

Web Appendix

Y chromosome DNA in women's vaginal samples as a biomarker of recent vaginal sex and condom use with male partners in the HITCH cohort study

Contents:

- Female respondent main enrolment questionnaire
- Female respondent other partner (OP) form enrolment questionnaire
- Female respondent aggregated partners (AP) form enrolment questionnaire



FEMALE RESPONDENT ENROLMENT

Thank you very much for agreeing to complete this survey for the HITCH Cohort Study. Your help will ensure that the study will be able to answer questions about how HPV is transmitted, how much risk there is after a sexual encounter, and what women and men can do to protect themselves.

The survey will ask questions about you, your health and sexual history, recent sexual behaviour, and your knowledge of and attitudes toward human papillomavirus (HPV). It should take about 30 minutes to complete. Please use a pencil to write your answers. Most questions require that you simply circle the response that applies to you. Other questions ask for a specific answer, such as your age, a date, or another number. Depending on your answer for some questions, you may be told to skip past some questions or go to a different part of the questionnaire. Please read these skip instructions carefully. They are to save you time so that you won't have to answer questions that do not apply to you.

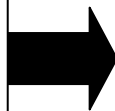
The HITCH Cohort Study enrolls couples who recently initiated a sexual relationship. A number of questions will ask about the partner who enrolled with you. Please refer to him for all questions that mention your "HITCH partner".

There are no right or wrong answers to any question. Since we will be using this survey with many people with different experiences, you may find that some of the questions do not seem to apply to you. Other questions will definitely be relevant. Many questions ask you to think back over your adult years, or over the past several months, to recall specific information. Please take your time to consider each question carefully.

Remember that all your answers are completely confidential. You can leave blank any question that you do not want to answer. If you cannot possibly remember the information, you can also leave the question blank, but we encourage you to try to answer all questions. A good guess is always better than no information at all. If you would like to tell us more about any specific items, please use the available space at the end of the questionnaire.

Let's begin!

Please record your HITCH ID number, today's date, and the time you started filling out the survey here.



ID number:

Today's date:

Time at start of survey:

General Information

The first part of the questionnaire concerns general information about you and where you live.

1. What is your date of birth?

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

2.a) In what country were you born?

country

➔ b) If born in Canada, indicate province.

province

3. What is your current marital status? Please circle your answer.

1	<i>Single/never married</i>
2	<i>Unmarried but living with a partner</i>
3	<i>Married</i>
4	<i>Divorced/separated</i>
5	<i>Widowed</i>

4. The Montreal area is made up of many ethnic groups. We would like to know in which group you would place yourself. Circle the most appropriate category.

1	<i>French Canadian</i>
2	<i>English Canadian</i>
3	<i>Black Canadian</i>
4	<i>Aboriginal</i>
5	<i>Latin American</i>
6	<i>Greek</i>
7	<i>Italian</i>
8	<i>South Asian</i>
9	<i>East Asian</i>
0	<i>Other (specify)</i>

5.a) What is/was your father's (or primary male caregiver's) highest level of education that he completed?

1	No formal education
2	Grade 8 or less
3	Some high school
4	High school graduate
5	Some community college or CEGEP
6	Community college or CEGEP graduate
7	Some university
8	University graduate (including undergraduate, graduate and postgraduate studies)
0	Other (specify)

b) What is/was your mother's (or primary female caregiver's) highest level of education that she completed?

1	No formal education
2	Grade 8 or less
3	Some high school
4	High school graduate
5	Some community college or CEGEP
6	Community college or CEGEP graduate
7	Some university
8	University graduate (including undergraduate, graduate and postgraduate studies)
0	Other (specify)

c) On average, would you say that your family's financial situation while growing up was...

1	Difficult
2	Moderate
3	Comfortable
4	Very comfortable

d) Are you presently enrolled at McGill/Concordia or at another educational institution?

0	No
1	Yes (specify)

➔ If no, go to question 5f.

e) How are you presently enrolled as a student?

1	<i>Undergraduate student</i>
2	<i>Graduate studies – Diploma, Master’s, or Doctoral Program</i>
3	<i>Community college or CEGEP student</i>
0	<i>Other (e.g. Trainee, Postdoctoral studies, Sabbatical) (specify)</i>

f) What is the highest level of education that you have completed?

1	<i>No formal education</i>
2	<i>Grade 8 or less</i>
3	<i>Some high school</i>
4	<i>High school graduate</i>
5	<i>Some community college or CEGEP</i>
6	<i>Community college or CEGEP graduate</i>
7	<i>Some university</i>
8	<i>University graduate (including undergraduate, graduate and postgraduate studies)</i>
0	<i>Other (specify)</i>

g) What is your current employment status? Circle one only.

1	<i>Working full time (30 hours/week or more)</i>
2	<i>Working part time (<30 hours/week)</i>
3	<i>Not working due to full-time studies</i>
4	<i>On parental leave</i>
5	<i>Looking for work</i>
6	<i>Temporarily off sick</i>
7	<i>No longer able to work</i>
8	<i>No longer wish to work</i>
9	<i>Homemaker</i>
0	<i>Other (specify)</i>

6. How long have you lived in Montreal?

months

OR

years

Smoking History

The following questions are about your tobacco smoking habits.

7. Have you smoked a total of at least 100 cigarettes (4 or more packs) in your lifetime?

0	No
1	Yes

→ If no, go to question 12.

8. Have you ever smoked cigarettes regularly, that is, one cigarette or more each day for a year or more?

0	No
1	Yes

→ If no, go to question 12.

9. At what age did you start to smoke regularly?

Age in years

- 10.a) Do you still smoke regularly?

0	No
1	Yes

If no →

- b) At what age did you stop smoking regularly?

Age in years

11. On average, how many cigarettes have you smoked a day since you began smoking regularly? (If you have stopped smoking regularly, please consider only those periods during which you were smoking regularly).

cigarettes per day

Reproductive History

12. At what age did you have your first menstrual period?

Age in years

13. To the best of your knowledge, are you currently pregnant?

0	No
1	Yes
7	Do not know

14.a) Have you ever been pregnant? (If you are currently pregnant, please answer yes.)

0	No
1	Yes

➔ If no, go to Lifetime Sexual History on page 7.

b) How many times? (If you are currently pregnant, include this pregnancy.)

pregnancies

Lifetime Sexual History

The next questions are about your sexual history. We realize this is a personal subject, but it is very important to the study of HPV. Please take the time to recall this information as accurately as possible. Remember that all the information you give will be kept entirely confidential.

Throughout this survey, we will refer to various specific sexual acts. These terms are explained below so that everyone attaches the same meanings to them. Please be sure to read these definitions. If you need any further help or explanation, please ask the Research Nurse.

<i>partners or sexual partners:</i>	People who have had sex together—whether once, or just a few times, or as regular partners, or as married partners
<i>genital area:</i>	A man's penis or a woman's vulva and vagina—that is, the sex organs
<i>oral sex:</i>	A man's or a woman's mouth on a partner's genital area
<i>vaginal sex or vaginal sexual intercourse:</i>	A man's penis in a woman's vagina. This is what most people usually think of as "having sex" or "sexual intercourse"
<i>anal sex or anal sexual intercourse:</i>	A man's penis in a sexual partner's anus or rectum
<i>mutual masturbation:</i>	Hand stimulation of a (<i>woman/man's</i>) genital area by (<i>his/her</i>) partner, NOT involving intercourse (vaginal, oral, or anal)
<i>sexual activity:</i>	Mutual masturbation, oral sex, vaginal sex, or anal sex
<i>sexual intercourse:</i>	This includes oral, vaginal, and anal sex

15.a) Please think about all the people with whom you have engaged in sexual intercourse (oral, vaginal or anal). In total, with how many people—male or female—have you engaged in sexual intercourse in your lifetime?

Approximate #

b) How many were male?

Approximate #

c) How many were female?

Approximate #

16. How old were you when you first had vaginal sexual intercourse?

Age in years

OR

Check here if never had vaginal sexual intercourse

—————▶ *If never, go to question 18.*

17. Throughout your life, what is the number of male partners with whom you have had vaginal sexual intercourse?

Approximate #

18. Do you consider yourself to be:

1	<i>Heterosexual/straight</i>
2	<i>Bisexual</i>
3	<i>Lesbian/homosexual</i>
0	<i>Other (specify)</i>

Sexual Activity with Enrolled HITCH Partner

The next questions are about the male partner who enrolled in HITCH with you. We will refer to him as your "HITCH partner".

19. What are his initials? (If you prefer, you can use an alias or nickname for this partner. Please choose one that you will remember later.)

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Initials/Alias

20. What is his date of birth?

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

- 21.a) Is he your...

1	<i>Husband</i>
2	<i>Common-law or live-in partner (living together)</i>
3	<i>Dating partner/boyfriend</i>
4	<i>Friend</i>
5	<i>Casual acquaintance</i>
6	<i>Not sure –we just met</i>
0	<i>Other (specify)</i>

- b) Do you consider your sexual relationship with him to be...

1	<i>Ongoing and steady/regular</i>
2	<i>Ongoing but sporadic/on and off</i>
3	<i>One or a few times only</i>
0	<i>Other (specify)</i>

22. When did you first engage in sexual activity with him? Remember that by sexual activity, we mean mutual masturbation, oral, vaginal, and/or anal sex. (If you only know the approximate date, specify the month and year.)

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

23. Have you and your HITCH partner ever discussed the following since the start of your sexual relationship?

	No	Yes	Do not remember
i) Pregnancy prevention	0	1	7
ii) Sexually transmitted disease prevention	0	1	7
iii) His sexual history	0	1	7
iv) Your sexual history	0	1	7
v) Whether he ever had a sexually transmitted disease	0	1	7
vi) Whether you ever had a sexually transmitted disease	0	1	7
vii) Whether he had ever been tested for sexually transmitted diseases (including HIV/AIDS)	0	1	7
viii) Whether you had ever been tested for sexually transmitted diseases (including HIV/AIDS)	0	1	7

24. To the best of your knowledge...

a) ...what is the number of female partners with whom he has had vaginal intercourse in his lifetime, including you (if applicable)?

Approximate #

OR

Check here if do not know

b) ...has he ever had a sexually transmitted infection (e.g., chlamydia, gonorrhoea, syphilis, genital herpes, pubic lice, HIV, hepatitis B)?

0	No
1	Yes
7	Do not know

c) ...is he circumcised?

0	No
1	Yes
7	Do not know

The next series of questions are about sexual activities you may have engaged in with your HITCH partner since you first started your sexual relationship.

25. Since the start of your sexual relationship with your HITCH partner, how many times did you engage in sexual activities with him? Remember that by sexual activity, we mean mutual masturbation, oral, vaginal, and/or anal sex.

<i>Approximate #</i>

OR

<i>Approximate # times per week</i>

OR

<i>Approximate # times per month</i>

During those sexual encounters...

26. ...how often did you masturbate him?

0	<i>Never (0%)</i>
1	<i>Rarely (1-25%)</i>
2	<i>Some of the time (26-75%)</i>
3	<i>Most of the time (76-99%)</i>
4	<i>Always (100%)</i>

27. ...how often did he masturbate you?

0	<i>Never (0%)</i>
1	<i>Rarely (1-25%)</i>
2	<i>Some of the time (26-75%)</i>
3	<i>Most of the time (76-99%)</i>
4	<i>Always (100%)</i>

28. ...how often did you give him oral sex?

0	<i>Never (0%)</i>
1	<i>Rarely (1-25%)</i>
2	<i>Some of the time (26-75%)</i>
3	<i>Most of the time (76-99%)</i>
4	<i>Always (100%)</i>

29. ...how often did he give you oral sex?

0	<i>Never (0%)</i>
1	<i>Rarely (1-25%)</i>
2	<i>Some of the time (26-75%)</i>
3	<i>Most of the time (76-99%)</i>
4	<i>Always (100%)</i>

30.a) Have you ever had vaginal intercourse with your HITCH partner?

0	No
1	Yes

—————▶ If no, go to question 33.

b) When did you first have vaginal intercourse with him? (If you only know the approximate date, specify the month and year.)

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

c) When was the last time you had vaginal intercourse with him?

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

d) Since the start of your sexual relationship with your HITCH partner, how many times did you have vaginal intercourse with him?

<i>Approximate #</i>

OR

<i>Approximate # times per week</i>

OR

<i>Approximate # times per month</i>

31. How often did you use condoms for vaginal intercourse with him? (This includes male and female condoms.)

0	<i>Never (0%)</i>
1	<i>Rarely (1-25%)</i>
2	<i>Some of the time (26-75%)</i>
3	<i>Most of the time (76-99%)</i>
4	<i>Always (100%)</i>

—————▶ If never, go to question 33.

32. **When you used condoms** for vaginal intercourse with your HITCH partner...

a) ...did the condom ever break or slip off?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

b) ...did you always put the condom on before starting to have vaginal intercourse?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

c) ...did you ever take the condom off then continue to have unprotected vaginal intercourse with him?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

33. Have you ever had anal intercourse with your HITCH partner?

0	<i>No</i>
1	<i>Yes</i>

Sexual Activity with Other Partners

The next questions are about sexual activities you may have engaged in with someone other than your HITCH partner.

34. Since the start of your relationship with your HITCH partner, did you engage in sexual activity with someone else? **Remember that by sexual activity, we mean mutual masturbation, oral, vaginal, and/or anal sex.**

0	No
1	Yes

➔ If yes, go to question 36.

35. Is your HITCH partner the only person with whom you have ever engaged in sexual activity **in your lifetime?**

0	No
1	Yes

➔ If yes, go to question 39 on page 16.

➔ If no, complete one pink OP Form for the last person with whom you engaged in sexual activity before your HITCH partner, then go to question 39 on page 16.

Do not answer questions 36-38.

36. Since the start of your relationship with your HITCH partner, how many **other** sexual partners did you have?

Approximate #

➔ ***If 5 or fewer other partners, complete a pink OP Form for each of these partners, then go to question 39 on page 16.
Do not answer questions 37-38.***

➔ ***If more than 5 other partners, advance to question 37.***

37. Since the start of your relationship with your HITCH partner, how many **other** sexual partners were ongoing sexual partners? That is, partners with whom you had an **ongoing sexual relationship** (e.g. dating partner, husband, common-law partner)?

Approximate #

➔ ***Complete a pink OP Form for each of these partners, then advance to question 38.***

38. Since the start of your relationship with your HITCH partner, how many **other** sexual partners were sexual partners with whom you did **not** have an **ongoing sexual relationship**? (e.g. one-night stands or flings)?

Approximate #

➔ ***Complete one purple AP Form for all of these partners combined, then advance to question 39.***

Contraceptive History

Here we would like to know about methods of birth control or family planning that you and your partner(s) may have used **in your lifetime**.

39. The following is a list of common birth control methods. Please read the list and indicate if you have **ever** used any of them **in your lifetime**.

	<i>Never used it</i>	<i>Used it but not regularly</i>	<i>Used it regularly (at least 75% of the time for 3 or more consecutive months)*</i>
i) Mirena, an intrauterine device (IUD) with progestin	0	1	2
ii) Loop, coil, or other intrauterine device (IUD), not including Mirena	0	1	2
iii) Hormonal contraceptive (e.g. birth control pill, Depo-Provera injections, vaginal ring, Norplant, the patch), not including Mirena	0	1	2
iv) Condom	0	1	2
v) Spermicide foam, jelly, cream, or suppository	0	1	2
vi) Diaphragm	0	1	2
vii) Cervical cap	0	1	2
viii) Sponge	0	1	2
ix) Vaginal douche	0	1	2
x) Rhythm, calendar, or natural method	0	1	2
xi) Withdrawal/pulling out	0	1	2
xii) Emergency contraception (the "morning-after pill")	0	1	2

*If you first engaged in vaginal intercourse less than 3 months ago, then consider regular use as use at least 75% of the time since you began having vaginal intercourse.

➔ If no use of Mirena (i) or hormonal contraceptives (iii), go to question 42.

40. How old were you when you first used a hormonal contraceptive (e.g. birth control pill, Depo-Provera injections, vaginal ring, Mirena)?

Age in years

41. For how long did you use hormonal contraceptives? Add together all periods during which you took any hormonal contraceptive.

months

OR

years

Next we would like to know about methods of birth control or family planning that you and your partner(s) may have used **since the start of your sexual relationship with your HITCH partner**.

42. During that time, did you use any protection to keep from getting pregnant? (For example, hormonal contraceptives, spermicides, condoms, the rhythm method.)

0	No
1	Yes

➔ If no, go to question 44.

43. Which of the following birth control methods have you used since the start of your sexual relationship with your HITCH partner?

	<i>Did not use it</i>	<i>Used it but not regularly</i>	<i>Used it regularly (at least 75% of the time)</i>
i) Mirena, an intrauterine device (IUD) with progestin	0	1	2
ii) Loop, coil, or other intrauterine device (IUD) (not including Mirena)	0	1	2
iii) Hormonal contraceptive (e.g. birth control pill, Depo-Provera injections, vaginal ring, Norplant, the patch), not including Mirena	0	1	2
iv) Condom	0	1	2
v) Spermicide foam, jelly, cream, or suppository	0	1	2
vi) Diaphragm	0	1	2
vii) Cervical cap	0	1	2
viii) Sponge	0	1	2
ix) Vaginal douche	0	1	2
x) Rhythm, calendar, or natural method	0	1	2
xi) Withdrawal/pulling out	0	1	2
xii) Emergency contraception (the "morning-after pill")	0	1	2

Medical History

The next questions refer to your medical history.

44. The Pap test (sometimes called a Pap smear) is a way to examine cells collected from the cervix (the lower, narrow end of the uterus). The main purpose of the Pap test is to find abnormal cell changes that may arise from cervical cancer or before cancer develops. Doctors and other specially trained health care professionals may perform Pap tests during a pelvic exam. While a woman lies on an exam table, the clinician inserts a speculum into her vagina to widen it. A sample of cells is taken from the cervix with a wooden scraper and/or a small cervical brush. The specimen (or smear) is placed on a glass slide and preserved with a fixative, or is rinsed in a vial of fixative, and is sent to a laboratory for examination.

Since you became sexually active, how many times have you had a Pap test?

0	<i>Never</i>
1	<i>Once</i>
2	<i>2-3 times</i>
3	<i>4-5 times</i>
4	<i>6-10 times</i>
5	<i>More than 10 times</i>

➔ *If never, go to question 46.*

45. When was your last Pap test?

<i>mm</i>	<i>yyyy</i>

46. Did a doctor **ever** tell you that you had one of the following conditions?

→ **If yes:**

Were you told this since the start of your sexual relationship with your HITCH partner?

	No	Yes	Don't remember	No	Yes	Don't remember
i) Trichomonas vaginal infection	0	1	7	0	1	7
ii) Venereal warts, condylomas, or papilloma virus infection	0	1	7	0	1	7
iii) Chlamydia	0	1	7	0	1	7
iv) Genital herpes	0	1	7	0	1	7
v) Syphilis	0	1	7	0	1	7
vi) Gonorrhea	0	1	7	0	1	7
vii) Ulcers or genital sores	0	1	7	0	1	7
viii) HIV	0	1	7	0	1	7
ix) Hepatitis B	0	1	7	0	1	7
x) Ureaplasma hominis	0	1	7	0	1	7
xi) Vaginal yeast infection, thrush, or candidiasis	0	1	7	0	1	7
xii) Bacterial vaginosis	0	1	7	0	1	7

47. Since the start of your sexual relationship with your HITCH partner, did you have any of the following signs/symptoms?

	No	Yes	Don't remember
i) Painful urination, or difficulty urinating, or frequent urination	0	1	7
ii) Itching or burning sensation when urinating	0	1	7
iii) Blood in urine	0	1	7
iv) Abnormal vaginal discharge (i.e. different colour, consistency, or odor)	0	1	7
v) Sores in the genital area	0	1	7
vi) Unusually painful or heavy period	0	1	7
vii) Vaginal itching or burning	0	1	7
viii) Lower back pain not caused by physical exertion	0	1	7

Knowledge of HPV

This section is about your knowledge of and attitudes towards HPV. Please remember that you can speak with the Research Nurse after completing the survey if you have questions about HPV, cervical cancer, or penile cancer.

48. Before enrolling in the HITCH Cohort Study, had you ever heard of human papillomavirus, or HPV?

0	No
1	Yes

49. Please indicate whether the following statements are TRUE or FALSE.

		True	False	Don't know
i)	HPV can cause cervical cancer in women	1	2	7
ii)	Men can carry HPV	1	2	7
iii)	Genital warts cause cervical cancer in women	1	2	7
iv)	HPV can be cured with antibiotics	1	2	7
v)	A person may be infected with HPV and not know it	1	2	7
vi)	HPV can cause penile cancer in men	1	2	7
vii)	HPV causes genital herpes	1	2	7
viii)	Condoms protect against HPV	1	2	7
ix)	Having multiple sex partners increases one's risk for HPV	1	2	7
x)	Regular Pap tests can help to prevent complications from HPV	1	2	7
xi)	HPV is the most common sexually transmitted infection	1	2	7

50. Please indicate whether the following statements are TRUE or FALSE.

A person can get HPV from...

		True	False	Don't know
i)	Sharing a plate, fork, or glass with someone who has HPV	1	2	7
ii)	Unprotected sexual intercourse with a someone who has HPV	1	2	7
iii)	Oral sex with someone who has HPV	1	2	7
iv)	Kissing (with exchange of saliva) someone who has HPV	1	2	7
v)	Sharing a washroom or shower with someone who has HPV	1	2	7

51. What do you think are your chances of becoming infected with HPV?

1	<i>Almost certain I will not</i>
2	<i>Very small chance</i>
3	<i>Some chance</i>
4	<i>Large or very large chance</i>
5	<i>Almost certain that I will get infected</i>
6	<i>I am already infected</i>

52. What do you think are your chances of developing cervical cancer?

1	<i>Almost certain I will not</i>
2	<i>Very small chance</i>
3	<i>Some chance</i>
4	<i>Large or very large chance</i>
5	<i>Almost certain that I will get develop cervical cancer</i>
6	<i>I have already been diagnosed with cervical cancer</i>

HPV Vaccine

The last set of questions are about HPV vaccines. In the summer of 2006, an HPV vaccine became available for young women in Canada. Prior to this time, the vaccine was only available to women who were participating in clinical trials.

53.a) Have you received the HPV vaccine?

0	No
1	Yes
7	Don't know

➔ If no or don't know, go to question 54.

b) Did you receive the vaccine as part of participation in a clinical trial?

0	No
1	Yes
7	Don't know

c) How many injections of the HPV vaccine have you received, including booster shots?

#

d) When was your last injection of the HPV vaccine? (If you only know the approximate date, specify the month and year.)

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

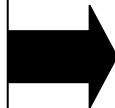
➔ Go to question 55.

54. If the HPV vaccine is offered to you in the future, how likely is it that you will choose to be vaccinated?

1	Very likely
2	Somewhat likely
3	Neutral
4	Somewhat unlikely
5	Very unlikely

55. Please use the space below if you have any additional information you feel would be important for us to know.

Please record the time you stopped filling out the survey here.



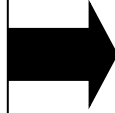
Time finished survey: _____

This brings us to the end of this survey. Please take a moment to review you answers in all sections of the questionnaire. Again, try to answer all questions. A good guess will be more useful to the study than leaving the question blank.

Thank you very much for your participation!

OTHER PARTNER (OP) FORM: FEMALE RESPONDENT AT ENROLLMENT

Please record your HITCH ID number, today's date, and the number for this OP form (e.g., form 2 of 3 if this is the second OP form out of 3 completed).



ID number: _____
Today's date: _____
OP Form number: _____ of _____

If instructed to fill out a pink OP form at question 35:



Complete one pink OP form for the last person with whom you engaged in sexual activity before your HITCH partner.

If instructed to fill out pink OP form(s) at question 36:



Complete one pink OP form for each sexual partner you reported in question 36, to a maximum of 5 pink forms.

If instructed to fill out pink OP form(s) at question 37:



Complete one pink OP form for each sexual partner you reported in question 37, to a maximum of 5 pink forms.

OP1. Was this sexual partner...

1	Male
2	Female
3	Transgendered male (female to male)
4	Transgendered female (male to female)



If your sexual partner was transgendered, please respond to the remaining questions based on the anatomy of your partner. For example, if your partner identified as male, but had female genitals, respond to the following questions as if this sexual partner were female.

OP2. What are his/her initials? (If you prefer, you can use an alias or nickname for this partner. Please choose one that you will remember later.)

Initials/Alias

OP3. What is his/her date of birth?

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

OR

Approximate age in years

OP4.a) Is/was he/she your...

1	<i>Husband</i>
2	<i>Common-law or live-in partner (living together)</i>
3	<i>Dating partner/boyfriend/girlfriend</i>
4	<i>Friend</i>
5	<i>Casual acquaintance</i>
6	<i>Not sure—we just met</i>
7	<i>Ex-husband</i>
8	<i>Ex-common-law partner</i>
9	<i>Ex-dating partner</i>
10	<i>Client partner for commercial sex (i.e., he/she paid you money to have sex with you)</i>
11	<i>Commercial sex worker (i.e., you paid him/her money to have sex with you)</i>
0	<i>Other (specify)</i>

b) Do you consider your sexual relationship with him/her to be...

1	<i>Ongoing and steady/regular</i>
2	<i>Ongoing but sporadic/on and off</i>
3	<i>One or a few times only</i>
4	<i>Our sexual relationship was ongoing but has now ended</i>
0	<i>Other (specify)</i>

➔ If sexual partner was female, go to OP6.

OP5. To the best of your knowledge...

a) ...what is the number of female partners with whom he has had vaginal intercourse in his lifetime, including you (if applicable)?

OR
Approximate # *Check here if do not know*

b) ...has he ever had a sexually transmitted infection (e.g. chlamydia, gonorrhoea, syphilis, genital herpes, pubic lice, HIV, hepatitis B)?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not know</i>

c) ...was he circumcised?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not know</i>

OP6.a) When did you first engage in sexual activity with him/her? Remember that by sexual activity, we mean mutual masturbation, oral, vaginal, and/or anal sex. (If you only know the approximate date, specify the month and year.)

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

b) When was the last time you engaged in sexual activity with him/her?

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

c) How many times in total did you engage in sexual activity with him/her?

<i>Approximate #</i>	OR	<i>Approximate # times per week</i>

<i>Approximate # times per month</i>	OR	

d) How many times did you engage in sexual activity with him/her since the start of your relationship with your HITCH partner? (If you did not engage in sexual activity with him/her during that time, please answer zero.)

<i>Approximate #</i>	OR	<i>Approximate # times per week</i>

<i>Approximate # times per month</i>	OR	

➔ If partner is female, end OP Form and return to the main, white questionnaire.

OP7.a) Have you ever had vaginal intercourse with him?

0	No
1	Yes

➔ If no, go to OP10.

b) When did you first have vaginal intercourse with him? (If you only know the approximate date, specify the month and year.)

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

c) When was the last time you had vaginal intercourse with him?

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

d) How many times in total did you have vaginal intercourse with him?

	OR		OR	
<i>Approximate #</i>		<i>Approximate # times per week</i>		<i>Approximate # times per month</i>

e) How many times did you have vaginal intercourse with him since the start of your relationship with your HITCH partner? (If you did not have vaginal intercourse with him during that time, please answer zero.)

	OR		OR	
<i>Approximate #</i>		<i>Approximate # times per week</i>		<i>Approximate # times per month</i>

OP8. How often did you use condoms for vaginal intercourse with him? (This includes male and female condoms.)

0	<i>Never (0%)</i>
1	<i>Rarely (1-25%)</i>
2	<i>Some of the time (26-75%)</i>
3	<i>Most of the time (76-99%)</i>
4	<i>Always (100%)</i>

—————▶ *If never, go to OP10.*

OP9. **When you used condoms** for vaginal intercourse with him ...

a) ...did the condom ever break or slip off?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

b) ...did you always put the condom on before starting to have vaginal intercourse?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

c) ...did you ever take the condom off then continue to have unprotected vaginal intercourse?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

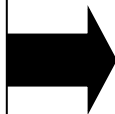
OP10. Have you ever had anal intercourse with him?

0	<i>No</i>
1	<i>Yes</i>

END OF PINK OP FORM
Please return to the main, white questionnaire

AGGREGATED PARTNERS (AP) FORM: FEMALE RESPONDENT AT ENROLMENT

Please record your HITCH ID number and today's date.



ID number: _____

Today's date: _____

Please complete the following questions for the sexual partner(s) you reported in **question 38**.

AP1. How many were...

	<i>Approximate #</i>
i) male	
ii) female	
iii) Transgendered male (female to male)	
iv) Transgendered female (male to female)	



If a sexual partner was transgendered, please respond to the remaining questions based on their anatomy. For example, if your partner identified as male, but had female genitals, respond to the following questions as if this sexual partner were female.

AP2. How many were your...

	<i>Approximate #</i>
i) husband	
ii) common-law or live-in partner (living together)	
iii) dating partner/boyfriend/girlfriend	
iv) casual acquaintance	
v) ex-husband	
vi) ex-common-law partner	
vii) ex-dating partner	
viii) client partner for commercial sex (i.e., they paid you money to have sex with you)	
ix) commercial sex worker (i.e., you paid them money to have sex with you)	

AP3. Since the start of your relationship with your HITCH partner, how many times did you engage in sexual activities with these **other sexual partners**? Remember that by sexual activity, we mean mutual masturbation, oral, vaginal, and/or anal sex.

<i>Approximate #</i>	OR	<i>Approximate # times per week</i>	OR	<i>Approximate # times per month</i>
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—————▶ If all partners were female, end purple AP form and return to main, white questionnaire.

AP4.a) Since the start of your relationship with your HITCH partner, did you engage in **vaginal intercourse** with any of these **other** male partners?

0	No
1	Yes

—————▶ If no, go to AP8.

b) With how many did you engage in vaginal intercourse?

Approximate #

c) Since the start of your relationship with your HITCH partner, how many times did you have vaginal intercourse with these **other** partners?

<i>Approximate #</i>	OR	<i>Approximate # times per week</i>	OR	<i>Approximate # times per month</i>
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d) When was the last time you had vaginal intercourse with any of these **other** partners?

<i>dd</i>	<i>mm</i>	<i>yyyy</i>

AP5. Since the start of your relationship with your HITCH partner, how often did you use condoms for vaginal intercourse with these **other** partners? (This includes male and female condoms.)

0	<i>Never (0%)</i>
1	<i>Rarely (1-25%)</i>
2	<i>Some of the time (26-75%)</i>
3	<i>Most of the time (76-99%)</i>
4	<i>Always (100%)</i>

—————▶ *If never, go to AP7.*

AP6. **When you used condoms** for vaginal intercourse with these **other** partners...

a) ...did the condom ever break or slip off?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

b) ...did you always put the condom on before starting to have vaginal intercourse?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

c) ...did you ever take the condom off then continue to have unprotected vaginal intercourse?

0	<i>No</i>
1	<i>Yes</i>
7	<i>Do not remember</i>

AP7. Since the start of your relationship with your HITCH partner, did you have **anal intercourse** with any of these **other** male partners?

0	<i>No</i>
1	<i>Yes</i>

END OF PURPLE AP FORM

Please go to question 39 in the main, white questionnaire.