**Enrollment Sexual Behavior Visit Code 01.00**

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| Screening ID:   |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Screening Number* | Participant ID:   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   *Site Study Couple I/P Chk* | Visit Date:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* |

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| **Enrollment Sexual Behavior** *These are interviewer-administered questions and should be read aloud directly as written.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | **When did you last have sexual intercourse with your study partner?** | | | | | | *Days ago* | | | |  | | *Weeks ago* | | | | | | |  | | *Months ago* | | | | |  |
| a | Did you use a condom the last time you had sexual intercourse with your study partner? | | | | | | | | | | | | | | | | | | | | | | | | *Yes* | | **No** |
| 2 | | **In the past month, how many times did you have sexual intercourse with your study partner?** | | | | | | | | | | | |  | | | | | ***If 0, go to item 3.*** | | | | | | | | |
| a | | How many times was a condom used? | | | | | | | | | | | |  | | | | |  | | | | | | | | |
| 3 | | **Besides your study partner, how many individuals have you had sex with in the past month?** | | | | | | | | | | | |  | | | | | ***If 0, go to item 4.*** | | | | | | | | |
| a | | Of these individuals, how many are new sexual partners? | | | | | | | | | | | |  | | | | |  | | | | | | | | |
| b | | In the past month, how many times did you have sexual intercourse with someone other than your study partner? | | | | | | | | | | | |  | | | | |  | | | | | | | | |
| c | | How many times was a condom used? | | | | | | | | | | | |  | | | | |  | | | | | | | | |
| 4 | | **In the past month, did you have anal sex?** | | | | | | | | | | | | | | | | | ***Yes*** | | | | | ***No*** | | | |
| ***Items 5-8 are for females only. These questions refer to behavior during the past month.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | **Are you using any of the following birth control methods? *Mark all that apply*** | | | | | | | | | | | | | | | | | ***Yes*** | | | | | ***No*** | | | |
|  | | *Oral* |  | *Implant* | | | | | |  | | *Post-menopausal* | | | | | | | | | | | | | |  | |
|  | | *IUD* |  | *tubal ligation / hysterectomy* | | | | | |  | | *Pregnant* | | | | | | | | | | | | | |  | |
|  | | *Injectable* |  | *Condom* | | | | | |  | | *Others* | | | | | | | | | | | | | | | |
| 6 | | **Do you ever wash inside the vagina?** | | | | | | | | | | | | | ***Yes*** | | | ***No*** | | | ***If no, go to item 7.*** | | | | | | |
| a | | How often do you wash inside the vagina? | | | *every day* | | | | *2-6 times a week* | | | | | | | Once a week | | | | | | | ***< once a week*** | | | | |
| b | | What do you use to wash inside the vagina? | | | | *Water* | | *Soap and water* | | | | | | | | | *Other:* | | | | | | | | | | |
| c | | How do you wash inside the vagina? | | | | *cloth* | | *Finger only* | | | | | | | | | *Other:* | | | | | | | | | | |
| 7 | | **Do you use lubrication for sex?** | | | | | | | | | | | | | ***Yes*** | | | ***No*** | | | ***If no, go to item 8.*** | | | | | | |
| a | | What do you use for lubrication? *Mark all that apply* | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *saliva* |  | *Petroleum jelly* | | | | | |  | | *Others:* | | | | | | | | | | | | | | | |
| 8 | | Do you insert any other substances into the vagina? | | | | | | | | | | | | | ***Yes*** | | | ***No*** | | | ***If no, end of form.*** | | | | | | |
| a | | What do you insert? | | | | | | | | | | | | |  | | | | | | | | | | | | |

**Completed by:** *(initials/date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Forms Instruction**

The **Enrollment Sexual Behavior** CRF details sexual practice information from enrolled participants. It is an interviewer-administered form, and each question should be asked as it is written. To get the most honest answers, this form should be administered to each participant separately (without his or her study partner). This form is administered both to index and to partner participants at Enrollment.

**Item-specific Instructions:**

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| **Screening ID** | Screening IDs will be assigned from the site list and are unique to the individual. They are numeric and should be assigned sequentially. The Index Screening ID is assigned to the HIV-positive participant, and the Partner Screening ID is assigned to the HIV-negative participant. |
| **Participant ID** | Participant IDs are assigned from a list provided by the PROJECT. They are assigned once eligibility has been determined and the subject has been enrolled. The Participant ID should be left blank until the eligibility status of the participant is known. If eligible, the Participant ID should be entered and initialed and dated (if being added on a different date). If the participant is not eligible, then the Participant ID should be left blank. |
| **“In the past**  **month”** | “In the past month” refers to behavior occurring during the last thirty days. |
| **Item 1** | Enter “00” if none. Allow the participant time to count up sexual acts, as we want as accurate an answer as possible. However, an approximation will do. Multiple sex acts on the same day should each count toward the total |
| **Item 1a** | If there were zero acts of sex reported in item 1, leave item 1a blank. Otherwise, enter the number of sex acts during which a condom was used. For none, enter “00.” The number in 1a should not be greater than the number in item 1. If a participant answers generally “about half the time” or “most of the time,” suggest or compute the corresponding number of times and confirm with the participant. If a participant offers that condom breakage occurred, do not count those uses toward the total. |
| **Item 2** | The response is the total number of additional sexual partners ***who are not enrolled in the study.*** Enter “00” if none. Do not leave blank. |
| **Item 2a** | A new partner is someone with whom the participant had sex for the first time. |
| **Item 2b** | Allow the participant time to count up sexual acts, as we want as accurate an answer as possible. However, an approximation will do. Multiple sex acts on the same day should each count toward the total. Do not leave item 2b blank (unless “00” was marked in item 2). |
| **Item 2c** | Enter the number of sex acts during which a condom was used. For none, enter “00.” The number in 2b1 should not be greater than the number in item 2b. If a participant answers generally “about half the time” or “most of the time,” suggest or compute the corresponding number of times and confirm with the participant. If a participant offers that condom breakage occurred, do not count those uses toward the total. |
| **Item 6** | “Wash inside the vagina” refers to washing beyond the introitus (vaginal entry) and not just the external genitalia |
| **Item 8** | Substances are defined as things not mentioned in items 6 or 7. |