

EDITORIAL NOTE: Question 15 was designed for a study with particular emphasis on HIV infection. If this is not of particular interest to you, you could skip that question.

Danish Postal Survey

Section A. Sexual History

12. Have you ever been sexually active? (had intercourse, oral or anal sex)

- Yes Go on to 13a. (Answer questions for both men and women regardless of your sex)
- No If the answer is no, stop here and return the questionnaire in the enclosed envelope.

13a. Have you ever had sex with a man?

- Yes Go to 13b.
- No If the answer is no, go to 14a.

13b. How many men have you had sex with?

Number of men in the last 12 months _____

Number of men in the past 10 years..... _____

Number of men before age 20..... _____

Number of men in your whole life _____

How many of these men were one-night stands?..... _____

Your age the first time you had sex with a man..... _____

13c. Was the sex...? (answer all)

	<u>YES</u>	<u>NO</u>
a. vaginal	1	2
b. oral	1	2
c. anal	1	2

14a. Have you ever had sex with a woman?

- Yes Go to 14b.
- No If the answer is no, go to 15.

14b. How many women have you had sex with?

Number of women in the last 12 months _____

Number of women in the past 10 years _____

Number of women before age 20 _____

Number of women in your whole life _____

How many of these women were one-night stands? _____

Your age the first time you had intercourse with a woman _____

14c. Was the sex...? (answer all)

	<u>YES</u>	<u>NO</u>
a. vaginal	1	2
b. oral	1	2
c. anal	1	2

15. Did you ever have sex with someone you knew or believed:

a. Had lived south of the Sahara in Africa and wasn't an African?

- Yes How many persons in the last 12 months? _____
- No

b. Had lived south of the Sahara in Africa and was an African?

- Yes How many persons in the last 12 months? _____
- No

c. Was a homo- and/or bi-sexual man?

- Yes How many persons in the last 12 months? _____
- No

d. Was a drug addict?

- Yes How many persons in the last 12 months? _____
- No

e. Was a prostitute?

- Yes How many persons in the last 12 months? _____
- No

16. What kind of contraceptives did you and your partner used most often in the past 10 years, and what kind have you used most often in the past year? (MARK ONE IN EACH COLUMN.)

	<u>In the past 10 years</u>	<u>In the past 12 months</u>
None	<input type="checkbox"/>	<input type="checkbox"/>
Pill	<input type="checkbox"/>	<input type="checkbox"/>
Condom	<input type="checkbox"/>	<input type="checkbox"/>
Loop	<input type="checkbox"/>	<input type="checkbox"/>
Spermicide	<input type="checkbox"/>	<input type="checkbox"/>
No intercourse	<input type="checkbox"/>	<input type="checkbox"/>

17. Did you use a condom during intercourse with:

	<u>In the past 10 years</u>	<u>In the past 12 months</u>
a. Steady* sex partner		
Always	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>
No steady partner	<input type="checkbox"/>	<input type="checkbox"/>
b. Occasional** sex partner		
Always	<input type="checkbox"/>	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	<input type="checkbox"/>
Never	<input type="checkbox"/>	<input type="checkbox"/>
No occasional partner	<input type="checkbox"/>	<input type="checkbox"/>

Steady*: Someone who is married to you, lives with you, or is a long-term sex partner (> 1 year)

Occasional**: Someone with whom you occasionally have sex, including one-night stands.

18. Have you been treated for:

a. Gonorrhea?	<input type="checkbox"/>	Yes	Go to 18b
	<input type="checkbox"/>	No	Go to 18c
b. In the last 12 months?	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	
c. Any other sexually transmitted diseases?	<input type="checkbox"/>	Yes	Go to 18d
	<input type="checkbox"/>	No	Go to 19
d. In the last 12 months?	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	

19. Have you ever been the receiver of anal sex?

<input type="checkbox"/>	Yes	How many times in the last 12 months? _____
<input type="checkbox"/>	No	

20. Have you ever been tested for HIV/AIDS?

	<input type="checkbox"/>	Yes	Go to 20a
	<input type="checkbox"/>	No	Go to next section
a. What was the result of the test?			
	<input type="checkbox"/>	Positive	
	<input type="checkbox"/>	Negative	
	<input type="checkbox"/>	Don't know	

(If you were tested more than once, indicate the result of the latest test)