

Northwestern Project
Non-Diagnostic Protocol

FOLLOW UP 11

VERSION 02-26-10

PERMID: _____

INTID: ____

14 Year Follow-Up

FUP 11

Non-Diagnostic Protocol

INTERVIEWERS:

Date of Interview: ___/___/___

Date of LAST Interview: ___/___/___

Age at LAST Interview ___/___

Is last interview 1 year ago or more? N Y

Gender: M F

Age: _____

Currently Incarcerated: N Y

Temporarily Incar. (1 month or less): N Y

Incar. Entire time SLI: N Y

Incar. Entire time past year: N Y

Reentered community after an incarceration 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

0. Have you worked or been in school SLI? 1 NO [IF SLI >= 1 YR, SKIP to 7]
5 YES [IF SLI < 1 YR, SKIP to 1]
- 0a. Have you worked or been in school in the past year? 1 NO [IF 0. = 1, SKIP to 7]
5 YES
1. Have you **changed work situation** (promoted, different work responsibility, major change in working conditions, working hours, etc.) SLI? 1 NO [IF SLI >= 1 YR, SKIP to 2]
5 YES [IF SLI < 1 YR, SKIP to 2]
- 1a. How about in the past year? 1 NO
5 YES
2. Have you gotten a new job SLI? 1 NO [IF SLI >= 1 YR, SKIP to 3]
5 YES [IF SLI < 1 YR, SKIP to 3]
- 2a. How about in the past year? 1 NO
5 YES
3. Have you had trouble with employer (in danger of losing job, being suspended, demoted, etc.) SLI? 1 NO [IF SLI >= 1 YR, SKIP to 4]
5 YES [IF SLI < 1 YR, SKIP to 4]
- 3a. How about in the past year? 1 NO
5 YES
4. Have you been fired from a job SLI? 1 NO [IF SLI >= 1 YR, SKIP to 5]
5 YES [IF SLI < 1 YR, SKIP to 5]
- 4a. How about in the past year? 1 NO
5 YES
5. Have you retired or ceased working SLI? 1 NO [IF SLI >= 1 YR, SKIP to 6]
5 YES [IF SLI < 1 YR, SKIP to 6]
- 5a. How about in the past year? 1 NO
5 YES
6. Have you ended formal schooling SLI? 1 NO [IF SLI >= 1 YR, SKIP to 7]
5 YES [IF SLI < 1 YR, SKIP to 7]
- 6a. How about in the past year? 1 NO
5 YES
7. Have you been in jail or prison SLI? 1 NO [IF SLI >= 1 YR, SKIP to 8]
5 YES [IF SLI < 1 YR, SKIP to 8]
- 7a. How about in the past year? 1 NO
5 YES
8. Have you had minor law violations (traffic tickets, disturbing the peace, etc.) SLI? 1 NO [IF SLI >= 1 YR, SKIP to 9]
5 YES [IF SLI < 1 YR, SKIP to 9]
- 8a. How about in the past year? 1 NO
5 YES

9. Have you had a major change in sleeping habits (much more or much less sleep) **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 10]
5 YES [IF SLI < 1 YR, SKIP to 10]
- 9a. How about in the past year?
1 NO
5 YES
10. Have you had a major change in eating habits (much more or much less food intake) **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 11]
5 YES [IF SLI < 1 YR, SKIP to 11]
- 10a. How about in the past year?
1 NO
5 YES
11. Have you had sexual difficulties **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 11B]
5 YES [IF SLI < 1 YR, SKIP to 11B]
- 11a. How about in the past year?
1 NO
5 YES
- 11B. Has anyone close to you such as a family member or close friend had a serious illness, injury, or died **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 17]
5 YES [IF SLI < 1 YR, SKIP to 11Ba]
- 11Ba. How about in the past year?
1 NO [IF 11B = 1, SKIP to 17]
5 YES
12. Has a spouse or significant other died **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 13]
5 YES [IF SLI < 1 YR, SKIP to 13]
- 12a. How about in the past year?
1 NO
5 YES
13. Has a close family member died **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 14]
5 YES [IF SLI < 1 YR, SKIP to 13b]
- 13a. How about in the past year?
1 NO [IF 13. = NO, SKIP TO 14]
5 YES
- 13b. Who has died in the PAST YEAR?
Specify _____ [_]
_____ [_]
_____ [_]
14. Has a close friend died **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 15]
5 YES [IF SLI < 1 YR, SKIP to 15]
- 14a. How about in the past year?
1 NO
5 YES
15. Has a close friend had a serious illness or injury **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 16]
5 YES [IF SLI < 1 YR, SKIP to 16]
- 15a. How about in the past year?
1 NO
5 YES
16. Has a close family member or spouse/significant other had a serious illness or injury **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 17]
5 YES [IF SLI < 1 YR, SKIP to 16b]

16a. How about in the past year? 1 NO [IF 16. = NO, SKIP TO 17]
5 YES

16b. Who had a serious illness or injury in the PAST YEAR?

Specify _____ []
_____ []
_____ []

17. Have you had a major change in closeness to family members (increased or decreased closeness) SLI?
1 NO [IF SLI >= 1 YR, SKIP to 18]
5 YES [IF SLI < 1 YR, SKIP to 18]

17a. How about in the past year? 1 NO
5 YES

18. Have you gained a new family member (through birth, adoption, family member moving in, etc.) SLI?
1 NO [IF SLI >= 1 YR, SKIP to 19]
5 YES [IF SLI < 1 YR, SKIP to 19]

18a. How about in the past year? 1 NO
5 YES

19. Have you had an Eviction, Foreclosure on mortgage/loan or unable to pay rent (for 1 month or longer) SLI?
1 NO [IF SLI >= 1 YR, SKIP to 20]
5 YES [IF SLI < 1 YR, SKIP to 20]

19a. How about in the past year? 1 NO
5 YES

20. Have you had a major change in financial status (a lot better off or a lot worse off) SLI?
1 NO [IF SLI >= 1 YR, SKIP to 21]
5 YES [IF SLI < 1 YR, SKIP to 21]

20a. How about in the past year? 1 NO
5 YES

21. Have you had a change of residence SLI?
1 NO [IF SLI >= 1 YR, SKIP to 22]
5 YES [IF SLI < 1 YR, SKIP to 22]

21a. How about in the past year? 1 NO
5 YES

22. Have you had a major change in living conditions (or change in family) (building new home, remodeling, deterioration of home, neighborhood, etc) SLI?
1 NO [IF SLI >= 1 YR, SKIP to 22B]
5 YES [IF SLI < 1 YR, SKIP to 22B]

22a. How about in the past year? 1 NO
5 YES

22B. Have you had a boyfriend/girlfriend/significant other/partner/or spouse SLI?
1 NO [IF SLI >= 1 YR, SKIP to 35]
5 YES [IF SLI < 1 YR, SKIP to 22Ba]

22Ba. How about in the past year? 1 NO [IF 22B = 1, SKIP to 35]
5 YES

23. Have you gotten married SLI?
1 NO [IF SLI >= 1 YR, SKIP to 24]
5 YES [IF SLI < 1 YR, SKIP to 24]

23a. How about in the past year? 1 NO
5 YES

24. Have you had trouble with in-laws **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 25]
5 YES [IF SLI < 1 YR, SKIP to 25]
- 24a. How about in the past year? 1 NO
5 YES
25. Have you had a marital separation from mate (due to conflict) **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 26]
5 YES [IF SLI < 1 YR, SKIP to 26]
- 25a. How about in the past year? 1 NO
5 YES
26. Have you had become engaged **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 27]
5 YES [IF SLI < 1 YR, SKIP to 27]
- 26a. How about in the past year? 1 NO
5 YES
27. Have you had a divorce **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 28]
5 YES [IF SLI < 1 YR, SKIP to 28]
- 27a. How about in the past year? 1 NO
5 YES
28. Have you had a break-up with a boyfriend/girlfriend/significant other **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 29]
5 YES [IF SLI < 1 YR, SKIP to 29]
- 28a. How about in the past year? 1 NO
5 YES
29. Have you had a separation from a spouse/significant other (due to work, travel, etc.) **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 30]
5 YES [IF SLI < 1 YR, SKIP to 30]
- 29a. How about in the past year? 1 NO
5 YES
30. Have you had a reconciliation with boyfriend/girlfriend/significant other **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 31]
5 YES [IF SLI < 1 YR, SKIP to 31]
- 30a. How about in the past year? 1 NO
5 YES
31. Have you had a marital reconciliation with mate **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 32]
5 YES [IF SLI < 1 YR, SKIP to 32]
- 31a. How about in the past year? 1 NO
5 YES
32. Have you had a major change in number of arguments with spouse/significant other (a lot more or a lot less arguments) **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 33]
5 YES [IF SLI < 1 YR, SKIP to 33]
- 32a. How about in the past year? 1 NO
5 YES
33. [IF FEMALE GO TO 34]
Have you had a change in wife's/significant other's work outside the home (loss of job, beginning work, ceasing work, changing to a new job, etc.) **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 34]
5 YES [IF SLI < 1 YR, SKIP to 34]

- 33a. How about in the past year?** 1 NO
5 YES
- 34.** [IF MALE GO TO 35]
Have you had a change in husband's/significant other's work (loss of job, beginning new job, ceasing work, etc.) **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 35]
5 YES [IF SLI < 1 YR, SKIP to 35]
- 34a. How about in the past year?** 1 NO
5 YES
- 35.** Have you borrowed more than \$10,000 (buying home, business, etc.) **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 36]
5 YES [IF SLI < 1 YR, SKIP to 36]
- 35a. How about in the past year?** 1 NO
5 YES
- 36.** Have you borrowed less than \$10,000 (buying car, TV, getting school loan, etc.) **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 37]
5 YES [IF SLI < 1 YR, SKIP to 37]
- 36a. How about in the past year?** 1 NO
5 YES
- 37.** Have you had an outstanding personal achievement **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 38]
5 YES [IF SLI < 1 YR, SKIP to 38]
- 37a. How about in the past year?** 1 NO
5 YES
- 38.** Have you had a major change in church activities (increased or decreased attendance) **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 39]
5 YES [IF SLI < 1 YR, SKIP to 39]
- 38a. How about in the past year?** 1 NO
5 YES
- 39.** Have you had a major change in usual type and/or amount of recreation **SLI**?
1 NO [IF SLI >= 1 YR, SKIP to 40]
5 YES [IF SLI < 1 YR, SKIP to 40]
- 39a. How about in the past year?** 1 NO
5 YES
- 40.** [IF FEMALE GO TO 41]
Has a wife or girlfriend gotten pregnant **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 41]
5 YES [IF SLI < 1 YR, SKIP to 41]
- 40a. How about in the past year?** 1 NO
5 YES
- 41.** [IF MALE GO TO 42]
Have you gotten pregnant **SLI**? 1 NO [IF SLI >= 1 YR, SKIP to 42]
5 YES [IF SLI < 1 YR, SKIP to 42]
- 41a. How about in the past year?** 1 NO
5 YES
- 42.** [IF FEMALE GO TO 43]

- | | | |
|---|-------|--|
| Has a wife or girlfriend had an abortion SLI ? | 1 | NO [IF SLI >= 1 YR, SKIP to 43] |
| | 5 | YES [IF SLI < 1 YR, SKIP to 43] |
| 42a. How about in the past year? | 1 | NO |
| | 5 | YES |
| 43. [IF MALE GO TO 44] | | |
| Have you had an abortion SLI ? | 1 | NO [IF SLI >= 1 YR, SKIP to 44] |
| | 5 | YES [IF SLI < 1 YR, SKIP to 44] |
| 43a. How about in the past year? | 1 | NO |
| | 5 | YES |
| 44. Have you had a major personal illness or injury SLI? | 1 | NO [IF SLI >= 1 YR, SKIP to 45] |
| | 5 | YES [IF SLI < 1 YR, SKIP to 45] |
| 44a. How about in the past year? | 1 | NO |
| | 5 | YES |
| 45. Have you had a major change in social activities, eg, parties, movies, visiting (increased or decreased participation) SLI? | 1 | NO [IF SLI >= 1 YR, SKIP to 46] |
| | 5 | YES [IF SLI < 1 YR, SKIP to 46] |
| 45a. How about in the past year? | 1 | NO |
| | 5 | YES |
| 46. Has a son or daughter left home (due to custody issue, DCFS involvement, etc.) SLI? | 1 | NO [IF SLI >= 1 YR, SKIP to 47] |
| | 5 | YES [IF SLI < 1 YR, SKIP to 47] |
| 46a. How about in the past year? | 1 | NO |
| | 5 | YES |
| 47. Have you left home for the first time SLI? | 1 | NO [IF SLI >= 1 YR, SKIP to 48] |
| | 5 | YES [IF SLI < 1 YR, SKIP to 48] |
| 47a. How about in the past year? | 1 | NO |
| | 5 | YES |
| 48. Have you had any other recent experiences that have impacted your life SLI? | 1 | NO [IF SLI >= 1 YR, SKIP to B. RESID STAB] |
| | 5 | YES [IF SLI < 1 YR, SKIP to 48b] |
| 48a. How about in the past year? | 1 | NO [SKIP TO B. RESID STAB] |
| | 5 | YES |
| 48b. What other experiences in the PAST YEAR? | | |
| Specify | _____ | [] |
| | _____ | [] |

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 QUESTION 13]

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 13 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

No 1 [GO TO 12]

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?

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
- 04 Domestic violence
- 05 General difficulty finding an apartment; new to area; lease fell through
- 06 Other [Specify]_____ [____]
- 07 Runaway/family conflict

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]

13. Did you EVER live with a foster family when you were growing up? [By foster care we mean a formal foster care arrangement where your legal guardian was someone other than your mom or dad, and the state was involved in your guardianship placement.]

No 1 [GO TO NEXT SECTION]

Yes 5

A. If YES, was this a:

- Relative Foster Family 02
- Non- Relative Foster Family 03 [GO TO 14]
- Both Relative and Non-Relative Foster Families 04

B. If relative, what type of relative? CHECK ALL THAT APPLY

- 01.....grandmother
- 02.....grandfather
- 03..... aunt
- 04.....uncle
- 05.....female cousin
- 06.....male cousin
- 07.....other female relative
- 08.....other male relative

14. How old were you the first time you went to live with a foster family? ____ years

15. How many different foster families did you live with? ____ ____
16. What is the longest amount of time you *continuously* lived with one or more foster families? [i.e., without returning to a (non-foster) family home] ____ ____ ____ ____ days
17. How old were when you *last* lived with a foster family? ____ ____ years
18. During times you were in foster care, did you have any brothers or sisters who were **ALSO** placed in foster care at the same time you were?
 No 1 [GO TO 19]
 Yes 5
- A. If YES, were you placed together in the SAME foster home or different foster home?
 01 always together
 02 always apart
 03 sometimes together and sometimes apart

[The following questions refer to the longest foster care placement you ever had]:

19. Did your foster family live in the same neighborhood [same school district] as where you lived before you moved there?
 No 1
 Yes 5
20. Overall, would you describe your relationship with your foster family as:
 01 very good
 02 good
 03 bad
 04 very bad

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. 47 th 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: 01 Prison 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. 47 th 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: 01 Prison 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. 47 th 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: 01 Prison 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. 47 th 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: 01 Prison 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 [GO TO 2]
Yes 5

E. Is the subject self-employed?

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

A. Was it... → [READ RESPONSES]	B. From what organization [did you receive the help]?
	94 Other, specify: _____ [__ __]
2. Childcare Assistance?	01 Workforce Center, which one: <input type="checkbox"/> Northside Center (Sheridan) <input type="checkbox"/> Mid-South Center (E. 47 th St) <input type="checkbox"/> Garfield Center (Kedzie) <input type="checkbox"/> Southwest Center (S. Pulaski) <input type="checkbox"/> Pilsen Center (Blue Island) <input type="checkbox"/> Other, specify: _____ [__ __] 02 Church/Religious Organization 94 Other, specify: _____ [__ __]
3. Assistance Finding a Job?	01 Workforce Center, which one: <input type="checkbox"/> Northside Center (Sheridan) <input type="checkbox"/> Mid-South Center (E. 47 th St) <input type="checkbox"/> Garfield Center (Kedzie) <input type="checkbox"/> Southwest Center (S. Pulaski) <input type="checkbox"/> Pilsen Center (Blue Island) <input type="checkbox"/> Other, specify: _____ [__ __] 02 Church/Religious Organization 94 Other, specify: _____ [__ __]
4. Resume/Job Application Assistance?	01 Workforce Center, which one: <input type="checkbox"/> Northside Center (Sheridan) <input type="checkbox"/> Mid-South Center (E. 47 th St) <input type="checkbox"/> Garfield Center (Kedzie) <input type="checkbox"/> Southwest Center (S. Pulaski) <input type="checkbox"/> Pilsen Center (Blue Island) <input type="checkbox"/> Other, specify: _____ [__ __] 02 Church/Religious Organization 94 Other, specify: _____ [__ __]
6. Other, specify: _____ _____ [__ __] [__ __]	01 Workforce Center, which one: <input type="checkbox"/> Northside Center (Sheridan) <input type="checkbox"/> Mid-South Center (E. 47 th St) <input type="checkbox"/> Garfield Center (Kedzie) <input type="checkbox"/> Southwest Center (S. Pulaski) <input type="checkbox"/> Pilsen Center (Blue Island) <input type="checkbox"/> 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]			A. Was this you, your spouse/girlfriend/boyfriend, or a family member?	B. Have you received X in the past 3 months?		C. How much have you received in the past 3 months [in dollars]?
	No	Yes		No	Yes	
A. Link Card/Food stamps	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
B. Public Aid - AFDC/TANF	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
C. Child support/alimony	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
D. Housing Assistance	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
E. Social security/SSI	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
F. Disability	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
G. DCFS assistance	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
H. Medical card (Medicaid)	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	
I. WIC	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	
J. Food/Church Pantry	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
K. Kidcare/ health insurance for children	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	
L. Unemployment	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
M. Child care assistance	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
N. Veteran's pension/retirement	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
O. Inheritance	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
P. Money from family members	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
Q. Money from dealing drugs	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
R. Money for sex	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> Family member	1	5	\$ _____, _____
S. Other, specify _____ []	1	5⇒	<input type="checkbox"/> Subject <input type="checkbox"/> Spouse/gf/bf <input type="checkbox"/> 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]

<u>Basis</u>	<u>Before Taxes</u>
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?	1	2	3	4	5
D. How much do you spend on alcohol?	1	2	3	4	5
E. How much do you spend on drugs?	1	2	3	4	5
F. 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?	B. How much?
01 Checking/savings account	\$ _____, _____
02 Investments	\$ _____, _____

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.

[IF SELF EMPLOYED, GO TO NEXT SECTION.]

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 [IF SLI >= 1YR, NEXT SECTION]
Yes 5 [IF SLI < 1YR, GO TO B]

A1. Have you been in the military IN THE PAST YEAR? No 1 [IF SLI < 1YR, GO TO NEXT SECTION, otherwise 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 [[IF SLI >= 1YR GO TO 3]
Yes 5

B. Have you received any disciplinary actions IN THE PAST YEAR? No 1 [GO TO 3]
Yes 5

C. IF YES, how many times IN THE PAST YEAR? _____ [# 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 [IF SLI >= 1YR, NEXT SECTION]
Yes 5 [IF SLI < 1YR, GO TO C]

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 [IF SLI >= 1YR, GO TO 10]
Yes 5 [IF SLI < 1YR, GO TO B]

A. How about 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" AND SLI >= 1 YR, GO TO 11]

A. How many different times have you been treated in an emergency room for any reason in the PAST YEAR?
_____ [# OF TIMES] [IF "000" OR "NONE", GO TO 11]

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 [IF SLI >= 1 YR, GO TO 12]
Yes 5 [IF SLI < 1 YR, GO TO B]

A. How about 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 [IF SLI >= 1 YR, GO TO 13]
Yes 5 [IF SLI < 1 YR, GO TO B]

A. How about 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 [IF SLI >= 1 YR, GO TO 14]
 Yes 5 [IF SLI < 1 YR, GO TO B]

A. How about 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 14P, 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): _____ [] []

16. Have you had or been told by a doctor or nurse that you had...SLI?

*FOR EACH AILMENT:

IF SUB SAYS NO TO SLI AND SLI > 1 YEAR, SKIP TO NEXT AILMENT.

IF SUB SAYS YES, AND SLI < 1 YEAR, SKIP TO NEXT AILMENT.

OTHERWISE ASK: **How about in the past year?**

	SLI		PAST YEAR	
	NO	YES	NO	YES
A. Hepatitis	1	5	1	5
IF YES, was it?				
Hepatitis A	1	5	1	5
Hepatitis B	1	5	1	5
Hepatitis C	1	5	1	5
B. Mono	1	5	1	5
C. Yeast infections	1	5	1	5
D. Cystitis/ Urinary Tract Infection (UTI)	1	5	1	5
E. Pubic lice/crabs	1	5	1	5
F. Abscesses (related to drug use)	1	5	1	5
G. Trichomoniasis/trich	1	5	1	5
H. Gonorrhea/Clap	1	5	1	5
I. Syphilis/syph	1	5	1	5
J. Chlamydia	1	5	1	5
K. Genital herpes	1	5	1	5
L. Human papilloma virus (HPV)/Genital warts	1	5	1	5
M. Chancroid	1	5	1	5
[IF MALE GO TO O]				
N. Pelvic Inflammatory Disease (PID)	1	5	1	5

O. Were you born prematurely? No 1 [GO TO 17]
Yes 5

P. If YES, how many weeks old were you when you were born? _____ [] []

[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?
 [READ, AND CIRCLE ONE]

6 or less	1
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 lived with you most of the time, 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? _____ / _____ / _____, _____

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

[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 [IF SLI >= 1 YR, GO TO 9]
Yes 5 [IF SLI < 1 YR, GO TO 9]

A. How about in the past year? No 1
Yes 5

9. Since living together SLI, has your spouse/live-in been arrested? No 1 [IF SLI >= 1 YR, GO TO 10]
Yes 5 [IF SLI < 1 YR, GO TO 10]

A. How about in the past year? No 1
Yes 5

10. Since living together SLI, has your spouse/live-in spent time in prison or jail? No 1 [IF SLI >= 1 YR, GO TO IBM]
Yes 5

A. Has your spouse/live-in spent at least 30 days in 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

H. VICTIMIZATION

[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
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
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 AND SLI > 1 YEAR, GO TO 2. IF NO TO A-L AND SLI < 1 YEAR, GO TO N]

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

N. IF YES TO A-L and SLI < YEAR, SKIP TO 2.

Would you say something like this happened to you during the past year? N Y

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 NO TO A-H AND SLI > 1 YEAR, GO TO 3. IF NO TO A-H AND SLI < 1 YEAR, GO TO J]

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

J, IF YES TO A-H and SLI < YEAR, SKIP TO 2.

Would you say something like this happened to you during the past year? N Y

[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 TO 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

H. VICTIMIZATION

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]

H. VICTIMIZATION

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 3-10, AND SLI > 1 YEAR, OR IF YES TO 3-10 and SLI < YEAR, GO TO 12]

11. Would you say something like this happened to you during the past year? N Y

[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] No 1 [GO TO 13]

in your house (someone you live with)?

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/Retaliatiion

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

II. 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. Was this child premature?
1 No [GO TO E]
5 Yes

D. If YES, how many weeks old was your child when he/she was born? _____

- E. Who is the primary caretaker of the child? [PROBE FOR RELATIONSHIP TO SUBJECT]
- F. Who is the legal guardian of the child? [PROBE FOR RELATIONSHIP TO SUBJECT]
- G. Was the child born SLI? [NO/YES]
- H. Does he/she live with you full-time, part-time, or not at all? [FT, PT, NO]
- I. How many days in an average month do you take care of him/her? [# OF DAYS]
- J. 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]

<u>AGE</u>	<u>SEX</u>	<u>BIO</u>	<u>CARETAKER</u>	<u>LEGAL GUARDIAN</u>
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) _____ [____]

<u>CARETAKER</u>	<u>LEGAL GUARDIAN</u>
1) _____ [____]	_____ [____]
2) _____ [____]	_____ [____]
3) _____ [____]	_____ [____]
4) _____ [____]	_____ [____]

12. 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. Did you receive prenatal care during this pregnancy?
1 No [GO TO E]
5 Yes

D. If YES, during which trimesters did you receive prenatal care [check all that apply]?

- 1 First
2 Second
3 Third

E. Was this child premature?

- 1 No [GO TO G]
5 Yes

F. If YES, how many weeks old was your child when he/she was born? _____

- G. Who is the primary caretaker of the child? [PROBE FOR RELATIONSHIP TO SUBJECT]
- H. Who is the legal guardian of the child? [PROBE FOR RELATIONSHIP TO SUBJECT]
- I. Was the child born SLI? [NO/YES]
- J. Does he/she live with you full-time, part-time, or not at all? [FT, PT, NO]
- K. How many days in an average month do you take care of him/her? [# OF DAYS]
- L. 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?

<u>ID</u>	<u>AGE</u>	<u>SEX</u>	<u>BIO</u>	<u>CARETAKER</u>	<u>LEGAL GUARDIAN</u>	<u>SLI</u>	<u>LIVE</u>	<u>DAYS</u>	<u>R'SHIP</u>
___	___	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]

	<u>AGE</u>	<u>SEX</u>	<u>BIO</u>	<u>CARETAKER</u>	<u>LEGAL GUARDIAN</u>
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]
Yes 5
[INCLUDE BIO AND NON-BIO CHILDREN]

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

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

[FOR EACH BIO-CHILD ASK:]

Does this child have any of the following major health concerns? [READ EACH RESPONSE.CHECK ALL THAT APPLY]

- 01 Asthma
- 02 Diabetes
- 03 Obesity
- 04 Heart problems
- 05 Fetal alcohol syndrome
- 06 ADHD
- 07 Autism

[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				

[SEE STRENGTHS/DIFFICULTIES SCALE CARD]	Child A	Child B	Child C	Child D
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]	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 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				

[SEE STRENGTHS/DIFFICULTIES SCALE CARD]	Child A	Child B	Child C	Child D
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. FAMILY COHESION AND CONFLICT

[READ] THE NEXT QUESTIONS ARE ABOUT YOUR FAMILY

FAMILY COHESION

SOURCE: National Latino and American Study (NLAAS)

[READ] Now I'd like to know how strongly you agree or disagree with the following statements about your family.

[SEE AGREE/DISAGREE CARD]

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
1. Family members like to spend free time with each other.	1	2	3	4
2. Family members feel very close to each other.	1	2	3	4
3. Family togetherness is very important.	1	2	3	4

FAMILY CULTURAL CONFLICT

SOURCE: National Latino and American Study (NLAAS)

	Almost Always	Often	Sometimes	Almost Never
1. You have felt that being too close to your family interfered with your goals.	4	3	2	1
2. Because you have different customs, you have had arguments with other members of your family.	4	3	2	1
3. Because of the lack of family unity, you have felt lonely and isolated.	4	3	2	1
4. You have felt that family relations are becoming less important for people you are close to.	4	3	2	1
5. Your personal goals have been in conflict with your family	4	3	2	1

[READ] Please tell me how frequently the following situations have occurred with you.

1. When answering the previous questions about family, who were you thinking of?

- 01 Immediate family (spouse, children, parents)
- 02 Extended family (grandparents, aunts, uncles, cousins)
- 03 Immediate and extended family
- 04 Some other family, specify: _____ [_ _]

M. ACCULTURATION**FOR HISPANIC SUBJECTS ONLY**

[IF SUBJECT NOT HISPANIC (PER DIS QA6), GO TO SECTION N]

BIDIMENSIONAL ACCULTURATION SCALE

[READ] Now, I want you to tell me how often each of the following occurs.

[See Acculturation Card 1]	Almost Always	Often	Sometimes	Almost Never
1. How often do you speak English?	4	3	2	1
2. How often do you listen to music in English?	4	3	2	1
3. How often do you think in English?	4	3	2	1
4. How often do you listen to radio programs in Spanish?	4	3	2	1
5. How often do you watch television programs in Spanish?	4	3	2	1
6. How often do you think in Spanish?	4	3	2	1
7. How often do you watch television programs in English?	4	3	2	1
8. How often do you listen to music in Spanish?	4	3	2	1
9. How often do you speak English with your friends?	4	3	2	1
10. How often do you speak Spanish?	4	3	2	1
11. How often do you speak in Spanish with your friends?	4	3	2	1
12. How often do you listen to radio programs in English?	4	3	2	1

Now tell me how well you are able to do each of the following.

[See Acculturation Card 2]	Very Well	Well	Poorly	Very Poorly
13. How well do you speak English?	4	3	2	1
14. How well do you understand radio programs in Spanish?	4	3	2	1
15. How well do you understand radio programs in English?	4	3	2	1
16. How well do you understand music in English?	4	3	2	1
17. How well do you read in English?	4	3	2	1

[See Acculturation Card 2]	Very Well	Well	Poorly	Very Poorly
18. How well do you understand television programs in Spanish?	4	3	2	1
19. How well do you understand music in Spanish?	4	3	2	1
20. How well do you read in Spanish?	4	3	2	1
21. How well do you write in English?	4	3	2	1
22. How well do you write in Spanish?	4	3	2	1
23. How well do you understand television programs in English?	4	3	2	1
24. How well do you speak Spanish?	4	3	2	1

N. SOCIAL SUPPORT

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

- 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? 4=Never 3=Rarely 2=Sometimes 1=Often
- L. How often does this person use 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	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 do not live with who you discuss important matters with or can really count on?

- 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? 4=Never 3=Rarely 2=Sometimes 1=Often
- M. How often does this person use marijuana? 4=Never 3=Rarely 2=Sometimes 1=Often
- N. How often does this person use other drugs? 4=Never 3=Rarely 2=Sometimes 1=Often
- O. 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, if any?

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

O. DISCRIMINATION

SOURCE: NATIONAL LATINO AND ASIAN STUDY (NLAAS)

[READ] In your day-to-day life how often have any of the following things happened to you? Would you say almost everyday, at least once a week, a few times a month, a few times a year, less than once a year?

	Almost Everyday	At Least Once a Week	A Few Times a Month	Few Times a Year	Less than Once a Year	Never
1. You are treated with less courtesy than other people.	1	2	3	4	5	6
2. You are treated with less respect than other people.	1	2	3	4	5	6
3. You receive poorer service than other people at restaurants or stores.	1	2	3	4	5	6
4. People act as if they think you are not smart.	1	2	3	4	5	6
5. People act as if they are afraid of you.	1	2	3	4	5	6
6. People act as if they think you are dishonest.	1	2	3	4	5	6
7. People act as if you are not as good as they are.	1	2	3	4	5	6
8. You are called names or insulted.	1	2	3	4	5	6
9. You are threatened or harassed.	1	2	3	4	5	6

10. What do you think was the MAIN reason for (this experience/these experiences)? [SEE DISCRIMINATION CARD]

- 01 Your ancestry or national origin or ethnicity
- 02 Your gender
- 03 Your race
- 04 Your age
- 05 Your height
- 06 Your skin color
- 07 Your sexual orientation
- 08 Your weight
- 09 Your income or educational level
- 10 Other [__ __]

	Often	Sometimes	Rarely	Never
11. How often do people dislike you because you are [LIST SUBS RACIAL ETHNIC IDENTIFICATION]?	1	2	3	4
12. How often do people treat you unfairly because you are [LIST SUBS RACIAL ETHNIC IDENTIFICATION]?	1	2	3	4
13. How often have you seen friends treated unfairly because they are [LIST SUBS RACIAL ETHNIC IDENTIFICATION]?	1	2	3	4

P. 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

Q. 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

R. COMMUNITY

[GO TO NEXT SECTION IF SUBJECT HAS BEEN INCARCERATED THE ENTIRE TIME IN THE PAST YEAR]

[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

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?

S. ARREST AND VIOLENCE

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

A. If yes, how many times? ___ [# OF TIMES] [IF SLI < 1 YR, GO TO C]

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

C. If yes, how many times WERE YOU ARRESTED IN THE PAST YEAR? ___ [# OF TIMES]

[IF HAS NOT BEEN ARRESTED SLI, ((Q1 = NO)) GO TO 2]

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]

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 before the incident? No 1
Yes 5

F. Were you 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 drinking before doing this? No 1
Yes 5

F. Were you taking drugs 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? ___ ___ ___

S. ARREST AND VIOLENCE

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 11 FAMILY MEMBER (NOT SPOUSE/SIG. OTHER)
- 02 ACQUAINTANCE/PEOPLE IN NEIGHBORHOOD 09 SPOUSE OR LIVE-IN SIG OTHER
- 03 FRIEND 07 GUN DEALER
- 06 OTHER: _____ [_ _] Was this a legal or illegal sale? Legal Illegal
- 10 SIG OTHER (NOT SPOUSE/LIVE-IN)

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 Very Easy 02 Somewhat Easy 03 Somewhat Hard 04 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

11 FAMILY MEMBER (NOT SPOUSE/SIG.OTHER)

NEIGHBORHOOD

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 before the incident? No 1
Yes 5

L. Were you taking drugs before the incident? No 1
Yes 5

14. SINCE THE LAST INTERVIEW, how many times have you beat someone up

S. ARREST AND VIOLENCE

[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 | 04 RIVAL GANG |
| 02 TRYING TO GET SOMETHING FROM THEM | 05 REVENGE/RETALIATION |
| 03 OTHER: _____ | [_] |

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

- K. Were you drinking before the incident?
- | | |
|-----|---|
| No | 1 |
| Yes | 5 |

- L. Were you taking drugs before the incident?
- | | |
|-----|---|
| No | 1 |
| Yes | 5 |

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

- M. 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

T. 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.

Relationship with Community Corrections

1. Were you on parole, probation, or supervision when you left prison/jail?

- 01 No [GO TO 12]
05 Yes

A. Which was it?

- Parole 1
Probation 2
Supervision 3

B. Are you currently on parole, probation, or supervision?

- No 1 [GO TO E]
Yes 5

C. Which one?

- Parole 1
Probation 2
Supervision 3

D. When is it scheduled to end? ___/___/___ [DATE] [GO TO 2]

E. When did it end? ___/___/___ [DATE]

2. Were you required to wear a monitoring ankle bracelet or other device?

- No 1 [GO TO 3]
Yes 5

A. Are you currently wearing a monitoring ankle bracelet?

- No 1
Yes 5

3. How many days or hours after your release from prison/jail were you required to report to your parole/probation officer?

____ DAYS
____ HOURS

A. How many days or hours after your release from prison/jail did you actually report to your parole/probation officer?

____ DAYS
____ HOURS

4. In the last 30 days, how often have you spoken with your parole officer on the phone:

- 01 Not at all
02 Once
03 Two or three times
04 Several times a week, or
05 Every day or almost every day

5. In the last 30 days, how often have you seen your parole officer?

- 01 Not at all
02 One time
03 Two or three times

- 04 Once a week
- 05 Several times a week
- 06 Every day or almost every day

6. On average, when you meet with your parole officer, do you meet for:

- 01 less than 5 minutes
- 02 5 to 30 minutes
- 03 31 minutes to 1 hour
- 04 more than 1 hour

7. In the last 30 days, how often has your parole officer visited you at the place where you live:

- 01 Not at all
- 02 Once
- 03 Two or three times
- 04 Several times a week
- 05 Every day or almost every day

8. For each of the following conditions of supervision, please indicate whether it was 1) one of your conditions; 2) If you ever violated it since your release; and 3) If your parole officer knows/new about the violation, whether or not you were caught.

	A. Was/is this a condition of supervision? No Yes→	B. Did/Have you violated this condition since your release? No Yes→	C. Does/Did your parole officer know? No Yes→ [IF NO GO TO E] [IF YES GO TO D]	D. If yes, what did your parole officer do? [SKIP TO NEXT CONDITION] 01 Increased number of appointments with parole officer 02 Increased frequency of drug testing 03 Assigned to a new parole officer 04 Required to attend outpatient drug treatment program 05 Required to go to a residential/inpatient drug treatment program 06 Required to wear a monitoring bracelet 07 A warrant was issued for your arrest 08 Arrested 09 Re-incarcerated 10 Nothing 11 Other, specify: _____ []	E. If no [and still on parole/probation/supervision]?, How likely is it that you think he/she will find out? 01 Very Unlikely 02 Unlikely 03 Likely 04 Very Likely	F. IF STILL ON parole/probation/supervision : How likely is it that you will violate this condition in the future? 01 Very Unlikely 02 Unlikely 03 Likely 04 Very Likely	G. How likely is it that you think you would get caught violating this condition? 01 Very Unlikely 02 Unlikely 03 Likely 04 Very Likely
A. Face-to-face contact with parole officer.	1 5	1 5	1 5				
B. Telephone contact with parole Officer	1 5	1 5	1 5				
C. Obtain written permission from officer for changes in residence	1 5	1 5	1 5				
D. Avoid owning or distributing a firearm	1 5	1 5	1 5				
E. Notify parole officer if arrested	1 5	1 5	1 5				
F. Obtain parole officer's written permission to act as an "informer" for any law enforcement agency	1 5	1 5	1 5				
G. Consent to search of your person, residence, or property	1 5	1 5	1 5				
H. Be subject to random drug testing	1 5	1 5	1 5				
I. Not hang out in places where controlled substances are used or sold	1 5	1 5	1 5				
J. Not knowingly associate with other people with criminal backgrounds	1 5	1 5	1 5				
K. Not knowingly associate with people who are members of an organized gang	1 5	1 5	1 5				

	A. Was/is this a condition of supervision?	B. Did/Have you violated this condition since your release?	C. Does/Did your parole officer know? [IF NO GO TO E] [IF YES GO TO D]	D. If yes, what did your parole officer do? [SKIP TO NEXT CONDITION]	E. If no [and still on parole/probation/supervision], how likely is it that you think he/she will find out?	F. IF STILL ON parole/probation/supervision : How likely is it that you will violate this condition in the future?	G. How likely is it that you think you would get caught violating this condition?
	No Yes→	No Yes→	No Yes→	12 Increased number of appointments with parole officer 13 Increased frequency of drug testing 14 Assigned to a new parole officer 15 Required to attend outpatient drug treatment program 16 Required to go to a residential/inpatient drug treatment program 17 Required to wear a monitoring bracelet 18 A warrant was issued for your arrest 19 Arrested 20 Re-incarcerated 21 Nothing 22 Other, specify: _____	01 Very Unlikely 02 Unlikely 03 Likely 04 Very Likely	01 Very Unlikely 02 Unlikely 03 Likely 04 Very Likely	01 Very Unlikely 02 Unlikely 03 Likely 04 Very Likely
L. Pay monthly administrative and supervision fees to the Parole Division	1 5	1 5	1 5				
M. Pay outstanding legal fees	1 5	1 5	1 5				
N. Pay restitution	1 5	1 5	1 5				
O. Attend drug or alcohol treatment	1 5	1 5	1 5				
P. Get drug or alcohol testing	1 5	1 5	1 5				
Q. Attend mental health treatment	1 5	1 5	1 5				
R. Participate in a domestic violence program	1 5	1 5	1 5				
S. Participate in an anger management program	1 5	1 5	1 5				
T. Sex offender registration	1 5	1 5	1 5				
U. Not use alcohol	1 5	1 5	1 5				
V. Not use drugs	1 5	1 5	1 5				
W. Employment	1 5	1 5	1 5				
X. Are there other conditions of supervision that we have not talked about -SPECIFY: _____ [] []	1 5	1 5	1 5				

9. What is the one release condition that you think has been/WAS the hardest to comply with? _____ [_ _]

10. Please tell me how much you agree or disagree with the following statements.

Do you strongly agree, agree, disagree, or strongly disagree?	Strongly Agree	Agree	Disagree	Strongly Disagree
A. Your parole officer has been/was helpful with your transition back to the community.	1	2	3	4
B. Being under supervision will help/helped you stay out of prison/jail.	1	2	3	4
C. Being under supervision will help/helped you stay drug free.	1	2	3	4
D. Being under supervision will help/helped you stay crime free.	1	2	3	4
E. Your parole officer seems/seemed trustworthy.	1	2	3	4
F. Your parole officer gives/gave you correct information.	1	2	3	4
G. Your parole officer acts/acted too busy to help you.	1	2	3	4
H. Your parole officer treats/treated you with respect.	1	2	3	4
I. Your parole officer acts/acted professionally.	1	2	3	4
J. Your parole officer doesn't/didn't listen to you.	1	2	3	4

11. What specific thing has your parole officer done/did your parole officer do that you found helpful?

- 01 Helped with job search
- 02 Helped with drug treatment program
- 03 Helped with living situation
- 04 Gave encouragement
- 05 Communicated with you/ Was understanding
- 06 Other, specify _____ [_ _]

Sources and Nature of Financial, Housing and Employment Resources upon Release

12. At the time of your release, did you have money in your commissary account? No 1 [GO TO 13]
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

13. 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 14]
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 14]

D. How much were the "other resources" worth? \$ _____, _____

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

14. Did you participate in any pre-release programs or re-entry transition programs before leaving prison? No 1 [GO TO 15]
 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: _____ [] [] []

15. Did you participate in any education/job training while in prison? No 1 [GO TO 16] 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

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

A. Why not? [THEN GO TO 17]

[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

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

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

19. 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 19 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 20]

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

C. Why did you go? _____ []

D. 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 |

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

E. Who paid for the travel expenses?

- 01 IDOC
- 02 Self
- 03 Family Member
- 04 Spouse/partner/girlfriend/boyfriend
- 05 Friend
- 06 Other, specify: _____ []

20. 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/stepsisiter	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

R. 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: _____ []

S. How satisfied were you with this housing situation?

- 1 Very dissatisfied
- 2 Dissatisfied
- 3 Neither satisfied nor dissatisfied

- 4 Satisfied
- 5 Very satisfied

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

[U. Is Subject's Permanent living situation different from first living situation? No 1 [GO TO 23]
 Yes 5]

21. 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 23]

- 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
- _____ [_____]

22. 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/stepmother	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

22. 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?	
	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

R. 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: []

S. How satisfied were you with this housing situation?

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

23. The next few questions are about the neighborhood where you live now.

A. Did you live at the same address after release or in the same neighborhood at any time during the 6 months before you went to prison/jail?

- 01 No [Go to C]
- 05 Yes [Go to B]

B. What is the main reason you returned to the same neighborhood after you were released from prison/jail?[SKIP D]

- 01 It is where I had lived/it is my home
- 02 To live with family/friend(s)
- 03 Do not have anywhere else to go
- 04 Other, specify: []

C. What is the main reason you did NOT return to the same neighborhood after you were released from prison/jail?

- 01 Lost old house/apartment
- 02 Family or friends moved out of old neighborhood
- 03 To stay away from trouble in old neighborhood
- 04 To stay away from drugs
- 05 To attend drug treatment
- 06 Other, specify: []

24. 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: [] []

Social Network Changes after Release

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

25. Did any of your family members write or visit more often than usual in the three months leading up to your release?

- 01 No [GO TO 26]
- 05 Yes

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: _____ [] []

26. Did any of your friends write or visit more often than usual in the three months leading up to your release?

- 01 No [GO TO 27]
- 05 Yes

A. Who?

- 01 Girlfriend/boyfriend
- 02 Friend
- 03 Cousin
- 04 Other, specify: _____ [] []

27. 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.

- 01 No [GO TO 28]
- 05 Yes

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: _____ [] []

28. 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.

- 01 No [GO TO 29]
- 05 Yes

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 30]

29. 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: _____ [] []

30. The next set of questions is about your friends, associates, and people you spend time with who are not your family:

A. About how many friends, associates, and people have you spent time with following your release from prison/jail? _____ []

B. About how many of these people would you say you are very close to, sort of close to, and not very close to?

- Very close _____ []
- Sort of close _____ []
- Not very close _____ []

C. Are these the same, mostly the same, or different people you spent time with before you entered prison/jail?

- 01 Same
- 02 Mostly the same
- 03 Different

	None	Some	Most	All
D. How many of your friends have ever been in prison/jail?	0	1	2	3
E. How many of your friends are currently employed?	0	1	2	3
F. How many of your friends do you think have ever committed a theft?	0	1	2	3
G. How many of your friends do you think have ever assaulted someone?	0	1	2	3
H. How many of your friends can you hang out with and know that you won't get in trouble?	0	1	2	3

I. How many of your friends do you think have ever used illegal drugs?	0	1	2	3
J. How many of your friends do you think have ever sold illegal drugs?	0	1	2	3

For the following questions please answer if you strongly agree, agree, disagree, or strongly disagree.

K. You have given up friends that got you into trouble:

- 01 Strongly disagree
- 02 Disagree
- 03 Agree
- 04 Strongly agree

L. Your friends have been supportive after your release from prison/jail.

- 01 Strongly disagree
- 02 Disagree
- 03 Agree
- 04 Strongly agree

M. Your friends sometimes convince you to do things you know you shouldn't be doing.

- 01 Strongly disagree
- 02 Disagree
- 03 Agree
- 04 Strongly agree

N. You have felt lonely and isolated after your release.

- 01 Strongly disagree
- 02 Disagree
- 03 Agree
- 04 Strongly agree

HIV/AIDS Drugs and Sex-Risk Behaviors Before, During, and After Incarceration

31. 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 <i>before</i> prison, did you...	B. What kind of drugs?	C. During a typical month <i>in</i> prison, did you...	D. What kind of drugs?	E. During the <i>first</i> month <i>out</i> of prison, did you...	F. What kind of drugs?
	1 Never 2 Rarely 3 Sometimes 4 Often	1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify	1 Never 2 Rarely 3 Sometimes 4 Often	1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify	1 Never 2 Rarely 3 Sometimes 4 Often	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	[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]	

31. 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...	B. What kind of drugs?	C. During a typical month in prison, did you...	D. What kind of drugs?	E. During the first month out of prison, did you...	F. What kind of drugs?
	1 Never 2 Rarely 3 Sometimes 4 Often	1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify	1 Never 2 Rarely 3 Sometimes 4 Often	1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify	1 Never 2 Rarely 3 Sometimes 4 Often	1 marijuana 2 cocaine 3 crack 4 heroin 5 other, specify
prostitute?						
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 sex (receptive)?	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]	

32. 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 33]
- 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 months
- 06 After three months 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 33]

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
- If Yes, was it:
- 01 Alcohol
 - 02 Drugs
 - 03 Both
 - 09 Carelessness/didn't think about it

33. 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 34]
- 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: _____ [_ _]

34. Did you receive treatment for any of the following during your most recent incarceration?

	No	Yes
A. Sexually Transmitted Infection (e.g. gonorrhea, Chlamydia, syphilis)	1	5
B. Hepatitis C	1	5
C. Tuberculosis (TB)	1	5
D. Diabetes	1	5
E. Mental Illness	1	5
F. Alcoholism	1	5
G. Other, specify: _____	1	5

U. 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 <input type="checkbox"/> 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 (D)	A2. [ASK FOR ALL DRUGS USED SLI] →	A3. 1 st X SLI? N Y	[ASK FOR ALL DRUGS USED SLI] →	N Y		
	1. ALCOHOL	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
<p>BINGE DRINKING: Source: Stahre, M.A., Brewer, R.D., Fonseca, V.P., & Naimi, T.S. (2009). Binge drinking among U.S. active-duty military personnel. <i>American Journal of Preventative Medicine</i>, 36(3), 208-217.</p> <p>ASK MALES (if used SLI): During the past 30 days, on how many days did you have 5 or more drinks of beer, wine, or liquor in a row? _____</p> <p>ASK FEMALES (if used SLI): During the past 30 days, on how many days did you have 4 or more drinks of beer, wine, or liquor in a row? _____</p>						
	2. MARIJUANA	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
	CRACK	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
	4. COCAINE	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
	5. AMPHETAMINES	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
	A. _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
	B. _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
	C. _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
	6. SMOKABLE METH/ICE _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----
	HEROIN	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []	1 5	---	----

HEROIN MIXED w/ ANOTHER DRUG (SPEEDBALL) A. _____ [_ _] B. _____ [_ _] C. _____ [_ _]	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [_ _]	1 5	---	-----
	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [_ _]	1 5	---	-----
	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [_ _]	1 5	---	-----
	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [_ _]	1 5	---	-----
NON-PRESCRIPTION METHADONE	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [_ _]	1 5	---	-----

<p>OPIATES/NARCOTICS</p> <p>A. _____ []</p> <p>B. _____ []</p> <p>C. _____ []</p>	<p>1 5⇒</p> <p>1 5⇒</p> <p>1 5⇒</p>	<p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p>	<p>1 5</p> <p>1 5</p> <p>1 5</p>	<p>---</p> <p>---</p> <p>---</p>	<p>----</p> <p>----</p> <p>----</p>
<p>BARBITURATES</p> <p>A. _____ []</p> <p>B. _____ []</p> <p>C. _____ []</p>	<p>1 5⇒</p> <p>1 5⇒</p> <p>1 5⇒</p>	<p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p>	<p>1 5</p> <p>1 5</p> <p>1 5</p>	<p>---</p> <p>---</p> <p>---</p>	<p>----</p> <p>----</p> <p>----</p>
<p>TRANQUILIZERS</p> <p>A. _____ []</p> <p>B. _____ []</p> <p>C. _____ []</p>	<p>1 5⇒</p> <p>1 5⇒</p> <p>1 5⇒</p>	<p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p>	<p>1 5</p> <p>1 5</p> <p>1 5</p>	<p>---</p> <p>---</p> <p>---</p>	<p>----</p> <p>----</p> <p>----</p>
<p>PSYCHEDELICS</p> <p>A. _____ []</p> <p>B. _____ []</p> <p>C. _____ []</p>	<p>1 5⇒</p> <p>1 5⇒</p> <p>1 5⇒</p>	<p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p>	<p>1 5</p> <p>1 5</p> <p>1 5</p>	<p>---</p> <p>---</p> <p>---</p>	<p>----</p> <p>----</p> <p>----</p>
<p>INHALANTS</p> <p>A. _____ []</p> <p>B. _____ []</p> <p>C. _____ []</p>	<p>1 5⇒</p> <p>1 5⇒</p> <p>1 5⇒</p>	<p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p> <p><input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT</p> <p><input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ []</p>	<p>1 5</p> <p>1 5</p> <p>1 5</p>	<p>---</p> <p>---</p> <p>---</p>	<p>----</p> <p>----</p> <p>----</p>

			<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [] []			
	16. ECSTASY	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [] []	1 5		----
	15. OTHER [SPECIFY]: _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [] []	1 5		----
	OTHER [SPECIFY]: _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [] []	1 5		----
	[] EXTRA _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [] []	1 5		----
	[] EXTRA _____ []	1 5□	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [] []	1 5		----
	[] EXTRA _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [] []	1 5		----
	[] EXTRA _____ []	1 5⇒	<input type="checkbox"/> SWALLOW <input type="checkbox"/> SMOKE <input type="checkbox"/> INJECT <input type="checkbox"/> SNORT <input type="checkbox"/> OTHER: _____ [] []	1 5		----
	NOTE 1	YES? ASK SUP A	ANY INTRAVENOUS DRUG USE (IDU) EVER? PUT AN "X" IN THE BOX BELOW <input type="checkbox"/>	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...? <input type="checkbox"/> Prison <input type="checkbox"/> Jail OR <input type="checkbox"/> 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	1-2 DAYS	SEVERAL X'S	MONTHLY	TRI-
	A WEEK	A WEEK	A WEEK	A MONTH	OR LESS	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 |

U. DRUG SCREEN CARD

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						

W. 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	

X. 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 [GO TO 4]
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 times 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 TIMES 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 times 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 | 05 | Drug Dealer |
| 03 | Family Member/Relative | 06 | Other: _____ [__ __] |
| 07 | Inmate | | |

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

- | | | | |
|----|------------------------|----|---|
| 01 | Current residence | 06 | Car |
| 02 | Friend's house | 07 | Public bathroom |
| 03 | Relative's house | 08 | Crack house/shooting gallery |
| 04 | Park/street/alley | 10 | Incarcerated |
| 05 | Abandoned building | | Was this...? <input type="checkbox"/> Prison <input type="checkbox"/> Jail OR <input type="checkbox"/> Both |
| 09 | Other [SPECIFY BELOW:] | | |
- _____ [__ __]

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] | 05 | Cleaning with peroxide | ___ [# OF TIMES] |
| 02 | Boiling in water | ___ [# OF TIMES] | 06 | Burning | ___ [# OF TIMES] |
| 03 | Rinsing with bleach | ___ [# OF TIMES] | 07 | Cleaning in some other way | ___ [# OF TIMES] |
| 04 | Cleaning with alcohol | ___ [# OF TIMES] | Other: | _____ | |
| | | | | _____ [__ __] | [# OF TIMES] |

F. To your knowledge, SINCE THE LAST INTERVIEW have

you used needles/equipment that had been used by someone	No	1
who later got AIDS or had a positive blood test for the AIDS virus (HIV)?	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 | 04 Friend/Acquaintance |
| 02 Another Sex Partner | 05 Drug Dealer |
| 03 Family Member/Relative | 06 Other: _____ [] |
| 07 Inmate | |

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

- | | |
|-------------------------------|---|
| 01 Current residence | 06 Car |
| 02 Friend's house | 07 Public bathroom |
| 03 Relative's house | 08 Crack house/shooting gallery |
| 04 Park/street/alley | 10 Incarcerated |
| 05 Abandoned building | Was this...? <input type="checkbox"/> Prison <input type="checkbox"/> Jail OR <input type="checkbox"/> Both |
| 09 Other [SPECIFY:] _____ [] | |

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] | 05 Cleaning with peroxide _____ [# OF TIMES] |
| 02 Boiling in water _____ [# OF TIMES] | 06 Burning _____ [# OF TIMES] |
| 03 Rinsing with bleach _____ [# OF TIMES] | 07 Cleaning in some other way _____ [# OF TIMES] |
| 04 Cleaning with alcohol _____ [# 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 1
Yes 5

Y. 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 \geq 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

Z. 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→		How many→ <u>separate</u> times SLI? [CODE #X]	Have you received ...→		How about NOW?	
	LAST INTERVIEW?	No Yes		in the PAST THREE MONTHS?	No Yes	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:							
<input type="checkbox"/> With substance problems	1	5	___	1	5	1	5
<input type="checkbox"/> With emotional problems	1	5	___	1	5	1	5
<input type="checkbox"/> With eating problems	1	5	___	1	5	1	5
<input type="checkbox"/> Dealing with the death of a loved one	1	5	___	1	5	1	5
<input type="checkbox"/> Making life transitions	1	5	___	1	5	1	5
<input type="checkbox"/> With physical disabilities	1	5	___	1	5	1	5
<input type="checkbox"/> Who are parents	1	5	___	1	5	1	5
<input type="checkbox"/> Who are the families of people with a physical illness	1	5	___	1	5	1	5
<input type="checkbox"/> Who are the families of people with an emotional or substance problems	1	5	___	1	5	1	5
<input type="checkbox"/> 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:							
<input type="checkbox"/> Acupuncturist	1	5	___	1	5	1	5
<input type="checkbox"/> Biofeedback Specialist	1	5	___	1	5	1	5
<input type="checkbox"/> Chiropractor	1	5	___	1	5	1	5
<input type="checkbox"/> Energy Healing Specialist	1	5	___	1	5	1	5
<input type="checkbox"/> Exercise or Movement Therapist	1	5	___	1	5	1	5
<input type="checkbox"/> Herbalist	1	5	___	1	5	1	5
<input type="checkbox"/> Hypnotist	1	5	___	1	5	1	5
<input type="checkbox"/> Guided Imagery Specialist	1	5	___	1	5	1	5
<input type="checkbox"/> Masseur	1	5	___	1	5	1	5
<input type="checkbox"/> Spiritualist/Psychic	1	5	___	1	5	1	5
<input type="checkbox"/> Yoga, Relaxation, or Meditation Expert	1	5	___	1	5	1	5
<input type="checkbox"/> 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→		Longest→	# x→	How many→	Have you used ...→		How	
	LAST	INTERVIEW?	duration of	per	<u>separate</u>	in the PAST THREE		about	
	No	Yes	[# mos]	day	times SLI?	No	Yes	No	Yes
F. Herbal Remedies					[CODE #X]				
[IF YES] What kind:									
<input type="checkbox"/> Chamomile	1	5	---	---	---	1	5	1	5
<input type="checkbox"/> Kava	1	5	---	---	---	1	5	1	5
<input type="checkbox"/> Lavender	1	5	---	---	---	1	5	1	5
<input type="checkbox"/> St. John's Wort	1	5	---	---	---	1	5	1	5
<input type="checkbox"/> Valerian	1	5	---	---	---	1	5	1	5
<input type="checkbox"/> Chasteberry	1	5	---	---	---	1	5	1	5
<input type="checkbox"/> Black Cohosh	1	5	---	---	---	1	5	1	5
<input type="checkbox"/> Other: _____ [] 1 5	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
- 02 Group Therapy/Counseling
- 03 Family Therapy/Counseling
- 10 Physical Therapy/Massage
- 07 Milieu only
- 08 Assessment/evaluation
- 09 Medication Management
- 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
- 02 Friend/neighbor
- 03 Judge/court/police/P.O./ correctional case worker
- 04 Caseworker/case manager
- 05 Psychiatrist/psychologist/counselor
- 06 Primary Care Physician/family doctor
- 07 Priest/rabbi/clergy/minister
- 08 No one
- 09 Parent/caretaker/family
- 10 Healer/shaman/curandero, etc.
- 11 Girlfriend/boyfriend/partner
- 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

AA. 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 NO, GO TO Q.2]

[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→		How many→	Have you received ...→		How	
	LAST	INTERVIEW?	<u>separate</u> times SLI? [CODE #X]	in the PAST THREE MONTHS?		about NOW?	
	No	Yes		No	Yes	No	Yes
A. Hospital for emotional, behavior, drug/alcohol problems? PROBE: Psychiatric <input type="checkbox"/> General <input type="checkbox"/> Both <input type="checkbox"/>	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 NO, GO TO NEXT SECTION]

[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?		How many→ <u>separate times</u> SINCE THE LAST INTERVIEW? [CODE #X]	Have you→ received... IN THE PAST 3 MONTHS?		How about NOW?	
	No	Yes		No	Yes	No	Yes
A. CMHC or outpatient mental health clinic	1	5	___	1	5	1	5
B. Professional, like a psychologist, counselor, or social worker, <u>not part of a service/clinic/school</u>	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/respice 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.

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 | 0 = Adequate involvement |
| 2 ___ Children | 2 = Involvement was inadequate |
| 3 ___ Other family member | 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 | 0 = Adequate involvement |
| 2 ___ Children | 2 = Involvement was inadequate |
| 3 ___ Friend | 3 = Involvement was too extensive |
| 4 ___ Other family member | |

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?

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 | 0 = Adequate involvement |
| 1 | Partner/Spouse | 2 = Involvement was inadequate |
| 2 | Children | 3 = Involvement was too extensive |
| 3 | Other family member | |

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.

BB. 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

CC. REFERRAL SOURCES: PATHWAYS TO SERVICES

1. [IF SERVICES HAVE BEEN RECEIVED SINCE THE LAST INTERVIEW, THEN ASK:] THIS IS SUB TYPE A: RECEIVED SERVICES SLI

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 **THIS IS SUB TYPE B₁: REFERRED BUT DID NOT GET**

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 SINCE THE LAST INTERVIEW 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 -NEXT SECTION
(currently DD)]

THIS IS SUB TYPE C: THOSE WHO DID NOT GET SERVICES SLI AND WERE NOT REFERRED AND DID NOT THINK THEY NEEDED SERVICES.

YES 5

THIS IS SUB TYPE B2: NO SERVICES SLI BUT THOUGHT THEY NEEDED SERVICES

A. How many months or years have you been thinking that you might need professional help? _____ [# OF DAYS]

**DD. 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 people who are important to 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

EE. ATTITUDES AND BARRIERS TO TREATMENT: PERCEPTION OF BARRIERS TO SERVICE

1. These next questions are about what you think about services.

<p>A. Previous negative experience: Have you ever had a “bad experience/trouble” with a “health care professional” that “turned you off” about getting help?</p>	<p>Barrier Absent = 1 Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn’t get help because of this reason? No Yes 1 5</p>
<p>B. Bureaucratic delay: Have you ever tried to get services but had difficulties because of the “system”, like not being able to get through on the phone or being put on a waiting list?</p>	<p>Barrier Absent = 1 Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn’t get help because of this reason? No Yes 1 5</p>
<p>C. Refusal to treat: Has any agency ever refused to provide treatment for you?</p>	<p>Barrier Absent = 1 Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn’t get help because of this reason? No Yes 1 5</p>
<p>D. Refuses treatment: Have you or your family/partner ever been referred to services but refused to go?</p>	<p>Barrier Absent = 1 Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Did this happen in the past three months?</p> <p>IF SUB TYPE B ASK:</p>

		<p>Did this happen in the past three months?</p> <p>No Yes 1 5</p>
<p>E. Cultural Barrier: Have you ever felt uncomfortable with services you were getting because the person you went to was very different from you or didn't seem to understand "where you were coming from?" [if yes, how.....]</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p> <p>No Yes 1 5</p>
<p>F. [SKIP IF ENGLISH IS THE PRIMARY LANGUAGE SPOKEN] Language barrier: Is it hard for you or your family/partner to talk about problems in English?</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p> <p>No Yes 1 5</p>
<p>G. Self-consciousness: Is it hard for you to talk to others about problems or to ask others for help because you feel embarrassed or self-conscious?</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p> <p>No Yes 1 5</p>
<p>H. Anticipated negative reaction: IF SUB=TYPE A: Are concerned about what people close to you think of you for getting help?</p> <p>IF SUB=TYPE B: If you were getting help, would you be concerned about what people close to you would think of you?</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p>

<p>IF SUB=TYPE C: If you ever needed to get help, do you think you would be concerned about what people close to you would think of you?</p>		<p>No Yes 1 5</p>
<p>I. Anticipated out of home placement (Subject's Child): [IF SUBJECT DOES NOT HAVE ANY CHILDREN AND IS NOT CURRENTLY PREGNANT OR PARTNER IS CURRENTLY PREGNANT SKIP TO NEXT BARRIER. OTHERWISE,</p> <p>IF SUB=TYPE A: 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 because you are/were getting help?</p> <p>IF SUB=TYPE B: If you were getting help would you be concerned that your child(ren) might be taken from your home or that (he/she/they) might have to go live somewhere else because of this?</p> <p>IF SUB=TYPE C: If you ever needed to get help do you think you would be concerned that your child(ren) might be taken from your home or that (he/she/they) might have to go live somewhere else because of getting help?</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p> <p>No Yes 1 5</p>
<p>J. Lack of information:</p> <p>IF SUB=TYPE A: Do you feel that you need more information about who to see for problems?</p> <p>IF SUB=TYPE B: Would you need more information to figure out who to go to if you decided to go for help?</p> <p>IF SUB=TYPE C:] If you ever needed to get help, would you need more information to figure out who you should be seeing?</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>F SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p> <p>No Yes 1 5</p>
<p>K. Services not available:</p>		

<p>IF SUB=TYPE A: 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 "in jail"]</p> <p>IF SUB=TYPE B: 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 "in jail"]</p> <p>IF SUB=TYPE C:] SKIP</p>		
<p>L. Lack of time: IF SUB=TYPE A: Are you concerned about having enough time to get help?</p> <p>IF SUB=TYPE B: If you were getting help do you think you would be concerned about having enough <i>time</i> for it?</p> <p>IF SUB=TYPE C: If ever needed to get help do you think would you be concerned about having enough <i>time</i> to get help?</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p> <p>No Yes 1 5</p>
<p>M. Cost: [SKIP IF INCARCERATED ENTIRE TIME SLI]</p> <p>IF SUB=TYPE A: Are you concerned by the cost of getting help?</p> <p>IF SUB=TYPE B: If you were getting help do you think you would be bothered by the cost?</p> <p>IF SUB=TYPE C: If ever needed to get help do you think would you be bothered by the cost of it?</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p> <p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p> <p>No Yes 1 5</p>
<p>N. Problem with transportation:</p>		<p>IF SUB=TYPE C, SKIP TO NEXT BARRIER BELOW</p>

<p>IF SUB=TYPE A: Is it difficult for you to travel to treatment sites?</p> <p>IF SUB=TYPE B: If you were getting help do you think it would be difficult for you to travel to treatment sites?</p> <p>IF SUB=TYPE C: If ever needed to get help do you think it would be difficult for you to travel to treatment sites?</p>	<p>Barrier Absent = 1</p> <p>Barrier Present = 5 → GO TO NEXT COLUMN</p>	<p>IF SUB=TYPE A ASK: Were there any times in the past 3 months when you quit getting services because of this or that it made a difference in the help you got?</p> <p>IF SUB=TYPE B ASK: Were there any times in the past 3 months when you didn't get help because of this reason?</p> <p>No Yes 1 5</p>
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BARRIER TO CARE: LACK OF QUALITY IN SERVICES

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
- 12 Bureaucratic delay
- 14 Refusal to treat
- 15 Refuses treatment
- 04 Cultural
- 05 Language barrier
- 02 Self consciousness
- 03 Anticipated negative reaction
- 06 Anticipated out of home placement (Subj.'s Chld)
- 07 Anticipated loss of parental rights (Subj.'s Chld)
- 08 Lack of information
- 13 Services not available
- 09 Lack of time
- 10 Cost
- 11 Problem with transportation
- 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): _____

_____ [_ _] [_ _] [_ _]

- 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
- 1 Does not cover

GG. 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 KK, 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 5. ALL OTHERS GO TO **SECTION III1 OR II2: 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 HH1 OR HH2: SPOUSE/LIVE-IN**, AND ALL SPOUSE INFORMATION WILL GO IN **SECTION III1 OR II2: 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 HH1 OR HH2: SPOUSE/LIVE-IN**]
- B. Your spouse/live-in and others? [GO TO **SECTION HH1 OR HH2, AND SECTION III1 OR II2: SEX PARTNERS**]
- C. Other sex partners (not including spouse/live-in)? [GO TO **SECTION III1 OR II2**]

HH1. 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 | 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
If Yes, was it: |
| 04 Trying to conceive | 01 Alcohol |
| | 02 Drugs |
| | 03 Both |

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 | 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
If Yes, was it: |

- | |
|------------|
| 01 Alcohol |
| 02 Drugs |
| 03 Both |

09 Carelessness/didn't think about it

05 Other: _____ [___]

3. **SLI, have you given oral sex to your** No 1 [GO TO 4]

[SPOUSE/LIVE-IN)]? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON YOUR PARTNER'S PENIS/VAGINA] 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 |
| | | | If Yes, was it: |
| | | 01 | Alcohol |
| | | 02 | Drugs |
| | | 03 | Both |
| | | 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 |
| | | | If Yes, was it: |
| | | 01 | Alcohol |
| | | 02 | Drugs |
| | | 03 | Both |
| | | 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 |
| | | | If Yes, was it: |
| | | 01 | Alcohol |
| | | 02 | Drugs |
| | | 03 | Both |
| | | 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 past 3 months?
 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

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 PARTNER'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 If Yes, was it:

01	Alcohol
02	Drugs
03	Both

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 If Yes, was it:

01	Alcohol
02	Drugs
03	Both

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 past 3 months?
 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

III. 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 PARTNER, 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:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner B:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner C:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner D:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner E:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[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 Yes 5
 INTO A FEMALE'S VAGINA]

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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both

- 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 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 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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]

III. SEX PARTNERS: MALE SUBJECTS

[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
- If Yes, was it:
- 01 Alcohol
 - 02 Drugs
 - 03 Both
 - 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
- If Yes, was it:
- 01 Alcohol
 - 02 Drugs
 - 03 Both
 - 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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 Yes 5
SOMEONE ELSE'S ANUS/BUTT]

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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
- 01 Alcohol
- 02 Drugs
- 03 Both
- 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
- If Yes, was it:
- 01 Alcohol
- 02 Drugs
- 03 Both
- 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
- If Yes, was it:
- 01 Alcohol
- 02 Drugs
- 03 Both
- 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 SOMEONE 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
- If Yes, was it:
- 01 Alcohol
- 02 Drugs
- 03 Both
- 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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both
- 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 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 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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both
- 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 Yes 5
 SOMEONE ELSE'S VAGINA/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 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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 SOMEONE 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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 %

[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

	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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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 Yes 5
 ON SOMEONE ELSE'S VAGINA/PENIS]

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 neccs. (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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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 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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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]	_____

II.2. 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 PARTNER, 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:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner B:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner C:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner D:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner E:	___	[]	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 Yes 5
 INTO YOUR VAGINA]

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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both

- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both

- 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
- If Yes, was it:
- 01 Alcohol
- 02 Drugs
- 03 Both
- 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]? [BY VAGINAL WE MEAN SOMEONE PUTTING HIS PENIS INTO YOUR VAGINA]**
- | | | |
|--|-----|-------------|
| | 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
- If Yes, was it:
- 01 Alcohol
- 02 Drugs

- 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both
- 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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both
- 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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both
- 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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both
- 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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both
- 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

If Yes, was it:

- 01 Alcohol
- 02 Drugs
- 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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] Yes 5

II.2. SEX PARTNERS: FEMALE SUBJECTS

PUTTING HIS PENIS INTO YOUR ANUS/BUTT]

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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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 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
- If Yes, was it:
 - 01 Alcohol
 - 02 Drugs
 - 03 Both
- 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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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]	_____

(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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 09 Carelessness/didn't think about it 05 Other (Specify) []
	No	Yes			
3. Someone who has HIV or AIDS?	1	5	_____	_____	_____
4. Someone who injects drugs?	1	5	_____	_____	_____
5. Exclusive Regular Partner (non-live-in) – boyfriend/girlfriend	1	5	_____	_____	_____
6. Regular partner, non-exclusive – friend, regular partner NOT bf/gf	1	5	_____	_____	_____
7. Acquaintance – someone you know a little bit	1	5	_____	_____	_____
8. Anonymous partner - stranger	1	5	_____	_____	_____
9. Trade Partner	1	5	_____	_____	_____

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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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 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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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]	_____

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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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]	_____

JJ. 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/infirmery
- 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/infirmery
- 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 actually 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 most likely to be forced to do any 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 least likely to be forced to do any 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 actually 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: _____ [] []

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 ⇒]		F. Past 3 Months [IF YES ⇒] [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE GRID]		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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			----	[# OF TIMES]	----	----	
			B. A woman who has HIV or AIDS?	1	5	1	5			----	[# OF TIMES]	----	----
			C. A woman who injects drugs?	1	5	1	5			----	[# OF TIMES]	----	----
			D. A woman who works as a prostitute?	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			----	[# OF TIMES]	----	----	
			B. A woman who has HIV or AIDS?	1	5	1	5			----	[# OF TIMES]	----	----
			C. A woman who injects drugs?	1	5	1	5			----	[# OF TIMES]	----	----
			D. A woman who works as a prostitute?	1	5	1	5			----	[# OF TIMES]	----	----
3A. Give oral sex (to a woman)? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S VAGINA]	1	5			1	5			----	[# OF TIMES]	----	----	
			B. A woman who has HIV or AIDS?	1	5	1	5			----	[# OF TIMES]	----	----
			C. A woman who injects drugs?	1	5	1	5			----	[# OF TIMES]	----	----
			D. A woman who works as a prostitute?	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	----	[# OF TIMES]	---	---	
			B. A woman who has HIV or AIDS?	1	5	1	5	----	[# OF TIMES]	---	---
			C. A woman who injects drugs?	1	5	1	5	----	[# OF TIMES]	---	---
			D. A woman who works as a prostitute?	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]

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 =>]		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 09 Carelessness/didn't think about it 05 Other (Specify):
	No	Yes	No	Yes	No	Yes				
1A. Receive oral sex (from a	1	5			1	5	----	[# OF TIMES]	---	---

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		F. Past 3 Months		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 09 Carelessness/didn't think about it 05 Other (Specify):
				[IF YES =>]	[IF YES =>] [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE GRID]	No	Yes				
No	Yes	No	Yes	No	Yes						
man)? [BY ORAL SEX WE MEAN SOMEONE ELSE PUTTING HIS MOUTH ON YOUR PENIS]			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. Give oral sex (to a man)? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S PENIS]	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]	-----	-----
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	-----	[# 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]	-----	-----

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 ⇒]		F. Past 3 Months [IF YES ⇒] [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE GRID]		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 09 Carelessness/didn't think about it 05 Other (Specify):	
No	Yes		No	Yes	No	Yes										
1	5				1	5										
4A. Receive anal sex (from a man)? [BY ANAL SEX WE MEAN A MAN PUTTING HIS PENIS INTO YOUR ANUS/BUT T]																
			B. A man who has HIV or AIDS?		1	5	1	5								
			C. A man who injects drugs?		1	5	1	5								
			D. A man who works as a prostitute?		1	5	1	5								

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 GRID]		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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]	---	---
			1	5	1	5	----	[# OF TIMES]	---	---
			1	5	1	5	----	[# OF TIMES]	---	---
			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]	---	---
			1	5	1	5	----	[# OF TIMES]	---	---
			1	5	1	5	----	[# OF TIMES]	---	---
			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 GRID]		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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]	1	5	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/BUT T]	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?

A. How many in the past 3 months?

___ [FEMALES]

___ [FEMALES]

11. 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]

[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
- 02 Family
- 03 Doctor/nurse/other professional
- 04 Given away (promotion/awareness day)
- 08 Correctional Personnel
- 05 Purchased at store
- 07 Partner
- 06 Other [SPECIFY:] _____ []

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	<input type="checkbox"/> Community <input type="checkbox"/> Prison <input type="checkbox"/> Jail	1	5	<input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Both	_____	<input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> More
B. Given oral sex to a man [By giving oral sex we mean putting your mouth on someone]	1	5	<input type="checkbox"/> Community <input type="checkbox"/> Prison <input type="checkbox"/> Jail	1	5	<input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Both	_____	<input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> More

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			
else's penis]								
B. Anal sex with a man where you have put your penis into someone else's butt?	1	5	<input type="checkbox"/> Community <input type="checkbox"/> Prison <input type="checkbox"/> Jail	1	5	<input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Both	_____	<input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> More
C. Anal sex with a man where he put his penis in your butt?	1	5	<input type="checkbox"/> Community <input type="checkbox"/> Prison <input type="checkbox"/> Jail	1	5	<input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Both	_____	<input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> 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

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		F. Past 3 Months		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?	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 neccs. (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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 09 Carelessness/didn't think about it 05 Other (Specify):
					[IF YES =>]	[IF YES =>] [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE GRID]	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	----	[# 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 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	----	[# 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]	----	----	
3A. Give oral sex (to a man)? [BY ORAL SEX WE MEAN	1	5			1	5	1	5	----	[# OF TIMES]	----	----
			B. A man who has HIV or AIDS?	1	5	1	5	----	[# OF TIMES]	----	----	

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 ⇒]		F. Past 3 Months [IF YES ⇒] [IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE GRID]		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 09 Carelessness/didn't think about it 05 Other (Specify):	
	No	Yes	No	Yes	No	Yes					
PUTTING YOUR MOUTH ON SOMEONE'S PENIS]			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]	-----	-----
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]	-----	-----

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

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 =>]		F. Past 3 Months [IF YES =>] <small>[IF IN COMMUNITY ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE GRID]</small>		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 09 Carelessness/didn't think about it 05 Other (Specify):	
	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	----	[# OF TIMES]	----	----	
			B. A woman who has HIV or AIDS?	1	5	1	5	----	[# OF TIMES]	----	----
			C. A woman who injects drugs?	1	5	1	5	----	[# OF TIMES]	----	----
			D. A woman who works as a prostitute?	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	----	[# OF TIMES]	----	----	
			B. A woman who has HIV or AIDS?	1	5	1	5	----	[# OF TIMES]	----	----
			C. A woman who injects drugs?	1	5	1	5	----	[# OF TIMES]	----	----
			D. A woman who works as a prostitute?	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?

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 COMMUNIT Y ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE GRID]		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 nees. (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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 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]	----
3A. Give oral sex (to someone)? [BY ORAL SEX WE MEAN PUTTING YOUR MOUTH ON SOMEONE'S	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]	----

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 =>] <small>[IF IN COMMUNIT Y ENTIRE TIME P3M, GO TO NEXT SLI QUESTION IN THE GRID]</small>		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 If Yes, was it: 01 Alcohol 02 Drugs 03 Both 09 Carelessness/didn't think about it 05 Other (Specify) [_]
	No	Yes		No	Yes	No	Yes				
PENIS/VAGIN A]			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	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	<input type="checkbox"/> Community <input type="checkbox"/> Prison <input type="checkbox"/> Jail	1	5	<input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Both	_____	<input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> More
B. Given oral sex to a woman? [By given oral sex we mean, putting your mouth on someone else's vagina]	1	5	<input type="checkbox"/> Community <input type="checkbox"/> Prison <input type="checkbox"/> Jail	1	5	<input type="checkbox"/> Prison <input type="checkbox"/> Jail <input type="checkbox"/> Both	_____	<input type="checkbox"/> Less <input type="checkbox"/> Same <input type="checkbox"/> More

KK. 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% | 4 | More than half of the time = 75% |
| 2 | Sometimes = 25% | 5 | Every time = 100% |
| 3 | Half of the time = 50% | | |

[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

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

LL. 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	D K
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 ANY services like these SINCE THE LAST INTERVIEW?

No 1 [GO TO 22]

Yes 5

A. **SINCE LAST INTERVIEW:** 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 EXACT SAME SERVICE MORE THAN ONCE, ONLY FILL OUT ONE COLUMN FOR THAT SERVICE AND NOTE THE AMOUNT OF TIMES IT WAS RECEIVED]

21C:	INTERVENTION 1	INTERVENTION 2	INTERVENTION 3
What type of service did you receive?	Name: [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: _____ []	Name: [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: _____ []	Name: [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?	1 NO 3 NO OPINION 5 YES□HOW?	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:] _____ [] []	[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:] _____ [] []	[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]
- 01 No sex (so subject not concerned)
 - 02 I did not think I was at risk for HIV/ I did not think I had HIV/Just does not feel it is necessary
 - 03 Does not want to know results/Scared/Fear of living with an HIV diagnosis
 - 04 Does not know why
 - 05 Stigma and discrimination associated with HIV
 - 06 Impact on relationship with marriage/partner (issues of blame, infidelity, or the future of the relationship if one partner was positive and the other was not)
 - 07 The testing procedures (drawing blood, waiting for test results, dealing with doctors)
 - 08 Logistical difficulties (testing was far away, no insurance, testing was not guaranteed on the first visit, had to take unpaid leave from work, prison does not allow testing)
 - 09 Tested last year by NJP
 - 10 Other _____ [] [] []

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?:] _____ [] []

[SUBJECTS WHO RESPOND YES TO QUESTION 27 WILL BE ADMINISTERED THE HIV SUPPLEMENT]

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

MM. 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

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 before sex so I can be clear-headed.	1	2	3	4
E. I will not use drugs before sex so I can be clear-headed.	1	2	3	4
F. I will tell the (man/woman) I don't want to have intercourse without a condom.	1	2	3	4
G. I will decide ahead of time what I will and will not be willing to do.	1	2	3	4
H. I will actively guide our actions to have safe sex.	1	2	3	4
I. I will wait to see what my partner says we should do about condoms/latex protection.	1	2	3	4

OO. 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	2	Neither Hard Nor Easy	4	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 <i>every time</i> 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?	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 drugs?	1	2	3	4	5
G. How hard or easy would it be for you to avoid using alcohol if you think you might be having sex later?	1	2	3	4	5
H. How hard or easy would it be for you to avoid using drugs if you think you might be having sex later?	1	2	3	4	5

PP. 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

QQ. 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

RR. HIV+ SUPPLEMENT

[ONLY ADMINISTERED TO THOSE WHO RESPOND YES TO QUESTION 27 (ARE HIV POSITIVE). NOT TO BE ADMINISTERED TO NEW CASES THAT WE FIND]

ANTIVIRAL MEDICATION ADHERENCE FORM

Most people with HIV have many pills to take at different times during the day. Many people find it hard to always remember their pills.

- Some people get busy and forget to carry their pills with them.
- Some people find it hard to take their pills according to all the instructions, such as “take with meals” or “take every 8 hours”.
- Some people decide to skip, reduce or stop doses to avoid side effects.

We would like to understand how people with HIV are really doing with their medication doses.

1. **This section of the questionnaire asks about anti-HIV medications you are currently taking. Which ones are you currently taking?**

Drug Name	A. How many times did you actually take this medication?	B. Is this pattern typical of your recent use of [DRUG]?		C. Was there any time in the last 4 days that you took fewer PILLS per does (time) than were prescribed?	
		N	Y	N	Y
1. _____ [_ _]	01 Yesterday 03 3 days ago 02 2 days ago 04 4 days ago	1	5	1	5
2. _____ [_ _]	01 Yesterday 03 3 days ago 02 2 days ago 04 4 days ago	1	5	1	5
3. _____ [_ _]	01 Yesterday 03 3 days ago 02 2 days ago 04 4 days ago	1	5	1	5
4. _____ [_ _]	01 Yesterday 03 3 days ago 02 2 days ago 04 4 days ago	1	5	1	5
5. _____ [_ _]	01 Yesterday 03 3 days ago 02 2 days ago 04 4 days ago	1	5	1	5
6. _____ [_ _]	01 Yesterday 03 3 days ago 02 2 days ago 04 4 days ago	1	5	1	5
7. _____ [_ _]	01 Yesterday 03 3 days ago 02 2 days ago 04 4 days ago	1	5	1	5
8. _____ [_ _]	01 Yesterday 03 3 days ago 02 2 days ago 04 4 days ago	1	5	1	5
	01 Yesterday 03 3 days ago	1	5	1	5

9. _____ [_ _]	02 2 days ago	04 4 days ago		
------------------	---------------	---------------	--	--

2. When was the last time you skipped any of your medications?

- 01 Never skip medications (IF NEVER, GO TO Q4)
- 02 Within the past week
- 03 1-2 weeks ago
- 04 3-4 weeks ago
- 05 1-3 months ago
- 06 More than 3 months ago

3. People miss taking their medications for various reasons. Here is a list of possible reasons. Here is a list of possible reasons. How often have you missed taking your medications because you:

	Never	Rarely	Sometimes	Often
A. Were away from home?	1	2	3	4
B. Were busy with other things?	1	2	3	4
C. Simply forgot?	1	2	3	4
D. Had too many pills to take?	1	2	3	4
E. Wanted to avoid side effects?	1	2	3	4
F. Did not want others to notice you taking medication?	1	2	3	4
G. Had a change in daily routine? (e.g., vacation, holiday, non-work day)	1	2	3	4
H. Felt like the drug was toxic or harmful?	1	2	3	4
I. Fell asleep/slept through dose time?	1	2	3	4
J. Felt sick or ill?	1	2	3	4
K. Felt depressed or overwhelmed?	1	2	3	4
L. Had problems taking the pills?	1	2	3	4
M. Ran out of pills?	1	2	3	4
N. Don't want to take pills?	1	2	3	4
O. Have special instructions that conflict?	1	2	3	4
P. Other? (Specify): _____ [_ _]	1	2	3	4
_____ [_ _]	1	2	3	4

4. Most anti-HIV medications need to be taken on a schedule, such as “2 times a day” or “every 8 hours.” How closely did you follow your specific schedule over the last four days?

- 1 Never
- 2 Some of the time
- 3 About half of the time
- 4 Most of the time
- 5 All of the time

5. Do any of your anti-HIV medications have special instructions such as “take with food” or “take on an empty stomach” or “take with plenty of fluids”?

- No 1 [GO TO 6]
- Yes 5

A. IF YES, how often did you follow those special instructions over the last 4 days?

- 1 Never
- 2 Some of the time
- 3 About half of the time
- 4 Most of the time

5 All of the time

B. Do any of these special instructions conflict?

No 1
Yes 5

6. How do you remember to take your medications?

01 Calendar/diary

02 Pill box

03 Alarm

04 Friend/family member

05 Memory only

06 Other (Specify): _____ [] [] []

COMBINATION DRUG TREATMENTS FOR HIV

For these questions, “**combination drug treatments**” refers to combinations of drugs – including protease inhibitors – used to keep people who are **already infected** with HIV from getting sick with AIDS. In addition, these drugs may also be used by an HIV negative person following a possible exposure to HIV (e.g., through unsafe sex or needle sharing) to try and prevent infection with HIV. This is called “**post-exposure prevention**” or **PEP** for short.

1. How much have you heard about the use of combination drug treatments to keep people with HIV from getting sick?

- 1 Nothing
- 2 A little
- 3 Some
- 4 Quite a bit
- 5 A lot

2. How many people do you know with HIV who have taken combination drug treatments?

- 1 None
- 2 1 or 2
- 3 3 or more

3. How much have you heard about using combination drug treatments to try to prevent infection after a possible exposure to HIV (PEP)?

- 1 Nothing
- 2 A little
- 3 Some
- 4 Quite a bit
- 5 A lot

4. How many people do you know who have used combination drug treatments to try to prevent infection after a possible exposure to HIV (PEP)?

- 1 None
- 2 1 or 2
- 3 3 or more

5. Have you ever used combination drug treatments to try to prevent infection after a possible exposure to HIV (PEP)?

- No 1
- Yes 5

[[IF PARTICIPANT DOES NOT TAKE HIV MEDS, GO TO ATTITUDE SURVEY]]

[ASK: HAVE YOU USED MARIJUANA OR HASH? IF PARTICIPANT DOES NOT USE MARIJUANA OR HASH GO TO 3.]

1. Of the marijuana or hash that you consumed, did you use it to reduce HIV-related symptoms, such as nausea?

No 1
Yes 5

A. Of the times you used marijuana or hash, how often did you use it for this reason?

- 01 All of the time
- 02 More than half of the time
- 03 Half of the time
- 04 Less than half of the time
- 05 Rarely

2. Does your use of marijuana or hash affect how you take your HIV medications?

No 1 [GO TO 3]
Yes 5

A. How does your use of marijuana or hash usually affect how you take your HIV medications?
Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU SMOKED CRACK? IF PARTICIPANT DOES NOT SMOKE CRACK, GO TO 4]

3. Does smoking crack affect how you take your HIV medications?

No 1 [GO TO 4]
Yes 5

A. How does **smoking crack** usually affect how you take your HIV medications?
Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU INJECTED CRACK (BY ITSELF)? IF PARTICIPANT DOES NOT INJECT CRACK (BY ITSELF), GO TO 5]

4. Does injecting crack (by itself) affect how you take your HIV medications?

No 1 [GO TO 5]
Yes 5

A. How does **injecting crack** usually affect how you take your HIV medications?
Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU SNIFFED/SNORTED COCAINE? IF PARTICIPANT DOES NOT SNIFF/SNORT COCAINE, GO TO 6]

5. Does sniffing or snorting cocaine affect how you take your HIV medications?

No 1 [GO TO 6]
Yes 5

A. How does **sniffing or snorting cocaine** usually affect how you take your HIV medications?
Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU INJECTED COCAINE? IF PARTICIPANT DOES NOT INJECT COCAINE, GO TO 7]

6. Does injecting cocaine affect how you take your HIV medications?

No 1 [GO TO 7]
Yes 5

A. How does **injecting cocaine** usually affect how you take your HIV medications?
Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU SNIFFED OR SNORTED HEROIN? IF PARTICIPANT DOES NOT SNIFF OR SNORT HEROIN, GO TO 8]

7. Does sniffing or snorting of heroin affect how you take your HIV medications?

No 1 [GO TO 8]
Yes 5

A. How does **sniffing or snorting of heroin** usually affect how you take your HIV medications?
Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU SMOKED HEROIN? IF PARTICIPANT DOES NOT SMOKE HEROIN, GO TO 9]

8. Does smoking heroin affect how you take your HIV medications?

No 1 [GO TO 9]
Yes 5

A. How does **smoking heroin** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU INJECTED HEROIN (BY ITSELF)? IF PARTICIPANT DOES NOT INJECT HEROIN (BY ITSELF), GO TO 10]

9. Does injecting heroin (by itself) affect how you take your HIV medications?

No 1 [GO TO 10]
Yes 5

A. How does **injecting heroin** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU INJECTED SPEEDBALLS? IF PARTICIPANT DOES NOT INJECT SPEEDBALLS, GO TO 11]

10. Does injecting heroin and cocaine together (speedball) affect how you take your HIV medications?

No 1 [GO TO 11]
Yes 5

A. How does **injecting heroin and cocaine together (speedball)** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU SNIFFED OR SMOKED METH/ICE? IF PARTICIPANT DOES NOT SNIFF OR SMOKE METH/ICE, GO TO 12]

11. Does sniffing or smoking meth/ice affect how you take your HIV medications?

No 1 [GO TO 12]
Yes 5

A. How does **sniffing or smoking meth/ice** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU INJECTED METH/ICE? IF PARTICIPANT DOES NOT INJECT METH/ICE, GO TO 13]

12. Does injecting meth/ice affect how you take your HIV medications?

No 1 [GO TO 13]
Yes 5

A. How does **injecting meth/ice** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU USED METHADONE? IF PARTICIPANT DOES NOT USE METHADONE, GO TO 14]

13. Does your use of methadone affect how you take your HIV medications?

No 1 [GO TO 14]
Yes 5

A. How does your **use of methadone** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU USED AMPHETAMINES? IF PARTICIPANT DOES NOT USE AMPHETAMINES, GO TO 15]

14. Does your use of amphetamines affect how you take your HIV medications?

No 1 [GO TO 15]
Yes 5

A. How does your **use of amphetamines** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU USED HALLUCINOGENS? IF PARTICIPANT DOES NOT USE HALLUCINOGENS, GO TO 16]

15. Does your use of hallucinogens affect how you take your HIV medications?

No 1 [GO TO 16]
Yes 5

A. How does your **use of hallucinogens** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU USED CLUB DRUGS? IF PARTICIPANT DOES NOT USE CLUB DRUGS, GO TO 17]

16. Does your use of club drugs affect how you take your HIV medications?

No 1 [GO TO 17]
Yes 5

A. How does your **use of club drugs** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[HAVE YOU USED OTHER NARCOTICS? IF PARTICIPANT DOES NOT USE OTHER NARCOTICS, GO TO 18]

17. Does your use of narcotics affect how you take your HIV medications?

No 1 [GO TO 18]
Yes 5

A. How does your **use of narcotics** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

[ASK: HAVE YOU USED TRANQUILIZERS? IF PARTICIPANT DOES NOT USE TRANQUILIZERS, GO TO PERSONAL ATTITUDES (NEXT SECTION)]

18. Does your use of tranquilizers affect how you take your HIV medications?

No 1 [GO TO PERSONAL ATTITUDES SCALE]
Yes 5

A. How does your **use of tranquilizers** usually affect how you take your HIV medications?

Please say YES for all that apply:

	NO	YES
1. I am more likely to take my medications	1	5
2. I forget to take my medications altogether	1	5
3. I don't take my medications at the right time	1	5
4. I only take some of my medications	1	5
5. I don't take my medications with enough water	1	5
6. I don't take my medications with enough food	1	5

PERSONAL ATTITUDES

Please respond how much you agree with **each** statement, giving your first reaction.

	Do Not Agree at All				Strongly Agree
1. HIV is no longer the threat it used to be.	1	2	3	4	5
2. I am somewhat more willing to take a chance of getting infected or infecting someone else now that combination drug treatments are available.	1	2	3	4	5
3. Because of combination drug treatments for HIV, I am less concerned about becoming HIV+ or infecting someone.	1	2	3	4	5
4. I feel tired of always having to monitor my sexual behavior.	1	2	3	4	5
5. HIV is now a controllable disease like diabetes.	1	2	3	4	5
6. The pleasure of skin to skin sex outweighs the threat of infection or reinfection with HIV.	1	2	3	4	5
7. I find it difficult to maintain my commitment to safer sex.	1	2	3	4	5
8. I like wild “uninhibited” sexual encounters.	1	2	3	4	5
9. I like new and exciting sexual experiences and sensations.	1	2	3	4	5
10. I am a lot less worried about sexual “slipping” now that treatments may be given after unprotected sex.	1	2	3	4	5
11. The availability of combination drug treatments for HIV makes me less worried about having unprotected sex.	1	2	3	4	5
12. Reinfection with HIV is a serious concern for me.	1	2	3	4	5
13. By taking combination drug treatments, an HIV+ person decreases the chance that he/she will infect a partner with HIV.	1	2	3	4	5
14. I am less concerned about having unprotected anal sex now that combination drug treatments are available.	1	2	3	4	5
15. An HIV+ person whose level of virus in the blood is undetectable is unlikely to transmit HIV to a sex partner.	1	2	3	4	5
16. I am interested in trying out new sexual experiences.	1	2	3	4	5
17. It takes a lot of effort to keep my sexual behavior safe.	1	2	3	4	5
18. No one has demonstrated that strains of HIV that will make someone resistant to multiple drugs can be transmitted sexually.	1	2	3	4	5
19. I am very concerned about the transmission of Hepatitis C during unprotected sex.	1	2	3	4	5

HIV AIDS STRESS SCALE

People living with HIV are coping with unique challenges. In the following questions, we would like to know if you have been dealing with any of these issues, and if so, how much they have affected your life. [Using this scale: Not at All, A Little Bit, Moderately, Quite a Bit, or Extremely] Please think about the past month including today.

In the past month, were you troubled by:	Not At All	A Little Bit	Moderately	Quite a bit	Extremely
1. Distressing emotions related to HIV/AIDS (For instance, feeling angry, fearful, anxious, or depressed.)	1	2	3	4	5
2. Relationship difficulties related to HIV/AIDS (Such as having arguments with a support person about how to best care for your health, or having difficulty establishing a relationship.)	1	2	3	4	5
3. Grief or loss related to HIV/AIDS (For instance, feeling like you have lost something or someone in your life, as a result of HIV/AIDS.)	1	2	3	4	5
4. Confidentiality/privacy concerns related to HIV/AIDS (For instance, being afraid that someone might share information about your health that you do not want to be shared.)	1	2	3	4	5
5. Sexual difficulties related to HIV/AIDS (For example, feeling sexually frustrated, or having a hard time maintaining safe sex practices.)	1	2	3	4	5
6. In the past month, did you have any difficulty coming to terms with your HIV status? (For example, having trouble accepting that you have HIV, or refusing to think about having HIV.)	1	2	3	4	5
7. Were you troubled by thoughts about death or dying related to HIV? (Such as thinking more about death than you used to, or feeling preoccupied with death.)	1	2	3	4	5
8. Did you feel isolation related to HIV? (For example, some people feel lonely or cut-off from others, or they might feel that others don't understand what they're going through.)	1	2	3	4	5
9. Have you experienced any suicidal thoughts related to HIV? [If yes: Have you made any attempts to hurt yourself?]	1	2	3	4	5
10. Has your use of alcohol or drugs increased related to HIV? (For example, wanting to drink or use drugs more because of feelings of stress, sadness, or anger.)	1	2	3	4	5
11. Have you had any concerns about discrimination related to HIV? (Such as worrying that people will treat you differently if they know you have HIV.)	1	2	3	4	5
How much were you troubled by:	Not At All	A Little Bit	Moderately	Quite a bit	Extremely
12. Did you experience any confusion regarding	1	2	3	4	5

your religion or the meaning of life, related to HIV? (For example, having difficulty searching for meaning in your life, or struggling to make sense of the situation you are in.)					
13. Were you overly attentive to bodily functions or changes in your body? (Some people are constantly on the watch for HIV-related symptoms, or think constantly about any new physical changes, like the appearance of a rash.)	1	2	3	4	5
14. Did you have difficulty telling others of your HIV/AIDS status (For example, you don't know who, how or when to tell people of your HIV status, or you have told only one or two people of your HIV status.)	1	2	3	4	5
15. Did you experience boredom related to HIV? (For instance, being unable to use your free time to do things you would normally enjoy, or you often find yourself sitting about doing nothing.)	1	2	3	4	5
16. Did you have any difficulty dealing with HIV-related symptoms or illness? (Such as dealing with fatigue or nausea, or having pain or discomfort much of the time.)	1	2	3	4	5
17. Did you have any coping strategy difficulties related to HIV? (For example, difficulty maintaining adequate nutrition or a positive mental attitude.)	1	2	3	4	5
18. Did you experience any difficulties with the health care system? (Such as having problems getting access to health services such as dentists or home care.)	1	2	3	4	5
19. Have you had any difficulties with treatment related to HIV/AIDS? (For example, having a hard time dealing with side effects from treatments, or being unable to decide on a treatment approach.)	1	2	3	4	5
20. Have you had any problems with transportation related to HIV/AIDS? (Such as having problems getting appropriate transport to places, or public transport is physically demanding.)	1	2	3	4	5
21. Have you had financial difficulties related to HIV/AIDS (For instance, being unable to pay debts, or having problems with superannuation or disability payments.)	1	2	3	4	5
How much were you troubled by:	Not At All	A Little Bit	Moderately	Quite a bit	Extremely
22. Have you ever experienced difficulties in your daily schedule related to HIV? (For instance, you can't always do the shopping or	1	2	3	4	5

cleaning; you can't keep up with the basic day-to-day chores.)					
23. Have you been troubled about the possibility of transmitting HIV to others? (For example, being preoccupied with thoughts about infecting others, or being concerned that some of the things you do might infect others.)	1	2	3	4	5
24. Have you had difficulty accessing information about HIV? (Such as receiving conflicting information about HIV, or not being able to get adequate information about HIV treatment.)	1	2	3	4	5
25. Have you had problems with your job related to HIV? (For instance, you can't obtain or maintain employment because of illness, or you are concerned about work-related stress.)	1	2	3	4	5
26. Have you experienced legal problems related to HIV? (For instance, you are involved in a legal process, or you don't know who to assign power of attorney to.)	1	2	3	4	5
27. Have you been troubled by planning difficulties related to HIV? (For instance, having a hard time with career planning because of uncertainty about your health, or not being sure whether to start a new project.)	1	2	3	4	5
28. Have you had difficulties with your thinking processes related to HIV/AIDS? (Such as forgetting things more than usual or not being able to concentrate as well.)	1	2	3	4	5
29. Have you had a hard time dealing with declining health related to HIV? (For example, having difficulty dealing with being less active due to declining health, or having difficulty dealing with the change from being well to feeling ill.)	1	2	3	4	5

SS. 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 | 03 SHOOT AT SOMEONE (Rival Gang) |
| 02 FIGHT/JUMPED IN | 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 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 | 5. SHOOT OR STAB PEOPLE |
| 2. GIVE VIOLATIONS | 6. KILL PEOPLE |
| 3. SELL DRUGS | 7. OTHER [SPECIFY:] _____ [_ _] |
| 4. CARRY GUNS OR USE GUNS/DO DRIVE-BYS/WALK-UPS | |

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 you 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 _____ [_ _]

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

TT. 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

UU. 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
- 15 Other (Specify) : _____ [] [] []