Have y	ou been sexually ac	tive within the las	st 3 months?	Yes 🗌 🏏	No 🗆 📉		
Participant number: DDD Date/  Please answer the following questions (mark the appropriate box or use available space where needed to the control of							
1.	Age: Gender: Male M			M	Female $\square$ $\digamma$		
2.	Race: Black 🗆 🗸	White W Co	loured 🗆 🧲 In	dian 🗆 📘 Othe	er (specify): <u></u>		
3.	Marital status:	Single \( \subseteq \sumset	Ma	rried $\square$	Divorced [		
4.	Condom use:	Always A	Some	times 🗆 S	Never	$\square N$	
5.	5. Have you talked about HIV status with your partner after your last HIV test? Yes \( \frac{\frac{1}{2}}{2} \) No \( \frac{1}{2} \)						
6.	Is your partner H	IIV positive?	Yes 🖳	No $\square$ $\nearrow$	Unknown status	s 🗌 🧿	
7.	Alcohol use: Daily	√ 🔲 🕽 Every w	eekend W	Occasionally	None None	0	
8.	Do you use drugs	, e.g. cocaine?	Intravenous dru	igs 🖳 Y Other	r: D	No 🗆 N	
9.	Have you changed sexual partners since participating in this study? Yes□  No□  No□  No□						
10.	Current number	of sexual partner	rs: 1 🗆 🖊	2 🗆 🗸	3-5 3	>5 4	
11.	Have you ever had sex with other men? Yes ☐ Y No ☐ N/A ☐ (for females) ○						
12.	Commercial sex v	worker: Yes	y No [	N			