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Male Questionnaire

Q1 How old were you at your last birthday?

years old

Q2 Are you Hispanic or Latino, or of Spanish origin?

- Yes
 No

Q3 What is your race?

Please select all that apply.

- American Indian or Alaska Native
 Asian
 Native Hawaiian or Other Pacific Islander
 Black or African American
 White

Q4 What is your current marital or cohabiting status?

- Married to a person of the opposite sex
 Not married but living together with a partner of the opposite sex
 Widowed
 Divorced or annulled
 Separated, because you and your spouse are not getting along
 Married to a person of the same sex
 Not married but living together with a partner of the same sex
 Never been married

Q5

Are you now going to, or on vacation from, regular school?

By regular school we mean elementary, junior high or middle school, high school, college, or graduate school. If you are taking GED courses now, or taking a semester or quarter off, or in vocational school, select No.

- Yes
- No

Q6

What grade or year of school are you in, or what is the highest grade or year of regular school you have ever attended?

- | | |
|--|--|
| <input type="checkbox"/> No formal schooling | <input type="checkbox"/> 10th grade |
| <input type="checkbox"/> 1st grade | <input type="checkbox"/> 11th grade |
| <input type="checkbox"/> 2nd grade | <input type="checkbox"/> 12th grade |
| <input type="checkbox"/> 3rd grade | <input type="checkbox"/> 1 year of college or less |
| <input type="checkbox"/> 4th grade | <input type="checkbox"/> 2 years of college |
| <input type="checkbox"/> 5th grade | <input type="checkbox"/> 3 years of college |
| <input type="checkbox"/> 6th grade | <input type="checkbox"/> 4 years of college/grad school |
| <input type="checkbox"/> 7th grade | <input type="checkbox"/> 5 years of college/grad school |
| <input type="checkbox"/> 8th grade | <input type="checkbox"/> 6 years of college/grad school |
| <input type="checkbox"/> 9th grade | <input type="checkbox"/> 7 or more years of college and/or grad school |

Q7

Before you turned 18, did you ever live away from your parents or guardians?

Please include times you were away at college or in the Armed Forces. But, do not include times you were away at boarding school for elementary, middle, or high school, or living in an institution or jail or group home. Also, please do not include temporary supervised arrangements such as summer camp.

- Yes
- No

Q8

Were your biological parents married to each other at the time you were born?

- Yes
- No

Q9

Who, if anyone, do you think of as the woman who mostly raised you when you were growing up?

- Biological mother
- Adoptive mother
- Step-mother
- Father's girlfriend
- Foster mother
- Grandmother
- Other female relative
- Female nonrelative
- No such person
- Other

Q10

Who, if anyone, do you think of as the man who mostly raised you when you were growing up?

- Biological father
- Adoptive father
- Step-father
- Mother's boyfriend
- Foster father
- Grandfather
- Other male relative
- Male nonrelative
- No such person
- Other

Q11

Some men have operations that make it impossible for them to father a child. Have you ever had a vasectomy or any other operation that makes it impossible for you to father a child?

- Yes
- No → Go to Q13 on the next page.

Q12 What type of operation did you have? Was it a vasectomy or some other operation?

- Vasectomy
- Other operation
- Vasectomy failed
- Vasectomy already surgically reversed

Q13 Altogether, including pregnancies that ended in live birth, pregnancies that ended in miscarriage, stillbirth, or abortion, and pregnancies that are ongoing, as far as you know, how many times have you ever made someone pregnant?

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Q14 Sometimes pregnancies do not result in a live birth, but end in miscarriage, stillbirth, or abortion. As far as you know, have you ever had a pregnancy with a woman that ended in miscarriage, stillbirth, or abortion?

- Yes
- No

Q15 Is there a place that you usually go to when you are sick or need advice about health?

- Yes
- No → Go to Q17 on the next page.

Q16 What kind of place is it?

- | | |
|--|--|
| <input type="checkbox"/> Private doctor's office or HMO | <input type="checkbox"/> Hospital emergency room |
| <input type="checkbox"/> Community health clinic, community clinic, public health clinic | <input type="checkbox"/> Hospital regular room |
| <input type="checkbox"/> Family planning or Planned Parenthood Clinic | <input type="checkbox"/> Urgent care center, urgi-care, or walk-in facility |
| <input type="checkbox"/> Employer or company clinic | <input type="checkbox"/> Sexually transmitted disease (STD) clinic |
| <input type="checkbox"/> School or school-based clinic | <input type="checkbox"/> In-store health clinic (like CVS, Target, or Walmart) |
| <input type="checkbox"/> Hospital outpatient clinic | <input type="checkbox"/> Some other place |

Q17 Are you currently covered by any kind of health insurance or some other kind of health care plan?

- Yes
- No → Go to Q19 on the next page.

Q18 Which of the following types of health care coverage do you have?

Please select all responses that apply.

- A private health insurance plan (from employer or workplace; purchased directly; through a state or local government program or community program)
- Medicaid
- Medicare
- Medi-Gap
- Military health care, including: the VA, CHAMPUS, TRICARE, CHAMP-VA
- Indian Health Service
- CHIP (Children's Health Insurance Program)
- Single-service plan (e.g., dental, vision, prescriptions)
- State-sponsored health plan
- Other government health care

Q19

In the past 12 months, was there any time that you did not have any health insurance or coverage?

- Yes
- No

Q20

Below, you will find a list of family planning and health services. Which of these services, if any, have you ever received at a family planning clinic or a Planned Parenthood clinic?

Please select all responses that apply.

- Physical exam
- Information or advice on strategies to prevent pregnancy, for example, birth control methods
- Information or advice on strategies to prevent STDs or HIV, for example, using condoms or reducing your number of partners
- HIV testing
- Testing for sexually transmitted diseases other than HIV
- Treatment for sexually transmitted diseases other than HIV
- Some other service
- Never received any service

Q21

Do you have serious difficulty hearing?

- Yes
- No

Q22

Do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

Q23

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

- Yes
- No

Q24

Do you have serious difficulty walking or climbing stairs?

- Yes
- No

Q25

Do you have difficulty dressing or bathing?

- Yes
- No

Q26

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

Q27

Have you ever been told by a doctor or other health care provider that you had cancer?

- Yes
- No

Q28

Have you ever donated blood or blood products (plasma, platelets, and marrow) at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

- Yes
- No

Q29

Have you ever been tested for HIV?

- Yes
- No

Q30

Has a doctor or other medical care provider ever talked with you about HIV, the virus that causes AIDS?

- Yes
- No

Q31

Were you born outside of the United States?

- Yes
- No

Q32

In what religion were you raised, if any?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Episcopal or Anglican |
| <input type="checkbox"/> Southern Baptist | <input type="checkbox"/> Church of Jesus Christ of Latter Day Saints (LDS/Mormon) |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Methodist or African Methodist | |

Q33 What religion are you now, if any?

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Lutheran |
| <input type="checkbox"/> Catholic | <input type="checkbox"/> Presbyterian |
| <input type="checkbox"/> Jewish | <input type="checkbox"/> Episcopal or Anglican |
| <input type="checkbox"/> Southern Baptist | <input type="checkbox"/> Church of Jesus Christ of Latter Day Saints (LDS/Mormon) |
| <input type="checkbox"/> Baptist | <input type="checkbox"/> Other |
| <input type="checkbox"/> Methodist or African Methodist | |

Q34 Currently, how important is religion in your daily life?

- Very important
- Somewhat important
- Not important

Q35 About how often do you attend religious services?

- More than once a week
- Once a week
- 2-3 times a month
- Once a month (about 12 times a year)
- 3-11 times a year
- Once or twice a year
- Never

Q36

In the last 12 months, for how many months did you have any job for pay?

Please include any job for pay that was regularly scheduled, that you were expected to perform. Please include full-time, part-time, and temporary or summer jobs.

Count jobs like babysitting, yard work, newspaper delivery, house cleaning, etc., as long as they were regularly scheduled jobs that you were expected to perform. Do not count them if you took individual jobs as they came along.

<input type="text"/>	<input type="text"/>	months
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Q37

Last week, what were you doing? Were you working, keeping house, going to school, or something else?

- Working
- Not working at job due to temporary illness, vacation, strike, etc.
- On paternity or family leave from job
- Unemployed, laid off, or looking for work
- Keeping house
- Taking care of family
- Going to school
- On permanent disability
- Something else

Q38

Please let us know how much you agree with the following statements.

	Strongly Agree	Agree	Disagree	Strongly Disagree
Sexual relations between two adults of the same sex are all right.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is okay for a young, unmarried woman to have and raise a child.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men have greater sexual needs than women.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q39

In general, how is your health? Would you say it is...

- Excellent
- Very good
- Good
- Fair
- Poor

Q40

How much do you weigh?

Please answer in pounds.

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 pounds

Q41

Have you ever spent time in a jail, prison or juvenile detention center?

- Yes
- No

Q42

In your entire life, have you smoked at least 100 cigarettes (100 cigarettes is about 5 packs)?

- Yes
- No

Q43

During the last 12 months, how often have you had beer, wine, liquor, or other alcoholic beverages?

- Never
- Once or twice during the year
- Several times during the year
- About once a month
- About once a week
- About once a day

Q44

One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?

drinks

Q45

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks on an occasion?

times

Q46

During the last 12 months, how often did you have 5 or more drinks within a couple of hours?

- Never
- Once or twice during the year
- Several times during the year
- About once a month
- About once a week
- About once a day

Q47 During the last 12 months, how often have you smoked marijuana?

- Never
- Once or twice during the year
- Several times during the year
- About once a month
- About once a week
- About once a day or more

Q48 During the last 12 months, how often have you used cocaine?

- Never
- Once or twice during the year
- Several times during the year
- About once a month or more

Q49 During the last 12 months, how often have you used crack?

- Never
- Once or twice during the year
- Several times during the year
- About once a month or more

Q50 During the last 12 months, how often have you used Crystal or meth, also known as tina, crank, or ice?

- Never
- Once or twice during the year
- Several times during the year
- About once a month or more

Q51

During the last 12 months, how often have you shot up or injected drugs other than those prescribed for you?

By shooting up, we mean any time you might have used drugs with a needle, by mainlining, skin-popping, or muscling.

- Never
- Once or twice during the year
- Several times during the year
- About once a month or more

Q52

Have you ever put your penis in a female's vagina (also known as vaginal intercourse)?

- Yes
- No

Q53

The next few questions are about oral sex. By oral sex, we mean stimulating the genitals with the mouth.

Has a female ever performed oral sex on you, that is, stimulated your penis with her mouth?

- Yes
- No

Q54

Have you ever performed oral sex on a female?

- Yes
- No

Q55

Thinking about your entire life, how many female sex partners have you had?

Please count every partner, even those you had sex with only once.

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Q56

At any time in your life, have you ever been forced by a male to have oral or anal sex against your will?

- Yes
- No

Q57

People are different in their sexual attraction to other people. Which best describes your feelings? Are you...

- Only attracted to females
- Mostly attracted to females
- Equally attracted to males and females
- Mostly attracted to males
- Only attracted to males
- Not sure

Q58

Which category represents the total combined income of you and your family living here in the last year?

Please enter the amount before taxes.

- | | |
|--|--|
| <input type="checkbox"/> Under \$5,000 | <input type="checkbox"/> \$30,000 - \$34,999 |
| <input type="checkbox"/> \$5,000 - \$7,499 | <input type="checkbox"/> \$35,000 - \$39,999 |
| <input type="checkbox"/> \$7,500 - \$9,999 | <input type="checkbox"/> \$40,000 - \$49,999 |
| <input type="checkbox"/> \$10,000 - \$12,499 | <input type="checkbox"/> \$50,000 - \$59,999 |
| <input type="checkbox"/> \$12,500 - \$14,999 | <input type="checkbox"/> \$60,000 - \$74,999 |
| <input type="checkbox"/> \$15,000 - \$19,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$20,000 - \$24,999 | <input type="checkbox"/> \$100,000 or more |
| <input type="checkbox"/> \$25,000 - \$29,999 | |

Q59

At any time in the last year, even for one month, did you or any members of your family living here receive any cash assistance from a state or county welfare program?

Do not include Food Stamps, SSI, Energy Assistance, WIC, School Meals, or Transportation, Child Care, Rental or Education Assistance.

- Yes
 No

Q60

The next question is about SNAP, the Supplemental Nutrition Assistance Program, formerly known as the Food Stamp Program. SNAP benefits are provided on an electronic debit card. In the last year, did you or any members of your family living here receive food stamps or SNAP benefits?

- Yes
 No

Q61

In the last year, did you or any members of your family living here receive WIC, the Women, Infants, and Children Nutrition Program?

- Yes
- No

Q62

In the last year, did you or any members of your family living here receive the following type of government assistance because your income was low...

Yes **No**

Transportation assistance, such as gas vouchers, bus passes, or help registering, repairing, or insuring a car?

Any child care services or assistance so you or they could go to work or school or training?

A social services or Welfare office's help with job training, a Job Club, a job search program, or anything else to help you or anyone in the household try to find a job?

Q63

In the last 12 months, did you receive free or reduced-cost food or meals because you couldn't afford to buy food?

- Yes
- No

Q64

In the past 12 months, was there anyone in your household who needed to see a doctor or go to the hospital but couldn't go because of the cost?

- Yes
- No

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