

Healing Our Women



Six Month Follow Up Interview

WOMEN'S HEALTH PROJECT

6-MONTH INTERVIEW

1. Length of Interview :
H H M M (4)
2. Interviewer Number (2)
3. Respondent Number (4)
4. Place of Interview Site 1 = Drew 2 = UCLA 3 = Pasadena 4 = Home (1)
5. Date of Interview / /
M M D D Y Y (6)
6. Time Point of Interview:
 - 1 - First interview
 - 2 - Second interview
 - 3 - Third interview
 - 4 - Fourth interview
 - 5 - Fifth interview
 - 6 - Sixth interview
 - 7 - Seventh interview(1)

INTERVIEWER: READ THE FOLLOWING PARAGRAPH ALOUD:

These questions have to do with your health behaviors and practices, your attitudes, and your feelings. They may seem familiar to you because of our previous meeting. Some of these questions are about sensitive and personal matters. Some may be difficult or upsetting because they may stir up unpleasant memories, embarrassment, or sadness, and some may seem repetitive. Please answer as honestly as possible because the accuracy of our research depends on the information you give us. As always, feel free to stop me if you don't understand the question. You don't have to answer any questions you don't want to. Your answers will remain confidential at all times, and your name will not be connected with any findings. Do you have any questions right now?

Employment

A10. Are you currently: (Circle one)

A10(1)

1. Working full time
2. Working part-time
3. Keeping house (homemaker) → skip to #12
4. Unable to work → skip to #12
5. In School → skip to #12
6. Unemployed → skip to #12
7. Retired → skip to #12
8. Something else (please specify) _____

A11. What kind of work do you do? (Specify job title and obtain description of work). A11(3) _____
If currently unemployed, go to #13.

A12. What was your most recent job or occupation? (Specify job title and obtain description of work) A12(3) _____

Marital/Relationship Status

A26. What is your current marital status? (Circle one)

A26(1)

- Married with partner 1
- Separated (legally) 2
- Divorced 3
- Widowed 4
- Never married 5
- Married but not with partner 6

A27. What is your current relationship status? (Circle one)

A27(1)

- Live with your partner 1
- See/Date one person regularly 2
- See/Date more than one person regularly 3
- Date occasionally 4
- Have not had a relationship in the past 3 months 5

SECTION C - INDIVIDUALISM AND COLLECTIVISM SCALE

We will now turn to another section that deals with your attitudes in general. I would like to know to what extent you agree or disagree with some of the statements I will read to you. Please rate these statements by telling me the number of the response you find appropriate. "1" means you strongly disagree, "5" means you strongly agree, and "3" means you are not sure or are neutral. You may use any of the points on the scale. Please give me your most accurate response. TO INTERVIEWER: "GROUP" REFERS TO "PEOPLE CLOSE TO YOU OR YOUR PEER GROUP." "HARMONY" MEANS "EVERYONE GETTING ALONG." "SELF INTEREST" MEANS, "WHAT'S BEST FOR ME."

	1	2	3	4	5	
Strongly Disagree						Strongly Agree
C1.	I prefer to be direct and forthright when I talk with people.					_____ C1(1)
C2.	My happiness depends very much on the happiness of those around me.					_____ C2(1)
C3.	I would do what would please my family, even if I hated that activity.					_____ C3(1)
C4.	Winning is everything.					_____ C4(1)
C5.	One should live one's life independently of others.					_____ C5(1)
C6.	What happens to me is my own doing.					_____ C6(1)
C7.	I usually sacrifice my self-interest for the benefit of my group.					_____ C7(1)
C8.	It annoys me when other people perform better than I do.					_____ C8(1)
C9.	It is important for me to maintain harmony within my group.					_____ C9(1)
C10.	It is important to me that I do my job better than others.					_____ C10(1)
C11.	I like sharing little things with my neighbors.					_____ C11(1)
C12.	I enjoy working in situations involving competition with others.					_____ C12(1)
C13.	We should keep our aging parents with us at home.					_____ C13(1)
C14.	The well being of my co-workers is important to me.					_____ C14(1)
C15.	I enjoy being unique and different from others in many ways.					_____ C15(1)

Please rate these statements by telling me the number of the response you find appropriate. "1" means you strongly disagree, "5" means you strongly agree, and "3" means you are not sure or neutral.

	1	2	3	4	5	
Strongly Disagree	<hr/>					Strongly Agree
C16.	If a relative were in financial difficulty, I would help with my means.					_____ C16(1)
C17.	Children should feel honored if their parents receive a distinguished award.					_____ C17(1)
C18.	I often do "my own thing."					_____ C18(1)
C19.	Competition is the law of nature.					_____ C19(1)
C20.	If a co-worker gets a prize, I would feel proud.					_____ C20(1)
C21.	I am a unique individual.					_____ C21(1)
C22.	To me, pleasure is spending time with others.					_____ C22(1)
C23.	When another person does better than I do, I get tense.					_____ C23(1)
C24.	I would sacrifice an activity that I enjoy very much if my family did not approve of it.					_____ C24(1)
C25.	I like my privacy.					_____ C25(1)
C26.	Without competition, it is not possible to have a good society.					_____ C26(1)
C27.	Children should be taught to place obligation before pleasure.					_____ C27(1)
C28.	I feel good when I cooperate with others.					_____ C28(1)
C29.	I hate to disagree with others in my group.					_____ C29(1)
C30.	Some people emphasize winning; I am not one of them.					_____ C30(1)
C31.	Before taking a major trip, I consult with most members of my family and many friends.					_____ C31(1)
C32.	When I succeed, it is usually because of my abilities.					_____ C32(1)

SECTION F - LAB STAGE

F1. In the past 3 months, did you get tested for a T-cell count
(T-cell lymphocyte , CD-4 count)?

F1(1)

Yes=1

No=0

F5a. If yes, what was the latest (most recent) count?

F5a(4)

F5b. When was that latest count?

F5b(4)

 M M D D Y Y

SECTION G - CLINICAL STAGE

I'm going to ask you now about some conditions that HIV-infected patients sometimes get. Please tell me if your health care providers such as doctors, dentists, or nurses have ever diagnosed you with any HIV- or AIDS-related conditions.

G1. In the last 3 months, have you ever been told that you had any of the following conditions:

	Yes	No	Not sure	
G1a. Candida or yeast infection of the esophagus or swallowing tube? Don't count infections that were just in your mouth	1	0	8	G1a(1)
G1b. Herpes simplex: chronic ulcer(s) on the skin, mouth, vagina, or esophagitis lasting more than one month?	1	0	8	G1b(1)
G1c. Zoster, "shingles", or reactivation of chicken pox virus.	1	0	8	G1c(1)
G1d. Cervical dysphasia or abnormal Pap smear?	1	0	8	G1d(1)
G1e. Cancer of the cervix or uterus (womb)?	1	0	8	G1e(1)
G1f. Lymphoma? (If no, go to #3)	1	0	8	G1f(1)

G2. If "Yes" to Lymphoma:

	Yes	No	Not sure	
G2a. Was that lymphoma <u>of the brain</u> ?	1	0	8	G2a(1)

G3. In the last 3 months, have you had any of these HIV or AIDS-related serious or unusual infection:

	Yes	No	Not sure	
G3a. "Crypto", cryptosporidiosis, or chronic bowel infection lasting longer than one month?	1	0	8	G3a(1)
G3b. "CMV" retinitis, cytomegalovirus or other CMV disease such as colitis or esophagitis?	1	0	8	G3b(1)
G3c. "Histo" or histoplasmosis?	1	0	8	G3c(1)
G3d. Isosporiasis (intestinal infection with isospora)?	1	0	8	G3d(1)
G3e. MAC, MAI, or Mycobacterium avium complex?	1	0	8	G3e(1)
G3f. TB or Mycobacterium tuberculosis?	1	0	8	G3f(1)
G3g. PCP, Pneumocystis carinii pneumonia, or "AIDS pneumonia"?	1	0	8	G3g(1)
G3h. Two or more episodes of bacterial pneumonia?	1	0	8	G3h(1)
G3i. Two or more episodes of salmonella in the blood (Salmonella septicemia)?	1	0	8	G3i(1)
G3j. Other serious fungal infections such as "cocci" (coccidioidomycosis) or "blasto" (blastomycosis)? INTERVIEWER: COCCI IS PRONOUNCED COXI	1	0	8	G3j(1)
G3k. 'Crypto,' meningitis, or cryptococcosis?	1	0	8	G3k(1)

G4. In the last 3 months, have you ever been told you had any of these HIV or AIDS-related problems with your brain or nervous system?

	Yes	No	Not sure	
G4a. Neuropathy (persistent pain or stinging in hands or feet)?	1	0	8	G4a(1)
G4b. HIV-related encephalopathy (difficulty thinking remembering, concentrating)?	1	0	8	G4b(1)
G4c. PML or progressive multifocal leukoencephalopathy?	1	0	8	G4c(1)
G4d. "Toxo," "toxoplasmosis" or toxoplasmosis of the brain?	1	0	8	G4d(1)

G5. In the last 3 months, were you diagnosed with AIDS?

G5(1)

Yes 1
No 0 => Skip to next section.

SECTION H - STD's

H2. a. Which one did you have in the last 3 months?

	Yes	No	Don't know	
H2a1. Syphilis	1	0	8	H2a1(1)
H2b1. Gonorrhea	1	0	8	H2b1(1)
H2c1. Chlamydia	1	0	8	H2c1(1)
H2d1. Genital Warts	1	0	8	H2d1(1)
H2e1. Genital Herpes	1	0	8	H2e1(1)
H2f1. PID (Pelvic) Inflammatory Disease	1	0	8	H2f1(1)
H2g1. Other STD (Specify)				H2g1(2)

b. If yes, were you treated for it?

	Yes	No	Don't know	
H2a2. Syphilis	1	0	8	H2a2. (1)
H2b2. Gonorrhea	1	0	8	H2b2. (1)
H2c2. Chlamydia	1	0	8	H2c2. (1)
H2d2. Genital Warts	1	0	8	H2d2. (1)
H2e2. Genital Herpes	1	0	8	H2e2. (1)
H2f2. PID (Pelvic) Inflammatory Disease	1	0	8	H2f2. (1)
H2g2. Other STD (Specify)				H2g2. (2)

H3. In the past 3 months, were you tested for hepatitis?

H3(1)

- 1 Yes
0 No => If no skip to next page
8 Don't know => skip to next page

	Yes	No	Don't know	
H3a. Was it for Hepatitis A?	1	0	8	H3a(1)
H3b. Was it for Hepatitis B?	1	0	8	H3b(1)
H3c. Was it for Hepatitis C?	1	0	8	H3c(1)
H3d. Did you test positive? (Do you have hepatitis?)	1	0	8	H3d(1)
H3e. Which one? (1)				H3e(1)

SECTION L - SEX RISKS - MAIN PARTNER

L1. In the past three months, was there someone you considered your main sex partner?
No => skip to Other Partner Section N. 0 L1(1)
Yes 1

L2. Is your main partner Male 1 L2(1)
 Female 2

L3. How long have you had (did you have) a sexual relationship with this partner? L3(4)
 IF LESS THAN 1 MONTH, CODE 0001.

Number of months _____

As far as you know, has your partner ever...

	No	Yes	Don't know	
L4. had STD's (herpes, syphilis, gonorrhea, etc.?)	0	1	8	L4(1)
L5. injected drugs?	0	1	8	L5(1)
L6. had sex with men?	0	1	8	L6(1)
L7. been in jail/prison?	0	1	8	L7(1)
L8. had other sex partners while in a relationship with you?	0	1	8	L8(1)

As far as you know, does your partner...

	No	Yes	Don't know	
L9. have HIV or AIDS?	0	1	8	L9(1)
L10. currently have other sex partners?	0	1	8	L10(1)

SECTION M - SEX RISK BEHAVIOR - MAIN PARTNER

Past Three Months

- M1. In the past three months, did you have (vaginal, oral, or anal) sex with someone you think of as your main (or only) partner? (If no sex, skip to #11). M1(1)
1=Yes 0=No
- M2. How many times in the past 3 months did you have vaginal sex with your main partner? M2(3)
(Vaginal sex is having the penis or an object in the vagina). _____
- M3. On how many of those [cite number in #2] times did your partner use a condom (or other barrier) from start to finish? _____ M3(3)
- M4. How many times did you give oral sex—your mouth on your partner's genitals? M4(3)
_____ (If 0, skip to M6)
- M5. On how many of those [cite number in #4] times did your partner use a condom M5(3)
(or other barrier) from start to finish? _____
- M6. How many times did you receive oral sex—your partner's mouth on your genitals? M6(3)
_____ (If 0, skip to M8)
- M7. On how many of those [cite number in #6] times did your partner use a dental dam, M7(3)
saran wrap, or other barrier from start to finish? _____
- M8. How many times did you have anal sex—his penis or an object in your butt or rectum? M8(3)
_____ (If 0, skip to M10)
- M9. On how many of those [cite number in #8] times did you use a condom (or other M9(3)
barrier) from start to finish? _____
- M10. In the past three months, how many times did you use alcohol just before or M10(3)
during sex (regardless of whether your partner used alcohol)? _____
- M11. In the past 3 months, how many times did you use drugs just before or during sex M11(3)
(regardless if whether your partner used drugs)? _____
- M12. In the past three months, did your main partner inject illegal drugs? M12(1)
1=Yes 0=No
- M13. Did you inject drugs with him/her? M13(1)
1=Yes 0=No => skip to next section (Section N)
- M14. If yes, how many times? _____ M14(3)
- M15. Did you share dirty works with him/her? ("Share" means joint use of works by you and M15(1)
one or more others on the same occasion. "Dirty" means not cleaned with bleach before
you pass it to someone else or someone else passed it to you. "Works: means the
needles/syringe, cooker or cotton.)
1=Yes 0=No => skip to next section
- M16. If yes, how many times? _____ M16(3)

SECTION N - SEX RISK SELF-EFFICACY - MAIN PARTNER

The next questions refer to your main partner. If you currently do not have a main partner, answer in reference to how you would feel if you had a main partner. (All participants must answer)

We would like to know how much you agree or disagree with the following statements:

	Strongly Agree	Agree	Disagree	Strongly disagree	Don't know
N1. Using a condom (or barrier) with my (a) main partner is easy for me.	1	2	3	4	8 N1(1)
N2. I will skip condom (or barrier) use with my (a) main partner if he/she doesn't feel like using one.	1	2	3	4	8 N2(1)
N3. If my (a) main partner objects to condoms (barriers), I would be able to refuse to have sex with him/her.	1	2	3	4	8 N3(1)
N4. I would feel uncomfortable talking to my main partner about using condoms (barriers).	1	2	3	4	8 N4(1)
N5. I would feel uncomfortable putting a condom or barrier on my main partner.	1	2	3	4	8 N5(1)
N6. I would feel comfortable using a female condom or dental dam with my main partner.	1	2	3	4	8 N6(1)
N7. I would feel comfortable talking to main partner about HIV and other STD's.	1	2	3	4	8 N7(1)
N8. I would feel comfortable talking to my main partner about being monogamous.	1	2	3	4	8 N8(1)
N9. If my (a) main partner objects to condoms (barriers), I would be able to avoid having sex with him/her.	1	2	3	4	8 N9(1)

SECTION O - SEX RISKS OUTCOME EFFICACY - MAIN PARTNER

The following questions refer to how you feel with your main partner. If you do not have a main partner right now, answer in reference to how you would feel if you had a main partner. (All must answer)

If I used a condom (or other barrier) with my partner:	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
O1. I will be safer.	1	2	3	4	8
O2. He will be safer.	1	2	3	4	8
O3. Sex will be less exciting.	1	2	3	4	8
O4. Sex will be uncomfortable.	1	2	3	4	8
O5. He will resist.	1	2	3	4	8
O6. He will be upset.	1	2	3	4	8

If I talked to my partner about using condoms:	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
O7. I will be safer.	1	2	3	4	8
O8. He will be safer.	1	2	3	4	8
O9. Sex will be less exciting.	1	2	3	4	8
O10. Sex will be uncomfortable.	1	2	3	4	8
O11. He will resist.	1	2	3	4	8
O12. He will be upset.	1	2	3	4	8

SECTION P - SEX RISK BEHAVIOR - OTHER PARTNERS

P1. In the past three months, have you had sex with someone you did not think of as a main sex partner at the time? P1(1)

No 0 => Skip to Section R
Yes 1

P2. How many were men? P2(3)

P3. How many were women? P3(3)

P4. As far as you know, have any of these partners ever....

	No	Yes	Don't know	
P4a. had other STD's (herpes, syphilis, gonorrhea, etc.?)	0	1	8	P4a(1)
P4b. injected drugs?	0	1	8	P4b(1)
P4c. had sex with men?	0	1	8	P4c(1)
P4d. been in jail/prison?	0	1	8	P4d(1)
P4e. had other sex partners while in a relationship with you?	0	1	8	P4e(1)

As far as you know, do any of these partners...

	No	Yes	Don't know	
P4f. have HIV or AIDS?	0	1	8	P4f(1)
P4g. currently have other sex partners?	0	1	8	P4g(1)

SECTION Q -SEX RISK BEHAVIOR - OTHER PARTNER
ALL OF THESE QUESTIONS PERTAIN TO THE PAST THREE MONTHS

- Q1. How many times did you have vaginal sex with someone who wasn't a main partner in the last three months? ____ (If 0, skip to Q3) Q1(3)
- Q2. On how many of those [cite number in #1] times in the past three months, did you use a condom (or other barrier) from start to finish? ____ Q2(3)
- Q3. How many times in the past three months did you give oral sex to someone other than a main partner - your mouth on your partner's genitals? ____ (If 0, skip to Q5) Q3(3)
- Q4. On how many of those [cite number in #3] times did your other partner use a condom (or other barrier) from start to finish? ____ Q4(3)
- Q5. How many times did you receive oral sex from someone other than a main partner - someone's mouth on your genitals? ____ (If 0, skip to Q7) Q5(3)
- Q6. How many of those [cite number in #5] times did your partner use a dental dam, saran wrap, or other barrier from start to finish? ____ Q6(3)
- Q7. How many times did you have anal sex with someone other than a main partner - someone's penis in your butt or rectum? ____ (If 0, skip to Q9) Q7(3)
- Q8. On how many of those [cite number in #7] times did you use a condom (or other barrier) from start to finish? ____ Q8(3)
- Q9. In the past three months, did someone give you drugs in exchange for sex? Yes=1 No=0 Q9(1)
 If no, skip to # 11.
- Q10. If yes, how many times? ____ Q10(3)
- Q11. In the past 3 months, how many times did you use alcohol just before or during sex (regardless of whether your partner used)? ____ Q11(3)
- Q12. In the past 3 months, how many times did you use drugs just before or during sex (regardless of whether your partner used)? ____ Q12(3)
- Q13. Did you get paid for sex with money or something else you needed (such as food or a place to stay, but not drugs)? If no, skip to Q15. Q13(1)
 Yes=1 No=0
- Q14. If yes, how many times? ____ Q14(3)
- Q15. In the past three months, did any sex partner of yours (other than a main partner) inject illegal drugs? Yes=1 No=0 Q15(1)
- Q16. Did you inject drugs with him/her? Q16(1)
 Yes=1 No=0 (If no, skip to next section)
- Q17. If yes, how many times? ____ Q17(3)

Q18. Did you share dirty works with him/her? If no, skip out. ("Share" means joint use of works by you and one or more others on the same occasion. "Dirty" means not cleaned with bleach before you passes it to someone else or someone else passed it to you. "Works: means the needles/syringe, cooker or cotton.) Q18(1)
Yes=1 No=0 if no => skip to next section

Q19. How many times? ____ Q19(3)

SECTION R - SEX RISK SELF-EFFICACY - OTHER PARTNERS

Next I want to ask you about your ideas on sex and condom use with partners other than a main partner. Please tell me if you strongly disagree, agree, disagree, or strongly disagree. Remember that "other partners" means other sexual partners except a main partner. If you currently do not have other partners, please answer in reference to how you would feel if you had other partners.

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	n/a
R1. Using a condom (or barrier) with other partners is easy for me.	1	2	3	4	8	9 R1(1)
R2. I will skip condom (barrier) use with another partner if he doesn't feel like using one.	1	2	3	4	8	9 R2(1)
R3. If another partner objects to condoms (barriers), I would be able to refuse to have sex with him.	1	2	3	4	8	9 R3(1)
R4. I would feel uncomfortable talking to other partners about using condoms (barriers).	1	2	3	4	8	9 R4(1)
R5. I would feel uncomfortable putting a condom on my other partners.	1	2	3	4	8	9 R5(1)
R6. I would feel comfortable using a female condom or dental dam with other partners.	1	2	3	4	8	9 R6(1)
R7. I would feel comfortable talking to my other partners about HIV and other STD's.	1	2	3	4	8	9 R7(1)
R8. If my other partners object to condoms (barriers), I would be able to refuse having sex with him.	1	2	3	4	8	9 R8(1)
R9. If another partner objects to condoms (barriers), I would be able to avoid having sex with him.	1	2	3	4	8	9 R9(1)

SECTION S - SEX RISKS OUTCOME EFFICACY - OTHER PARTNER

The following questions refer to how you feel with your casual partners. If you do not have casual partners right now, answer in reference to how you would feel if you had a casual partner.

If I used a condom (or other barrier) with a casual partner:	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	
S1. I will be safer.	1	2	3	4	8	S1(1)
S2. He will be safer.	1	2	3	4	8	S2(1)
S3. Sex will be less exciting.	1	2	3	4	8	S3(1)
S4. Sex will be uncomfortable.	1	2	3	4	8	S4(1)
S5. He will resist.	1	2	3	4	8	S5(1)
S6. He will be upset.	1	2	3	4	8	S6(1)

If I talked to a casual partner about using condoms:	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	
S7. I will be safer.	1	2	3	4	8	S7(1)
S8. He will be safer.	1	2	3	4	8	S8(1)
S9. Sex will be less exciting.	1	2	3	4	8	S9(1)
S10. Sex will be uncomfortable.	1	2	3	4	8	S10(1)
S11. He will resist.	1	2	3	4	8	S11(1)
S12. He will be upset.	1	2	3	4	8	S12(1)

SECTION U INJECTION RISK - PAST THREE MONTHS

- U1. In the past three months, did you inject vitamins, insulin, or other medication? U1(1)
1=Yes 0=No If no, skip to #7.
- U2. What medication? Check all that apply:
U2a. Vitamins 1=Yes 0=No (1) _____ U2a(1)
U2b. Insulin 1=Yes 0=No (1) _____ U2b(1)
U2c. or other/specify (2) _____ U2c(2)
U2d. How many times? _____ (Example : 1 2) U2d(3)
- U3. On how many of those [cite number in #2] times did you inject [medication cited in #2] U3(3)
with a needle that someone else had used before? (If zero, skip to 5).

- U4. On how many of those [cite number in #3] times was the needle cleaned with bleach U4(3)
(by you or someone else) *before* you injected?

- U5. In the past three months, how many times did you use a needle to inject U5(3)
[medication cited in #2] and then leave it in case someone else wanted to use it later?
_____ (If 0, skip to U7).
- U6. On how many of those [cite number in #5] times was the needle cleaned with bleach U6(3)
(by you or someone else) before you left it there?
(3) _____
- U7. In the past three months, did you use a needle to shoot illegal drugs? If no, skip U7(1)
to next section.
1=Yes 0=No => If no, skip to next Section (Section V).
- U8. How many times? U8(3)

- U9. On how many of those [cite number in #8] times did you inject (illegal drugs) with U9(3)
a needle that someone else had used before? (If zero, skip to #11).

- U10. On how many of those [cite number in #9] times was the needle cleaned with bleach U10(3)
(by you or someone else) *before* you injected?

- U11. In the past three months, how many times did you use a needle to inject (illegal drugs) U11(3)
and then leave it in case someone else wanted to use it later? (If zero, skip to 13).

- U12. On how many of those [cite number in #11] times was the needle cleaned with bleach U12(3)
(by you or someone else) before you left it there?

U13. In the past three months, how many times did you share dirty works? ("share" means joint use of works by you and one or more others on the same occasion. "Dirty" means not cleaned with bleach before you passed it to someone else or someone else passed it to you. "Works" means the needle/syringe, cooker, or cotton.) U13(3)

U 14. On how many of those [cite number in #13] times were you the first to inject? U14(3)

U 15. On how many of those [cite number in #13] times did you inject after someone else? U15(3)

U 16. In the past three months, how many times did you use the needle to split (illegal) drugs? U16(3)

SECTION V - INJECTION RISK SELF-EFFICACY

Main Sex/Injection Partner

(Interviewer: Ask only if they are currently injecting drugs, if no, skip to Dyadic Adjustment Scale)

We'd like to know how much you agree or disagree with the following:

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	
V1. I'd rather get "sick" (not use) than share works with my (main sex) partner.	1	2	3	4	8	V1(1)
V2. If my main partner says the needle is bleached, I'll share it.	1	2	3	4	8	V2(1)
V3. With my main sex partner, it's easy to make sure the needle is bleached before we use it.	1	2	3	4	8	V3(1)

Other Sex/Injection Partner

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know
V4. I'd rather get "sick" (not use) than share works with people other than my (main sex) partner.	1	2	3	4	V4(1) 8
V5. If someone (not my main sex partner) says the needle is bleached, I'll share it.	1	2	3	4	V5(1) 8
V6. When injecting with people other than my main partner, it's easy to make sure the needle is bleached before using it.	1	2	3	4	V6(1) 8

Bleach use (not specific to partner type) (Interviewer: Ask of all injection drug users)

	Strongly agree	Agree	Disagree	Strongly Disagree	Don't know
V7. It is easy to clean needles with bleach.	1	2	3	4	V7(1) 8
V8. Cleaning needles with bleach is too much bother.	1	2	3	4	V8(1) 8
V9. It takes too much time to clean needles with bleach.	1	2	3	4	V9(1) 8

SECTION W - INJECTION RISK OUTCOME EFFICACY – (Ask only if currently injecting drugs)

How much do you agree or disagree with the following:

	Strongly agree	Agree	Disagree	Strongly Agree	Don't Know	
W1. If I share dirty works with someone, that person could get HIV (or get reinfected).	1	2	3	4	8	W1(1)
W2. If the needle/syringe is bleached after me, others can use it without getting HIV.	1	2	3	4	8	W2(1)
W3. If I share dirty works, I could get reinfected (with HIV).	1	2	3	4	8	W3(1)
W4. If the needle/syringe is bleached, I can use it without getting reinfected with HIV.	1	2	3	4	8	W4(1)

SECTION X - DYADIC ADJUSTMENT - RELATIONSHIP SATISFACTION SCALE

(Only for Women with Main Partners) Currently, . . .

	Almost all or all of the time	Most of the time	Occasionally	Rarely or never	
X1. How often do you discuss, or have you considered divorce, separation or terminating your relationship?	4	3	2	1	X1(1)
X2. How often do you or your mate leave the house after a fight?	4	3	2	1	X2(1)
X3. In general, how often do you think that things between you and your partner are going well?	4	3	2	1	X3(1)
X4. Do you confide in your mate?	4	3	2	1	X4(1)
X5. Do you ever regret that you got married or lived together or became a couple.	4	3	2	1	X5(1)
X6. How often do you and your partner quarrel?	4	3	2	1	X6(1)
X7. How often do you and your mate "get on each other's nerves"	1	2	3	4	X7(1)
X8. Do you kiss your mate?	1	2	3	4	X8(1)

X9. People have different feelings about their relationship.

X9(1) _____

Please circle the degree of satisfaction that best describes how you feel about your relationship.

- 1 Extremely dissatisfied
- 2 Fairly dissatisfied
- 3 A little dissatisfied
- 4 Satisfied
- 5 Very satisfied
- 6 Extremely satisfied

SECTION Y - RELATIONSHIPS BEHAVIORS (FOR ALL WOMEN)

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 ways of trying to settle their differences. This is a list of things that might happen when you have differences. Please tell me whether this has happened in the last 3 months.

If you've had someone you considered a partner in the last 3 months, what are his/her initials? _____ (list all). Ya(1) _____
 If you've had a different partner in the past year, what are his/her initials? _____ (list all). Yb(1) _____

	In the last 3 months	
	Yes	No
Y1. I showed my partner I cared even though we disagreed	1	0
Y2. My partner showed care for me even though we disagreed	1	0
Y3. I explained my side of a disagreement to my partner.	1	0
Y4. My partner explained his or her side of a disagreement to me.	1	0
Y5. I insulted or swore at my partner.	1	0
Y6. My partner did this to me.	1	0
Y7. I threw something at my partner that could hurt.	1	0
Y8. My partner did this to me.	1	0
Y9. I showed respect for my partner's feelings about an issue.	1	0
Y10. My partner showed respect for my feelings about an issue.	1	0
Y11. I made my partner have sex without a condom.	1	0
Y12. My partner did this to me.	1	0

RELATIONSHIPS BEHAVIORS - cont.

	In the last 3 months		
	Yes	No	
Y13. I pushed or shoved my partner.	1	0	Y13b(1)
Y14. My partner did this to me	1	0	Y14b(1)
Y15. I used force (like hitting, holding down, or using a weapon) to make my partner have oral or anal sex.	1	0	Y15b(1)
Y16. My partner did this to me.	1	0	Y16b(1)
Y17. I used a knife or gun on my partner.	1	0	Y17b(1)
Y18. My partner did this to me.	1	0	Y18b(1)
Y19. I punched or hit my partner with something that could hurt.	1	0	Y19b(1)
Y20. My partner did this to me.	1	0	Y20b(1)
Y21. I choked my partner.	1	0	Y21b(1)
Y22. My partner did this to me.	1	0	Y22b(1)
Y23. I shouted or yelled at my partner.	1	0	Y23b(1)
Y24. My partner did this to me	1	0	Y24b(1)
Y25. I slammed my partner against a wall.	1	0	Y25b(1)
Y26. My partner did this to me.	1	0	Y26b(1)
Y27. I said I was sure we could work out a problem	1	0	Y27b(1)
Y28. My partner was sure we could work it out.	1	0	Y28b(1)
Y29. I beat up my partner.	1	0	Y29b(1)
Y30. My partner did this to me.	1	0	Y30b(1)
Y31. I grabbed my partner.	1	0	Y31b(1)

RELATIONSHIPS BEHAVIORS - cont.

	In the last 3 months		
	Yes	No	
Y32. My partner did this to me.	1	0	Y32b(1)
Y33. I used force (like hitting, holding down, or using a weapon) to make my partner have sex.	1	0	Y33b(1)
Y34. My partner did this to me.	1	0	Y34b(1)
Y35. I stomped out of the room or house or yard during a disagreement	1	0	Y35b(1)
Y36. My partner did this to me.	1	0	Y36b(1)
Y37. I insisted on sex when my partner did not want to (but did not use physical force).	1	0	Y37b(1)
Y38. My partner did this to me.	1	0	Y38b(1)
Y39. I slapped my partner.	1	0	Y39b(1)
Y40. My partner did this to me.	1	0	Y40b(1)
Y41. I used threats to make my partner have oral or anal sex.	1	0	Y41b(1)
Y42. My partner did this to me.	1	0	Y42b(1)
Y43. I suggested a compromise to a disagreement.	1	0	Y43b(1)
Y44. My partner did this to me.	1	0	Y44b(1)
Y45. I insisted my partner have oral or anal sex (but did not use physical force).	1	0	Y45b(1)
Y46. My partner did this to me.	1	0	Y46b(1)
Y47. I threatened to hit or throw something at my partner.	1	0	Y47b(1)
Y48. My partner did this to me.	1	0	Y48b(1)
Y49. I kicked my partner.	1	0	Y49b(1)

RELATIONSHIPS BEHAVIORS - cont.

		In the last 3 months	
		Yes	No
Y50.	My partner did this to me.	1	0
Y51.	I made threats to make my partner have sex.	1	0
Y52.	My partner did this to me.	1	0
Y53.	I agreed to try a solution to a disagreement my partner suggested.	1	0
Y54.	My partner agreed to try a solution I suggested.	1	0
Y55.	I argued with my partner while I was using drugs/alcohol or "high".	1	0
Y56.	My partner did this to me.	1	0
Y57.	I hit or shoved my partner while I was using drugs/alcohol or "high".	1	0
Y58.	My partner did this to me.	1	0

SECTION Z - SELF-EFFICACY - INTERPERSONAL BEHAVIOR

How much do you agree or disagree with the following?

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	
Z1. I would be able to get out of a relationship in which my partner uses physical force on me.	1	2	3	4	8	Z1(1)
Z1a. If I got out of such a relationship, I would be better off.	1	2	3	4	8	Z1a(1)
Z2. I would be able to get out of a relationship in which my partner pressures me, to have sex. (Interviewer: "pressure" can mean with or without physical force.)	1	2	3	4	8	Z2(1)
Z2a. If I got out of such a relationship, I would be better off.	1	2	3	4	8	Z2a(1)
Z3. I would be able to get out of relationship in which my partner insults me (i.e. calls me names, tells me I'm fat, stupid, or bad)	1	2	3	4	8	Z3(1)
Z3a. If I got out of such a relationship, I would be better off.	1	2	3	4	8	Z3a(1)
Z4. I can talk to my partner about concerns I have.	1	2	3	4	8	Z4(1)
Z4a. If I talk to my partner about concerns I have, my relationship will improve.	1	2	3	4	8	Z4a(1)
Z5. I don't feel comfortable bringing up problems with my partner.	1	2	3	4	8	Z5(1)
Z5a. Bringing up problems will cause problems.	1	2	3	4	8	Z5a(1)

SECTION AA - SERVICE UTILIZATION

In the past 3 months, how many times did you do each of the following?

	None	Once	More than once	
AA1. Breast Self-exam	0	1	2	AA1(1)
AA2. Physical Check-up	0	1	2	AA2(1)
AA3. OB-GYN visit/check up	0	1	2	AA3(1)
AA4. HIV treatment visit	0	1	2	AA4(1)
AA5. Hospitalized	0	1	2	AA5(1)
AA6. Dental visit/check-up	0	1	2	AA6(1)

AA7. Do you have a primary health care provider?
Yes 1 No 0

AA7(1) _____

AA8. What kind of provider is he/she?

AA8(1) _____

OB/GYN 1
HIV Specialist 2
P.A. 3
Nurse Practitioner 4
Nurse 5
Internist/family doctor 6

9. How satisfied are you with your health care? (Circle one)
not at all _____ Extremely
1 2 3 4 5 6

AA9(1) _____

Barriers to Care

In the past 3 months, which of the following has been a problem for you in getting health care you need?

	Not a problem	Problem	Not sure	
AA10. Finances/Money (also includes lost wages from taking time off)	0	1	8	AA10(1)
AA11. Difficulty getting appointment when I needed it.	0	1	8	AA11(1)
AA12. Difficulty/discomfort with English	0	1	8	AA12(1)
AA13. Nervous/Afraid	0	1	8	AA13(1)
AA14. Wait too long to see doctor	0	1	8	AA14(1)
AA15. Having to care for children or others.	0	1	8	AA15(1)
AA16. Too much paperwork	0	1	8	AA16(1)
AA17. Difficulty communicating with provider (other than language)	0	1	8	AA17(1)
AA18. Was refused care	0	1	8	AA18(1)
*AA19. Discriminated against me/felt disrespected	0	1	8	AA19(1)
AA20. Embarrassed about my condition	0	1	8	AA20(1)
AA21. Didn't want friends or relatives to find out about HIV status	0	1	8	AA21(1)
AA22. Other (specify) _____ AA22a(2)	0	1	8	AA22(1)

*AA19. If respondent says yes to #AA19, ask the following:
You felt you were discriminated against because of:

		No	Yes	
AA19a.	HIV status	0	1	AA19a
AA19b.	Gender	0	1	AA19b
AA19c.	Race/ethnicity	0	1	AA19c
AA19d.	Sexual orientation	0	1	AA19d
AA19e.	Social class	0	1	AA19e
AA19f.	Other: _____	0	1	AA19f

Now I'm going to ask you about your doctors and how they treat you. Please answer how true is the statement for you?

Never	Rarely	Sometimes	Mostly	Always
1	2	3	4	5

AA23. The doctors and other health professionals sometimes ignore what I tell them. ____ (1)

AA24. The doctors and other health professional listen carefully to what I say. ____ (1)

AA25. The doctors and other health professionals answer all my questions. ____ (1)

AA26. Sometimes the doctor and other health professionals use medical terms without explaining what they mean. ____ (1)

Here are some statements about how people talk to their doctors, nurses or other health providers about HIV care. Please tell me how often each statement is true for you; never, rarely, sometimes, mostly or always.

AA27. When I have concerns about my medical condition, I tell the doctor (probe; or other providers) about them. ____ (1)

AA28. When I see a doctor, I make sure I understand his/her decisions. ____ (1)

AA29. When I see the doctor, I make sure I know how to follow my treatment plan. ____ (1)

AA30. I make sure the doctor listens carefully to what I say. ____ (1)

AA31. When the doctor uses terms I don't understand, I ask what they mean. ____ (1)

SECTION BB - MEDICATION RECALL INTERVIEW

Many people have lots of pills to take at different times of the day. Some people find that it is hard to always remember their medications.

We need to understand how people are REALLY doing their medications. Please tell me what you are actually doing. Don't worry about telling me if you don't take all your pills.

Let me just confirm the medications you are currently taking:

Nucleosides

				Dosage Instructions						
				Yes	No	Once a day	Twice a day (bid)	Three times a day (tid)	Food req. (yes=1, no=0)	
1. RETROVIR	zidovudine	AZT	BB1(1)	1	0	1	2	3	BB1a(1)	BB1b(1)
2. VIDEX	didanosine	DDI	BB2(1)	1	0	1	2	3	BB2a(1)	BB2b(1)
3. HIVID	zalcitabine	DDC	BB3(1)	1	0	1	2	3	BB3a(1)	BB3b(1)
4. ZERIT	stavudine	D4T	BB4(1)	1	0	1	2	3	BB4a(1)	BB4b(1)
5. EPIVIR	lamivudine	3TC	BB5(1)	1	0	1	2	3	BB5a(1)	BB5b(1)
6. COMBIVIR		3TC+AZTB	BB6(1)	1	0	1	2	3	BB6a(1)	BB6b(1)

Protease Inhibitors

7. INVIRASE	saquinavir	BB7(1)	1	0	1	2	3	BB7a(1)	BB7b(1)
8. NORVIR	ritonavir	BB8(1)	1	0	1	2	3	BB8a(1)	BB8b(1)
9. CRIXIVAN	indinavir	BB9(1)	1	0	1	2	3	BB9a(1)	BB9b(1)
10. VIRACEPT	nelfinavir	BB10(1)	1	0	1	2	3	BB10a(1)	BB10b(1)
11. FORTOVASE		BB11(1)	1	0	1	2	3	BB11a(1)	BB11b(1)
12. ZIAGEN	abacavir	BB12(1)	1	0	1	2	3	BB12a(1)	BB12b(1)
13. AMPRENAVIR	agenerase	BB13(1)	1	0	1	2	3	BB13a(1)	BB13b(1)

Non-nucleosides

14. VIRAMUNE	nevirapine	BB14(1)	1	0	1	2	3	BB14a(1)	BB14b(1)
15. RESCRIPTOR	delaviradine	BB15(1)	1	0	1	2	3	BB15a(1)	BB15b(1)
16. SUSTIVA	efavirenz	DMP266 BB16(1)	1	0	1	2	3	BB16a(1)	BB16b(1)
17. PREVEON	adefovir	BB17(1)	1	0	1	2	3	BB17a(1)	BB17b(1)

Other

18. HYDROXYUREA		BB18(1)	1	0	1	2	3	BB18a(1)	BB18b(1)
19. _____ (other)		BB19(2)			1	2	3	BB19a(1)	BB19b(1)
20. _____ (other)		BB20(2)			1	2	3	BB20a(1)	BB20b(1)
21. _____ (other)		BB21(2)			1	2	3	BB21a(1)	BB21b(1)

BB22. When did you start with the current medication regimen? ____/____/____ (6)
mm dd yy

MEDICATION RECALL INTERVIEW (Continued)

INTERVIEWER: FILL IN DATA ON FOLLOWING SHEETS.

I'm going to ask you about these medication for each of the last three (3) days.

Starting with Yesterday:

1. Now after you got up yesterday, what HIV medications did you take?

Names: 1) _____ 2) _____ 3) _____

Number: 1) _____ 2) _____ 3) _____

Time: 1) _____ 2) _____ 3) _____

2. When was the next time you took one or more of these medications? What time was it? How many pills each?

3. Then after that, what did you take?

THREE DAYS AGOBB23. Recall Day Date: / / (6)
 M M D D Y YBB23a. Day of Week (1)

Fill in antiviral name for each column, as needed.

Name	1.	2.	3.	4.	5.
Number					
Time 1					
Time 2					
Time 3					

TWO DAYS AGOBB24. Recall Day Date: / / (6)
 M M D D Y YBB24a. Day of Week (1)

Name	1.	2.	3.	4.	5.
Number					
Time 1					
Time 2					
Time 3					

YESTERDAYBB25. Recall Day Date: / / (6)
 M M D D Y YBB25a. Day of Week (1)

Name	1.	2.	3.	4.	5.
Number					
Time 1					
Time 2					
Time 3					

BB26. On how many days in the last two weeks (not counting today) did you take your HIV medication exactly as prescribed (on schedule and the correct dose)? (INTERVIEWER: ACCEPT ONLY ANSWERS OF 0 THROUGH 14)
 (2)

ADHERENCE CODE SHEET: YESTERDAY

		YMED1 (2)	YMED2 (2)	YMED3 (2)	YMED4 (2)
1. Missed Pills	1 st Dose				
	2 nd Dose				
	3 rd Dose				
2. Timing Error	1 st Dose				
	2 nd Dose				
	3 rd Dose				
3. Total Number of Errors		Y1MED1E (2)	Y1MED2E (2)	Y1MED3E (2)	Y1MED4E (2)
4. Maximum errors possible		Y1MED1P (2)	Y1MED2P (2)	Y1MED3P (2)	Y1MED4P (2)

total errors

max errors

=

BB25b(2)
BB25c(2)

1. Missed Pills 0 - no error
 2 - missed some pills of that dose
 4 - missed all pills of that dose

2. Timing Error 0 - no error within 2 hrs on either side of TID med 8 hrs apart for TID med
 0 - no error within 4 hours on either side of BID med 12 hrs apart for BID med
 1 - error outside of above window outside of above window

ADHERENCE CODE SHEET: 2 DAYS AGO

		MED2-1	MED2-2	MED2-3	MED2-4
1. Missed Pills	1 st Dose				
	2 nd Dose				
	3 rd Dose				
2. Timing Error	1 st Dose				
	2 nd Dose				
	3 rd Dose				
3. Total Number of Errors		MED1E2 (2)	MED2E2 (2)	MED3E2 (2)	MED4E2 (2)
4. Maximum errors possible		MED1P2 (2)	MED2P2 (2)	MED3P2 (2)	MED4P2 (2)

total errors

max errors

=

BB24b(2)
BB24c(2)

1. Missed Pills 0 - no error
 2 - missed some pills of that dose
 4 - missed all pills of that dose

2. Timing Error 0 - no error within 2 hrs on either side of TID med 8 hrs apart for TID med
 0 - no error within 4 hours on either side of BID med 12 hrs apart for BID med
 1 - error outside of above window outside of above window

ADHERENCE CODE SHEET: 3 DAYS AGO

		MED3-1	MED3-2	MED3-3	MED3-4
1. Missed Pills	1 st Dose				
	2 nd Dose				
	3 rd Dose				
2. Timing Error	1 st Dose				
	2 nd Dose				
	3 rd Dose				
3. Total Number of Errors		MED1E3 (2)	MED2E3 (2)	MED3E3 (2)	MED4E3 (2)
4. Maximum errors possible		MED1P3 (2)	MED2P3 (2)	MED3P3 (2)	MED4P3 (2)

total errors

max errors

=

BB23b(2)

BB23c(2)

-
1. Missed Pills 0 - no error
 2 - missed some pills of that dose
 4 - missed all pills of that dose

2. Timing Error 0 - no error within 2 hrs on either side of TID med 8 hrs apart for TID med
 0 - no error within 4 hours on either side of BID med 12 hrs apart for BID med
 1 - error outside of above window outside of above window

SECTION CC - INTERVIEW CHECKPOINT: DID THE RESPONDENT USE AN AID TO ANSWER THE MEDICATION QUESTIONS? (CIRCLE ALL THAT APPLY) If not taking medications, skip to CC4.

CC1a. Medication bottles (1)

Yes 1

No 0

CC1b. Medication list (1)

Yes 1

No 0

CC1c. Pill box (1)

Yes 1

No 0

CC1d. Medication calendar (1)

Yes 1

No 0

CC1e. Other (1)

Yes 1

No 0

CC1f. Specify: _____ (2)

CC2. Some people use special ways to remind themselves to take their medication. (1)

These include medication lists, pill boxes, timer and other systems.

Do you use any of these?

Yes 1

No 0

If yes, what ways do you use? (Choose all that apply)

If no, skip to CC4.

CC3a. Medication list (1)

Yes 1

No 0

CC3b. Pill box (1)

Yes 1

No 0

CC3c. Medication timer (1)

Yes 1

No 0

CC3d. Medication calendar (1)

Yes 1

No 0

CC3e. Carry pill bottles with me (1)

Yes 1

No 0

CC3f. Other (1)
 Yes 1
 No 0

CC3g. Specify _____ (2)

CC4. Are there any HIV medications that you were on in the past that you are not currently taking? (1)
 Yes 1
 No 0
 If no, skip to CC7.

For the next few questions, please think only about the last HIV medication that you stopped taking. (INTERVIEWER: ONLY RECORD MORE THAN ONE MEDICATION IF RESPONDENT STOPPED THE DIFFERENT MEDS AT THE SAME TIME.)

CC5. What was that medication?
 (Name of medication(s))
 CC5a. _____ (2)
 CC5b. _____ (2)
 CC5c. _____ (2)
 CC5d. _____ (2)

Which of the following reasons explain why you stopped taking this medication? (Circle as many applicable)

	Yes	No	
CC6a. The medication was not working	1	0	(1)
CC6b. The medication was not paid for my insurance	1	0	(1)
CC6c. I could not afford to pay for the medication	1	0	(1)
CC6d. I could not tolerate the side effects	1	0	(1)
CC6e. The medication was too complicated to take	1	0	(1)
CC6f. People I know told me that the medicine was no good	1	0	(1)
CC6g. I decided to take a "drug holiday" or a break from taking the medication	1	0	(1)
CC6h. To receive treatment for an infection or cancer	1	0	(1)
CC6i. My HIV infection was too far advanced to continue taking this medication	1	0	(1)
CC6j. I didn't want others to now I was taking medication	1	0	(1)
CC6k. I was using drugs or alcohol	1	0	(1)
CC6l. Tired of taking meds.	1	0	(1)
CC6m. Specify _____			(2)

During a typical week in the past 3 months, how many times did you...

CC7a. Miss a meal when drinking/using? _____ (2)
 CC7b. Less concerned about taking your medications when drinking or using? _____ (2)
 CC7c. Miss taking your medication as prescribed when drinking or using? _____ (2)
 CC7d. Let your medication schedule "slide" when drinking or using? _____ (2)

OTHER MEDICATIONS

Now I'd like to ask you some questions about all the medications other than the HIV medications that you are currently taking.

INTERVIEWER ASK THE FOLLOWING QUESTIONS FOR EACH AND RECORD ANSWERS ON "OTHER MEDICATION GRID"

OTHER MEDICATION GRID

Name(s) of other medication(s)	CC8a(2)	CC9a(2)	CC10a(2)	CC11a(2)	CC12a(2)	CC13a(2)	CC14a(2)
How many times per day?	CC8b(1)	CC9b(1)	CC10b(1)	CC11b(1)	CC12b(1)	CC13b(1)	CC14b(1)
How many pills per dose?	CC8c(2)	CC9c(2)	CC10c(2)	CC11c(2)	CC12c(2)	CC13c(2)	CC14c(2)

SECTION DD - SELF AND OUTCOME EFFICACY - TREATMENT ADHERENCE/PHYSICAL HEALTH

How much do you agree or disagree with the following?

Strongly Agree	Agree	Disagree	Strongly Disagree	Don't know	n/a
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DD1. I am able to stick to my treatment plan for HIV.	1	2	3	4	8	9	(1)
DD2. If I stick to my HIV treatment plan, my health would improve.	1	2	3	4	8	9	(1)
DD3. I am able to make sure I eat well and to stick to a proper diet.	1	2	3	4	8	9	(1)
DD4. If I eat well and stick to a proper diet, my health would improve.	1	2	3	4	8	9	(1)
DD5. I am able to take my HIV medications as my doctor prescribed.	1	2	3	4	8	9	(1)
DD6. If I take my HIV medications as my doctor prescribed, it will help to keep me well.	1	2	3	4	8	9	(1)
DD7. I am able to exercise regularly (several times a week).	1	2	3	4	8	9	(1)
DD8. If I exercised regularly, I would be healthier.	1	2	3	4	8	9	(1)
DD9. I am able to get enough rest.	1	2	3	4	8	9	(1)
DD10. If I got enough rest, I would be healthier.	1	2	3	4	8	9	(1)
DD11. I can cope with the stresses in my life.	1	2	3	4	8	9	(1)
DD12. If I coped with the stresses in my life, I would be healthier.	1	2	3	4	8	9	(1)
DD13. It's easy for me to see the doctor on a regular basis.	1	2	3	4	8	9	(1)
DD14. If I saw the doctor regularly, my health would be better.	1	2	3	4	8	9	(1)
DD15. It's easy for me to visit the dentist regularly.	1	2	3	4	8	9	(1)
DD16. If I saw the dentist regularly, my health would be better.	1	2	3	4	8	9	(1)

ADHERENCE SELF-EFFICACY

	Strongly Agree	Agree	Disagree	Strongly disagree	Don't know	n/a
1. I have a hard time doing what my health care provider suggested I do.	1	2	3	4	8	9
2. I am able to follow my health care provider's suggestions exactly.	1	2	3	4	8	9
3. I am unable to follow my health care provider's treatment plan.	1	2	3	4	8	9
4. It's easy to do the things my health care provider suggested I do.	1	2	3	4	8	9
5. I was able to take my medication the way my health care provider told me to take them.	1	2	3	4	8	9

SECTION EE - SOCIAL SUPPORT AND HIV DISCLOSURE

These questions are about your social life. We are interested in the people who are important to you. Please tell me each person in your life who is important to you. It doesn't matter whether they are helpful or not, just as long as they are important.

I will read the following list to help you think of people who are important to you, and I want you to list as many people who apply in your case. Since people vary in the number of people they consider important in their lives, list as many as are important to you now.

Partner, lover, significant other, husband	Family members or relatives
Friends	Work or school associates
Neighbors	Health Care Providers
Counselor, therapist	Minister, priest, rabbi

a.	b.	c.	d.	e.	f.	g.	h.	i.	j.
Initials	Relationship	Female/Male	Age	Ethnicity	HIV Status (pos/neg)	Do they know your HIV status? (yes/no) (1)	Did you tell them? (yes/no) (1)	Do they know about your CSA history? (yes/no) (1)	Did you tell them as a result of participating in this study? (Yes/No) (1)
(2)	(2)	(1)	(2)	(1)	(1)				
EE1.									
EE2.									
EE3.									
EE4.									
EE5.									
EE6.									
EE7.									
EE8.									
EE9.									
EE10.									

I'd like to ask you a few questions about the kind of support you receive from the four (4) people who are most important to you. Please include people who are important and who are helpful to you, as well as those who are important to you who may not be helpful to you. Please rate the extent to which each of the persons you have listed provide you support using the following 1-point scale.

1 - not at all 2 - a little 3 - Moderate 4 - Quite a bit 5- A great deal

Now I'd like you to rate the extent to which this same person undermines you or causes you distress by doing each of the following things listed below. Please use the same rating scale above in answering these questions.

How much does _____ (ASK SUPPORT AND UNDERMINING FOR FIRST PERSON, THEN REPEAT FOR NEXT 3 PEOPLE, OR #R. HAS LISTED)

- a. Initials of person
- b. Give you useful information or advice?
- c. Listen to you when you need to talk?
- d. Show you that they care about you?
- e. Help you with specific problems or give you things you need.
- f. How satisfied are you with the support you have received from this person?

Now I'd like you to rate the extent to which this same person undermines you or causes you distress by doing each of the following things listed below. Please use the same rating scale above in answering these questions.

How much does _____

- g. Act in an unpleasant or angry manner toward you?
- h. Criticize you?
- i. Make your life difficult?

a.	Initials	b.	c.	d.	e.	f.	g.	h.	i.
	(2)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)

EE11.	_____	_____	_____	_____	_____	_____	_____	_____	_____
EE12.	_____	_____	_____	_____	_____	_____	_____	_____	_____
EE13.	_____	_____	_____	_____	_____	_____	_____	_____	_____
EE14.	_____	_____	_____	_____	_____	_____	_____	_____	_____

SECTION FF - SOCIAL INFLUENCE

I'd like to ask you more about the 4 people who are most important to you. (INTERVIEWER: IF LESS THAN 4 PEOPLE ON LIST, REFER TO THAT NUMBER.) Please answer the following questions using the following scale:

- 1 Not at all
- 2 A little
- 3 Moderate
- 4 Quite a bit
- 5 A great deal

How much does _____ (Interviewer: If respondent doesn't know, ask for what the respondent thinks.)

- a. Initials of person
- b. Want you to use condoms with primary partner?
- c. Want you to use condoms with partners other than your primary partner?
- d. Want you to avoid risky sex?
- e. Want you to get out of a relationship that included physical force or violence?
- f. Want you to get out of relationship that included emotional pressure to have sex, with or without force?
- g. Want you to get out a relationship that included emotional abuse (i.e. name-calling, insults, demeaning behavior)?
- h. Want you to take the medication for your HIV infection?
- i. Want you take care of your physical health?

	(2)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)
	a. Initials	b	c	d	e	f	g	h	i
FF1.	_____	_____	_____	_____	_____	_____	_____	_____	_____
FF2.	_____	_____	_____	_____	_____	_____	_____	_____	_____
FF3.	_____	_____	_____	_____	_____	_____	_____	_____	_____
FF4.	_____	_____	_____	_____	_____	_____	_____	_____	_____

SECTION GG - SELF ESTEEM

How much do you agree or disagree with the following:

	Strongly agree	Agree	Disagree	Strongly Disagree	Don't know	
GG1. I have much to be proud of.	1	2	3	4	8	(1)
GG2. In general I am satisfied with myself.	1	2	3	4	8	(1)
GG3. I feel like a failure.	1	2	3	4	8	(1)
GG4. I feel I am basically no good.	1	2	3	4	8	(1)
GG5. I wish I had more respect for myself.	1	2	3	4	8	(1)
GG6. I feel I am unimportant to others.	1	2	3	4	8	(1)

SECTION HH - CESD

For each of the following statements, please look at the card and rate on the following scale what best describes how often you felt or behaved in this way. DURING THE PAST WEEK:(Circle the number for each statement.)

0	Rarely or none of the time (Less than 1 day)				
1	Some of a little of the time (1-2 days)				
2	Occasionally or a moderate amount of the time (3-4 days)				
3	Most or all of the time (5-7 days)				
HH1.	I was bothered by things that usually don't bother me.	0	1	2	3 (1)
HH2.	I did not feel like eating, my appetite was poor.	0	1	2	3 (1)
HH3.	I felt that I could not shake off the blues even with help from my friends or family.	0	1	2	3 (1)
HH4.	I felt that I was as good as other people. (R)	0	1	2	3 (1)
HH5.	I had trouble keeping my mind on what I was doing.	0	1	2	3 (1)
HH6.	I felt depressed.	0	1	2	3 (1)
HH7.	I felt that everything I did was an effort.	0	1	2	3 (1)
HH8.	I felt hopeful about the future. (R)	0	1	2	3 (1)
HH9.	I thought my life had been a failure.	0	1	2	3 (1)
HH10.	I felt fearful.	0	1	2	3 (1)
HH11.	My sleep was restless.	0	1	2	3 (1)
HH12.	I was happy. (R)	0	1	2	3 (1)
HH13.	I talked less than usual.	0	1	2	3 (1)
HH14.	I felt lonely.	0	1	2	3 (1)
HH15.	People were unfriendly.	0	1	2	3 (1)
HH16.	I enjoyed life.	0	1	2	3 (1)
HH17.	I had crying spells.	0	1	2	3 (1)
HH18.	I felt sad.	0	1	2	3 (1)
HH19.	I felt that people disliked me.	0	1	2	3 (1)
HH20.	I could not get "going."	0	1	2	3 (1)

SECTION II - SYMPTOM CHECKLIST -90 ANXIETY

Now I'd like to ask you how much you've been bothered by the following things in the past 3 months.

- 0 Not at all
- 1 A little bit
- 2 Moderately
- 3 Quite a bit
- 4 Extremely

- II1. Nervousness or shakiness inside. _____ (1)
- II2. Feeling afraid in open spaces or on the streets. _____ (1)
- II3. Trembling. _____ (1)
- II4. Feeling suddenly scared for no reason. _____ (1)
- II5. Feeling afraid to go out of your house alone. _____ (1)
- II6. Feeling fearful. _____ (1)
- II7. Heart pounding or racing. _____ (1)
- II8. Feeling afraid to travel on buses, subways, or trains. _____ (1)
- II9. Having to avoid certain things, places, or activities because they frighten you. _____ (1)
- II10. Feeling tense or keyed up. _____ (1)
- II11. Feeling uneasy in crowds, such as when shopping or at a movie. _____ (1)
- II12. Spells of terror or panic. _____ (1)
- II13. Feeling uncomfortable about eating or drinking in public. _____ (1)
- II14. Feeling nervous when you are left alone. _____ (1)
- II15. Feeling afraid you will faint in public. _____ (1)

Adult Sexual Abuse

These questions refer to experiences you may have had in the past 3 months. I will be asking you about sexual experiences which may have occurred without your consent. Some people have difficulty answering because they deal with very upsetting events. These experiences may have involved a friend, relative, stranger, husband or current partner. Remember, these are only incidents that have happened in the past 3 months. Please answer as best you can.

Rape is the involuntary (unwanted) or coerced penetration of the vagina or behind by the penis or another object.

JJ10. In the past 3 months, has anyone ever tried to rape you? (1)
Yes 1
No 0

JJ11. How many times has this happened? (2)
— —

(INTERVIEWER, GO TO BLUE SUBFILE, USE SEPARATE SUBFILE FOR EACH INCIDENT).

JJ12. In the past 3 months, have you ever been raped, or has someone forced their penis or object in your vagina or bottom? (1)
Yes 1
No 0 (Go to next section)

JJ13. How many times has this happened? (2)
— —

(INTERVIEWER, GO TO BLUE SUBFILE, USE SEPERATE SUBFILE FOR EACH RAPE).

GENERAL TRAUMA

Now we are going to ask you a series of questions about other events that you might have experienced in the past 3 months and their impact on your life.

(INTERVIEWER: ASK THE FOLLOW-UP QUESTIONS FOR EACH OF THE EVENTS LISTED BELOW THAT THE RESPONDENT SAYS YES TO).

(KEEP IN MIND THAT QUESTIONS ABOUT SEXUAL TRAUMA HAVE ALREADY BEEN ASKED AND THAT THE SECOND PAGE, WHEN THEY ARE ASKED ABOUT SYMPTOMS /REACTIONS, PERTAINS TO THE SEXUAL ABUSE TOO)

SECTION LL

In the past 3 months, did any of the following things happen to you?

a (1) Yes/No	b (2) Age first time	c (4) (year) When last time	d (3) No. of days it occurred	e (2) Perpetrator	f (1) Reported to anyone? (Yes/No)
LL12. Combat or war-like circumstance				Do not ask	Do not ask
LL13. A life threatening accident				X	X
LL14. A natural Disaster (flood, fire, earthquake, etc.)				X	X
LL15. Witnessed someone being badly injured or killed?					
LL18. You were threatened with a weapon or kidnapped?					
LL19. You saw one of these events happen to someone close to you					
LL20. Other traumatic event? (Specify) _____ (2)					

SECTION MM

Now I want you to think of all the events you have experienced that may have been traumatic, including any childhood or adult sexual experiences, and tell me if you experienced any of the following in the past 3 months.

(IF NO INCIDENTS - SKIP TO NEXT SECTION)

	Yes	No	
MM21.Did you keep remembering any of the events when you did not want to?	1	0	(1)
MM22.Did you keep having dreams or nightmares about them?	1	0	(1)
MM23.Did you suddenly act or feel as though any of the events were happening again even though they weren't?	1	0	(1)
MM24.Did you get very upset when you were in a situation that reminded you of any of these events?	1	0	(1)
MM25.Did you find that you no longer have loving or warm feelings towards anyone?	1	0	(1)
MM26.Did you go out of your way to avoid situations that might remind you of these events?	1	0	(1)
MM27.Did you try hard not to think about it?	1	0	(1)
MM28.Did you develop a memory blank so that you could no longer remember certain things about the event?	1	0	(1)
MM29.Did you ever feel isolated or distant from other people?	1	0	(1)
MM30.Did you feel that there was no point in thinking about the future?	1	0	(1)
MM31.Did you lose interest in doing things that used to be enjoyable?	1	0	(1)
MM32.Did you have more trouble concentrating than is usual for you?	1	0	(1)
MM33.Did you act unusually irritable or lose you temper a lot?	1	0	(1)
MM34.Did you have more trouble sleeping that is usual for you?	1	0	(1)

MM35. Did you become overly concerned about danger or overly careful? 1 0 (1)

MM36. Did you sweat or did your heart beat fast, or did you tremble when reminded of any of these upsetting experiences? 1 0 (1)

(Interviewer: Ask only if there's a trauma in the past 3 months.)

MM37 How soon after the upsetting experiences did you start to have any of these reactions? (If immediately, code 001)

SECTION NN

GROWTH AND DEVELOPMENT/SELF TOUCH

Now I'd like to ask you some questions about your current sexual behaviors.

NN5. Have you ever masturbated? (touched your breasts/vagina or clitoris in order to arouse yourself?) (1)

Yes 1

No 0 => skip to next section

NN6. Do you currently touch your breasts/vagina or clitoris in order to arouse yourself? (1)

Yes 1

No 0 => skip to NN8

NN7. How often? (1)

Rarely 1

Sometimes 2

Often 3

SECTION PP - ORGASM

PP1. Have you ever had an orgasm? (1)

Yes 1

No 0 => skip to next section

PP2. How old were you when your were first orgasmic? (2)

— —

PP3. Please look at this card (SHOW CARD) and give me the number of all the method(s) by which you have been orgasmic.

	Yes	No	
a. Masturbation	1	0	(1)
b. My partner putting his/her mouth on my vagina	1	0	(1)
c. Putting a penis in my bottom, behind or rectum	1	0	(1)
d. Putting/Inserting a penis a my vagina	1	0	(1)
e. Fantasy; reading or viewing sexy material	1	0	(1)
f. Putting my mouth on my partner's penis/vagina	1	0	(1)
g. Rubbing my partner's sex organs	1	0	(1)
h. Using a vibrator	1	0	(1)
i. Rubbing object against clitoris	1	0	(1)
j. All methods, or	1	0	(1)
k. Other (Specify) _____			(2)

SECTION QQ - CONTRACEPTIVE HISTORY

Now I would like to talk to you about your use of contraceptives; that is, birth control.

QQ1. Have you in the past 3 months, used any form of birth control? (1)

Yes 1

No 0

QQ4. Please look at this list of birth control devices, and tell me if you (or your partner) used it in the past 3 months.

		Have you (or your partner) ever used it?		
		Yes	No	
a.	Birth control pill (e.g. Pearle)	1	0	(1)
b.	Condom, rubber prophylactic (Panther)	1	0	(1)
c.	Diaphragm	1	0	(1)
d.	Wash out (douche) after intercourse	1	0	(1)
e.	Foam, jelly, cream (spermicides), foaming tablet.	1	0	(1)
f.	IUD, coil, loop	1	0	(1)
g.	Rhythm, or safe period	1	0	(1)
h.	Female sterilization, tie your tubes or ties off, tubal ligation	1	0	(1)
i.	Male sterilization, vasectomy	1	0	(1)
j.	Injections (Depro Provera)	1	0	(1)
k.	Norplant	1	0	(1)
l.	Other (SPECIFY) _____			(2)

QQ5. What birth control device are you currently using? _____ (2)

QQ6. What is the last method you used? _____ (2)

QQ7. Why did you stop using a contraceptive? (2)

QQ8. Do you practice anal sex, sex from behind or engage in sex where the penis enters your rear end as a form of birth control? (INTERVIEWER: IF SHE HAS ANAL SEX BUT NOT AS A FORM OF BIRTH CONTROL, ANSWER IS NO.)

Yes 1 (1)
No 0

QQ9. Do you wish to get pregnant? (1)

Yes 1
No 0 => If no, skip to #12

QQ10. Do you have plans to become pregnant? (1)

Yes 1
No 0

INTERVIEWER: IF RESPONDENT IS CURRENTLY USING A CONTRACEPTIVE, ASK QUESTION #12.

QQ11. Are you trying to get pregnant or are you pregnant now? (1)

Yes 1
No 0

QQ12. How do you decide which contraceptive to use? (INTERVIEWER: Circle one for primary method of deciding about contraceptives.) (1)

- a. I decide. 1
- b. My partner influenced my decision. 2
- c. My partner and I decide. 3
- d. I influenced my partner's decision. 4
- e. My partner decides. 5

SECTION SS - CTC FORM 5 - BRIEF DRUG HISTORY
INTERVIEWER: ASK IF RESPONDANT HAS USED ANY DRUGS IN THE PAST 3 MONTHS.
IF NO, SKIP TO NEXT SECTION. IF YES, ASK FOR EACH DRUG.

DRUG GROUP	# days used in last four weeks d. (2) If 0, skip to next question	# days ago last use e. (2)
SS1. Glue, spray cans, gasoline, etc	SS1d.	SS1e.
SS2. Marijuana or hashish	SS2d.	SS2e.
SS3. Hallucinogens (LSD, mescaline, peyote)	SS3d.	SS3e.
SS4. Amphetamines or any other speed (crystal, methadrine, methamphetamine, ice)	SS4d.	SS4e.
SS5. Downers (reds, rainbow, quaalude, etc.)	SS5d.	SS5e.
SS6. Heroin	SS6d.	SS6e.
SS7. Other opiates (methadone, morphine, codeine, demerol, dilaudid, percodan, opium)	SS7d.	SS7e.
SS8. Crack	SS8d.	SS8e.
SS9. Cocaine (intranasal or intravenous)	SS9d.	SS9e.
SS10. Tranquilizers (valium, librium, militown, etc.)	SS10d.	SS10e.
SS11. PCP (angel dust)	SS11d.	SS11e.
SS12. Synthetic Drugs (Fentanyl or Synthetic H)	SS12d.	SS12e.
SS13. Alcohol	SS13d.	SS13e.
SS14. Tobacco	SS14d.	SS14e.
SS15. Ecstasy, Adam, Eve, MDA, MDMA	SS15d.	SS15e.

Code

SS16-18 Specify other illegal drugs taken.

16. _____
17. _____
18. _____

SS19. Have you injected any drugs in the past 3 months?

No 0 => skip to next section
 Yes (ask for each drug) 1

DRUG GROUP	# Days IV use last four weeks d. (2)
SS20. Amphetamines or any other speed (crystal, methadrine, methamphetamine)	SS20d.
SS21. heroin (ONLY)	SS21d.
SS22. Other opiates (opium, morphine, codeine, demerol, dilaudid, percodan)	SS22d.
SS23. cocaine (ONLY)	SS23d.
SS24. Speedball (cocaine and heroin combined)	SS24d.
Other (Specify)	SS25d.
SS25. _____ (2) _____	

SECTION UU - SHORT EMOTIONAL APPROACH COPING SCALE

In the past month, how much did you do each of the following outside of any therapy or counseling group?

Short Emotional Approach Coping Scale

1 = I did not do this at all.

2 = I did this a little bit.

3 = I did this a medium amount.

UU1.	I let my feelings come out freely.	—	(1)
UU2.	I took time to express my emotions.	—	(1)
UU3.	I allowed myself to express my emotions.	—	(1)
UU4.	I felt free to express my emotions.	—	(1)
UU5.	I took time to figure out what I was feeling.	—	(1)
UU6.	I delved into my feelings to get a thorough understanding of them	—	(1)
UU7.	I realized that my feelings were valid and important.	—	(1)
UU8.	I acknowledged my emotions.	—	(1)
UU9.	I used drugs or alcohol to make myself feel better.	—	(1)
UU10.	I tried to lose myself for awhile by drinking alcohol or taking drugs.	—	(1)
UU11.	I drink alcohol or take drugs in order to think less about things.	—	(1)
UU12.	I use alcohol or drugs to help me get through difficult times.	—	(1)

SECTION VV - STAGE OF CHANGE ITEMS

Sex Risk

VV1a. Check here ____ and skip to #4 if no main partner. (1) ____

VV1b. Check here if no sex with main partner ____ (1) ____

VV1. In the past three months, how often have you been "safe" (used a condom or barrier when you have sex with your main partner?) (1)

Every time	3
Almost every time	2
Sometimes	1
Never	0

VV2. In the next three months, how likely is it that you will *start (continue)* being "safe" with your main partner (*almost*) *every time* you have sex? (1)

Very sure I will	3
Somewhat sure I will	2
Somewhat sure I won't	1
Very sure I won't	0

VV3. In the next two weeks, how likely is it that you will *start (continue)* being "safe" with your main partner (*almost*) *every time* you have sex? (1)

Very sure I will	3
Somewhat sure I will	2
Somewhat sure I won't	1
Very sure I won't	0

VV4a. Check here ____ and skip to #7 if no other partner. (1) ____

VV4. In the past three months, how often have you been "safe" (used a condom or barrier) when you have sex with someone other than your main partner? (1)

Every time	3
Almost every time	2
Sometimes	1
Never	0

VV5. In the next three months, how likely is it that you will *start (continue)* being "safe" (*almost*) *every time* you have sex (with any partner other than your main partner)? (1)

Very sure I will	3
Somewhat sure I will	2
Somewhat sure I won't	1
Very sure I won't	0

VV6. In the next two weeks, how likely is it that you will *start (continue)* being "safe" (*almost*) *every time* you have sex (with any partner other than your main partner)? (1)

Very sure I will	3
Somewhat sure I will	2
Somewhat sure I won't	1
Very sure I won't	0

Injection Risk

- VV7a. Check here ____ and skip to VV10a if no injections with a main sex partner in the past 3 months. (1) ____
- VV7b. Check here ____ and skip to 13 if not an injection drug user within past 3 months. (1) ____
- VV7. In the past three months, how often have you been "safe" (avoided any risk of HIV transmission to others or reinfection of self by using new needles, bleaching needles, avoided needle sharing, etc.) when you shoot up with your main partner? (1)
- | | |
|-------------------|---|
| Every time | 3 |
| Almost every time | 2 |
| Sometimes | 1 |
| Never | 0 |
- VV8. In the next three months, how likely is it that you will *start (continue)* being "safe" with your main partner (*almost*) *every time* you shoot up with him/her? (1)
- | | |
|-----------------------|---|
| Very sure I will | 3 |
| Somewhat sure I will | 2 |
| Somewhat sure I won't | 1 |
| Very sure I won't | 0 |
- VV9. In the next two weeks, how likely is it that you will *start (continue)* being "safe" (*almost*) *every time* you shoot up with him/her? (1)
- | | |
|-----------------------|---|
| Very sure I will | 3 |
| Somewhat sure I will | 2 |
| Somewhat sure I won't | 1 |
| Very sure I won't | 0 |
- VV10a. Check here ____ and skip to 13 if no other injection partners. (1) ____
- VV10. In the past three months, how often have you been "safe" when you shoot up with anyone other than your main partner? (1)
- | | |
|-------------------|---|
| Every time | 3 |
| Almost every time | 2 |
| Sometimes | 1 |
| Never | 0 |
- VV11. In the next three months, how likely is it that you will *start (continue)* being "safe" (*almost*) *every time* you shoot up with partners other than your main partner? (1)
- | | |
|-----------------------|---|
| Very sure I will | 3 |
| Somewhat sure I will | 2 |
| Somewhat sure I won't | 1 |
| Very sure I won't | 0 |
- VV12. In the next two weeks, how likely is it that you will *start (continue)* being "safe" (*almost*) *every time* you shoot up with partners other than your main partner? (1)
- | | |
|-----------------------|---|
| Very sure I will | 3 |
| Somewhat sure I will | 2 |
| Somewhat sure I won't | 1 |
| Very sure I won't | 0 |

Relationship Violence

VV 13. In the past three months, how often have you avoided the following: your partner trying to use physical force on you, pressuring you for sex, or trying to hurt you emotionally, by leaving, reasoning with him/her, etc.? Check here ____ and skip to 16 if no abuse in this timeframe. VV13a(1) ____

Every time	3
Almost every time	2
Sometimes	1
Never	0

VV 14. In the next three months, how likely is it that you will *start (continue)* avoiding this *(almost) every time* it happens? (1)

Very sure I will	3
Somewhat sure I will	2
Somewhat sure I won't	1
Very sure I won't	0

VV 15. In the next two weeks how likely is it that you will *start (continue)* avoiding this *(almost) every time* it happens? (1)

Very sure I will	3
Somewhat sure I will	2
Somewhat sure I won't	1
Very sure I won't	0

Adherence

VV 16. In the past three months, how often have you taken your HIV meds exactly as prescribed (dose, schedule, food, etc.) Check here ____ and skip if no meds in this time frame. VV16a(1) ____

Every time	3
Almost every time	2
Sometimes	1
Never	0

VV 17. In the next three months, how likely is it that you will take your meds exactly as prescribed *(almost) every time*? (1)

Very sure I will	3
Somewhat sure I will	2
Somewhat sure I won't	1
Very sure I won't	0

VV 18. In the next two weeks, how likely is it that you will take your meds exactly has prescribed *(almost) every time*? (1)

Very sure I will	3
Somewhat sure I will	2
Somewhat sure I won't	1
Very sure I won't	0

SECTION YY – TSI

Please indicate how often each of the following experiences have happened to you in the last three months:

	Never				Often	
YY1. Having sex with someone you hardly knew	0	1	2	3		(1)
YY2. Getting into trouble because of sex	0	1	2	3		(1)
YY3. Bad thoughts or feelings during sex	0	1	2	3		(1)
YY4. Having sex or being sexual to keep from feeling lonely or sad	0	1	2	3		(1)
YY5. Confusion about your sexual feelings	0	1	2	3		(1)
YY6. Flirting or “coming on” to someone to get attention	0	1	2	3		(1)
YY7. Sexual thoughts or feelings when you thought you shouldn’t have them	0	1	2	3		(1)
YY8. Problems in your sexual relations with another person	0	1	2	3		(1)
YY9. Wishing you could stop thinking about sex	0	1	2	3		(1)
YY10. Sexual problems	0	1	2	3		(1)
YY11. Using sex to feel powerful or important	0	1	2	3		(1)
YY12. Acting “sexy” even though you didn’t really want sex	0	1	2	3		(1)
YY13. Using sex to get love or attention	0	1	2	3		(1)
YY14. Wanting to have sex with someone you knew was bad for you	0	1	2	3		(1)
YY15. Feeling ashamed about you sexual feelings or behavior	0	1	2	3		(1)

	Never		Often		
YY16. Having sex that had to be kept a secret from other people	0	1	2	3	(1)
YY17. Sexual fantasies about being dominated or overpowered	0	1	2	3	(1)

SECTION WW - SOCIAL DESIRABILITY

How much do you agree or disagree with the following:

	Strongly agree	Agree	Disagree	Strongly disagree	Don't know	
WW1. I am always courteous even to people who are disagreeable.	1	2	3	4	8	(1)
WW2. There have been occasions when I took advantage of someone.	1	2	3	4	8	(1)
WW3. I sometimes try to get even rather than forgive and forget.	1	2	3	4	8	(1)
WW4. I sometimes feel resentful when I don't get my way.	1	2	3	4	8	(1)
WW5. No matter who I am talking to, I'm always a good listener.	1	2	3	4	8	(1)

SECTION XX - HIV KNOWLEDGE

Please answer true or false to the following, to the best of your knowledge.

	True	False	
XX1. If someone already has HIV, he/she does not need to protect against getting the virus.	1	0	(1)
XX2. Having a sexually transmitted disease (STD) increases the risk of HIV transmission.	1	0	(1)
XX3. Treating an STD helps to prevent HIV transmission.	1	0	(1)
XX4. The risk of HIV transmission is the same whether or not a woman is having her period.	1	0	(1)
XX5. If a person's viral load is undetectable, he/she cannot transmit the HIV virus.	1	0	(1)
XX6. Female condoms are effective in preventing transmission of the HIV virus.	1	0	(1)
XX7. Using condoms protects both partners against transmission of the HIV virus.	1	0	(1)
XX8. Semen can be "washed" to remove the HIV virus.	1	0	(1)
XX9. The use of some medications during pregnancy can reduce the spread of HIV to newborns.	1	0	(1)
XX10. All protease inhibitors are safe to take during pregnancy.	1	0	(1)
XX11. HIV infection in babies can be determined within 4 months of birth.	1	0	(1)
XX12. Breast feeding can transmit HIV from the mother to the baby.	1	0	(1)
XX13. If a person stops taking medications, it is best to gradually start up again over the next several days.	1	0	(1)
XX14. Most people who use drugs or alcohol adhere to their medications .	1	0	(1)
XX15. Eating raw eggs, fish, or meat is unhealthy for people who are HIV+.	1	0	(1)
XX16. If you have HIV, a fever that lasts longer than one day is a reason to contact a doctor.	1	0	(1)
XX17. If you have HIV, persistent nausea or vomiting is a reason to contact a doctor.	1	0	(1)

Section ZZ -- Services

Have you received or used any of the following services to help you with emotional or life issues?

Was there any change in your usage
in the last 3 months?

- | | | | | | | | |
|---|-----|----|---------|------|------|------|---------|
| 1) support group | yes | no | ___ZZ1a | more | same | less | ___ZZ1b |
| 2) counseling/psychotherapy | yes | no | ___ZZ2a | more | same | less | ___ZZ2b |
| 3) yoga/massage | yes | no | ___ZZ3a | more | same | less | ___ZZ3b |
| 4) alternative treatments
(herbal, acupuncture, curandero, etc.) | yes | no | ___ZZ4a | more | same | less | ___ZZ4b |
| 5) drug treatment or rehab | yes | no | ___ZZ5a | more | same | less | ___ZZ5b |
| 6) domestic crisis counseling
(shelter, etc.) | yes | no | ___ZZ6a | more | same | less | ___ZZ6b |
| 7) church or place of worship | yes | no | ___ZZ7a | more | same | less | ___ZZ7b |
| 8) Other: _____ | yes | no | ___ZZ8a | more | same | less | ___ZZ8b |

