

**UW ADAI Sound Data Source**  
**Sexual Behavior Interview**

Protocol Number: XXXXXXXX-XXXX

Participant #: _____ <sup>a</sup>	Name Code: _____ <sup>b</sup>	Visit #: _____ <sup>c</sup>
Form Completion Status: _____ <sup>d</sup>	Visit Date: _____ <sup>f</sup> / _____ <sup>g</sup> / _____ <sup>h</sup> <small>m m d d y y y y</small>	
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: _____) <sup>e</sup>		
Node #: _____ <sup>i</sup>	Site #: _____ <sup>j</sup>	

In this part of the interview we are going to focus on relationships and sexual behavior.

1. In the past six months, have you had a main female sex partner, like a wife, lover, girlfriend, or someone else you regularly have sex with? No  0<sup>1</sup>  
Yes  1
  
2. In the past six months, have you had a main male sex partner, a man you regularly have sex with? No  0<sup>2</sup>  
Yes  1

**If there has been no regular female or male sex partner, skip to Question 41, Sexual History Section.**

**If there is a main FEMALE partner, ask questions 3-20.**

**If there is a main MALE partner, skip questions 3-21 and ask questions 22-40.**

**Ask all questions if there is both a main FEMALE and a main MALE partner.**

**FEMALE PARTNERS:**

*“Do you mind telling me your main FEMALE partner’s first name, which I will then use throughout the interview?” \_\_\_\_\_*

3. Are you still involved with [Female Partner’s Name]? No  0<sup>3</sup>  
Yes  1
  
4. Which of the following best describes(d) your relationship with [Female Partner’s Name]?
 

Spouse  1<sup>4</sup>  
 Fiancée  2  
 A lover you’ve been with for over six months  3  
 A new lover (less than 6 months) with whom you’ve established a steady relationship  4  
 Someone you have or had sex with in exchange for drugs, money, or as part of a financial arrangement  5









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- 32a.** During the past 3 months how many times did you have insertive anal sex (your penis in his anus/asshole) with [Male Partner's Name]? \_\_\_\_\_ 44
- 1.** Of the \_\_\_\_ times you had insertive anal sex with [Male Partner's Name] how many times did you use a male condom? \_\_\_\_\_ 45
- 2.** How many times did you use a female condom? \_\_\_\_\_ 46
- 32b.** During the past 3 months how many times did you have receptive anal sex (his penis in your anus/asshole) with [Male Partner's Name]? \_\_\_\_\_ 47
- 1.** Of the \_\_\_\_ times you had receptive anal sex with [Male Partner's Name] how many times did you use a male condom? \_\_\_\_\_ 48
- 32c.** During the past 3 months how many times did you have insertive oral sex (your penis in his mouth) with [Male Partner's Name]? \_\_\_\_\_ 49
- 1.** Of the \_\_\_\_ times you had oral sex with [Male Partner's Name] how many times did you use a male condom? \_\_\_\_\_ 50
- 32d.** During the past 3 months how many times did you have receptive oral sex (his penis in your mouth) with [Male Partner's Name]? \_\_\_\_\_ 51
- 1.** Of the \_\_\_\_ times you had oral sex with [Male Partner's Name] how many times did he use a male condom? \_\_\_\_\_ 52
- “A sexual activity many couples enjoy is to masturbate or help masturbate (hand or finger stroking of partner's genitals) their partner. For the sake of this interview we will refer to this as “mutual masturbation.” Whereas we will refer to masturbating alone as “solo masturbation”.”*
- 32e.** How many times in the past 3 months did you and [Male Partner's Name] engage in mutual masturbation without engaging in vaginal, anal or oral sex during the sexual encounter? \_\_\_\_\_ 53
- 33.** In general how well do you think that you and [Male Partner's Name] communicate with each other? That is, share ideas and things that happened to you and talk about problems and feelings. Excellent  1 54  
Very good  2  
Good  3  
Fair  4  
Poor  5
- 34.** Have you and [Male Partner's Name] ever talked about any part of your sex life, such as what you like to do sexually, birth control, sexual problems? No  0 55  
Yes  1  
Don't know  7







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52. During the past 3 months how frequently have you taken condoms from clinic stocks? Never  0 <sup>92</sup>  
Once  1  
2-5 times  2  
6-10 times  3  
More than 10 times  4  
*Substitute for "clinic stocks" the term most appropriate for the clinic, e.g. jars, bowls, baskets.*

*"In the next session we are going to focus on your experience having sex while under the influence of drugs. The first few questions will focus on what your experience has been over the years. Next we will ask about your experiences over the 3 six months and finally we will ask about your most recent sexual experience. Let's Start."*

**DRUG EXPERIENCE, LIFETIME:**

*Questions 53-55 are only asked at baseline.*

53. For each drug listed below indicate if you have ever had sex while under the influence of that drug.

	No	Yes	
a. Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	93
b. Cocaine	<input type="checkbox"/> 0	<input type="checkbox"/> 1	94
c. Amphetamines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	95
d. Benzodiazepines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	96
e. Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	97
f. Hallucinogens	<input type="checkbox"/> 0	<input type="checkbox"/> 1	98
g. Alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	99
h. Amyl nitrate (poppers)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	100

*"For each drug in which you had sex while under it's influence we want to know the effect that drug had in general on your sexual experience. Based on answers given to us previously by drug abusers in treatment we have divided the possible answers into improvements/enhancements to the sexual experience and impairments to the sexual experience."*

54. For each drug listed identify any **enhancements to your** sexual experience that you associate with that drug.

a. HEROIN	No	Yes	
1. Increase in sexual desire	<input type="checkbox"/> 0	<input type="checkbox"/> 1	101
2. Delays orgasm (improves staying power)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	102
3. Increase in sexual potency (firmer erections)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	103
4. Increase in intensity of sexual experience (increase in sensation)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	104







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	No	Yes	
3. Difficulty reaching orgasm/ejaculation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	170
4. Decrease in sexual sensation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	171
5. Premature ejaculation (coming too soon)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	172

**f. HALLUCINOGENS**

	No	Yes	
1. Decrease in sexual desire	<input type="checkbox"/> 0	<input type="checkbox"/> 1	173
2. Difficulty getting or maintaining an erection (hard on)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	174
3. Difficulty reaching orgasm/ejaculation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	175
4. Decrease in sexual sensation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	176
5. Premature ejaculation (coming too soon)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	177

**g. AMYL NITRATE (POPPERS)**

	No	Yes	
1. Decrease in sexual desire	<input type="checkbox"/> 0	<input type="checkbox"/> 1	178
2. Difficulty getting or maintaining an erection (hard on)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	179
3. Difficulty reaching orgasm/ejaculation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	180
4. Decrease in sexual sensation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	181
5. Premature ejaculation (coming too soon)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	182

**h. ALCOHOL**

	No	Yes	
1. Decrease in sexual desire	<input type="checkbox"/> 0	<input type="checkbox"/> 1	183
2. Difficulty getting or maintaining an erection (hard on)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	184
3. Difficulty reaching orgasm/ejaculation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	185
4. Decrease in sexual sensation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	186
5. Premature ejaculation (coming too soon)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	187

**DRUG EXPERIENCE, PAST 3 MONTHS:**

56. In the past 3 months you previously indicated you had vaginal sexual intercourse \_\_\_\_ times. How many of these times were you under the influence of:

a. Heroin	____	188
b. Cocaine	____	189
c. Amphetamines	____	190
d. Benzodiazepines	____	191
e. Marijuana	____	192



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<b>g.</b> Alcohol	____	218
<b>h.</b> Amyl nitrate (poppers)	____	219

**60.** Thinking back over the past 3 months when you have had sexual experiences under the influence of drugs, what percentage of the time do you feel you experienced each of the sexual enhancements listed below?

<b>a.</b> Increase in sexual desire	____ %	220
<b>b.</b> Delays orgasm (improves staying power)	____ %	221
<b>c.</b> Increase in sexual potency (firmer erections)	____ %	222
<b>d.</b> Increase in intensity of sexual experience (increase in sensation)	____ %	223
<b>e.</b> Decrease in social inhibition (easier to make conversation, decrease anxiety in social situations)	____ %	224
<b>f.</b> Decrease sexual inhibition (more willing to be sexual adventurous)	____ %	225

**61.** Thinking back over the past 3 months when you have had sexual experiences under the influence of drugs, what percentage of the time do you feel you experienced each of the sexual impairments listed below?

<b>a.</b> Decrease in sexual desire	____ %	226
<b>b.</b> Difficulty getting or maintaining an erection (hard on)	____ %	227
<b>c.</b> Difficulty reaching orgasm/ejaculation	____ %	228
<b>d.</b> Decrease in sexual sensation	____ %	229
<b>e.</b> Premature ejaculation (coming too soon)	____ %	230

*“In order to better understand the relationship between drug use and sexual behavior we want to focus on a recent sexual experience in some detail. Sexual experience here is defined as vaginal intercourse, oral sex (fellatio, cunnilingus), anal intercourse, mutual masturbation or any physical stimulation of the genitals by one's partner.”*

**62a.** How days ago was your most recent sexual experience? \_\_\_\_\_ 231

**62b.** Were you under the influence of drugs or alcohol during this experience? No  0 232  
Yes  1

<b>62c.</b> If yes which drug(s)?	No	Yes	
<b>1.</b> Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	233
<b>2.</b> Cocaine	<input type="checkbox"/> 0	<input type="checkbox"/> 1	234
<b>3.</b> Amphetamines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	235

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	No	Yes	
4. Benzodiazepines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	236
5. Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	237
6. Hallucinogens	<input type="checkbox"/> 0	<input type="checkbox"/> 1	238
7. Alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	239
8. Amyl nitrate (poppers)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	240

62d. Was your partner under the influence of drugs or alcohol during this experience? No 0 241  
Yes 1

62e. If yes which drug(s)?

	No	Yes	
1. Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	242
2. Cocaine	<input type="checkbox"/> 0	<input type="checkbox"/> 1	243
3. Amphetamines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	244
4. Benzodiazepines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	245
5. Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	246
6. Hallucinogens	<input type="checkbox"/> 0	<input type="checkbox"/> 1	247
7. Alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	248
8. Amyl nitrate (poppers)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	249

62f. If no drug use during last sexual event (for participant), how many days ago was your last sexual experience under the influence of drugs or alcohol? \_\_\_ 250

*“Please answer the following questions about your most recent sexual experience.”*

63a. How would you describe your relationship with this woman/man? Spouse 1 251  
Fiancé/Fiancée 2  
A lover you’ve been with for over six months 3  
A new lover (less than 6 months) with whom you’ve established a steady relationship 4  
Someone you have or had sex with in exchange for drugs, money, or as part of a financial arrangement 5

63b. Which sexual activities did you engage in?  
*For male partners change “provided oral sex to partner and anal intercourse” to “receptive oral sex and receptive anal intercourse”*

	No	Yes	
1. Vaginal intercourse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	252



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	No	Yes	
2. Difficulty getting or maintaining an erection (hard on)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	271
3. Difficulty reaching orgasm/ejaculation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	272
4. Decrease in sexual sensation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	273
5. Premature ejaculation (coming too soon)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	274

**63f.** Check any sexual impairments you feel your partner experienced during your most recent sexual experience:

*For male partners exchange "Difficulty getting or maintaining an erection" for "decreased vaginal lubrication" and "Premature ejaculation" for "Painful intercourse".*

	No	Yes	
1. Decrease in sexual desire	<input type="checkbox"/> 0	<input type="checkbox"/> 1	275
2. Decrease in vaginal lubrication	<input type="checkbox"/> 0	<input type="checkbox"/> 1	276
3. Difficulty reaching orgasm	<input type="checkbox"/> 0	<input type="checkbox"/> 1	277
4. Decrease in sexual sensation	<input type="checkbox"/> 0	<input type="checkbox"/> 1	278
5. Painful intercourse	<input type="checkbox"/> 0	<input type="checkbox"/> 1	279

**63g.** Did you use a male condom during this sexual experience? No 0 280  
 Yes 1

**63h.** Did you use a female condom during this sexual experience? No 0 281  
 Yes 1

**63i.** Rate on a 0-10 scale your level of satisfaction with this sexual experience:

- Not at all pleasurable 0 282
- 1
- 2
- 3
- 4
- A pleasurable, enjoyable experience, but nothing special 5
- 6
- 7
- 8
- 9
- Extremely pleasurable 10

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**63j.** Rate on a 0-10 scale how much this sexual experience was representative of typical sexual experiences for you: 283

Much more unenjoyable than usual 0

1

2

3

Similar to your usual sexual experience 5

6

7

8

9

Much more enjoyable than usual 10

**64.** How many times in the past six months were you tempted to use drugs to enhance your sexual experience? \_\_\_\_\_ 284

If answer to Question 64 is >0, which drugs?

	No	Yes	
<b>a.</b> Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	285
<b>b.</b> Cocaine	<input type="checkbox"/> 0	<input type="checkbox"/> 1	286
<b>c.</b> Amphetamines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	287
<b>d.</b> Benzodiazepines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	288
<b>e.</b> Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	289
<b>f.</b> Hallucinogens	<input type="checkbox"/> 0	<input type="checkbox"/> 1	290
<b>g.</b> Alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	291
<b>h.</b> Amyl nitrate (poppers)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	292

**65.** In the past six months how many times have you been tempted to use drugs in order to increase the likelihood of a sexual encounter occurring? \_\_\_\_\_ 293

If answer to Question 65 is >0, which drugs?

	No	Yes	
<b>a.</b> Heroin	<input type="checkbox"/> 0	<input type="checkbox"/> 1	294
<b>b.</b> Cocaine	<input type="checkbox"/> 0	<input type="checkbox"/> 1	295
<b>c.</b> Amphetamines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	296
<b>d.</b> Benzodiazepines	<input type="checkbox"/> 0	<input type="checkbox"/> 1	297
<b>e.</b> Marijuana	<input type="checkbox"/> 0	<input type="checkbox"/> 1	298
<b>f.</b> Hallucinogens	<input type="checkbox"/> 0	<input type="checkbox"/> 1	299
<b>g.</b> Alcohol	<input type="checkbox"/> 0	<input type="checkbox"/> 1	300
<b>h.</b> Amyl nitrate (poppers)	<input type="checkbox"/> 0	<input type="checkbox"/> 1	301



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72. How often in the past 3 months have  
engaged in solo masturbation?

- None  0 <sup>310</sup>
- Less than four times per month  1
- Once a month  2
- 2-3 times per month  3
- Once per week  4
- 2-6 times per week  5
- Daily  6
- More often than daily  7

Completed by (Staff #): _____	311
Reviewed by (Staff #): _____	312
Entered by (Staff #): _____	313