

SEXUAL BEHAVIOR (SXQ)

*The next set of questions is about your sexual behavior. By sex, we mean vaginal, oral, or anal sex. Please circle your answers. Remember that your answers are strictly confidential and **you may skip any question that makes you feel uncomfortable or where you don't know the answer by circling the "Refused" or "Don't Know" response for that question.***

1. [SXQ.010] What is your gender? *Please circle male or female.*

SXQ010 FMT_GENDER

Male **(If you chose "Male," please go to the Male Questionnaire below)**

Female **(If you chose "Female," please go to the Female Questionnaire on Page 5)**

Refused **(If you chose "Refused," please use the Female Questionnaire on Page 5)**

Don't Know **(If you chose "Don't Know," please use the Female Questionnaire on Page 5)**

Male Questionnaire

2. [SXQ.020] Have you ever had sex? *Please circle yes or no.*

SXQ020 FMT_YES_NO

No **(If you chose "No," please go to Question 10 on Page 4)**

Yes

Refused **(If you chose "Refused," please go to Question 10 on Page 4)**

Don't Know **(If you chose "Don't Know," go to Question 10 on Page 4)**

3. [SXQ.050] The last time you had sex, did you or your partner use a condom? *Please circle yes or no.*

SXQ050 FMT_YES_NO

No

Yes **(If you chose "Yes," please go to Question 5 on Page 2)**

Refused **(If you chose "Refused," go to Question 5 on Page 2)**

Don't Know **(If you chose "Don't Know" go to Question 5, Pg. 2)**

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4. [SXQ.100] You indicated that you and your partner did not use a condom the last time you had sex. *Please circle all the reasons you and your partner did not use condoms the last time you had sex. Please circle all that apply.*

Your or your partners' religion does not allow it

It does not feel the same

It is difficult to maintain an erection with a condom

You and your partner only have sex with each other

You and your partner did not have a condom

You and your partner did not think of it

You or your partner were under the influence of alcohol or other drugs

You and your partner were trying to conceive

You or your partner were using other birth control methods

You were not concerned about pregnancy

You were confident your partner was healthy

You thought your risk of getting a sexually transmitted infection or disease was very low

Other reasons

Refused

Don't Know

- SXQ100A FMT_YES_NO
- SXQ100B FMT_YES_NO
- SXQ100C FMT_YES_NO
- SXQ100D FMT_YES_NO
- SXQ100E FMT_YES_NO
- SXQ100F FMT_YES_NO
- SXQ100G FMT_YES_NO
- SXQ100H FMT_YES_NO
- SXQ100I FMT_YES_NO
- SXQ100J FMT_YES_NO
- SXQ100K FMT_YES_NO
- SXQ100L FMT_YES_NO
- SXQ100M FMT_YES_NO

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5. [SXQ.160] In **your lifetime**, with how many **women** have you had sex? *Please write a number or write 0 for none. Please use your best guess if you don't remember the exact number.*

SXQ160 **FMT_NUMERIC**

|_|_|_| (If you wrote "0," please go to Question 7 on Page 3)
Write Number

Refused

Don't Know

6. [SXQ.170] In the **past 12 months**, with how many **women** have you had sex? *Please write a number or write 0 for none. Please use your best guess if you don't remember the exact number.*

SXQ170 **FMT_NUMERIC**

|_|_|_|
Write Number

Refused

Don't Know

7. [SXQ.180] In **your lifetime**, with how many **men** have you had sex? *Please write a number or write 0 for none. Please use your best guess if you don't remember the exact number.*

SXQ180 **FMT_NUMERIC**

|_|_|_| (If you wrote "0," please go to Question 9 below)
Write Number

Refused

Don't Know

8. [SXQ.190] In the **past 12 months**, with how many **men** have you had sex? *Please write a number or write 0 for none. Please use your best guess if you don't remember the exact number.*

SXQ190 **FMT_NUMERIC**

|_|_|_|
Write Number

Refused

Don't Know

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9. [SXQ.200] For this survey, we use the term “main sexual partner” to describe someone who is your spouse, lover, or anyone else you feel committed to or have a special relationship with. The last time you had sex, was it with your main sexual partner? *Please circle yes or no.*

SXQ200**FMT_YES_NO**

No

Yes

Refused

Don't Know

*The next few questions are about HIV (the virus that causes AIDS) and other sexually transmitted diseases. Please remember that your answers are strictly confidential and **you may skip any question that makes you feel uncomfortable or where you don't know the answer by circling the “Refused” or “Don't Know” response for that question.***

10. [SXQ.210] Sexually transmitted diseases include HIV, genital warts, gonorrhea (also called clap or GC), chlamydia and syphilis. What is the chance that you currently have HIV or any other sexually transmitted disease? *Please circle the category that represents your risk of a currently having a sexually transmitted disease. Would you say...?*

SXQ210**FMT_SXQ210_**

Certain

High

Medium

Low

None

Refused

Don't Know

11. [SXQ.220] Have you been tested for HIV in the last 12 months (including fluid testing from your mouth)? Do not count tests you may have had as part of a blood donation. *Please circle yes or no.*

SXQ220**FMT_YES_NO**

No

Yes

Refused

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Don't Know

12. [SXQ.230] Are you circumcised or uncircumcised? *Please circle circumcised or uncircumcised.*

SXQ230

FMT_SXQ230_

Circumcised

Uncircumcised

Refused

Don't Know

If you have answered the Male Questionnaire, you have completed the Sexual Behavior Questionnaire. Do not answer the questions on pages 5-8.

SEXUAL BEHAVIOR (SXQ)**Female Questionnaire**

2. [SXQ.025] Have you ever had sex? *Please circle yes or no.*

SXQ020 **FMT_YES_NO**

No **(If you chose “No,” please go to Question 10 on Page 8)**

Yes

Refused **(If you chose “Refused,” go to Question 10 on Page 8)**

Don't Know **(If you chose “Don't Know,” go to Question 10 on Pg. 8)**

3. [SXQ.055] The last time you had sex, did you or your partner use a condom? *Please circle yes or no.*

SXQ050 **FMT_YES_NO**

No **(If you chose “No,” please go to Question 4 on Page 6)**

Yes **(If you chose “Yes,” please go to Question 5 on Page 6)**

Refused **(If you chose “Refused,” go to Question 5 on Page 6)**

Don't Know **(If you chose “Don't Know,” go to Question 5, Pg. 6)**

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4. [SXQ.105] You indicated that you and your partner did not use a condom the last time you had sex. *Please circle all the reasons you and your partner did not use condoms the last time you had sex. Please circle all that apply.*

Your or your partners' religion does not allow it

It does not feel the same

It is difficult to maintain an erection with a condom

You and your partner only have sex with each other

You and your partner did not have a condom

You and your partner did not think of it

You or your partner were under the influence of alcohol or other drugs

You and your partner were trying to conceive

You or your partner were using other birth control methods

You and your partner were not concerned about pregnancy

You were confident your partner was healthy

You thought your risk of getting a sexually transmitted infection or disease was very low

Other reasons

Refused

Don't Know

- SXQ100A FMT_YES_NO
- SXQ100B FMT_YES_NO
- SXQ100C FMT_YES_NO
- SXQ100D FMT_YES_NO
- SXQ100E FMT_YES_NO
- SXQ100F FMT_YES_NO
- SXQ100G FMT_YES_NO
- SXQ100H FMT_YES_NO
- SXQ100I FMT_YES_NO
- SXQ100J FMT_YES_NO
- SXQ100K FMT_YES_NO
- SXQ100L FMT_YES_NO
- SXQ100M FMT_YES_NO

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5. [SXQ.165] In **your lifetime**, with how many **men** have you had sex? *Please write a number or write 0 for none. Please use your best guess if you don't remember the exact number.*

SXQ180

FMT_NUMERIC

(If you wrote "0," please go to Question 7 on Page 7)

Write Number

Refused

Don't Know

6. [SXQ.175] In the **past 12 months**, with how many **men** have you had sex? *Please write a number or write 0 for none. Please use your best guess if you don't remember the exact number.*

SXQ190

FMT_NUMERIC

Write Number

Refused

Don't Know

7. [SXQ.185] In **your lifetime**, with how many **women** have you had sex? *Please write a number or write 0 for none. Please use your best guess if you don't remember the exact number.*

SXQ160

FMT_NUMERIC

(If you wrote "0," please go to Question 9 below)

Write Number

Refused

Don't Know

8. [SXQ.195] In the **past 12 months**, with how many **women** have you had sex? *Please write a number or write 0 for none. Please use your best guess if you don't remember the exact number.*

SXQ170

FMT_NUMERIC

Write Number

Refused

Don't Know

9. [SXQ.205] For this survey, we use the term "main sexual partner" to describe someone who is your spouse, lover, or anyone else you feel committed to or have a special relationship with. The last time you had sex, was it with your main sexual partner? *Please circle yes or no.*

SEXUAL BEHAVIOR (SXQ)**SXQ200****FMT_YES_NO**

No

Yes

Refused

Don't Know

*The next few questions are about HIV (the virus that causes AIDS) and other sexually transmitted diseases. Please remember that your answers are strictly confidential and **you may skip any question that makes you feel uncomfortable or where you don't know the answer by circling the "Refused" or "Don't Know" response for that question.***

10. [SXQ.215] Sexually transmitted diseases include HIV, genital warts, gonorrhea (also called clap or GC), chlamydia and syphilis. What is the chance that you currently have HIV or any other sexually transmitted disease? *Please circle the category that represents your risk of a currently having a sexually transmitted disease. Would you say...?*

SXQ210**FMT_SXQ210_**

Certain

High

Medium

Low

None

Refused

Don't Know

11. [SXQ.225] Have you been tested for HIV in the last 12 months (including fluid testing from your mouth)? Do not count tests you may have had as part of a blood donation. *Please circle yes or no.*

SXQ220**FMT_YES_NO**

No

Yes

Refused

Don't Know