A newly recognized, complex, medical illness, which has occurred mainly in homosexual men, is being studied. This serious illness has been associated with infections and tumors. As part of this study, patients with these conditions are being asked questions about a number of aspects of their behavior.

In addition, it is important to also gather similar information from men of all sexual preferences who do not have these conditions. Would you mind answering a few questions about yourself, your sexual behavior, and your use of certain medications? All of your answers will be anonymous -- there will be no record of your name.

Your age: _____ years Marital Status: Married _____ Not married _____

Your race: White, not Hispanic _____ Asian or Pacific Islander _____

Black, not Hispanic _____ American Indian or Alaska Native _____

Hispanic _____

Your sexual preference: Male _____ Female _____ Both _____

If you are heterosexual, please answer the following questions:

1. How old were you when you first had sexual intercourse with a woman? _____ years
2. During the last year, about how many different women did you have sex with? _____ women
3. Of these women, about how many did you have sex with only once? _____ women

If you are bisexual or homosexual, please answer the following questions:

1. How old were you when you first began having sex with men <u>regularly</u> (for example, once a month)? _____ years
2. During the last year, about how many different persons did you have sex with (include both men and women)? _____ persons
3. Of these persons, about how many were men? _____ men
4. Of all these men, about how many did you have sex with only once? _____ men
5. Of all these men, about how many did you have sex with in bathhouses? _____ men

All persons please answer the following:

1. In the last 5 years, have you used any inhalant sexual stimulants (for example, amyl nitrite, butyl nitrite, "Poppers," "Rush," "Locker Room." etc)? _____ Yes _____ No

   If yes, please answer the remaining questions:

2. What year did you first use them? 19 ____

   What year did you last use them? 19 ____

3. How often did you usually use them? (Check one):

   Less than once a month _____

   One to ten times a month _____

   More than ten times a month _____

4. Please list the brands you usually use. (If the type you use has no name, write "no name.") _____

   _____

5. If you use a "no name" brand, where do you usually buy it? _____

   _____