PTID: Date:

**Group 2** - Male Practices Questionnaire

1. During the duration of time your partner last used the gel (approximately 6-7 days),

1. did your partner perform oral sex on you? yes/no
2. did you have anal sexual intercourse with your partner? yes/no
3. did you have penile-vaginal sexual intercourse

with your partner? yes/no

2. In the past 3 full days (72 hours),

* 1. did your partner perform oral sex on you? yes/no
  2. have you had anal sexual intercourse with your partner? yes/no
  3. have you had penile-vaginal sexual intercourse

with your partner? yes/no

* 1. have you masturbated? yes/no

3. For any activity in item 2 marked “yes”, did you ejaculate/come? yes/no/ N/A

4. In the past 3 full days (72 hours),

a. have you had any nocturnal emissions (wet dreams)? yes/no

b. have you applied lubricants, spermicides, or any

other products other than soap to your genital area? yes/no