**Follow-Up Sexual Behavior**

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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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| **Follow-up Sexual Behavior** *Items 1-5 are interviewer-administered questions. Read each item aloud to the participant.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please read the following aloud before asking questions: *Now I'm going to ask you about your sexual practices. While some of this information may be embarrassing or difficult to remember, please try to give your best answers and be as honest as you can. Whenever “sex” or “sexual intercourse” is stated, it includes vaginal and anal sex, but not oral sex. The term “condom” refers to either a male or female condom.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | | Are you and your study partner still together as a couple? | | | | | | | | | | | Yes | | | No | | | | **If yes, g*o to item 3.*** | | | | | | | | | | |
| 2 | | Why are you no longer a couple? | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |
|  | | *partner died* |  | | *broke up/divorced* | | |  | *Others* | | | | | | | |  | | | | | | | | | | | | | |
| a | | Do you currently have a sexual partner? | | | | | | | | | | | Yes | | | No | | | | | **If no, go to item 3.** | | | | | | | | | |
| b | | When did you first have sex with this partner? | | | | | | | | | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |   *dd mm yy* | | | | | | | | | | | | | | | | | |
| 3 | | Have you had sexual intercourse with your study partner in the last 3 months? | | | | | | | | | | | Yes | | | No | | | | | ***If no, go to item 5*** | | | | | | | | | |
| a | When did you last have sexual intercourse with your study partner? | | | | | | *Days ago* | | | |  | | | *Weeks ago* | | | | | | | |  | | *Months ago* | | | | | |  |
| b | | Did you use a condom the last time you had sexual intercourse with your study partner? | | | | | | | | | | | | | | | | | | | | | | | | | **Yes** | | ***No*** | |
| 4 | | In the past month, how many times did you have sexual intercourse with your study partner? | | | | | | | | | | | | | | | |  | | | | | | | ***If 0, go to item 2.*** | | | | | |
| a | | How many times was a condom used? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| b | | How long has it been since you last had sex with your study partner? | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| c | | During this most recent encounter, was a condom used? | | | | | | | | | | | **Yes** | | | ***No*** | | | | |  | | | | | | | | | |
| 5 | | Besides your study partner, how many individuals have you had sex with in the past month? | | | | | | | | | | |  | | | | | | | ***If 0, go to item 6.*** | | | | | | | | | | |
| 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? | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |
| 6 | | **In the past month, did you have anal sex?** | | | | | | | | | | | | | | | | | | | | | | | | ***Yes*** | | ***No*** | | |
| 7 | | **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 | | | | | | | | | | | | | | | | | | |
| 8 | | Since the last visit, has the participant been verbally, physically, or economically abused by his or her study partner? | | | | | | | | | | | | | Yes | | | | No | | | | If yes, complete the social harm form | | | | | | | |

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

**Forms Instruction**

The **Follow-up Sexual Behavior** CRF details sexual practice information from enrolled participants. Except for item 6, 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).

**Item-specific Instructions:**

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| --- | --- |
| **Seroconverter** | Mark this box only for confirmed seroconverters. |
| **CRF not**  **administered** | If this form is not administered at a required visit, then it must still be faxed with the “CRF not administered” box marked. It is not necessary to line through the entire form and write “not administered.” |
| **Item 2b** | If the day or month is not known, line through the space(s) which cannot be filled, write a note indicating that this information is “unknown,” and record at least the year. |
| **Item 4 “In the past**  **month”** | “In the past month” refers to behavior occurring during the four week period immediately before the current visit. |
| **Item 4** | Enter “00” if none. Allow the participants 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. If study partner has been deceased for over a month, line through the boxes in item 4 and write “N/A.” |
| **Item 4a** | If there were zero acts of sex reported in item 4, leave item 4a blank. Otherwise, enter the number of sex acts during which a condom was used. For none, enter “00.” The number in 4a should not be greater than the number in item 4. If the 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 the participant offers that condom breakage occurred, do not count those uses toward the total. |
| **Item 5** | 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 5a** | A new partner is someone with whom the participant had sex for the first time. |
| **Item 5b** | 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 5c** | Enter the number of sex acts during which a condom was used. For none, enter “00.” The number in 4c should not be greater than the number in item 4b. If the 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 the participant offers that condom breakage occurred, do not count those uses toward the total. |
| **Item 8** | This question is not interviewer-administered, and should be asked in a culturally appropriate way in the context of a counseling session.  Abuse can be:  • verbal, like yelling, name calling, or threatening; or  • physical, like hitting or slapping or forcing someone to have sex against their wishes; or  • economic, like withholding money or taking money away.  Other actions may also be considered abusive.  If the answer to this question is “yes,” fill out the **Social Harm Report (SH)**.  Only mark “yes” for newly reported incidents of social harm. If this incident was previously reported on an **SH** form at an interim visit, mark “already reported” and complete the visit month. |