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| --- | --- | --- | --- | --- | --- |
| **INTERVIEWER READS**: The following are some basic questions regarding your background to help us know what type of people participated in this study. All the information you provide will be kept confidential and will not be shared with anyone else besides the research study staff. | | | | | |
| **behavioral** | | | | | |
|  | Do you currently have a primary sex partner? By primary sex partner, I mean a person you have sex with on a regular basis or who you consider to be your main partner. | | 1 Yes  0 No **🡪 Go to 14** | | |
|  | Are you currently married? (*choose one)* | | 1 Yes, legally married  2 Yes, traditionally married  3 No, cohabiting  4 No  5 Other, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | Have you had the same [spouse/primary sex partner] for the **last 3 months**? | | 1 Yes  0 No | | |
|  | [*Females*] Is your [spouse /primary sex partner] the same partner you had when you exited HOPE? [*Males*] Is your current [spouse /primary sex partner] the same partner who participated in HOPE? | | 1 Yes  0 No  98 Can’t remember | | |
|  | For how long have you been with your current [spouse /primary sex partner]? (*mark one*) | | or  months years | | |
|  | How old is your [spouse /primary sex partner]? | |  | | |
|  | Are you currently living with your [spouse /primary sex partner]? | | 1 Yes  0 No | | |
|  | Does your [spouse /primary sex partner] provide you with financial and/or material support? | | 1 Yes  0 No | | |
|  | Does he/she have any sex partners other than you? | | 1 Yes  0 No  98 Don’t Know | | |
|  | In the **past 3 months**, have you had vaginal sex with your [spouse /primary sex partner]? By vaginal sex we mean when a man puts his penis inside of a woman’s vagina. | | 1 Yes  0 No | | |
|  | Are you/is your [spouse /primary sex partner] circumcised? By circumcised, we mean when the foreskin of the penis is removed/cut off. *See visual aid.* | | 1 Yes  0 No  98 Don’t Know | | |
|  | [*Females*]: What is the HIV status of your [spouse /primary sex partner]?  [*Males*]: What is your HIV status? | | 1 HIV positive  0 HIV negative **🡪 Go to item 14**  98 Don’t Know | | |
|  | [*Females*]: Is your [spouse /primary sex partner] taking antiretrovirals (ARVs)?  [*Males*]: Are you taking antiretrovirals ARVs? | | 1 Yes  0 No  98 Don’t Know | | |
|  | In the **past 3 months**, with how many other partners have you had vaginal sex? By other partners, we mean any sexual partner who is not your primary sex partner. | | # *sex partners*  98 Don’t Know  99 Decline | | |
|  | In total, how many different people have you had vaginal sex with **in your lifetime**? | | # *sex partners*  98 Don’t Know  99 Decline | | |
|  | The next questions are about your sexual behavior in the **past 7 days**, not including today. In the **past 7 days**, how many acts of vaginal sex did you have? | | # *of acts* **🡪 if 00, go to item 18** | | |
|  | In the **past 7 days**, during how many acts of vaginal sex was a male or female condom used? | | # *sex acts*  98 Don’t Know  99 Decline | | |
|  | During the **last vaginal sex** that you had, was a male and/or female condom used? (*choose one)* | | 1 Male condom  2 Female condom  3 Both  4 Neither | | |
|  | In the **past 3 months**, how many times have you had anal sex? By anal sex, I mean when a man puts his penis inside a woman’s anus? | | # *of acts* **🡪 if 00, go to item 21**  98 Don’t Know  99 Decline | | |
|  | During the **last act of anal sex** that you had, was a male or female condom used? (*choose one)* | | 1 Yes, male condom  2 Yes, female condom  3 Both  4 Neither | | |
| **Family Planning** | | | | | |
|  | What method(s) of contraception/family planning are [you/your spouse] currently using? (*Can choose more than one)* | None **🡪 if none, go to item 23**  a. Female Condom  b. MaleCondom  c. Intrauterine device (IUD)  d. Oral contraceptives/birth control pills  e. Implant  f. Injectable contraceptives  g. Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 1  1  1  1  1  1  1  1 |
|  | *[Females only] Complete if 21c. – 21g. selected, otherwise skip to 23)*  What date did you start the above mentioned contraception/family planning method(s)? | | dd MMM yy | | |
| **Risk Perception [Seroconverters or HIV-positive men skip]** | | | | | |
|  | In the **past 12 months**, was getting HIV something you have… [*read options*]? | | | 1 Never thought about  2 Rarely thought about  3 Thought about some of the time  4 Thought about often | |
|  | How worried are you that you might get HIV in the **next 12 months**? | | | 1 Not worried at all  2 A little worried  3 Somewhat worried  4 Very worried  5 Extremely worried | |
|  | How likely is it that you will become infected with HIV in the **next 12 months**? | | | 1 Extremely unlikely  2 Very unlikely  3 Somewhat likely  4 Very likely  5 Extremely likely | |
| **Level of protection [Seroconverters skip]** | | | | | |
|  | Would [you use/support your partner in using] a vaginal ring for HIV prevention in the future? | | | 1 Yes  0 No  98 Don’t Know | |
|  | What is the lowest level of protection you would find acceptable? | | | 50 50% (half)  75 75% (three-quarters)  90 90% (almost full protection)  100 100% (full protection) | |

**MTN-032 Behavior Assessment (BA) Phase 2**

**Item-Specific Instructions:**

* **Item 1:** Record whether or not the participant **currently** has a primary sex partner.
* **Item 3:** Read aloud “spouse” or “primary sex partner,” depending on the participant's response to item 2.
* **Item 4:** Read aloud “spouse” or “primary sex partner,” depending on the participant's response to item 2.
* **Item 5:** Mark either months **or** years. If the participant has had the same partner for greater than or equal to 12 months, mark response in years. If less than 12 months, mark response in months. If participant responds with years and months, round to the nearest year (ex: 7 years 2 months should be rounded to 7 years).
* **Item 6:** Read aloud “spouse” or “primary sex partner,” depending on the participant's response to item 2. If the participant does not know his/her spouse or primary partner’s exact age, record their best estimate. If she/he is unable to provide an estimate, record “99”.
* **Item 7:** Read aloud “spouse” or “primary sex partner,” depending on the participant's response to item 2.
* **Item 8:** Record whether or not the participant’s spouse or primary partner provides her/him with any financial and/or material support. This will include things such as money, housing, food, household goods, etc.
* **Item 12:** Complete this item even if the participant is unsure of her/his partner’s HIV status.
* **Item 13:** Complete this item if participant answered item 12. Having a primary sex partner who is taking ARVs could impact the participant’s HIV risk, so we want this item answered by all participants who answered item 12.
* **Item 22:** Record the date the participant started the contraceptive method only if participant chooses one of the following methods in item 21: (C) intrauterine device (IUD), (D) oral contraceptives/birth control pills, (E) implant, or (F) injectable contraceptives. If the participant chooses more than one of these methods, mark the date that corresponds to the first method used. If part of the date is unknown, mark “99” for unknown day or year and “999” for unknown month.