

SEXUAL BEHAVIOR (SXQ)

SPID#: _____ **Date:** _____ **Interviewer#:** _____

*The next set of questions is about your sexual behavior. By sex, we mean vaginal, oral, or anal sex. 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 typing d for Don't Know or r for Refused.***

1. [SXQ.010] What is your gender? Please circle male or female.
SXQ010 **FMT_GENDER**

- Male 1
- Female 2 **(Skip to Female Questionnaire, page 2)**
- Don't Know D
- Refused R

Male Questionnaire

2. [SXQ.020] Have you ever had sex? Please circle your answer.
SXQ020 **FMT_YES_NO**

- Yes 1
- No 2 **(Skip to Question 11)**
- Don't Know D **(Skip to Question 11)**
- Refused R **(Skip to Question 11)**

3. [SXQ.050] The last time you had sex, did you or your partner use a condom? Please circle your answer
SXQ050 **FMT_YES_NO**

- Yes 1
- No 2
- Don't Know D
- Refused R

SEXUAL BEHAVIOR (SXQ)

SPID#: _____ Date: _____ Interviewer#: _____

*The next question is 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 typing d for Don't Know or r for Refused.***

11. [SQX.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 your answer.

SXQ220

FMT_YES_NO

- Yes 1 **(End of the Questionnaire)**
- No 2 **(End of the Questionnaire)**
- Don't Know D **(End of the Questionnaire)**
- Refused R **(End of the Questionnaire)**

Female Questionnaire

2. [SXQ.025] Have you ever had sex? Please circle your answer.

SXQ020

FMT_YES_NO

- Yes 1
- No 2 **(Skip to Question 11)**
- Don't Know D **(Skip to Question 11)**
- Refused R **(Skip to Question 11)**

3. [SXQ.055] The last time you had sex, did you or your partner use a condom? Please circle your answer.

SXQ050

FMT_YES_NO

- Yes 1
- No 2
- Don't Know D
- Refused R

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11. [SQX.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 your response.

SXQ220

FMT_YES_NO

- | | |
|------------|---|
| Yes | 1 |
| No | 2 |
| Don't Know | D |
| Refused | R |