FOLLOW-UP VISIT

SECTION 4

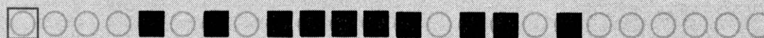
- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make **NO** stray marks.
- Do **NOT** fold this form.

ID NUMBER	VISIT NO.	TIME BEGAN (HR / MIN)		DATE (MONTH / DAY / YR)
0–9	0–9	HR: 0, 10, 1–9; MIN: 0, 10, 20, 30, 40, 50, 1–9	am / pm	JAN, FEB, MAR, APR, MAY, JUN, JUL, AUG, SEP, OCT, NOV, DEC; DAY: 0, 10, 20, 30, 1–9; YR: 90, 91

1. Let's start with a list of medical conditions. As I read each one, please tell me whether a doctor or other medical practitioner ever told you that you had it. How about (EACH)? (Did a doctor or other medical practitioner say that you had that?)

IF "NO" TO a, GO TO NEXT ROW	a.	b. In what month and year was it first diagnosed?	c. How many times were you diagnosed with this? CODE "9" FOR 9 or MORE TIMES	d. Have you told us about this (all these times) before?	
A. Kaposi's sarcoma	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91 Diagnosed before 1984		NO YES DK	
B. Pneumocystis carinii pneumonia (PCP)	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91 Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	GET MEDICAL RELEASE
C. Toxoplasmosis	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91 Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
D. Cytomegalovirus infection (CMV) in your eyes, lungs, colon, or other location. Where was it? CODE ALL THAT APPLY. Eyes Colon Lung Other (not blood) Specify:	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91 Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
E. Mycobacterial infection (MAI or atypical TB)	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91 Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
F. Lymphoma, specify Primary brain lymphoma Non-Hodgkin's Other Specify:	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91 Diagnosed before 1984		NO YES DK	
G. Cryptococcal meningitis	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91 Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
H. Candida in esophagus or lungs (not mouth)	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91 Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	

188240



DO NOT MARK IN THIS AREA

1. Continued.

IF "NO" TO a, GO TO NEXT ROW	a.	b. In what month and year was it first diagnosed?	c. How many times were you diagnosed with this? CODE "9" FOR 9 or MORE TIMES	d. Have you told us about this (all these times) before?	GET MEDICAL RELEASE
I. Cryptosporidiosis	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
J. Wasting Syndrome	NO YES SKIP TO NEXT ROW	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984		NO YES DK	
K. Any other AIDS diagnosis 1) Specify:	NO YES SKIP TO L	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
Other AIDS diagnosis 2) Specify:	NO YES SKIP TO L	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
Other AIDS diagnosis 3) Specify:	NO YES SKIP TO L	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
L. AIDS-related symptoms or ARC, specify: 1) Specify:	NO YES SKIP TO M	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	
2) Specify:	NO YES SKIP TO M	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984	1 2 3 4 5 6 7 8 9	NO YES DK	

M. Some (other) form of cancer, excluding those mentioned above?

No Yes **IF "NO," GO TO Q 2**

a. If yes, what kind of cancer did they say it was?	b. On what month and year was it first diagnosed?	c. Have you told us about this before?	
1) 0 1M 2M 3M 4M 5M 6M 7M 8M 9M; 0 100 200 300 400 500 600 700 800 900; 0 10 20 30 40 50 60 70 80 90; 0 1 2 3 4 5 6 7 8 9; Site: Type:	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984	NO YES DK	GET MEDICAL RELEASE
2) 0 1M 2M 3M 4M 5M 6M 7M 8M 9M; 0 100 200 300 400 500 600 700 800 900; 0 10 20 30 40 50 60 70 80 90; 0 1 2 3 4 5 6 7 8 9; Site: Type:	J F M A M J J A S O N D; 83 84 85 86 87 88 89 90 91; Diagnosed before 1984	NO YES DK	GET MEDICAL RELEASE

2. [Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had (EACH)?

	NO	YES
A. Shingles (or herpes zoster)	◯	◯

If yes, which month and year (since your last visit) did this episode of shingles (zoster) begin?

MONTH		J F M A M J J A S O N D
YEAR		83 84 85 86 87 88 89 90 91

Diagnosed before 1984

	NO	YES
B. Bullous Impetigo	◯	◯
C. Infectious mononucleosis	◯	◯
D. Jaundice or some liver disease other than hepatitis	◯	◯
E. Hepatitis or blood test that was positive for hepatitis?	◯	◯

(1) IF HAD HEPATITIS: Can you tell whether you had hepatitis A, infectious hepatitis B, serum hepatitis, non-A/non-B hepatitis, or didn't they say which kind it was? MARK ONE CODE FOR EACH IN FIRST SECTION.

(2) FOR EACH "YES": How did you happen to find out that you had (TYPE OF HEPATITIS) (IF DON'T KNOW WHICH KIND: some kind of hepatitis)—did you go to the doctor because you were feeling sick, or did they happen to find it when they were doing a blood test for some other reason?

	(1) HAD THIS TYPE?		(2) HOW LEARNED?	
	NO, NOT THIS KIND	YES, THIS KIND	SYMPTOMS	BLOOD TEST
Hepatitis A or infectious hepatitis	◯	◯	◯	◯
Hepatitis B or serum hepatitis	◯	◯	◯	◯
Non-A/Non-B hepatitis or hepatitis C	◯	◯	◯	◯
OTHER Specify:				
Didn't say which kind it was.	◯	◯	◯	◯

	NO	YES
F. Have you received an injection of hepatitis B vaccine [since your last visit in (MONTH)]?	◯	◯

	NO	YES	DON'T KNOW
G. Have you received a transfusion of blood or blood components (platelets or plasma) [since your visit in (MONTH)]?	◯	◯	◯

If yes, when was the last time?

MONTH		J F M A M J J A S O N D
YEAR		83 84 85 86 87 88 89 90 91

Diagnosed before 1984

	NO	YES
H. Were you diagnosed with tuberculosis [since your visit in (MONTH)]?	◯	◯
IF "YES": Was the tuberculosis OUTSIDE of the lung?	◯	◯
I. Have you had a skin test for tuberculosis (PPD) [since your visit in (MONTH)]?	◯	◯
IF "YES": Was it positive?	◯	◯
J. [Since your visit (MONTH)] Has a doctor or other medical practitioner told you that you had oral hairy leukoplakia?	◯	◯
K. Have you seen a doctor or other medical practitioner for any (other) condition [since your visit in (MONTH)]?	◯	◯
IF "YES": Was there a diagnosis for your condition?	◯	◯

	If "YES," what was the diagnosis?	
Specify:		0 10 20 30 40 50 60 70 80 90
		0 1 2 3 4 5 6 7 8 9
Specify:		0 10 20 30 40 50 60 70 80 90
		0 1 2 3 4 5 6 7 8 9
Specify:		0 10 20 30 40 50 60 70 80 90
		0 1 2 3 4 5 6 7 8 9

◯ GET MEDICAL RELEASE FORM

3. A. Have you had any of the following forms of herpes [since your visit in (MONTH)]?

	NO	YES
1) Facial herpes, cold sores, or fever blisters	○	○
2) Sores in genital region	○	○
3) Sores in the anal or rectal areas	○	○
4) Sores elsewhere on your body	○	○

IF "NO" TO ALL FOUR, SKIP TO Q 4

	NO	YES
B. Did the first attack of herpes you ever had occur [since your last visit in (MONTH)]?	○	○
C. Has there been a period [since your last visit (MONTH)] when your (herpes) sores seemed to come more often, get worse or last longer than usual?	○	○

4. **IF NEEDED EXPLAIN:**

By "time" we mean each period when you thought it was cured and then it started again (or finally went away for good).

ASK a FOR ALL BEFORE ASKING b FOR ANY.

a. Have you had any of the following diseases or conditions [since your visit in (MONTH)]? How about (EACH)?

b. How many times have you had it [since your last visit in (MONTH)]?

DISEASE OR CONDITION	HAD DISEASE NO	HAD DISEASE YES	NUMBER OF TIMES
(1) Syphillis	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(2) Any form of gonorrhea **IF "NO" TO (2), SKIP TO (6)**	○	○	
(3) Urethral gonorrhea (clap or drip of the urinary passage)	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(4) Oral gonorrhea (of the mouth or throat)	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(5) Rectal gonorrhea (of the rectum)	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(6) Non-specific or nongonococcal urethritis (that is, a discharge from the penis that's not caused by gonorrhea)	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(7) Shigella (shigellosis) or salmonella (salmonellosis)	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(8) Amoebic dysentery	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(9) Giardia (or giardiasis)	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(10) Some other parasitic disease, such as worms	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(11) Genital warts or anal warts (condylomata acuminata)	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(12) Crabs (or lice)	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨
(13) Scabies	○	○	① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨

5. [Since your visit in (MONTH)] Have you had any of the following problems or symptoms?

PROBLEM OR SYMPTOM FOR EACH "YES" IN a, ASK b, c, d, AND e.	a. How about (EACH)? Did you have that at any time [since your visit in (MONTH)?		b. Did that last for two weeks or longer?		c. And do you have that now?		d. Is this a new condition? IF NO, GO TO NEXT ITEM		e. In what month and year since your last visit did it begin? [IF NEEDED: Even though you don't remember the exact month, it would help if you could tell me the season or approximate time of year when it started (this last time)].
	NO	YES	NO	YES	NO	YES	NO	YES	WHEN BEGAN (Month and Year)
(1) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	○	○	○	○	○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(2) A new skin rash that lasted for at least 3 consecutive days.	○	○	○	○	○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(3) Diarrhea for at least 3 consecutive days	○	○	○	○	○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(4) Persistent or recurring fever higher than 100° for at least 3 consecutive days	○	○	○	○	○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(5) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days	○	○	○	○	○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(6) Drenching sweats at night for at least 3 days (not necessarily consecutive)	○	○	○	○	○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(7) Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days	○	○	○	○	○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(8) Thrush, candida or white patches in your mouth or throat	○	○	○	○	○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(9) Un unusual bruise or bump or skin discoloration that lasted at least two weeks	○	○			○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(10) An unintentional weight loss of at least 10 pounds (unrelated to dieting)	○	○			○	○	○	○	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91

6. A. At any time [since your visit in (MONTH)] did you stay overnight as a patient in a hospital?

○ No → **SKIP TO Q. 7**

○ Yes

IF YES: How many separate times did you stay overnight as a patient in a hospital? [since your visit in (MONTH)]?

	0 10 20 30 40 50 60 70 80 90
	0 1 2 3 4 5 6 7 8 9

GET RELEASE OF RECORDS, NOTE NAME AND ADDRESS OF HOSPITAL

6. Continued.

B. Tell me about (that hospitalization/each of those times) starting with the most recent hospitalization.

(1) a. On what date did you last go into the hospital? →

	J F M A M J J A S O N D
	0 10 20 30
	0 1 2 3 4 5 6 7 8 9
	84 85 86 87 88 89 90 91

b. How many nights did you spend in the hospital at that time?

	0 10 20 30 40 50 60 70 80 90	nights
	0 1 2 3 4 5 6 7 8 9	

c. For what condition or problem were you hospitalized? RECORD FULLY IN R's OWN WORDS. →

IF AIDS RELATED, CODE IN QUESTION 1 AS APPROPRIATE

d. Why did you use or choose this hospital? ANSWER ALL THAT APPLY.

- ○ Accessibility (located close to home)
- ○ Familiar with hospital
- ○ Reputation for treating HIV-related problems
- ○ Associated with AIDS-related clinical trials
- ○ Doctor sent you there
- ○ HMO sent you there
- ○ Regular outpatient clinic is located there
- ○ Veteran's status
- ○ Ambulance brought you (no personal choice)
- ○ Financial (restricted resources)
- ○ Other: → Specify:

e. Did you have a prior hospitalization [since your last visit in (MONTH)]?

○ No → **SKIP TO Q 7** ○ Yes → **CONTINUE BELOW**

(2) a. For your second most recent hospitalization, on what date did you go into the hospital? →

	J F M A M J J A S O N D
	0 10 20 30
	0 1 2 3 4 5 6 7 8 9
	84 85 86 87 88 89 90 91

b. How many nights did you spend in the hospital at that time?

	0 10 20 30 40 50 60 70 80 90	nights
	0 1 2 3 4 5 6 7 8 9	

c. For what condition or problem were you hospitalized? RECORD FULLY IN R's OWN WORDS. →

IF AIDS RELATED, CODE IN QUESTION 1 AS APPROPRIATE

d. Why did you use or choose this hospital? ANSWER ALL THAT APPLY.

- ○ Accessibility (located close to home)
- ○ Familiar with hospital
- ○ Reputation for treating HIV-related problems
- ○ Associated with AIDS-related clinical trials
- ○ Doctor sent you there
- ○ HMO sent you there
- ○ Regular outpatient clinic is located there
- ○ Veteran's status
- ○ Ambulance brought you (no personal choice)
- ○ Financial (restricted resources)
- ○ Other: → Specify:

e. Did you have a prior hospitalization [since your last visit in (MONTH)]?

○ No → **SKIP TO Q 7** ○ Yes → ○ **IF MORE THAN 2 HOSPITALIZATIONS [SINCE VISIT IN (MONTH)], MARK HERE AND USE CONTINUATION SHEET.**

7. A. [Since your visit in (MONTH)], have you had any biopsy? (By a biopsy, we mean removal of any tissue or gland to study under the microscope.)

◯ No → **SKIP TO Q. 8** ◯ Yes

B. How many times did you have one [since your last visit (MONTH)]? ⑴ ⑵ ⑶ ⑷ ⑸ ⑹ ⑺ ⑻ ⑼ times

C. For each biopsy, please tell me:

	a. Site of biopsy	b. What did they say the diagnosis or result of the biopsy was?	c. Name of the doctor who performed the biopsy and where the biopsy was performed?
0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9	Specify:	Specify: 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State
0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9	Specify:	Specify: 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State
0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9	Specify:	Specify: 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State

GET MEDICAL RELEASE

8. Now I have some questions about cigarette smoking.

A. Have you ever smoked cigarettes?

◯ No → **SKIP TO Q. 9**
◯ Yes

B. Do you smoke cigarettes now? (As of one month ago?)

◯ No → **SKIP TO Q. 9**
◯ Yes → C
◯ Occasionally (less than one cigarette per day) → **SKIP TO D**

C. How many packs do you usually smoke per day?

◯ Less than 1/2 pack
◯ At least 1/2 pack, but less than one pack per day
◯ At least 1 but less than 2 packs
◯ 2 or more packs per day

D. [Since your visit in (MONTH)] Has there been a change in your smoking habits?

◯ No, no change
◯ Yes, increased or started
◯ Yes, decreased or stopped

9. The next questions are about alcoholic beverages—that is, wine, beer or liquor you've drunk [since your visit in (MONTH)].

A. Please turn to page 1 in your booklet and tell me how often you have had a drink containing alcohol (a glass of beer, wine, a mixed drink, any kind of alcoholic beverage.)

- ◯ At least once a day
- ◯ Nearly every day
- ◯ 3 to 4 times a week
- ◯ Once or twice a week
- ◯ 2 or 3 times a month
- ◯ About once a month
- ◯ 6-11 times a year
- ◯ 1-5 times a year
- ◯ Not at all → SKIP TO Q. 10

B. [Since your visit in (MONTH)] On days when you drank any alcoholic beverages, how many drinks did you USUALLY have altogether? (By a drink we mean a can or glass of beer, a 4-ounce glass of wine, a 1½-ounce shot of liquor, or a mixed drink with that amount of liquor.) Please turn to page 2 in your booklet for the possible answers to this.

- ◯ 1 or 2 drinks
- ◯ 3 or 4 drinks
- ◯ 5 or 6 drinks
- ◯ 7 or more drinks

C. [Since your visit in (MONTH)] What was the MOST that you had to drink in any given 24-hour period? Again, you'll find the answers to this on page 2 of your answer booklet.

- ◯ Never had more than usual
- ◯ 1 or 2 drinks
- ◯ 3 or 4 drinks
- ◯ 5 or 6 drinks
- ◯ 7 or 8 drinks
- ◯ 9-11 drinks
- ◯ 12 or more drinks

D. [Since your visit in (MONTH)] Has there been a change in your drinking habits?

- ◯ No, no change
- ◯ Yes, increased or started
- ◯ Yes, decreased or stopped

DO NOT MARK

IN THIS AREA

10. Now, I have some questions about drugs and medications that you may have taken for health reasons not related to AIDS—either prescribed drugs or other things you took on your own [since your visit in (MONTH)].

Later, I will ask you about medications for AIDS or HIV infection.

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEMS 10a–c) IF "NO" TO a or b GO TO NEXT ITEM	a. How about (EACH)? Have you (taken/used) any [since your visit in (MONTH)]?		b. IF USED SINCE VISIT IN (MONTH): Have you (taken/used) (DRUG) in last 7 days?		IF USED IN LAST 7 DAYS: c. How many days ago did you last take it, or did you take it today?		d. What was the name of the (KIND OF DRUG) you took during the last 7 days?
	NO	YES	NO	YES	TODAY	DAYS AGO	
(1) Steroids that you took orally or were injected	○	○	○	○	○	1 2 3 4 5 6 7	
(2) Some other kind of hormone such as anabolic steroids	○	○	○	○	○	1 2 3 4 5 6 7	
(3) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	○	○	○	○	○	1 2 3 4 5 6 7	
(4) Medication taken by mouth for fungal infection	○	○	○	○	○	1 2 3 4 5 6 7	
(5) Medication taken by mouth for worms or parasites	○	○	○	○	○	1 2 3 4 5 6 7	
(6) Tranquilizers or sleeping pills	○	○	○	○	○	1 2 3 4 5 6 7	
(7) Antidepressants or mood elevators	○	○	○	○	○	1 2 3 4 5 6 7	
(8) Lithium	○	○	○	○	○	1 2 3 4 5 6 7	
(9) Acyclovir (Zovirax) for herpes	○	○	○	○	○	1 2 3 4 5 6 7	
(10) a. Other (SPECIFY in column D) → 0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	○ (GO TO Q 11)	○	○	○	○	1 2 3 4 5 6 7	
b. Other (SPECIFY in column D) → 0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	○ (GO TO Q 11)	○	○	○	○	1 2 3 4 5 6 7	
c. Other (SPECIFY in column D) → 0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	○ (GO TO Q 11)	○	○	○	○	1 2 3 4 5 6 7	

Q11 AIDS Medication Usage moved to pages 17-18

12.

A. Now, without telling me your HIV antibody status, do you know what it is?

◯ No → **SKIP TO Q. 13** ◯ Yes

B. How many months ago did you LAST receive the results of ANY test for HIV antibody?

◯ < 6 months ago ◯ 6 - 12 months ago ◯ > 12 months ago

C. Were you ever tested for HIV antibody OUTSIDE of this study?

◯ No → **SKIP TO Q. 13** ◯ Yes

D. Where was your most recent OUTSIDE test performed?

◯ Through private physician's office
◯ Alternative test site
◯ Hospital
◯ Private laboratory
◯ Blood bank
◯ STD clinic
◯ Insurance company laboratory
◯ Other: →

Specify:

	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

E. Why did you have your most recent OUTSIDE test performed?

◯ For purposes of another study
◯ For insurance purposes
◯ Because of known exposure to the virus
◯ To check for a change in your antibody status
◯ Because the U.S. Public Health Service recommended screening
◯ To check/confirm/refute the results given to you in this study
◯ For information to guide you in your current sexual relationship(s)
◯ For curiosity
◯ Because of symptoms
◯ Because it was required at your workplace
◯ Other:

Specify:

	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

13. A. Have you engaged in any sort of sexual activities involving another person [since your visit in (MONTH)], any sort at all (including deep kissing)?

◯ No → **SKIP TO Q 19** ◯ Yes

B. [Since your visit in (MONTH)] Have you had some kind of sexual activity with another man?

◯ No, not since visit in (MONTH) ◯ Yes, since visit in (MONTH)

C. [Since your visit in (MONTH)] Have you had some kind of sexual activity with a woman?

◯ No, not since visit in (MONTH) ◯ Yes, since visit in (MONTH)

READ DEFINITION OF INTERCOURSE:

◯ **IF EXCLUSIVELY HOMOSEXUAL, READ THIS DEFINITION:** I will also ask you about non-intercourse sexual activity, but for the purpose of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, or rectum—or your partner put his penis in your mouth or rectum.

◯ **IF EXCLUSIVELY HETEROSEXUAL, READ THIS DEFINITION:** For the purpose of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, vagina or rectum. THEN SKIP TO Q 14C asking for women only and then skip to Q 19.

◯ **FOR ALL OTHERS, READ THIS DEFINITION:** I will also ask you about non-intercourse sexual activity, but for the purpose of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, vagina, or rectum—or your partner put his penis in your mouth or rectum.

14. Now let's talk about the numbers of different people you have had sexual activity with [since your visit in (MONTH)].

MEN

Question	Box	Answer
A. With how many different men (if any) have you had sexual intercourse [since your last visit in (MONTH)]? READ DEFINITION OF INTERCOURSE.		◯0 ◯100 ◯200 ◯300 ◯400 ◯500 ◯600 ◯700 ◯800 ◯900
		◯0 ◯10 ◯20 ◯30 ◯40 ◯50 ◯60 ◯70 ◯80 ◯90
		◯0 ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9
B. With how many other men have you had sexual activity that did not include intercourse?		◯0 ◯100 ◯200 ◯300 ◯400 ◯500 ◯600 ◯700 ◯800 ◯900
		◯0 ◯10 ◯20 ◯30 ◯40 ◯50 ◯60 ◯70 ◯80 ◯90
		◯0 ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9

WOMEN

Question	Box	Answer
C. With how many different women (if any), have you had sexual intercourse with [since your visit in (MONTH)]?		◯0 ◯100 ◯200 ◯300 ◯400 ◯500 ◯600 ◯700 ◯800 ◯900
		◯0 ◯10 ◯20 ◯30 ◯40 ◯50 ◯60 ◯70 ◯80 ◯90
		◯0 ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9

If any intercourse or sexual activity with men since visit in (MONTH)

◯ and only 1 male partner since visit in (month), skip to Q 16

◯ and more than 1 male sex partner since visit in (month), ask Q 15

◯ if strictly heterosexual since visit in (month), skip to Q 19

15. You mentioned that you had more than one male sexual partner [since your visit in (MONTH)]. Would you consider only one of these partners to be a steady partner or lover (in a primary relationship of 3 months or more)?

◯ No, skip to Q 17

◯ Yes, skip to Q 16B

16. You said you had intercourse or sexual activity with only one male partner [since your visit in (MONTH)].

A. How would you describe this individual?

◯ Steady partner/lover (in a primary relationship of 3 months or more)

◯ Friend/accquaintance

◯ Anonymous → **SKIP TO Q 17**

B. Do you know this partner's HIV antibody status?

◯ No

◯ Yes IF "YES": Is he... → ◯ Positive ◯ Negative ◯ Decline to answer

C. Has this partner had intercourse or sexual activity with anyone other than you [since your visit in (MONTH)]?

◯ No, not to my knowledge ◯ Yes ◯ Don't know → **SKIP TO Q 17**

D. Have you limited your intercourse to only this partner?

◯ No → **SKIP TO Q 17**

◯ Yes

E. How long have you and this sexual partner had intercourse with only each other? →

ANSWERS IN MONTHS OR YEARS

Box	Answer	Unit
	◯0 ◯100 ◯200 ◯300 ◯400 ◯500 ◯600 ◯700 ◯800 ◯900	
	◯0 ◯10 ◯20 ◯30 ◯40 ◯50 ◯60 ◯70 ◯80 ◯90	
	◯0 ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9	◯ Months

OR

Box	Answer	Unit
	◯0 ◯10 ◯20 ◯30 ◯40 ◯50 ◯60 ◯70 ◯80 ◯90	
	◯0 ◯1 ◯2 ◯3 ◯4 ◯5 ◯6 ◯7 ◯8 ◯9	◯ Years

17. The next questions are about the sexual practices some men engage in.

IF ONLY ONE PARTNER SINCE LAST VISIT: USE COLUMN A.

IF MULTIPLE PARTNERS SINCE LAST VISIT: USE COLUMN B.

IF NO INTERCOURSE, SKIP ASTERISKED ITEMS.

KIND OF ACTIVITY	A. Did you do this/ engage in this activity with your partner since your last visit?	B. How many men did you do that with [since your visit in (MONTH)]? (Give me the actual number) (IF NEEDED: What's your best estimate?) NUMBER SINCE VISIT IN (MONTH)
1) You engaged in deep, wet kissing, e.g., (where one of you put your tongue into the other's mouth).	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
2) You engaged in masturbation until your partner ejaculated/came.	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
3) You put your penis in his mouth. * * IF NONE, SKIP TO ITEM (5).	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
4) You ejaculated/came into his mouth. * *	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
5) You used your tongue to touch or lick his anus or rectum ("rimming").	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
6) You inserted your finger or fingers (but not whole hand) into your partner's rectum.	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
7) You put your whole hand or fist into his rectum ("fisting").	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
8) You used a douche or had an enema before having sex.	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
9) You put your penis into your partner's rectum * (anal insertive intercourse). * IF NONE, SKIP TO ITEM (15).	NO ○ YES ○	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
IF MULTIPLE PARTNERS: 10) With how many of those ______ partners had you used a * condom <u>every</u> time even if it broke, tore or slipped? * IF ALL PARTNERS, SKIP TO ITEM (14).		0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
IF ONE PARTNER: * Did you use a condom <u>every</u> time even if it broke, tore or * slipped?	NO ○ YES ○ SKIP TO ITEM 14	
IF MULTIPLE PARTNERS: 11) With how many of those ______ partners had you used a * condom <u>only some of the times</u>? *		0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners
* IF ONE PARTNER: * Did you sometimes use a condom?	NO ○ YES ○ SKIP TO ITEM 13	
12) With how many of those ______ partners was a condom * never used? *		0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 partners

17. Continued.

IF ONLY ONE PARTNER SINCE LAST VISIT: USE COLUMN A.
IF MULTIPLE PARTNERS SINCE LAST VISIT: USE COLUMN B.
IF NOT INTERCOURSE, SKIP ASTERISKED ITEMS.

KIND OF ACTIVITY	A. Did you do this/ engage in this activity with your partner since your last visit?	B. How many men did you do that with [since your visit in (MONTH)]? (Give me the actual number) (IF NEEDED: What's your best estimate?) NUMBER SINCE VISIT IN (MONTH)
IF MULTIPLE PARTNERS: 13) * With how many of these partners when you did not use a condom, had you ejaculated/come in his rectum? * IF ONE PARTNER: * Did you ejaculate/come in his rectum when you did not use a condom?	NO YES	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
IF MULTIPLE PARTNERS: 14) * With how many partners had you used a condom when it broke, tore or slipped? * IF ONE PARTNER: * Did you use a condom when it broke, tore or slipped?	NO YES	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
15) * He put his penis in your mouth. IF NONE, SKIP TO ITEM (17). *	NO YES	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
16) * He ejaculated/came into your mouth. *	NO YES	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
17) He used his tongue to touch or lick your anus or rectum ("rimming").	NO YES	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
18) He put his finger or fingers (but not his whole hand) into your rectum.	NO YES	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
19) He put his whole hand or fist into your rectum ("fisting").	NO YES	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
20) * He put his penis in your rectum (anal receptive intercourse). IF NONE, SKIP TO Q. 18 *	NO YES	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
IF MULTIPLE PARTNERS: 21) * How many of those ____ partners use a condom every time even if it broke, tore or slipped? * IF NONE, SKIP TO ITEM (25) * IF ONE PARTNER: * Did he use a condom every time even if it broke, tore or slipped?	NO YES SKIP TO ITEM 25	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
IF MULTIPLE PARTNERS: 22) * How many of those ____ partners used a condom only some of the times? * IF ONE PARTNER: * Did he sometimes use a condom?	NO YES SKIP TO ITEM 24	0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
23) * How many of those __ partners never used a condom? *		0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners

17. Continued.

IF ONLY ONE PARTNER SINCE LAST VISIT: USE COLUMN A.
IF MULTIPLE PARTNERS SINCE LAST VISIT: USE COLUMN B.
IF NO INTERCOURSE, SKIP ASTERISKED ITEMS.

KIND OF ACTIVITY	A. Did you do this/ engage in this activity with your partner since your last visit?	B. How many men did you do that with [since your visit in (MONTH)]? (Give me the actual number) (IF NEEDED: What's your best estimate?) NUMBER SINCE VISIT IN (MONTH)
IF MULTIPLE PARTNERS: 24) * * Of those _____ number of partners, who did not use a condom during anal receptive sex, how many ejaculated/came in your rectum?		0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
IF ONE PARTNER: * * Did he ejaculate/come in your rectum when he did not use a condom?	NO ◯ YES ◯	
IF MULTIPLE PARTNERS: 25) * * How many partners had used a condom when it broke, tore or slipped and may have allowed semen to spill in your rectum?		0 100 200 300 400 500 600 700 800 900 / 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9 partners
IF ONE PARTNER: * * Did he use a condom when it broke, tore or slipped?	NO ◯ YES ◯	

18. How many times [since your visit in (MONTH)] have you noticed the following during or after sex?

A. You had cuts, sores, abrasions or bleeding on or from your penis.

0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

B. Your partner had cuts, sores, abrasions or bleeding on or from his penis.

0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

C. You had bleeding around or from your anus or rectum.

0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

D. Your partner had bleeding around or from his anus or rectum.

0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

19. A. So far as you know, did anyone that you ever had any sexual activity with get AIDS (either before or after your contact)?

◯ No, not to my knowledge → SKIP TO Q. 20
◯ Possibly, not certain
◯ Yes, definitely

B. How many people got AIDS?

0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

20. Now let's talk about other drugs you may have used. As I read each one, please tell me whether you used it even once [since your visit in (MONTH)]?

DRUG	A. How about (EACH) Have you (taken/used) any [Since your visit in (MONTH)]?		B. How often did you (use/take) (DRUG) [since your visit in (MONTH)]? Refer to page 5 in your booklet.				C. Have you (used it/taken any) within the last 7 days?		D. IF IN LAST 7 DAYS: How many days ago did you last use it, or was it today?								E. Did you (take/use) (DRUG) with a needle [since your visit in (MONTH)]?	
	NO	YES	DAILY	WEEKLY	MONTHLY	LESS OFTEN	NO	YES	TODAY	DAYS AGO							NO	YES
										1	2	3	4	5	6	7		
Marijuana or Hashish	GO TO NEXT ROW						NEXT ROW			1	2	3	4	5	6	7		
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	GO TO NEXT ROW						NEXT ROW			1	2	3	4	5	6	7		
Crack or cocaine that you smoke	GO TO NEXT ROW						NEXT ROW			1	2	3	4	5	6	7		
Other forms of cocaine	GO TO NEXT ROW						GO TO E			1	2	3	4	5	6	7	NEXT ROW	
MDA	GO TO NEXT ROW						GO TO E			1	2	3	4	5	6	7	NEXT ROW	
PCP, angel dust, psychedelics, mushrooms or hallucinogens like LSD, DMT or mescaline	GO TO NEXT ROW						GO TO E			1	2	3	4	5	6	7	NEXT ROW	
"Downers," including barbiturates such as yellow jackets or reds, tranquilizers like Valium or Librium or other sedatives or hypnotics like Quaaludes	GO TO NEXT ROW						GO TO E			1	2	3	4	5	6	7	NEXT ROW	
Amphetamines, speed, crystal, or other "uppers"	GO TO NEXT ROW						GO TO E			1	2	3	4	5	6	7	NEXT ROW	
Other kinds of street drugs							GO TO E			1	2	3	4	5	6	7		

SPECIFY

0	100	200	300	400	500	600	700	800	900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

21. A. Is there any aspect of your sexual experiences or anything more that I haven't asked that you think we should know?

◯ No, nothing more **THANK AND TERMINATE** → **SKIP TO Q. 22**

◯ Yes

B. Tell me about it

RECORD FULLY IN R'S OWN WORDS

22. Telephone interview? NO ◯ YES ◯

23. 19

Date interview completed

24.

Interviewer's signature

INTERVIEWER'S NUMBER										
	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

TIME ENDED				
HOUR		MIN		
0	0	0	0	◯ am
10	1	10	1	
	2	20	2	◯ pm
	3	30	3	
	4	40	4	
	5	50	5	
	6		6	
	7		7	
	8		8	
	9		9	

188240

MACS ID# ___ ___ ___ ___ ___

MACS VISIT 13
Q.11 AIDS MEDICATION USAGE

11.A. (1) Since your last visit (MONTH) have you taken any medication or drug on the list *(SHOW LIST 1)* to help fight AIDS or the HIV virus, prevent or treat opportunistic infections, or stimulate the immune system?

___ (1) No *(GO TO Q.11.B)*
___ (2) Yes

(2) Please name those drugs that you have taken.
(CIRCLE CODE THAT CORRESPONDS TO DRUG(S))

180	AZT/ddI trial	110	Dextran-Sulfate
146	Acyclovir (ACV Zovirax)	091	Foscarnet (Phosphnoformate, PFA)
098	AL-721	056	HPA-23
090	Alpha Interferon	055	Isoprinosine
101	Ampligen	108	Peptide T
092	AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV)	128	Recombinant CD4
122	Beta Interferon	058	Ribavirin
163	ddA (dideoxyandenosine)	057	Suramin
094	ddC (dideoxycytidine)	179	Vidarabine (adenosine arabinoside)
147	ddI (dideoxyinosine)		

COMPLETE FORM I FOR EACH DRUG CIRCLED ABOVE IN Q.11.A(2)

B. (1) Since your last visit in (MONTH) have you taken any medication or drug on this list *(SHOW LIST 2)* to help fight AIDS or HIV virus, prevent or treat opportunistic infections, or stimulate the immune system?

___ (1) No *(GO TO Q.11.C)*
___ (2) Yes

(2) Please name those drugs you have taken.
(RECORD EACH DRUG COMPLETELY AS STATED BY PARTICIPANT)

	CODE		CODE
1) ______________________	___ ___ ___	5) ______________________	___ ___ ___
2) ______________________	___ ___ ___	6) ______________________	___ ___ ___
3) ______________________	___ ___ ___	7) ______________________	___ ___ ___
4) ______________________	___ ___ ___	8) ______________________	___ ___ ___

COMPLETE FORM II FOR EACH DRUG LISTED ABOVE IN Q.11.B(2)

MACS ID# ___ ___ ___ ___ ___

11.C. (1) Since your last visit, have you taken any medication, drug or other therapy that was not listed, to help fight AIDS or the HIV virus, prevent of treat opportunistic infections, or stimulate the immune system?

___ (1) No *(GO TO Q12)*
___ (2) Yes

(2) Please name those other HIV related therapies you have taken.

	CODE		CODE
1)________________	___ ___ ___	5)________________	___ ___ ___
2)________________	___ ___ ___	6)________________	___ ___ ___
3)________________	___ ___ ___	7)________________	___ ___ ___
4)________________	___ ___ ___	8)________________	___ ___ ___