

**DEMOGRAPHICS (DEM)**

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID</b>	<b>NODE:</b> _____	<b>EPOCH</b>	<b>VISITNUM</b>
<b>CTP-SITE ID:</b> _____		<b>Visit #:</b> (circle one)	Screening
<b>PARTICIPANT #:</b> _____	<b>USUBJID</b>		
<b>Assessment Date:</b> ___ / ___ / ___	<b>DMDTC/SCDTC</b> (mm / dd / yyyy)	<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**DMSTDTC/SCSTDTC**

**START TIME:** \_\_\_ : \_\_\_ (hh:mm, 24 hour clock)

**DM.BRTHDTC**

1. **Sex:** **DM.SEX**

- 1 = Male
- 2 = Female

2. **Date Of Birth:** \_\_\_ / \_\_\_ / \_\_\_

\_\_\_ m \_\_\_ d \_\_\_ y \_\_\_ y \_\_\_ y

3. a. **Ethnicity:** \_\_\_\_\_

- 1=Spanish origin, Hispanic or Latino
- 2=Not of Spanish origin, Hispanic or Latino (skip to question 4)

**DM.HISPANIC**

**SCTEST**

b. If Hispanic or Latino, for each of the following, please circle '1' for 'Yes' or '0' for 'No'.

	No	Yes	
<b>SCORES</b>	0	1	1. Mexican, Mexican-American, or Chicano
	0	1	2. Puerto Rican
	0	1	3. Cuban
	0	1	4. Hispanic or Latino, other (specify) _____

**QNAM=SOTHERS**  
**QLABEL=SPANISH, HISPANIC, OR LATINO: OTHER TEXT**  
**IDVAR=SCSEQ**

4. **Race:** For each of the following, please circle '1' for 'Yes' or '0' for 'No'. Circle '1' for items 'g' or 'h' if participant chooses not to answer or race is unknown. For those categories with further specification, please respond to all sub-category questions. Answer 'Yes' to at least one sub-category. If sub-category is unknown, select 'Other' for the sub-category and write 'Unknown' for the specify.

No	Yes	Race	
0	1	<b>4.a.</b> American Indian or Alaska Native	<b>DM.RACE</b> (if multiple, then 'MULTIPLE')
0	1	<b>4.b.</b> Asian (If 'Yes', please complete 4.b.1 through 4.b.7, if 'No', please skip to question 4.c.)	<b>SCTEST</b>
<b>SCORES</b>	<b>No</b>	<b>Yes</b>	
	0	1	<b>4.b.1.</b> Asian-Indian
	0	1	<b>4.b.2.</b> Chinese
	0	1	<b>4.b.3.</b> Filipino
	0	1	<b>4.b.4.</b> Japanese
	0	1	<b>4.b.5.</b> Korean
	0	1	<b>4.b.6.</b> Vietnamese
	0	1	<b>4.b.7.</b> Asian, other (specify) _____
0	1	<b>4.c.</b> Black or African American	
0	1	<b>4.d.</b> Native Hawaiian or Pacific Islander (If 'Yes', please complete 4.d.1 through 4.d.4, if 'No', please skip to question 4.e.)	
	<b>No</b>	<b>Yes</b>	
	0	1	<b>4.d.1.</b> Native Hawaiian
	0	1	<b>4.d.2.</b> Guamanian or Chamorro
	0	1	<b>4.d.3.</b> Samoan
	0	1	<b>4.d.4.</b> Native Hawaiian or Pacific Islander, other (specify) _____
0	1	<b>4.e.</b> White	
0	1	<b>4.f.</b> Other (specify) _____	
	1	<b>4.g.</b> Participant chooses not to answer	
	1	<b>4.h.</b> Unknown	

**QNAM=AOTHERS**  
**QLABEL=ASIAN: OTHER TEXT**  
**IDVAR=SCSEQ**

**QNAM=NOTHERS**  
**QLABEL=NATIVE HAWAIIAN OR PACIFIC ISLANDER: OTHER TEXT**  
**IDVAR=SCSEQ**

**QNAM=OOTHERS**  
**QLABEL=ETHNICITY/RACE: OTHER TEXT**  
**IDVAR=SCSEQ**

**DMENDTC/SCENDTC**

**STOP TIME:** \_\_\_ : \_\_\_ (hh:mm, 24 hour clock)\*

\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.

**DRUG USE SCREENING (DUS)**

<b>NIDA-CTN-0019</b> <b>STUDYID</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>NODE:</b> _____	<b>EPOCH</b>	<b>VISITNUM</b>	
<b>CTP-SITE ID:</b> _____	<b>Visit #:</b> (circle one)	Screening	
<b>PARTICIPANT #:</b> _____	<b>USUBJID</b>	<b>SUSTDTC/SUENDTC</b>	
<b>Assessment Date:</b> ____ / ____ / ____ (mm / dd / yyyy)		<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**START TIME:** \_\_\_\_\_ **SUSTDTC** (hh:mm, 24 hour clock)

**SUCAT=DRUG/ALCOHOL USE**

For each of the following substances, please indicate whether the substance has been used in the past 30 days. Also indicate whether the substance was ever administered by injection (IV or Non-IV).

SUBSTANCE	A. PAST 30 DAYS			B. EVER BY INJECTION		
	SUOCCUR			SURROUTE		
	NO	YES	NOT ASSESSED	NO	YES	NOT ASSESSED
1. Alcohol (any use at all)	0	1	-5			
2. Alcohol (to intoxication)	0	1	-5			
3. Heroin	0	1	-5	0	1	-5
4. Methadone/LAAM (prescribed)	0	1	-5	0	1	-5
5. Methadone/LAAM (illicit)	0	1	-5	0	1	-5
6. Other Opiates/Analgesics	0	1	-5	0	1	-5
7. Barbiturates	0	1	-5	0	1	-5
8. Other Sedatives/Hypnotics/Tranquilizers	0	1	-5	0	1	-5
9. Cocaine	0	1	-5	0	1	-5
10. Amphetamines	0	1	-5	0	1	-5
11. Cannabis	0	1	-5	0	1	-5
12. Hallucinogens	0	1	-5	0	1	-5
13. Inhalants	0	1	-5	0	1	-5
14. Nicotine (tobacco products)	0	1	-5			
15. More than 1 substance per day (including alcohol, excluding nicotine)	0	1	-5	0	1	-5

**SUCAT=MAJOR DRUG PROBLEM**

**16.** According to the interviewer, which substance(s) is/are the major problem? **SUTRT**

Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in questions 01-13. "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug but no alcohol. Ask participant when not clear.

**17.** How long have you been in this treatment episode? **QNAM=SUEPIS** Years: \_\_\_\_\_  
**QLABEL=HOW LONG IN TREATMENT EPISODE** Months: \_\_\_\_\_  
**IDVAR=SUSEQ** Weeks: \_\_\_\_\_

**18.** How long have you been continuously on Methadone? **QNAM=SUMETH** Years: \_\_\_\_\_  
**QLABEL=HOW LONG CONTINUOUSLY ON METH** Months: \_\_\_\_\_  
**IDVAR=SUSEQ** Weeks: \_\_\_\_\_

**SUENDTC**

**STOP TIME:** \_\_\_\_\_ (hh:mm, 24 hour clock)\*

\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.

**INCLUSION-EXCLUSION CHECKLIST (IEC)**

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID</b>	<b>NODE:</b> _____	<b>EPOCH Visit #:</b> (circle one)	<b>VISITNUM</b> Screening
<b>CTP-SITE ID:</b>	_____ - _____		
<b>PARTICIPANT #:</b>	<b>USUBJID</b> _____		
<b>Assessment Date:</b> ___ / ___ / ___		<b>IEDTC</b> (mm / dd / yyyy)	<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)

**1. INCLUSION CRITERIA IECAT**  
If any of the Inclusion questions below are answered NO or UNKNOWN then the participant is not eligible and cannot be entered or randomized into the study.

YES	NO	UNK		IEATEST
1	0	9	<b>IEORRES</b>	<b>1a.</b> Female, at least 18 years of age. <i>Demographics Form</i>
1	0	9		<b>1b.</b> In treatment at a participating CTP for drug abuse.
1	0	9		<b>1c.</b> Able to understand English. <i>Consent process</i>
1	0	9		<b>1d.</b> Has had unprotected sex vaginal or anal sex with a male partner at least once in the past 6 months. <i>Risk Behavior Survey-Screening: Section H, Question 1c or Section I, question 1c.</i>
1	0	9		<b>1e.</b> Willing to be randomly assigned to attend either a one or five session HIV prevention program. <i>If Consent process does not occur this item should be marked as Unknown.</i>
1	0	9		<b>1f.</b> Willing to complete 2-3 hour assessment battery at baseline, and a 90-minute battery at three months post-intervention and six months post-intervention. <i>If Consent process does not occur this item should be marked as Unknown.</i>

*If any of the Inclusion questions above have been answered NO or UNKNOWN then the participant is not eligible.*

**2. EXCLUSION CRITERIA IECAT**  
If any of the Exclusion questions below are answered YES or UNKNOWN then the participant is not eligible and cannot be entered or randomized into the study.

YES	NO	UNK	N/A	IEATEST
1	0	9		<b>2a.</b> Observable, gross mental status impairment – including severe distractibility, incoherence or retardation. Individuals with MMSE scores less than 25 will be excluded from study. <i>Mini-Mental State Exam</i>
1	0	9		<b>2b.</b> Planning on attempting to get pregnant while involved in the trial. <i>Risk Behavior Survey-Screening: Section J, Question 2.</i>
1	0	9	8	<b>2c.</b> Enrolled in methadone maintenance treatment for less than 30 days. <i>Drug Use Screening form, Question 18.</i> <i>For participants in Drug-free outpatient clinics, circle "Not applicable".</i>

*If any of the Exclusion questions above have been answered YES or UNKNOWN then the participant is not eligible.*

**NOTE: Only exceptions to IE are in the database. That includes "No" responses for inclusion and "yes" responses for exclusion criteria.**

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / ____ <small>m m d d y y y y</small>	<b>SC.SCDTC</b>
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3. <b>ELIGIBILITY</b>			<b>SC.SCTEST</b>
YES	NO	UNK	
1	0	9	3a. Is the participant eligible for the study? <i>If No or Unknown, skip to 3c.</i>
<b>SC.SCORRES</b>			<b>SC.SCORRES</b>
			3b. Date of baseline consent: ____ / ____ / ____ <i>(mm/dd/yyyy)</i>
			3c. Specify ineligibility: <i>(Max. 200 characters)</i>
			<b>SC.SCORRES</b>
			_____
			_____
			_____

4. <b>RESEARCH STAFF SIGNATURE:</b> _____	<b>THIS DATA NOT ENTERED</b>
Date signed: ____ / ____ / ____ <i>(mm/dd/yyyy)</i>	<div style="border: 1px solid red; padding: 5px;"> <b>QNAM=SUPPIE.INVSIGDT</b>  <b>QLABEL=INVESTIGATOR SIGNATURE DATE</b>  <b>IDVAR=IESEQ</b> </div>

<b>NIDA-CTN-0019</b> <small>STUDYID</small>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>NODE:</b> _____	<b>EPOCH</b> <b>Visit #:</b> <i>(circle one)</i>	<b>VISITNUM</b>  Screening	
<b>CTP-SITE ID:</b> _____ <small>USUBJID</small>			
<b>PARTICIPANT #:</b> _____			
<b>Assessment Date:</b> ___ / ___ / <b>QSDTC</b> ___ (mm / dd / yyyy)		<b>STAFF ID:</b> _____	
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**ORIENTATION**

**QSTEST**

*Maximum Score:*  
[5]

- \_\_\_ 1. Ask the patient: What is the:
- \_\_\_ Year?
  - \_\_\_ Season?
  - \_\_\_ Date?
  - \_\_\_ Day?
  - \_\_\_ Month?

**QSORRES**

- \_\_\_ 2. Ask the patient: Where are you:
- \_\_\_ State?
  - \_\_\_ Country?
  - \_\_\_ Town?
  - \_\_\_ Place?
  - \_\_\_ Floor (or ward)?

[5]

**MEMORY REGISTRATION**

- \_\_\_ 3. Tell the patient, "I want you to remember something for me," then say, "orange, airplane, tobacco" (speak clearly and slowly). Tell the patient, "Repeat the three objects." The patient scores 1 point for each object correctly recalled. Ask patient to keep the three things in mind.

[3]

- \_\_\_ Orange
- \_\_\_ Airplane
- \_\_\_ Tobacco

**ATTENTION AND CONCENTRATION**

- \_\_\_ 4. Ask the patient, "Take seven from 100, then seven from the result, and so on for five subtractions." Score 1 point for each correct answer.

[5]

\_\_\_ 93 \_\_\_ 86 \_\_\_ 79 \_\_\_ 72 \_\_\_ 65

**OR:**

Ask the patient, "Spell "world" backwards," and score 1 point for each correct letter.

\_\_\_ (D) \_\_\_ (L) \_\_\_ (R) \_\_\_ (O) \_\_\_ (W)

**MEMORY RECALL**

- \_\_\_ 5. Ask the patient, "Can you recall the three objects from earlier? Tell me what they were." The patient scores 1 point for each object correctly recalled.

[3]

- \_\_\_ Orange
- \_\_\_ Airplane
- \_\_\_ Tobacco

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> ____	Assessment Date: ____ / ____ / ____ <small>m m / d d / y y y y</small>
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**LANGUAGE**

**QSORRES**

**QSTEST**

**Maximum Score:**

- \_\_\_ 6. Show the patient two familiar objects (a pen, a watch) and ask him/her to name them. [2]  
     \_\_\_ Pen  
     \_\_\_ Watch
- \_\_\_ 7. Ask the patient to repeat a sentence after you: "No ifs, ands or buts." [1]
- \_\_\_ 8. Give the patient a piece of blank paper. Ask the patient to follow a three-stage command: [3]  
 "Please take this paper in your left hand, fold it in half and put the paper on the floor." One point is gained for each correctly completed step.  
     \_\_\_ A. Take a paper in your left hand.  
     \_\_\_ B. Fold it in half.  
     \_\_\_ C. Put it on the floor.

**For the following three items, hand pages 3-5 to the participant and ask her to follow the directions. Record the results below.**

- \_\_\_ 9. Reading and obeying provided item [1]
- \_\_\_ 10. Copying provided design [1]
- \_\_\_ 11. Writing sample [1]
- \_\_\_ **HAND MMSE Score (sum of scores from questions 1 thru 11)** [30]

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> ____	Assessment Date: ____ / ____ / <b>QSDTC</b> m m    d d    y y y y
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**PARTICIPANT SECTION**  
*Hand to participant to complete this section.*

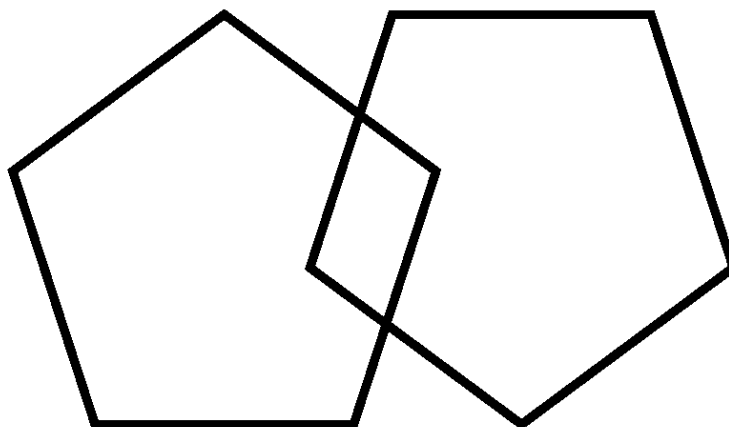
(9) **Read and Obey:**

**“Close your eyes”**

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / <b>QSDTC</b> m m    /   d d    /   y y y y
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**PARTICIPANT SECTION**  
*Hand to participant to complete this section.*

(10) Copy the design of the intersecting pentagons below





CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> ____	Assessment Date: <u>    </u> / <u>    </u> / <u>    </u> m m           d d <b>QSDTC</b> y y y y
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**PARTICIPANT SECTION**  
*Hand to participant to complete this section.*

(11) Write a sentence:

**THIS DATA NOT ENTERED**

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<b>NIDA-CTN-0019</b>		<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID</b>	<b>NODE:</b> _____	<b>EPOCH</b>	<b>VISITNUM</b>	
<b>CTP-SITE ID:</b>	<b>USUBJID</b>	<b>Visit #:</b> (circle one)	Baseline	
<b>PARTICIPANT #:</b>	_____	<b>QSDTC</b>		
<b>Assessment Date:</b> ___ / ___ / ___ (mm / dd / yyyy)			<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)			

THIS DATA NOT ENTERED

Participant Date of Birth (mm/dd/yyyy): \_\_\_ / \_\_\_ / \_\_\_

**Composite Scores**  
(for site use only):

Medical: _____	Legal: _____
Employment: _____	Family: _____
Drug: _____	Psychiatric: _____
Alcohol: _____	

**KEY:**

<b>Patient Rating Scale</b>
0 = Not at all
1 = Slightly
2 = Moderately
3 = Considerably
4 = Extremely

<b>Introducing the ASI</b>
<p>Seven potential problem areas: Medical, Employment/Support Status, Alcohol, Drug, Legal, Family/Social, and Psychological. All clients receive this same <u>standard</u> interview. All information gathered is <u>confidential</u>. There are <u>two time periods</u> we will discuss:</p> <ol style="list-style-type: none"> <li>1. The past 30 days</li> <li>2. Lifetime Data</li> </ol> <p><b>Patient Rating Scale:</b> Patient input is important. For each area, I will ask you to use this scale to let me know how bothered you have been by any problems in each section. I will also ask you how important treatment is for you for the area being discussed.</p> <p>Please refer to the Patient Rating Scale in the adjacent key.</p> <p>If you are uncomfortable giving an answer, then don't answer.</p> <p style="text-align: center;"><b>Please do not give inaccurate information!</b></p>

<b>Interviewer Instructions</b>
<ol style="list-style-type: none"> <li>1. Leave no blanks.</li> <li>2. Make plenty of Comments (if another person reads this ASI, they should have a relatively complete picture of the client's perceptions of his/her problems).</li> <li>3. Throughout the ASI, when noted: <b>X = Question not answered. N = Question not applicable.</b></li> <li>4. Terminate interview if client misrepresents two or more sections.</li> <li>5. When noting comments, please write the question number.</li> </ol> <p><b>HALF TIME RULE:</b> If a question asks the number of months, round up periods of 14 days or more to 1 month. Round up 6 months or more to 1 year.</p> <p><b>CONFIDENCE RATINGS:</b></p> <ul style="list-style-type: none"> <li>⇒ Last two items in each section.</li> <li>⇒ Do not over interpret.</li> <li>⇒ Denial does not warrant misrepresentation.</li> <li>⇒ Misrepresentation = overt contradiction in information.</li> </ul> <p style="text-align: center;"><b>Probe and make plenty of comments!</b></p>

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b>	Assessment Date: ____ / ____ / ____ <small>m m d d y y y y</small>
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**Hollingshead Categories**

- 1 = Higher Executive, Major Professionals, Owner of Large Business
- 2 = Business Manager, Owner (medium sized business), Other Professional (nurse, optician, pharmacist, social worker, teacher)
- 3 = Administrative Personnel, Manager, Owner/Proprietor of Small Business (bakery, car dealership, engraving business, plumbing business, florist, decorator, actor, reporter, travel agent)
- 4 = Clerical and Sales, Technician, Owner of Small Business (bank teller, bookkeeper, clerk, draftsman, timekeeper, secretary, car salesperson)
- 5 = Skilled Manual—usually having had training (baker, barber, brakeman, chef, electrician, fireman, lineman, machinist, mechanic, paperhanger, painter, repairman, tailor, welder, police officer, plumber)
- 6 = Semi-skilled (hospital aide, painter, bartender, bus driver, cutter, cook, drill press, garage guard, checker, waiter, spot welder, machine operator)
- 7 = Unskilled (attendant, janitor, construction help, unspecified labor, porter). Include Unemployed.
- 8 = Homemaker
- 9 = Student/No Occupation/Disabled

**List of Commonly Used Drugs**

- Alcohol: Beer, wine, liquor
  - Methadone: Dolophine, LAAM
  - Opiates: Pain killers = Morphine, Diluaidid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
  - Barbiturates: Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
  - Sed/Hyp/Tranq: Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
  - Cocaine: Cocaine Crystal, Free-Base Cocaine or "Crack, and "Rock Cocaine"
  - Amphetamines: Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
  - Cannabis: Marijuana, Hashish
  - Hallucinogens: LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
  - Inhalants: Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.
- Just note if these are used: Antidepressants,  
 Ulcer Meds = Zantac, Tagamet  
 Asthma Meds = Ventoline Inhaler, Theodur  
 Other Meds = Antipsychotics, Lithium

**Alcohol/Drug Section Instructions**

The following questions look at two time periods: the past 30 days and lifetime. Lifetime refers to the time prior to the last 30 days. However if the client has been incarcerated for more than 1 year, you would only gather lifetime information, unless the client admits to significant alcohol /drug use during incarceration. This guideline only applies to the Alcohol/Drug Section.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Lifetime use is asked to determine extended periods of use.
- ⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines "intoxication".
- ⇒ How to ask these questions:
  - "How many days in the past 30 have you used....?"
  - "How many years in your life have you regularly used....?"

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**QSSTDTC**

**START TIME:** \_\_\_\_ : \_\_\_\_ (hh:mm, 24 hour clock)

**GENERAL INFORMATION =QSSCAT**

**QSORRES**

**QSTEST**

\_\_\_\_\_

- G9. Contact code:  
 1=In person  
 2=Telephone (Intake ASI must be in person)  
 3=Mail  
 X=Not Answered

\_\_\_\_\_

- G12. Special:  
 1=Patient terminated  
 2=Patient refused  
 3=Patient unable to respond  
 N=Not Applicable

**Comments:**

**THIS DATA NOT ENTERED**

**QSORRESU='YEARS'**

\_\_\_\_ / \_\_\_\_  
a. Yrs. b. Mos

- G14. How long have you lived at your current address?  
 (XX/XX=Not Answered).

**QSORRESU='MONTHS'**

\_\_\_\_\_

- G18. Do you have a religious preference?  
 1=Protestant                      5=Other (specify \_\_\_\_\_)  
 2=Catholic                        6=None  
 3=Jewish                            X=Not Answered  
 4=Islamic

**QSEVLNT=-P30D**

\_\_\_\_\_

- G19. Have you been in a controlled environment in the past 30 days? A place, theoretically, without access to drugs/alcohol.  
 1=No                                      5=Psychiatric Treatment  
 2=Jail                                      6=Other (specify \_\_\_\_\_)  
 3=Alcohol or Drug Treatment      X=Not Answered  
 4=Medical Treatment

\_\_\_\_\_

- G20. How many days? "NN" if question G19 is "No". Refers to total number of days detained in the past 30 days. (XX=Not Answered)

**QSORRESU='DAYS'**

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / <b>QSDTC</b> m m    d d    y y    y y
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**MEDICAL STATUS =QSSCAT**

**QSORRES**

**QSTEST**

M1. How many times in your life have you been hospitalized for medical problems?  
Include O.D.'s, D.T.'s. Exclude detox, alcohol/drug, and psychiatric treatment and childbirth (if no complications). Enter the number of overnight hospitalizations for medical problems. (X=Not Answered)

\_\_\_\_\_  
0=No, 1=Yes

M3. Do you have any chronic medical problems which continue to interfere with your life?  
A chronic medical condition is a serious physical or medical condition that requires regular care, (i.e., medication, dietary restriction) preventing full advantage of their abilities. (X=Not Answered)  
If "Yes," specify: \_\_\_\_\_

\_\_\_\_\_  
0=No, 1=Yes

M4. Are you taking any prescribed medication on a regular basis for a physical problem?  
Medication prescribed by a MD for medical conditions; not psychiatric medicines. Include medicines prescribed whether or not the patient is currently taking them. The intent is to verify chronic medical problems. (X=Not Answered)  
If "Yes," specify: \_\_\_\_\_

\_\_\_\_\_  
0=No, 1=Yes

M5. Do you receive a pension for a physical disability? (X= Not Answered)  
Include Workers' compensation, exclude psychiatric disability.  
If "Yes," specify: \_\_\_\_\_

\_\_\_\_

M6. How many days have you experienced medical problems in the past 30 days? **QSEVLNT=-P30D**  
Do not include ailments directly caused by drugs/alcohol. Include flu, colds, etc. Include serious ailments related to drugs/alcohol, which would continue even if the patient were abstinent (e.g., cirrhosis of liver, abscesses from needles, etc.). (X=Not Answered)

**ISORRESU='DAYS'**

**For Questions M7 & M8, please ask the patient to use the Patient Rating scale.**

\_\_\_\_\_

M7. How troubled or bothered have you been by these medical problems in the past 30 days? **QSEVLNT=-P30D**  
Restrict response to problem days of Question M6. (X=Not Answered)

\_\_\_\_\_

M8. How important to you now is treatment for these medical problems?  
Refers to the need for *new or additional* medical treatment by the patient. (X=Not Answered)

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

\_\_\_\_\_  
0=No, 1=Yes

M10. Patient's misrepresentation?

\_\_\_\_\_  
0=No, 1=Yes

M11. Patient's inability to understand?

**Comments:**  
**THIS DATA NOT ENTERED**

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / <b>QSDTC</b> m m / d d / y y y y
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**EMPLOYMENT/SUPPORT STATUS =QSSCAT**

- QSORRES** E1. Education completed? **QSTEST**  
a. Yrs. / b. Mos. GED = 12 years. Include formal education only. (XXX=Not Answered)  
**QSORRESU='YEARS'** **QSORRESU='MONTHS'**
- \_\_\_\_  
Mos. E2. Training or technical education completed:  
Formal/organized training only. For military training, only include training that can be used in civilian life (i.e., electronics or computers). (XX=Not Answered)  
**QSORRESU='MONTHS'**
- \_\_\_\_ E4. Do you have a valid driver's license? Valid license; not  
0=No, 1=Yes suspended/revoked. (X=Not Answered)
- \_\_\_\_ E5. Do you have an automobile available? (If answer to E4 is "No",  
0=No, 1=Yes then E5 must be "No")  
Does not require ownership, only requires availability on a regular basis. (X=Not Answered)  
**QSORRESU='YEARS'**
- \_\_\_\_ / \_\_\_\_ E6. How long was your longest full time job?  
a. Yrs. / b. Mos. Full time = 35+ hours weekly; does not necessarily mean most recent job. (XXX=Not Answered)  
**QSORRESU='MONTHS'**
- \_\_\_\_ E7. Usual (or last) occupation? (specify): \_\_\_\_\_  
(use Hollingshead Categories Reference Sheet) (X=Not Answered)
- \_\_\_\_ E9. Does someone contribute the majority of your support?  
0=No, 1=Yes Is patient receiving any regular support (i.e., cash, food, housing) from family/friend? Include spouse's contribution; exclude support by an institution. (X=Not Answered, N=Not Applicable)
- \_\_\_\_ E10. Usual employment pattern, past three years?  
**QSEVLINT='-P3Y'**  
1 = Full time (35+ hrs/wk) 6 = Retired/Disability  
2 = Part time (regular hours) 7 = Unemployed  
3 = Part time (irreg., day work) 8 = In controlled environment  
4 = Student (X=Not Answered)  
5 = Military Service  
Answer should represent the majority of the last 3 years, not just the most recent selection. If there are equal times for more than one category, select that which best represents the more current situation.
- \_\_\_\_ E11. How many days were you paid for working in the past 30 days? **QSORRESU='DAYS'**  
Include "under the table" work, paid sick days, and vacation. (XX=Not Answered)
- Max=\$99999** **For questions E12-E17: How much money did you receive from the following sources in the past 30 days?**
- \$ \_\_\_\_\_ E12. Employment (net income)? (Net or "take home" pay, include any "under the table" money.) (XXXXX=Not Answered)
- \$ \_\_\_\_\_ E13. Unemployment Compensation? (XXXXX=Not Answered)
- \$ \_\_\_\_\_ E14. Welfare? (Include food stamps, transportation money provided by an agency to go to and from treatment.) (XXXXX=Not Answered)
- \$ \_\_\_\_\_ E15. Pensions, benefits or Social Security? (Include disability, pensions, retirement, veteran's benefits, SSI & workers' compensation.) (XXXXX=Not Answered)

**Comments:**

**THIS DATA NOT ENTERED**

**QSORRESU='DOLLAR'**  
**QSEVLNT=-P30D**

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- QSTEST**
- \$ QSORRES E16. Mate, family or friends? (Money for personal expenses, (i.e., clothing), include unreliable sources of income (e.g., gambling). Record cash payments only, include windfalls (unexpected), money from loans, gambling, inheritance, tax returns, etc.). (XXXXX=Not Answered)
- \$ \_\_\_\_\_ E17. Illegal? (XXXXX=Not Answered)  
**Cash** obtained from drug dealing, stealing, fencing stolen goods, gambling, prostitution, etc. **Do Not** attempt to convert drugs exchanged to a dollar value.
- \_\_\_\_\_  
Max = 99 E18. How many people depend on you for the majority of their food, shelter, etc.?  
Must be regularly depending on patient, do include alimony/child support, do not include the patient or self-supporting spouse, etc. (XX=Not Answered)
- \_\_\_\_\_  
**QSEVLNT=-P30D**  
**QSORRESU='DAYS'** E19. How many days have you experienced employment problems in the past 30 days?  
Include inability to find work, if they are actively looking for work, or problems with present job in which that job is jeopardized. (XX=Not Answered)

**Comments:**

QSORRESU='DOLLARS'  
QSEVLNT=-P30D

THIS DATA NOT ENTERED

QSEVLNT=-P30D

**For Questions E20 & E21, ask the patient to use the Patient Rating scale.**

The patient's ratings in Questions E20 & E21 refer to Question E19. Stress help in finding or preparing for a job, not giving them a job.

- \_\_\_\_\_ E20. How troubled or bothered have you been by these employment problems in the past 30 days? **QSEVLNT=-P30D**  
If the patient has been incarcerated or detained during the past 30 days, they cannot have employment problems. (X=Not Answered)
- \_\_\_\_\_ E21. How important to you now, is counseling for these employment problems? (X=Not Answered)

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

- \_\_\_\_\_ E23. Patient's misrepresentation?  
0=No, 1=Yes
- \_\_\_\_\_ E24. Patient's inability to understand?  
0=No, 1=Yes

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / <b>QSDTC</b> m m     d d     y y     y y
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**DRUG/ALCOHOL USE** =QSSCAT

**Route of Administration Types:**

1 = Oral    2 = Nasal    3 = Smoking    4 = Non-IV injection    5 = IV injection

Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe. If Past 30 Days and Lifetime Use are zero, route should be coded as "N." (XX=Not Answered)

QSEVLNT=-P30D    QSORRESU='YEAR'

Substance    QSTEST	a. Past 30 Days	b. Lifetime Use (Years)	c. Route of Admin.	Comments:
D1. Alcohol (any use at all)	QSORRES	_____		<b>THIS DATA NOT ENTERED</b>
D2. Alcohol (to intoxication)	_____	_____		
D3. Heroin	QSORRESU='DAY'	_____	_____	
D4. Methadone/LAAM (prescribed)	_____	_____	_____	
D4a. Methadone/LAAM (illicit)	_____	_____	_____	
D5. Other Opiates/Analgesics	_____	_____	_____	
D6. Barbiturates	_____	_____	_____	
D7. Other Sedatives/Hypnotics/Tranquilizers	_____	_____	_____	
D8. Cocaine	_____	_____	_____	
D9. Amphetamines	_____	_____	_____	
D10. Cannabis	_____	_____	_____	
D11. Hallucinogens	_____	_____	_____	
D12. Inhalants	_____	_____	_____	
D36. Nicotine (tobacco products)	_____	_____		
D13. More than 1 substance per day (including alcohol, excluding nicotine)	_____	_____		

\_\_\_\_\_  
D14. According to the interviewer, which substance(s) is/are the major problem?  
Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in questions 01-12 (code prescribed or illicit methadone as "04"). "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug, but no alcohol. Ask participant when not clear. (XX=Not Answered)

**How many times have you:**

\_\_\_\_\_  
D17. Had Alcohol DT's? Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention. (XX=Not Answered)

<p><b>Comments:</b></p> <p style="text-align: center; color: red;"><b>THIS DATA NOT ENTERED</b></p>
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**QSTEST**

**QSORRES**

**How many times in your life have you been treated for:**  
 Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period). (XX=Not Answered)

- \_\_\_\_ D19. Alcohol abuse?
- \_\_\_\_ D20. Drug abuse?

**How many of these were detox only?**

- \_\_\_\_ D21. Alcohol? If D19 = "00", then question D21 is "NN" (XX=Not Answered)
- \_\_\_\_ D22. Drugs? If D20 = "00", then question D22 is "NN" (XX=Not Answered)

**How much money would you say you spent during the past 30 days on:**

Only count actual money spent. What is the financial burden caused by drugs/alcohol? (XXXXX=Not Answered)

**Max = \$99999**

- \$ \_\_\_\_ D23. Alcohol? **QSORRESU='DOLLARS'**      **QSEVLNT=-P30D**
- \$ \_\_\_\_ D24. Drugs?      **QSORRESU='DOLLARS'**      **QSEVLNT=-P30D**

- \_\_\_\_ D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include AA/NA) (XX=Not Answered)

**QSORRESU='DAYS'**      **QSEVLNT=-P30D**

**For questions D28 - D31, please ask the patient to use the Patient Rating scale.**

The Patient is rating the need for additional substance abuse treatment. (X=Not Answered)

**How many days in the past 30 have you experienced:**

- \_\_\_\_ D26. Alcohol problems?      **QSEVLNT=-P30D**      **QSORRESU='DAYS'**

**How troubled or bothered have you been in the past 30 days by these:**

- \_\_\_\_ D28. Alcohol problems?      **QSEVLNT=-P30D**

**How important to you now is treatment for these:**

- \_\_\_\_ D30. Alcohol problems?

**How many days in the past 30 have you experienced:**

- \_\_\_\_ D27. Drug problems?  
 Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to. (XX=Not Answered)      **QSEVLNT=-P30D**      **QSORRESU='DAYS'**

**How troubled or bothered have you been in the past 30 days by these:**

- \_\_\_\_ D29. Drug problems?      **QSEVLNT=-P30D**

**How important to you now is treatment for these:**

- \_\_\_\_ D31. Drug problems?

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

- \_\_\_\_ D34. Patient's misrepresentation?  
0=No, 1=Yes
- \_\_\_\_ D35. Patient's inability to understand?  
0=No, 1=Yes

**Comments:**

**THIS DATA NOT ENTERED**

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: <u>  </u> / <u>  </u> / <u>  </u> <small>m m d d y y y y</small> <b>QSDTC</b>
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**LEGAL STATUS=QSSCAT**

**QSORRES**

**QSTEST**

0=No, 1=Yes

L1. Was this admission prompted by the criminal justice system?  
Judge, probation/parole officer, etc. (X=Not Answered)

L2. Are you on parole or probation?  
0=no, neither  
2=yes, parole or post release supervision  
3=yes, probation or pre-sentencing diversion  
Note duration and level in comments. (X=Not Answered)

**How many times in your life have you been arrested and charged with the following:**

Include total number of counts, not just convictions. Do not include juvenile (pre-age 18) crimes, unless they were charged as an adult. Include formal charges only. (XX=Not Answered)

- |      |                                 |      |                             |
|------|---------------------------------|------|-----------------------------|
| ____ | L3. Shoplifting/Vandalism       | ____ | L10. Assault                |
| ____ | L4. Parole/Probation Violations | ____ | L11. Arson                  |
| ____ | L5. Drug Charges                | ____ | L12. Rape                   |
| ____ | L6. Forgery                     | ____ | L13. Homicide/Manslaughter  |
| ____ | L7. Weapons Offense             | ____ | L14. Prostitution           |
| ____ | L8. Burglary/Larceny/B&E        | ____ | L15. Contempt of court      |
| ____ | L9. Robbery                     | ____ | L16. Other: (specify _____) |

L17. How many of these charges resulted in convictions?  
If L3-L16="00", then L17= "NN". Do not include misdemeanor offenses from questions L18-L20 below. Convictions include fines, probation, incarcerations, suspended sentences, and guilty pleas. (XX=Not Answered)

**How many times in your life have you been charged with the following:**

- \_\_\_\_ L18. Disorderly conduct, vagrancy, public intoxication? (XX=Not Answered)
- \_\_\_\_ L19. Driving while intoxicated (DWI)? (XX=Not Answered)
- \_\_\_\_ L20. Major driving violations?  
Moving violations: speeding, reckless driving, no license, etc. (XX=Not Answered)
- \_\_\_\_ L21. How many months were you incarcerated in your life?  
Mos. If incarcerated 2 weeks or more, round this up to 1 month. List total number of months incarcerated (up to 99). If more than 99, code 99 and enter the number in comments. (XX=Not Answered)

**QSORRESU='MONTHS'**

0=No, 1=Yes

L24. Are you presently awaiting charges, trial, or sentence? (X=Not Answered)

**Comments:**  
**THIS DATA NOT ENTERED**

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: <u>   </u> / <u>   </u> / <b>QSDTC</b> <small>m m / d d / y y y y</small>
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**QSTEST**

**QSORRES**

- L25. What for? (Refers to L24.) Use code 03-16, 18-20. If more than one, choose most severe.  
Don't include civil cases, unless a criminal offense is involved. (XX=Not Answered, NN= Not Applicable)
- |                          |                              |
|--------------------------|------------------------------|
| 03 = Shoplifting         | 12 = Rape                    |
| 04 = Probation violation | 13 = Homicide                |
| 05 = Drug                | 14 = Prostitution            |
| 06 = Forgery             | 15 = Contempt                |
| 07 = Weapons             | 16 = Other                   |
| 08 = Burglary            | 18 = Disorderly conduct      |
| 09 = Robbery             | 19 = DWI                     |
| 10 = Assault             | 20 = Major driving violation |
| 11 = Arson               |                              |

**Comments:**

**THIS DATA NOT ENTERED**

\_\_\_\_ L26. How many days in the past 30, were you detained or incarcerated? **QSEVLNT=-P30D QSORRESU='DAYS'**  
Include being arrested and released on the same day. (XX=Not Answered)

\_\_\_\_ L27. How many days in the past 30, have you engaged in illegal activities for profit? **QSEVLNT=-P30D QSORRESU='DAYS'**  
Exclude simple drug possession. Include drug dealing, prostitution, selling stolen goods, etc. May be cross- checked with Question E17 under Employment/Family Support Section. (XX=Not Answered)

**For questions L28 & L29, ask the patient to use the Patient Rating scale.**

\_\_\_\_ L28. How serious do you feel your present legal problems are?  
Exclude civil problems. (X=Not Answered)

\_\_\_\_ L29. How important to you now is counseling or referral for these legal problems?  
Patient is rating a need for additional referral to legal counsel for defense against criminal charges. (X=Not Answered)

**CONFIDENCE RATINGS**

Is the above information significantly distorted by:

\_\_\_\_ L31. Patient's misrepresentation?  
0=No, 1=Yes

\_\_\_\_ L32. Patient's inability to understand?  
0=No, 1=Yes



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QSEVLINT=-P30D  
a. Past 30 Days    b. Life-time

0= No, 1= Yes (X=Not Answered)

**Comments:**  
**THIS DATA NOT ENTERED**

**Did anyone abuse you?**

\_\_\_\_\_ F28. Physically? (Caused you physical harm.)  
\_\_\_\_\_ F29. Sexually? (Forced sexual advances/acts.)

**How many days in the past 30 have you had serious conflicts:**

\_\_\_\_\_ F30. With your family? (XX= Not Answered)  
**QSORRESU='DAYS'**                      **QSEVLINT=-P30D**

**For Questions F32 and F34, ask the patient to use the Patient Rating scale.**

**How troubled or bothered have you been in the past 30 days by these:**

\_\_\_\_\_ F32. Family problems (X= Not Answered) **QSEVLINT=-P30D**

**How important to you now is treatment or counseling for these:**

\_\_\_\_\_ F34. Family problems  
Patient is rating his/her need for counseling for family problems, not whether the family would be willing to attend. (X= Not Answered)

**How many days in the past 30 have you had serious conflicts:**

\_\_\_\_\_ F31. With other people (excluding family)? (XX= Not Answered)  
**QSORRESU='DAYS'**                      **QSEVLINT=-P30D**

**For Questions F33 and F35, ask the patient to use the Patient Rating scale.**

**How troubled or bothered have you been in the past 30 days by these:**

\_\_\_\_\_ F33. Social problems (X= Not Answered) **QSEVLINT=-P30D**

**How important to you now is treatment or counseling for these:**

\_\_\_\_\_ F35. Social problems  
Include patient's need to seek treatment for such social problems as loneliness, inability to socialize, and dissatisfaction with friends. Patient rating should refer to dissatisfaction, conflicts, or other serious problems. Exclude problems that would be eliminated if patient had no substance abuse. (X= Not Answered)

**CONFIDENCE RATING**

Is the above information significantly distorted by:

\_\_\_\_\_ F37. Patient's misrepresentation?  
0=No, 1=Yes

\_\_\_\_\_ F38. Patient's inability to understand?  
0=No, 1=Yes

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**PSYCHIATRIC STATUS** =QSSCAT

**QSTEST**

**How many times have you been treated for any psychological or emotional problems:**

Do not include substance abuse, employment, or family counseling. Treatment episode = a series of more or less continuous visits or treatment days, not the number of visits or treatment days. Enter diagnosis in comments if known.

**QSORRES**

\_\_\_\_

\_\_\_\_

0=No, 1=Yes

- P1. In a Hospital or inpatient setting? (XX= Not Answered)
- P2. Outpatient/private patient? (XX= Not Answered)
- P3. Do you receive a pension for a psychiatric disability? (X=Not Answered)

**Have you had a significant period of time (that was not a direct result of alcohol/drug use) in which you have:**

**SEVLINT=-P30D**

a. Past 30 Days    b. Life-time

**0=No, 1=Yes, (X= Not Answered)**

\_\_\_\_

\_\_\_\_

P4. Experienced serious depression-sadness, hopelessness, loss of interest, difficulty with daily function?

\_\_\_\_

\_\_\_\_

P5. Experienced serious anxiety/tension-uptight, unreasonably worried, inability to feel relaxed?

\_\_\_\_

\_\_\_\_

P6. Experienced hallucinations-saw things or heard voices that other people did not see or hear?

\_\_\_\_

\_\_\_\_

P7. Experienced trouble understanding, concentrating, or remembering?

**For questions P8-P10, patient could have been under the influence of alcohol/drugs.**

\_\_\_\_

\_\_\_\_

P8. Experienced trouble controlling violent behavior including episodes of rage, or violence? (Patient can be under the influence of alcohol/drugs.)

\_\_\_\_

\_\_\_\_

P9. Experienced serious thoughts of suicide? Patient seriously considered a plan for taking his/her life.

\_\_\_\_

\_\_\_\_

P10. Attempted suicide? (Include actual suicidal gestures or attempts.)

\_\_\_\_

\_\_\_\_

P11. Been prescribed medication for any psychological or emotional problems? (Prescribed for the patient by MD. Record "Yes" if a medication was prescribed even if the patient is not taking it.)

\_\_\_\_

P12. How many days in the past 30 have you experienced these psychological or emotional problems? (This refers to problems noted in Questions P4-P10.) (XX= Not Answered)

**QSORRESU='DAYS'**

**QSEVLINT=-P30D**

**Comments:**

**THIS DATA NOT ENTERED**

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**QSTEST**

**For Question P13 & P14, ask the patient to use the Patient Rating scale.**

**QSORRES**

\_\_\_\_\_

P13. How much have you been troubled or bothered by these psychological or emotional problems in the past 30 days?  
 (Patient should be rating the problem days from Question P12.)  
 (X= Not Answered)

\_\_\_\_\_

P14. How important to you now is treatment for these psychological or emotional problems?  
 (X= Not Answered)

**CONFIDENCE RATING**

Is the above information significantly distorted by:

0=No, 1=Yes

P22. Patient's misrepresentation?

0=No, 1=Yes

P23. Patient's inability to understand?

**Comments:**  
**THIS DATA NOT ENTERED**

**STOP TIME:** **QSENDTC** \_\_\_\_ (hh:mm, 24 hour clock)\*

*\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.*

**ADVERSE EVENTS (AE)**

**DOMAIN: AE**

<b>NIDA-CTN-0019</b> <small>STUDYID</small>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>NODE:</b> _____	<b>EPOCH</b>  <b>Visit #:</b> <i>(circle one)</i>	<b>VISITNUM:</b> Baseline	Post Intervention
<b>CTP-SITE ID:</b> _____		3-Month FUP	6-Month FUP
<b>PARTICIPANT #:</b> _____ <small>USUBJID</small>			
<b>Assessment Date:</b> ___/___/___ <b>AEDTC</b> (mm/dd/yyyy)		<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**AEs are reflected in the AE file. Otherwise this field not databased.**

_____	<b>1.</b> Did the participant have any new or changed Study Related AE and/or SAE since the last assessment? 0=No ( <b>End questionnaire</b> ) 1=Yes
<b>AESPID</b> _____	<b>2.</b> AE Number
_____	<b>3.</b> AE Term ( <b>Brief Description, 200 chars. max</b> ) _____ <b>AETERM</b>
_____	<b>4a.</b> Change in severity of previously reported AE? 0=No ( <b>Skip to question 5</b> ) 1=Yes
<b>AESER</b> _____	<b>4b.</b> (If Yes) Previous AE Number: _____
_____	<b>5.</b> Serious* 0=No 1=Yes
<b>AESEV</b> _____	<b>6a.</b> Onset Date ___/___/___ ( <b>AESTDTC</b> ) (mm/dd/yyyy)
_____	<b>6b.</b> Onset Time ___:___ ( <b>AESTDTC</b> ) (hh:mm, 24-hour clock)
<b>AEREL</b> _____	<b>7.</b> Severity 1=Mild 2=Moderate 3=Severe
<b>AEACN</b> _____	<b>8.</b> Study Related? 1=Reasonable 2=Not reasonable
<b>AEOUT</b> _____	<b>9.</b> Action Taken 1=None 2=Stop Treatment 3=Other Medication 4=Medical Care 5=Hospitalization* 6=Recommended different/additional treatment
_____	<b>10.</b> Final Outcome 1=Resolved 2=Resolved with Sequelae 3=Not resolved ( <b>Skip questions 11a and 11b</b> ) 4=Death*
_____	<b>11a.</b> Final Outcome Date ___/___/___ <b>AEENDTC</b> (mm/dd/yyyy)
_____	<b>11b.</b> Final Outcome Time ___:___ ( <b>AEENDTC</b> ) (hh:mm, 24-hour clock)

**12. Signature:** \_\_\_\_\_ **THIS DATA NOT ENTERED** (MD, PhD, or PI) **Date signed:** \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

- \* All Serious Adverse Events (SAE) must have a complete AE CRF, SAE Form, SAE Summary Report. Initial and date once these steps are completed.
- Report AE/SAEs in accordance with the study protocol and local IRB requirements
  - SAEs must be reported within 24 hours



Participant ID: \_\_\_\_\_

Staff ID: \_\_\_\_\_

**Assessment of Potential Adverse Events Worksheet**

In any research study it's important to pay attention to any negative effects that happen during the study. Since your last assessment, have you noticed any new problems or existing problems that have gotten worse?

Yes      No

*If No, then done with assessment.*

*If Yes ask participant to describe and record below:*

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Possible questions to use as probes:

*Is this different from what you normally experience?*

*How has this changed your daily functioning?*

*When did you first notice the problem?*

*Has it gotten worse since you began this study?*

*Why do you think this has happened?*

*Do you think the problem might be related to your participation in the study?*

**Note: If participant reports depression symptoms specifically ask about suicidal ideation. (e.g. Have you had suicidal thoughts or thoughts of hurting yourself?)**

Comments/Descriptions

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- |   |
|---|
| <ul style="list-style-type: none"> <li>• Follow Adverse Event Protocol according to Operations Manual using AE log, AE CRF and SAE form where indicated.</li> <li>• If a participant expresses severe distress and is in need of clinical care, follow clinic policy for providing necessary evaluation and treatment.</li> </ul> |
|---|

**CTN0019 AE Log THIS DATA NOT COLLECTED**

Participant ID# \_\_\_\_\_ Node: \_\_\_\_\_ CTP-Site ID: \_\_\_\_\_ Page \_\_\_ of \_\_\_

(a) AE #	(b) Adverse Event Term (Brief Description)	(c) Seriousness*	(d) Study Related***	(e) Date of Contact	(f) Staff ID	(g) Resolution
		<input type="checkbox"/> No <input type="checkbox"/> Yes -----> Complete** _____	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved Date Resolved:
		<input type="checkbox"/> No <input type="checkbox"/> Yes -----> Complete** _____	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved Date Resolved:
		<input type="checkbox"/> No <input type="checkbox"/> Yes -----> Complete** _____	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved Date Resolved:
		<input type="checkbox"/> No <input type="checkbox"/> Yes -----> Complete** _____	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved Date Resolved:
		<input type="checkbox"/> No <input type="checkbox"/> Yes -----> Complete** _____	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved Date Resolved:
		<input type="checkbox"/> No <input type="checkbox"/> Yes -----> Complete** _____	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved Date Resolved:
		<input type="checkbox"/> No <input type="checkbox"/> Yes -----> Complete** _____	<input type="checkbox"/> No <input type="checkbox"/> Yes			<input type="checkbox"/> Ongoing <input type="checkbox"/> Resolved Date Resolved:

\*Criteria to determine if AE is Serious

- Death
- Life-threatening
- Required inpatient hospitalization or Prolonged hospitalization
- Resulted in persistent or significant disability/incapacity
- Congenital anomaly/birth defect
- Required intervention to prevent any of the above

\*\* All Serious Adverse Events (SAE) must have a complete AE CRF, SAE Form, SAE Summary Report. Initial and date once these steps are completed.

- Report AE/SAEs in accordance with the study protocol and local IRB requirements
- SAEs must be reported within 24 hours (see SOIM)

\*\*\* Expected Study Related AE:

- Worsening depression and/or anxiety symptoms
- Abusive Partner Behavior

For all non-serious study-related AEs, complete an AE CRF.  
 For all serious-related AEs, follow the instructions for SAEs.

ALCOHOL BREATHALYZER (AB)

DOMAIN: BR

NIDA-CTN-0019	HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs		Seq. Num.: ____
STUDYID NODE: _____	EPOCH		VISITNUM
CTP-SITE ID: _____ - _____	Visit #: _____ (circle one)		
PARTICIPANT #: _____	USUBJID		
Assessment Date: ____ / ____ / BRDTC ____ (mm / dd / yyyy)			STAFF ID: _____
FORM COMPLETION STATUS	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

THIS DATA NOT ENTERED

START TIME: \_\_\_\_ : \_\_\_\_ (hh:mm, 24 hour clock)

1. Was an Alcohol Breathalyzer performed? \_\_\_\_\_ (0=No, 1=Yes; 2=Sample Lost; 3=Sample Indeterminate; -9=Unknown)  
*If 0 or -9, skip to Q4 and enter a comment.*

2. Date Alcohol Breathalyzer Test was performed: \_\_\_\_ / \_\_\_\_ / BRDTC (when using # 3)  
m m d d y y y y

3. Alcohol Breathalyzer result: 0. \_\_\_\_\_ mg/ml *If sample was lost or indeterminate, skip Q3.*

4. COMMENTS: DOMAIN: CO  
 COVAL  
 RDOMAIN=BR  
 IDVAR=VISITNUM

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THIS DATA NOT ENTERED

STOP TIME: \_\_\_\_ : \_\_\_\_ (hh:mm, 24 hour clock)\*

\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.

<b>NIDA-CTN-0019</b> <b>STUDYID</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.: __ __</b>	
<b>NODE:</b> ____	<b>EPOCH Visit #:</b> (circle one)	<b>VISITNUM</b>	Baseline	Post Intervention
<b>CTP-SITE ID:</b> ____ - ____			3-Month FUP	6-Month FUP
<b>PARTICIPANT #:</b> <u>USUBJID</u>				
<b>Assessment Date:</b> ____ / ____ / <b>QSDTC</b> ____ (mm / dd / yyyy)		<b>STAFF ID:</b> ____		
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer		4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

I'm going to read you some statements about the female condom. Then I will ask you to tell me which of the following options best describes how you feel about each statement- Strongly Disagree, Disagree, Neither Agree nor Disagree, Agree, or Strongly Agree. If you do not have someone you consider to be your main male sexual partner at this time than answer questions as to what your sexual relationships with men are mostly like. I will be referring to your "partner" and by this I mean your main male sexual partner. Do you have any questions?

**QSTEST**

**QSORRES**

		Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1.	I am interested in learning how to use the female condom correctly.	1	2	3	4	5
2.	I am bothered by the way the female condom looks.	1	2	3	4	5
3.	I am concerned about the higher cost of the female condom.	1	2	3	4	5
4.	I am concerned about the consequences of inserting the female condom into my body.	1	2	3	4	5
5.	The female condom gives me more options for protection.	1	2	3	4	5
6.	The female condom gives me more personal control over protection from sexually transmitted diseases.	1	2	3	4	5
7.	The female condom gives me more personal control over birth control.	1	2	3	4	5
8.	The female condom protects me from STDs including HIV.	1	2	3	4	5
9.	I am comfortable using a female condom with my partner.	1	2	3	4	5
10.	My partner is comfortable using the female condom with me.	1	2	3	4	5
11.	Suggesting that we use the female condom makes my partner think that I am having sex with other men	1	2	3	4	5
12.	I am embarrassed to ask my partner to use the female condom with me.	1	2	3	4	5
13.	I am more comfortable having my partner use a male condom than I am using a female condom.	1	2	3	4	5
14.	I prefer that my partner use the male condom when I use the female condom.	1	2	3	4	5
15.	I believe that sex with the female condom is more sexually satisfying for me than sex with the male condom.	1	2	3	4	5
16.	I believe that I could make female condom use fun and erotic.	1	2	3	4	5
17.	My partner is glad that I take responsibility for our protection by using the female condom.	1	2	3	4	5
18.	I encourage my friends to use the female condom.	1	2	3	4	5

CTP - Site ID __ - __	Participant ID USUBJID __	Assessment Date: __ / __ / __ QSDTC m m / d d / y y y y
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**QSORRES**

**QSTEST**

No	Yes		
0	1	<b>19.</b>	Do you plan to use the female condom in the future? ( <i>if no, skip rest of questions. If yes, proceed to question 20.</i> )
0	1	<b>20.</b>	Do you plan to practice using the female condom prior to using it with partners?
No	Yes	N/A	
0	1	8	<b>21a.</b> Main male sexual partner
0	1	8	<b>21b.</b> Other male sexual partner(s) (someone with whom you have sex often)
0	1	8	<b>21c.</b> Paying partner(s)
No	Yes		
0	1	<b>22.</b>	Do you plan to use the female condom in the next 3 months (90 days)? ( <i>if no, skip rest of questions</i> )
<b>QSEVLINT=P3M</b>			
No	Yes	N/A	
0	1	8	<b>23a.</b> Main male sexual partner <b>QSEVLINT=P3M</b>
0	1	8	<b>23b.</b> Other male sexual partner(s) (someone with whom you have sex often) <b>QSEVLINT=P3M</b>
0	1	8	<b>23c.</b> Paying partner <b>QSEVLINT=P3M</b>

QSCAT=BEM SEX ROLE INVENTORY – SHORT FORM  
**BEM SEX ROLE INVENTORY- SHORT FORM (BEM)**

<b>NIDA-CTN-0019</b>		<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ____	
<b>STUDYID</b>	<b>NODE:</b> _____	<b>EPOCH</b> <b>Visit #:</b> (circle one)	<b>VISITNUM</b>		
<b>CTP-SITE ID:</b> _____			Baseline	Post Intervention	
<b>PARTICIPANT #:</b> _____	<b>USUBJID</b> _____		3-Month FUP	6-Month FUP	
<b>Assessment Date:</b> ____ / ____ / ____			<b>QSDTC</b> ____ (mm / dd / yyyy)		<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer		4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

I am going to read you a list of personality characteristics. We would like you to use those characteristics to describe yourself, that is, we would like you to indicate, on a scale from 1 to 7, how true of you each of these characteristics is.

Example: sly

- Circle the number 1 if it is **never or almost never true** that you are sly.
- Circle the number 2 if it is **usually not true** that you are sly.
- Circle the number 3 if it is **sometimes but infrequently true** that you are sly.
- Circle the number 4 if it is **occasionally true** that you are sly.
- Circle the number 5 if it is **often true** that you are sly.
- Circle the number 6 if it is **usually true** that you are sly.
- Circle the number 7 if it is **always or almost always true** that you are sly.

Thus, if you feel it is **sometimes but infrequently true** that you are "sly," **never or almost never true** that you are "malicious," **always or almost always true** that you are "irresponsible," and **often true** that you are "carefree," then you would rate these characteristics as follows:

Sly	3	Irresponsible	7
Malicious	1	Carefree	5

**QSORRES**

<b>QSTEST</b>	<b>Never or almost never true</b>	<b>Usually not true</b>	<b>Sometimes but infrequently true</b>	<b>Occasionally true</b>	<b>Often true</b>	<b>Usually true</b>	<b>Always or almost always true</b>
1. Defend my own beliefs	1	2	3	4	5	6	7
2. Affectionate	1	2	3	4	5	6	7
3. Conscientious	1	2	3	4	5	6	7
4. Independent	1	2	3	4	5	6	7
5. Sympathetic	1	2	3	4	5	6	7
6. Moody	1	2	3	4	5	6	7
7. Assertive	1	2	3	4	5	6	7
8. Sensitive to the needs of others	1	2	3	4	5	6	7
9. Reliable	1	2	3	4	5	6	7
10. Strong personality	1	2	3	4	5	6	7
11. Understanding	1	2	3	4	5	6	7
12. Jealous	1	2	3	4	5	6	7
13. Forceful	1	2	3	4	5	6	7
14. Compassionate	1	2	3	4	5	6	7
15. Truthful	1	2	3	4	5	6	7
16. Have leadership abilities	1	2	3	4	5	6	7
17. Eager to soothe hurt feelings	1	2	3	4	5	6	7
18. Secretive	1	2	3	4	5	6	7



# BEM INVENTORY (BEM)

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / ____ <small>m m / d d / y y y y</small>
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**QSDTC**

**QSORRES**

	<b>QSTEST</b>	Never or almost never true	Usually not true	Sometimes but infrequently true	Occasionally true	Often true	Usually true	Always or almost always true
19.	Willing to take risks	1	2	3	4	5	6	7
20.	Warm	1	2	3	4	5	6	7
21.	Adaptable	1	2	3	4	5	6	7
22.	Dominant	1	2	3	4	5	6	7
23.	Tender	1	2	3	4	5	6	7
24.	Conceited	1	2	3	4	5	6	7
25.	Willing to take a stand	1	2	3	4	5	6	7
26.	Love children	1	2	3	4	5	6	7
27.	Tactful	1	2	3	4	5	6	7
28.	Aggressive	1	2	3	4	5	6	7
29.	Gentle	1	2	3	4	5	6	7
30.	Conventional	1	2	3	4	5	6	7

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**QSCAT=CONDOM BARRIERS SCALE FOR WOMEN**  
**CONDOM BARRIER SCALE FOR WOMEN (CBS)**

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ____
<b>STUDYID</b> <b>NODE:</b> _____	<b>EPOCH</b> <b>Visit #:</b> <i>(circle one)</i>	Baseline	Post Intervention
<b>CTP-SITE ID:</b> _____ - _____		<b>VISITNUM</b>	
<b>PARTICIPANT #:</b> <b>USUBJID</b> _____		3-Month FUP	6-Month FUP
<b>Assessment Date:</b> ____ / ____ / ____		<b>QSDTC</b> ____ <i>(mm / dd / yyyy)</i>	<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**Instructions:** I am going to read you some statements. Pick the response that best indicates your level of agreement with each statement. When I use the word partner I am referring to your main male sexual partner. If you do not currently have someone you consider to be your main male sexual partner than answer questions as to what your sexual relationships with men are mostly like.

**QSORRES**

<b>QSTEST</b>	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree nor disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
1. Most of the time neither of us has a condom available.	1	2	3	4	5
2. My partner doesn't want me to put a condom on him.	1	2	3	4	5
3. If I suggest to my partner we use a condom he/she might end the relationship.	1	2	3	4	5
4. I can never find a condom right before sexual intercourse.	1	2	3	4	5
5. My partner doesn't want us to use condoms.	1	2	3	4	5
6. If I suggested we use a condom my partner would think I don't trust him/her.	1	2	3	4	5
7. I usually forget about using a condom.	1	2	3	4	5
8. If I suggested we use a condom my partner would think I'm accusing him/her of cheating.	1	2	3	4	5
9. I would be afraid to suggest to my partner we use a condom.	1	2	3	4	5
10. If my partner used a condom I might think he is cheating on me.	1	2	3	4	5
11. Condoms rub and cause irritation.	1	2	3	4	5
12. I wouldn't know where to get a condom.	1	2	3	4	5
13. Condoms don't feel good.	1	2	3	4	5
14. If I suggested to my partner we use a condom he/she might be turned off and lose interest in having sex.	1	2	3	4	5
15. Condoms interrupt the mood.	1	2	3	4	5
16. Condoms are against my religious values.	1	2	3	4	5
17. Condoms feel unnatural.	1	2	3	4	5
18. If I used a condom my partner might get angry.	1	2	3	4	5
19. Condoms don't fit right.	1	2	3	4	5
20. Condoms cost too much.	1	2	3	4	5
21. I don't have transportation to buy or get condoms.	1	2	3	4	5
22. I would be embarrassed to buy condoms or ask for them.	1	2	3	4	5
23. When a man and a woman are together, it's up to the man to provide a condom.	1	2	3	4	5
24. I feel closer to my partner without a condom.	1	2	3	4	5
25. If I suggested my partner use a condom he/she might think I am putting him/her down or insulting him/her.	1	2	3	4	5
26. I don't need to use a condom, I never catch anything.	1	2	3	4	5
27. When I use a condom I feel less involved or committed to the relationship.	1	2	3	4	5
28. Condoms change the climax or orgasm.	1	2	3	4	5
29. I don't need to use a condom, I use another method	1	2	3	4	5



<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ____
<b>STUDYID</b> <b>NODE:</b> _____	<b>EPOCH</b>  <b>Visit #:</b> (circle one)	<b>Baseline</b>	<b>Post Intervention</b>
<b>CTP-SITE ID:</b> _____ - _____		<b>VISITNUM</b>	
<b>PARTICIPANT #:</b> _____ <b>USUBJID</b>		3-Month FUP	6-Month FUP
<b>Assessment Date:</b> ____ / ____ / ____		<b>QSDTC</b> ____ (mm / dd / yyyy)	<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

I'm going to ask some questions about how easy or hard it is for you to use condoms with your partner(s). Please listen carefully to each question. Even if the situation has not happened to you, try to imagine how you would handle it if it were to happen in the next 3 months. The answers to these questions can be: definitely no, probably no, maybe, probably yes, or definitely yes.

**QSORRES**

<b>QSTEST</b>	<b>Definitely No</b>	<b>Probably No</b>	<b>Maybe</b>	<b>Probably Yes</b>	<b>Definitely Yes</b>	<b>Don't Know</b>
1. Can you discuss condom use with your partner(s)?	0	1	2	3	4	8
2. Can you insist on condom use if your partner does not want to use one?	0	1	2	3	4	8
3. Can you continue to insist on using a condom if your partner gets angry when you suggest it?	0	1	2	3	4	8
4. Can you continue to insist on using a condom if your partner threatens to leave if he has to use a condom?	0	1	2	3	4	8
5. Can you always insist on condom use when the time to have sex is limited? (when you are in a rush)	0	1	2	3	4	8
6. Can you put a condom on your partner whenever you have sex?	0	1	2	3	4	8
7. Can you stop and look for condoms when you're sexually aroused?	0	1	2	3	4	8
8. Can you always insist on condom use even when you are under the influence of alcohol and drugs?	0	1	2	3	4	8
9. Can you always insist on condom use even when your partner is under the influence of alcohol or drugs?	0	1	2	3	4	8
10. Can you put a condom on your partner without spoiling the mood?	0	1	2	3	4	8
11. Can you always insist on condom use even if you or your partner uses another method to prevent pregnancy?	0	1	2	3	4	8

**QSCAT=CONDOM USE SKILL MEASURE  
CONDOM USE SKILL MEASURE (CUS)**

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID</b>	<b>NODE:</b> _____	<b>EPOCH</b>	Baseline Post Intervention 3-Month FUP 6-Month FUP
<b>CTP-SITE ID:</b>	_____ - _____	<b>Visit #:</b> (circle one)	
<b>PARTICIPANT #:</b>	<b>USUBJID</b>	<b>VISITNUM</b>	
<b>Assessment Date:</b> ___ / ___ / ___		<b>QSDTC</b> ___ (mm / dd / yyyy)	<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer		4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)

Condom Use Skill is measured separately for male and female condoms. It is measured by (dichotomous) observer ratings of the presence or absence of basic skills for use of each. For each, a total count of number of skills observed is obtained.

**QSSCAT=MALE CONDOM**

**QSORRES**

	No	Yes
1. Were skills for putting a male condom on a penis model observed? <i>If NO, skip to Question 16.</i>	0	1

**QSTEST**

In this task we want you to demonstrate the correct way to use a condom. Here is a penis model and a few different types of condoms and lubricants. Select an appropriate condom and lubricant for providing protection against sexually transmitted diseases such as AIDS. Next demonstrate the correct way to apply the condom using lubricant. Please describe each step out loud as you do it.

<b>Male condom</b>	No	Yes
2. Chose a latex condom.	0	1
3. Chose a water-based lubricant.	0	1
4. Expiration date on package is checked.	0	1
5. Package is opened carefully.	0	1
6. Condom checked for damage.	0	1
7. Determined direction in which condom rolls.	0	1
8. Condom rolled correctly downward.	0	1
9. Condom rolled to base of penis.	0	1
10. Air removed from condom.	0	1
11. Space left at tip of condom.	0	1
12. Lubricant added to inside tip of condom or penis.	0	1

Now hold the model in front of you and demonstrate how your partner would pull out from you, take off the condom and get rid of it.

13. Turned to the side and withdrew condom.	0	1
14. Took care to avoid spilling.	0	1
15. Tied off condom and disposed of in trash.	0	1

**QSSCAT=FEMALE CONDOM**

	No	Yes
16. Were skills for putting a female condom in a vagina model observed? <i>If NO, end of interview.</i>	0	1

In this task we want you to demonstrate the correct way to use a female condom. Here is a vagina model and a female condom. Demonstrate the correct way to apply the condom and remove it.

<b>Female condom</b>	No	Yes
17. Expiration date on package is checked.	0	1
18. Package is opened carefully.	0	1

CTP - Site ID _____ - _____	Participant ID <b>USUBJID</b> _____	Assessment Date: ___ ___ / ___ ___ / ___ ___ <b>QSDTC</b> m m / d d / y y y y
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**QSSCAT=FEMALE CONDOM**

**QSORRES**

<b>Female condom</b>	<b>QSTEST</b>	<b>No</b>	<b>Yes</b>
19.	Condom checked for damage.	0	1
20.	Condom unrolled and the two rings separated.	0	1
21.	Condom rubbed gently to evenly spread the lubricant.	0	1
22.	Inner ring squeezed between fingers.	0	1
23.	Inner ring pushed into vaginal canal while squeezed.	0	1
24.	Inner ring placed against cervix so that it is completely covered.	0	1
25.	Outer ring covers outside of vagina.	0	1
26.	End of condom is twisted and removed by pulling, with care taken not to spill its contents.	0	1
27.	Condom disposed of in a trash can.	0	1

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID NODE:</b> _____	<b>EPOCH</b> <b>Visit #:</b> <i>(circle one)</i>	<b>VISITNUM</b> Baseline	
<b>CTP-SITE ID:</b> _____ - _____		3-Month FUP	6-Month FUP
<b>PARTICIPANT #:</b> _____ <b>USUBJID</b>			
<b>Assessment Date:</b> ___ / ___ / ___ <b>QSDTC</b> (mm / dd / yyyy)		<b>STAFF ID:</b> _____	
<b>___ FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**QSTEST**

Now we are going to talk about pregnancies.

**1. How many times have you been pregnant in your life, whether or not you had a baby?**  
*(If '00', then skip to Q1b)*

\_\_\_ # of times

**QSORRES**

**1a. How many of these pregnancies resulted in a:**

- (1) \_\_\_ Live Birth (had a baby)
- (2) \_\_\_ Miscarriage (lost the baby during the pregnancy)
- (3) \_\_\_ Abortion (terminated the pregnancy)
- (4) \_\_\_ Still Born (baby was not living at birth)

**1b. \_\_\_ How many children do you have?** *(If '00', skip to Q1e)*

**1c. \_\_\_ How many of your children are under age 18?**

**1d. \_\_\_ How many of your children under age 18 are currently in foster care or living with another relative or caregiver?**

**1e. \_\_\_ How many children under age 18 are currently living with you?**

Next, we're going to talk about the different methods people might use for contraception, birth control, or protection from pregnancy.

**QSEVLINT=-P3M**

**2. During the last 3 months, were you using any of the following methods to keep from getting pregnant?**  
*(circle "Yes" for all that apply, circle "No" for all that does not apply)*

- |     | Yes | No |   |
|-----|-----|----|---|
| (a) | 1   | 0  | Male condom                                     |
| (b) | 1   | 0  | Birth Control Pill                              |
| (c) | 1   | 0  | Depo Provera Shot                               |
| (d) | 1   | 0  | Female Condom                                   |
| (e) | 1   | 0  | Spermicidal Foam, Cream, Gel, Film, Suppository |
| (f) | 1   | 0  | Diaphragm                                       |
| (g) | 1   | 0  | Sponge  |
| (h) | 1   | 0  | IUD   |
| (i) | 1   | 0  | Norplant  |
| (j) | 1   | 0  | Emergency Contraception ("morning after" pill)  |
| (k) | 1   | 0  | Patch/Ring                                      |
| (l) | 1   | 0  | Withdrawal Method                               |
| (m) | 1   | 0  | Douching  |
| (n) | 1   | 0  | Rhythm Method (Natural Family Planning)         |
| (o) | 1   | 0  | Tubal Ligation (tubes tied)                     |
| (p) | 1   | 0  | Hysterectomy                                    |
| (q) | 1   | 0  | Abortion  |
| (r) | 1   | 0  | Partner has Vasectomy                           |
| (s) | 1   | 0  | Other (please specify): _____                   |

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3. As you know, many people get sexually transmitted diseases (STDs), even if they're careful. The next set of questions has to do with STDs. I'm going to read a list to you and I'd like you to tell me which,

**1) if any, you've ever had and which, [ASK ONLY AT BASELINE]** **QSEVLINT=-P3M**

**2) if any, you've had in the past 3 months. [ASK AT ALL VISITS]**

<b>QSTEST</b>	1.		2.	
	Has a doctor or health care worker ever diagnosed you with _____? <b>[BASELINE ONLY]</b>		Has a doctor or health care worker diagnosed you with _____ in the past 3 months? <b>[ALL VISITS]</b>	
	No	Yes	No	Yes
<b>(a)</b> Syphilis	0	1	0	1
<b>(b)</b> Gonorrhea (clap)	0	1	0	1
<b>(c)</b> Chancroid (genital ulcers)	0	1	0	1
<b>(d)</b> Chlamydia	0	1	0	1
<b>(e)</b> Trichomonas (Trich)	0	1	0	1
<b>(f)</b> Pubic Lice (crabs)	0	1	0	1
<b>(g)</b> Pelvic Inflammatory Disease (PID-infection in your tubes or ovaries)	0	1	0	1
<b>(h)</b> Abnormal pap smear that required treatment	0	1	0	1
<b>(i)</b> Venereal Warts	0	1	0	1
<b>(j)</b> Genital Herpes	0	1	0	1
<b>(k)</b> Hepatitis B	0	1	0	1
<b>(l)</b> Any other condition that you may have gotten from having sex (exclude yeast infections)	0	1	0	1

4. Have you ever been tested for HIV? \_\_\_\_

0=No  
1=Yes

**QSORRES**

5. When was your last HIV test? (How long ago?) \_\_\_\_ months

**QSORRESU='MONTHS'**

\_\_\_\_ years

**QSORRESU='YEARS'**

6a. Are you willing to tell us the results of your last HIV test? \_\_\_\_

0=No  
1=Yes

6b. If yes, what were the results? \_\_\_\_

1=Positive  
2=Negative  
3=Inconclusive



NIDA-CTN-0019	HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs		Seq. Num.: ____
STUDYID NODE: _____	EPOCH Visit #: (circle one)	Baseline	Post Intervention
CTP-SITE ID: _____		VISITNUM	
PARTICIPANT #: _____		3-Month FUP	6-Month FUP
Assessment Date: ____ / ____ / ____		QSDTC ____ (mm / dd / yyyy)	STAFF ID: _____
____ FORM COMPLETION STATUS	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

I'd like you to imagine you've been out with a new guy whom you're very attracted to – you'd like to have sex with him. You know that you would want to use condoms if you did end up having sex together, but you haven't talked about it yet. He invites you back to his place, and you're pretty sure he wants to have sex.

QSTEST

[Alternative Thinking]

Tell me all the different things you would do or say in this situation to make it most likely to get your partner to have safe sex/use a condom. [Interviewer: Write participant's response verbatim, writing each alternative consecutively. Then probe. If participant only provides one response, ask, "Anything else?"]

1a.

QSORRES

1b.

1c.

1d.

1e.

1f.

[Interviewer: Score below.]

2. Number of alternatives: Total number of solutions generated:

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / ____ <small>m m / d d / y y y y</small>
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**[Anticipating Obstacles]**

**QSTEST** Do you see anything that could get in the way of safer sex happening in this situation? *[Interviewer: Write participant's response verbatim, writing each alternative consecutively.]*

**3a.** **QSORRES**

---

---

---

**3b.**

---

---

---

**3c.**

---

---

---

**3d.**

---

---

---

**3e.**

---

---

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**QSTEST**

*[Interviewer: Score below.]*

**QSORRES**

4. Number of obstacles: Total number of obstacles:

**Obstacle Categories**

NO	YES
0	1
0	1
0	1
0	1

- 5a.** Practical considerations (e.g. no \$ for condoms; kids; privacy)
- 5b.** Relationship barriers (e.g. problems talking with partner)
- 5c.** Personal barriers, participant (e.g. too tired, aroused, dislikes condoms)
- 5d.** Personal barriers, partner (e.g. too aroused, angry, dislikes condoms)

<b>QSTEST</b>		<b>Use the following scale to rate the presence or absence of each of these characteristics in the client's responses:</b>			
		Not at all	A little	A lot	Extremely
<b>6a.</b>	Was she assertive (about demanding safer sex)?	1	2	3	4
<b>6b.</b>	Was she informative (about explaining the need for safer sex)?	1	2	3	4
<b>6c.</b>	Did she plan ahead (in carrying condoms with her)?	1	2	3	4
<b>6d.</b>	Was she effective (in carrying out safer sex)?	1	2	3	4

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.: ___</b>
<b>STUDYID NODE:</b> _____	<b>EPOCH</b> <b>Visit #:</b> (circle one)	<b>VISITNUM</b>	Baseline
<b>CTP-SITE ID:</b> _____ - _____			
<b>PARTICIPANT #:</b> _____ <b>USUBJID</b> _____			
<b>Assessment Date:</b> ___ / ___ / ___		<b>QSDTC</b> (mm / dd / yyyy)	<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

Many women report experiencing physical, sexual, and emotional abuse in their relationships with partners. Given the importance of these experiences we would like to ask a few questions about them that may or may not apply to you. During this interview we will be asking about your experiences with different types of partners you might have (e.g. your main partner and any other partners) and we will be referring to the same people you answered questions about on the computer questionnaire.

Many women also report experiencing physical and sexual abuse outside of the relationships with their partners. In the second part of this interview we will be asking you about any of these experiences you may have had in childhood/adolescence or in adulthood.

Sometimes discussing these topics can be difficult. It is important to keep in mind that everything you share is confidential and that you will not be asked to provide details of the experiences. If discussing these topics is distressing for you and you feel it would be helpful to talk further about these issues, after the interview your interviewer or another staff member will be available.

**QSSCAT=PARTNER PHYSICAL ABUSE**  
**PARTNER PHYSICAL ABUSE**

**1. Have you ever been in a sexual relationship with a man who beat you or got violent with you?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSTEST**

[IF NO, SKIP TO NEXT SECTION (Partner Physical Abuse in Response to Request for Safe Sex).  
 IF YES, go to 1a:]

\_\_\_ **1a. With how many different male partners did this happen to you?**  
**QSORRES** (-77=Don't know, -88=Refused)

\_\_\_ **1b. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

\_\_\_ **1c. Did you ever get medical treatment?**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

\_\_\_ Days **1d. How long ago were you with a man who beat you or got violent with you?**  
 (Specify days, months, and/or years)  
 \_\_\_ Months (-77=Don't know, -88=Refused)  
 \_\_\_ Years

**QSORRESU="DAYS"**  
**QSORRESU="MONTHS"**  
**QSORRESU="YEARS"**



CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b>	Assessment Date: ____ / ____ / ____ m m / d d / y y y y
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QSDTC

**QSTEST**

— **2. Has your current main male partner ever beaten you or gotten violent with you?**  
*(Answer questions for the same person you defined as your main partner on the computer questionnaire)*

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

*[IF YES, go to 2a: ]*

— **2a. How often has this happened with your current main male partner in the past three months?** QSEVLINT='-P3M'

QSORRES

*[IF HAS NOT HAPPENED IN THE PAST 3 MONTHS, go to 3: ]*

- 1=Daily
- 2=At least once a week
- 3=Several times a month but less than once a week
- 4=Once a month
- 5=Less than once a month
- 6=Has not happened in the past 3 months
- 7=Don't know
- 8=Refused

— **2b. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment in the past three months?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

— **2c. Did you get medical treatment in the past three months?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

— **3. Have any other current male partner(s) ever beaten you or gotten violent with you?**  
*(Answer questions for the same people you defined as other partners on the computer questionnaire)*

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

*[IF YES, go to 3a: ]*

— **3a. How often has this happened with any of your other current male partners in the past three months?** QSEVLINT='-P3M'

*[IF HAS NOT HAPPENED IN THE PAST 3 MONTHS, go to 4: ]*

- 1=Daily
- 2=At least once a week
- 3=Several times a month but less than once a week
- 4=Once a month
- 5=Less than once a month
- 6=Has not happened in the past 3 months
- 7=Don't know
- 8=Refused

— **3b. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment in the past three months?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b>	Assessment Date: ____ / ____ / ____ <small>m m d d y y y y</small>
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**QSTEST**

\_\_\_ 3c. Did you get medical treatment in the past three months?

**QSORRES**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSSCAT=PARTNER PHYSICAL ABUSE IN RESPONSE TO REQUEST FOR SAFE SEX**

**PARTNER PHYSICAL ABUSE IN RESPONSE TO REQUEST FOR SAFE SEX**

\_\_\_ 4. Have you ever been physically threatened or hit by any partner in response to asking him to engage in safer sex (that is, use of a male or female condom)?

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

*[IF NO, SKIP TO NEXT SECTION (Partner Sexual Coercion).  
IF YES, go to 4a: ]*

\_\_\_ 4a. Has this happened with your main male partner in the past three months?

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSEVLINT='-P3M'**

\_\_\_ 4b. Has this happened with any other male partner(s) you had sex with in the past three months?

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSSCAT=PARTNER SEXUAL COERCION**

**PARTNER SEXUAL COERCION**

\_\_\_ 5. Have you ever been with any male partner who you felt forced or coerced you into having sex with him when you didn't want to?

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

*[IF NO, SKIP TO NEXT SECTION (Partner Emotional/Verbal Abuse).  
IF YES, go to 5a: ]*

\_\_\_ 5a. With how many different male partners did this happen to you?  
(-77=Don't know, -88=Refused)

\_\_\_ 5b. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

\_\_\_ 5c. Did you ever get medical treatment?

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

\_\_\_ Days  
\_\_\_ Months  
\_\_\_ Years

\_\_\_ 5d. How long ago were you in a sexual relationship with a man who you felt forced or coerced you into having sex with him when you didn't want to?

*(Specify days, months, and/or years)  
(-77=Don't know, -88=Refused)*

**QSORRESU="DAYS"**  
**QSORRESU="MONTHS"**  
**QSORRESU="YEARS"**

CTP - Site ID _____ - _____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / ____ / ____ / ____ / ____ / ____ <small>m m d d y y y y</small>
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6. Is this happening in the current relationship with your main male partner?  
(Answer questions for the same person you defined as your main male partner on the computer questionnaire) **QSTEST**

0=No  
1=Yes  
-7=Don't Know  
-8=Refused

[IF YES, go to 6a:]

\_\_\_ **6a.** How often has this happened with your main male partner in the past three months? **QSORRES** **QSEVLINT='-P3M'**

[IF HAS NOT HAPPENED IN THE PAST 3 MONTHS, go to 7:]

1=Daily  
2=At least once a week  
3=Several times a month but less than once a week  
4=Once a month  
5=Less than once a month  
6=Has not happened in the past 3 months  
-7=Don't know  
-8=Refused

\_\_\_ **6b.** As a result of this (of these) incident(s), did you ever need or think you needed medical treatment in the past three months? **QSEVLINT='-P3M'**

0=No  
1=Yes  
-7=Don't Know  
-8=Refused

\_\_\_ **6c.** Did you get medical treatment in the past three months? **QSEVLINT='-P3M'**

0=No  
1=Yes  
-7=Don't Know  
-8=Refused

7. Is this happening with any other male partner(s) you are currently having sex with?  
(Answer questions for the same people you defined as other male partners on the computer questionnaire)

0=No  
1=Yes  
-7=Don't Know  
-8=Refused

[IF YES, go to 7a:]

\_\_\_ **7a.** How often has this happened with any of your current other male partners in the past three months? **QSEVLINT='-P3M'**

[IF HAS NOT HAPPENED IN THE PAST 3 MONTHS, go to 8:]

1=Daily  
2=At least once a week  
3=Several times a month but less than once a week  
4=Once a month  
5=Less than once a month  
6=Has not happened in the past 3 months  
-7=Don't know  
-8=Refused

\_\_\_ **7b.** As a result of this (of these) incident(s), did you ever need or think you needed medical treatment in the past three months? **QSEVLINT='-P3M'**

0=No  
1=Yes  
-7=Don't Know  
-8=Refused

CTP - Site ID _____-_____-_____	Participant ID <b>USUBJID</b> _____-_____-_____	Assessment Date: ___/___/___ m m / d d / y y y y	<b>QSDTC</b>
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\_\_\_ **7c. Did you get medical treatment in the past three months?**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused  
**QSORRES** **QSTEST** **QSEVLINT='-P3M'**  
**QSSCAT=PARTNER EMOTIONAL/VERBAL ABUSE**

**PARTNER EMOTIONAL/VERBAL ABUSE**

\_\_\_ **8. Have you ever been with a male partner who was verbally or emotionally abusive – constantly putting you down, calling you names, yelling at you, threatening you, or humiliating you?**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

*[IF NO, SKIP TO NEXT SECTION (Childhood Physical Abuse).  
 IF YES, go to 8a: ]*

\_\_\_ **8a. Is this happening in the current relationship with your main male partner? (Answer questions for the same person you defined as your main male partner on the computer questionnaire)**

*[IF NO, SKIP TO Q.9]*  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

\_\_\_ **8b. How often did this happen with your main male partner in the past three months?** **QSEVLINT='-P3M'**

1=Daily  
 2=At least once a week  
 3=Several times a month but less than once a week  
 4=Once a month  
 5=Less than once a month  
 6=Has not happened in the past 3 months  
 -7=Don't know  
 -8=Refused

\_\_\_ **9. Is this happening with any other current male partner(s) you are currently having sex with? (Answer questions for the same people you defined as other current male partners on the computer questionnaire)**

0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

*[IF YES, go to 9a: ]*

\_\_\_ **9a. How often did this happen with your other current partners in the past three months?** **QSEVLINT='-P3M'**

1=Daily  
 2=At least once a week  
 3=Several times a month but less than once a week  
 4=Once a month  
 5=Less than once a month  
 6=Has not happened in the past 3 months  
 -7=Don't know  
 -8=Refused

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**QSSCAT=CHILDHOOD PHYSICAL ABUSE**

**CHILDHOOD PHYSICAL ABUSE**

\_\_\_ **10. As a child or adolescent (under age 18) were you ever beaten, physically assaulted or abused? (excluding any physical abuse that may have happened in context of sexual relationship)**

**QSTEST**

0=No  
1=Yes  
-7=Don't Know  
-8=Refused

*[IF NO, SKIP TO NEXT SECTION (Adult Physical Abuse).*

*IF YES, go to 10a:]*

\_\_\_ **10a. How old were you the first time this happened?**  
(-77=Don't know, -88=Refused)

**10b. Who did that to you?**  
**QSORRES** (Circle '1' for Yes and '0' for No for numbers 1 through 11 below OR circle 1' for -7, or -8.)

- | <u>Y</u> | <u>N</u> |  |
|----------|----------|--|
| 1        | 0        | 1=Man you knew who wasn't a relative   |
| 1        | 0        | 2=Woman you knew who wasn't a relative |
| 1        | 0        | 3=Man stranger                         |
| 1        | 0        | 4=Woman Stranger                       |
| 1        | 0        | 5=Multiple abusers/gang                |
| 1        | 0        | 6=Father/Step-father/Mom's boyfriend   |
| 1        | 0        | 7=Mother/Step-mother                   |
| 1        | 0        | 8=Brother                              |
| 1        | 0        | 9=Sister                               |
| 1        | 0        | 10=Other male relative                 |
| 1        | 0        | 11=Other female relative               |
| 1        |          | -7=Don't Know                          |
| 1        |          | -8=Refused                             |

\_\_\_ **10c. How often did this happen?**  
1=Once  
2=Rarely  
3=Occasionally  
4=Regularly  
-8=Refused

\_\_\_ **10d. Have you ever talked to anyone about this (these) experience(s) before?**  
0=No  
1=Yes  
-7=Don't Know  
-8=Refused

\_\_\_ **10e. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?**  
0=No  
1=Yes  
-7=Don't Know  
-8=Refused

\_\_\_ **10f. Did you ever get medical treatment?**  
0=No  
1=Yes  
-7=Don't Know  
-8=Refused

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / ____ m m d d y y y y	<b>QSDTC</b>
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**QSSCAT=ADULT PHYSICAL ABUSE**

**ADULT PHYSICAL ABUSE**

11. As an adult (age 18 or older) were you ever beaten, physically assaulted or abused by someone outside of a sexual relationship? **QSTEST**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

[IF NO, SKIP TO NEXT SECTION (Childhood Sexual Abuse).  
IF YES, go to 11a: ]

11a. Who did that to you?

(Circle '1' for Yes and '0' for No for numbers 1 through 11 below OR circle '1' for -7, or -8.)

	<b>Y</b>	<b>N</b>	
<b>QSORRES</b>	1	0	1=Man you knew who wasn't a relative
	1	0	2=Woman you knew who wasn't a relative
	1	0	3=Man stranger
	1	0	4=Woman Stranger
	1	0	5=Multiple abusers/gang
	1	0	6=Father/Step-father/Mom's boyfriend
	1	0	7=Mother/Step-mother
	1	0	8=Brother
	1	0	9=Sister
	1	0	10=Other male relative
	1	0	11=Other female relative
	1		-7=Don't Know
	1		-8=Refused

11b. How often did this happen?

- 1=Once
- 2=Rarely
- 3=Occasionally
- 4=Regularly
- 8=Refused

11c. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

11d. Did you ever get medical treatment?

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSSCAT=CHILDHOOD SEXUAL ABUSE**

**CHILDHOOD SEXUAL ABUSE**

12. As a child or adolescent (under age 18) were you ever sexually assaulted or abused? (excluding any sexual abuse that may have happened in context of sexual relationship) By sexual abuse we mean any sexual contact that was unwanted, uninvited, or against your will.

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

[IF NO, SKIP TO NEXT SECTION (Adult Sexual Abuse).  
IF YES, go to 12a: ]

12a. How old were you the first time this happened?  
(-77=Don't know, -88=Refused)

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> ____ - ____	Assessment Date: ____ / ____ / ____ m  m    d  d    y  y  y  y	<b>QSDTC</b>
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**QSTEST**

**12b. Who did that to you?**

(Circle '1' for Yes and '0' for No for numbers 1 through 11 below OR circle '1' for -7, or -8.)

- |                | <u>Y</u> | <u>N</u> |  |
|----------------|----------|----------|--|
| <b>QSORRES</b> | 1        | 0        | 1=Man you knew who wasn't a relative   |
|                | 1        | 0        | 2=Woman you knew who wasn't a relative |
|                | 1        | 0        | 3=Man stranger                         |
|                | 1        | 0        | 4=Woman Stranger                       |
|                | 1        | 0        | 5=Multiple abusers/gang                |
|                | 1        | 0        | 6=Father/Step-father/Mom's boyfriend   |
|                | 1        | 0        | 7=Mother/Step-mother                   |
|                | 1        | 0        | 8=Brother                              |
|                | 1        | 0        | 9=Sister                               |
|                | 1        | 0        | 10=Other male relative                 |
|                | 1        | 0        | 11=Other female relative               |
|                | 1        |          | -7=Don't Know                          |
|                | 1        |          | -8=Refused                             |

\_\_\_ **12c. How often did this happen?**

- 1=Once
- 2=Rarely
- 3=Occasionally
- 4=Regularly
- 8=Refused

\_\_\_ **12d. Have you ever talked to anyone about this (these) experience(s) before?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

\_\_\_ **12e. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

\_\_\_ **12f. Did you ever get medical treatment?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSSCAT=ADULT SEXUAL ABUSE**

**ADULT SEXUAL ABUSE**

\_\_\_ **13. As an adult (age 18 or older) were you ever sexually assaulted or abused by someone outside of a sexual relationship?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**[IF NO, SKIP TO END OF QUESTIONNAIRE.  
IF YES, go to 13a.]**

CTP - Site ID _____-_____	Participant ID <b>USUBJID</b> _____	Assessment Date:    /    / <span style="color:red"><b>QSDTC</b></span> m  m      d  d      y  y  y  y
------------------------------	---	--

**QSTEST**

**13a. Who did that to you?**

*(Circle '1' for Yes and '0' for No for numbers 1 through 11 below OR circle '1' for -7, or -8.)*

**QSORRES**

Y	N	
1	0	1=Man you knew who wasn't a relative
1	0	2=Woman you knew who wasn't a relative
1	0	3=Man stranger
1	0	4=Woman Stranger
1	0	5=Multiple abusers/gang
1	0	6=Father/Step-father/Mom's boyfriend
1	0	7=Mother/Step-mother
1	0	8=Brother
1	0	9=Sister
1	0	10=Other male relative
1	0	11=Other female relative
1		-7=Don't Know
1		-8=Refused

**13b. How often did this happen?**

- 1=Once
- 2=Rarely
- 3=Occasionally
- 4=Regularly
- 8=Refused

**13c. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**13d. Did you ever get medical treatment?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused



<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.: ___</b>
<b>STUDYID NODE:</b> _____	<b>EPOCH Visit #:</b> (circle one)	Baseline	Post Intervention
<b>CTP-SITE ID:</b> _____ - _____		<b>VISITNUM</b>	
<b>PARTICIPANT #:</b> _____ <b>USUBJID</b>		3-Month FUP	6-Month FUP
<b>Assessment Date:</b> ____ / ____ / ____ <b>QSDTC</b> (mm / dd / yyyy)		<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

I am going to ask you to rate your agreement with statements about your relationship with your main male sexual partner. If you do not currently have someone you consider to be your main male sexual partner, than answer the questions as to what your sexual relationships with men are mostly like.

Tell me if you strongly agree, agree, disagree, or strongly disagree with each statement.

**QSSCAT=**

**QSORRES**

**A. Relationship Control Factor / Subscale**

I am going to ask you to rate your agreement with statements about your relationship with your partner.

**QSTEST**

	<b>Strongly Agree</b>	<b>Agree</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
1. If I asked my partner to use a condom, he would get violent.	1	2	3	4
2. If I asked my partner to use a condom, he would get angry.	1	2	3	4
3. Most of the time, we do what my partner wants to do.	1	2	3	4
4. My partner won't let me wear certain things.	1	2	3	4
5. When my partner and I are together, I'm pretty quiet.	1	2	3	4
6. My partner has more say than I do about important decisions that affect us.	1	2	3	4
7. My partner tells me who I can spend time with.	1	2	3	4
8. If I asked my partner to use a condom, he would think I'm having sex with other people.	1	2	3	4
9. I feel trapped or stuck in our relationship.	1	2	3	4
10. My partner does what he wants, even if I do not want him to.	1	2	3	4
11. I am more committed to our relationship than my partner is.	1	2	3	4
12. When my partner and I disagree, he gets his way most of the time.	1	2	3	4
13. My partner gets more out of our relationship than I do.	1	2	3	4
14. My partner always wants to know where I am.	1	2	3	4
15. My partner might be having sex with someone else.	1	2	3	4

I am going to ask you to tell me who, you, your partner, or both, has the most control over decision making. Tell me if it is your partner, both of you equally, or you.

**QSSCAT=**

**QSORRES**

**B. Decision-Making Dominance Factor / Subscale**

**QSTEST**

	<b>Your Partner</b>	<b>Both of You Equally</b>	<b>You</b>
1. Who usually has more say about whose friends to go out with?	1	2	3
2. Who usually has more say about whether you have sex?	1	2	3
3. Who usually has more say about what you do together?	1	2	3
4. Who usually has more say about how often you see one another?	1	2	3
5. Who usually has more say about when you talk about serious things?	1	2	3
6. In general, who do you think has more power in your relationship?	1	2	3
7. Who usually has more say about whether you use condoms?	1	2	3
8. Who usually has more say about what types of sexual acts you do?	1	2	3

**QSCAT=**  
**Sexual Experiences and Risk Behavior Assessment Schedule**  
**(SERBAS)**  
**Baseline**  
**A-CASI Format**

**Introduction**

This part of the interview asks about sexual partners, activities and experiences. Many women find it difficult to talk about sex, since most of us grow up learning to keep our sexual experiences private. To help you feel more private, this part of the interview will take place on the computer. In the headphones you're wearing, and on the computer screen, you'll see and hear the questions and answer choices. You can give your answers by clicking the computer 'mouse' in the place where the answer you like appears, and by using the letters and numbers on the computer keyboard to give your answers. The interviewer you've been talking to will be nearby. Please feel free to ask her any questions you might have, as you go along. Please remember that all your answers are confidential – and they will not be linked to your name. Please try to answer as openly as you can.

**Click "Next Question" to continue.**

**Computer Practice Section**     **QSSCAT=COMPUTER PRACTICE SECTION**

First, in order to get familiar with the computer, let's practice a few questions. Use the mouse or the keyboard to enter your answers to the questions. If you have any questions, please contact the interviewer.

**QSTEST**

**P1. Do you like the summertime?**

_____ (0)	No	<b>QSORRES</b>
_____ (1)	Yes	

**P2. Which color is your favorite? (Choose one)**

_____ (1)	Red
_____ (4)	Green
_____ (5)	Blue
_____ (6)	Yellow

**QSEVLINT='-P12M'**

**P3. How many times have you gone to the movies in the last 12 months?**

_ _ _ # times	_____ (9999) Refuse to answer
---------------	-------------------------------

**P4. How many times have you gone to the movies in the past 3 months?**

_ _ _ # times	_____ (9999) Refuse to answer
---------------	-------------------------------

**QSEVLINT='-P3M'**

**Great! You have finished the training section. Now, let's move on to the questions about your sexual experiences. Please click "Next Question."**

### **Introduction To Past 3-Month Time Frame**

Many of our questions will be asking about the past 3 months. Some people have trouble thinking about the last 3 months all at once. Here are some ways to make it easier. Today is [INSERT TODAY'S DATE] [Computer registers this]. Three months ago would be [INSERT 3 MONTH ANCHOR DATE] [Computer registers this]. Are there any special occasions that happened around this time? Any holidays, or birthdays or something important? Any major events in the news? O.K., keep this time period in mind when answering these questions.

Some people find it easier to think about the past 3 months specifically by month, by week, or by day. Three months is 13 weeks or 91 days. For example, some people have sex maybe a couple of times per month; for them, it's easiest to think of sexual experiences by month. Some people have sex a few times a week; for them, it's easiest to think of a week. Some people have sex a few times a day; for them it's easiest to think of a day. Use whichever way is easiest for you to think about the past 3 months.

### **Orientation To Sexual Terminology**

Before we begin talking about your sexual experiences, we'd like to go over some terms for talking about sex. People have different words for sex. We want to make sure the words in our questions are clear to you.

The **penis** is the man's sex organ; some people call it a cock, a prick or a dick.

The **vagina** is part of the woman's sex organs – it's the part of the body where she puts a tampon and where the baby comes out. Some people call this a pussy.

In the vaginal area is the **clitoris**. This is outside the vagina, between the lips of the vagina; it looks like a little button. Some people call this a clit.

**Vaginal sex** is when your partner puts his penis in your vagina. Some people call this fucking or screwing.

**Anal sex** is when your partner puts his penis in your butt or anus. Some people call this butt-fucking.

**Oral sex** is when you put your mouth or tongue on your partner's penis. Some people call this a blowjob, sucking off, or going down on your partner. Oral sex can also be with a female partner, when you put your mouth or tongue on your partner's vagina or clitoris. Some people call this going down on your partner. Oral sex is also when your partner puts their mouth or tongue on your vagina or clitoris. Some people call this your partner going down on you. This can be with a man or a woman.

**Mutual Masturbation**, is when you touch your partner's penis with your hand or he touches your vagina or clitoris with his hand. Some people call this jerking each other off or masturbating each other.

**Mutual Masturbation** also happens between women. This is when you touch your partner's vagina or clitoris with your hand or she touches your vagina or clitoris with her hand. Some people call this jerking each other off or masturbating each other.

There are many other ways that people have sex. You may want to think of these as well when you answer some of our questions.

In our interview, we'll be using formal terms – like '**vaginal sex**', '**anal sex**', '**oral sex**', and '**mutual masturbation**'. Please remember that the interviewer you've been talking to is nearby. Please feel free to ask her any questions you might have as you go along.

**Please click "Next Question" to begin.**

**QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE**

Some women have sex with different types of partners. Some are men; some are women. Some are main, regular partners and some are not. A main partner might be a man or a woman. Other partners may be men or women. What about you?

**QSTEST**

- 1. In the past 3 months, from [INSERT 3 MONTH ANCHOR DATE] through yesterday, did you have sex of any kind (vaginal, anal, oral, or mutual masturbation) with:**

**QSEVLINT='-P3M'****QSORRES**

- \_\_\_\_(1) Only Men [Skip all female partner sections]  
 \_\_\_\_ (2) Both Men and Women [Complete all male and female sections]  
 \_\_\_\_ (3) Only Women [Stop if visit is not 1 (i.e. if not full version of SERBAS)]  
 \_\_\_\_ (4) I did not have sex of any kind in the last 3 months [Skip to Q164]

**Sex With A Main Male Partner =QSSCAT**

First, let's talk about sex with men in the past 3 months.

**QSEVLINT='-P3M'**

- 2. In the past 3 months, have you had a main male partner – like a husband, lover, friend, or someone else you have sex with regularly?** [If No or 'Refused': Computer skips to Sex with Men Who are Not Your Main Partner section]

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      \_\_\_\_ (9) Refuse to answer

- 3. When did you first become sexually involved with your main male partner?**  
 (If you can't remember the exact date, use your best guess.)

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Mo/Dy/Yr)

- 4. Are you still involved with him?**

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      \_\_\_\_ (9) Refuse to answer

- 5. Do you / did you think of this person as a:**

- \_\_\_\_ (1) Spouse  
 \_\_\_\_ (2) A lover you've been with for a while and have a relationship with  
 \_\_\_\_ (3) An ex-lover you got back together with temporarily  
 \_\_\_\_ (4) A new lover that you plan to develop a relationship with  
 \_\_\_\_ (5) A friend that you have sex with occasionally  
 \_\_\_\_ (6) Someone you had sex with once and are not sure if you ever will again  
 \_\_\_\_ (7) Someone you had sex with in exchange for drugs, money, or as part of a financial arrangement  
 \_\_\_\_ (9) Refuse to Answer

- 6. Are you currently living with him?**

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      \_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

Now, let's talk about ways of describing this main male partner:

QSTEST

**7. What is your main male partner's current HIV status?**

- \_\_\_\_\_ (1) He's HIV negative QSORRES  
 \_\_\_\_\_ (2) I think he might be HIV positive  
 \_\_\_\_\_ (3) He's HIV positive  
 \_\_\_\_\_ (4) Don't know  
 \_\_\_\_\_ (9) Refuse to answer

**8. Does your main male partner shoot drugs now or has he shot drugs in the past 10 years?**

- \_\_\_\_\_ (1) He hasn't shot drugs  
 \_\_\_\_\_ (2) I think he might have shot drugs QSEVLINT='-P10Y'  
 \_\_\_\_\_ (3) He has shot drugs  
 \_\_\_\_\_ (4) Don't know  
 \_\_\_\_\_ (9) Refuse to answer

**9. Does your main male partner use crack now or has he used crack in the past 10 years?**

- \_\_\_\_\_ (1) He has not used crack  
 \_\_\_\_\_ (2) I think he might have used crack QSEVLINT='-P10Y'  
 \_\_\_\_\_ (3) He has used crack  
 \_\_\_\_\_ (4) Don't know  
 \_\_\_\_\_ (9) Refuse to answer

**10. Does your main male partner have sex with other men now, or has he had sex with other men in the past 10 years?**

QSEVLINT='-P10Y'

- \_\_\_\_\_ (1) He hasn't had sex with other men  
 \_\_\_\_\_ (2) I think he might have had sex with other men  
 \_\_\_\_\_ (3) He has had sex with other men  
 \_\_\_\_\_ (4) Don't know  
 \_\_\_\_\_ (9) Refuse to answer

**11. Is your main male partner currently paying or has he paid to have sex with anyone else, in the past 10 years?**

QSEVLINT='-P10Y'

- \_\_\_\_\_ (1) He hasn't paid for sex  
 \_\_\_\_\_ (2) I think he might have had paid for sex  
 \_\_\_\_\_ (3) He has paid for sex  
 \_\_\_\_\_ (4) Don't know  
 \_\_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

**12. Has your main male partner done jail time in the past 10 years?**

- QSTEST (1) He hasn't done jail time QSEVLINT='-P10Y'
- \_\_\_\_\_ (2) I think he might have done jail time
- \_\_\_\_\_ (3) He has done jail time
- \_\_\_\_\_ (4) Don't know QSORRES
- \_\_\_\_\_ (9) Refuse to answer

Now, let's talk about your sexual experiences with this partner.

**Frequency of General Sexual Experiences (type of act unspecified)**

Think about how many times you had sex with this partner in the past 3 months. That would be from [INSERT 3 MONTH ANCHOR DATE] through yesterday. As you answer these questions, think about each time you had any vaginal, anal or oral sex. So, if last Saturday, you had vaginal sex with your main partner at 4:00, then you fell asleep, and then you woke up at 6:00, and had oral sex, that would be 2 times that you had sex.

**13. About how many times would you say you've had sex with this partner in the past 3 months? [Computer registers this; If '0' or 'Refused', computer skips to Q30.]**

\_\_\_\_\_ # of times QSEVLINT='-P3M' \_\_\_\_\_ (9999) Refuse to answer

**14. Of those [# of times from Q13] time(s) you had sex with this partner in the last 3 months, how often were YOU high on or using heroin right before or while you were having sex?**

- \_\_\_\_\_ (0) Never QSEVLINT='-P3M'
- \_\_\_\_\_ (1) Less than half the time
- \_\_\_\_\_ (2) About half the time
- \_\_\_\_\_ (3) More than half the time
- \_\_\_\_\_ (4) All the time
- \_\_\_\_\_ (9) Refuse to answer

**15. Of those [# of times from Q13] time(s) you had sex with this partner in the last 3 months, how often were YOU high on or using crack or cocaine right before or while you were having sex?**

- \_\_\_\_\_ (0) Never QSEVLINT='-P3M'
- \_\_\_\_\_ (1) Less than half the time
- \_\_\_\_\_ (2) About half the time
- \_\_\_\_\_ (3) More than half the time
- \_\_\_\_\_ (4) All the time
- \_\_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

16. **Of those [# of times from Q13] time(s) you had sex with this partner in the last 3 months, how often were YOU high on or using amphetamines (like speed or meth) right before or while you were having sex?**

QSEVLINT='-P3M'

## QSTEST

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

QSORRES

17. **Of those [# of times from Q13] time(s) you had sex with this partner in the last 3 months, how often were YOU high on or using marijuana right before or while you were having sex?**

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

18. **Of those [# of times from Q13] time(s) you had sex with this partner in the last 3 months, how often were YOU high on or using club drugs (like ecstasy) right before or while you were having sex?**

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

19. **Of those times [# of times from Q13] time(s) you had sex with this partner, how often were YOU drunk or drinking any alcohol right before or while you were having sex?**  
 [Please don't count any times when you were also using drugs]

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

Now, let's talk about the different kinds of sex you've had with this main male partner in the past 3 months. That would be from [INSERT 3 MONTH ANCHOR DATE] through yesterday.



## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

20. **Of the [# of times from Q13] time(s) you had sex with this partner in the past 3 months, how many times did you have vaginal sex, that is where he put his penis in your vagina?** [Computer registers this; If '0' or 'Refused', computer skips Q21-Q22] **QSEVLINT='-P3M'**  
**QSTEST** \_\_\_\_\_ # of times **QSORRES** \_\_\_\_\_ (9999) Refuse to answer
21. **Of these [# of times from Q20] time(s) that you had vaginal sex with this partner, how many times did he use a male condom?** **QSEVLINT='-P3M'**  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
22. **Of these [# of times from Q20] time(s) that you had vaginal sex with this partner, how many times did you use a female condom?** [Please don't count any times when you also used a male condom] **QSEVLINT='-P3M'**  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
23. **Of these [# of times from Q13] time(s) you had sex with this partner in the past 3 months, how many times did you have anal sex, that is where he put his penis in your anus or butt?** [Computer registers this; If '0' or 'Refused', computer skips Q24-Q25] **QSEVLINT='-P3M'**  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
24. **Of these [# of times from Q23] time(s) that you had anal sex with this partner, how many times did he use a male condom?** **QSEVLINT='-P3M'**  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
25. **Of these [# of times from Q23] time(s) that you had anal sex with this partner, how many times did you use a female condom?** [Please don't count any times when you also used a male condom] **QSEVLINT='-P3M'**  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
26. **Of the [# of times from Q13] time(s) you had sex with this partner in the past 3 months, how many times did you perform oral sex, that is how many times did you put your mouth or tongue on your partner's penis?** [Computer registers this; If '0' or 'Refused', computer skips Q27] **QSEVLINT='-P3M'**  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

27. Of these [# of times from Q26] time(s) you performed oral sex on this partner, how many times did he use a male condom?

QSTEST

QSEVLINT='-P3M'

\_\_\_\_\_ # of times      QSORRES      \_\_\_\_\_ (9999) Refuse to answer

28. Of the [# of times from Q13] time(s) you had sex with this partner in the past 3 months, how many times did you receive oral sex, that is how many times did your partner put his mouth or tongue on your vagina? [Computer registers this; If '0' or 'Refused', computer skips Q29]

QSEVLINT='-P3M'

\_\_\_\_\_ # of times      \_\_\_\_\_ (9999) Refuse to answer

29. Of these [# of times from Q28] time(s) that you received oral sex from this partner, how many times did you use a female condom, dental dam or plastic wrap?

QSEVLINT='-P3M'

\_\_\_\_\_ # times      \_\_\_\_\_ (9999) Refuse to answer

Now, let's talk about talking about sex with your partner.

30. Have you ever talked to your main male partner about your sex life, such as what you like to do sexually, birth control or sexual problems? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q31]

TALKED ABOUT SEX WITH MAIN MALE PARTNER

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

31. In the past 3 months, have you talked to your main male partner about your sex life?

QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

32. Have you ever talked to your main male partner about using male or female condoms? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q33]

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

33. In the past 3 months, have you talked to your main male partner about using male or female condoms?

QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

34. Has your main male partner ever refused to use condoms? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q35]

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

35. In the past 3 months, has your main male partner refused to use condoms?

QSTEST \_\_\_\_\_(1) Yes      \_\_\_\_\_(0) No      QSORRES \_\_\_\_\_(9) Refuse to answer  
QSEVLINT='-P3M'

36. Have you ever refused to have sex with your main male partner because he would not use a condom? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q37]

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

37. In the past 3 months, have you refused to have sex with your main male partner because he would not use a condom? QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

Now, let's talk about exchanging sex with your partner for money, drugs or other things.

Sometimes, women have sex in exchange for money or drugs; sometimes they have sex with a man as part of a financial arrangement, where he helps out on food or rent, for example.

38. Have you ever had sex with this partner in exchange for money, drugs, shelter or something else, like food? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q39-40]

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

39. In the past 3 months, have you had sex with this partner in exchange for money, drugs, shelter or something else, like food? [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q40] QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

40. In the past 3 months, how many different times all together have you had sex with this partner in exchange for money, drugs, shelter or something else, like food? QSEVLINT='-P3M'

\_\_\_\_\_ # times      \_\_\_\_\_ (9999) Refuse to answer

Now, let's talk about the most recent time, within the past 3 months, you had sex with your main male partner.

41. Last time you had sex with your partner, did you have vaginal sex? [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q42-43] QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

42. Last time you had vaginal sex with your partner, did he use a male condom? QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

43. **Last time you had vaginal sex with your partner, did you use a female condom?**  
 QSTEST (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ QSORRES (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
44. **Last time you had sex with your partner, did you have anal sex?** [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q45-46]  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
45. **Last time you had anal sex with your partner did he use a male condom?**  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
46. **Last time you had anal sex with your partner, did you use a female condom?**  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
47. **Last time you had sex with your partner, did you perform oral sex?** [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q48]  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
48. **Last time you performed oral sex with your partner, did he use a male condom?**  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
49. **Last time you had sex with your partner, did you receive oral sex?** [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q50]  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
50. **Last time you received oral sex from your partner, did you use a female condom, dental dam or plastic wrap?**  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
51. **Last time you had sex with your partner, were YOU high on or using heroin right before or while you were having sex?**  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'
52. **Last time you had sex with your partner, were YOU high on or using crack or cocaine right before or while you were having sex?**  
 (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer \_\_\_\_\_  
 QSEVLINT='-P3M'

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

53. Last time you had sex with your partner, were YOU high on or using amphetamines (like speed or meth) right before or while you were having sex?  
 QSTEST QSEVLINT='-P3M'  
 \_\_\_\_ (1) Yes \_\_\_\_ (0) No QSORRES \_\_\_\_ (9) Refuse to answer
54. Last time you had sex with your partner, were YOU high on or using marijuana right before or while you were having sex?  
 QSEVLINT='-P3M'  
 \_\_\_\_ (1) Yes \_\_\_\_ (0) No \_\_\_\_ (9) Refuse to answer
55. Last time you had sex with your partner, were YOU high on or using club drugs (like ecstasy) right before or while you were having sex?  
 QSEVLINT='-P3M'  
 \_\_\_\_ (1) Yes \_\_\_\_ (0) No \_\_\_\_ (9) Refuse to answer
56. Last time you had sex with your partner, were YOU drunk or drinking any alcohol right before or while you were having sex?  
 QSEVLINT='-P3M'  
 \_\_\_\_ (1) Yes \_\_\_\_ (0) No \_\_\_\_ (9) Refuse to answer
57. What do you feel is your risk of HIV infection from the vaginal, anal, or oral sex you've had with your main male partner during the past 3 Months?  
 QSEVLINT='-P3M'  
 \_\_\_\_ (0) No Risk  
 \_\_\_\_ (1) A Little Risk  
 \_\_\_\_ (2) Some Risk  
 \_\_\_\_ (3) A Great Deal of Risk  
 \_\_\_\_ (9) Refuse to answer

**Sex With Other Male Partners Besides Your Main Partner** =QSSCAT

QSEVLINT='-P3M'

58. In the past 3 months, are there any other men with whom you've had sex – who are not your main partner? This could include lovers, friends, one-time partners, men you have sex with for money, drugs or something else, men who have forced you to have sex, or any other type of partner. [Computer registers Yes or No, If No or 'Refused': Computer skips to Main Female Partner if applicable]  
 \_\_\_\_ (1) Yes \_\_\_\_ (0) No \_\_\_\_ (9) Refuse to answer
59. Other than your main male partner, how many male partners did you have sex with in the past 3 months? [If 0 or 'Refused': Computer skips to Main Female Partner if applicable]  
 QSEVLINT='-P3M'  
 \_\_\_\_ # other partners \_\_\_\_ (9999) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

The next group of questions asks about how you think of these other male partners. Please count each partner in only one type of partner category.

## QSTEST

- 60a. Of these [# of partners from Q59] partners who are not a main male partner, is there anyone that you think of as a spouse?

QSORRES

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

- 60b. Of these [# of partners from Q59] partners who are not a main male partner, how many of them do you think of as a lover you've been with for a while and have a relationship with?

\_\_\_\_\_ (9999) Refuse to answer

- 60c. Of these [# of partners from Q59] partners who are not a main male partner, how many of them do you think of as an ex-lover you got back together with temporarily?

\_\_\_\_\_ (9999) Refuse to answer

- 60d. Of these [# of partners from Q59] partners who are not a main male partner, how many of them do you think of as a new lover that you plan to develop a relationship with?

\_\_\_\_\_ (9999) Refuse to answer

- 60e. Of these [# of partners from Q59] partners who are not a main male partner, how many of them do you think of as a friend that you have sex with occasionally?

\_\_\_\_\_ (9999) Refuse to answer

- 60f. Of these [# of partners from Q59] partners who are not a main male partner, how many of them do you think of as someone you had sex with once and are not sure if you ever will again?

\_\_\_\_\_ (9999) Refuse to answer

- 60g. Of these [# of partners from Q59] partners who are not a main male partner, how many of them do you think of as someone you had sex with in exchange for drugs, money, or as part of a financial arrangement?

\_\_\_\_\_ (9999) Refuse to answer

Now, let's talk about ways of describing these partners.

61. Of these [# of partners from Q59] partners who are not a main male partner, how many do you KNOW or THINK are or might be HIV positive?

\_\_\_\_\_ (9999) Refuse to answer

62. How many of these [# of partners from Q59] male partners who are not a main male partner do you KNOW or THINK shoot drugs now or may have shot drugs in the past 10 years?

\_\_\_\_\_ (9999) Refuse to answer

QSEVLINT='-P10Y'

**QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE**

63. How **many** of these [# of partners from Q59] male partners who are not a main male partner do you **KNOW** or **THINK** use crack now or may have used crack in the past 10 years? QSEVLINT='-P10Y'  
**QSTEST** \_\_\_\_\_ **QSORRES** \_\_\_\_\_ (9999) Refuse to answer
64. How **many** of these [# of partners from Q59] male partners who are not a main male partner do you **KNOW** or **THINK** are having or may have had sex with other men in the past 10 years? QSEVLINT='-P10Y'  
 \_\_\_\_\_ (9999) Refuse to answer
65. How **many** of these [# of partners from Q59] male partners who are not a main male partner do you **KNOW** or **THINK** may have paid to have sex with someone else in the past 10 years? QSEVLINT='-P10Y'  
 \_\_\_\_\_ (9999) Refuse to answer
66. How many of these [# of partners from Q59] male partners who are not a main male partner do you **KNOW** or **THINK** may have done some jail time in the past 10 years? QSEVLINT='-P10Y'  
 \_\_\_\_\_ (9999) Refuse to answer

Now, let's talk about your sexual experiences with male partners who are not your main partner.

Think about how many times you had sex with this partner/these partners in the past 3 months. That would be from [INSERT 3 MONTH ANCHOR DATE] through yesterday. As you answer these next few questions, think about each time you had any vaginal, anal or oral sex with male partners other than your main male partner. So, if last Saturday, you had vaginal sex with one partner at 4:00, and you had oral sex with another partner at 11:00, that would be 2 times that you had sex.

QSEVLINT='-P3M'

67. About how many times would you say you've had sex with these other male partners in the past 3 months? [If 0 or 'Refused': Computer skips to Main Female Partner if applicable]  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
68. Of those [# of times from Q67] time(s) you've had sex with these other male partners, how often were YOU high on or using heroin right before or while you were having sex? QSEVLINT='-P3M'
- \_\_\_\_\_ (0) Never
  - \_\_\_\_\_ (1) Less than half the time
  - \_\_\_\_\_ (2) About half the time
  - \_\_\_\_\_ (3) More than half the time
  - \_\_\_\_\_ (4) All the time
  - \_\_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

69. **Of those [# of times from Q67] time(s) you've had sex with these other male partners, how often were YOU high on or using cocaine right before or while you were having sex?**

QSTEST

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

QSORRES

70. **Of those [# of times from Q67] time(s) you've had sex with these other male partners, how often were YOU high on or using crack right before or while you were having sex?**

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

71. **Of those [# of times from Q67] time(s) you've had sex with these other male partners, how often were YOU high on or using amphetamines (like speed or meth) right before or while you were having sex?**

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

72. **Of those [# of times from Q67] time(s) you've had sex with these other male partners, how often were YOU high on or using marijuana right before or while you were having sex?**

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer



**QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE**

**73. Of those [# of times from Q67] time(s) you've had sex with these other male partners, how often were YOU high on or using club drugs (like ecstasy) right before or while you were having sex?** QSEVLINT='-P3M'

QSTEST

- \_\_\_\_(0) Never
- \_\_\_\_(1) Less than half the time QSORRES
- \_\_\_\_(2) About half the time
- \_\_\_\_(3) More than half the time
- \_\_\_\_(4) All the time
- \_\_\_\_(9) Refuse to answer

**74. Of those [# of times from Q67] time(s) you've had sex with these other male partners, how often were YOU drunk or drinking any alcohol right before or while you were having sex? [Please don't count any times when you were also using drugs]**

QSEVLINT='-P3M'

- \_\_\_\_(0) Never
- \_\_\_\_(1) Less than half the time
- \_\_\_\_(2) About half the time
- \_\_\_\_(3) More than half the time
- \_\_\_\_(4) All the time
- \_\_\_\_(9) Refuse to answer

Now, let's talk about the different kinds of sex you've had with these other male partners in the past 3 months. That would be from [INSERT 3 MONTH ANCHOR DATE] through yesterday.

QSEVLINT='-P3M'

**75. Of those [# of times from Q67] time(s) you've had sex with these other male partners in the past 3 months, how many times did you have vaginal sex, that is where they put their penises in your vagina? [Computer registers this; if '0' or 'Refused', computer skips Q76-77]**

\_\_\_\_ # of times \_\_\_\_(9999) Refuse to answer

**76. Of these [# of times from Q75] time(s) that you had vaginal sex with these other male partners, how many times did these partners use a male condom?**

QSEVLINT='-P3M'

\_\_\_\_ # of times \_\_\_\_(9999) Refuse to answer

**77. Of these [# of times from Q75] time(s) that you had vaginal sex with these other male partners, how many times did you use a female condom? [Please don't count any times when you also used a male condom]**

QSEVLINT='-P3M'

\_\_\_\_ # of times \_\_\_\_(9999) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

78. **Of those [# of times from Q75] time(s) that you've had sex with these other male partners in the past 3 months, how many times did you have anal sex, that is where they put their penis in your anus or butt?** [Computer registers this; If '0', computer skips Q79-80] QSEVLINT='-P3M'  
QSTEST QSORRES  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
79. **Of the [# of times from Q78] time(s) that you had anal sex with these other male partners, how many times did they use male condoms?** QSEVLINT='-P3M'  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
80. **Of these [# of times from Q78] time(s) that you had anal sex with these other male partners, how many times did you use a female condom?** [Please don't count any times when you also used a male condom] QSEVLINT='-P3M'  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
81. **Of those [# of times from Q67] time(s) you've had sex with these other male partners in the past 3 months, how many times did you perform oral sex, that is where you put your mouth or tongue on your partners' penis?** [Computer registers this; If '0' or 'Refused', computer skips Q82] QSEVLINT='-P3M'  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
82. **Of the [# of times from Q81] time(s) you provided oral sex to these other male partners, how many times did you use a male condom?** QSEVLINT='-P3M'  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
83. **Of those [# of times from Q67] time(s) you've had sex with these other male partners in the past 3 months, how many times did you receive oral sex, that is where these partners put their mouth or tongue on your vagina?** [Computer registers this; If '0' or 'Refused', computer skips Q84] QSEVLINT='-P3M'  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
84. **Of these [# of times from Q83] time(s) that you received oral sex, from one of these partners, how many times did you use a female condom, dental dam or plastic wrap?** QSEVLINT='-P3M'  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer

Now, let's talk about talking about sex with these other male partners.

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

85. Have you **ever** talked to any of them about your sex life, such as what you like to do sexually, birth control or sexual problems? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q86]

QSTEST

QSORRES

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

86. In the **past 3 months**, have you talked to any of them about your sex life?

QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

87. Have you **ever** talked to any of them about using male or female condoms?

[Computer registers Yes or No: If 'No' or 'Refused', computer skips Q88]

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

88. In the **past 3 months**, have you talked to any of them about using male or female condoms?

QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

89. Have any of them **ever** refused to use condoms? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q90]

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

90. In the **past 3 months**, have any of them refused to use condoms?

QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

91. Have you ever refused to have sex with any of them because they would not use a condom? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q92]

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

92. In the **past 3 months**, have you refused to have sex with any of them because they would not use a condom?

QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

Now, let's talk about exchanging sex for money, drugs or other things with male partners who are not your main partner.

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

93. Sometimes, women have sex in exchange for money or drugs; sometimes they have sex with a man as part of a financial arrangement, where he helps out on food or rent. Have you ever had sex with these other male partners in exchange for money, drugs, shelter or something else, like food? [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q94-95]

QSTEST

QSORRES

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

94. In the past 3 months, have you had sex with any of these partners in exchange for money, drugs, shelter or something else, like food? [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q95]

QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

95. In the past 3 months, how many different times all together did you have sex with these partners in exchange for money, drugs, shelter or something else?

QSEVLINT='-P3M'

\_\_\_\_\_ # of times          \_\_\_\_\_ (9999) Refuse to answer

Now, let's talk about the last time, within the past 3 months, you had sex with a male partner who is not your main partner.

96. Last time you had sex with one of these partners, did you have vaginal sex? [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q97-98]

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

97. Last time you had vaginal sex with one of these partners, did he use a male condom?

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

98. Last time you had vaginal sex with one of these partners, did you use a female condom?

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

99. Last time you had sex with one of these partners, did you have anal sex? [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q100-101]

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

100. Last time you had anal sex with one of these partners, did he use a male condom?

\_\_\_\_\_ (1) Yes          \_\_\_\_\_ (0) No          \_\_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

101. **Last time you had anal sex with one of these partners, did you use a female condom?**  
QSTEST \_\_\_\_\_(1) Yes \_\_\_\_\_(0) No QSORRES \_\_\_\_\_(9) Refuse to answer
102. **Last time you had sex with one of these partners, did you perform oral sex?**  
[Computer registers Yes or No: If 'No' or 'Refused': computer skips Q103]  
\_\_\_\_\_ (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer
103. **Last time you performed oral sex with one of these partners, did you use a male condom?**  
\_\_\_\_\_ (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer
104. **Last time you had sex with one of these partners, did you receive oral sex?**  
[Computer registers Yes or No: If 'No' or 'Refused': computer skips Q105]  
\_\_\_\_\_ (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer
105. **Last time you received oral sex from one of these partners, did you use a female condom, dental dam or plastic wrap?**  
\_\_\_\_\_ (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer
106. **Last time you had sex with one of these partners, were YOU high on or using heroin right before or while you were having sex?**  
\_\_\_\_\_ (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer
107. **Last time you had sex with one of these partners, were YOU high on or using cocaine right before or while you were having sex?**  
\_\_\_\_\_ (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer
108. **Last time you had sex with one of these partners, were YOU high on or using crack right before or while you were having sex?**  
\_\_\_\_\_ (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer
109. **Last time you had sex with one of these partners, were YOU high on or using amphetamines (like speed or meth) right before or while you were having sex?**  
\_\_\_\_\_ (1) Yes \_\_\_\_\_ (0) No \_\_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

110. Last time you had sex with one of these partners, were YOU high on or using marijuana right before or while you were having sex?

QSTEST

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      QSORRES      \_\_\_\_\_ (9) Refuse to answer

111. Last time you had sex with one of these partners, were YOU high on or using club drugs (like ecstasy) right before or while you were having sex?

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

112. Last time you had sex with one of these partner, were YOU drunk or drinking any alcohol right before or while you were having sex?

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

113. What do you feel is your risk of HIV infection from the vaginal, anal, and oral sex you've had with other male partners in the past 3 Months?

QSEVLINT='-P3M'

\_\_\_\_\_ (0) No Risk  
 \_\_\_\_\_ (1) A Little Risk  
 \_\_\_\_\_ (2) Some Risk  
 \_\_\_\_\_ (3) A Great Deal of Risk  
 \_\_\_\_\_ (9) Refuse to answer

Please click "Next Question" to continue with the second part of this survey.

**Sex With Women**

Now, let's talk about sex with women in the past 3 months.

**Sex With A Main Female Partner** =QSSCAT

114. In the past 3 months, have you had a main female partner – like a lover, friend, or someone else you have sex with regularly? [Computer registers Yes or No, If No or 'Refused': Computer skips to Other Female Partners]

QSEVLINT='-P3M'

\_\_\_\_\_ (1) Yes      \_\_\_\_\_ (0) No      \_\_\_\_\_ (9) Refuse to answer

115. When did you first become sexually involved with your main female partner? (If you can't remember the exact date, use your best guess.)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ (Mo/Dy/Yr)

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

**116. Do you think of her as:**

QSTEST

- (1) A lover you've been with for a while and have a relationship with  
 (2) An ex-lover you got back together with temporarily  
 (3) A new lover that you plan to develop a relationship with  
 (4) A friend that you have sex with occasionally  
 (5) Someone you had sex with once and are not sure if you ever will again  
 (6) Someone you had sex with in exchange for drugs, money, or as part of a financial arrangement  
 (9) Refuse to answer

QSORRES

Now, let's talk about ways of describing this main female partner.

**117. What is your main female partner's current HIV status?**

- (1) She is HIV negative  
 (2) I think she might be HIV positive  
 (3) She is HIV positive  
 (4) Don't know  
 (9) Refuse to answer

**118. Does your main female partner shoot drugs now or has she shot drugs in the past 10 years?**

QSEVLINT='-P10Y'

- (1) She has not shot drugs  
 (2) I think she might have shot drugs  
 (3) She has shot drugs  
 (4) Don't know  
 (9) Refuse to answer

**119. Does your main female partner use crack now or has she used crack in the past 10 years?**

QSEVLINT='-P10Y'

- (1) She has not used crack  
 (2) I think she might have used crack  
 (3) She has used crack  
 (4) Don't know  
 (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

**120. Does your main female partner have or might she have had sex with men in the past 10 years?**

QSTEST

QSEVLINT='-P10Y'

- (1) She has not had sex with men  
 (2) I think she might have had sex with men  
 (3) She has had sex with men  
 (4) Don't know  
 (9) Refuse to answer

QSORRES

Now, let's talk about your sexual experiences with this main female partner.

Think about how many times you had sex with this partner in the past 3 months. That would be from [INSERT 3 MONTH ANCHOR DATE] through yesterday. As you answer these next questions, think about each time you had oral sex or mutual masturbation with your main female partner. So, if last Saturday, you had oral sex with your main partner at 4:00, then you fell asleep, and then you woke up at 6:00, and you masturbated your partner, that would be 2 times that you had sex.

**121. About how many times would you say you've had sex with your main female partner in the past 3 months?** [If 0 or 'Refused', computer skips to Q133]

QSEVLINT='-P3M'

\_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer

**122. Of those [# of times from Q121] time(s) you had sex with your main female partner, how many times did you or your partner use a female condom, dental dam, or plastic wrap?**

QSEVLINT='-P3M'

\_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer

**123. Of those [# of times from Q121] time(s) you had sex with your main female partner, how often were YOU high on or using heroin right before or while you were having sex?**

QSEVLINT='-P3M'

- (0) Never  
 (1) Less than half the time  
 (2) About half the time  
 (3) More than half the time  
 (4) All the time  
 (9) Refuse to answer



## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

124. Of those [# of times from Q121] time(s) you had sex with your main female partner, how often were YOU high on or using crack or cocaine right before or while you were having sex?

QSEVLINT='-P3M'

## QSTEST

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

QSORRES

125. Of those [# of times from Q121] time(s) you had sex with your main female partner, how often were YOU high on or using amphetamines (like speed or meth) right before or while you were having sex?

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

126. Of those [# of times from Q121] time(s) you had sex with your main female partner, how often were YOU high on or using marijuana right before or while you were having sex?

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

127. Of those [# of times from Q121] time(s) you had sex with your main female partner, how often were YOU high on or using club drugs (like ecstasy) right before or while you were having sex?

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

128. Of those [# of times from Q121] time(s) you had sex with your main female partner, how often were YOU drunk or drinking any alcohol right before or while you having sex? [Please don't count any times when you were also using drugs]

QSTEST

QSEVLINT='-P3M'

- \_\_\_\_(0) Never  
 \_\_\_\_ (1) Less than half the time  
 \_\_\_\_ (2) About half the time  
 \_\_\_\_ (3) More than half the time  
 \_\_\_\_ (4) All the time  
 \_\_\_\_ (9) Refuse to answer

QSORRES

Now, let's talk about exchanging sex with your partner for money, drugs or other things.

129. Sometimes, women have sex in exchange for money or drugs; sometimes they have sex with a woman as part of a financial arrangement, where she helps out on food or rent. Have you ever had sex with your main female partner in exchange for money, drugs, shelter or something else, like food? [Computer registers Yes or No: If 'No', or 'Refused', computer skips Q130-131]

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      \_\_\_\_ (9) Refuse to answer

130. In the past 3 months, have you had sex with your main female partner in exchange for money, drugs, shelter or something else, like food? [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q131]

QSEVLINT='-P3M'

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      \_\_\_\_ (9) Refuse to answer

131. In the past 3 months, how many different times all together have you had sex with your main female partner in exchange for money, drugs, shelter or something else like food?

QSEVLINT='-P3M'

\_\_\_\_ # of times      \_\_\_\_ (9999) Refuse to answer

132. What do you feel is your risk of HIV infection from the oral sex you've had with your main female partner in the past 3 months?

QSEVLINT='-P3M'

- \_\_\_\_(0) No Risk  
 \_\_\_\_ (1) A Little Risk  
 \_\_\_\_ (2) Some Risk  
 \_\_\_\_ (3) A Great Deal of Risk  
 \_\_\_\_ (9) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

**Sex With Female Partners Who Are Not Your Main Partner =QSSCAT**

- 133. In the past 3 months, are there any other women with whom you've had sex – who are not your main partner? This could include lovers, friends, 1-time partners, women you have sex with for money, drugs or something else or any other type of female partner [Computer registers Yes or No, If 'No' or 'Refused': Computer skips Other female partners section]**

QSTEST

QSORRES

QSEVLINT='-P3M'

\_\_\_\_(1) Yes

\_\_\_\_(0) No

\_\_\_\_(9) Refuse to answer

- 134. Other than your main female partner, how many female partners did you have sex with, in the past 3 months? [If 0 or 'Refused': Computer skips Other female partners section, go to Q151]**

QSEVLINT='-P3M'

\_\_\_\_ # of partners

\_\_\_\_(9999) Refuse to answer

- 135a. How many of these [# of partners from Q134] other female partners do you think of as a lover you've been with for a while and have a relationship with?**

\_\_\_\_ # of partners

\_\_\_\_(9999) Refuse to answer

- 135b. How many of these [# of partners from Q134] other female partners do you think of as an ex-lover you got back together with temporarily?**

\_\_\_\_ # of partners

\_\_\_\_(9999) Refuse to answer

- 135c. How many of these [# of partners from Q134] other female partners do you think of as a new lover that you plan to develop a relationship with?**

\_\_\_\_ # of partners

\_\_\_\_(9999) Refuse to answer

- 135d. How many of these [# of partners from Q134] other female partners do you think of as a friend that you have sex with occasionally?**

\_\_\_\_ # of partners

\_\_\_\_(9999) Refuse to answer

- 135e. How many of these [# of partners from Q134] other female partners do you think of as someone you had sex with once and are not sure if you ever will again?**

\_\_\_\_ # of partners

\_\_\_\_(9999) Refuse to answer

- 135f. How many of these [# of partners from Q134] other female partners do you think of as someone you had sex with in exchange for drugs, money, or as part of a financial arrangement?**

\_\_\_\_ # of partners

\_\_\_\_(9999) Refuse to answer

Now, let's talk about ways of describing these partners.

136. How **many** of these [# of partners from Q134] **other female partners do you KNOW or THINK may be HIV positive?** **QSORRES**  
**QSTEST** \_\_\_\_\_ # of partners \_\_\_\_\_ (9999) Refuse to answer
137. How **many** of these [# of partners from Q134] **other female partners do you KNOW or THINK shoot drugs now or may have shot drugs in the past 10 years?**  
 \_\_\_\_\_ # of partners \_\_\_\_\_ (9999) Refuse to answer  
**QSEVLINT='-P10Y'**
138. How **many** of these [# of partners from Q134] **other female partners do you KNOW or THINK use crack now or may have used crack in the past 10 years?**  
 \_\_\_\_\_ # of partners \_\_\_\_\_ (9999) Refuse to answer  
**QSEVLINT='-P10Y'**
139. How **many** of these [# of partners from Q134] **other female partners do you KNOW or THINK might be having sex with men or may have had sex with men in the past 10 years?**  
 \_\_\_\_\_ # of partners \_\_\_\_\_ (9999) Refuse to answer  
**QSEVLINT='-P10Y'**

Now, let's talk about your sexual experiences with this other female partner/these other female partners.

Think about how many times you had sex with this partner/these partners in the past 3 months. That would be from [INSERT 3 MONTH ANCHOR DATE] through yesterday. As you answer these next questions, think about each time you had oral sex or mutual masturbation with other female partners. So, if last Saturday, you had oral sex with a partner at 4:00, then you fell asleep, and when you woke up at 6:00, you masturbated your partner, that would be 2 times that you had sex.

**QSEVLINT='-P3M'**

140. **About how many times would you say you've had sex in the past 3 months with other female partners?** [Computer registers this; if 0 or 'Refused' skip to Q151]  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
141. **Of those [# of times from Q140] time(s) you've had sex with these other female partners, how many times did you or your partner(s) use a female condom, dental dam, or plastic wrap?** **QSEVLINT='-P3M'**  
 \_\_\_\_\_ # of times \_\_\_\_\_ (9999) Refuse to answer
142. **Of those [# of times from Q140] time(s) you had sex with other female partners, how often were YOU high on or using heroin right before or while you were having sex?** **QSEVLINT='-P3M'**
- \_\_\_\_\_ (0) Never  
 \_\_\_\_\_ (1) Less than half the time  
 \_\_\_\_\_ (2) About half the time  
 \_\_\_\_\_ (3) More than half the time  
 \_\_\_\_\_ (4) All the time  
 \_\_\_\_\_ (9) Refuse to answer

- 143. Of those [# of times from Q140] time(s) you had sex with these other female partners, how often were YOU high on or using crack or cocaine right before or while you were having sex?**

QSTEST

QSEVLINT='-P3M'

- (0) Never **QSORRES**  
 (1) Less than half the time  
 (2) About half the time  
 (3) More than half the time  
 (4) All the time  
 (9) Refuse to answer

- 144. Of those [# of times from Q140] time(s) you had sex with these other female partners, how often were YOU high on or using amphetamines (like speed or meth) right before or while you were having sex?**

QSEVLINT='-P3M'

- (0) Never  
 (1) Less than half the time  
 (2) About half the time  
 (3) More than half the time  
 (4) All the time  
 (9) Refuse to answer

- 145. Of those [# of times from Q140] time(s) you had sex with these other female partners, how often were YOU high on or using marijuana right before or while you were having sex?**

QSEVLINT='-P3M'

- (0) Never  
 (1) Less than half the time  
 (2) About half the time  
 (3) More than half the time  
 (4) All the time  
 (9) Refuse to answer

- 146. Of those [# of times from Q140] time(s) you had sex with these other female partners, how often were YOU high on or using club drugs (like ecstasy) right before or while you were having sex?**

QSEVLINT='-P3M'

- (0) Never  
 (1) Less than half the time  
 (2) About half the time  
 (3) More than half the time  
 (4) All the time  
 (9) Refuse to answer

Now, let's talk about exchanging sex with these other female partners for money, drugs or other things.

**QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE**

**147. Sometimes, women have sex in exchange for money or drugs; sometimes they have sex with a woman as part of a financial arrangement, where she helps out on food or rent. Have you ever had sex with these other female partners in exchange for money, drugs, shelter or something else, like food?** [Computer registers Yes or No: If 'No' or 'Refused', computer skips Q148-149]

**QSTEST**

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      **QSORRES**      \_\_\_\_ (9) Refuse to answer

**148. In the past 3 months, have you had sex with any of these other female partners in exchange for money, drugs, shelter or something else, like food?** [Computer registers Yes or No: If 'No' or 'Refused': computer skips Q149]

**QSEVLINT='-P3M'**

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      \_\_\_\_ (9) Refuse to answer

**149. How many different times altogether in the past 3 months have you had sex with any of these other female partners in exchange for money, drugs, shelter or something else, like food?**

**QSEVLINT='-P3M'**

\_\_\_\_ # of times      \_\_\_\_ (9999) Refuse to answer

**150. What do you feel is your risk of HIV infection from the oral sex you've had with other female partners in the past 3 months?**

**QSEVLINT='-P3M'**

- \_\_\_\_(0) No Risk
- \_\_\_\_(1) A Little Risk
- \_\_\_\_(2) Some Risk
- \_\_\_\_(3) A Great Deal of Risk
- \_\_\_\_(9) Refuse to answer

**QSSCAT=GENERAL CONDOM USE**

These next questions ask you to think about your use of condoms in general.

**151. Do you currently have male condoms with you, in your car or in your home?**

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      \_\_\_\_ (9) Refuse to answer

**152. Do you currently have female condoms with you, in your car or in your home?**

\_\_\_\_(1) Yes      \_\_\_\_ (0) No      \_\_\_\_ (9) Refuse to answer

**QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE**

**153. During the past 3 months, how frequently have you taken male or female condoms from the clinic?**

QSEVLINT='P3M'

QSTEST

- \_\_\_\_(0) Never
- \_\_\_\_(1) Once
- \_\_\_\_(2) 2-5 Times
- \_\_\_\_(3) 6-10 Times
- \_\_\_\_(4) More than 10 times
- \_\_\_\_(9) Refuse to answer

QSORRES

**154. How likely is it that you will use a male condom every time you have vaginal or anal sex with your main male partner (if you have one) in the next 3 months?**

- \_\_\_\_(0) Very Unlikely
- \_\_\_\_(1) Unlikely
- \_\_\_\_(2) Neither Likely or Unlikely
- \_\_\_\_(3) Likely
- \_\_\_\_(4) Very Likely
- \_\_\_\_(5) Not applicable
- \_\_\_\_(9) Refuse to answer

QSEVLINT='P3M'

**155. How likely is it that you will use a male condom every time you have vaginal or anal sex with any male partners you may have other than your main male partner (if you have one) in the next 3 months?**

- \_\_\_\_(0) Very Unlikely
- \_\_\_\_(1) Unlikely
- \_\_\_\_(2) Neither Likely or Unlikely
- \_\_\_\_(3) Likely
- \_\_\_\_(4) Very Likely
- \_\_\_\_(5) Not applicable
- \_\_\_\_(9) Refuse to answer

QSEVLINT='P3M'

**156. How likely is it that you will increase the number of times that you use a male condom when you have vaginal or anal sex with your main male partner (if you have one) in the next 3 months?**

- \_\_\_\_(0) Very Unlikely
- \_\_\_\_(1) Unlikely
- \_\_\_\_(2) Neither Likely or Unlikely
- \_\_\_\_(3) Likely
- \_\_\_\_(4) Very Likely
- \_\_\_\_(5) Not applicable
- \_\_\_\_(6) No Change - I use them every time already
- \_\_\_\_(9) Refuse to answer

QSEVLINT='P3M'

157. How likely is it that you will increase the number of times that you use a male condom when you have vaginal or anal sex with any male partners you may have other than your main male partner (if you have one) in the next 3 months?

QSEVLINT='P3M'

- (0) Very Unlikely  
 (1) Unlikely  
 (2) Neither Likely or Unlikely  
 (3) Likely  
 (4) Very Likely  
 (5) Not applicable  
 (6) No Change - I use them every time already  
 (9) Refuse to answer

QSORRES

158. How likely is it that you will try a female condom when you have vaginal sex with your main male partner (if you have one) in the next 3 months?

- (0) Very Unlikely  
 (1) Unlikely  
 (2) Neither Likely or Unlikely  
 (3) Likely  
 (4) Very Likely  
 (5) Not applicable  
 (9) Refuse to answer

QSEVLINT='P3M'

159. How likely is it that you will try a female condom when you have vaginal sex with any male partners you may have other than your main male partner (if you have one) in the next 3 months?

- (0) Very Unlikely  
 (1) Unlikely  
 (2) Neither Likely or Unlikely  
 (3) Likely  
 (4) Very Likely  
 (5) Not applicable  
 (9) Refuse to answer

QSEVLINT='P3M'

160. How likely is it that you will insist on using a condom every time you have vaginal or anal sex with your main male partner (if you have one) in the next 3 months?

- (0) Very Unlikely  
 (1) Unlikely  
 (2) Neither Likely or Unlikely  
 (3) Likely  
 (4) Very Likely  
 (5) Not applicable  
 (9) Refuse to answer

QSEVLINT='P3M'



161. How likely is it that you will insist on using a condom every time you have vaginal or anal sex with any male partners you may have other than your main male partner (if you have one) in the next 3 months?

QSEVLINT='P3M'

- (0) Very Unlikely  
 (1) Unlikely  
 (2) Neither Likely or Unlikely  
 (3) Likely  
 (4) Very Likely  
 (5) Not applicable  
 (9) Refuse to answer

QSORRES

162. How many of the women you know ask their male partners to wear a condom when they have sex?

- (0) None of them  
 (1) Only a few  
 (2) Some of them  
 (3) Many of them  
 (4) Don't talk to them about it  
 (9) Refuse to answer

163. How many women that you know use female condoms during sex with their male partners?

- (0) None of them  
 (1) Only a few  
 (2) Some of them  
 (3) Many of them  
 (4) Don't talk to them about it  
 (9) Refuse to answer

Now I want to ask you a few questions about methadone.

QSSCAT=METHADONE USE

164. First, are you currently prescribed methadone? [IF NO, END QUESTIONNAIRE]

- (1) Yes       (0) No       (9) Refuse to answer

165. What is your current daily methadone dose (in mg)?

- mg      QSORRESU='MG'       (9999) Refuse to answer

## QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE

166. What time of the day do you usually receive your methadone dose?

QSTEST

- \_\_\_\_ (1) Before 9:00am
- \_\_\_\_ (2) 9:00am – Noon
- \_\_\_\_ (3) Noon – 6:00pm
- \_\_\_\_ (4) 6:00pm – 9:00pm
- \_\_\_\_ (5) After 9:00pm
- \_\_\_\_ (9) Refuse to answer

QSORRES

167. Does methadone affect your sexual functioning?

- \_\_\_\_ (1) Enhances (increases) sexual functioning
- \_\_\_\_ (2) Diminishes (decreases) sexual functioning
- \_\_\_\_ (3) Neither a positive or negative effect on sexual functioning
- \_\_\_\_ (4) Don't Know
- \_\_\_\_ (9) Refuse to answer

168. Does methadone affect when you engage in sex?

- \_\_\_\_ (1) More likely to engage in sex within a few hours before dosing.
- \_\_\_\_ (2) More likely to engage in sex within a few hours after dosing.
- \_\_\_\_ (3) No effect on when I have sex.
- \_\_\_\_ (4) Don't Know
- \_\_\_\_ (9) Refuse to answer

**This is the end of the computer portion of the interview. Thank you very much for your time in completing it! You may now tell the interviewer you are done.**

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> <u>    </u> <b>LBGRPID</b>
<b>STUDYID NODE:</b> <u>    </u>	<b>EPOCH</b>	<b>VISITNUM</b>	Baseline
<b>CTP-SITE ID:</b> <u>    </u> - <u>    </u>	<b>Visit #:</b> (circle one)		
<b>PARTICIPANT #:</b> <u>    </u> <b>USUBJID</b>			
<b>Assessment Date:</b> <u>    </u> / <u>    </u> / <u>    </u> (mm / dd / yyyy)		<b>STAFF ID:</b> <u>    </u>	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: <u>                    </u> )	

**START TIME:**      :      (hh:mm, 24 hour clock)

QNAM=LBVISDTC  
QLABEL=LAB VISIT DATE  
IDVAR = LBGRPID

1. Was a Urine Drug Screen Performed?      (0=No, 1=Yes, 2=Lost Sample, -9=Unknown) **LBSTAT/LBRESNI**  
If 0 or -9, enter stop time and end questionnaire. If 2, answer only questions 1 & 2, enter stop time and end questionnaire.

2. Date urine collected (mm/dd/yyyy):      /      /      **LB DTC**

3. Urine temperature within expected range?      (Temperature 92°F ≤ X ≤ 96°F OR ≥ 33.3°C)  
0 = No  
1 = Yes  
-9 = Unknown

QNAM = LBTEMP  
QLABEL = URINE TEMP WITHIN EXPECTED RANGE  
IDVAR = LBGRPID

4. Was this urine collection supervised?       
0 = No  
1 = Yes  
-9 = Unknown

QNAM = LBSUPER  
QLABEL = URINE COLLECTION SUPERVISED  
IDVAR = LBGRPID

**LBTEST**

**LBORRES**

(Circle the number representing the result of the screen for each substance below.)	Negative	Positive	Unclear or Equivocal	Results Not Valid	Not Assessed
5. Amphetamines (AMP)	0	1	2	3	-5
6. Barbiturates (BAR)	0	1	2	3	-5
7. Benzodiazepines (BZO)	0	1	2	3	-5
8. Methadone (MTD)	0	1	2	3	-5
9. Tricyclic Antidepressants (TCA)	0	1	2	3	-5
10. Cocaine metabolites (COC)	0	1	2	3	-5
11. Methamphetamines (M-AMP)	0	1	2	3	-5
12. Opiates/Morphine (MOR)	0	1	2	3	-5
13. Phencyclidine (PCP)	0	1	2	3	-5
14. Cannabinoids (THC)	0	1	2	3	-5

**STOP TIME:**      :      (hh:mm, 24 hour clock)\*

\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.

QNAM=LBSTPTM  
QLABEL=URINE COLLECTION STOP TIME  
IDVAR = LBGRPID

QSCAT=INTERVENTION EXPOSURE INVENTORY  
**INTERVENTION EXPOSURE INVENTORY (IEI)**

DOMAIN: QS

PAGE 1 OF 5

<b>NIDA-CTN-0019</b>		<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ____
<b>STUDYID</b>	<b>NODE:</b> ____	<b>EPOCH</b>	Post Intervention	
<b>CTP-SITE ID:</b> ____ - ____		<b>Visit #:</b> (circle one)	<b>VISITNUM</b>	3-Month FUP      6-Month FUP
<b>PARTICIPANT #:</b>	<b>USUBJID</b>			
<b>Assessment Date:</b> ____ / ____ / <b>QSDTC</b> ____ (mm / dd / yyyy)			<b>STAFF ID:</b> ____	
<b>FORM COMPLETION STATUS</b>		1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

You attended one or more group sessions as part of your participation in the Safe Sex for Women research project. I am going to read to you a list of topics and activities that may have been included during these sessions. These topics and activities might have been part of discussions you've had with other people or information you've gotten outside of this research project. For each topic or activity please indicate if you were presented with this information or participated in the activity since your last assessment. If you were presented information on the topic or participated in the activity then say "YES", if you were not say "NO". For those that you respond "YES" to, I will ask in what situations you received the information or participated in the activity.

**Exposure to Topics:**

<b>No</b>	<b>Yes</b>		<b>QSSCAT=EXPOSURE TO TOPICS</b>
0	1	1. Discussion about HIV and STDs. (If 'No', please skip to question 2.)	<b>QSTEST</b>
		If 'Yes', in which situations? (Complete 1a through 1f)	
<b>No</b>	<b>Yes</b>		
0	1	1a. In a non-research group	
0	1	1b. In an individual session	
0	1	1c. From a street outreach worker	
0	1	1d. From a friend/acquaintance/another client in treatment	
0	1	1e. From the media (radio/TV/paper)	
0	1	1f. Other	
0	1	2. Discussion about sexual risk behaviors for HIV and STDs. (If 'No', please skip to question 3.)	
		If 'Yes', in which situations? (Complete 2a through 2f)	
<b>No</b>	<b>Yes</b>		
0	1	2a. In a non-research group	
0	1	2b. In an individual session	
0	1	2c. From a street outreach worker	
0	1	2d. From a friend/acquaintance/another client in treatment	
0	1	2e. From the media (radio/TV/paper)	
0	1	2f. Other	
0	1	3. Identifying personal triggers for risky sexual behavior. (If 'No', please skip to question 4.)	
		If 'Yes', in which situations? (Complete 3a through 3f)	
<b>No</b>	<b>Yes</b>		
0	1	3a. In a non-research group	
0	1	3b. In an individual session	
0	1	3c. From a street outreach worker	
0	1	3d. From a friend/acquaintance/another client in treatment	
0	1	3e. From the media (radio/TV/paper)	
0	1	3f. Other	

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**Exposure to Topics:****QSTEST**No Yes

- 0 1 **4. Identifying safer sex behaviors.**  
*(If 'No', please skip to question 5.)*  
**QSORRES** If 'Yes', in which situations? *(Complete 4a through 4f)*

No Yes

- 0 1 **4a.** In a non-research group  
0 1 **4b.** In an individual session  
0 1 **4c.** From a street outreach worker  
0 1 **4d.** From a friend/acquaintance/another client in treatment  
0 1 **4e.** From the media (radio/TV/paper)  
0 1 **4f.** Other

- 0 1 **5. Watching a demonstration of correct male condom use.**  
*(If 'No', please skip to question 6.)*  
If 'Yes', in which situations? *(Complete 5a through 5f)*

No Yes

- 0 1 **5a.** In a non-research group  
0 1 **5b.** In an individual session  
0 1 **5c.** From a street outreach worker  
0 1 **5d.** From a friend/acquaintance/another client in treatment  
0 1 **5e.** From the media (radio/TV/paper)  
0 1 **5f.** Other

- 0 1 **6. Watching a demonstration of correct female condom use.**  
*(If 'No', please skip to question 7.)*  
If 'Yes', in which situations? *(Complete 6a through 6f)*

No Yes

- 0 1 **6a.** In a non-research group  
0 1 **6b.** In an individual session  
0 1 **6c.** From a street outreach worker  
0 1 **6d.** From a friend/acquaintance/another client in treatment  
0 1 **6e.** From the media (radio/TV/paper)  
0 1 **6f.** Other

- 0 1 **7. Identifying ways of making safer sex erotic or sexy.**  
*(If 'No', please skip to question 8.)*  
If 'Yes', in which situations? *(Complete 7a through 7f)*

No Yes

- 0 1 **7a.** In a non-research group  
0 1 **7b.** In an individual session  
0 1 **7c.** From a street outreach worker  
0 1 **7d.** From a friend/acquaintance/another client in treatment  
0 1 **7e.** From the media (radio/TV/paper)  
0 1 **7f.** Other

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**Exposure to Topics:**No Yes

QSTEST

- 0 1 **8.** Identifying methods for problem-solving in risky situations.  
(If 'No', please skip to question 9.)  
QSORRES If 'Yes', in which situations? (Complete 8a through 8f)
- | No | Yes |  |
|----|-----|--|
| 0  | 1   | 8a. In a non-research group                                |
| 0  | 1   | 8b. In an individual session                               |
| 0  | 1   | 8c. From a street outreach worker                          |
| 0  | 1   | 8d. From a friend/acquaintance/another client in treatment |
| 0  | 1   | 8e. From the media (radio/TV/paper)                        |
| 0  | 1   | 8f. Other  |
- 0 1 **9.** Identifying barriers to safer sex.  
(If 'No', please skip to question 10.)  
If 'Yes', in which situations? (Complete 9a through 9f)
- | No | Yes |  |
|----|-----|--|
| 0  | 1   | 9a. In a non-research group                                |
| 0  | 1   | 9b. In an individual session                               |
| 0  | 1   | 9c. From a street outreach worker                          |
| 0  | 1   | 9d. From a friend/acquaintance/another client in treatment |
| 0  | 1   | 9e. From the media (radio/TV/paper)                        |
| 0  | 1   | 9f. Other  |
- 0 1 **10.** Discussion of the risks of having sex while using drugs.  
(If 'No', please skip to question 11.)  
If 'Yes', in which situations? (Complete 10a through 10f)
- | No | Yes |   |
|----|-----|---|
| 0  | 1   | 10a. In a non-research group                                |
| 0  | 1   | 10b. In an individual session                               |
| 0  | 1   | 10c. From a street outreach worker                          |
| 0  | 1   | 10d. From a friend/acquaintance/another client in treatment |
| 0  | 1   | 10e. From the media (radio/TV/paper)                        |
| 0  | 1   | 10f. Other  |
- 0 1 **11.** Discussion of ways of being assertive in male-female relations.  
(If 'No', please skip to question 12.)  
If 'Yes', in which situations? (Complete 11a through 11f)
- | No | Yes |   |
|----|-----|---|
| 0  | 1   | 11a. In a non-research group                                |
| 0  | 1   | 11b. In an individual session                               |
| 0  | 1   | 11c. From a street outreach worker                          |
| 0  | 1   | 11d. From a friend/acquaintance/another client in treatment |
| 0  | 1   | 11e. From the media (radio/TV/paper)                        |
| 0  | 1   | 11f. Other  |

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**Exposure to Topics:**No Yes**QSTEST**

- 0 1 **12.** Discussion of ways of negotiating in male-female relations.  
(If 'No', please skip to question 13.)

If 'Yes', in which situations? (Complete 12a through 12f)

**QSORRES**No Yes

- 0 1 **12a.** In a non-research group  
0 1 **12b.** In an individual session  
0 1 **12c.** From a street outreach worker  
0 1 **12d.** From a friend/acquaintance/another client in treatment  
0 1 **12e.** From the media (radio/TV/paper)  
0 1 **12f.** Other

- 0 1 **13.** Recognizing the signs of partner abuse.  
(If 'No', please skip to question 14.)

If 'Yes', in which situations? (Complete 13a through 13f)

No Yes

- 0 1 **13a.** In a non-research group  
0 1 **13b.** In an individual session  
0 1 **13c.** From a street outreach worker  
0 1 **13d.** From a friend/acquaintance/another client in treatment  
0 1 **13e.** From the media (radio/TV/paper)  
0 1 **13f.** Other

- 0 1 **14.** Making plans for safety from partner abuse.  
(If 'No', please skip to question 15.)

If 'Yes', in which situations? (Complete 14a through 14f)

No Yes

- 0 1 **14a.** In a non-research group  
0 1 **14b.** In an individual session  
0 1 **14c.** From a street outreach worker  
0 1 **14d.** From a friend/acquaintance/another client in treatment  
0 1 **14e.** From the media (radio/TV/paper)  
0 1 **14f.** Other

- 0 1 **15.** Discussion of methods of relapse prevention, after a slip.  
(If 'No', please skip to question 16.)

If 'Yes', in which situations? (Complete 15a through 15f)

No Yes

- 0 1 **15a.** In a non-research group  
0 1 **15b.** In an individual session  
0 1 **15c.** From a street outreach worker  
0 1 **15d.** From a friend/acquaintance/another client in treatment  
0 1 **15e.** From the media (radio/TV/paper)  
0 1 **15f.** Other

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**Activities in Which You Participated or Watched Others Participate:**
**Exposure to Topics:**

QSSCAT=ACTIVITIES IN WHICH YOU PARTICIPATED OR  
WATCHED OTHERS PARTICIPATE

<u>No</u>	<u>Yes</u>	
0	1	<b>16.</b> Practicing correct use of a male condom on a model. <i>(If 'No', please skip to question 17.)</i> If 'Yes', in which situations? <i>(Complete 16a through 16e)</i>
QSTEST		
QSORRES		
		<u>No</u> <u>Yes</u>
0	1	<b>16a.</b> In a non-research group
0	1	<b>16b.</b> In an individual session
0	1	<b>16c.</b> With a street outreach worker
0	1	<b>16d.</b> With a friend/acquaintance/another client in treatment
0	1	<b>16e.</b> Other
0	1	<b>17.</b> Practicing correct use of a female condom on a model. <i>(If 'No', please skip to question 18.)</i> If 'Yes', in which situations? <i>(Complete 17a through 17e)</i>
		<u>No</u> <u>Yes</u>
0	1	<b>17a.</b> In a non-research group
0	1	<b>17b.</b> In an individual session
0	1	<b>17c.</b> With a street outreach worker
0	1	<b>17d.</b> With a friend/acquaintance/another client in treatment
0	1	<b>17e.</b> Other
0	1	<b>18.</b> Practicing being assertive in male-female relations, in a role play. <i>(If 'No', please skip to question 19.)</i> If 'Yes', in which situations? <i>(Complete 18a through 18e)</i>
		<u>No</u> <u>Yes</u>
0	1	<b>18a.</b> In a non-research group
0	1	<b>18b.</b> In an individual session
0	1	<b>18c.</b> With a street outreach worker
0	1	<b>18d.</b> With a friend/acquaintance/another client in treatment
0	1	<b>18e.</b> Other
0	1	<b>19.</b> Practicing negotiating in male-female relations, in a role play. <i>(If 'No', please end questionnaire.)</i> If 'Yes', in which situations? <i>(Complete 19a through 19e)</i>
		<u>No</u> <u>Yes</u>
0	1	<b>19a.</b> In a non-research group
0	1	<b>19b.</b> In an individual session
0	1	<b>19c.</b> With a street outreach worker
0	1	<b>19d.</b> With a friend/acquaintance/another client in treatment
0	1	<b>19e.</b> Other



<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>	<b>Seq. Num.:</b> ___
<b>STUDYID</b>		
<b>NODE:</b> _____	<b>Visit #:</b> <i>(circle one)</i>	<b>EPOCH</b> Post Intervention <b>VISITNUM</b> 3-Month FUP                      6-Month FUP
<b>CTP-SITE ID:</b> _____ - _____		
<b>PARTICIPANT #:</b> _____	<b>USUBJID</b>	
<b>Assessment Date:</b> ____ / ____ / ____	<b>QSDTC</b> ____ (mm / dd / yyyy)	<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)

**Introduction** NOTE: This CRF is the paper version of the SRBS. The electronic version contains more questions. To see a list of all SRBS questions and the SDTM qualifiers for them go to the pages at the end of this form.

This part of the interview asks about sexual partners, activities and experiences. When you first answered these questions as part of being in the study a number of months ago, the questions were asked by a computer and you provided your answers on a computer. Today the current situation does not allow us to use the computer. Many people find it difficult to talk about sex, since most of us grow up learning to keep our sexual experiences private. To help you feel more private your name does not appear on this form, only a code number. You do not need to tell the research assistant your answers. You can simply mark them on the form. However, the research assistant will be available to answer any questions for which you need clarification. Please feel free to ask the research assistant any questions you might have, as you go along. [Mail out form: delete last 3 sentences and insert "If you need further clarification on any item please do not hesitate to call \_\_\_\_\_ of the research staff collect at \_\_\_\_\_.] Please remember that all your answers are confidential. Please try to answer as openly as you can.

**Introduction To Past 3-Month Time Frame**

Many of our questions will be asking about the past 3 months. Some people have trouble thinking about the last 3 months all at once. Here are some ways to make it easier. Today is [INSERT TODAY'S DATE]. Three months ago would be [INSERT 3 MONTH ANCHOR DATE]. Are there any special occasions that happened around this time? Any holidays, or birthdays or something important? Any major events in the news? O.K., keep this time period in mind when answering these questions.

Some people find it easier to think about the past 3 months specifically by month, by week, or by day. Three months is 13 weeks or 91 days. For example, some people have sex maybe a couple of times per month; for them, it's easiest to think of sexual experiences by month. Some people have sex a few times a week; for them, it's easiest to think of a week. Some people have sex a few times a day; for them it's easiest to think of a day. Use whichever way is easiest for you to think about the past 3 months.

**QSCAT=SEXUAL EXPERIENCES AND RISK BEHAVIOR ASSESSMENT SCHEDULE**

**Orientation To Sexual Terminology**

Before we begin talking about your sexual experiences, we'd like to go over some terms for talking about sex. People have different words for sex. We want to make sure the words in our questions are clear to you.

The **penis** is the man's sex organ; some people call it a cock, a prick or a dick.

The **vagina** is part of the woman's sex organs – it's the part of the body where she puts a tampon and where the baby comes out. Some people call this a pussy. In the vaginal area is the **clitoris**. This is outside the vagina, between the lips of the vagina; it looks like a little button. Some people call this a clit.

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**Vaginal sex** is when your partner puts his penis in your vagina. Some people call this fucking or screwing.

**Anal sex** is when your partner puts his penis in your butt or anus. Some people call this butt-fucking.

**Oral sex** is when you put your mouth or tongue on your partner’s penis. Some people call this a blow job, sucking off, or going down on your partner. Oral sex can also be with a female partner, when you put your mouth or tongue on your partner’s vagina or clitoris. Some people call this going down on your partner. Oral sex is also when your partner puts their mouth or tongue on your vagina or clitoris. Some people call this your partner going down on you. This can be with a man or a woman.

**Mutual Masturbation** is when you touch your partner’s penis with your hand or he touches your vagina or clitoris with his hand. Some people call this jerking each other off or masturbating each other.

**Mutual Masturbation** also happens between women. This is when you touch your partner’s vagina or clitoris with your hand or she touches your vagina or clitoris with her hand. Some people call this jerking each other off or masturbating each other.

There are many other ways that people have sex. You may want to think of these as well when you answer some of our questions.

In our interview, we’ll be using formal terms – like ‘vaginal sex’, ‘anal sex’, ‘oral sex’, and ‘mutual masturbation’.

**QSTEST**

Some women have sex with different types of partners. Some are men; some are women. Some are main, regular partners and some are not. A main partner might be a man or a woman. Other partners may be men or women. What about you?

**QSORRES**

1. **In the past 3 months, from [INSERT 3 MONTH ANCHOR DATE] through yesterday, did you have sex of any kind (vaginal, anal, oral, or mutual masturbation) with:**

- 1=Only Men **QSEVLINT='-P3M'**
- 2=Both Men and Women
- 3=Only Women (*skip all male partner sections*)
- 4=I did not have sex of any kind in the last 3 months (*skip to Question 67*)

**QSSCAT=SEX WITH A MAIN MALE PARTNER**

**Sex with a Main Male Partner**

For this interview, we’d like you to focus on sex with men in the past 3 months.

2. **In the past 3 months, have you had a main male partner – like a husband, lover, friend, or someone else you have sex with regularly?** [If No: complete other male partner section Q35-66]

- 0=No **QSEVLINT='-P3M'**
- 1=Yes
- 9=Refuse to answer

3. **When did you first become sexually involved with your main male partner?** (*If you can’t remember the exact date, use your best guess.*)

\_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy)

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QSORRES

- \_\_\_\_\_ **4. Are you still involved with him?** **QSTEST**  
 0=No  
 1=Yes  
 9=Refuse to answer
- \_\_\_\_\_ **5. Do you / did you think of this person as a:**  
 1=Spouse  
 2=A lover you've been with for a while and have a relationship with  
 3=An ex-lover you got back together with temporarily  
 4=A new lover that you plan to develop a relationship with  
 5=A friend that you have sex with occasionally  
 6=Someone you had sex with once and are not sure if you ever will again  
 7=Someone you had sex with in exchange for drugs, money or as part of a financial arrangement  
 9=Refuse to answer
- \_\_\_\_\_ **6. Are you currently living with him?**  
 0=No  
 1=Yes  
 9=Refuse to answer

Now, let's talk about your sexual experiences with this partner.  
**QSSCAT=SEX WITH A MAIN MALE PARTNER**  
**Frequency of General Sexual Experiences (type of act unspecified)**

Think about how many times you had sex with this partner in the past 3 months. That would be from [INSERT 3 MONTH ANCHOR DATE] through yesterday. As you answer these questions, think about each time you had any vaginal, anal or oral sex. So, if last Saturday, you had vaginal sex with your main partner at 4:00, then you fell asleep, and then you woke up at 6:00, and had oral sex, that would be 2 times that you had sex.

- 7. About how many times would you say you've had sex with this partner in the past 3 months?** [If 0, skip 8-34] **QSEVLINT='-P3M'**

\_\_\_\_\_ # of times *(enter 0-999, or 9999, if refuse to answer)*

Now, let's talk about the different kinds of sex you've had with this main male partner in the past 3 months. That would be from [INSERT 3 MONTH ANCHOR DATE] through yesterday.

- 8. Of the [#of times from Q7] time(s) you had sex with this partner in the past 3 months, how many times did you have vaginal sex, that is where he put his penis in your vagina?** [If 0, skip Q9-Q10] **QSEVLINT='-P3M'**

\_\_\_\_\_ # of times *(enter 0-999, or 9999, if refuse to answer)*

- 9. Of these [# of times from Q8] time(s) that you had vaginal sex with this partner, how many times did he use a male condom?** **QSEVLINT='-P3M'**

\_\_\_\_\_ # of times *(enter 0-999, or 9999, if refuse to answer)*

- 10. Of these [# of times from Q8] time(s) that you had vaginal sex with this partner, how many times did you use a female condom?** [Please don't count any times when you also used a male condom] **QSEVLINT='-P3M'**

\_\_\_\_\_ # of times *(enter 0-999, or 9999, if refuse to answer)*

- 11. Of the [# of times from Q7] time(s) you had sex with this partner in the past 3 months, how many times did you have anal sex, that is where he put his penis in your anus or butt?** [If '0', skip Q12-Q13] **QSEVLINT='-P3M'**

\_\_\_\_\_ # of times *(enter 0-999, or 9999, if refuse to answer)*

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- QSORRES**
- \_\_\_\_
- 12. Of these [# of times from Q11] time(s) that you had anal sex with this partner, how many times did you use a male condom?** **QSEVLINT='-P3M'**  
**QSTEST**  
# of times (enter 0-999, or 9999, if refuse to answer)
- \_\_\_\_
- 13. Of these [# of times from Q11] time(s) that you had anal sex with this partner, how many times did you use a female condom?** [Please don't count any times when you also used a male condom] **QSEVLINT='-P3M'**  
# of times (enter 0-999, or 9999, if refuse to answer)
- \_\_\_\_
- 14. Of the [# of times from Q7] time(s) you had sex with this partner in the past 3 months, how many times did you perform oral sex, that is how many times did you put your mouth or tongue on your partner's penis?** [f '0', skip Q15] **QSEVLINT='-P3M'**  
# of times (enter 0-999, or 9999, if refuse to answer)
- \_\_\_\_
- 15. Of these [# of times from 14] times you performed oral sex on this partner, how many times did he use a male condom?** **QSEVLINT='-P3M'**  
# of times (enter 0-999, or 9999, if refuse to answer)
- \_\_\_\_
- 16. Of the [# of times from Q7] time(s) you had sex with this partner in the past 3 months, how many times did you receive oral sex, that is how many times did your partner put his mouth or tongue on your vagina?** [If '0', skip Q17] **QSEVLINT='-P3M'**  
# of times (enter 0-999, or 9999, if refuse to answer)
- \_\_\_\_
- 17. Of the [# of times from Q16] time(s) that you received oral sex from this partner, how many times did you use a female condom, dental dam or plastic wrap?** **QSEVLINT='-P3M'**  
# of times (enter 0-999, or 9999, if refuse to answer)  
Now, let's talk about the most recent time, within the past 3 months, you had sex with your main male partner.  
**QSSCAT=SEX WITH A MAIN MALE PARTNER**
- 18. Last time you had sex with your partner, did you have vaginal sex?** [If 'No', skip Q19-20] **QSEVLINT='-P3M'**  
0=No  
1=Yes  
9=Refuse to answer
- \_\_\_\_
- 19. Last time you had vaginal sex with your partner, did he use a male condom?** **QSEVLINT='-P3M'**  
0=No  
1=Yes  
9=Refuse to answer
- \_\_\_\_
- 20. Last time you had vaginal sex with your partner, did you use a female condom?** **QSEVLINT='-P3M'**  
0=No  
1=Yes  
9=Refuse to answer

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**QSSCAT=SEX WITH A MAIN MALE PARTNER**

QSORRES

21. **Last time you had sex with your partner, did you have anal sex?** [If 'No', skip Q22-23]

QSTEST

- 0=No
- 1=Yes
- 9=Refuse to answer

QSEVLINT='-P3M'

22. **Last time you had anal sex with your partner did he use a male condom?**

- 0=No
- 1=Yes
- 9=Refuse to answer

23. **Last time you had anal sex with your partner, did you use a female condom?**

- 0=No
- 1=Yes
- 9=Refuse to answer

24. **Last time you had sex with your partner, did you perform oral sex?** [If 'No', skip Q25]

- 0=No
- 1=Yes
- 9=Refuse to answer

25. **Last time you performed oral sex with your partner, did he use a male condom?**

- 0=No
- 1=Yes
- 9=Refuse to answer

26. **Last time you had sex with your partner, did you receive oral sex?** [If 'No', skip Q27]

- 0=No
- 1=Yes
- 9=Refuse to answer

27. **Last time you received oral sex from your partner, did you use a female condom, dental dam or plastic wrap?**

- 0=No
- 1=Yes
- 9=Refuse to answer

28. **Last time you had sex with your partner, were YOU high on or using heroin right before or while you were having sex?**

- 0=No
- 1=Yes
- 9=Refuse to answer

29. **Last time you had sex with your partner, were YOU high on or using crack or cocaine right before or while you were having sex?**

- 0=No
- 1=Yes
- 9=Refuse to answer

30. **Last time you had sex with your partner, were YOU high on or using amphetamines (like speed or meth) right before or while you were having sex?**

- 0=No
- 1=Yes
- 9=Refuse to answer



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QSSCAT=SEX WITH A MAIN MALE PARTNER

QSTEST

QSORRES

31. Last time you had sex with your partner, were YOU high on or using marijuana right before or while you were having sex?

- 0=No
- 1=Yes
- 9=Refuse to answer

QSEVLINT='-P3M'

32. Last time you had sex with your partner, were YOU high on or using club drugs (like ecstasy) right before or while you were having sex?

- 0=No
- 1=Yes
- 9=Refuse to answer

QSEVLINT='-P3M'

33. Last time you had sex with your partner, were YOU drunk or drinking any alcohol right before or while you were having sex?

- 0=No
- 1=Yes
- 9=Refuse to answer

QSEVLINT='-P3M'

34. What do you feel is your risk of HIV infection from the vaginal, anal, or oral sex you've had with your main male partner during the past 3 Months?

- 0=No Risk
- 1=A little risk
- 2=Some Risk
- 3=A great deal of risk
- 9=Refuse to answer

QSEVLINT='-P3M'

QSSCAT=SEX WITH OTHER MALE PARTNERS BESIDES YOUR MAIN PARTNER

**Sex with Other Male Partners Besides Your Main Partner**

35. In the past 3 months, are there any other men with whom you've had sex – who are not your main partner? This could include lovers, friends, one-time partners, men you have sex with for money, drugs or something else, men who have forced you to have sex, or any other type of partner. [If 'No', skip to Q67]

- 0=No
- 1=Yes
- 9=Refuse to answer

QSEVLINT='-P3M'

36. Other than your main male partner, how many male partners did you have sex with in the past 3 months? [If '0', skip to Q67]

QSEVLINT='-P3M'

# of partners (*enter 0-999, or 9999, if refuse to answer*)

The next group of questions asks about how you think of these other male partners. Please count each partner in only one type of partner category.

37a. Of these [# of partners from Q36] partners who are not a main male partner, is there anyone that you think of as a spouse?

- 0=No
- 1=Yes
- 9=Refuse to answer

QSEVLINT='-P3M'

CTP - Site ID ____-____	Participant ID <u>USUBJID</u>	Assessment Date: <u>  </u> / <u>  </u> / <u>  </u> m m / d d / y y y y
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QSDTC

**QSSCAT=SEX WITH OTHER MALE PARTNERS BESIDES YOUR MAIN PARTNER**

- QSORRES**
- \_\_\_\_\_
- 37b. **Of these** [# of partners from Q36] **partners who are not a main male partner, how many of them do you think of as a lover you've been with for a while and have a relationship with?** **QSTEST**
- \_\_\_\_\_
- # of partners (enter 0-999, or 9999, if refuse to answer)
- 37c. **Of these** [# of partners from Q36] **partners who are not a main male partner, how many of them do you think of as an ex-lover you got back together with temporarily?**
- \_\_\_\_\_
- # of partners (enter 0-999, or 9999, if refuse to answer)
- 37d. **Of these** [# of partners from Q36] **partners who are not a main male partner, how many of them do you think of as a new lover that you plan to develop a relationship with?**
- \_\_\_\_\_
- # of partners (enter 0-999, or 9999, if refuse to answer)
- 37e. **Of these** [# of partners from Q36] **partners who are not a main male partner, how many of them do you think of as a friend that you have sex with occasionally?**
- \_\_\_\_\_
- # of partners (enter 0-999, or 9999, if refuse to answer)
- 37f. **Of these** [# of partners from Q36] **partners who are not a main male partner, how many of them do you think of as someone you had sex with once and are not sure if you ever will again?**
- \_\_\_\_\_
- # of partners (enter 0-999, or 9999, if refuse to answer)
- 37g. **Of these** [# of partners from Q36] **partners who are not a main male partner, how many of them do you think of as someone you had sex with in exchange for drugs, money, or as part of a financial arrangement?**
- \_\_\_\_\_
- # of partners (enter 0-999, or 9999, if refuse to answer)
38. **About how many times would you say you've had sex with these other male partners in the past 3 months? [if 0 or 'Refused, skips to Main Female Partner section]** **QSEVLINT='-P3M'**
- \_\_\_\_\_
- # of times (enter 0-999, or 9999, if refuse to answer)
39. **Of those** [# of times from Q38] **times you've had sex with these other male partners in the past 3 months, how many times did you have vaginal sex, that is where they put their penises in your vagina? [if '0', skip Q40-41]** **QSEVLINT='-P3M'**
- \_\_\_\_\_
- # of times (enter 0-999, or 9999, if refuse to answer)
40. **Of these** [# of times from Q39] **times that you had vaginal sex with these other male partners, how many times did these partners use a male condom?**
- \_\_\_\_\_
- # of times (enter 0-999, or 9999, if refuse to answer)

CTP - Site ID _____	Participant ID USUBJID _____	Assessment Date: <u>   </u> / <u>   </u> / <u>   </u> m  m    d  d    y  y  y  y	QSDTC _____
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**41. Of these [# of times from Q39] <sup>QSTEST</sup> times that you had vaginal sex with these other male partners, how many times did you use a female condom?** [Please don't count any times when you also used a male condom]

**QSORRES** \_\_\_\_\_      # of times (enter 0-999, or 9999, if refuse to answer)      QSEVLINT='-P3M'

**42. Of those [# of times from Q38] times you've had sex with these other male partners in the past 3 months, how many times did you have anal sex, that is where they put their penis in your anus or butt?** [If '0', skip Q43-44]

\_\_\_\_\_      # of times (enter 0-999, or 9999, if refuse to answer)      QSEVLINT='-P3M'

**43. Of the [# of times from Q42] times that you had anal sex with these other male partners, how many times did they use male condoms?**

\_\_\_\_\_      # of times (enter 0-999, or 9999, if refuse to answer)      QSEVLINT='-P3M'

**44. Of these [# of times from Q42] times that you had anal sex with these other male partners, how many times did you use a female condom?** [Please don't count any times when you also used a male condom]

\_\_\_\_\_      # of times (enter 0-999, or 9999, if refuse to answer)      QSEVLINT='-P3M'

**45. Of those [# of times from Q38] times you've had sex with these other male partners in the past 3 months, how many times did you perform oral sex, that is where you put your mouth or tongue on your partners' penis?** [If '0', skip Q46]

\_\_\_\_\_      # of times (enter 0-999, or 9999, if refuse to answer)      QSEVLINT='-P3M'

**46. Of these [# of times from Q45] times you provided oral sex to these other male partners, how many times did you use a male condom?**

\_\_\_\_\_      # of times (enter 0-999, or 9999, if refuse to answer)      QSEVLINT='-P3M'

**47. Of those [# of times from Q38] time(s) you've had sex with these other male partners in the past 3 months, how many times did you receive oral sex, that is where these partners put their mouth or tongue on your vagina?** [If '0', skip Q48]

\_\_\_\_\_      # of times (enter 0-999, or 9999, if refuse to answer)      QSEVLINT='-P3M'

**48. Of these [# of times from Q47] time(s) that you received oral sex from one of these partners, how many times did you use a female condom, dental dam or plastic wrap?**

\_\_\_\_\_      # of times (enter 0-999, or 9999, if refuse to answer)

**QSSCAT=SEX WITH OTHER MALE PARTNERS BESIDES YOUR MAIN PARTNER**

Now, let's talk about the last time within the past 3 months you had sex with a male partner who is not your main partner.

**49. Last time you had sex with one of these partners, did you have vaginal sex?** [If 'No': computer skips Q50-51]

\_\_\_\_\_      0=No      QSEVLINT='-P3M'

                    1=Yes

                    9=Refuse to answer



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## QSSCAT=SEX WITH OTHER MALE PARTNERS BESIDES YOUR MAIN PARTNER

QSORRES

50. Last time you had vaginal sex with one of these partners, did he use a male condom?

0=No  
1=Yes  
9=Refuse to answer

QSTEST

QSEVLINT='-P3M'

51. Last time you had vaginal sex with one of these partners, did you use a female condom?

0=No  
1=Yes  
9=Refuse to answer

QSEVLINT='-P3M'

52. Last time you had sex with one of these partners, did you have anal sex? [If 'No', skip Q53-54]

0=No  
1=Yes  
9=Refuse to answer

QSEVLINT='-P3M'

53. Last time you had anal sex with one of these partners, did he use a male condom?

0=No  
1=Yes  
9=Refuse to answer

QSEVLINT='-P3M'

54. Last time you had anal sex with one of these partners, did you use a female condom?

0=No  
1=Yes  
9=Refuse to answer

QSEVLINT='-P3M'

55. Last time you had sex with one of these partners, did you perform oral sex? [If 'No', skip Q56]

0=No  
1=Yes  
9=Refuse to answer

QSEVLINT='-P3M'

56. Last time you performed oral sex with one of these partners, did you use a male condom?

0=No  
1=Yes  
9=Refuse to answer

QSEVLINT='-P3M'

57. Last time you had sex with one of these partners, did you receive oral sex? [If 'No', skips Q58]

0=No  
1=Yes  
9=Refuse to answer

QSEVLINT='-P3M'

58. Last time you received oral sex from one of these partners, did you use a female condom, dental dam or plastic wrap?

0=No  
1=Yes  
9=Refuse to answer

QSEVLINT='-P3M'

CTP - Site ID _ _ _ - _ _ _	Participant ID <b>USUBJID</b> _ _ _ _ _	Assessment Date: _ _ / _ _ / _ _ _ _ m m / d d / y y y y
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**QSSCAT=SEX WITH OTHER MALE PARTNERS BESIDES YOUR MAIN PARTNER**

**QSORRES**

- |     |   |               |                        |
|-----|---|---------------|------------------------|
| ___ | <b>59. Last time you had sex with one of these partners, were YOU high on or using heroin right before or while you were having sex?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer   | <b>QSTEST</b> | <b>QSEVLINT='-P3M'</b> |
| ___ | <b>60. Last time you had sex with one of these partners, were YOU high on or using cocaine right before or while you were having sex?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer  |               | <b>QSEVLINT='-P3M'</b> |
| ___ | <b>61. Last time you had sex with one of these partners, were YOU high on or using crack right before or while you were having sex?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer  |               | <b>QSEVLINT='-P3M'</b> |
| ___ | <b>62. Last time you had sex with one of these partners, were YOU high on or using amphetamines (like speed or meth) right before or while you were having sex?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer  |               | <b>QSEVLINT='-P3M'</b> |
| ___ | <b>63. Last time you had sex with one of these partners, were YOU high on or using marijuana right before or while you were having sex?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer  |               | <b>QSEVLINT='-P3M'</b> |
| ___ | <b>64. Last time you had sex with one of these partners, were YOU high on or using club drugs (like ecstasy) right before or while you were having sex?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer  |               | <b>QSEVLINT='-P3M'</b> |
| ___ | <b>65. Last time you had sex with one of these partner, were YOU drunk or drinking any alcohol right before or while you were having sex?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer  |               | <b>QSEVLINT='-P3M'</b> |
| ___ | <b>66. What do you feel is your risk of HIV infection from the vaginal, anal, and oral sex you've had with other male partners in the past 3 Months?</b><br><br>0=No Risk<br>1=A little risk<br>2=Some Risk<br>3=A great deal of risk<br>9=Refuse to answer |               | <b>QSEVLINT='-P3M'</b> |
| ___ | <b>67. Do you currently have male condoms with you, in your car or in your home?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer   |               |                        |
| ___ | <b>68. Do you currently have female condoms with you, in your car or in your home?</b><br><br>0=No<br>1=Yes<br>9=Refuse to answer   |               |                        |

**This is the end of the computer portion of the interview. Thank you very much for your time in completing it! You may now tell the interviewer you are done.**

**STUDY TERMINATION - TREATMENT (STT)**

**DOMAIN: DS**

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID NODE:</b> _____	<b>EPOCH</b>		
<b>CTP-SITE ID:</b> _____ - _____	<b>Visit #:</b> <i>(circle one)</i>	<b>VISITNUM</b>	Post Intervention
<b>PARTICIPANT #:</b> <u>USUBJID</u>			
<b>Assessment Date:</b> ___ / ___ / <u>DSDTC</u> ___ (mm / dd / yyyy)		<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**DSCAT=DISPOSITION EVENT**

	<b>1.</b>	Date of Early Termination or Cohort Completion date: _____ / _____ / <u>DSSTDTC</u> <i>(mm / dd / yyyy)</i>
<b>YES NO</b>	<b>2.</b>	Was the participant terminated early from the treatment phase? <i>(If No, then skip to question 5. If Yes, then complete questions 3a through 4.)</i>
1 0		<b>DSTERM/DSDECOD</b>
<b>REASON FOR EARLY TREATMENT TERMINATION</b>		
<i>Complete this section only if answer to question 2 is "Yes".</i>		
<b>YES NO UNK</b>	<b>3a.</b>	Participant was discharged from the CTP for administrative reasons. <i>(i.e., active disruption of CTP procedures, non-compliance with CTP rules, etc.)</i>
1 0 9		
1 0 9	<b>3b.</b>	Participant discontinued from study for clinical reasons. <i>(i.e., concurrent illness, serious adverse events, etc.)</i>
1 0 9	<b>3c.</b>	Participant discontinued treatment at her request.
1 0 9	<b>3d.</b>	Participant is in a controlled environment.
1 0 9	<b>3e.</b>	Participant dropped out of treatment program.
1 0 9	<b>3f.</b>	Participant transferred to another treatment program.
1 0 9	<b>3g.</b>	Participant discontinued for other reason. <i>(If yes, then specify in question 4)</i>
	<b>4.</b>	If any question above (3a-3g) was answered Yes, then provide details: <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 5px 0;"> <b>QNAM=STTOTHER</b>  <b>QLABEL=PATIENT EARLY TREATMENT TERM SPECIFIED</b>  <b>IDVAR=VISITNUM</b> </div>
1 0 9	<b>5.</b>	Will the participant continue into the Follow-up phase of the study? <div style="border: 1px solid red; padding: 5px; width: fit-content; margin: 5px 0;"> <b>QNAM=FUPCONT</b>  <b>QLABEL=PATIENT CONTINUE INTO FOLLOW-UP PHASE</b>  <b>IDVAR=VISITNUM</b> </div>

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID NODE:</b> _____	<b>EPOCH</b> <b>Visit #:</b> (circle one)	<b>VISITNUM</b>	3-Month FUP                      6-Month FUP
<b>CTP-SITE ID:</b> _____ - _____			
<b>PARTICIPANT #:</b> <b>USUBJID</b> _____			
<b>Assessment Date:</b> ___ / ___ / ___ / <b>QSDTC</b> ___ (mm / dd / yyyy)		<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**KEY:**

**QSCAT=ASI-LITE-DRUG & ALCOHOL**

<b>Patient Rating Scale</b>
0 = Not at all
1 = Slightly
2 = Moderately
3 = Considerably
4 = Extremely

<b>List of Commonly Used Drugs</b>	
Alcohol:	Beer, wine, liquor
Methadone:	Dolophine, LAAM
Opiates:	Pain killers = Morphine, Diluauddid, Demerol, Percocet, Darvon, Talwin, Codeine, Tylenol 2,3,4, Syrups = Robitussin, Fentanyl
Barbiturates:	Nembutal, Seconal, Tuinol, Amytal, Pentobarbital, Secobarbital, Phenobarbital, Fiorinol
Sed/Hyp/Tranq:	Benzodiazepines = Valium, Librium, Ativan, Serax, Tranxene, Dalmane, Halcion, Xanax, Miltown, Other = ChloralHydrate (Noctex), Quaaludes
Cocaine:	Cocaine Crystal, Free-Base Cocaine or "Crack, and "Rock Cocaine"
Amphetamines:	Monster, Crank, Benzedrine, Dexedrine, Ritalin, Preludin, Methamphetamine, Speed, Ice, Crystal
Cannabis:	Marijuana, Hashish
Hallucinogens:	LSD (Acid), Mescaline, Mushrooms (Psilocybin), Peyote, Green, PCP (Phencyclidine), Angel Dust, Ecstasy
Inhalants:	Nitrous Oxide, Amyl Nitrate (Whippits, Poppers), Glue, Solvents, Gasoline, Toluene, Etc.
Just note if these are used:	Antidepressants, Ulcer Meds = Zantac, Tagamet Asthma Meds = Ventoline Inhaler, Theodur Other Meds = Antipsychotics, Lithium

CTP - Site ID _____ - _____	Participant ID <b>USUBJID</b> _____ - _____	Assessment Date: ____ / ____ / <b>QSDTC</b> m m / d d / y y y y
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**Alcohol/Drug Section Instructions**

The following questions look at 1 time period: the past 30 days. This guideline only applies to the Alcohol/Drug Section.

- ⇒ 30 day questions only require the number of days used.
- ⇒ Regular use = 3+ times per week, binges, or problematic irregular use in which normal activities are compromised.
- ⇒ Alcohol to intoxication does not necessarily mean "drunk", use the words "felt the effects", "got a buzz", "high", etc. instead of intoxication. As a rule of thumb, 5+ drinks in one setting, or within a brief period of time defines "intoxication".
- ⇒ How to ask these questions:  
→ "How many days in the past 30 have you used....?"

**START TIME:** **QSSTDTC** \_\_\_\_\_ : \_\_\_\_\_ (hh:mm, 24 hour clock)

**DRUG/ALCOHOL USE** =QSSCAT

Route of Administration Types:

1 = Oral 2 = Nasal 3 = Smoking 4 = Non-IV injection 5 = IV injection

Note the usual or most recent route. For more than one route, choose the most severe. The routes are listed from least severe to most severe. If Past 30 days is zero, route should be coded as "N." (XX=Not Answered)

**QSEVLINT='-P30D'**

Substance <b>QSTEST</b>	a. Past 30 Days	c. Route of Admin.	Comments:
D1. Alcohol (any use at all)	<b>QSORRES</b>		
D2. Alcohol (to intoxication)	<b>QSORRESU='DAYS'</b>		
D3. Heroin	_____	_____	
D4. Methadone/LAAM (prescribed)	_____	_____	
D4a. Methadone/LAAM (illicit)	_____	_____	
D5. Other Opiates/Analgesics	_____	_____	
D6. Barbiturates	_____	_____	
D7. Other Sedatives/Hypnotics/Tranquilizers	_____	_____	
D8. Cocaine	_____	_____	
D9. Amphetamines	_____	_____	
D10. Cannabis	_____	_____	
D11. Hallucinogens	_____	_____	
D12. Inhalants	_____	_____	
D36. Nicotine (tobacco products)	_____		
D13. More than 1 substance per day (including alcohol, excluding nicotine)	_____		

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> ____ - ____	Assessment Date: ____ / ____ / <b>QSRTC</b> m m     d d     y y     y y
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**QSORRES**

**QSTEST**

D14. According to the interviewer, which substance(s) is/are the major problem?  
 Interviewer should determine the major drug or drugs of abuse (excluding Nicotine use). Code the number next to the drug in questions 01-12 (code prescribed or illicit methadone as "04"). "00" = no problem, "15" = alcohol & one or more drugs, "16" = more than one drug, but no alcohol. Ask participant when not clear. (XX=Not Answered)

**Comments:**

**How many times since your last ASI have you:**

D17. Had Alcohol DT's? Delirium Tremens (DT's): Occur 24-48 hours after last drink, or significant decrease in alcohol intake. Characterized by shaking, severe disorientation, fever, hallucinations, they usually require medical attention. (XX=Not Answered)

**How many times since your last ASI have you been treated**

**for:** Include detoxification, halfway houses, in/outpatient counseling, and AA or NA (if 3+ meetings within one month period). (XX=Not Answered)

D19. Alcohol abuse?

D20. Drug abuse?

**How many of these were detox only?**

D21. Alcohol? If D19 = "00", then question D21 is "NN" (XX=Not Answered)

D22. Drugs? If D20 = "00", then question D22 is "NN" (XX=Not Answered)

**How much money would you say you spent during the past**

**30 days on:** Only count actual money spent. What is the financial burden caused by drugs/alcohol? (XXXXX=Not Answered)

**Max =\$99999**

\$ \_\_\_\_\_ D23. Alcohol? **QSEVLINT='-P3OD' QSORRESU='DOLLARS'**

\$ \_\_\_\_\_ D24. Drugs? **QSEVLINT='-P3OD' QSORRESU='DOLLARS'**

D25. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include AA/NA) (XX=Not Answered)

**For questions D28 - D31, please ask the patient to use the Patient Rating scale.**

The Patient is rating the need for additional substance abuse treatment. (X=Not Answered)

**How many days in the past 30 have you experienced:**

D26. Alcohol problems? **QSEVLINT='-P3OD' QSORRESU='DAYS'**

**How troubled or bothered have you been in the past 30 days by these:**

**QSEVLINT='-P3OD'**

D28. Alcohol problems?

**How important to you now is treatment for these:**

D30. Alcohol problems?

**How many days in the past 30 have you experienced:**

D27. Drug problems? **QSEVLINT='-P3OD' QSORRESU='DAYS'**  
 Include: Craving, withdrawal symptoms, disturbing effects of use, or wanting to stop and being unable to. (XX=Not Answered)

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / <b>QSDTC</b> m m / d d / y y y y
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**QSTEST**  
**How troubled or bothered have you been in the past 30 days by these:** **QSEVLINT='-P3OD'**

**QSORRES**  
\_\_\_\_\_ D29. Drug problems?

**How important to you now is treatment for these:**

\_\_\_\_\_ D31. Drug problems?

**CONFIDENCE RATINGS**  
Is the above information significantly distorted by:

\_\_\_\_\_ D34. Patient's misrepresentation?  
0=No, 1=Yes

\_\_\_\_\_ D35. Patient's inability to understand?  
0=No, 1=Yes

**Comments:**

**STOP TIME:** \_\_\_\_ : \_\_\_\_ (hh:mm, 24 hour clock)\*  
\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.

**STUDY TERMINATION FOLLOW-UP – (STF)**

**DOMAIN: DS**

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID NODE:</b> _____	<b>EPOCH</b> <b>Visit #:</b> (circle one)	Post Intervention	3-Month FUP
<b>CTP-SITE ID:</b> _____ - _____		<b>VISITNUM</b>	6-Month FUP
<b>PARTICIPANT #:</b> <b>USUBJID</b> _____			
<b>Assessment Date:</b> ___ / ___ / <b>DSDTC</b> ___ (mm / dd / yyyy)		<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**DSCAT=DISPOSITION EVENT**

	<b>1.</b> Date of Follow-Up Phase Termination: <b>DSSTDTC and DM.RFENDTC</b> / ___ / ___ (mm / dd / yyyy)
<b>YES NO</b>	<b>DSTERM/DSDECOD</b>
1 0	<b>2.</b> Did the participant terminate before the end of the Follow-up Phase (early termination)? (If No, then end questionnaire. If Yes, then complete questions 3a through 4.)
	<b>REASON FOR EARLY TERMINATION</b>
<b>YES NO UNK</b>	<i>Complete this section only if answer to question 2 is "Yes".</i>
1 0 9	<b>3a.</b> Participant terminated from study for clinical reasons (i.e., concurrent illness, serious adverse events, etc.)
1 0 9	<b>3b.</b> Participant discontinued study at her request
1 0 9	<b>3c.</b> Participant is in a controlled environment
1 0 9	<b>3d.</b> Participant discontinued for other reason (If yes, then specify in question 4)
	<b>4.</b> If any question above (3a-3d) was answered Yes, then provide details:
	<b>QNAM=STFOTHER</b>
	<b>QLABEL=PATIENT FOLLOW-UP TERM SPECIFIED</b>
	<b>IDVAR=VISITNUM</b>



NIDA-CTN-0019		HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs	
Participant ID: _____	Node: ____	CTP-Site ID: ____ - ____	
Assessment Date: ____/____/____		Staff ID: _____	



\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A. Adverse Event number
- 1. Type of Report:
  - 1=Initial
  - 2=Follow-Up
- 2. Group Assignment:
  - 1=HIV Education (HE)
  - 2=Safer Sex Skills Building Group Intervention (SSB)
  - 3=Not applicable (not randomized)

**SERIOUS ADVERSE EVENT DETAILS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3a. AE Term(s) *(brief description)*:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 3b. Determination of Serious *(Select one)*:
  - 1=Death
  - 2=Life-threatening
  - 3=Required inpatient or prolonged hospitalization
  - 4=Resulted in persistent or significant disability/incapacity
  - 5=Congenital anomaly/birth defect
  - 6=Required intervention to prevent any of the above
- 3c. Onset date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ *(mm/dd/yyyy)*
- 3d. Onset time: \_\_\_\_ : \_\_\_\_ *(hh:mm, 24-hour clock)*
- 3e. Study Intervention *(Select one)*:
  - 1=Pharmacologic
  - 2=Behavioral

*[Note: section describing study medication removed. There is no study medication for this protocol.]*

CTP - Site ID ____ - ____	Participant ID ____	Assessment Date:    ___ ___ / ___ ___ / ___ ___ ___ ___ <span style="display: block; text-align: center; font-size: small;">m m / d d / y y y y</span>
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**PARTICIPANT DETAILS**

	4a.	Race/Ethnicity ( <b>Select one</b> ): 1=Caucasian 2=African American 3=Native Hawaiian or Pacific Islander 4=Native American or Native Alaskan 5=Hispanic/Latino 6=Asian 8=Other (Specify _____)
	4b.	Date of Birth: ___ / ___ / _____ (mm/dd/yyyy)
	4c.	Sex: 1=Male 2=Female

**5. DESCRIPTION OF THE ADVERSE EVENT**

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YES	NO	Medical/Psychiatric History
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1	0	6a. Psychotic episodes?
1	0	6b. Homicidal ideation?
1	0	6c. Homicidal/violent behavior?
1	0	6d. Suicidal gesture?
1	0	6e. Suicidal ideation?
1	0	6f. Taking Neuroleptic Meds? ( <i>If yes, record in Concomitant Medications section, Q8</i> )
1	0	6g. Other relevant history including preexisting medical and psychiatric conditions? ( <i>If yes, specify in Q6h</i> )
		6h. Specify: _____

YES	NO	Substance Use (in past 7 days)
-----	----	--------------------------------

1	0	7a. Is there increased drug use?
1	0	7b. Is there increased alcohol use?
		7c. Describe drug/alcohol use: _____ _____ _____
		7d. Amount/Days of drug/alcohol use: _____

CTP - Site ID	Participant ID	Assessment Date: / /
_____	_____	m m / d d / y y y y

**THIS DATA NOT COLLECTED**

**8. Concomitant Medications**

(1) Medication Name	(2) Dosage Quantity	(3) Dosage Units	(4) Start Date (mm/dd/yyyy)	(5) Cont'd 0=NO 1=YES	(6) Stop Date (mm/dd/yyyy)	(7) Notes
a.	_____	_____	____/____/____	____	____/____/____	
b.	_____	_____	____/____/____	____	____/____/____	
c.	_____	_____	____/____/____	____	____/____/____	
d.	_____	_____	____/____/____	____	____/____/____	
e.	_____	_____	____/____/____	____	____/____/____	
f.	_____	_____	____/____/____	____	____/____/____	
g.	_____	_____	____/____/____	____	____/____/____	

**9. Relevant Lab Tests**

(1) Tests	(2) Date (mm/dd/yyyy)	(3) Value/Results	(4) Normal Range	Dosage Units
a.	____/____/____	_____		
b.	____/____/____	_____		
c.	____/____/____	_____		
d.	____/____/____	_____		
e.	____/____/____	_____		
f. Report attached: ___ (0=No, 1=Yes)				1 = grain(s) 2 = gram(s) 3 = international units 4 = microcurie(s) 5 = microgram(s) 6 = microgram(s) / kilogram 7 = microgram(s) / sq. meter 8 = microlitre(s) 9 = millicurie(s) 10 = milliequivalent(s) 11 = milligram(s) 12 = milligram(s) / kilogram 13 = milligram(s) / sq. meter 14 = millilitre(s) 88 = Other 99= Unknown

CTP - Site ID ____ - ____	Participant ID _____	Assessment Date: ____ / ____ / ____ m m   d d   y y y y
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**Assessment**

- \_\_\_\_ 10a. Severity:  
          1=Mild  
          2=Moderate  
          3=Severe
- \_\_\_\_ 10b. Expected/Unexpected:  
          1=Expected  
          2=Unexpected  
          9=Unknown
- \_\_\_\_ 10c. Related to study intervention:  
          1=Reasonable  
          2=Not Reasonable
- \_\_\_\_ 10d. Outcome at time of report (*Select only one*):  
          1=Resolved (*Complete Q10e, then skip to Q11a*)  
          2=Resolved with sequelae (*Complete Q10e, then skip to Q11a*)  
          3=Unresolved (*Skip to Q11a*)  
          4=Death (*Complete Q10e thru Q10g*)
- \_\_\_\_ 10e. Date resolved/stopped: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)
- \_\_\_\_ 10f. Autopsy:  
          0=No  
          1=Yes
- \_\_\_\_ 10g. Probable cause of death:

**Information Source**

- 11a. PI/CTP Clinician name: \_\_\_\_\_  
      PI/CTP Clinician signature: \_\_\_\_\_
- 11b. Date of signature: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)
- 11c. Date Investigator notified of event: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yyyy)
- 11d. Staff Id of person completing form: \_\_\_\_\_
- 11e. Person completing form: \_\_\_\_\_
- 11f. Phone #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_
- 11g. Fax #: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

## CTN-0019 SAE Summary Report

Subject [**Site Id and Participant Id**], is a [**Age**] year-old [**Race**] female who enrolled in CTN-0019. The subject has a history of [**provide significant Psychiatric, Medical and/or Surgical History, Drug Use History**].

The first day of treatment was [**Date of First Treatment**] and the subject was randomized to [**Group Assignment**]. The event occurred during the [**Study Phase**]. The subject had received [**Number of treatment sessions attended**].

On [**Onset Date**] at [**Onset Time**] hours, the patient experienced [**verbatim SAE Term**]. [**Enter specific details relating to this adverse event: circumstances Leading up to event, precipitating factors, full details of event such as when, what, action taken, treatment given or sought, outcome of treatment, etc**]. The investigator assessed the intensity of the event as [**Severity**]. The patient was also receiving [**Concomitant Medications, by generic name, as provided on SAE form**]. As of [**Date of Resolution**] the outcome of the [**verbatim SAE Term**] was [**Outcome: as applicable**], with [**Consequence: as applicable**].

There [**was/was not**] an increase in the patient's drug use. There [**was/was not**] an increase in the patient's alcohol use. [**If either drug or alcohol was increased, please describe and include the amount/days of use**].

The investigator has assessed the causal relationship between the study and the serious adverse event as [**Causality**], stating [**List reasons provided by Study Clinician**].

### STUDY CLINICIAN

_____	_____	____/____/____
Print name	Signature	Date

### LEAD INVESTIGATOR

_____	_____	____/____/____
Print name	Signature	Date

This form is designed to help us contact you during the course of the study and the follow-up phase of the study.

The first part of the form asks for your personal contact information. The second part of the form lists persons designated as your contacts and will only be called if this research staff is unable to locate you with the personal information you provided. If you do not have all of this information at this time you will be asked to provide it upon your next contact with the study.

You should also be aware that if a contact person is called, this staff will only ask the contact person to let you know that we are trying to reach you. The research staff will inform the contact(s) only that you were a participant in a research program, but not elaborate or describe the program. Please choose people who would likely be able to contact you, such as family members and close friends.

This form is valid for the time period of up to twelve months after you complete this research program. You are free to withdraw this form at any time without prejudice or negative consequences.

**PART I: YOUR PERSONAL INFORMATION**

1. Your Full Name: \_\_\_\_\_

2. Home Address: \_\_\_\_\_  
\_\_\_\_\_

3. Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_

4. Names of others living at this address: \_\_\_\_\_  
\_\_\_\_\_

5. Birthdate: \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)

6. Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7. Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

7a. Can we leave a message? \_\_\_  
0=No  
1=Yes

8. Cell Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

8a. Can we leave a message? \_\_\_  
0=No  
1=Yes

9. Pager #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

10. Best times to reach you: \_\_\_\_\_

11. Can we contact you at work? \_\_\_\_

0=No  
1=Yes

11a. If YES, Work #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

12. Email Address: \_\_\_\_\_

13. Alias or Nickname: \_\_\_\_\_

**PART II: PERSONS DESIGNATED AS CONTACTS**

*The following person(s) are designated as contacts if the research staff is unable to reach me:*

**CONTACT #1:**

1. Name: \_\_\_\_\_

2. Relationship: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Daytime Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Evening Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CONTACT #2:**

1. Name: \_\_\_\_\_

2. Relationship: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Daytime Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

5. Evening Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

6. Cell Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Protocol Number: NIDA – CTN-0019

**CONTACT #3:**

1. Name: \_\_\_\_\_

2. Relationship: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_

4. Daytime Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

5. Evening Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_

6. Cell Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_



<b>NIDA-CTN-0019</b>		<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		Seq. Num.: ___
<b>STUDYID</b>	<b>NODE:</b> _____	<b>EPOCH</b>	<b>VISITNUM</b>	
<b>CTP-SITE ID:</b>	_____ - _____	<b>Visit #:</b> (circle one)	Baseline	
<b>PARTICIPANT #:</b>	<b>USUBJID</b>			
<b>Assessment Date:</b> ___ / ___ / ___ (mm / dd / yyyy)			<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer		4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

- Was Participant randomized? **DS.DSTERM**  
 If NO, skip to Question 4a.  
 0=No **DS.DSOCCUR**  
 1=Yes
 

DS.DSTDTC  
 DM.DMDTC  
 SC.SCDTC  
 CO.CODTC
- Cohort Number: \_\_\_\_\_ **SC.SCTEST SC.SCORRES**
- Randomization Group Assignment: \_\_\_\_\_ **DM.ARM**  
 1=Control  
 2=Experimental
- Date of Randomization: \_\_\_\_\_ **DM.RFSTDTC**
- If participant was not randomized, specify the reason(s):** Note: Only 'Yes' responses are retained

Yes	No		
1	0	<b>4a.</b>	Failed to return to clinic <b>DS.DSTERM</b>
1	0	<b>4b.</b>	Declined study participation <i>Specify in # 5.</i>
1	0	<b>4c.</b>	Moved from area (current or pending)
1	0	<b>4d.</b>	Incarceration (current or pending)
1	0	<b>4e.</b>	Death
1	0	<b>4f.</b>	Failed to meet inclusion criteria
1	0	<b>4g.</b>	Met exclusion criteria
1	0	<b>4h.</b>	Other <i>If yes specify below:</i> Other, specify: _____

QNAM=RNDOTHER  
 QLABEL=PATIENT NOT RANDOMIZED SPECIFIED  
 IDVAR=DSSEQ

**5. Comments:**

**COVAL**

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**RDOMAIN = DM**

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**IDVAR=VISITNUM**

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**STUDY ENROLLMENT**

**DOMAIN: SC**

<b>NIDA-CTN-0019</b> <b>STUDYID</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>NODE:</b> _____	<b>EPOCH</b>	<b>VISITNUM</b>	<b>Screening</b>
<b>CTP-SITE ID:</b> _____	<b>Visit #:</b> <i>(circle one)</i>		
<b>PARTICIPANT #:</b> _____	<b>USUBJID</b>		
<b>Assessment Date:</b> ___ / ___ / ___	<b>SCDTC</b>	<b>STAFF ID:</b> _____	
<b>FORM COMPLETION STATUS</b>	1=CRF Administered		

**SCTEST/SCTESTCD**

**SCORES**

1. **Date informed consent was signed:** \_\_\_ / \_\_\_ / \_\_\_ *(mm / dd / yyyy)*

**TREATMENT SESSION ATTENDANCE (TSA)**

**DOMAIN: TU**

<b>NIDA-CTN-0019</b>		<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.: ___</b>
<b>STUDYID</b>	<b>NODE:</b> _____	<b>USUBJID</b>	<b>Visit #:</b> (circle one)	<b>EPOCH</b> Post Intervention
<b>CTP-SITE ID:</b>	_____ - _____			
<b>PARTICIPANT #:</b>	_____			
<b>Assessment Date:</b> ___ / ___ / ___			<b>TUDTC</b> (mm / dd / yyyy)	<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)		

**TUTEST**

**TUORRES**

1. Did participant attend session? \_\_\_\_\_  
*(A participant has attended a WORTH session if she has attended 60 minutes or more of the session. A participant has attended an HIV ED session if she has attended 40 minutes or more of the session.)*

- 0=No
- 1=Yes
- 9=Unknown

2. Session number: \_\_\_\_\_ **VISITNUM**

3. Date of session: \_\_\_ / \_\_\_ / \_\_\_\_\_ (mm/dd/yyyy) **TUSTDTC**

4. Was participant on time for the session? \_\_\_\_\_

- 0=No
- 1=Yes

**TUTEST**

**TUORRES**

5. Did the participant participate in the discussion? \_\_\_\_\_

- 0=Not at all
- 1=A little
- 2=Somewhat/moderately
- 3=A lot

6. Therapist ID: \_\_\_\_\_ **THIS DATA NOT ENTERED**

Therapist signature: \_\_\_\_\_ **THIS DATA NOT ENTERED**

<b>NIDA-CTN-0019</b> <i>STUDYID</i>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>			<b>Seq. Num.:</b> ___
<b>NODE:</b> _____	<b>Visit #:</b> <i>(circle one)</i>	Screening	Baseline	Post Intervention
<b>CTP-SITE ID:</b> _____		3-Month FUP		6-Month FUP
<b>PARTICIPANT #:</b> _____ <i>USUBJID</i>		<b>VISITNUM</b>		
<b>Assessment Date:</b> ___ / ___ / ___ (mm / dd / yyyy)		<b>DSDTC</b>		
<b>STAFF ID:</b> _____				
<b>FORM COMPLETION STATUS</b>	1=CRF Administered	4=Not enough time to Administer		
	2=Participant refused	5=No Participant Contact		
	3=Staff Member did not Administer	6=Other (Specify: _____)		

1. Did participant attend visit? \_\_\_\_\_

0=No  
1=Yes

**DSTERM**

**If NO, specify the reason(s) participant did not attend visit:**

1a. Unable to contact \_\_\_\_\_

0=No  
1=Yes

1b. Declined to continue study participation \_\_\_\_\_

0=No  
1=Yes

1c. Moved from area \_\_\_\_\_

0=No  
1=Yes

1d. Incarceration \_\_\_\_\_

0=No  
1=Yes

1e. Death \_\_\_\_\_

0=No  
1=Yes

1f. Other reason \_\_\_\_\_

*If yes specify below.*

0=No  
1=Yes

QNAM=VSOTHER  
QLABEL=OTHER REASON VISIT NOT ATTENDED  
IDVAR=DSSEQ

1g. Other, specify: \_\_\_\_\_

2. Current Study Phase: \_\_\_\_\_

*If Phase=SCREENING, skip Question 3.*

0=Screening  
1=Baseline  
2=Post intervention  
3=Follow up

**EPOCH**

3. Do you (the Research Assistant) know the treatment group to which this participant was randomized? \_\_\_\_\_

0=No  
1=Yes

QNAM=DSTRT  
QLABEL=RESEARCH ASSISTANT KNOWS TREATMENT  
IDVAR=DSSEQ

**RISK BEHAVIORS SURVEY (RBS)**

**DOMAIN: QS** Page 1 of 5

**QSCAT=RISK BEHAVIORS SURVEY (RBS)**

<b>NIDA-CTN-0019</b>		HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs		Seq. Num.: ____
<b>STUDYID</b>	<b>NODE:</b>	<b>EPOCH</b>	<b>VISITNUM</b>	Screening
<b>CTP-SITE ID:</b>	<b>Visit #:</b> (circle one)			
<b>PARTICIPANT #:</b>			<b>STAFF ID:</b>	
<b>QSDTC</b>	<b>Assessment Date:</b>			
1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)				
<b>FORM COMPLETION STATUS</b>				

**QSSDTC**

**START TIME:** \_\_\_\_:\_\_\_\_:\_\_\_\_ (hh:mm, 24 hour clock)

**USUBJID**

**INTERVIEWER:** The RBS contains sensitive information on drug use and sexual behavior. Please ensure that you have developed rapport with the participant before asking these questions.

**A. DRUG USE** **QSSCAT=DRUG USE** **QSEVLINT=-P30D**

	a.			b.	c.	d.	e.	f.
	NO	YES	UNK REF					
I'm going to ask you some questions about your drug use. I'll ask what types of drugs you've used and how often you use them. <b>QSTEST</b>				How many days did you use ____ in the last 30 days? (if 00, do not ask parts c-f, and skip to next drug)	How many days did you inject ____ in the last 30 days? (if 00, skip to part e)	How many times a day did you inject ____? (Average # of injections/day)	How many days did you use ____ without injecting (smoking, snorting, swallowing) in the last 30 days? (if 00, then skip to next drug class)	How many times a day did you use ____ without injecting?
<b>1.</b> Cocaine by itself (injected or snorted)	0	1	-2 -1	<b>QSORRESU=DAY</b>	<b>QSORRESU=DAY</b>	<b>QSORRESU=DAY</b>	<b>QSORRESU=DAY</b>	
<b>2.</b> Heroin by itself	0	1	-2 -1					
<b>3.</b> Heroin & Cocaine mixed together (Speedball)	0	1	-2 -1					
<b>4.</b> Other Opiates (Demerol, Codeine, Dilaudid)	0	1	-2 -1					
<b>5.</b> Amphetamines (Speed, Methamphetamine, Crank)	0	1	-2 -1					

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> _____	Assessment Date: ____ / ____ / ____ <b>QSDTC</b> m m d d y y y y
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**B. DRUG INJECTION** =QSSCAT (if no injection use in past 30 days, skip to Section C)

- QSORRES**      1. In the last 30 days, how many times (# of injections) did you inject using works (needle/syringes) that **you know** had been used by somebody else? (If 000, then skip to B3) **QSTEST** **QSEVLINT=-P30D**
- \_\_\_\_\_ 2. Of the times you injected after someone, how many times did you clean the works with full-strength bleach? (Number cannot exceed total number of times used after somebody else (qB1).)
- \_\_\_\_\_ 3. How many times in the last 30 days did you use a cooker/cotton/rinse water that had been used by another injector?
- \_\_\_\_\_ 4. How many times in the last 30 days did you fix drugs with another person, then split the drug solution (through use of the same cooker/spoon or through front or back loading)?

**C. SEXUAL ACTIVITY** =QSSCAT

Now I'm going to ask you some questions about sex. I'm referring here to anybody you've had sex with during two different time periods. One is "during the past 6 months" and the other is "in the last 30 days".

**With how many people did you have vaginal, oral or anal sex?** **QSEVLINT=-P30D**

\_\_\_\_\_ **1a.** In the last 30 days. (If 000, skip all questions in sections D through I that refer to past 30 days)

\_\_\_\_\_ **1b.** During the past 6 months. **QSEVLINT=-P6M**

(IF NONE, ENTER 000 FOR BOTH 30 DAYS AND 6 MONTHS THEN GO TO SECTION J)

**How many of your partners were female?** **QSEVLINT=-P30D**

\_\_\_\_\_ **2a.** In the last 30 days. (Number cannot exceed total number of people (qC1a)) **QSEVLINT=-P6M**

\_\_\_\_\_ **2b.** During the past 6 months. (Number cannot exceed total number of people (qC1b))

**How many of your partners were male?** **QSEVLINT=-P30D**

\_\_\_\_\_ **3a.** In the last 30 days. (Number cannot exceed total number of people (qC1a)) **QSEVLINT=-P6M**

\_\_\_\_\_ **3b.** During the past 6 months. (Number cannot exceed total number of people (qC1b))

\_\_\_\_\_ 4. Interviewer: Code gender of respondent (1=Male, 2=Female, -2=Don't Know)

(If Male, complete sections D, E, F, G & I)

(If Female, complete sections D, G, H, & I)

(If Don't Know, ask ALL sex/gender specific questions and allow client to answer as they like.)

**Please use the following coding for frequency of sexual events and condom/barrier use.**

<b>Frequency scale:</b>		<b>Condom/Barrier use scale:</b>	
Once or irregularly	01	Never	0
Less than once a week	02	Less than half the time	1
About once a week	03	About half the time	2
2-6 times a week	04	More than half the time	3
About once a day	05	Always	4
2-3 times a day	06	Don't know/unsure	-2
4 or more times a day	07	Refused	-1
Don't know/unsure	-2		
Refused	-1		

CTP - Site ID ____ - ____	Participant ID <b>USUBJID</b> ____	Assessment Date: ____ / ____ / ____ <b>QSDTC</b> m   m   d   d   y   y   y   y
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**QSSCAT=SEXUAL ACTIVITY – CLIENT WITH FEMALE PARTNER**

**D. Ask Male/Female/Gender Unknown Clients who had Female Partners**

**QSORRES 1a. How many women performed oral sex (“went down”) on you? QSTEST**  
(If 000 for both 30 days and 6 months, then skip to Question 2a.)

\_\_\_\_ In the last 30 days. ( Number cannot exceed total number of female partners (qC2a)) **QSEVLINT=-P30D**  
 \_\_\_\_ During the past 6 months. ( Number cannot exceed total number of female partners (qC2b)) **QSEVLINT=-P6M**

**QSEVLINT=-P30D**  
**1b. How often did your partner(s) perform oral sex (“go down”) on you? (Use frequency scale)**

\_\_\_\_ In the last 30 days. **QSEVLINT=-P6M**  
 \_\_\_\_ During the past 6 months.

**QSEVLINT=-P30D**  
**1c. How often did you use condoms/dental dams when your partner(s) performed oral sex (“went down”) on you? (Use condom/barrier use scale)**

\_\_\_\_ In the last 30 days. **QSEVLINT=-P6M**  
 \_\_\_\_ During the past 6 months.

**2a. How many women did you perform oral sex (“go down”) on? (If 000 for both 30 days and 6 months, then skip to next section appropriate for the sex of this client.) QSEVLINT=-P30D**

\_\_\_\_ In the last 30 days. ( Number cannot exceed total number of female partners (qC2a)) **QSEVLINT=-P6M**  
 \_\_\_\_ During the past 6 months. ( Number cannot exceed total number of female partners (qC2b))

**2b. How often did you perform oral sex (“go down”) on your partner(s)? (Use frequency scale)**

\_\_\_\_ In the last 30 days. **QSEVLINT=-P30D**  
 \_\_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**2c. How often did you use condoms/dental dams when you performed oral sex (“went down”) on your partner(s)? (Use condom/barrier use scale)**

\_\_\_\_ In the last 30 days. **QSEVLINT=-P30D**  
 \_\_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH FEMALE PARTNER**

**E. Ask Male/Gender Unknown Clients who had Female Partners:**

**1a. How many women did you have vaginal sex with?**  
(If 000 for both 30 days and 6 months, then skip to Question 2a.)

\_\_\_\_ In the last 30 days. ( Number cannot exceed total number of female partners (qC2a)) **QSEVLINT=-P30D**  
 \_\_\_\_ During the past 6 months. ( Number cannot exceed total number of female partners (qC2b)) **QSEVLINT=-P6M**

**1b. How often did you have vaginal sex? (Use frequency scale)**

\_\_\_\_ In the last 30 days. **QSEVLINT=-P30D**  
 \_\_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**1c. How often did you use a condom? (Use condom/barrier use scale)**

\_\_\_\_ In the last 30 days. **QSEVLINT=-P30D**  
 \_\_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**2a. How many women did you have (insertive) anal sex with? (If 000 for both 30 days and 6 months, then skip to next section appropriate for the sex of this client.)**

\_\_\_\_ In the last 30 days. ( Number cannot exceed total number of female partners (qC2a)) **QSEVLINT=-P30D**  
 \_\_\_\_ During the past 6 months. ( Number cannot exceed total number of female partners (qC2b)) **QSEVLINT=-P6M**

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Frequency scale:		Condom/Barrier use scale:	
Once or irregularly	01	Never	0
Less than once a week	02	Less than half the time	1
About once a week	03	About half the time	2
2-6 times a week	04	More than half the time	3
About once a day	05	Always	4
2-3 times a day	06	Don't know/unsure	-2
4 or more times a day	07	Refused	-1
Don't know/unsure	-2		
Refused	-1		

QSORRES

QSTEST

**2b. How often did you have (insertive) anal sex?** *(Use frequency scale)*

\_\_\_\_ In the last 30 days. QSEVLINT=-P30D

\_\_\_\_ During the past 6 months. QSEVLINT=-P6M

**2c. How often did you use a condom?** *(Use condom/barrier use scale)*

\_\_\_\_ In the last 30 days. QSEVLINT=-P30D

\_\_\_\_ During the past 6 months. QSEVLINT=-P6M

QSSCAT=SEXUAL ACTIVITY – MALE CLIENT WITH MALE PARTNER

**F. Ask Male/Gender Unknown Clients who had Male Partners:****1a. How many men did you have (insertive) anal sex with?***(If 000 for both 30 days and 6 months, then skip to next section appropriate for this client.)* QSEVLINT=-P30D\_\_\_\_ In the last 30 days. *( Number cannot exceed total number of male partners (qC3a))* QSEVLINT=-P6M\_\_\_\_ During the past 6 months. *( Number cannot exceed total number of male partners (qC3b))***1b. How often did you have (insertive) anal sex?** *(Use frequency scale)*

\_\_\_\_ In the last 30 days. QSEVLINT=-P30D

\_\_\_\_ During the past 6 months. QSEVLINT=-P6M

**1c. How often did you use a condom?** *(Use condom/barrier use scale)*

\_\_\_\_ In the last 30 days. QSEVLINT=-P30D

\_\_\_\_ During the past 6 months. QSEVLINT=-P6M

QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER

**G. Ask Male/Female/Gender Unknown Clients who had Male Partners****1a. How many men performed oral sex (“went down”) on you?***(If 000 for both 30 days and 6 months, then skip to Question 2a.)* QSEVLINT=-P30D\_\_\_\_ In the last 30 days. *( Number cannot exceed total number of male partners (qC3a))* QSEVLINT=-P6M\_\_\_\_ During the past 6 months. *( Number cannot exceed total number of male partners (qC3b))***1b. How often did your partner(s) perform oral sex (“go down”) on you?** *(Use frequency scale)*

\_\_\_\_ In the last 30 days. QSEVLINT=-P30D

\_\_\_\_ During the past 6 months.

QSEVLINT=-P6M

**1c. How often did you use condoms/dental dams when your partner(s) performed oral sex (“went down”) on you?** *(Use condom/barrier use scale)*

\_\_\_\_ In the last 30 days. QSEVLINT=-P30D

\_\_\_\_ During the past 6 months. QSEVLINT=-P6M

**2a. How many men did you perform oral sex (“go down”) on?** *(If 000 for both 30 days and 6 months, then skip to next section appropriate for the sex of this client.)*\_\_\_\_ In the last 30 days. *( Number cannot exceed total number of male partners (qC3a))* QSEVLINT=-P30D\_\_\_\_ During the past 6 months. *( Number cannot exceed total number of male partners (qC3b))* QSEVLINT=-P6M



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**QSORRES QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER**

**2b. How often did you perform oral sex (“go down”) on your partner(s)?** *(Use frequency scale)*

- \_\_\_ In the last 30 days. **QSEVLINT=-P30D** **QSTEST**
- \_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**2c. How often did you use condoms/dental dams when you performed oral sex (“went down”) on your partner(s)?** *(Use condom/barrier use scale)*

- \_\_\_ In the last 30 days. **QSEVLINT=-P30D**
- \_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**QSSCAT=SEXUAL ACTIVITY – FEMALE CLIENT WITH MALE PARTNER**

**H. Ask Female/Gender Unknown Clients who had Male Partners:**

**1a. How many men did you have vaginal sex with?**

- (If 000 for both 30 days and 6 months, then skip to next section appropriate for this client.)* **QSEVLINT=-P30D**
- \_\_\_ In the last 30 days. *( Number cannot exceed total number of male partners (qC3a))* **QSEVLINT=-P6M**
- \_\_\_ During the past 6 months. *( Number cannot exceed total number of male partners (qC3b))*

**1b. How often did you have vaginal sex?** *(Use frequency scale)*

- \_\_\_ In the last 30 days. **QSEVLINT=-P30D**
- \_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**1c. How often did you use a condom?** *(Use condom/barrier use scale)*

- \_\_\_ In the last 30 days. **QSEVLINT=-P30D**
- \_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**QSSCAT=SEXUAL ACTIVITY – CLIENT WITH MALE PARTNER**

**I. Ask Male/Female/Gender Unknown Clients who had Male Partners**

**1a. How many men did you have (receptive) anal sex with?**

- (If 000 for both 30 days and 6 months, then skip to section J.)* **QSEVLINT=-P30D**
- \_\_\_ In the last 30 days. *( Number cannot exceed total number of male partners (qC3a))* **QSEVLINT=-P6M**
- \_\_\_ During the past 6 months. *( Number cannot exceed total number of male partners (qC3b))*

**1b. How often did you have (receptive) anal sex?** *(Use frequency scale)*

- \_\_\_ In the last 30 days. **QSEVLINT=-P30D**
- \_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**1c. How often did you use a condom?** *(Use condom/barrier use scale)*

- \_\_\_ In the last 30 days. **QSEVLINT=-P30D**
- \_\_\_ During the past 6 months. **QSEVLINT=-P6M**

**J. Ask all Female clients: QSSCAT=SEXUAL ACTIVITY – ALL FEMALE CLIENTS**

- \_\_\_ 1. Do you currently have a primary male sexual partner?  
   0=No  
   1=Yes  
  -2=Don't know  
  -1=Refused
- \_\_\_ 2. Are you planning on attempting to get pregnant during the course of your participation in this study?  
   0=No  
   1=Yes  
  -2=Don't know  
  -1=Refused

**QSENDTC**

**STOP TIME:** \_\_\_\_ : \_\_\_\_ : \_\_\_\_ *(hh:mm, 24 hour clock)\**  
*\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.*

<b>NIDA-CTN-0019</b>		HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs		Seq. Num.: _____
<b>STUDYID</b>	<b>NODE:</b> _____	<b>EPOCH</b>		
<b>CTP-SITE ID:</b>	<b>USUBJID</b> _____	<b>Visit #:</b> (circle one)	<b>VISITNUM</b>	
<b>PARTICIPANT #:</b>		3-Month FUP	6-Month FUP	
<b>QSDTC</b>	<b>Assessment Date:</b> ____/____/____ (mm/dd/yyyy)	<b>STAFF ID:</b> _____		
<b>FORM COMPLETION STATUS</b>				
1=CRF Administered 2=Participant refused 3=Staff Member did not Administer 4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)				

**START TIME:** \_\_\_\_:\_\_\_\_:\_\_\_\_ (hh:mm, 24 hour clock) **QSSDTC**

**INTERVIEWER:** The RBF contains sensitive information on drug use and sexual behavior. Please ensure that you have developed rapport with the participant before asking these questions.

**A. DRUG USE** **QSSCAT=DRUG USE** **QSEVLINT=-P30D**

	<b>QSTEST</b> I'm going to ask you some questions about your drug use. I'll ask what types of drugs you've used and how often you use them.	<b>a.</b> Have you ever used? (If no use, skip to next drug) <b>QSORRES</b>			<b>b.</b> How many days did you use _____ in the last 30 days? (If 00, do not ask parts c-f, and skip to next drug)	<b>c.</b> How many days did you inject _____ in the last 30 days? (If 00, skip to part e)	<b>d.</b> How many times a day did you inject _____? (Average # of injections/day)	<b>e.</b> How many days did you use _____ without injecting (smoking, snorting, swallowing) in the last 30 days? (If 00, then skip to next drug class)	<b>f.</b> How many times a day did you use _____ without injecting?
		NO	YES	UNK					
1.	Cocaine by itself (injected or snorted)	0	1	-2	-1	<b>QSORRES=DAY</b>		<b>QSORRES=DAY</b>	
2.	Heroin by itself	0	1	-2	-1				
3.	Heroin & Cocaine mixed together (Speedball)	0	1	-2	-1				
4.	Other Opiates (Demerol, Codeine, Dilaudid)	0	1	-2	-1				
5.	Amphetamines (Speed, Methamphetamine, Crank)	0	1	-2	-1				

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**B. DRUG INJECTION** =QSSCAT QSEVLINT=-P30D  
*(if no injection use in past 30 days, then enter Stop Time and end questionnaire)*

**QSORRES**

**QSTEST**

1. In the last 30 days, how many times (# of injections) did you inject using works (needle/syringes) that **you know** had been used by somebody else?  
*(If 000, then skip to B3)*
- \_\_\_\_\_ 2. Of the times you injected after someone, how many times did you clean the works with full-strength bleach? *(Number cannot exceed total number of times used after somebody else (qB1).)*
- \_\_\_\_\_ 3. How many times in the last 30 days did you use a cooker/cotton/rinse water that had been used by another injector?
- \_\_\_\_\_ 4. How many times in the last 30 days did you fix drugs with another person, then split the drug solution (through use of the same cooker/spoon or through front or back loading)?

**STOP TIME:** \_\_\_\_ : \_\_\_\_ *(hh:mm, 24 hour clock)\**

**QSENDTC**

*\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.*

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>	<b>Seq. Num.:</b> _____
<b>STUDYID NODE:</b> _____	<b>EPOCH</b>	
<b>CTP-SITE ID:</b> _____	<b>Visit #:</b> <i>(circle one)</i>	Baseline
<b>PARTICIPANT #:</b> <b>USUBJID</b> _____	<b>VISITNUM</b>	
<b>QSDTC</b> Assessment Date: _____ / _____ / _____ (mm / dd / yyyy)		<b>STAFF ID:</b> _____
1=CRF Administered      4=Not enough time to Administer 2=Participant refused      5=No Participant Contact 3=Staff Member did not Administer      6=Other (Specify: _____ )		
<b>FORM COMPLETION STATUS</b>		

Diagnoses shaded gray (4,7,8,9,10) are optional. All others (1,2,3,5,6) are required.  
**START TIME:** \_\_\_\_\_ (hh:mm, 24 hour clock)      **QSDTC**

	A. Screened in J1/J1A					B. Abuse J10					C. Abuse Recency Code from J10					D. Dependence Code from J21					E. Dependence Recency Full Criteria Code from J22					F. Dependence Recency Any Criteria Code from J23											
	N	Y	NA	Y	NA	N	Y	NA	Y	NA	1	2	3	4	5	6	-5	N	Y	NA	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5			
1. Alcohol	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
2. Marijuana	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
3. Stimulants	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
4. Sedatives	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
5. Opioids	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
6. Cocaine	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
7. PCP	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
8. Psychedelics	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
9. Inhalants	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5
10. Other Specify:	1	5	-5	1	5	-5	1	2	3	4	5	6	-5	1	5	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5	1	2	3	4	5	6	-5

**STOP TIME:** \_\_\_\_\_ (hh:mm, 24 hour clock)      **QSENDTC**      *\*\*If time spent completing the form was not continuous, adjust stop time to account for any breaks.*

<b>NIDA-CTN-0019</b>	<b>HIV/STD Safer Sex Skills Groups for Women in Methadone Maintenance or Drug-Free Outpatient Treatment Programs</b>		<b>Seq. Num.:</b> ___
<b>STUDYID</b>	<b>NODE:</b> _____	<b>EPOCH</b>	<b>VISITNUM</b> 3-Month FUP                      6 Month-FUP
<b>CTP-SITE ID:</b>	_____ - _____	<b>Visit #:</b> (circle one)	
<b>PARTICIPANT #:</b>	<b>USUBJID</b>		
<b>Assessment Date:</b> ___ / ___ / ___		<b>QSDTC</b> (mm / dd / yyyy)	<b>STAFF ID:</b> _____
<b>FORM COMPLETION STATUS</b>	1=CRF Administered 2=Participant refused 3=Staff Member did not Administer	4=Not enough time to Administer 5=No Participant Contact 6=Other (Specify: _____)	

**QSCAT=ABUSE EXPERIENCES QUESTIONNAIRE FOLLOW-UP**

Many women report experiencing physical, sexual, and emotional abuse in their relationships with partners. Given the importance of these experiences we would like to ask a few questions about them that may or may not apply to you. During this interview we will be asking about your experiences in the past 3 months with different types of partners you might have (e.g. your main partner and any other partners) and we will be referring to the same people you answered questions about on the computer questionnaire.

Many women also report experiencing physical and sexual abuse outside of the relationships with their partners. In the second part of this interview we will be asking you about any of these experiences you may have had in the past 3 months.

Sometimes discussing these topics can be difficult. It is important to keep in mind that everything you share is confidential and that you will not be asked to provide details of the experiences. If discussing these topics is distressing for you and you feel it would be helpful to talk further about these issues, after the interview your interviewer or another staff member will be available.

**PARTNER PHYSICAL ABUSE =QSSCAT**

**1. In the past 3 months has your current main male partner beaten you or gotten violent with you? (Answer questions for the same person you defined as your main partner on the computer questionnaire)**

**QSTEST**

**QSEVLINT=-P3M**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

*[IF YES, go to 1a, IF NO, skip to 2]*

**1a. How often has this happened with your current main male partner in the past three months?**

**QSORRES**

- 1=Daily
- 2=At least once a week
- 3=Several times a month but less than once a week
- 4=Once a month
- 5=Less than once a month
- 7=Don't know
- 8=Refused

**1b. As a result of this (of these) incident(s), did you need or think you needed medical treatment in the past three months?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**1c. Did you get medical treatment in the past three months?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

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— **2. In the past 3 months have any other current male partner(s) beaten you or gotten violent with you?**  
*(Answer questions for the same people you defined as other partners on the computer questionnaire)* **QSEVLINT=-P3M**  
**QSTEST**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

*[IF YES, go to 2a, IF NO, skip to 3]*

— **2a. How often has this happened with your other current male partners in the past three months?** **QSEVLINT=-P3M**  
**QSORRES**  
 1=Daily  
 2=At least once a week  
 3=Several times a month but less than once a week  
 4=Once a month  
 5=Less than once a month  
 -7=Don't know  
 -8=Refused

— **2b. As a result of this (of these) incident(s), did you need or think you needed medical treatment in the past three months?**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

— **2c. Did you get medical treatment in the past three months?** **QSEVLINT=-P3M**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

**PARTNER PHYSICAL ABUSE IN RESPONSE TO REQUEST FOR SAFE SEX =QSSCAT**

— **3. In the past 3 months have you been physically threatened or hit by a partner in response to asking him to engage in safer sex (that is, use of a male or female condom)?** **QSEVLINT=-P3M**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

*[IF NO, SKIP TO NEXT SECTION (Partner Sexual Coercion).*

*IF YES, go to 3a:]*

— **3a. Has this happened with your current main male partner in the past 3 months?** **QSEVLINT=-P3M**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

— **3b. Has this happened with any other male partner(s) you had sex with in the past three months?** **QSEVLINT=-P3M**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

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**PARTNER SEXUAL COERCION =QSSCAT**

4. In the past 3 months, have you felt forced or coerced into having sex with your main male partner when you didn't want to? **QSEVLINT=-P3M**  
*(Answer questions for the same person you defined as your main male partner on the computer questionnaire)*

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSTEST**

*[IF YES, go to 4a, IF NO, skip to 5]*

4a. How often has this happened with your current main male partner in the past three months? **QSEVLINT=-P3M**  
**QSORRES**  
 1=Daily  
 2=At least once a week  
 3=Several times a month but less than once a week  
 4=Once a month  
 5=Less than once a month  
 -7=Don't know  
 -8=Refused

4b. As a result of this (of these) incident(s), did you need or think you needed medical treatment in the past three months? **QSEVLINT=-P3M**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

4c. Did you get medical treatment in the past three months? **QSEVLINT=-P3M**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

5. In the past 3 months have you ever felt that any other male partner(s) you are currently having sex with has forced or coerced you into having sex with him or them when you didn't want to? **QSEVLINT=-P3M**  
*(Answer questions for the same people you defined as other male partners on the computer questionnaire)*

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSEVLINT=-P3M**

*[IF YES, go to 5a, IF NO, skip to 6]*

5a. How often has this happened with any of your current other male partners in the past three months? **QSEVLINT=-P3M**  
 1=Daily  
 2=At least once a week  
 3=Several times a month but less than once a week  
 4=Once a month  
 5=Less than once a month  
 -7=Don't know  
 -8=Refused

5b. As a result of this (of these) incident(s), did you need or think you needed medical treatment in the past three months? **QSEVLINT=-P3M**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused

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\_\_\_ 5c. **Did you get medical treatment in the past three months?**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused  
**QSTEST**

**PARTNER EMOTIONAL/VERBAL ABUSE =QSSCAT**

\_\_\_ 6. **In the past 3 months have you been with a male partner who was verbally or emotionally abusive – constantly putting you down, calling you names, yelling at you, threatening you, or humiliating you?**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused  
**QSEVLINT=-P3M**

*[IF NO, SKIP TO NEXT SECTION (Adult Physical Abuse).  
 IF YES, go to 6a:]*

\_\_\_ 6a. **Is this happening in the current relationship with your main male partner? (Answer questions for the same person you defined as your main male partner on the computer questionnaire)**  
**QSORRES**

*[IF NO, skip to Q.7]*  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused  
**QSEVLINT=-P3M**

\_\_\_ 6b. **How often did this happen with your main male partner in the past three months?**  
 1=Daily  
 2=At least once a week  
 3=Several times a month but less than once a week  
 4=Once a month  
 5=Less than once a month  
 -7=Don't know  
 -8=Refused  
**QSEVLINT=-P3M**

\_\_\_ 7. **In the past 3 months has this happened with any other current male partner(s) you are currently having sex with? (Answer questions for the same people you defined as other current male partners on the computer questionnaire)**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused  
**QSEVLINT=-P3M**

*[IF YES, go to 7a, IF NO, skip to 8]*

\_\_\_ 7a. **How often did this happen with your other current partners in the past three months?**  
 1=Daily  
 2=At least once a week  
 3=Several times a month but less than once a week  
 4=Once a month  
 5=Less than once a month  
 -7=Don't know  
 -8=Refused  
**QSEVLINT=-P3M**

**ADULT PHYSICAL ABUSE =QSSCAT**

\_\_\_ 8. **In the past 3 months, were you beaten, physically assaulted or abused by someone outside of a sexual relationship?**  
 0=No  
 1=Yes  
 -7=Don't Know  
 -8=Refused



CTP - Site ID _____ - _____	Participant ID <b>USUBJID</b> _____	Assessment Date: _____ / _____ / <b>QSDTC</b> m m d d y y y y
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[IF NO, SKIP TO NEXT SECTION (Adult Sexual Abuse).

IF YES, go to 8a:]

**QSTEST**

**8a. Who did that to you?**

(Circle '1' for Yes and '0' for No for numbers 1 through 11 below OR circle '1' for -7, or -8.)

**QSORRES**

**Y N**

- 1 0 1=Man you knew who wasn't a relative
- 1 0 2=Woman you knew who wasn't a relative
- 1 0 3=Man stranger
- 1 0 4=Woman Stranger
- 1 0 5=Multiple abusers/gang
- 1 0 6=Father/Stepfather/Mom's boyfriend
- 1 0 7=Mother/Step-mother
- 1 0 8=Brother
- 1 0 9=Sister
- 1 0 10=Other Male Relative
- 1 0 11=Other Female Relative
- 1 -7=Don't Know
- 1 -8=Refused

**QSEVLINT=-P3M**

\_\_\_ **8b. How often did this happen within the past 3 months?**

- 1=Once
- 2=Rarely
- 3=Occasionally
- 4=Regularly
- 8=Refused

**QSEVLINT=-P3M**

\_\_\_ **8c. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSEVLINT=-P3M**

\_\_\_ **8d. Did you ever get medical treatment?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSEVLINT=-P3M**

**ADULT SEXUAL ABUSE =QSSCAT**

\_\_\_ **9. In the past 3 months, were you sexually assaulted or abused by someone outside of a sexual relationship?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSEVLINT=-P3M**

[IF NO, END QUESTIONNAIRE.

IF YES, go to 9a:]

**9a. Who did that to you?**

(Circle '1' for Yes and '0' for No for numbers 1 through 11 below OR circle '1' for -7, or -8.)

**Y N**

- 1 0 1=Man you knew who wasn't a relative
- 1 0 2=Woman you knew who wasn't a relative
- 1 0 3=Man stranger
- 1 0 4=Woman Stranger
- 1 0 5=Multiple abusers/gang
- 1 0 6=Father/Stepfather/Mom's boyfriend
- 1 0 7=Mother/Step-mother
- 1 0 8=Brother
- 1 0 9=Sister
- 1 0 10=Other Male Relative
- 1 0 11=Other Female Relative
- 1 -7=Don't Know
- 1 -8=Refused

**QSEVLINT=-P3M**

CTP - Site ID _____ - _____	Participant ID <u>                    </u> <b>USUBJID</b>	Assessment Date: _____ / _____ / <b>QSDTC</b> _____ m m / d d / y y y y
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**QSTEST**

\_\_\_ **9b. How often did this happen within the past 3 months?**

**QSORRES**

- 1=Once
- 2=Rarely
- 3=Occasionally
- 4=Regularly
- 8=Refused

**QSEVLINT=-P3M**

\_\_\_ **9c. As a result of this (of these) incident(s), did you ever need or think you needed medical treatment?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSEVLINT=-P3M**

\_\_\_ **9d. Did you ever get medical treatment?**

- 0=No
- 1=Yes
- 7=Don't Know
- 8=Refused

**QSEVLINT=-P3M**

**BRIEF CODING INSTRUCTIONS FOR THE CIDI CRF  
(To be attached to the back of the CRF)**

**ALCOHOL**

Column A	If both J1=1 and J1A = 1 (never had 12+ drinks)	Circle "1" AND skip to Drug Section
	If either J1=5 or J1A = 5	Circle "5" and continue with Column B
	If Not Applicable	Circle "-5" and skip to Drug Section
Column B	If J10 is coded "5" (Yes) (i.e., at least one "5" coded in J6-J9)	Circle "5" Yes, continue with Column C
	If J10 is coded "1" (No) (i.e., J6, J7 & 7A, J8, J9 are all "1")	Circle "1" No, skip to Column D
	If Not Applicable	Circle "-5" and skip to Column D
Column C	If column B is coded "5"	Circle the J10 Recency code (1 - 6) in Column C
	If column B is coded "1"	Skip Column C, and go to Column D
	If Not Applicable	Circle "-5"
Column D	If J21 is coded "5"	Circle "5"
	If J21 is coded "1" or blank due to Skip instruction on J20	Circle "1" and go to Drug Section
	If Not Applicable	Circle "-5" and go to Drug Section
Column E	If Column D is coded "5"	Circle the J22 Recency code (1 - 6) in Column E
	If Column D is coded "1"	Skip Columns E and F, and go to Drug section
	If Not Applicable	Circle "-5"
Column F	If J23 is completed AND column D is coded "5"	Circle the J23 Recency code (1 - 6)
	If J23 is not completed, OR if J23 is completed & Column D is coded "1"	Skip Column F and go to the Drug Section
	If Not Applicable	Circle "-5"

**DRUG (repeat for each Drug Category assessed)**

Column A	If column A within the chart in question L4A = 1 for that drug category	Circle "1" AND skip to next Drug category
	If column A within the chart in question L4A = 5 for that drug category	Circle "5" and continue with Column B
	If Not Applicable	Circle "-5" and skip to next drug category
Column B	If L11 is completed for that drug (i.e., at least one "5" coded in L8-L10)	Circle "5" Yes, continue with Column C
	If L11 not completed for that drug (i.e., L8A, L9B, L9C, L10A are all "1")	Circle "1" No, skip to Column D
	If Not Applicable	Circle "-5" and skip to Column D
Column C	If column B is coded "5"	Circle the L11 Recency code (1 - 6) in Column C
	If column B is coded "1"	Skip Column C, and go to Column D
	If Not Applicable	Circle "-5"
Column D	If L22 is coded "5" for that drug category	Circle "5", continue with Column E
	If L22 is coded "1" or blank for that drug category	Circle "1" and go to next drug category
	If Not Applicable	Circle "-5" and go to next drug category
Column E	If Column D is coded "5"	Circle the L22 Recency code (1 - 6) in Column E
	If Column D is coded "1"	Skip Columns E & F, and go to next drug category
	If Not Applicable	Circle "-5"
Column F	If L24 is completed AND column D is coded "5"	Circle the L24 Recency code (1 - 6)
	If L24 not completed, OR if L24 is completed and Column D is coded "1"	Skip Column F and go to the next drug category
	If Not Applicable	Circle "-5"