

# Healing Our Women



**Post Group Interview**

**Planned Parenthood of New York City  
Project Street Beat/ HEALING OUR WOMEN  
POST-GROUP INTERVIEW**

1. Length of Interview          :            
                                  H H        M M

2. Interviewer \_\_\_\_\_

3. Respondent ID# Number \_\_\_\_\_

4. Place of Interview \_\_\_ Brooklyn \_\_\_ Bronx

5. Date of Interview           /           /            
                          M M    D D    Y Y

*INTERVIEWER, READ THE FOLLOWING PARAGRAPH ALOUD:*

These questions have to do with your health behaviors and practices, your attitudes, and your feelings. You answered similar questions before you started the HOW group. Things may or may not have changed since then, and we would like to know how things are going for you now. Some of these questions are about sensitive and personal matters. Please answer as honestly as possible because the accuracy of our research depends on the information you give us. Feel free to stop me if you don't understand the question. You don't have to answer any questions you don't want to. Your answers will remain confidential at all times, and your name will not be connected with any findings. Do you have any questions right now?

**SECTION B RELATIONSHIP STATUS**

**I'm going start by asking questions about your sexual relationships**

B1. In the last 2 months have you had sex with: \_\_\_\_\_Men \_\_\_\_\_Women \_\_\_\_\_Both

B2. Do you... (Check all that apply)

Live with a partner? \_\_\_\_\_Yes \_\_\_\_\_No

Have sex with this partner? \_\_\_\_\_Yes \_\_\_\_\_No

Have sex with others who are not this partner? \_\_\_\_\_Yes \_\_\_\_\_No

B3. If no to all of the above, have you had any sexual relationship in the past 2 months? \_\_\_\_Yes \_\_\_\_No  
*(If no, skip to Section G)*

**Sex risks - main partner**

***Ask only if they have main partner. If not Skip to Section D***

B4. How long have you had (did you have) a sexual relationship with this partner? Number of months \_\_\_\_ \_

B5. As far as you know, has this sexual partner in the last 2 months ...

		Yes	No	Don't know
1)	Had STDs (herpes, chlamydia, syphilis, gonorrhea)/			
2)	Injected drugs			
3)	Had sex with men			
4)	Been in jail/prison			
5)	Had other sex partners while in the relationship with you.			

As far as you know, does this partner...

B6. Have HIV or AIDS? \_\_\_\_ No \_\_\_\_Yes \_\_\_\_Don't know

B7. Please try to estimate how many times in the past two months you had vaginal sex with your main partner?  
 (Vaginal sex is having the penis or an object in the vagina). \_\_\_\_ \_

B8. On how many of those times did your partner use a condom from start to finish? \_\_\_\_ \_

B8. How many times did you give oral sex—your mouth on your partner's genitals? \_\_\_\_ \_ (If 0, skip to B11)

B10. On how many of those did your partner use a condom or other barrier) from start to finish? \_\_\_\_ \_

B9. How many times did you receive oral sex—your partner's mouth on your genitals? \_\_\_\_ \_ (If 0, skip to B13)

B12 On how many of those times did your partner use a dental dam, saran wrap, or other barrier from start to finish? \_\_\_\_ \_

B10 How many times did you have anal sex—his penis or an object in your butt or rectum? \_\_\_\_ \_

B14 On how many of those times did you use a condom, barrier from start to finish? \_\_\_\_

B11. In the past two months, how many times did you use alcohol just before or during sex (regardless of whether your partner used alcohol)? \_\_\_\_

B12. In the past two months, how many times did you use drugs just before or during sex (regardless if whether your partner used drugs)? \_\_\_\_

B13. In the past two months, did your main partner inject illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

B14. Did you inject drugs with him/her? \_\_\_\_ Yes \_\_\_\_ No *If no skip to next Section C*

B15. If yes, how many times? \_\_\_\_

B16. Did you share dirty works with him/her? ("Share" means joint use of works by you and one or more others on the same occasion. "Dirty" means not cleaned with bleach before you pass it to someone else or someone else passed it to you. "Works: means the needles/syringe, cooker or cotton.) \_\_\_\_ Yes \_\_\_\_ No *If no skip to next Section C*

B17. If yes, how many times? \_\_\_\_

**SECTION C - SEX RISK SELF-EFFICACY - MAIN PARTNER**

**Please tell me whether you strongly disagree, disagree, don't know, agree, or strongly agree for each statement**

*[5=Strongly Agree] [4=Agree] [3=Don't know] [2=Disagree][1=Strongly Disagree]*

C1. Using a condom (or barrier) with my (a) main partner is easy for me. \_\_\_\_\_

C2. I will skip condom (or barrier) use with my (a) main partner if he/she doesn't feel like using one. \_\_\_\_\_

C3. If my (a) main partner objects to condoms (barriers), I would be able to refuse to have sex with him/her. \_\_\_\_\_

C4. I would feel uncomfortable talking to my main partner about using condoms (barriers). \_\_\_\_\_

C5. I would feel uncomfortable putting a condom or barrier on my main partner. \_\_\_\_\_

C6. I would feel comfortable using a female condom or dental dam with my main partner. \_\_\_\_\_

C7. I would feel comfortable talking to main partner about HIV and other STD's. \_\_\_\_\_

C8. I would feel comfortable talking to my main partner about being monogamous. \_\_\_\_\_

C9. If my (a) main partner objects to condoms (barriers), I would be able to avoid having sex with him/her \_\_\_\_\_

**SECTION D - SEX RISK BEHAVIOR - OTHER PARTNERS**

*Ask only if they are having sex with more than one individual in addition to their main partner. If not, skip to section G*

D1 How many men have you had sex with in the last 2 months, other than your main partner? \_\_\_\_\_

D2. How many females have you had sex with other than your main partner in the last 2 months? \_\_\_\_\_

D2. As far as you know, have any of these partners in the past 2 months?....

		Yes	No	Don't know
1.	Had STDs (herpes, chlamydia, syphilis, gonorrhea)/			
2.	Injected drugs			
3.	Had sex with men			
4.	Been in jail/prison			
5.	Had other sex partners while in the relationship with you.			

As far as you know, do any of these partners...

D3. have HIV or AIDS? \_\_\_\_\_Yes \_\_\_\_\_No

D4. currently have other sex partners? \_\_\_\_\_Yes \_\_\_\_\_No

**SECTION E -SEX RISK BEHAVIOR - OTHER PARTNER**

**ALL OF THESE QUESTIONS PERTAIN TO THE PAST TWO MONTHS**

E1. Please try to estimate how many times you had sex with someone who wasn't a main partner) in the last two months? \_\_\_\_\_

E2. On how many of those times did your partner use a condom (or other barrier) from start to finish? \_\_\_\_\_

E3. How many times in the past two months did you give oral sex to someone other than a main partner - your mouth on your partner's genitals? \_\_\_\_\_

E4. On how many of those times did your other partner use a condom (or other barrier) from start to finish? \_\_\_\_\_

E5. How many times did you receive oral sex from someone other than a main partner - someone's mouth on your genitals \_\_\_\_

E6. How many of those times did your partner use a dental dam, saran wrap, or other barrier from start to finish? \_\_\_\_

E7. How many times did you have anal sex with someone other than a main partner - someone's penis in your butt or rectum? \_\_\_\_

E8. On how many of those times did your partner use a condom (or other barrier) from start to finish? \_\_\_\_

E9. In the past two months, did someone give you drugs in exchange for sex? \_\_\_\_ Yes \_\_\_\_ No

E10. If yes, how many times? \_\_\_\_

E11. In the past 2 months, how many times did you use alcohol just before or during sex (regardless of whether your partner used)?  
\_\_\_\_

E12. In the past 2 months, how many times did you use drugs just before or during sex (regardless of whether your partner used)?  
\_\_\_\_

E13. Did you get paid for sex with money or something else you needed (such as food or a place to stay, but not drugs)? If no, skip to E15. \_\_\_\_ Yes \_\_\_\_ No

E14. If yes, how many times? \_\_\_\_

E15. In the past two months, did any sex partner of yours (other than a main partner) inject illegal drugs? \_\_\_\_ Yes \_\_\_\_ No

E16. Did you inject drugs with him/her? \_\_\_\_ Yes \_\_\_\_ No (*If no, skip to next Section F*)

E17. If yes, how many times? \_\_\_\_

E18. Did you share dirty works with him/her? If no, skip out. ("Share" means joint use of works by you and one or more others on the same occasion. "Dirty" means not cleaned with bleach before you pass it to someone else or someone else passed it to you. "Works: means the needles/syringe, cooker or cotton.) \_\_\_\_ Yes \_\_\_\_ No

E19. How many times? \_\_\_\_

**SECTION F - SEX RISK SELF-EFFICACY - OTHER PARTNERS**

**Next I want to ask you about your ideas on sex and condom use with partners other than a main partner. Please tell me if you strongly agree, agree, disagree, or strongly disagree. Remember that "other partners" means other sexual partners except a main partner in the last 2 months.**

- F1. Using a condom (or barrier) with other partners is easy for me. \_\_\_\_\_
- F2. I will skip condom (barrier) use with another partner if he doesn't feel like using one. \_\_\_\_\_
- F3. If another partner objects to condoms (barriers), I would be able to refuse to have sex with him. \_\_\_\_\_
- F4. I would feel uncomfortable talking to other partners about using condoms (barriers). \_\_\_\_\_
- F5. I would feel uncomfortable putting a condom on my other partners. \_\_\_\_\_
- F6. I would feel comfortable using a female condom or dental dam with other partners. \_\_\_\_\_
- F7. I would feel comfortable talking to my other partners about HIV and other STD's. \_\_\_\_\_
- F8. If my other partners object to condoms (barriers), I would be able to refuse having sex with him. \_\_\_\_\_
- F9. If another partner objects to condoms (barriers), I would be able to avoid having sex with him. \_\_\_\_\_

**SECTION G – DRUG BEHAVIORS**

The next questions are about your drug behavior during the last 2 months. Your answers are confidential and we appreciate your honesty.

In the last 2 months how often have you:

G1. Consumed alcohol	___ No; ___ Yes, how often _____ how much _____
G2. Smoked marijuana	___ No; ___ Yes, how often _____ how much _____
G3. Smoked crack	___ No; ___ Yes, how often _____ how much _____
G3. Sniffed Cocaine, heroin or popped pills	___ No; ___ Yes, how often _____ how much _____
G4. Injected any drug	___ No; ___ Yes, how often _____ how much _____
G5. Shared the same works such as needles, syringes, cooker, cotton or rinse water	___ No; ___ Yes, how often _____ how much _____

**SECTION H - SEXUAL ABUSE**

**The next questions are going to be about sexual experiences as a child and as an adult. Some experiences are upsetting and painful to talk about, while others are not. Some may have occurred against your will. These incidents may have happened a long time ago or recently.**

**Before the age of 18:**

H1. Did a relative, family friend or stranger ever feel up or fondle body including your breasts or genitals?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

H2. Did anyone rub his or her genitals against your body in a sexual way?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

H3. During childhood, did anyone attempt to have intercourse with you against your will?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

H4. Did anyone have intercourse with you against your will?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

H5. Did anyone force you to lick or suck his or her vagina or penis?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

H6. Did anyone ever put their penis in your mouth or put their mouth on your vagina or labia?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

H7. Did anyone put his or her finger or an object in your vagina?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

H8. Did anyone force you to put your finger or an object in his or her vagina?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

H9. Did anyone ever put his or her penis or an object in your bottom or behind or rectum?

\_\_\_\_\_ No; \_\_\_\_\_ Yes, Who was this \_\_\_\_\_

**After the age of 18:**

H10. Has anyone ever tried to penetrate you vaginally or anally with a penis or other object without your permission?

\_\_\_\_\_ Yes, \_\_\_\_\_ No

H11. How many times has this happened? \_\_\_\_\_

H12. Without your permission, has anyone ever penetrate you vaginally or anally with a penis or other object?

\_\_\_\_\_ Yes, \_\_\_\_\_ No

H13. How many times has this happened? \_\_\_\_\_

**SECTION I - PTSD**

**Now I am going to ask you about the impact these sexual events as a child or an adult may have had on you.**

- I1. Did you keep remembering any of the events when you did not want to? Yes 1 No 0
- I2. Did you keep having dreams or nightmares about them afterwards? Yes 1 No 0
- I3. Did you ever suddenly act or feel as though any of the events were happening again even though they weren't? Yes 1 No 0
- I4. Did you get very upset when you were in a situation that reminded you of any of these events? Yes 1 No 0
- I5. After the experience(s), did you find that you no longer have loving or warm feelings towards anyone? Yes 1 No 0
- I6. Did you go out of your way to avoid situations that might remind you of these events? Yes 1 No 0
- I7. Did you try hard not to think about it? Yes 1 No 0
- I8. Did you develop a memory blank so that you could no longer remember certain things about the event? Yes 1 No 0
- I9. Did you ever feel isolated or distant from other people afterwards? Yes 1 No 0
- I10. Did you begin to feel that there was no point in thinking about the future? Yes 1 No 0
- I11. Did you lose interest in doing things that used to be enjoyable? Yes 1 No 0
- I12. After any of these experiences, did you have more trouble concentrating than is usual for you? Yes 1 No 0
- I13. Did you act unusually irritable or lose your temper a lot? Yes 1 No 0
- I14. Did you have more trouble sleeping than is usual for you? Yes 1 No 0
- I15. Did you become overly concerned about danger or overly careful? Yes 1 No 0
- I16. Did you sweat or did your heart beat fast, or did you tremble when reminded of any of these upsetting experiences? Yes 1 No 0
- I17. How soon after the upsetting experiences did you start to have any of these reactions? (If immediately, code 001) \_\_\_\_ \_\_\_\_ (In days)

**SECTION J- SHORT EMOTIONAL APPROACH COPING SCALE**

**Now I want to switch gears and ask about your emotions, in general.**

In the past 3 weeks, how much did you do each of the following?

- 1 = I did not do this at all.
- 2 = I did this a little bit.
- 3 = I did this a medium amount.
- 4 = I did this a lot.

- J1. I let my feelings come out freely. \_\_\_\_
- J2. I took time to express my emotions. \_\_\_\_
- J3. I allowed myself to express my emotions. \_\_\_\_
- J4. I felt free to express my emotions. \_\_\_\_
- J5. I took time to figure out what I was feeling. \_\_\_\_
- J6. I delved into my feelings to get a thorough understanding of them \_\_\_\_
- J7. I realized that my feelings were valid and important. \_\_\_\_
- J8. I acknowledged my emotions. \_\_\_\_
- J9. I used drugs or alcohol to make myself feel better. \_\_\_\_
- J10. I tried to lose myself for a while by drinking alcohol or taking drugs. \_\_\_\_
- J11. I drink alcohol or take drugs in order to think less about things. \_\_\_\_
- J12. I use alcohol or drugs to help me get through difficult times. \_\_\_\_

**SECTION K - CESD**

**Now I'm going to ask you some questions about your feelings in the last week.**

For each of the following statements, please tell me IN THE PAST WEEK, whether you have experienced each of the following rarely or not at all, sometimes, occasionally or moderately, or most or all of the time.

	Rarely or none	Some or a little	Occasionally or moderate	Most or all
K1. I was bothered by things that usually don't bother me.				
K2. I did not feel like eating, my appetite was poor.				
K3. I felt that I could not shake off the blues even with help from my friends or family.				
K4. I felt that I was as good as other people.				
K5. I had trouble keeping my mind on what I was doing.				
K6. I felt depressed.				
K7. I felt that everything I did was an effort.				
K8. I felt hopeful about the future.				
K9. I thought my life had been a failure.				
K10. I felt fearful.				
K11. My sleep was restless.				
K12. I was happy.				
K13. I talked less than usual.				
K14. I felt lonely.				
K15. People were unfriendly.				
K16. I enjoyed life.				
K17. I had crying spells.				
K18. I felt sad.				
K19. I felt that people disliked me.				
K20. I could not get "going."				

**SECTION M - SPIRITUALITY**

**Please tell me whether you strongly agree, agree, don't know, disagree, or strongly disagree with each statement as it describes your own personal experience.**

**When I use the term "God", I am referring to any higher being that is part of your life.**

[Strongly Agree] [Agree [Disagree]] [Disagree Strongly] [Don't know] [N/A]

	SA	A	D	SD	DK	NA
M1. I don't find much satisfaction in private prayer with God.						
M2. I don't know who I am, where I came from, or where I am going.						
M3. I believe that God loves me and cares about me.						
M4. I feel that life is a positive experience.						
M5. I believe that God is impersonal and not interested in my daily situation.						
M6. I feel unsettled about my future.						
M7. I have a personally meaningful relationship with God.						
M8. I feel very fulfilled and satisfied with life.						
M9. I don't get much personal strength and support from my God.						
M10. I feel a sense of well being about the direction my life is headed in.						
M11. I believe that God is concerned about my problems.						
M12. I don't enjoy much about life.						
M13. I don't have a personally satisfying relationship with God.						
M14. I feel good about my future.						
M15. My relationship with God helps me not to feel lonely.						
M16. I feel that life is full of conflict and unhappiness.						
M17. I feel most fulfilled when I'm in close communion with God.						
M18. Life doesn't have much meaning.						
M19. My relationship with God contributes to my sense of well-being.						
M20. I believe there is some real purpose for my life						
M1. I don't find much satisfaction in private prayer with God.						

**SECTION N - HIV KNOWLEDGE**

**Please answer true or false to the following statements about HIV, to the best of your knowledge.**

- N1. If someone already has HIV, he/she does not need to protect against getting the virus.  True,  False
- N2. Having a sexually transmitted disease (STD) increases the risk of HIV transmission.  True,  False
- N3. Treating an STD helps to prevent HIV transmission.  True,  False
- N4. The risk of HIV transmission is the same whether or not a woman is having her period.  True,  False
- N5. If a person's viral load is undetectable, he/she cannot transmit the HIV virus.  True,  False
- N6. Female condoms are effective in preventing transmission of the HIV virus.  True,  False
- N7. Using condoms protects both partners against transmission of the HIV virus.  True,  False
- N8. Semen can be "washed" to remove the HIV virus.  True,  False
- N9. The use of some medications during pregnancy can reduce the spread of HIV to newborns.  True,  False
- N10. All protease inhibitors are safe to take during pregnancy.  True,  False
- N11. HIV infection in babies can be determined within 4 months of birth.  True,  False
- N12. Breast-feeding can transmit HIV from the mother to the baby.  True,  False
- N13. If a person stops taking medications, it is best to gradually start up again over the next several days.  True,  False
- N14. Most people who use drugs or alcohol adhere to their medications.  True,  False
- N15. Eating raw eggs, fish, or meat is unhealthy for people who are HIV+.  True,  False
- N16. If you have HIV, a fever that lasts longer than one day is a reason to contact a doctor.  True,  False
- N17. If you have HIV, persistent nausea or vomiting is a reason to contact a doctor.  True,  False

**SECTION O – HIV TREATMENT**

Our interview is almost over, but I would like to ask you just a few more questions about your HIV treatment

- O1. How often do you keep your health care appointments related to your HIV status?  
 Always;  Often;  Sometimes;  Rarely;  Never
- O2. Are you taking medications for HIV?  Yes;  No
- O3. How often do you take your medications as directed?  Always;  Often;  Sometimes;  Rarely;  Never