

Risk Behavior Survey

Agency Name: _____

Site Name: _____

ID #: _____

Date: ___ / ___ / _____

The RBS contains sensitive information on drug use and sexual behavior. Please ensure that you have developed rapport with the participant before asking these questions.

A. DRUG USE

I'm going to ask you some questions about your drug use. I'll ask what types of drugs you've used and how often you use them.		a.				b.	c.	d.	e.	f.
		Have you ever used? <i>(If no use, unknown, or refused, skip to next drug)</i>				How many days did you use ___ in the last 30 days? <i>(If 0, do not ask parts c-f, and skip to next drug)</i>	How many days did you inject ___ in the last 30 days? <i>(If 0, skip to part e)</i>	How many times a day did you inject ___? <i>(Average # of injections/day)</i>	How many days did you use ___ without injecting (smoking, snorting, swallowing) in the last 30 days? <i>(If 0, then skip to next drug)</i>	How many times a day did you use ___ without injecting?
		YES	NO	UNK	REF					
1.	Cocaine by itself (injected or snorted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
2.	Heroin by itself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
3.	Heroin & Cocaine mixed together (Speedball)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
4.	Other Opiates (Demerol, Codeine, Dilaudid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___
5.	Amphetamines (Speed, Methamphetamine, Crank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___	___	___	___	___

B. DRUG INJECTION (if no injection use in past 30 days, skip to Section C)

1. In the last 30 days, how many times (# of injections) did you inject using works (needle/syringes) that **you know** had been used by somebody else? *If none, enter 000 and skip to B3.* _____
2. Of the times you injected after someone, how many times did you clean the works with full-strength bleach? *Number cannot exceed total number of times used after somebody else (B1).* _____
3. How many times in the last 30 days did you use a cooker/cotton/rinse water that had been used by another injector? _____
4. How many times in the last 30 days did you fix drugs with another person, then split the drug solution (through use of the same cooker/spoon or through front or back loading)? _____

C. SEXUAL ACTIVITY

Now I'm going to ask you some questions about sex. I'm referring here to anybody you've had sex with in the last 30 days.

1. During the last 30 days, with how many people did you have vaginal, oral or anal sex? *IF NONE, ENTER 000 AND THE QUESTIONNAIRE IS COMPLETED.* _____
2. How many of your partners were female? *Number cannot exceed total number of people (C1).* _____
3. How many of your partners were male? *Number cannot exceed total number of people (C1).* _____
4. Interviewer: Code gender of respondent Male 1
Female 2
Don't Know 9

If Male, complete sections D, E, F, G & I

If Female, complete sections D, G, H & I

If Don't Know, ask ALL sex/gender specific questions and allow client to answer as they like.

Use the following coding for frequency of sexual events and condom/barrier use.

Frequency scale:		Condom/Barrier use scale:	
Once or irregularly	01	Never	0
Less than once a week	02	Less than half the time	1
About once a week	03	About half the time	2
2-6 times a week	04	More than half the time	3
About once a day	05	Always	4
2-3 times a day	06	Don't know/unsure	-2
4 or more times a day	07	Refused	-1
Don't know/unsure	-2		
Refused	-1		

D. Ask Male/Female/Gender Unknown Clients who had Female Partners

- 1a. How many women performed oral sex ("went down") on you? *If 0, then skip to question 2a. Number cannot exceed total number of female partners (C2).* _____
- 1b. How often did your partner(s) perform oral sex ("go down") on you? *(Use frequency scale)* _____
- 1c. How often did you use condoms/dental dams when your partner(s) performed oral sex ("went down") on you? *(Use condom/barrier use scale)* _____
- 2a. How many women did you perform oral sex ("go down") on? *If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners (C2).* _____
- 2b. How often did you perform oral sex ("go down") on your partner(s)? *(Use frequency scale)* _____
- 2c. How often did you use condoms/dental dams when you performed oral sex ("went down") on your partner(s)? *(Use condom/barrier use scale)* _____

Frequency scale:		Condom/Barrier use scale:	
Once or irregularly	01	Never	0
Less than once a week	02	Less than half the time	1
About once a week	03	About half the time	2
2-6 times a week	04	More than half the time	3
About once a day	05	Always	4
2-3 times a day	06	Don't know/unsure	-2
4 or more times a day	07	Refused	-1
Don't know/unsure	-2		
Refused	-1		

E. Ask Male/Gender Unknown Clients who had Female Partners

- 1a. How many women did you have vaginal sex with?
If 0, then skip to question 2a. Number cannot exceed total number of female partners (C2). _____
- 1b. How often did you have vaginal sex? *(Use frequency scale)* _____
- 1c. How often did you use a condom? *(Use condom/barrier use scale)* _____
- 2a. How many women did you have (insertive) anal sex with?
If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of female partners (C2). _____
- 2b. How often did you have (insertive) anal sex? *(Use frequency scale)* _____
- 2c. How often did you use a condom? *(Use condom/barrier use scale)* _____

F. Ask Male/Gender Unknown Clients who had Male Partners

- 1a. How many men did you have (insertive) anal sex with?
If 0, then skip to question 2a. Number cannot exceed total number of male partners (C3). _____
- 1b. How often did you have (insertive) anal sex? *(Use frequency scale)* _____
- 1c. How often did you use a condom? *(Use condom/barrier use scale)* _____

G. Ask Male/Female/Gender Unknown Clients who had Male Partners

- 1a. How many men performed oral sex ("went down") on you?
If 0, then skip to question 2a. Number cannot exceed total number of male partners (C3). _____
- 1b. How often did your partner(s) perform oral sex ("go down") on you? *(Use frequency scale)* _____
- 1c. How often did you use condoms/dental dams when your partner(s) performed oral sex ("went down") on you? *(Use condom/barrier use scale)* _____
- 2a. How many men did you perform oral sex ("go down") on?
If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners (C3). _____
- 2b. How often did you perform oral sex ("go down") on your partner(s)? *(Use frequency scale)* _____
- 2c. How often did you use condoms/dental dams when you performed oral sex ("went down") on your partner(s)? *(Use condom/barrier use scale)* _____

H. Ask Female/Gender Unknown Clients who had Male Partners

- 1a. How many men did you have vaginal sex with?
If 0, then skip to next section appropriate for the sex of this client. Number cannot exceed total number of male partners (C3). _____
- 1b. How often did you have vaginal sex? *(Use frequency scale)* _____
- 1c. How often did you use a condom? *(Use condom/barrier use scale)* _____

Frequency scale:		Condom/Barrier use scale:	
Once or irregularly	01	Never	0
Less than once a week	02	Less than half the time	1
About once a week	03	About half the time	2
2-6 times a week	04	More than half the time	3
About once a day	05	Always	4
2-3 times a day	06	Don't know/unsure	-2
4 or more times a day	07	Refused	-1
Don't know/unsure	-2		
Refused	-1		

I. Ask Male/Female/Gender Unknown Clients who had Male Partners

- 1a. How many men did you have (receptive) anal sex with?
If 0, end questionnaire. Number cannot exceed total number of male partners (C3). _____
- 1b. How often did you have (receptive) anal sex? *(Use frequency scale)* _____
- 1c. How often did you use a condom? *(Use condom/barrier use scale)* _____

Reference: Community Research Branch, National Institute on Drug Abuse. Risk Behavior Assessment (3rd ed). Rockville, MD: NIDA, 1993.