.
□ [CHECK IF SERVICE RECEIVED WHILE INCARCERATED]

1. Treatment 4: A B C D E F G H I /1 2 3 [Circle To Which Treatment Responses Pertain]
Name of Agency:_____

2. Here is a list of things people often say they hope to get from treatment. Which of these were the main things you were hoping to get from treatment when you saw a professional SINCE THE LAST INTERVIEW?

10 Drugs/Alcohol abuse
31 To help with your emotions (e.g., sadness, anger)
32 To control problem behaviors (e.g., gambling, fighting)
33 To cope with ongoing stress (e.g., job stress, marital problems)
34 To cope with recent stressful events (e.g., divorce, loved one's death)
35 To come to terms with your past (e.g., feelings about your childhood)
71 To deal with a general body complaint (e.g., tiredness)
72 To help make a life decision (e.g., to get married or change jobs)
73 Other, specify _____[__ __] [__ __]

3. What type of treatment did you receive?

01	Individual Therapy/Counseling	07	Case Management
02	Group Therapy/Counseling	08	Assessment/evaluation
03	Family Therapy/Counseling	09	Medication Management
04	Day Treatment	06	Other: _____[__ __][__ __][__ __]
05	Wrap-Around		

4. When you went to see a professional about your behavior, feelings, drugs, or alcohol SINCE THE LAST INTERVIEW was this something you wanted to do, or did you go only because someone else was Putting pressure on you?

01 Subject wanted to do it
02 Someone else putting pressure on subject
03 (IF VOL) BOTH

5. Who recommended/suggested that you should go there? [CIRCLE ALL INDICATED]

01	Teacher/school personnel/boss	07	Priest/rabbi/clergy/minister
02	Friend/neighbor	08	No one
03	Judge/court/police/P.O./ correctional case worker	09	Parent/caretaker/family
04	Caseworker/case manager	10	Healer/shaman/curandero, etc.
05	Psychiatrist/psychologist/counselor	11	Girlfriend/boyfriend/partner
06	Primary Care Physician/family doctor	12	Other _____[__ __][__ __][__ __]

A. Was this the first time someone suggested that you see someone outside of school for help with any problems? No 1 Yes 5

6. How old were you when you went there? When you left?
__ __ to __ __ CODE "00" IF STILL THERE

A. Is this a new service or a service you told us about before? CHECK ONE: □ New Service □ Ongoing SLI

[IF NOT A NEW SERVICE GO TO 7]
[IF "NO ONE" TO Q5 THEN GO TO C]

B. How long after someone suggested that you receive services did you actually start receiving them?
_____ [__ __ __ __] [DAYS]

C. How long after you decided you wanted to do it did you start getting help? [__ __ __ __] [DAYS]

7. How often do/did you go?

01	One time only (Eva/assessment)	77	Daily		
62	Bimonthly/sporadically	02	Two times only	32	2 x per month
31	1 x per month	03	Three times only	33	3 x per month
71	1 x per week	72	2 x per week	73	3 x per week
74	4 x per week	75	5x per week	76	6 x per week

8. How long did you go/have you been going? _____ [__ __ __ __]DAYS

9. Did your family members attend sessions with you? Who? How did you feel about their involvement? *Additional probes:* Was their involvement adequate? Did you want these people to be more involved? Less involved? (CASA DETAILED SERVICES SECTION)

[MATCH ASSESSMENT OF INVOLVEMENT WITH PARTIES INDICATED]

0____No one/none
1____ Partner/Spouse
2____ Children
3____ Other family member

0 = Adequate involvement
2 = Involvement was inadequate
3 = Involvement was too extensive

10. Did you receive medication? What were you prescribed?

[REFER TO MEDICATIONS LIST AND CODE BY CATEGORY. CIRCLE ALL INDICATED. CODE ALL MEDICATIONS PRESCRIBED, EVEN IF THE SUBJECT REFUSED TO TAKE THEM].

01	Stimulants	06	Misc. Sedative
02	Antidepressants	07	Mood Stabilizer
03	Antianxiety	10	Drugs for side effects
04	Antipsychotic	09	No medications received or prescribed
05	Anticonvulsant	08	Other_____[__ __][__ __] [__ __]

11. If NOT currently receiving this service, ask: **Why are you no longer getting this help?**

[CIRCLE ALL INDICATED. GO TO PAYMENT Q14 IF CURRENTLY IN TX]

01	Subject got better	10	Subject left/ran from placement
02	Program completed	11	Treatment was too expensive
03	Subject wasn't getting better	12	Subject's family wanted subject to stop
04	Bad experiences with treatment providers	13	Subject kicked out of treatment
05	Subject wanted to be back home	15	Placement ended/Released from jail/Parole ended
06	Therapist or counselor moved away	16	Subject arrested/sent to jail
07	Subject felt out of place	17	Time limit/visit limit
08	Policies were a hassle	14	Other_____[__ __][__ __]
09	Problems with distance/location		

12. If NOT currently receiving this service, ask: **Who decided that treatment should end?**
[CIRCLE ALL INDICATED]

01	Therapist/caseworker/mental health professional	05	Judge/Courts/P.O.
02	Partner/Spouse	06	Medical Professional
03	Subject	04	Other_____ [__ __]

13. If NOT currently receiving this service, ask: **When you left...**
Did they refer you to treatment or a counselor ?
No = 1 Yes = 5 IF YES, ASK:

Did they: [√ ALL INDICATED]
__ Make the first appointment for you?

__ Go with you to your first appointment?
__ Check up with you afterward to see if you went back?
__ None of the above

14. How were these services paid for? [OUT OF POCKET EXPENSES]
Additional Probes: Did you pay any of the cost yourself?

0	Subject paid all of the cost	2	Subject paid none of the cost
1	Subject paid some of the cost	3	No charge for service

15. Were any of the following involved in telling you that you should get this service or giving you this service? [READ AND CHECK ALL INDICATED]
☐ DCFS ☐ Court/probation ☐ Medical/Family Doctor ☐ DMH/substance abuse ☐ School ☐ None

16. [IF 1 OR 2 WAS CIRCLED IN Q14, ASK:] **Were any of the following involved in paying for this service?** [READ AND CHECK ALL INDICATED]
☐ DCFS ☐ Court/probation ☐ Medical/Family Doctor ☐ DMH/substance abuse ☐ School ☐ None

17. Do you think that the services provided were helpful?
Additional probes to ascertain "helpfulness": How did you feel about it? Did they make much difference? In what way? Did they make things even worse? How was that? If you had to do it over again would you?

0 = Definitely + effect 1= Neutral/no effect 2= Definitely – effect

18. To what extent has the program/service met your needs?
4 Almost all of my needs have been met
3 Most of my needs have been met
2 Only a few of my needs have been met
1 None of my needs have been met

19. In an overall, general sense, how satisfied are you with the services you have received?
4 Very satisfied
3 Mostly satisfied
2 Indifferent or mildly dissatisfied
1 Quite dissatisfied

20. If you were to seek help again, would you come back to this program?
1 No, definitely not
2 No, I don't think so
3 Yes, I think so
4 Yes, definitely

NOTE 5: PROBE ADDITIONAL OUTPATIENT SERVICES OR GO TO NEXT SECTION.

Z. SERVICE SECTORS

[READ] Now I am going to ask you about ALL services you may have received SINCE THE LAST INTERVIEW. This will include any emotional, behavioral, or substance use services that you may have already told me about plus ANY other services that you may have received for any other reason SINCE THE LAST INTERVIEW.

1. [SKIP IF NOT IN SCHOOL SLI]
Have you used any special services (help) at school (like a guidance counselor or special class)?
1 = No 5 = Yes → In the past 3 months?
1 = No 5 = Yes

2. Have you received any adult education or vocational services?
1 = No 5 = Yes → In the past 3 months?
1 = No 5 = Yes

3. Have you received any services (help) from DCFS (the Department of Children and Family Services)?
1 = No 5 = Yes → In the past 3 months?
1 = No 5 = Yes

4. Have you had any contact with the court or justice services (court ordered services, probation/parole)?
1 = No 5 = Yes → In the past 3 months?
1 = No 5 = Yes

5. Have you made a visit to a health provider (family doctor, health clinic, ER)?
1 = No 5 = Yes → In the past 3 months?
1 = No 5 = Yes

6. Have you been to a mental health center, or have you seen a mental health professional for problems other than your own mental health problems (mostly for those of another family member)?
1 = No 5 = Yes → In the past 3 months?
1 = No 5 = Yes

7. Have you received any help from a church or any other religious organization?
1 = No 5 = Yes → In the past 3 months?
1 = No 5 = Yes

8. Have you received public aid or any financial assistance (such as food stamp or the Link Card)?
1 = No 5 = Yes → In the past 3 months?
1 = No 5 = Yes

AA. REFERRAL SOURCES: PATHWAYS TO SERVICES

1. [IF SERVICES HAVE BEEN RECEIVED SINCE THE LAST INTERVIEW, THEN ASK:]
Before you received services, who did you *mostly* talk to about your problems? [CODE BELOW]

[IF SERVICES HAVE NOT BEEN RECEIVED SINCE THE LAST INTERVIEW, THEN ASK:]
Who do you mostly talk to about your problems?
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01	Teacher/school personnel/boss	07	Priest/rabbi/clergy/minister
02	Friend/neighbor	08	No one [GO TO 3]
03	Judge/court/police/P.O./ correctional case worker	09	Parent/caretaker/family
04	Caseworker/case manager	10	Healer/shaman/curandero, etc.
05	Psychiatrist/psychologist/counselor	11	Girlfriend/boyfriend/partner
06	Primary Care Physician/family doctor	12	Other:_____[__ __] [__ __] [__ __]

2. What was/is helpful about talking to this person? [CODE NA IF 08 IS CODED ABOVE]
Additional Probes: What about … have you found helpful? How does this help you with problems?

01	Makes me feel better/comforts me	04	Understands/relates/listens
02	Gives me advice/opinions	05	Confidentiality/doesn't tell
03	Solves problem/helps me out	07	Vents/Release Anger
		06	Other:_____[__ __] [__ __] [__ __]

[IF SERVICES HAVE BEEN RECEIVED SLI, THEN GO TO 4]

3. You said that, SINCE THE LAST INTERVIEW, you haven't received any services (outside of school) for help with your behavior, feelings or with the use of alcohol or drugs. SINCE THE LAST INTERVIEW, did anyone suggest that you see someone (outside of school) for help with any problems?

No 1 [GO TO 5]
Yes 5

A. Who suggested to you that you should receive services for emotional/behavior or alcohol/drug problems outside of school?

01	Teacher/school personnel/boss	07	Priest/rabbi/clergy/minister
02	Friend/neighbor		
03	Judge/court/police/P.O./ correctional case worker	09	Parent/caretaker/family
04	Caseworker/case manager	10	Healer/shaman/curandero, etc.
05	Psychiatrist/psychologist/counselor	11	Girlfriend/boyfriend/partner
06	Primary Care Physician/family doctor	12	Other:_____[__ __] [__ __] [__ __]

B. How old were you when it was FIRST suggested? __ __ [AGE

4. Here is a list of things people often say they hope to get from treatment. Which of these were the main things the person who referred you was hoping you would get from treatment when you saw a professional SINCE THE LAST INTERVIEW?

10 (Help with) Drugs/Alcohol abuse
31 To help with your emotions (e.g., sadness, anger)
32 To control problem behaviors (e.g., gambling, fighting)
33 To cope with ongoing stress (e.g., job stress, marital problems)
34 To cope with recent stressful events (e.g., divorce, loved one's death)
35 To come to terms with your past (e.g., feelings about your childhood)
71 To deal with a general body complaint (e.g., tiredness)

72 To help make a life decision (e.g., to get married or change jobs)
73 Other, specify _____[__ __] [__ __]

[IF RECEIVED SERVICES GO TO NEXT SECTION]

5. Was there ever a time during the past 12 months when you felt that you might need to see a professional because of problems with your behavior, feelings or with the use of alcohol or drugs? NO 1 [GO TO 6]
YES 5

A. How many months or years have you been thinking that you might need professional help? __ __ __ [# OF DAYS]

6. Which of these three statements best describes why you didn't want to see a professional:

1 You didn't think you had a problem
2 You had a problem, but you thought you could handle it on your own
3 You thought that you needed help, but didn't believe professional treatment would be helpful
4 Other (Specify): _____ [__ __]

BB. ATTITUDES AND BARRIERS TO TREATMENT: RECEPTIVITY TO SERVICES

[READ] Now I'm going to ask you for your thoughts and feeling about getting help for problems.

1. When people have a serious emotional or behavioral problem, do you think it is a good idea for them to try to get help or treatment [in general]?

NO 1
YES 5

2. Do you think that getting help or treatment for a serious problem would be/has been a good idea for you (if you needed help) [in general]?

NO 1
YES 5

3. Do your parents/caretakers think that getting help or treatment for a serious problem would be/has been a good idea for you (if you needed help) [in general]?

NO 1
YES 5

[IF NO BOYFRIEND/GIRLFRIEND/SIGNIFICANT OTHER GO TO 5]

4. Does your boyfriend/girlfriend/significant other think that getting help or treatment for a serious problem would be/has been a good idea for you (if you needed help) [in general]?

NO 1
YES 5

5. How do you feel about talking with doctors or other "professionals"?

[CODE FROM RESPONSE]

01 Does not like to/want to talk to doctors or other professionals
02 Comfortable/okay/good
03 Does not feel the need to talk to a professional or that a professional would be helpful
04 Believes that people should talk to family and friends (not professionals) or handle problems by themselves
05 Incarcerated and does not trust professionals at placement
06 Neutral feelings/doesn't care/hasn't thought about it
07 Ambivalent/uncertain/undecided/would feel comfortable under certain circumstances
08 Other (Specify):_____
_____
_____[__ __] [__ __] [__ __] [__ __

CC. ATTITUDES AND BARRIERS TO TREATMENT: PERCEPTION OF BARRIERS TO SERVICE

1. **These next questions are about what you think and how you feel about services in general, about services you may have received in the past, or about services you might want if you ever needed them.**

Barrier: Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services **SINCE THE LAST INTERVIEW**. [REFER TO ATTITUDES AND BARRIERS CARD]	**Barrier Absent = 1** **Barrier Present = 5** → GO TO NEXT COLUMN	**Were there any times in the past 3 months when you didn't get help because of this [BARRIER X], quit getting services, or that it made a difference in the help you got?** No Effect = 0 Some Effect = 2 Quit/didn't get services = 3
A. Previous negative experience: **Have you had a "bad experience/trouble" with a "professional" that "put you off" getting help?**	1 5 →	0 2 3
B. Self-consciousness: **Is it hard for you to talk to others about a problem or to ask others for help because you feel embarrassed or self-conscious?**	1 5 →	0 2 3
C. Anticipated negative reaction: **Are you concerned about what your family, boyfriend/girlfriend/significant other, friends, or others will think about you getting help?**	1 5 →	0 2 3
D. Cultural Barrier: **Have you ever felt uncomfortable getting help because the person you went to was very different from you or didn't seem to understand "where you were coming from?"** IF YES, in what way did the person differ from you? 01 Racial/ethnic/religious differences 02 SES and environmental differences (urban vs. rural) 03 Differences in life experiences 04 Age differences 05 Gender differences 06 Personality/attitude differences/conflicts 07 Other (Specify): _____ [__ __]	1 5 →	0 2 3
E. [SKIP IF ENGLISH IS THE PRIMARY LANGUAGE SPOKEN] Language barrier:	1 5 →	0 2 3

Barrier: Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services **SINCE THE LAST INTERVIEW**. [REFER TO ATTITUDES AND BARRIERS CARD]	**Barrier Absent = 1** **Barrier Present = 5** → GO TO NEXT COLUMN	**Were there any times in the past 3 months when you didn't get help because of this [BARRIER X], quit getting services, or that it made a difference in the help you got?** No Effect = 0 Some Effect = 2 Quit/didn't get services = 3
Is it hard for you or your family/partner to talk about problems in English?		
F. [IF SUBJECT HAS ANY CHILDREN OR IS CURRENTLY PREGNANT OR PARTNER IS CURRENTLY PREGNANT ASK:] Anticipated out of home placement (Subject's Child): **Are you concerned that your child(ren) might be taken from your home or that (he/she/they) might have to go live somewhere else?**	1 5 →	0 2 3
G. [IF SUBJECT HAS ANY CHILDREN OR IS CURRENTLY PREGNANT OR PARTNER IS CURRENTLY PREGNANT ASK:] Anticipated loss of parental rights (Subject's Child): **Are you concerned that you would not be allowed to take care of your child(ren) ever again?**	1 5 →	0 2 3
H. Lack of information: **Does lack of information about who to see make it harder for you to get services? Do you think that you need more information about who to see about a problem?**	1 5 →	0 2 3
I. Lack of time: **Are you concerned about having enough time to get help?**	1 5 →	0 2 3
J. [SKIP IF INCARCERATED ENTIRE TIME SLI] Cost: **Are you bothered by the cost of getting help?**	1 5 →	0 2 3
K. Problem with transportation: **Is it difficult for you to travel to treatment sites?**	1 5 →	0 2 3
L. Bureaucratic delay: **Have there been difficulties getting services because of the "system", like getting through on the phone or being put on a waiting list?**	1 5 →	0 2 3
M. Services not available: **Are there particular services you would like to use but couldn't because they're not available where you live?** [INCARCERATED AT ANY TIME SLI: ADD "or in jail"; INCARCERATED ENTIRE TIME SLI: REPLACE "where you live" WITH	1 5 →	0 2 3

Barrier: Subject's statement that certain circumstances or feelings influenced his/her decision to seek treatment for problems or influenced the response to services **SINCE THE LAST INTERVIEW**. [REFER TO ATTITUDES AND BARRIERS CARD]	**Barrier Absent = 1** **Barrier Present = 5** → GO TO NEXT COLUMN	**Were there any times in the past 3 months when you didn't get help because of this [BARRIER X], quit getting services, or that it made a difference in the help you got?** No Effect = 0 Some Effect = 2 Quit/didn't get services = 3
"in jail"]		
N. Refusal to treat: **Did any agency refuse to provide treatment for you?**	1 5 →	0 2 3
O. Refuses treatment: **Have you or your family/partner refused to go to any treatment services?**	1 5 →	0 2 3

2. You've told me that [REVIEW BARRIERS ENDORSED] **made a difference in the help you got. Which one bothered you the most?** [CIRCLE THE MOST INFLUENTIAL BARRIER]

01 Previous negative experience
02 Self-consciousness
03 Anticipated negative reaction
04 Cultural
05 Language barrier
06 Anticipated out of home placement (Subj.'s Chld)
07 Anticipated loss of parental rights (Subj.'s Chld)
08 Lack of information
09 Lack of time
10 Cost
11 Problem with transportation
12 Bureaucratic delay
13 Services not available
14 Refusal to treat
15 Refuses treatment
16 Other _____ [__ __]

A. How did [BARRIER FROM ABOVE] affect you?
01 Chose not to receive the service
02 Stopped receiving the service
03 Tried to receive service but was unable to due to barrier
04 Delayed in receiving the service

05 Received service but feels barrier prevented it from being helpful
06 Other (Specify):_____
_____
_____ [__ __][__ __][__ __]

3. [REFER TO BARRIER] **When you were talking about how [BARRIER] affected you, what services were you using or had you attempted to use?**

[IF SUBJECT SEEMS CONFUSED OR ASKS FOR A DEFINITION OR EXAMPLE, READ:] **Services include going to someone or going some place to get any sort of help with your feelings, behaviors, alcohol, or drug use.**

01 Counseling/Outpatient psychological services
02 Substance abuse treatment
03 Other (Specify):_____
_____
_____[__ __][__ __][__ __]

DD. PAYMENT INFORMATION

[INCARCERATED CURRENTLY- **NOT TEMPORARILY (MORE THAN 30 DAYS)**- GO TO NEXT SECTION. (THIS DOES NOT INCLUDE BEING IN OTHER INSTITUTIONAL SETTINGS)]

1. **Who is responsible for arranging payment for your treatments (or any health care you may need)?**
   - 0 Parent/caretaker
   - 2 Subject
   - 4 Spouse/Significant Other
   - 3 Other: _____[__ __] [__ __] [__ __]

2. **Are you covered by a private health insurance plan?** No 1 [GO TO 3]
   Yes 5

   [IF YES] What is the name of your insurance?
   _____ [__ __][__ __] [__ __]

3. **Are you covered by Medicare from Social Security? Do you have Part A that covers hospital bills or do you have Part B that covers doctor's bills?**
   - 0 Part A and Part B
   - 1 Part A only
   - 2 Part B only
   - 3 Medicare, but don't know which part
   - 4 Not covered by Medicare

4. **Are you covered by Medicaid or another public program such as welfare or public assistance that pays for all or part of your medical care? Do you have a Medicaid card?**
   - 1 Covered by Medicaid
   - 2 Covered by another public program:_____ [__ __][__ __] [__ __]
   - 3 Not covered by Medicaid or another program

[IF SUBJECT HAS PRIVATE INSURANCE OR MEDICAID/MEDICARE GO TO 6]

5. **What is the main reason you are without health care coverage?**
   - 01 Lost job or changed employers
   - 02 Spouse or parent lost job or changed employers [includes any person who had been providing insurance prior to job loss or change]
   - 03 Became divorced or separated
   - 04 Spouse or parent died
   - 05 Became ineligible because of age or because left school
   - 06 Employer doesn't offer or stopped offering coverage
   - 07 Cut back to part time or became temporary employee
   - 08 Benefits from employer or former employer ran out
   - 09 Couldn't afford to pay the premiums
   - 10 Insurance company refused coverage
   - 11 Lost Medicaid or Medical Assistance eligibility
   - 12 Other (Specify):_____[__ __] [__ __]
   - 13 Not working/never worked

   A. About how long has it been since you had health care coverage?
      - 1 Within the past 6 months (anytime less than 6 months ago)
      - 2 Within the past year (6 months but less than 12 months ago)
      - 3 Within the past 2 years (1 year but less than 2 years ago)
      - 4 Within the past 5 years (2 years but less than 5 years ago)
      - 5 5 or more years ago

NOTE 7: IF NO PRIVATE OR PUBLIC COVERAGE, GO TO NEXT SECTION

6. **Does your insurance cover all, part, or none of hospital costs for general medical illnesses?**

1 Covers all
2 Covers part
3 Do not know what is covered
4 Does not cover

7. Does your insurance cover all, part, or none of hospital costs for mental illness/substance abuse?

1 Covers all
2 Covers part
3 Do not know what is covered
4 Does not cover

8. Does your insurance cover all, part, or none of hospital costs for doctor's bills during a hospital stay?

1 Covers all
2 Covers part
3 Do not know what is covered
4 Does not cover

9. Does your insurance cover all, part, or none of hospital costs for doctor's bills for care outside of a hospital?

1 Covers all
2 Covers part
3 Do not know what is covered
4 Does not cover

10. Does your insurance cover all, part, or none of hospital costs for psychiatric or mental health care outside of a hospital?

1 Covers all
2 Covers part
3 Do not know what is covered
4 Does not cover

11. Is there a limit for mental health coverage? Have you reached it?

1 No limit
2 DK if limit has been reached
3 Limit but has not been reached
4 Limit has been reached
5 Does not cover

EE. COMMUNITY SEXUAL BEHAVIOR SCREEN

[IF INCARCERATED ENTIRE TIME SLI, GO TO HH]
[THIS SECTION IS ONLY FOR SEX BEHAVIORS THAT OCCURRED WHILE IN THE COMMUNITY]
[READ] In this next section, I am going to ask more questions about your sexual behavior in the community. We want to learn about your sexual practices, but NONE of the statements or questions should be taken as recommendations or medical advice. There are NO "right" or "wrong" answers here. Everyone answers these questions differently. We just want your honest answers.
These questions refer to sex that was wanted or unwanted as well as sex that was for money or drugs. Please be as truthful as possible and remember that all of your answers are confidential.

[IF INCARCERATED CURRENTLY BUT NOT ENTIRE TIME SLI, READ:] I know that right now you are in (detention center/jail/DOC) and when I ask about sex [READ ALL TIMEFRAMES DURING WHICH SUBJECT HAS BEEN INCARCERATED:] (SLI/in the past three months/in the past thirty days) I mean sex while you were in the community.

1. SINCE THE LAST INTERVIEW, have you had sex (vaginal, anal, or oral sex)? No 1 [GO TO 2A]
Yes 5

2. Was this the first time you had sex? No 1 [GO TO 4]
Yes 5

A. How old were you the first time that you had sex? __ __ [AGE IN YEARS]

[IF SUBJECT HAS NEVER HAD SEX, CODE 95, AND THEN GO TO SECTION II, Q4]

3. How old was your sex partner the first time you had sex? __ __ [AGE IN YEARS]
A. Did you use a condom/latex protection the first time you had sex? No 1
Yes 5

[IF SUBJECT HAS NOT HAD SEX SLI, THEN GO TO SECTION II, Q4]

4. [IF SUBJECT IS MALE, ASK:]

	A. SLI?	**B. How many new partners SLI?**	**C. How many of these partners (SLI) were your live-in/spouse?**	**D. Past 3 months?**	**E. How many of these partners in the (P3M) were your live-in/spouse?**	**F. You've had X # of partners in the past 3 months…how many of those did you ONLY have oral sex with?**
How many female sex partners have you had (while in the community)…	__ __ __	__ __ __	__ __ __	__ __	__ __	__ __
How many male sex partners have you had (while in the community)…	__ __ __	__ __ __	__ __ __	__ __	__ __	__ __
Totals	__ __ __	__ __ __	__ __ __	__ __	__ __	__ __

[IF SUBJECT IS FEMALE, ASK:]

	A. SLI?	**B. How many new partners SLI?**	**C. How many of these partners (SLI) were your live-in/spouse?**	**D. Past 3 months?**	**E. How many of these partners in the (P3M) were your live-in/spouse?**	**F. You've had X # of partners in the past 3 months…how many of those did you ONLY have oral sex with?**
How many male sex partners have you had (while in the community)…	__ __ __	__ __ __	__ __ __	__ __	__ __	__ __
How many female sex partners have you had (while in the community)…	__ __ __	__ __ __	__ __ __	__ __	__ __	__ __
Totals	__ __ __	__ __ __	__ __ __	__ __	__ __	__ __

NOTE: IF SUBJECT HAS HAD **(1)** A LIVE-IN PARTNER OR SPOUSE THE MAJORITY OF THE TIME IN LAST THREE MONTHS, OR **(2)** IS MARRIED AT ALL, GO TO QUESTION 6.
ALL OTHERS GO TO **SECTION GG1 OR GG2: SEX PARTNERS.**
(IF SUBJECT IS MARRIED AND SEPARATED, AND HAS ANOTHER LIVE-IN, NOT HIS/HER SPOUSE, THEN ALL LIVE-IN INFORMATION WILL GO IN **SECTION FF1 OR FF2: SPOUSE/LIVE-IN,** AND ALL SPOUSE INFORMATION WILL GO IN **SECTION GG1 OR GG2: SEX PARTNERS**.)

5. You said that you had __ __ [TOTAL SLI FROM ABOVE] **partner(s) SINCE THE LAST INTERVIEW. Is this…?:** [READ AND CIRCLE ONE RESPONSE]

A. Your spouse/live-in? [GO TO **SECTION FF1** OR **FF2**: **SPOUSE/LIVE-IN**]
B. Your spouse/live-in and others? [GO TO **SECTION FF1** OR **FF2**, AND **SECTION GG1** OR **GG2**: **SEX PARTNERS**]
C. Other sex partners (not including spouse/live-in)? [GO TO **SECTION GG1** OR **GG2**]

FF1. SPOUSE/LIVE-IN: MALE SUBJECTS

[READ]These questions are about sex with your [SPOUSE/LIVE-IN PARTNER] (only).

[Is Subject's spouse/live-in female or male? Female 1
Male 5]

[IF SUBJECT'S SPOUSE/LIVE-IN IS MALE THEN GO TO 3]

1. SLI, have you had vaginal sex with your [SPOUSE/LIVE-IN PARTNER]? [BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA]

No 1 [GO TO 2]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 2]

A. How many times in the PAST 3 MONTHS when you had sex did you have vaginal sex with your [SPOUSE/LIVE-IN PARTNER]? __ __ __ [IF "000", GO TO 2]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 2]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.)
[CODE FROM RESPONSE ALL THAT APPLY:]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necessary (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other: _____ [__ __]

2. SLI, have you received oral sex from your [SPOUSE/LIVE-IN])? [BY ORAL SEX WE MEAN YOUR PARTNER PUTTING HIS/HER MOUTH ON YOUR PENIS]

No 1 [GO TO 3]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 3]

A. How many times in the PAST 3 MONTHS when you had sex did you receive oral sex from your [SPOUSE/LIVE-IN PARTNER]? __ __ __ [IF "000", GO TO 3]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 3]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.)
[CODE FROM RESPONSE ALL THAT APPLY:]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necessary (Trusts partner/monogamy)
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other: _____ [__ __]

3. SLI, have you given oral sex to your [SPOUSE/LIVE-IN])? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON YOUR PARNTER'S PENIS/VAGINA]

No 1 [GO TO 4]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 4]

A. How many times in the PAST 3 MONTHS when you had sex did you give oral sex to your [SPOUSE/LIVE-IN PARTNER]? __ __ __ [IF "000", GO TO 4]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT

use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 4]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.)

[CODE FROM RESPONSE ALL THAT APPLY:]

04	Didn't have any	06	Partner didn't want to use them
05	Didn't like the feel	07	Didn't know how to use them
06	Didn't think they were necessary (Trusts partner/monogamy)	08	Drunk/high/under the influence
		09	Carelessness/didn't think about it
		05	Other: _____ [__ __]

4. SLI, have you had anal sex with your [SPOUSE/LIVE-IN PARTNER]? [BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE'S ANUS/BUTT]

No 1 [GO TO 5]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 5]

A. How many times in the PAST 3 MONTHS when you had sex did you have anal sex with your [SPOUSE/LIVE-IN PARTNER]? __ __ __ [IF "000", GO TO 5]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 5]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.)

[CODE FROM RESPONSE:]

01	Didn't have any	06	Partner didn't want to use them
02	Didn't like the feel	07	Didn't know how to use them
03	Didn't think they were necessary (Trusts partner/monogamy)	08	Drunk/high/under the influence
		09	Carelessness/didn't think about it
05	Other: _____ [__ __]		

[ASK OF MALES WHO HAVE MALE PARTNERS; OTHERWISE, GO TO 6]

5. SLI, has your [SPOUSE/LIVE-IN PARTNER] put his penis in your anus/butt?

No 1 [GO TO 6]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 6]

A. How many times in the PAST 3 MONTHS when you had sex did your [SPOUSE/LIVE-IN PARTNER] put his penis in your anus/butt? __ __ __ [IF "000", GO TO 6]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 6]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.)

[CODE FROM RESPONSE ALL THAT APPLY:]

01	Didn't have any	06	Partner didn't want to use them
02	Didn't like the feel	07	Didn't know how to use them
03	Didn't think they were necessary (Trusts partner/monogamy)	08	Drunk/high/under the influence
		09	Carelessness/didn't think about it
		05	Other: _____ [__ __]

[IF SUBJECT NEVER USED A CONDOM, GO TO 7]

6. When you used condoms/latex protection, where did you get them? (Remember, we are still talking about the PAST 3 MONTHS.) [CODE FROM RESPONSE ALL THAT APPLY:]

01	Friends	05	Purchased at store
02	Family	07	Partner
03	Doctor/nurse/other professional	06	Other [SPECIFY:]
04	Given away (promotion/awareness day)		_____ [__ __]

7. How well do you know your [SPOUSE/LIVE-IN PARTNER'S] sexual history?
[READ AND CODE FROM RESPONSE]

1 Very well
2 Somewhat well
3 Not very well
4 Don't know at all

8. As far as you know:

A. How many other sex partners has your [SPOUSE/LIVE-IN PARTNER] been with SLI? __ __ __ [IF "000", GO TO G]

B. Has your [SPOUSE/LIVE-IN PARTNER] been sexually active with others within the <u>past 3 months</u>? No 1 [GO TO G] Yes 5

C. IF YES, has your [SPOUSE/LIVE-IN PARTNER] had unprotected sex with others SLI? No 1 [GO TO E] Yes 5

D. Has your [SPOUSE/LIVE-IN PARTNER] had unprotected sex with others in the past 3 months? No 1 Yes 5

E. [IF YES TO B] Has your [SPOUSE/LIVE-IN PARTNER] had sex with others who are intravenous drug users, give sex for money or drugs, or are HIV positive SLI? No 1 [GO TO G] Yes 5

F. Has your [SPOUSE/LIVE-IN PARTNER] had sex with others who are intravenous drug users, give sex for money or drugs, or are HIV positive in the past 3 months? No 1 Yes 5

G. Has your [SPOUSE/LIVE-IN PARTNER] had a sexually transmitted disease (STD) SLI? No 1 [GO TO I] Yes 5

H. Has your [SPOUSE/LIVE-IN PARTNER] had a sexually transmitted disease (STD) in the past 3 months? No 1 Yes 5

I. Has your [SPOUSE/LIVE-IN PARTNER] worked as a prostitute SLI? No 1 [GO TO K] Yes 5

J. Has your [SPOUSE/LIVE-IN PARTNER] worked as a prostitute in the past 3 months? No 1 Yes 5

K. Has your [SPOUSE/LIVE-IN PARTNER] had a test for No 1 [GO TO L]

the HIV virus SLI? Yes 5

[IF YES ASK:] Was your [SPOUSE/LIVE-IN PARTNER] told that he/she was HIV positive?
No 1
Yes 5
DK 6 [IF DK ASK, WHY?:]
_____ [__ __]
_____ [__ __]

L. Has your [SPOUSE/LIVE-IN PARTNER] injected drugs SLI? No 1 [GO TO NEXT SECTION]
Yes 5

M. Has your [SPOUSE/LIVE-IN PARTNER] injected drugs in the past 3 months? No 1
Yes 5

FF2. SPOUSE/LIVE-IN: FEMALE SUBJECTS

[READ] These questions are about sex with your [SPOUSE/LIVE-IN PARTNER] (only).

[Is Subject's spouse/live-in female or male? Female 1
Male 5

[IF SUBJECT'S PARTNER IS FEMALE THEN GO TO 3]

1. SLI, have you had vaginal sex with your [SPOUSE/LIVE-IN PARTNER]? [BY VAGINAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA] No 1 [GO TO 2]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 2]

A. How many times in the PAST 3 MONTHS when you had sex did you have vaginal sex with your [SPOUSE/LIVE-IN PARTNER]? __ __ __ [IF "000", GO TO 2]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 2]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.)
[CODE FROM RESPONSE ALL THAT APPLY:]

01	Didn't have any	06	Partner didn't want to use them
02	Didn't like the feel	07	Didn't know how to use them
03	Didn't think they were necessary (Trusts partner/monogamy)	08	Drunk/high/under the influence
		09	Carelessness/didn't think about it
04	Trying to conceive	05	Other: _____ [__ __]

2. SLI, have you received oral sex from your [SPOUSE/LIVE-IN])? [BY ORAL SEX WE MEAN YOUR PARTNER PUTTING HIS/HER MOUTH ON YOUR VAGINA] No 1 [GO TO 3]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 3]

A. How many times in the PAST 3 MONTHS when you had sex did you receive oral sex from your [SPOUSE/LIVE-IN PARTNER]? __ __ __ [IF "000", GO TO 3]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 3]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.)
[CODE FROM RESPONSE ALL THAT APPLY:]

01	Didn't have any	06	Partner didn't want to use them
02	Didn't like the feel	07	Didn't know how to use them
03	Didn't think they were necessary (Trusts partner/monogamy)	08	Drunk/high/under the influence
		09	Carelessness/didn't think about it
		05	Other: _____ [__ __]

3. SLI, have you given oral sex to your [SPOUSE/LIVE-IN])? [BY ORAL SEX WE MEAN PUTTING PUTTING YOUR MOUTH ON YOUR PARNTER'S PENIS/VAGINA] No 1 [GO TO 4]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 4]

A. How many times in the PAST 3 MONTHS when you had sex did you give oral sex to your [SPOUSE/LIVE-IN PARTNER]? __ __ __ [IF "000", GO TO 4]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 4]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.) [CODE FROM RESPONSE ALL THAT APPLY:]

01	Didn't have any	06	Partner didn't want to use them
02	Didn't like the feel	07	Didn't know how to use them
03	Didn't think they were necessary (Trusts partner/monogamy)	08	Drunk/high/under the influence
		09	Carelessness/didn't think about it
		05	Other: _____ [__ __]

4. SLI, have you had anal sex with your [SPOUSE/LIVE-IN PARTNER]? [BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUTT]

No 1 [GO TO 5]
Yes 5

[IF INCARCERATED ENTIRE TIME P3M GO TO 5]

A. How many times in the PAST 3 MONTHS when you had sex did you have anal sex with your [SPOUSE/LIVE-IN PARTNER]? __ __ __ [IF "000", GO TO 5]

B. Of these __ __ __ times [NUMBER FROM A], how many times did you NOT use a condom/latex protection? __ __ __ [IF "ALWAYS" OR "000" GO TO 5]

C. Of the times that you didn't use a condom/latex protection, can you tell me why you didn't use protection? (Remember, we are still talking about the PAST 3 MONTHS.) [CODE FROM RESPONSE ALL THAT APPLY:]

01	Didn't have any	06	Partner didn't want to use them
02	Didn't like the feel	07	Didn't know how to use them
03	Didn't think they were necessary (Trusts partner/monogamy)	08	Drunk/high/under the influence
		09	Carelessness/didn't think about it
05	Other: _____ [__ __]		

[IF SUBJECT NEVER USED A CONDOM, GO TO 6]

5. When you used condoms/latex protection, where did you get them? (Remember, we are still talking about the PAST 3 MONTHS.) [CODE FROM RESPONSE ALL THAT APPLY:]

01	Friends	05	Purchased at store
02	Family	07	Partner
03	Doctor/nurse/other professional	06	Other [SPECIFY:]
04	Given away (promotion/awareness day)		_____ [__ __]

6. How well do you know your [SPOUSE/LIVE-IN PARTNER'S] sexual history? [READ AND CODE FROM RESPONSE]

1 Very well
2 Somewhat well
3 Not very well
4 Don't know at all

7. As far as you know:

A. How many other sex partners has your [SPOUSE/LIVE-IN PARTNER] been with SLI? __ __ __ [IF "000", GO TO G]

B. Has your [SPOUSE/LIVE-IN PARTNER] been sexually active with others within the <u>past 3 months</u>? No 1 [GO TO G] Yes 5

C. IF YES, has your [SPOUSE/LIVE-IN PARTNER] had unprotected sex with others SLI? No 1 [GO TO E] Yes 5

D. Has your [SPOUSE/LIVE-IN PARTNER] had unprotected sex with others in the past 3 months? No 1 Yes 5

E. [IF YES TO B] Has your [SPOUSE/LIVE-IN PARTNER] had sex with others who are intravenous drug users, give sex for money or drugs, or are HIV positive SLI? No 1 [GO TO G] Yes 5

F. Has your [SPOUSE/LIVE-IN PARTNER] had sex with others who are intravenous drug users, give sex for money or drugs, or are HIV positive in the past 3 months? No 1 Yes 5

G. Has your [SPOUSE/LIVE-IN PARTNER] had a sexually transmitted disease (STD) SLI? No 1 [GO TO I] Yes 5

H. Has your [SPOUSE/LIVE-IN PARTNER] had a sexually transmitted disease (STD) in the past 3 months? No 1 Yes 5

I. Has your [SPOUSE/LIVE-IN PARTNER] worked as a prostitute SLI? No 1 [GO TO K] Yes 5

J. Has your [SPOUSE/LIVE-IN PARTNER] worked as a prostitute in the past 3 months? No 1 Yes 5

K. Has your [SPOUSE/LIVE-IN PARTNER] had a test for the HIV virus SLI? No 1 [GO TO L] Yes 5

[IF YES ASK:] Was your [SPOUSE/LIVE-IN PARTNER] told that he/she was HIV positive? No 1 Yes 5 DK 6 [IF DK ASK, WHY?:]
_____ [__ __]
_____ [__ __]

L. Has your [SPOUSE/LIVE-IN PARTNER] injected drugs SLI? No 1 [GO TO NEXT SECTION] Yes 5

M. Has your [SPOUSE/LIVE-IN PARTNER] injected drugs in the past 3 months? No 1 Yes 5

GG1. SEX PARTNERS: MALE SUBJECTS

[READ] These questions are about specific sex acts WITH ANY SEX PARTNER you've had in the COMMUNITY.
[IF SUBJECT HAS MORE THAN 5 "OTHER SEX PARTNERS" P3M GO TO 27]
[GO TO 32 IF SUBJECT HAS BEEN INCARCERATED ENTIRE TIME P3M]

1. (Besides your spouse/live-in) who did you have sex with in the past 3 months?

A. What was the relationship of these people to you? [CODE SEX OF PARNTER, RELATIONSHIP, USE SUBJECT'S TERM FOR PARTNER, THEN ASK B]
[CODE FIRST 5 SEX PARTNERS]
1 Exclusive or primary sex partner whom you know very well and who is not living with you (BOYFRIEND/GIRLFRIEND)
2 Known very well but not exclusive or primary sex partner (FRIEND, REGULAR PARTNER NOT BF/GF)
3 Acquaintance who is not anonymous (SOMEONE YOU KNOW A LITTLE BIT)
4 Anonymous sex partner, stranger (STRANGER)

B. To the best of your knowledge:
1. Is [X] someone whose sexual history you didn't know well?
2. Has [X] worked as a prostitute?
3. Does [X] have HIV/AIDS?
4. Does [X] inject drugs?

	M/F	RELATIONSHIP	SUBJECT'S TERM	Sex history? N	Sex history? Y	Prostitute? N	Prostitute? Y	HIV/AIDS? N	HIV/AIDS? Y	Drugs? N	Drugs? Y
Partner A:	___	[___]	_____	□	□	□	□	□	□	□	□
Partner B:	___	[___]	_____	□	□	□	□	□	□	□	□
Partner C:	___	[___]	_____	□	□	□	□	□	□	□	□
Partner D:	___	[___]	_____	□	□	□	□	□	□	□	□
Partner E:	___	[___]	_____	□	□	□	□	□	□	□	□

[IF SEX PARTNER MALE, GO TO 3]
Now thinking about [Person A], your [X]

2. In the past 3 months, have you had vaginal sex with [Partner A]? No 1 [GO TO 3]
[BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 3]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

B. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

3. In the past 3 months have you received oral sex from [Partner A]? No 1 [GO TO 4]
[BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER Yes 5

MOUTH ON YOUR PENIS]
A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 4]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

4. In the past 3 months, have you given oral sex to [Partner A]? No 1 [GO TO 5]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEON ELSE'S VAGINA/PENIS] Yes 5
A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 5]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

5. In the past 3 months, have you had anal sex with [Partner A]? No 1 [GO TO 6]
[BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE ELSE'S ANUS/BUTT] Yes 5
A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 6]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER NOT MALE, GO TO 7]

6. In the past 3 months, has [Partner A] put his penis in your butt? No 1 [GO TO 7]
Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 7]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF NO PARTNER B, GO TO 32]
[IF SEX PARTNER MALE, GO TO 8]
Now thinking about [Partner B], your [X].

7. In the past 3 months, have you had vaginal sex with [Partner B]? No 1 [GO TO 8]
[BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 8]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

8. In the past 3 months have you received oral sex from [Partner B]? No 1 [GO TO 9]
[BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER MOUTH ON YOUR PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 9]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

9. In the past 3 months, have you given oral sex to [Partner B]? No 1 [GO TO 10]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEON ELSE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 10]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

10. In the past 3 months, have you had anal sex with [Partner B]? No 1 [GO TO 11]
[BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE ELSE'S ANUS/BUTT] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 11]
02 Some of the time = 25%

03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER NOT MALE, GO TO 12]

11. In the past 3 months, has [Partner B] put his penis in your butt? No 1 [GO TO 12]
Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 12]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF NO PARTNER C, GO TO 32]
[IF SEX PARTNER MALE, GO TO 13]
Now thinking about [Partner C], your [X].

12. In the past 3 months, have you had vaginal sex with [Partner C]? No 1 [GO TO 13]
[BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 13]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)

04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

13. In the past 3 months have you received oral sex from [Partner C]? No 1 [GO TO 14]
[BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER MOUTH ON YOUR PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 14]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

14. In the past 3 months, have you given oral sex to [Partner C]? No 1 [GO TO 15]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEON ELSE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 15]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

15. In the past 3 months, have you had anal sex with [Partner C]? No 1 [GO TO 16]
[BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE ELSE'S ANUS/BUTT] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 16]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER NOT MALE, GO TO 17]

16. In the past 3 months, has [Partner C] put his penis in your butt? No 1 [GO TO 17]
Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 17]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF NO PARTNER D, GO TO 32]
[IF SEX PARTNER MALE, GO TO 18]
Now thinking about [Partner D], your [X].

17. In the past 3 months, have you had vaginal sex with [Partner D]? No 1 [GO TO 18]
[BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 18]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%

05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

18. In the past 3 months have you received oral sex from [Partner D]? No 1 [GO TO 19]
[BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER MOUTH ON YOUR PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 19]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

19. In the past 3 months, have you given oral sex to [Partner D]? No 1 [GO TO 20]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEON ELSE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 20]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

20. In the past 3 months, have you had anal sex with [Partner D]? No 1 [GO TO 21]
[BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE ELSE'S ANUS/BUTT] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 21]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER NOT MALE, GO TO 22]

21. In the past 3 months, has [Partner D] put his penis in your butt? No 1 [GO TO 21]
Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 22]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF NO PARTNER E, GO TO 32]
[IF SEX PARTNER MALE, GO TO 23]
Now thinking about [Partner E], your [X].

22. In the past 3 months, have you had vaginal sex with [Partner E]? No 1 [GO TO 23]
[BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 23]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

23. In the past 3 months have you received oral sex from [Partner E]? No 1 [GO TO 24]
[BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER MOUTH ON YOUR PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 24]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

24. In the past 3 months, have you given oral sex to [Partner E]? No 1 [GO TO 25]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEON ELSE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 25]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

25. In the past 3 months, have you had anal sex with [Partner E]? No 1 [GO TO 26]
[BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE ELSE'S ANUS/BUTT] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 26]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER NOT MALE, GO TO 27]

26. In the past 3 months, has [Partner E] put his penis in your butt? No 1 [GO TO 27]
Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 27]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SUB HAS 5 OR LESS THAN "OTHER SEX PARTNERS" IN P3M GO TO 32]
[IF SUBJECT'S PARTNERS ARE MALE THEN GO TO 28]

27. In the past 3 months, have you had vaginal sex with any sex partner (besides your [spouse/live-in])? No 1 [GO TO 28]
[BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA] Yes 5

(As far as you know), P3M have you had vaginal sex with…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**A. Past 3 Months [IF YES ⇒]**		**B. How many # of times in the past 3 months?**	**C. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**D. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [_ _ _]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
2. Anyone who has worked as a prostitute?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
3. Someone who has HIV or AIDS?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
4. Someone who injects drugs?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
7. Acquaintance – someone you know a little bit	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
8. Anonymous partner – stranger	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
9. Trade Partner	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __

28. In the past 3 months, have you received oral sex from any sex partner (besides your [SPOUSE/LIVE-IN])? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER MOUTH ON YOUR PENIS] No 1 [GO TO 29]
Yes 5

A. How many of these were with a female partner (in the past 3 months)? __ __ __

[IF NO MALE SEX PARTNERS IN P3M GO TO FEMALE SEX PARTNERS ONLY GRID]

B. How many of these were with a male partner? __ __ __

[ASK GRID FOR ALL FEMALE SEX PARTNERS, IF NO FEMALE SEX PARTNERS GO TO MALE SEX PARTNER GRID]

FEMALE SEX PARTNERS ONLY (As far as you know), P3M have you received oral sex from…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**C. Past 3 Months** **[IF YES ⇒]**		**D. How many # of times in the past 3 months?**	**E. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**F. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
2. Anyone who has worked as a prostitute?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
3. Someone who has HIV or AIDS?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
4. Someone who injects drugs?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
7. Acquaintance – someone you know a little bit	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
8. Anonymous partner - stranger	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
9. Trade Partner	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __

[ASK GRID FOR ALL MALE SEX PARTNERS, IF NO MALE SEX PARTNERS GO TO 29]

MALE SEX PARTNERS ONLY (As far as you know), P3M have you received oral sex from…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**G. Past 3 Months** **[IF YES ⇒]**		**H. How many # of times in the past 3 months?**	**I. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [_ _]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
2. Anyone who has worked as a prostitute?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
3. Someone who has HIV or AIDS?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
4. Someone who injects drugs?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
7. Acquaintance – someone you know a little bit	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
8. Anonymous partner - stranger	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
9. Trade Partner	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __

29. In the past 3 months, have you given oral sex to any sex partner? No 1 [GO TO 30]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE ELSE'S VAGINA/PENIS] Yes 5

A. How many of these were with a female partner (in the past 3 months)? __ __ __

[IF NO MALE SEX PARTNERS IN P3M GO TO FEMALE SEX PARTNERS ONLY GRID]

B. How many of these were with a male partner? __ __ __

[ASK GRID FOR ALL FEMALE SEX PARTNERS, IF NO FEMALE SEX PARTNERS GO TO MALE SEX PARTNER GRID]

FEMALE SEX PARTNERS ONLY (As far as you know), P3M have you given oral sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**C. Past 3 Months** **[IF YES ⇒]**		**D. How many # of times in the past 3 months?**	**E. Of these times, how often did you not use a condom/latex protection:** [[IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**F. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [_ _]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
2. Anyone who has worked as a prostitute?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
3. Someone who has HIV or AIDS?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
4. Someone who injects drugs?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
7. Acquaintance – someone you know a little bit	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
8. Anonymous partner - stranger	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
9. Trade Partner	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _

[ASK GRID FOR ALL MALE SEX PARTNERS, IF NO MALE SEX PARTNERS GO TO 30]

MALE SEX PARTNERS ONLY (As far as you know), P3M have you given oral sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**G. Past 3 Months** **[IF YES ⇒]**		**H. How many # of times in the past 3 months?**	**I. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [_ _]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
2. Anyone who has worked as a prostitute?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
3. Someone who has HIV or AIDS?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
4. Someone who injects drugs?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
7. Acquaintance – someone you know a little bit	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
8. Anonymous partner - stranger	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
9. Trade Partner	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __

30. In the past 3 months, have you had anal sex with any sex partner (besides your [spouse/live in])? [BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE'S ANUS/BUTT]

No 1 [GO TO 31]
Yes 5

A. How many of these were with a female partner (in the past 3 months)? __ __ __

[IF NO MALE SEX PARTNERS IN P3M GO TO FEMALE SEX PARTNERS ONLY GRID]

B. How many of these were with a male partner? __ __ __

[ASK GRID FOR ALL FEMALE SEX PARTNERS, IF NO FEMALE SEX PARTNERS GO TO MALE SEX PARTNER GRID]

FEMALE SEX PARTNERS ONLY (As far as you know), P3M have you given anal sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**C. Past 3 Months** **[IF YES ⇒]**		**D. How many # of times in the past 3 months?**	**E. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**F. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [_ _]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
2. Anyone who has worked as a prostitute?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
3. Someone who has HIV or AIDS?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
4. Someone who injects drugs?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
7. Acquaintance – someone you know a little bit	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
8. Anonymous partner - stranger	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
9. Trade Partner	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _

[ASK GRID FOR ALL MALE SEX PARTNERS, IF NO MALE SEX PARTNERS GO TO 31]

MALE SEX PARTNERS ONLY (As far as you know), P3M have you given anal sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**G. Past 3 Months** **[IF YES ⇒]**		**H. How many # of times in the past 3 months?**	**I. Of these times, how often did you not use a condom/latex protection: [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]**	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
2. Anyone who has worked as a prostitute?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
3. Someone who has HIV or AIDS?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
4. Someone who injects drugs?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
7. Acquaintance – someone you know a little bit	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
8. Anonymous partner - stranger	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
9. Trade Partner	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___

[ASK OF MALES WHO HAVE HAD SEX WITH MALES; OTHERWISE, GO TO 32]

31. In the past 3 months, has your sex partner (besides your [SPOUSE/LIVE-IN]) put his penis in your anus/butt? No 1 [GO TO 32]
Yes 5

(As far as you know), P3M have you received anal sex from…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**A. Past 3 Months** **[IF YES ⇒]**	**B. How many # of times in the past 3 months?**	**C. Of these times, how often did you not use a condom/latex protection: [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN**	**D. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them

	No	Yes		GRID]	07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [_ _]
1. Someone whose sexual history you didn't know very well?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
2. Anyone who has worked as a prostitute?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
3. Someone who has HIV or AIDS?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
4. Someone who injects drugs?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
7. Acquaintance – someone you know a little bit	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
8. Anonymous partner – stranger	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
9. Trade Partner	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _

32. Besides, your spouse/live-in AND the partners you have already described, SLI were any of your OTHER partners people:

[IF INCARCERATED ENTIRE TIME P3M, READ: **SLI were any of your partners people:**]

A. Whose sexual history you didn't know well? No 1 [GO TO D]
Yes 5

B. How many? _ _ _

C. Did you ever NOT use a condom/latex protection with any of these partners? No 1
Yes 5

D. Who have worked as a prostitute? No 1 [GO TO G]
Yes 5

E. How many? _ _ _

F. Did you ever NOT use a condom/latex protection with any of these partners? No 1
Yes 5

G. Who have HIV/AIDS? No 1 [GO TO J]
Yes 5

H. How many? _ _ _

I. Did you ever NOT use a condom/latex protection with any of these partners? No 1
Yes 5

J. Who injects drugs? No 1 [GO TO33]

Yes 5

K. How many? __ __ __

L. Did you ever NOT use a condom/latex protection with any of these partners? No 1
Yes 5

[IF SUBJECT NEVER USED A CONDOM/LATEX PROTECTION GO TO NEXT SECTION]

33. When you used condoms/latex protection IN THE PAST 3 MONTHS, where did you get them? [CODE FROM RESPONSE ALL THAT APPLY:]

01	Friends	05	Purchased at store
02	Family	07	Partner
03	Doctor/nurse/other professional	06	Other [SPECIFY:]
04	Given away (promotion/awareness day)		_____ [__ __]

GG2. SEX PARTNERS: FEMALE SUBJECTS

[READ] These questions are about specific sex acts WITH ANY SEX PARTNER you've had in the COMMUNITY.
[IF SUBJECT HAS MORE THAN 5 "OTHER SEX PARTNERS" P3M GO TO 22]
[GO TO 26 IF SUBJECT HAS BEEN INCARCERATED ENTIRE TIME P3M]

1. (Besides your spouse/live-in) who did you have sex with in the past 3 months?

A. What was the relationship of these people to you? [CODE SEX OF PARNTER, RELATIONSHIP, USE SUBJECT'S TERM FOR PARTNER, THEN ASK B]
[CODE FIRST 5 SEX PARTNERS]

1 Exclusive or primary sex partner whom you know very well and who is not living with you (BOYFRIEND/GIRLFRIEND)
2 Known very well but not exclusive or primary sex partner (FRIEND, REGULAR PARTNER NOT BF/GF)
3 Acquaintance who is not anonymous (SOMEONE YOU KNOW A LITTLE BIT)
4 Anonymous sex partner, stranger (STRANGER)

B. To the best of your knowledge:
1. Is [X] someone whose sexual history you didn't know well?
2. Has [X] worked as a prostitute?
3. Does [X] have HIV/AIDS?
4. Does [X] inject drugs?

	M/F	RELATIONSHIP	SUBJECT'S TERM	Sex history?		Prostitute?		HIV/AIDS?		Drugs?	
				N	Y	N	Y	N	Y	N	Y
Partner A:	___	[___]	_____	□	□	□	□	□	□	□	□
Partner B:	___	[___]	_____	□	□	□	□	□	□	□	□
Partner C:	___	[___]	_____	□	□	□	□	□	□	□	□
Partner D:	___	[___]	_____	□	□	□	□	□	□	□	□
Partner E:	___	[___]	_____	□	□	□	□	□	□	□	□

Now thinking about [Person A], your [X]
[IF SEX PARTNER FEMALE, GO TO 3]

2. In the past 3 months, have you had vaginal sex with [Partner A]? No 1 [GO TO 3]
[BY VAGINAL WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 3]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

3. In the past 3 months have you received oral sex from [Partner A]? No 1 [GO TO 4]
[BY ORAL SEX WE MEAN SOMEONE PUTTING HIS/HER MOUTH ON YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 4]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

4. In the past 3 months, have you given oral sex to [Partner A]? No 1 [GO TO 5]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?
01 Never = 0% [GO TO 5]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]
01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER FEMALE, GO TO 6]

5. SLI, have you had anal sex with any sex partner (besides your [spouse/live in])? [BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUTT] No 1 [GO TO 6]
Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 6]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF NO PARTNER B, GO TO 26]
[IF SEX PARTNER FEMALE, GO TO 7]
Now thinking about [Partner B], your [X].

6. In the past 3 months, have you had vaginal sex with [Partner B]? No 1 [GO TO 7]
[BY VAGINAL WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 7]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

7. In the past 3 months have you received oral sex from [Partner B]? No 1 [GO TO 8]
[BY ORAL SEX WE MEAN SOMEONE PUTTING HIS/HER MOUTH ON YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 8]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

8. In the past 3 months, have you given oral sex to [Partner B]? No 1 [GO TO 9]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you condom/latex NOT use a condom/latex protection?

01 Never = 0% [GO TO 9]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER FEMALE, GO TO 10]

9. In the past 3 months, have you had anal sex with [Partner B]? No 1 [GO TO 10]
[BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUTT] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 10]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF NO PARTNER C, GO TO 26]
[IF SEX PARTNER FEMALE, GO TO 11]
Now thinking about [Partner C], your [X].

10. In the past 3 months, have you had vaginal sex with [Partner C]? No 1 [GO TO 11]
[BY VAGINAL WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use condom/latex protection?

01 Never = 0% [GO TO 11]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

11. In the past 3 months have you received oral sex from [Partner C]? No 1 [GO TO 12]
[BY ORAL SEX WE MEAN SOMEONE PUTTING HIS/HER MOUTH ON YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 12]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

12. In the past 3 months, have you given oral sex to [Partner C]? No 1 [GO TO 13]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 13]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER FEMALE, GO TO 14]

13. In the past 3 months, have you had anal sex with [Partner C]? No 1 [GO TO 14]
[BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUTT] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 14]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF NO PARTNER D, GO TO 26]
[IF SEX PARTNER FEMALE, GO TO 15]
Now thinking about [Partner D], your [X].

14. In the past 3 months, have you had vaginal sex with [Partner D]? No 1 [GO TO 15]
[BY VAGINAL WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 15]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

15. In the past 3 months have you received oral sex from [Partner D]? No 1 [GO TO 16]
[BY ORAL SEX WE MEAN SOMEONE PUTTING HIS/HER MOUTH ON YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 16]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

16. In the past 3 months, have you given oral sex to [Partner D]? No 1 [GO TO 17]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 17]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER FEMALE, GO TO 18]

17. In the past 3 months, have you had anal sex with [Partner D]? No 1 [GO TO 18]
[BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUTT] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 18]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF NO PARTNER E, GO TO 26]
[IF SEX PARTNER FEMALE, GO TO 19]
Now thinking about [Partner E], your [X].

18. In the past 3 months, have you had vaginal sex with [Partner E]? No 1 [GO TO 19]
[BY VAGINAL WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 19]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

19. In the past 3 months have you received oral sex from [Partner E]? No 1 [GO TO 20]
[BY ORAL SEX WE MEAN SOMEONE PUTTING HIS/HER MOUTH ON YOUR VAGINA] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 20]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

20. In the past 3 months, have you given oral sex to [Partner E]? No 1 [GO TO 21]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S VAGINA/PENIS] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 21]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SEX PARTNER FEMALE, GO TO 22]

21. In the past 3 months, have you had anal sex with [Partner E]? No 1 [GO TO 22]
[BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUTT] Yes 5

A. If yes, how many times? __ __ __

B. Of these times, how often did you NOT use a condom/latex protection?

01 Never = 0% [GO TO 22]
02 Some of the time = 25%
03 Half of the time = 50%
04 More than half of the time = 75%
05 Every time = 100 %

C. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]

01 Didn't have any
02 Didn't like the feel
03 Didn't think they were necs. (Trusts partner/monogamy)
04 Trying to conceive
06 Partner didn't want to use them
07 Didn't know how to use them
08 Drunk/high/under the influence
09 Carelessness/didn't think about it
05 Other (Specify) [__ __]

[IF SUB HAS 5 OR LESS THAN "OTHER SEX PARTNERS" IN P3M GO TO 26]
[IF SUBJECT'S PARTNERS ARE FEMALE THEN GO TO 23]

22. In the past 3 months, have you had vaginal sex with any sex partner (besides your [spouse/live-in])? No 1 [GO TO 23]
[BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA] Yes 5

(As far as you know), P3M have you had vaginal sex with…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**A. Past 3 Months [IF YES ⇒]**		**B. How many # of times in the past 3 months?**	**C. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**D. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [__ __]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
2. Anyone who has worked as a prostitute?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
3. Someone who has HIV or AIDS?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
4. Someone who injects drugs?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
7. Acquaintance – someone you know a little bit	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
8. Anonymous partner - stranger	1	5	__ __ __	__ __ __	__ __ __ __

(As far as you know), P3M have you had vaginal sex with…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**A. Past 3 Months [IF YES ⇒]**		**B. How many # of times in the past 3 months?**	**C. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**D. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
				[# OF TIMES]	
9. Trade Partner	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __

23. In the past 3 months, have you received oral sex from any sex partner (besides your [SPOUSE/LIVE-IN])? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER MOUTH ON YOUR VAGINA] No 1 [GO TO 24]
Yes 5

A. How many of these were with a male partner (in the past 3 months)? __ __ __

[IF NO FEMALE SEX PARTNERS IN P3M GO TO FEMALE SEX PARTNERS ONLY GRID]
B. How many of these were with a female partner? __ __ __

[ASK GRID FOR ALL MALE SEX PARTNERS, IF NO MALE SEX PARTNERS GO TO FEMALE SEX PARTNER GRID]

MALE SEX PARTNERS ONLY (As far as you know), P3M have you received oral sex from…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**C. Past 3 Months [IF YES ⇒]**		**D. How many # of times in the past 3 months?**	**E. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**F. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
2. Anyone who has worked as a prostitute?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
3. Someone who has HIV or AIDS?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
4. Someone who injects drugs?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __

MALE SEX PARTNERS ONLY (As far as you know), P3M have you received oral sex from…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**C. Past 3 Months** **[IF YES ⇒]**		**D. How many # of times in the past 3 months?**	**E. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**F. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
7. Acquaintance – someone you know a little bit	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
8. Anonymous partner - stranger	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
9. Trade Partner	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___

[ASK GRID FOR ALL FEMALE SEX PARTNERS, IF NO FEMALE SEX PARTNERS GO TO 24]

FEMALE SEX PARTNERS ONLY (As far as you know), P3M have you received oral sex from…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**G. Past 3 Months** **[IF YES ⇒]**		**H. How many # of times in the past 3 months?**	**I. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
2. Anyone who has worked as a prostitute?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
3. Someone who has HIV or AIDS?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
4. Someone who injects drugs?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
6. Regular partner, non-exclusive – friend, regular	1	5	___ ___ ___	___ ___ ___	___ ___ ___ ___

FEMALE SEX PARTNERS ONLY (As far as you know), P3M have you received oral sex from…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**G. Past 3 Months** **[IF YES ⇒]**		**H. How many # of times in the past 3 months?**	**I. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
partner NOT bf/gf				[# OF TIMES]	
7. Acquaintance – someone you know a little bit	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
8. Anonymous partner - stranger	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
9. Trade Partner	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __

24. In the past 3 months, have you given oral sex to any sex partner? No 1 [GO TO 25]
[BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE ELSE'S VAGINA/PENIS] Yes 5

A. How many of these were with a male partner (in the past 3 months)? __ __ __

[IF NO FEMALE SEX PARTNERS IN P3M GO TO MALE SEX PARTNERS ONLY GRID]

B. How many of these were with a female partner? __ __ __

[ASK GRID FOR ALL MALE SEX PARTNERS, IF NO MALE SEX PARTNERS GO TO FEMALE SEX PARTNER GRID]

MALE SEX PARTNERS ONLY (As far as you know), P3M have you given oral sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**C. Past 3 Months** **[IF YES ⇒]**		**D. How many # of times in the past 3 months?**	**E. Of these times, how often did you not use a condom/latex protection:** [[IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**F. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
2. Anyone who has worked as a prostitute?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
3. Someone who has HIV or AIDS?	1	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __
4. Someone who injects	1	5			

MALE SEX PARTNERS ONLY (As far as you know), P3M have you given oral sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**C. Past 3 Months** **[IF YES ⇒]**		**D. How many # of times in the past 3 months?**	**E. Of these times, how often did you not use a condom/latex protection:** [[IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**F. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
drugs?			___	___ [# OF TIMES]	___ ___
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	___	___ [# OF TIMES]	___ ___
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	___	___ [# OF TIMES]	___ ___
7. Acquaintance – someone you know a little bit	1	5	___	___ [# OF TIMES]	___ ___
8. Anonymous partner - stranger	1	5	___	___ [# OF TIMES]	___ ___
9. Trade Partner	1	5	___	___ [# OF TIMES]	___ ___

[ASK GRID FOR ALL FEMALE SEX PARTNERS, IF NO MALE SEX PARTNERS GO TO 25]

FEMALE SEX PARTNERS ONLY (As far as you know), P3M have you given oral sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**G. Past 3 Months** **[IF YES ⇒]**		**H. How many # of times in the past 3 months?**	**I. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
	No	**Yes**			
1. Someone whose sexual history you didn't know very well?	1	5	___	___ [# OF TIMES]	___ ___
2. Anyone who has worked as a prostitute?	1	5	___	___ [# OF TIMES]	___ ___
3. Someone who has HIV or AIDS?	1	5	___	___ [# OF TIMES]	___ ___
4. Someone who injects drugs?	1	5	___	___ [# OF TIMES]	___ ___

FEMALE SEX PARTNERS ONLY (As far as you know), P3M have you given oral sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**G. Past 3 Months** **[IF YES ⇒]** **No**	**Yes**	**H. How many # of times in the past 3 months?**	**I. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
7. Acquaintance – someone you know a little bit	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
8. Anonymous partner - stranger	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
9. Trade Partner	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___

25. In the past 3 months, have you had anal sex with any sex partner (besides your [spouse/live in])? [BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUTT]

No 1 [GO TO 26]
Yes 5

[ASK GRID FOR ALL MALE SEX PARTNERS, IF NO MALE SEX PARTNERS GO TO FEMALE SEX PARTNER GRID]

MALE SEX PARTNERS ONLY (As far as you know), P3M have you given anal sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**A. Past 3 Months** **[IF YES ⇒]** **No**	**Yes**	**B. How many # of times in the past 3 months?**	**C. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**D. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [___]
1. Someone whose sexual history you didn't know very well?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
2. Anyone who has worked as a prostitute?	1	5	___ ___ ___	___ ___ ___ [# OF TIMES]	___ ___ ___ ___
3. Someone who has HIV or AIDS?	1	5	___ ___ ___	___ ___ ___	___ ___ ___ ___

MALE SEX PARTNERS ONLY (As far as you know), P3M have you given anal sex to…[CIRCLE NO OR YES FOR EACH] (Remember, this does not include [SPOUSE/LIVE-IN PARTNER])	**A. Past 3 Months** **[IF YES ⇒]**		**B. How many # of times in the past 3 months?**	**C. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**D. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [_ _ _]
	No	**Yes**			
				[# OF TIMES]	
4. Someone who injects drugs?	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
7. Acquaintance – someone you know a little bit	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
8. Anonymous partner - stranger	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _
9. Trade Partner	1	5	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _

[ASK GRID FOR ALL FEMALE SEX PARTNERS, IF NO MALE SEX PARTNERS GO TO 26]

26. Besides, your spouse/live-in AND the partners you have already described, SLI were any of your OTHER partners people:

[IF INCARCERATED ENTIRE TIME P3M, READ: **SLI were any of your partners people:**]

A. Whose sexual history you didn't know well? No 1 [GO TO D]
Yes 5

B. How many? _ _ _

C. Did you ever NOT use a condom/latex protection with any of these partners? No 1
Yes 5

D. Who have worked as a prostitute? No 1 [GO TO G]
Yes 5

E. How many? _ _ _

F. Did you ever NOT use a condom/latex protection with any of these partners? No 1
Yes 5

G. Who have HIV/AIDS? No 1 [GO TO J]
Yes 5

H. How many? _ _ _

I. Did you ever NOT use a condom/latex protection with any of these partners? No 1

Yes 5

J. Who injects drugs? No 1 [GO TO33]
Yes 5

K. How many? __ __ __

L. Did you ever NOT use a condom/latex protection with any of these partners? No 1
Yes 5

[IF SUBJECT NEVER USED A CONDOM/LATEX PROTECTION GO TO NEXT SECTION]

27. When you used condoms/latex protection IN THE PAST 3 MONTHS, where did you get them? [CODE FROM RESPONSE ALL THAT APPLY:]

01	Friends	05	Purchased at store
02	Family	07	Partner
03	Doctor/nurse/other professional	08	Correctional personnel
04	Given away (promotion/awareness day)	06	Other [SPECIFY:] _____ [__ __]

HH. PRISON SEX

[IF SUBJECT HAS NOT BEEN INCARCERATED AT ANY POINT IN TIME SLI, GO TO NEXT SECTION]

Now I want to ask you some questions about being in jail or prison.

1. **Where in prison do you think inmates are most safe from being harmed by other inmates?** [CODE FROM RESPONSE]
   - 01 Cell
   - 02 Shower
   - 03 Living Area (other than cell such as dorm or gym)
   - 04 Day Room/TV room
   - 05 Yard
   - 06 Kitchen/Dining Room
   - 07 Chapel
   - 08 Hospital/clinic/infirmary
   - 10 Protective Custody
   - 09 Other, specify: _____[__ __] [__ __]

2. **Where in prison do you think inmates are the least safe?** [CODE FROM RESPONSE]
   - 01 Cell
   - 02 Shower
   - 03 Living Area (other than cell such as dorm or gym)
   - 04 Day Room/TV room
   - 05 Yard
   - 06 Kitchen/Dining Room
   - 07 Chapel
   - 08 Hospital/clinic/infirmary
   - 09 Other, specify: _____[__ __] [__ __]

3. **How common do you think it is for inmates in general to be hit, kicked, punched, or otherwise assaulted by other inmates?**
   - 01 All of the time
   - 02 Most of the time
   - 03 Occasionally
   - 04 Rarely
   - 05 Never

4. **When prison violence does occur, what is it usually about?** [CODE FROM RESPONSE]
   - 01 Disrespect
   - 02 Retaliation
   - 03 Property
   - 04 Debt
   - 05 Drugs
   - 06 Gang
   - 07 Race/ethnicity
   - 08 Paperwork
   - 09 Other, specify: _____[__ __] [__ __]

   A. How often do you think prison violence is about racial tension?
      - 01 All of the time
      - 02 Most of the time
      - 03 Occasionally
      - 04 Rarely

05 Never

B. How common do you think it is for prison violence to be about gang issues?
01 All of the time
02 Most of the time
03 Occasionally
04 Rarely
05 Never

5. How common do you think it is for inmates to feel pressure from other inmates to do sexual things against their will?
01 All of the time
02 Most of the time
03 Occasionally
04 Rarely
05 Never

6. How common do you think it is for inmates to <u>actually</u> do sexual things against their will with other inmates?
01 All of the time
02 Most of the time
03 Occasionally
04 Rarely
05 Never

A. Specially, what about forced oral sex?
01 All of the time
02 Most of the time
03 Occasionally
04 Rarely
05 Never

7. How common do you think it is for inmates to be raped by other inmates?
01 All of the time
02 Most of the time
03 Occasionally
04 Rarely
05 Never

8. Where in prison do you think inmates are <u>most</u> likely to be forced to do <u>any</u> kind of sexual things with other inmates? [CODE FROM RESPONSE]
01 Cell
02 Shower
03 Living Area (other than cell such as dorm or gym)
04 Day Room/TV room
05 Yard
06 Kitchen/Dining Room
07 Chapel
08 Hospital/clinic/infirmary
09 Other, specify: _____[__ __] [__ __]

9. Where in prison do you think inmates are <u>least</u> likely to be forced to do <u>any</u> kind of sexual things with other inmates? [CODE FROM RESPONSE]

01 Cell
02 Shower
03 Living Area (other than cell such as dorm or gym)
04 Day Room/TV room
05 Yard
06 Kitchen/Dining Room
07 Chapel
08 Hospital/clinic/infirmary
09 Other, specify: _____[__ __] [__ __]

10. How common do you think it is for inmates to willingly have sex with other inmates?

01 All of the time
02 Most of the time
03 Occasionally
04 Rarely
05 Never

11. How safe do you feel in prison?

01 Very safe
02 Safe
03 Unsafe
04 Very unsafe

12. Do you feel more safe in prison or out in your community?

01 Prison
02 Community
03 The Same [DON'T READ]

13. How safe do you feel from being hit, kicked, punched, or otherwise assaulted without a weapon by other inmates?

01 Very safe
02 Safe
03 Unsafe
04 Very unsafe

14. How about with a weapon?

01 Very safe
02 Safe
03 Unsafe
04 Very unsafe

15. How safe do you feel from pressure from other inmates to do sexual things with inmates?

01 Very safe
02 Safe
03 Unsafe
04 Very unsafe

16. How safe do you feel from <u>actually</u> having to do sexual things against your will with inmates?

01 Very safe
02 Safe
03 Unsafe
04 Very unsafe

17. How safe do you feel from being raped by other inmates?

01 Very safe
02 Safe
03 Unsafe
04 Very unsafe

18. How often have you felt pressure from other inmates to do sexual things against your will?

01 All of the time
02 Most of the time
03 Occasionally
04 Rarely
05 Never

MALES ONLY: IF FEMALE GO TO NEXT SECTION

Now I want you to think of the time you were incarcerated SINCE THE LAST INTERVIEW, including the time you were in prison, jail, or another correctional facility.

1. SLI, did you have any sexual contact with women while you were incarcerated (i.e., correctional staff, conjugal visits, etc.)? No 1 [GO TO 2]
Yes 5

A. Who was this with?
[PROBE RELATIONSHIP WITH SUBJECT,
1 RESPONSE CHOICE MAY BE USED FOR MULTIPLE SEX PARTNERS]

01 Correctional Officer
02 Other, specify: _____ [__ __] [__ __] [__ __] [__ __]

B. Was this officially allowed by the jail/prison (i.e., conjugal visits)? Yes 01
No 02
Both 03

2. While you were incarcerated SLI, did any *women* make you do sexual things that you would have rather not done? No 1 [GO TO 3]
Yes 5

A. Who was this with?
[PROBE RELATIONSHIP WITH SUBJECT,
1 RESPONSE CHOICE MAY BE USED FOR MULTIPLE SEX PARTNERS]

01 Correctional Officer
02 Other, specify: _____ [__ __] [__ __]

MALE SUBJECTS:
DETAILED PRISON SEX FORM: SEX WITH WOMEN

You mentioned having (WILLING/UNWILLING – REFER TO 1 & 2) sexual contact with a (CORRECTIONAL OFFICER/OTHER – REFER TO 1 & 2) while you were incarcerated.

Was this willing or unwilling?
01 Willing
02 Unwillling

Was this with a?
01 Correctional Officer
02 Other, specify: _____ [_ _]

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			D. Did you have X with…	**SLI [IF YES ⇒]**		[GO TO F IF WILLING] **E. Past Year [IF YES ⇒]**		**F. Past 3 Months [IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**G. How many # of times in the past 3 months?**	**H. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**I.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify):
	No	Yes		**No**	**Yes**	**No**	**Yes**	**No**	**Yes**				
1A. Have vaginal sex? [BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA]	**1**	**5**				**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
			B. A woman who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
			C. A woman who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
			D. A woman who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
2A. Receive oral sex (from a woman)? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HER MOUTH ON YOUR PENIS]	1	5				**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
			B. A woman who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
			C. A woman who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
			D. A woman who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
3A. Give oral sex (to a woman)? [BY ORAL SEX WE MEAN PUTTING YOUR	1	5				**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
			B. A woman who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _
			C. A woman who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	[# OF TIMES]	_ _ _ _	_ _ _ _

MOUTH ON SOMEONE'S VAGINA]			D. A woman who works as a prostitute?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
4A. Have anal sex (with a woman)? [BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE'S ANUS/BUTT]	1	5				1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			B. A woman who has HIV or AIDS?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			C. A woman who injects drugs?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			D. A woman who works as a prostitute?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___

3. SLI, have you had to do sexual things against your will with other inmates while incarcerated? No 1
Yes 5 [GO TO 5]

4. Just to be sure, SLI have any of the following things happened to you with other inmates while incarcerated: touching, kissing, genital contact, oral sex, or penetration against your will? No 1
Yes 5

5. SLI, have you had to do sexual things against your will with male (correctional) staff? No 1
Yes 5

6. Well, what about sexual things [with other inmates while incarcerated] that were perhaps not against your will, but you would have rather not done (SLI)? No 1
Yes 5

7. SLI, did you willingly have any sexual contact with inmates or male correctional officers? No 1
Yes 5

[IF NO ENDORSEMENT, GO TO 8]

MALE SUBJECTS:
DETAILED PRISON SEX FORM: SEX WITH MEN

You mentioned having (WILLING/UNWILLING/ – REFER TO 3-5, 6) sexual contact (RATHER NOT DONE/IN EXCHANGE FOR SOMETHING – REFER TO 6-7) with a (INMATE/CORRECTIONAL OFFICER/OTHER – REFER TO 3-8) while you were incarcerated.

Was this willing/unwilling/.rather not done/in exchange for something?
01 Willing
02 Unwillling
03 Rather not done

Was this with a?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			D. Did you have X with…	SLI [IF YES ⇒]		[GO TO F IF WILLING] E. Past Year [IF YES ⇒]		F. Past 3 Months [IF YES ⇒] [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		G. How many # of times in the past 3 months?	H. Of these times, how often did you not use a condom/latex protection: [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	I. [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] What type of protection did you use? 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY] 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify):
	No	Yes		No	Yes	No	Yes	No	Yes				
1A. Receive oral sex (from a man)? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS MOUTH ON YOUR PENIS]	1	5				1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			B. A man who has HIV or AIDS?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			C. A man who injects drugs?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			D. A man who works as a prostitute?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
2A. Give oral sex (to a man)? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S PENIS]	1	5				1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			B. A man who has HIV or AIDS?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			C. A man who injects drugs?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			D. A man who works as a prostitute?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
3A. Give anal sex (to a man)? [BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO A MAN'S ANUS/BUTT]	1	5				1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			B. A man who has HIV or AIDS?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			C. A man who injects drugs?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___
			D. A man who works as a prostitute?	1	5	1	5	1	5	___	___ [# OF TIMES]	___ ___	___ ___

MALE SUBJECTS:
DETAILED PRISON SEX FORM: SEX WITH MEN

You mentioned having (WILLING/UNWILLING/ – REFER TO 3-5, 6) sexual contact (RATHER NOT DONE/IN EXCHANGE FOR SOMETHING – REFER TO 6-7) with a (INMATE/CORRECTIONAL OFFICER/OTHER – REFER TO 3-8) while you were incarcerated.

Was this willing/unwilling/.rather not done/in exchange for something?
01 Willing
02 Unwillling
03 Rather not done

Was this with a?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI [IF YES ⇒]**		[GO TO F IF WILLING] **E. Past Year [IF YES ⇒]**		**F. Past 3 Months [IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**G. How many # of times in the past 3 months?**	**H. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**I.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify):
	No	**Yes**		**No**	**Yes**	**No**	**Yes**	**No**	**Yes**				
4A. Receive anal sex (from a man)? [BY ANAL SEX WE MEAN A MAN PUTTING HIS PENIS INTO YOUR ANUS/BUTT]	1	5				**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			B. A man who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			C. A man who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			D. A man who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __

8. SLI, have you done sexual things in *exchange* for something [you really needed/wanted/had no other way to get?]? No 1 [GO TO 9
Yes 5

A. What was it in exchange for?
_____[__ __] [__ __]

B. Who was this with? 01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __] [__ __]

C. Was this with a man or woman?
01 Man
02 Woman
03 Both

9. SLI, have you made someone do sexual things with you when they didn't want to? No 1 [GO TO 10]
Yes 5

A. Who was this with?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

B. Was this with a man or woman?
01 Man
02 Woman
03 Both

MALE SUBJECTS:
DETAILED PRISON SEX FORM: FORCED OR EXCHANGED SEX WITH SOMEONE

Who was this with?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

Was this a man or woman?
01 Man
02 Woman

Was it forced sex or sex in exchange for something?
01 Forced
02 In exchange for something

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI** **[IF YES ⇒]**		**E. Past 3 Months** **[IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**F. How many # of times in the past 3 months?**	**F. Of these times, how often did you use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**G.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**H. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [__ __]
	No	**Yes**		**No**	**Yes**	**No**	**Yes**				

MALE SUBJECTS:
DETAILED PRISON SEX FORM: FORCED OR EXCHANGED SEX WITH SOMEONE

Who was this with?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

Was this a man or woman?
01 Man
02 Woman

Was it forced sex or sex in exchange for something?
01 Forced
02 In exchange for something

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI** **[IF YES ⇒]**		**E. Past 3 Months** **[IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**F. How many # of times in the past 3 months?**	**F. Of these times, how often did you use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**G.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**H. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [__ __]
	No	**Yes**		**No**	**Yes**	**No**	**Yes**				
1A. Have vaginal sex? [BY VAGINAL SEX WE MEAN PUTTING YOUR PENIS INTO A FEMALE'S VAGINA]	**1**	**5**				**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —
			B. Someone who has HIV or AIDS?	**1**	5	**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —
			C. Someone who injects drugs?	**1**	5	**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —
			D. Someone who works as a prostitute?	**1**	5	**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —
2A. Receive oral sex (from someone)? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER MOUTH ON YOUR PENIS]	1	5				**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —
			B. Someone who has HIV or AIDS?	**1**	5	**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —
			C. Someone who injects drugs?	**1**	5	**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —
			D. Someone who works as a prostitute?	**1**	5	**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —
3A. Give oral sex (to someone)? [BY ORAL	1	5				**1**	5	— — —	— — — [# OF TIMES]	— — — —	— — — —

MALE SUBJECTS:
DETAILED PRISON SEX FORM: FORCED OR EXCHANGED SEX WITH SOMEONE

Who was this with?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

Was this a man or woman?
01 Man
02 Woman

Was it forced sex or sex in exchange for something?
01 Forced
02 In exchange for something

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI** **[IF YES ⇒]**		**E. Past 3 Months** **[IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**F. How many # of times in the past 3 months?**	**F. Of these times, how often did you use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**G.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**H. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [__ __]
	No	**Yes**		**No**	**Yes**	**No**	**Yes**				
SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S VAGINA/PENIS]			B. Someone who has HIV or AIDS?	**1**	5	**1**	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			C. Someone who injects drugs?	**1**	5	**1**	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			D. Someone who works as a prostitute?	**1**	5	**1**	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
4A. Have anal sex (with someone)? [BY ANAL SEX WE MEAN PUTTING YOUR PENIS INTO SOMEONE'S ANUS/BUTT]	1	5				**1**	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			B. Someone who has HIV or AIDS?	**1**	5	**1**	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			C. Someone who injects drugs?	**1**	5	**1**	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			D. Someone who works as a prostitute?	**1**	5	**1**	5	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __

10. SLI, how many total women did you have sexual contact with while you were incarcerated?

SLI? __ __ __ [FEMALES]

A. How many in the past 3 months? __ __ __ [FEMALES]

11. SLI, how many total men did you have sexual contact with while you were incarcerated?

SLI? __ __ __ [MALES]

A. How many in the past 3 months? __ __ __ [MALES]

[IF SUBJECT NEVER USED A CONDOM/LATEX PROTECTION GO TO NEXT SECTION]

12. When you used condoms/latex protection, where did you get them? (Remember, we are still talking about the PAST 3 MONTHS.) [CODE FROM RESPONSE ALL THAT APPLY:]

01	Friends	05	Purchased at store
02	Family	07	Partner
03	Doctor/nurse/other professional	06	Other [SPECIFY:]
04	Given away (promotion/awareness day)		_____ [__ __]
08	Correctional Personnel		

13. When you get out (When you got out), how likely are you to tell (have you told) future sex partners about any of these experiences?

01	Definitely won't
02	Maybe
03	Definitely will

[IF ALREADY ENDORSED SEX WITH MEN SLI IN QUESTIONS 3-9, THEN GO TO A]

14. Have you EVER had sex with a man (anal or oral)? No 1 [GO TO 13]
Yes 5

1. [IF YES] I am going to name some sex acts, tell me if you have EVER had…	IF YES ⇒		**A. Was the first time you had…while you were in the community, prison or jail?**	**B. Did you ever have…while incarcerated?** [IF NO, GO TO D]		**C. IF YES, was this in prison or jail?**	**D. When you had… (in the community or incarcerated) how often did you not use a condom/latex protection:**	[IF NO TO B, GO TO NEXT QUESTION] **E. When you had…while you were incarcerated, did you use a condom/latex protection less, the same as, or more than when you were in the community?**
	No	**Yes**		**No**	**Yes**			
A. Received oral sex from a man? [By receiving oral sex we mean someone else putting his mouth on your penis]	1	5	□ Community □ Prison □ Jail	1	5	□ Prison □ Jail □ Both	___ ___ ___	□ Less □ Same □ More
B. Given oral sex to a man [By giving oral sex we mean putting your mouth on someone else's penis]	1	5	□ Community □ Prison □ Jail	1	5	□ Prison □ Jail □ Both	___ ___ ___	□ Less □ Same □ More
B. Anal sex with a man	1	5	□ Community	1	5	□ Prison	___ ___ ___	□ Less

1. [IF YES] I am going to name some sex acts, tell me if you have EVER had…	IF YES ⇒		**A. Was the first time you had…while you were in the community, prison or jail?**	**B. Did you ever have…while incarcerated?** [IF NO, GO TO D]		**C. IF YES, was this in prison or jail?**	**D. When you had… (in the community or incarcerated) how often did you not use a condom/latex protection:**	[IF NO TO B, GO TO NEXT QUESTION] **E. When you had…while you were incarcerated, did you use a condom/latex protection less, the same as, or more than when you were in the community?**
	No	**Yes**		**No**	**Yes**			
where you have put your penis into someone else's butt?			□ Prison □ Jail			□ Jail □ Both		□ Same □ More
C. Anal sex with a man where he put his penis in your butt?	1	5	□ Community □ Prison □ Jail	1	5	□ Prison □ Jail □ Both	___ ___ ___	□ Less □ Same □ More

FEMALES ONLY: IF MALE GO TO NEXT SECTION

Now I want you to think of the time you were incarcerated SINCE THE LAST INTERVIEW, including the time you were in prison, jail, or another correctional facility.

1. SLI, did you have any sexual contact with men while you were incarcerated (i.e., correctional staff, conjugal visits, etc.)? No 1 [GO TO 2]
Yes 5

A. Who was this with?
[PROBE RELATIONSHIP WITH SUBJECT,
1 RESPONSE CHOICE MAY BE USED FOR MULTIPLE SEX PARTNERS]
01 Correctional Officer
02 Other, specify: _____ [__ __] [__ __] [__ __] [__ __]

B. Was this officially allowed by the jail/prison (i.e., conjugal visits)? Yes 01
No 02
Both 03

2. While you were incarcerated SLI, did any *men* make you do sexual things that you would have rather not done? No 1 [GO TO 3]
Yes 5

A. Who was this with?
[PROBE RELATIONSHIP WITH SUBJECT,
1 RESPONSE CHOICE MAY BE USED FOR MULTIPLE SEX PARTNERS]
01 Correctional Officer
02 Other, specify: _____ [__ __] [__ __] [__ __] [__ __]

FEMALE SUBJECTS:
DETAILED PRISON SEX FORM: SEX WITH MEN

You mentioned having (WILLING/UNWILLING – REFER TO 1 & 2) sexual contact with a (CORRECTIONAL OFFICER/OTHER – REFER TO 1 & 2) while you were incarcerated.

Was this willing or unwilling?
01 Willing
02 Unwillling

Was this with a?
01 Correctional Officer
02 Other, specify: _____ [_ _]

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI [IF YES ⇒]**		[GO TO F IF WILLING] **E. Past Year [IF YES ⇒]**		**F. Past 3 Months [IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**G. How many # of times in the past 3 months?**	**H. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**I.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify):
	No	**Yes**		**No**	**Yes**	**No**	**Yes**	**No**	**Yes**				
1A. Have vaginal sex? [BY VAGINAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA]	**1**	**5**				**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			B. A man who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			C. A man who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			D. A man who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
2A. Receive oral sex (from a man)? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS MOUTH ON YOUR VAGINA]	1	5				**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			B. A man who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			C. A man who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			D. A man who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
3A. Give oral sex (to	1	5				**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _

FEMALE SUBJECTS:
DETAILED PRISON SEX FORM: SEX WITH MEN

You mentioned having (WILLING/UNWILLING – REFER TO 1 & 2) sexual contact with a (CORRECTIONAL OFFICER/OTHER – REFER TO 1 & 2) while you were incarcerated.

Was this willing or unwilling?
01 Willing
02 Unwillling

Was this with a?
01 Correctional Officer
02 Other, specify: _____ [_ _]

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI [IF YES ⇒]**		[GO TO F IF WILLING] **E. Past Year [IF YES ⇒]**		**F. Past 3 Months [IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**G. How many # of times in the past 3 months?**	**H. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**I.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify):
	No	**Yes**		**No**	**Yes**	**No**	**Yes**	**No**	**Yes**				
a man)? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S PENIS]			B. A man who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			C. A man who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			D. A man who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
4A. Have anal sex (with a man)? [BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUT T]	1	5				**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			B. A man who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			C. A man who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _
			D. A man who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	_ _ _	_ _ _ [# OF TIMES]	_ _ _ _	_ _ _ _

3. SLI, have you had to do sexual things against your will with other inmates while incarcerated? No 1
Yes 5 [GO TO 4]

4. **Just to be sure, SLI have any of the following things happened to you with other inmates while incarcerated: touching, kissing, genital contact, oral sex, or penetration against your will?** No 1 [GO TO 5]
Yes 5

5. **SLI, have you had to do sexual things against your will with female (correctional) staff?** No 1 [GO TO 6]
Yes 5

6. **Well, what about sexual things [with other inmates while incarcerated] that were perhaps not against your will, but you would have rather not done (SLI)?** No 1 [GO TO 7]
Yes 5

7. **SLI, did you willingly have any sexual contact with inmates or female correctional officers?** No 1 [GO TO 8]
Yes 5

FEMALE SUBJECTS:
DETAILED PRISON SEX FORM: SEX WITH WOMEN

You mentioned having (WILLING/UNWILLING/ – REFER TO 3-5, 6) sexual contact (RATHER NOT DONE/ – REFER TO 6-7) with a (INMATE/CORRECTIONAL OFFICER/OTHER – REFER TO 3-7) while you were incarcerated.

Was this willing/unwilling/.rather not done/in exchange for something?
01 Willing
02 Unwillling
03 Rather not done

Was this with a?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI [IF YES ⇒]**		[GO TO F IF WILLING] **E. Past Year [IF YES ⇒]**		**F. Past 3 Months [IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**G. How many # of times in the past 3 months?**	**H. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**I.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**J. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify):
	No	**Yes**		**No**	**Yes**	**No**	**Yes**	**No**	**Yes**				
1A. Receive oral sex (from a woman)? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HER MOUTH ON YOUR VAGINA]	1	5				**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			B. A woman who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			C. A woman who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __
			D. A woman who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __ __ __	__ __ __ __

2A. Give oral sex (to a woman)? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S VAGINA]	1	5				**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __	__ __	__ __	__ __
			B. A woman who has HIV or AIDS?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __	__ __	__ __	__ __
			C. A woman who injects drugs?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __	__ __	__ __	__ __
			D. A woman who works as a prostitute?	**1**	**5**	**1**	**5**	**1**	**5**	__ __ __	__ __ __ [# OF TIMES]	__ __	__ __	__ __	__ __

8. SLI, have you done sexual things in *exchange* for something [you really needed/wanted/had no other way to get?]? No 1 [GO TO 9]
Yes 5

A. What was it in exchange for?
_____[__ __] [__ __]

B. Who was this with? 01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __] [__ __]

C. Was this with a man or woman?
01 Man
02 Woman
03 Both

9. SLI, have you made someone do sexual things with you when they didn't want to? No 1 [GO TO 10]
Yes 5

A. Who was this with?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

B. Was this with a man or woman?
01 Man
02 Woman
03 Both

FEMALE SUBJECTS:
DETAILED PRISON SEX FORM A: FORCED OR EXCHANGED SEX WITH SOMEONE

Who was this with?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

Was this a man or woman?
01 Man
02 Woman

Was it forced sex or sex in exchange for something?
01 Forced
02 In exchange for something

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI** **[IF YES ⇒]**		**E. Past 3 Months** **[IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**F. How many # of times in the past 3 months?**	**F. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**G.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**H. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [__ __]
	No	**Yes**		**No**	**Yes**	**No**	**Yes**				
1A. Have vaginal sex? [BY VAGINAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA]	1	5				**1**	5	___	[# OF TIMES]	___ ___	___ ___
			B. A man who has HIV or AIDS?	**1**	5	**1**	5	___	[# OF TIMES]	___ ___	___ ___
			C. A man who injects drugs?	**1**	5	**1**	5	___	[# OF TIMES]	___ ___	___ ___
			D. A man who works as a prostitute?	**1**	5	**1**	5	___	[# OF TIMES]	___ ___	___ ___
2A. Receive oral sex (from someone)? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS/HER MOUTH ON YOUR VAGINA]	1	5				**1**	5	___	[# OF TIMES]	___ ___	___ ___
			B. Someone who has HIV or AIDS?	**1**	5	**1**	5	___	[# OF TIMES]	___ ___	___ ___
			C. Someone who injects drugs?	**1**	5	**1**	5	___	[# OF TIMES]	___ ___	___ ___
			D. Someone who works as a prostitute?	**1**	5	**1**	5	___	[# OF TIMES]	___ ___	___ ___

FEMALE SUBJECTS:
DETAILED PRISON SEX FORM A: FORCED OR EXCHANGED SEX WITH SOMEONE

Who was this with?
01 Inmate
02 Correctional Officer
03 Other, specify: _____[__ __]

Was this a man or woman?
01 Man
02 Woman

Was it forced sex or sex in exchange for something?
01 Forced
02 In exchange for something

C. (As far as you know), SLI, while you were incarcerated did you…[CIRCLE NO OR YES FOR EACH]			**D. Did you have X with…**	**SLI** **[IF YES ⇒]**		**E. Past 3 Months** **[IF YES ⇒]** [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE DRID]		**F. How many # of times in the past 3 months?**	**F. Of these times, how often did you not use a condom/latex protection:** [IF NEVER, THEN GO TO NEXT TYPE OF SEX PARTNER IN GRID]	**G.** [IF NEVER TO E. GO TO NEXT TYPE OF SEX PARTNER IN GRID] **What type of protection did you use?** 01 Condom 02 Saran Wrap 03 Rubber Glove 04 Plastic Bag 05 Other, specify:	**H. Can you tell me why you didn't use a condom/latex protection? [CODE FROM RESPONSE ALL THAT APPLY]** 01 Didn't have any 02 Didn't like the feel 03 Didn't think they were necs. (Trusts partner/monogamy) 04 Trying to conceive 06 Partner didn't want to use them 07 Didn't know how to use them 08 Drunk/high/under the influence 09 Carelessness/didn't think about it 05 Other (Specify) [__ __]
	No	**Yes**		**No**	**Yes**	**No**	**Yes**				
3A. Give oral sex (to someone)? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S PENIS/VAGINA]	1	5				**1**	5	— — —	[# OF TIMES]	— — — —	— — — —
			B. Someone who has HIV or AIDS?	**1**	5	**1**	5	— — —	[# OF TIMES]	— — — —	— — — —
			C. Someone who injects drugs?	**1**	5	**1**	5	— — —	[# OF TIMES]	— — — —	— — — —
			D. Someone who works as a prostitute?	**1**	5	**1**	5	— — —	[# OF TIMES]	— — — —	— — — —
4A. Have anal sex (with a man)? [BY ANAL SEX WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR ANUS/BUTT]	1	5				**1**	5	— — —	[# OF TIMES]	— — — —	— — — —
			B. A man who has HIV or AIDS?	**1**	5	**1**	5	— — —	[# OF TIMES]	— — — —	— — — —
			C. A man who injects drugs?	**1**	5	**1**	5	— — —	[# OF TIMES]	— — — —	— — — —
			D. A man who works as a prostitute?	**1**	5	**1**	5	— — —	[# OF TIMES]	— — — —	— — — —

10. SLI, how many total men did you have sexual contact with while you were incarcerated?

SLI? A. How many in the past 3 months?

__ __ __ [MALES] __ __ __ [MALES]

11. SLI, how many total women did you have sexual contact with while you were incarcerated?

SLI? A. How many in the past 3 months?

__ __ __ [FEMALES] __ __ __ [FEMALES]

[IF SUBJECT NEVER USED A CONDOM/LATEX PROTECTION GO TO NEXT SECTION]

12. When you used condoms/latex protection, where did you get them? (Remember, we are still talking about the PAST 3 MONTHS.) [CODE FROM RESPONSE ALL THAT APPLY:]

01	Friends	05	Purchased at store
02	Family	07	Partner
03	Doctor/nurse/other professional	06	Other [SPECIFY:]
04	Given away (promotion/awareness day)		_____ [__ __]
08	Correctional Personnel		

13. When you get out (When you got out), how likely are you to tell (have you told) future sex partners about any of these experiences?

01 Definitely won't
02 Maybe
03 Definitely will

[IF ALREADY ENDORSED SEX WITH WOMEN SLI IN QUESTIONS 3-9, THEN GO TO A]

13. Have you EVER had sex with a woman? No 1 [GO TO NEXT SECTION]
Yes 5

1. Now, I am going to name some sex acts, tell me if you have EVER had…	IF YES ⇒		**A. Was the first time you had…while you were in the community, prison or jail?**	**B. Did you ever have…while incarcerated?** [IF NO, GO TO D]		**C. IF YES, was this in prison or jail?**	**D. When you had… (in the community or incarcerated) how often did you not use a condom/latex protection:**	[IF NO TO B, GO TO NEXT QUESTION] **E. When you had…while you were incarcerated, did you use a condom/latex protection less, the same as, or more than when you were in the community?**
	No	**Yes**		**No**	**Yes**			
A. Received oral sex from a woman? [By received oral sex we mean someone else putting her mouth on your vagina]	1	5	□ Community □ Prison □ Jail	1	5	□ Prison □ Jail □ Both	___ ___ ___	□ Less □ Same □ More
B. Given oral sex to a woman? [By given oral sex we mean, putting your mouth on someone else's vagina]	1	5	□ Community □ Prison □ Jail	1	5	□ Prison □ Jail □ Both	___ ___ ___	□ Less □ Same □ More

II. ADDITIONAL RISK ITEMS

[IF SUBJECT HAS NEVER HAD SEX OR NEVER HAD SEX SLI, GO TO 4]

1. SINCE THE LAST INTERVIEW have you had sex while drunk or high? No 1 [GO TO 2] Yes 5

A. Did this happen in the past 3 months? No 1 [GO TO 2] Yes 5

B. Did this occur while you were in the community, incarcerated, or both?

01 Community [GO TO D]
02 Incarcerated
03 Both

C. If you were incarcerated, was this in jail, prison or both?

01 Prison
02 Jail
03 Both

D. What were you drinking or taking before sex? [CODE ALL FROM RESPONSE]

1 ALCOHOL
2 MARIJUANA
3 CRACK
4 COCAINE
5 AMPHETAMINES
6 SMOKABLE METH/ICE
7 HEROIN
8 HEROIN MIXED W/ OTHER DRUGS (SPEEDBALL)
9 NON-PRESCRIPTION METHADONE
10 OPIATES/NARCOTICS
11 BARBITURATES
12 TRANQUILIZERS
13 PSYCHEDELICS
14 INHALANTS
16 ECSTASY
15 OTHER: _____ [__ __]

E. How often did you or your partner use condoms/latex protection (when you were intoxicated)? [READ AND CODE FROM RESPONSE]

1 Never = 0%
2 Sometimes = 25%
3 Half of the time = 50%
4 More than half of the time = 75%
5 Every time = 100%

[IF NOT INCARCERATED SLI, GO TO G]

F. While you were incarcerated , did you use a condom/latex protection less, the same as, or more than when you were in the community (and had sex while intoxicated)?

01 Less
02 Same
03 More

G. Were any of these times with high risk partners, such as those whose sexual history you don't know well, who worked as a prostitute, who has HIV/AIDS, or who injects drugs? No 1 Yes 5

2. SINCE THE LAST INTERVIEW, have you given drugs for sex? No 1 [GO TO 3]
Yes 5

A. Did this happen in the past 3 months? No 1 [GO TO 3]
Yes 5

B. Did this occur while you were in the community, incarcerated, or both?
01 Community [GO TO D]
02 Incarcerated
03 Both

C. If you were incarcerated, was this in jail, prison or both?
01 Prison
02 Jail
03 Both

D. Were you drinking or taking drugs before sex? No 1 [GO TO F]
Yes 5

E. What were you drinking or taking before sex? [CODE FROM RESPONSE]

1 ALCOHOL
2 MARIJUANA
3 CRACK
4 COCAINE
5 AMPHETAMINES
6 SMOKABLE METH/ICE
7 HEROIN
8 HEROIN MIXED W/ OTHER DRUGS (SPEEDBALL)
9 NON-PRESCRIPTION METHADONE
10 OPIATES/NARCOTICS
11 BARBITURATES
12 TRANQUILIZERS
13 PSYCHEDELICS
14 INHALANTS
16 ECSTASY
15 OTHER: _____ [__ __] [__ __]

F. How often did you or your partner use condoms/latex protection (when you were intoxicated)?
[READ AND CODE FROM RESPONSE]

1 Never = 0%
2 Sometimes = 25%
3 Half of the time = 50%
4 More than half of the time = 75%
5 Every time = 100%

[IF NOT INCARCERATED SLI, GO TO H]

G. (When you had sex while intoxicated and you were incarcerated) , did you use a condom/latex protection less, the same as, or more than when you were in the community?
01 Less
02 Same
03 More

H. Were any of these times with high risk partners, such as those whose sexual history you don't know well, who worked as a prostitute, who has HIV/AIDS, or who injects drugs? No 1
Yes 5

3. SINCE THE LAST INTERVIEW, have you talked with a boyfriend/girlfriend [sex partner] about AIDS before having sex with him/her?

No 1 [GO TO 4]
Yes 5

A. Did this happen in the past 3 months?

No 1
Yes 5

4. SINCE THE LAST INTERVIEW has a doctor, nurse, or other health professional talked to you about preventing sexually transmitted diseases through condom use?

No 1
Yes 5

JJ. AIDS KNOWLEDGE (HIV Knowledge Questionnaire)

[READ] Now I'm going to ask you some general questions about HIV and AIDS. For each statement, please say "True" or "False" or "I don't know". If you do not know, please do not guess; instead, please state "I don't know."

		TRUE	FALSE	DK
1.	**Coughing and sneezing DO NOT spread HIV.**	5	1	6
2.	**A person can get HIV by sharing a glass of water with someone who has HIV.**	5	1	6
3.	**Pulling out the penis before a man climaxes/cums keeps a woman from getting HIV during sex.**	5	1	6
4.	**A woman can get HIV if she has anal sex with a man.**	5	1	6
5.	**Showering, or washing one's genitals/private parts, after sex keeps a person from getting HIV.**	5	1	6
6.	**All pregnant women infected with HIV will have babies born with AIDS.**	5	1	6
7.	**All people who have been infected with HIV quickly show serious signs of being infected.**	5	1	6
8.	**There is a vaccine that can stop adults from getting HIV.**	5	1	6
9.	**People are likely to get HIV by deep kissing, putting their tongue in their partner's mouth, if their partner has HIV.**	5	1	6
10.	**A woman cannot get HIV if she had sex during her period.**	5	1	6
11.	**There is a female condom that can help decrease a woman's chance of getting HIV.**	5	1	6
12.	**A natural skin condom works better against HIV than does a latex condom.**	5	1	6
13.	**A person will NOT get HIV if she or he is taking antibiotics.**	5	1	6
14.	**Having sex with more than one partner can increase a person's chance of being infected with HIV**	5	1	6
15.	**Taking a test for HIV one week after having sex will tell a person if she or he has HIV.**	5	1	6
16.	**A person can get HIV by sitting in a hot tub or a swimming pool with a person who has HIV.**	5	1	6
17.	**A person can get HIV from oral sex.**	5	1	6
18.	**Using Vaseline or baby oil with condoms lowers the chance of getting HIV.**	5	1	6

19. How certain were you about your answers to these questions about AIDS?
[READ AND CODE FROM RESPONSE]
Not At All = 1 A Little = 2 A Fair Amount = 3 A Lot = 4

20. How much do you know about AIDS?
[READ AND CODE FROM RESPONSE]
Nothing = 1 A Little = 2 A Fair Amount = 3 A Lot = 4

21. SINCE THE LAST INTERVIEW, have you received any information about HIV/AIDS or any HIV/AIDS related services? I mean services like pamphlets, presentations, counseling, discussion groups, medical services, testing, or free condoms/latex protection. Have you received <u>ANY</u> services like these SINCE THE LAST INTERVIEW? No 1 [GO TO 22]
Yes 5

A. IN THE PAST YEAR, how many separate times have you received any services like these? __ __ __ [IF 000 GO TO 21C]

B. How many times in the past 3 months? __ __ __

[FILL OUT THE GRID ON THE NEXT PAGE FOR EACH SERVICE; IF THEY HAVE RECEIVED THE <u>EXACT</u> SAME SERVICE MORE THAN ONCE, ONLY FILL OUT ONE COLUMN FOR THAT SERVICE AND NOTE THE AMOUNT OF TIMES IT WAS RECEIVED]

	INTERVENTION 1 **Name:**	**INTERVENTION 2** **Name:**	**INTERVENTION 3** **Name:**
21C: What type of service did you receive?	[READ AND CIRCLE ALL INDICATED] 01 BROCHURE/PAMPHLET 02 PRESENTATION/LECTURE 03 VIDEO/MOVIE 04 COUNSELING 05 DISCUSSION GROUP 06 MEDICAL SERVICES/TESTING 07 CONDOMS/LATEX PROTECTION 08 OTHER: _____[__ __]	[READ AND CIRCLE ALL INDICATED] 01 BROCHURE/PAMPHLET 02 PRESENTATION/LECTURE 03 VIDEO/MOVIE 04 COUNSELING 05 DISCUSSION GROUP 06 MEDICAL SERVICES/TESTING 07 CONDOMS/LATEX PROTECTION 08 OTHER: _____[__ __]	[READ AND CIRCLE ALL INDICATED] 01 BROCHURE/PAMPHLET 02 PRESENTATION/LECTURE 03 VIDEO/MOVIE 04 COUNSELING 05 DISCUSSION GROUP 06 MEDICAL SERVICES/TESTING 07 CONDOMS/LATEX PROTECTION 08 OTHER: _____[__ __]
21D: How many times?	_____[__ __ __]	_____[__ __ __]	_____[__ __ __]
21E: Where did you receive this service?	[CODE FROM RESPONSE] 01 SCHOOL 02 CORRECTIONAL FACILITY 03 GROUP/RESIDENTIAL TX 04 OUTPATIENT TX 05 HEALTH CLINIC 06 HOSPITAL 07 DOCTORS OFFICE 08 IN-HOME 10 SOCIAL SERVICE AGENCY/ COMMUNITY CENTER 11 STREET/PARK/VAN 12 STORE 13 CHURCH 09 OTHER: _____[__ __]	[CODE FROM RESPONSE] 01 SCHOOL 02 CORRECTIONAL FACILITY 03 GROUP/RESIDENTIAL TX 04 OUTPATIENT TX 05 HEALTH CLINIC 06 HOSPITAL 07 DOCTORS OFFICE 08 IN-HOME 10 SOCIAL SERVICE AGENCY/ COMMUNITY CENTER 11 STREET/PARK/VAN 12 STORE 13 CHURCH 09 OTHER: _____[__ __]	[CODE FROM RESPONSE] 01 SCHOOL 02 CORRECTIONAL FACILITY 03 GROUP/RESIDENTIAL TX 04 OUTPATIENT TX 05 HEALTH CLINIC 06 HOSPITAL 07 DOCTORS OFFICE 08 IN-HOME 10 SOCIAL SERVICE AGENCY/ COMMUNITY CENTER 11 STREET/PARK/VAN 12 STORE 13 CHURCH 09 OTHER: _____[__ __]
21F: Who provided the service?	[CODE FROM RESPONSE] 01 TEACHER 02 SCHOOL COUNSELOR 03 MENTAL HEALTH WORKER 04 DOC/NURSE/MEDICAL 05 P.O./JUDGE/CORRECTIONS 06 FAMILY MEMBER 07 FRIEND/PARTNER 08 ACQUAINT./VOLUNTEER/PEER 09 CLERGY 11 ON DISPLAY/TAKEN BY SUBJECT 10 OTHER: _____[__ __]	[CODE FROM RESPONSE] 01 TEACHER 02 SCHOOL COUNSELOR 03 MENTAL HEALTH WORKER 04 DOC/NURSE/MEDICAL 05 P.O./JUDGE/CORRECTIONS 06 FAMILY MEMBER 07 FRIEND/PARTNER 08 ACQUAINT./VOLUNTEER/PEER 09 CLERGY 11 ON DISPLAY/TAKEN BY SUBJECT 10 OTHER: _____[__ __]	[CODE FROM RESPONSE] 01 TEACHER 02 SCHOOL COUNSELOR 03 MENTAL HEALTH WORKER 04 DOC/NURSE/MEDICAL 05 P.O./JUDGE/CORRECTIONS 06 FAMILY MEMBER 07 FRIEND/PARTNER 08 ACQUAINT./VOLUNTEER/PEER 09 CLERGY 11 ON DISPLAY/TAKEN BY SUBJECT 10 OTHER: _____[__ __]

21G: Did receiving "X" for HIV/AIDS lead you to change your behavior?	1 NO 3 NO OPINION 5 YES□HOW? [CODE FROM RESPONSE] 01 Stopped shooting up (or as often) 02 Used clean needles/didn't share 03 Cleaned needles (more often) 04 Got tested more often/regularly 05 Stopped having sex (or less often) 06 Had sex with fewer partners 07 Used protection (or more often) 08 Talk w/partner about HIV before sex/More selective in choosing partner 10 More aware of risk-No action 09 Other [Specify:] _____[__ __] _____[__ __]	1 NO 3 NO OPINION 5 YES□HOW? [CODE FROM RESPONSE] 01 Stopped shooting up (or as often) 02 Used clean needles/didn't share 03 Cleaned needles (more often) 04 Got tested more often/regularly 05 Stopped having sex (or less often) 06 Had sex with fewer partners 07 Used protection (or more often) 08 Talk w/partner about HIV before sex/More selective in choosing partner 10 More aware of risk-No action 09 Other [Specify:] _____[__ __] _____[__ __]	1 NO 3 NO OPINION 5 YES□HOW? [CODE FROM RESPONSE] 01 Stopped shooting up (or as often) 02 Used clean needles/didn't share 03 Cleaned needles (more often) 04 Got tested more often/regularly 05 Stopped having sex (or less often) 06 Had sex with fewer partners 07 Used protection (or more often) 08 Talk w/partner about HIV before sex/More selective in choosing partner 10 More aware of risk-No action 09 Other [Specify:] _____[__ __] _____[__ __]

[ASK OF ALL SUBJECTS]

22. Do you know:

	NO	YES
A. Anyone who is infected with HIV?	1	5
B. [IF YES, ASK:] How many people do you know personally who have HIV?	_____ [__ __]	
C. Anyone who has AIDS?	1	5
D. [IF YES, ASK:] How many people do you know personally who have AIDS?	_____ [__ __]	
E. Anyone who has died of AIDS?	1	5
F. [IF YES, ASK:] How many people? [DIED]	_____ [__ __]	

23. Have you had a test for the HIV virus SINCE THE LAST INTERVIEW?

No 1
Yes 5 [GO TO 24]

A. IF NOT, why have you not been tested? [THEN GO TO NEXT SECTION]
_____[__ __] [__ __] [__ __]

24. Where have you been tested?

01 Health Clinic
02 Hospital
03 Doctor's Office
04 Institutional/Residential placement
05 Home Test
07 Social Service Agency/Community Center
06 Other [SPECIFY:]
_____[__ __]

25. How many times have you been tested SINCE THE LAST INTERVIEW?

___ ___ [# OF TIMES]

26. I am going to read you a list of reasons why some people have been tested for HIV. Not including blood donations, which of these would you say was the MAIN reason for your last HIV test? [READ]

1 It was required
2 Someone suggested you should be tested
3 You thought you may have gotten HIV through sex or drug use
4 You just wanted to find out whether or not you had HIV
5 You were worried that you could give HIV to someone
6 IF FEMALE: You were pregnant
7 It was done as part of a routine medical check-up
8 Or you were tested for some other reason (Specify): _____[__ __] [__ __] [__ __]

27. Have you been told by someone that you were HIV positive?

No 1
Yes 5
DK 6 [IF DK ASK, WHY?:]
_____ [__ __] [__ __]

28. Did having an HIV test lead you to change your behavior?

No 1
Yes 5 [IF YES, ASK HOW?:]

01 Stopped shooting up (or as often)
02 Used clean needles/didn't share
03 Cleaned needles (more often)
04 Got tested more often/regularly
05 Stopped having sex (or less often)
06 Had sex with fewer partners
07 Used protection (or more often)
08 Talk w/partner about HIV before sex/ More selective in choosing partner
09 Other [Specify:] _____[__ __]
10 More aware of risk-No action

KK. ATTITUDES AND BELIEFS

1. Which statement best describes your chances of getting HIV or AIDS?
[READ AND CODE FROM RESPONSE]

1 No Chance = 0%
2 Some Chance = 25%
3 Half of a Chance = 50%
4 High Chance = 75%
5 Sure Chance = 100%

2. How concerned about being infected with (or catching) the AIDS virus are you?
[READ AND CODE FROM RESPONSE]

1 Not concerned at all
2 Slightly concerned
3 Somewhat concerned
4 Very concerned
5 Extremely concerned

3. How important do you think it is for people to know their HIV status by getting tested?
Would you say: [READ]

1 Very Important
2 Somewhat important
3 Not at all important

LL. BEHAVIORAL INTENTION

1. [Is subject more sexually attracted to men or women?] Men 1
Women 5

[USE APPROPRIATE PRONOUN IN THE FOLLOWING VIGNETTES]

We realize that some of these questions may seem a bit repetitive or awkward, but for scientific reasons, the questions have to be phrased in a particular way. Each of the questions is different, and each is important to the outcome of this study.

2. Imagine this situation:
You've made a decision that you are going to have sex with a person you've been seeing. You're very comfortable with the person, you trust them, and the relationship is special to you. You're watching TV at your place, and cuddling. You are thinking about taking him/her to your bedroom. You care a great deal for each other and you want to have sex.

With this situation in mind, think about each statement and indicate the number that describes what you would do. Please say what you would really do, not what you think you should do. [AGREE/DISAGREE CARD]

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
A. I will use a condom.	1	2	3	4
B. I will tell the (man/woman) that we need to practice safer sex.	1	2	3	4
C. I will do only safe-sex behaviors.	1	2	3	4
D. I will not drink or use drugs before sex so I can be clear-headed.	1	2	3	4
E. I will tell the (man/woman) I don't want to have intercourse without a condom.	1	2	3	4
F. I will decide ahead of time what I will and will not be willing to do.	1	2	3	4
G. I will actively guide our actions to have safe sex.	1	2	3	4
H. I will wait to see what my partner says we should do about condoms/latex protection.	1	2	3	4

3. Imagine this situation:
You are at a party. You are having a great time. A (man/woman – depending on FF1) you really like wants to have sex with you. You are very attracted to this (man/woman), and you really want to be with (him/her). You are dancing together, and you are both really turned on. You talk about going back to your place, but you already know that (he/she) hates condoms/latex protection. (He/She) is really fine and you are turned on by (him/her). (He/She) says, "Let's have a drink, go back to your place, and get it on."

With this situation in mind, think about each statement and indicate the number that describes what you would do. Please say what you would really do, not what you think you should do. [AGREE/DISAGREE CARD]

	STRONGLY DISAGREE	**DISAGREE**	**AGREE**	**STRONGLY AGREE**
A. I will use a condom.	1	2	3	4
B. I will tell the (man/woman) that we need to practice safer sex.	1	2	3	4
C. I will do only safe-sex behaviors.	1	2	3	4
D. I will not drink or use drugs before sex so I can be clear-headed.	1	2	3	4
E. I will tell the (man/woman) I don't want to have intercourse without a condom.	1	2	3	4
F. I will decide ahead of time what I will and will not be willing to do.	1	2	3	4
G. I will actively guide our actions to have safe sex.	1	2	3	4
H. I will wait to see what my partner says we should do about condoms/latex protection.	1	2	3	4

MM. PERCEIVED DIFFICULTY

For the following questions, please respond with the answer you feel best applies to you.
Please indicate how *hard* or *easy* it would be for you to do each of the following things.
[USE HARD/EASY CARD]
[IF INCARCERATED ENTIRE TIME P3M ASK A, THEN GO TO NEXT SECTION]

	Very Hard		Neither Hard Nor Easy		Very Easy
A. How hard or easy would it be for you to get condoms/latex protection (buy them or get them free)? [ANSWER FOR CURRENT LIVING SITUATION]	1	2	3	4	5
B. How hard or easy would it be for you to be supportive if your sexual partner brought up the topic of using condoms/latex protection to reduce the risk of getting the virus that causes AIDS?	1	2	3	4	5
C. How hard or easy would it be for you to make safer sex with a latex condom sexually exciting for your partner?	1	2	3	4	5
D. How hard or easy would it be for you to discuss safer sex (for example, always using latex condoms/latex protection) with your partner in a nonsexual setting, such as while riding in your car?	1	2	3	4	5
E. How hard or easy would it be for you to consistently use condoms/latex protection with a partner *every time* you have a one-night stand?	1	2	3	4	5
F. How hard or easy would it be for you to use a condom with your partner while under the influence of alcohol or drugs?	1	2	3	4	5
G. How hard or easy would it be for you to avoid using alcohol or drugs if you think you might be having sex later?	1	2	3	4	5

NN. CONDOM ATTITUDES

The statements below describe feelings or thoughts you may have about condoms/latex protection. For each question, please indicate how much you agree or disagree with the statement. [USE AGREE/DISAGREE CARD]

	Strongly Disagree	Disagree	Neither Agree Nor Disagree	Agree	Strongly Agree
A. The use of condoms/latex protection can make sex more stimulating—or make it feel better.	1	2	3	4	5
B. Condoms/latex protection are uncomfortable.	1	2	3	4	5
C. I find it embarrassing to be seen buying condoms/latex protection.	1	2	3	4	5
D. Using condoms/latex protection can be pleasurable.	1	2	3	4	5
E. Using condoms/latex protection can show concern and caring.	1	2	3	4	5
F. Condoms/latex protection ruin the mood.	1	2	3	4	5
G. Condoms/latex protection interrupt foreplay.	1	2	3	4	5
H. I feel comfortable when I buy condoms/latex protection.	1	2	3	4	5
I. Condoms/latex protection are unreliable.	1	2	3	4	5
J. Condoms/latex protection are an effective method of preventing sexual diseases.	1	2	3	4	5

OO. SUBJECTIVE NORMS

Please say how *true* or *untrue* each of the following statements is for you.

	Very True				Very Untrue
A. Most people who are important to me think I should talk about safer sex with my partner(s) before having sex with them.	1	2	3	4	5
B. Most people who are important to me think I should try to persuade my partner(s) to practice only safer sex.	1	2	3	4	5
C. Most people who are important to me think I should buy latex condoms/latex protection.	1	2	3	4	5
D. Most people who are important to me think I should always have latex condoms/latex protection handy.	1	2	3	4	5
E. Most people who are important to me think my partner(s) and I should always use latex condoms/latex protection during sexual intercourse.	1	2	3	4	5
F. Most people who are important to me think I should get a blood test during the next month to check whether I have the virus that causes AIDS.	1	2	3	4	5
G. Most people who are important to me think I should ask my partner(s) to get a blood test during the next month to check whether they have the virus that causes AIDS.	1	2	3	4	5

PP. GANG ACTIVITY

[READ] Now I'm going to ask you a few questions about gangs.

1. Have you EVER belonged to a gang?

No 1 [GO TO 12]
Yes 5

A. Is/was this the same gang we discussed in the last interview?

No 1
Yes 5

NOTE 5
IF SUBJECT HAS NEVER BEEN IN A GANG THEN GO QUESTION #12
IF SUBJECT HAS BEEN IN THE SAME GANG SLI, OR HAS BEEN OUT OF A GANG SLI, GO TO #5

2. Think about the time you joined the new gang:

A. How did you find out about the gang? [CODE FROM RESPONSE]
- 01 FAMILY MEMBER/S
- 02 FRIEND/S
- 03 NEIGHBORHOOD
- 05 SCHOOL
- 04 OTHER:_____ [__ __]

B. What were your reasons for joining? [CODE FROM RESPONSE ALL THAT APPLY]
- 01 SOCIAL/HANGING OUT/BE WITH FRIENDS
- 02 MAKE MONEY
- 03 POWER/STATUS/COOL
- 04 PROTECTION/SAFETY
- 05 CURIOSITY/EXPERIMENTING
- 06 GREW UP AROUND IT/ALREADY AROUND THEM/OTHER EXPOSURE
- 07 OTHER:_____ [__ __]

C. Did you have to do anything special to join the gang, such as doing something special to prove you were good enough to be a member?

No 1 [GO TO E]
Yes 5

D. What did you have to do?
- 01 BEATEN
- 02 FIGHT/JUMPED IN
- 03 SHOOT AT SOMEONE (Rival Gang)
- 04 OTHER [SPECIFY:] _____ [__ __] [__ __]

E. Would anything (BAD) have happened to you if you hadn't joined the gang? (Like any sort of retribution or any other consequences)?

No 1 [GO TO 3]
Yes 5

F. IF YES, what would have happened?
- 01 BEAT UP (UNSPECIFIED)
- 02 OTHER:_____ [__ __] [__ __]

3. How old were you when you first got involved with gangs? __ __

4. Tell me if the following describes your gang: (Denver Youth Survey)

		NO	YES
A.	You can join before you are 13	1	5
B.	The gang has established leaders	1	5
C.	The gang has regular meetings	1	5
D.	The gang has specific rules and codes	1	5
E.	There are punishments if you break the rules	1	5
F.	Gang members have specific roles	1	5
G.	The gang has symbols and colors	1	5
H.	There are specific roles for girls	1	5

5. Are you still a gang member?

No 1
Yes 5 [GO TO 6]
Subject got out of one gang and entered another SLI 3

A. Have you been active anytime SINCE THE LAST INTERVIEW?
No 1
Yes 5 [GO TO 6]

[IF NOT INCARCERATED SLI, GOTO C]

B. Were you active while you were incarcerated? No 1
Yes 5

C. How long have you been out/non-active?

_____ [__ __ __ __] [DAYS]

D. How did you get out of your gang?
[CODE FROM RESPONSE]

01 QUIT-NO CONSEQUENCES [PROBE TO CLARIFY THIS]
02 QUIT-NEGOTIATED A PEACEFUL EXIT
03 QUIT-MET CERTAIN REQUIREMENTS (Age, Pregnant)
04 BEATEN OUT
05 LEFT CITY/NEIGHBORHOOD
06 SENT TO PLACEMENT/INCARCERATED
08 OTHER [SPECIFY:]_____ [__ __] [__ __]

[SUBJECTS NOT IN A GANG SLI, GO TO 12]

[IF SUBJECT INCARCERATED FOR MORE THAN A MONTH GO TO QUESTION 12]
[IF SUBJECT INCARCERATED FOR ONE MONTH OR LESS: ANSWER FOR WHEN THEY WERE IN THE COMMUNITY PRIOR TO MOST RECENT/CURRENT INCARCERATION, NOT FOR IN CORRECTIONAL FACILITY]

[READ] The following is a list of things that gangs sometimes do. (Denver Youth Survey) I want you to think about the things that your gang has done SINCE THE LAST INTERVIEW.

6. Does this group:

A.	Get into fights with other groups or gangs?	No	1
		Yes	5
B.	Does this group provide protection for each other?	No	1
		Yes	5

C. Does this group do things that are illegal like stealing things, robbing someone, or selling drugs? No 1 [GO TO 7] Yes 5

[IF YES, ASK 1-15: "Does this group..."]

	NO	YES
1. Steal things worth < $50	1	5
2. Steal things worth > $50	1	5
3. Rob/Strong arm people	1	5
4. Go joyriding in vehicles	1	5
5. Attack someone with the idea of hurting them	1	5
6. Sell marijuana	1	5
7. Sell drugs (other than marijuana)	1	5
8. Raise hell (cause trouble, create confusion)	1	5
9. Menace or intimidate people	1	5
10. Damage or destroy things	1	5
11. Engage in organized criminal behavior (other than selling drugs), like pimping/prostitution, faking IDs, stealing and stripping cars, weapons dealing, or anything like that	1	5
12. Carry guns or use guns	1	5
13. Shoot or stab people or do drive-bys/Walk-ups	1	5
14. Kill people	1	5
15. Rape/Sexually assault people	1	5
16. Do anything else that is illegal	1	5

[Specify:]_____[__ __]

7. SINCE THE LAST INTERVIEW, was there anything that you did in your gang that you didn't really want to do? This would include things that made you feel uncomfortable or that you later regretted doing even though at the time you had to do it? No 1 [GO TO 8] Yes 5

A. What did you do? [CODE FROM RESPONSE ALL THAT APPLY]

1. ATTACK SOMEONE WITH THE IDEA OF HURTING THEM
2. GIVE VIOLATIONS
3. SELL DRUGS
4. CARRY GUNS OR USE GUNS/ DO DRIVE-BYS/WALK-UPS
5. SHOOT OR STAB PEOPLE
6. KILL PEOPLE
7. OTHER [SPECIFY:] _____[__ __]

B. Why did you do it?

01 CONSEQUENCES/VIOLATIONS/GANG RULES
02 PEER PRESSURE/REPUTATION/GANG EXPECTATIONS
03 SELF-DEFENSE
04 GET SOMETHING (FOR EXAMPLE: MONEY, PROPERTY)
05 RETALIATION/RIVAL GANG
06 OTHER [SPECIFY:]_____[__ __]

8. SINCE THE LAST INTERVIEW, did your gang use violence (beating, hurting someone physically) to punish members of your own gang because they broke the gang's rules or to teach them lessons? No 1 [GO TO 9]
Yes 5

A. What did your gang do?

01 WORKOUTS (push-ups, sit-ups)
02 MILD VIOLATIONS (Such as no hitting in face, a beating for short length of time, burning them with a cigarette…)
03 MODERATE VIOLATIONS (Such as 360s, beating for an extending length of time…)
04 SEVERE VIOLATIONS (Such as send them to the hospital, shoot in the leg, hit with baseball bat…)
05 KILL THEM
07 Other [SPECIFY:] _____ [__ __]

9. SINCE THE LAST INTERVIEW, when you were most active in the gang, how often would you be involved in gang activities (other than just hanging out with other members)?
[READ AND CODE FROM RESPONSE]

5 Every day
4 Almost every day
3 1-4 times a week
2 Several times a month
1 1-2 times a month
6 Exact __ __ __ [# OF TIMES]
0 Almost never

[IF ALMOST NEVER, ASK: Why?]

01 Incarcerated
02 No longer a member
03 Dislike/Disinterest/ Tired of it/Grew out of it
04 Trying to avoid trouble/ Incarceration/Get out of jail
05 Social only/Just hanging out
06 Personal gain/Only out for self
07 Family reasons
08 Other: _____[__ __]

A. What is/was your highest rank in the gang? [CODE FROM RESPONSE]_____
B. What did <u>you</u> MOSTLY do when you were with the gang? (What type of work or activity would you mostly do when you were with the gang?) [CODE FROM RESPONSE]
[IF MULTIPLE RESPONSES ARE ENDORSED, PLEASE PROBE FOR 1 RESPONSE]

01 Sell drugs
02 Buy drugs
04 Mess with people/Do drive-bys/Walk-ups
05 Attend/Facilitate/Organize meetings
06 Lookout/Patrol/Security/Carry weapons
07 Supervise/Issue commands/Enforcement
08 Get high/Kick-it
09 Other *organized* criminal activity
03 Other _____[__ __]

10. How often would you be involved in gang activities (other than just hanging out with other members) in the LAST THREE MONTHS? [READ AND CODE FROM RESPONSE]

5 Every day
4 Almost every day
3 1-4 times a week
2 Several times a month
1 1-2 times a month
6 Exact __ __ __ [# OF TIMES]
0 Almost never

[IF ALMOST NEVER, ASK: Why?]

01	Incarcerated	05	Social only/Just hanging out
02	No longer a member	06	Personal gain/Only out for self
03	Dislike/Disinterest/ Tired of it/Grew out of it	07	Family reasons
		08	Other:_____[__ __]
04	Trying to avoid trouble/ Incarceration/Get out of jail		

11. Did anyone try to keep you off the streets, get you away from the gang SINCE THE LAST INTERVIEW? (Denver Youth Survey) No 1 [GO TO 12] Yes 5

A. IF YES, who?

01 STRANGER
02 ACQUAINTANCE/PEOPLE IN NEIGHBORHOOD
03 FRIEND
08 DATE
09 FAMILY MEMBER (NOT SPOUSE/SIG. OTHER)
10 SPOUSE OR LIVE-IN SIG. OTHER
11 SIG. OTHER (NOT LIVE-IN SPOUSE
06 OTHER_____[__ __]

B. Are any of these people gang members? (Was this a gang member?) □ No □ Yes

[IF SUBJECT CURRENTLY IS IN A GANG, GO TO NEXT SECTION]
[IF SUBJECT NOT IN A GANG AT ANYTIME SLI (Q5A), OR HAS NEVER BEEN IN A GANG (Q1), ASK QUESTIONS 12-16]

12. Are you involved in any illegal activities/criminal activity with other people? No 1 [GO TO 16] Yes 5

13. Are any of these people members of a gang or ANY group that engages in illegal activities? No 1 [GO TO 16] Yes 5

14. What sorts of illegal activities are you involved in with these people? [CODE FROM RESPONSE]

_____ [__ __]

_____ [__ __]

_____ [__ __]

_____ [__ __]

_____ [__ __]

15. What is the name of this group? [Code from Response]

_____ [__ __]

_____ [__ __]

16. How many of your close friends or associates are gang members or involved with ANY groups who commit crimes? [READ AND CODE FROM RESPONSE]

1. None
2. 1 person
3. 2 -5 people
4. 6 – 8 people
5. 9 – 11 people
6. 12 or more

QQ. QUALITY OF LIFE

[READ] The following questions ask how you feel about your quality of life, health, or other areas of your life. Please keep in mind your standards, hopes, pleasures and concerns. I want you to think about your life in the last two weeks.

[SEE QOL CARD A]	Very Poor	Poor	Neither Poor nor Good	Good	Very Good
1. How would you rate your overall quality of life?	1	2	3	4	5

[SEE QOL CARD B]	Never	Seldom	Quite Often	Very Often	Always
2. How often do you have negative feelings, such as blue mood, despair, anxiety, depression?	1	2	3	4	5

[SEE QOL CARD #1]	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied
3. How satisfied are you with your health?	1	2	3	4	5

[SEE QOL CARD #2]	Not at All	A Small Amount	A Moderate Amount	A Great Deal	An Extreme Amount
4. To what extent do you feel that physical pain prevents you from doing what you need to do?	1	2	3	4	5
5. How much do you need any medical treatment to function in your daily life?	1	2	3	4	5
6. How much do you enjoy life?	1	2	3	4	5
7. To what extent do you feel your life to be meaningful?	1	2	3	4	5

[SEE QOL CARD #3]	Not at All	Slightly	Moderately	Very	Extremely
8. How well are you able to concentrate?	1	2	3	4	5
9. How safe do you feel in your daily life?	1	2	3	4	5
10. How healthy is your physical environment [e.g. pollution, climate, noise, attractiveness]?	1	2	3	4	5

[SEE QOL CARD #4]	Not at All	Slightly	Somewhat	To a Great Extent	Completely
11. Do you have enough energy for everyday life?	1	2	3	4	5
12. Are you able to accept your bodily appearance [how your body looks]?	1	2	3	4	5
13. Have you enough money to meet your needs?	1	2	3	4	5

14. How available to you is the information you need in your day-to-day life? [How easy is it for you to get information that you need in your day-to-day life?]	1	2	3	4	5
15. To what extent do you have the opportunity for leisure activities [to do the things you like to do to relax]?	1	2	3	4	5

	Very Poor	**Poor**	**Neither Poor nor Well**	**Well**	**Very Well**
16. How well are you able to get around?	1	2	3	4	5

[SEE QOL CARD #1]	**Very Dissatisfied**	**Dissatisfied**	**Neither Satisfied nor Dissatisfied**	**Satisfied**	**Very Satisfied**
17. How satisfied are you with your sleep?	1	2	3	4	5
18. How satisfied are you with your ability to perform your daily living activities [things you need to do every day]?	1	2	3	4	5
19. How satisfied are you with your capacity for work [your ability to work]?	1	2	3	4	5
20. How satisfied are you with your abilities [what you are and are not good at]?	1	2	3	4	5
21. How satisfied are you with your personal relationships?	1	2	3	4	5
22. How satisfied are you with your sex life?	1	2	3	4	5
23. How satisfied are you with the support you receive from your friends?	1	2	3	4	5
24. How satisfied are you with the conditions of your living place?	1	2	3	4	5
25. How satisfied are you with your access to health services?	1	2	3	4	5
26. How satisfied are you with your mode of transportation?	1	2	3	4	5

RR. FUTURE ORIENTATION

1. I am going to ask you how you expect your future to be.

A. Would you say that you expect your future to be:
   1. Positive
   2. Probably OK, but not great
   3. Negative
   4. I can't even imagine my future

B. Would you say that you expect your life will be:
   1. Much like my own family.
   2. Better than my own family.
   3. Worse than my own family.

SS. FEEDBACK ON THE INTERVIEW

What would have made this a better experience?

01 Too long/too many questions/too repetitive
02 Nothing
03 More money
04 Questions are offensive/too personal/bring up bad memories
05 More non-monetary incentives (e.g., food, etc)
Specify: _____ [__ __] [__ __] [__ __]
06 Would like to receive more information about the project/see the results of the study
07 Wants services from the interviewer (e.g., assistance with employment, counseling, etc.)
08 Prefers female interviewers
09 Prefers face-to-face interviews
10 Childcare problems
11 Changes in location/time of day
12 Feels interview has improved
13 Like the interview/feels it's helpful
14 Longer more frequent interviews
Other (Specify) :_____[__ __] [__ __] [__ __]