

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			DATE			
				14		HR	MIN			JAN	DAY	YR
0	0	0	0	0	0	0	0		FEB			
1	1	1	1	1	1	10	1		MAR	0	90	
2	2	2	2	2	2	2	20		APR	10	91	
3	3	3	3	3	3	3	30		MAY	20		
4	4	4	4	4	4	4	40		JUN	30		
5	5	5	5	5	5	5	50		JUL		4	
6	6	6	6	6	6	6			AUG		5	
7	7	7	7	7	7	7			SEP		6	
8	8	8	8	8	8	8			OCT		7	
9	9	9	9	9	9	9			NOV		8	
									DEC		9	

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 <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p>Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91					NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
J	F	M	A	M	J	J	A	S	O	N	D																	
83	84	85	86	87	88	89	90	91																				
B. Pneumocystis carinii pneumonia (PCP)	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p>Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				1 2 3 4 5 6 7 8 9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
J	F	M	A	M	J	J	A	S	O	N	D																	
83	84	85	86	87	88	89	90	91																				
C. Toxoplasmosis	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p>Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				1 2 3 4 5 6 7 8 9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
J	F	M	A	M	J	J	A	S	O	N	D																	
83	84	85	86	87	88	89	90	91																				
D. Cytomegalovirus infection (CMV) in your eyes, lungs, colon, or other location. Where was it? CODE ALL THAT APPLY.	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p>Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				1 2 3 4 5 6 7 8 9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
J	F	M	A	M	J	J	A	S	O	N	D																	
83	84	85	86	87	88	89	90	91																				
E. Mycobacterial infection (MAI or atypical TB)	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p>Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				1 2 3 4 5 6 7 8 9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
J	F	M	A	M	J	J	A	S	O	N	D																	
83	84	85	86	87	88	89	90	91																				
F. Lymphoma, specify	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p>Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91					NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
J	F	M	A	M	J	J	A	S	O	N	D																	
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G. Cryptococcal meningitis	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p>Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				1 2 3 4 5 6 7 8 9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
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83	84	85	86	87	88	89	90	91																				
H. Candida in esophagus or lungs (not mouth)	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p>Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				1 2 3 4 5 6 7 8 9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
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83	84	85	86	87	88	89	90	91																				

GET MEDICAL RELEASE

193352



# 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 <u>first</u> 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?																																	
I. Cryptosporidiosis	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<table border="1" style="width: 100%; text-align: center;"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">↳ Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				<table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
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J. Wasting Syndrome	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<table border="1" style="width: 100%; text-align: center;"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">↳ Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91					NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>									
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K. Any other AIDS diagnosis	NO YES <input type="radio"/> <input type="radio"/> GO TO L	<table border="1" style="width: 100%; text-align: center;"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">↳ Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				<table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
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1	2	3	4	5	6	7	8	9																													
L. AIDS-related symptoms or ARC, specify:	NO YES <input type="radio"/> <input type="radio"/> GO TO M	<table border="1" style="width: 100%; text-align: center;"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">↳ Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				<table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
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2) Specify:	NO YES <input type="radio"/> <input type="radio"/> GO TO M	<table border="1" style="width: 100%; text-align: center;"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">↳ Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				<table border="1" style="width: 100%; text-align: center;"> <tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	1	2	3	4	5	6	7	8	9	NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
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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?																																																																				
<div style="background-color: #cccccc; height: 40px; margin-bottom: 5px;"></div> <table border="1" style="width: 100%; text-align: center;"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td><td>Site:</td></tr> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td><td>Type:</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td><td></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td></td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	Site:	0	100	200	300	400	500	600	700	800	900	Type:	0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9		<table border="1" style="width: 100%; text-align: center;"> <tr><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>83</td><td>84</td><td>85</td><td>86</td><td>87</td><td>88</td><td>89</td><td>90</td><td>91</td><td colspan="3"></td></tr> </table> <p style="text-align: center;">↳ Diagnosed before 1984</p>	J	F	M	A	M	J	J	A	S	O	N	D	83	84	85	86	87	88	89	90	91				NO YES DK <input type="radio"/> <input type="radio"/> <input type="radio"/>
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GET MEDICAL RELEASE



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

- No
Yes

SKIP TO Q 3

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

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?

MO J F M A M J J A S O N D
DAY 0 10 20 30
YR 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
0 1 2 3 4 5 6 7 8 9 nights

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

Large text area for recording hospitalization details.

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
Yes

SKIP TO Q 3

MO J F M A M J J A S O N D
DAY 0 10 20 30
YR 84 85 86 87 88 89 90 91

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

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

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

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

Large text area for recording hospitalization details.

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 another prior hospitalization [since your last visit in (MONTH)]?

- No
Yes

SKIP TO Q 3

IF MORE THAN 2 HOSPITALIZATIONS [SINCE VISIT IN (MONTH)], MARK HERE AND USE CONTINUATION SHEET.

3. 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. 4**     Yes

B. How many times did you have one [since your last visit (MONTH)]? 

	1	2	3	4	5	6	7	8	9
--	---	---	---	---	---	---	---	---	---

 times

C. For each biopsy, please tell me:

<b>a. Site of biopsy</b>	Specify: _____ _____	
<b>b. What did they say the diagnosis or result of the biopsy was?</b>	Specify: <div style="font-size: 48px; text-align: center;">1</div> _____ _____	
<b>c. Name of the doctor who performed the biopsy and where the biopsy was performed?</b>	Name of doctor _____ Name of hospital/center/clinic _____ City _____ State _____	

<b>a. Site of biopsy</b>	Specify: _____ _____	
<b>b. What did they say the diagnosis or result of the biopsy was?</b>	Specify: <div style="font-size: 48px; text-align: center;">2</div> _____ _____	
<b>c. Name of the doctor who performed the biopsy and where the biopsy was performed?</b>	Name of doctor _____ Name of hospital/center/clinic _____ City _____ State _____	

<b>a. Site of biopsy</b>	Specify: _____ _____	
<b>b. What did they say the diagnosis or result of the biopsy was?</b>	Specify: <div style="font-size: 48px; text-align: center;">3</div> _____ _____	
<b>c. Name of the doctor who performed the biopsy and where the biopsy was performed?</b>	Name of doctor _____ Name of hospital/center/clinic _____ City _____ State _____	

GET  
MEDICAL  
RELEASE



4. [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)**

NO  YES

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**

NO  YES

**C. Infectious mononucleosis**

NO  YES

**D. Jaundice or some liver disease other than hepatitis**

NO  YES

**E. Hepatitis or blood test that was positive for hepatitis?**

NO  YES

(1) IF HAD HEPATITIS: Can you tell whether you had hepatitis A, infectious hepatitis, 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?

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.

(1) HAD THIS TYPE?		(2) HOW LEARNED?	
NO, NOT THIS KIND	YES, THIS KIND	SYMPTOMS	BLOOD TEST
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	DIDN'T SAY	<input type="radio"/>	<input type="radio"/>

**F. Have you received an injection of hepatitis B vaccine [since your last visit in (MONTH)]?**

NO YES

**G. Have you received a transfusion of blood or blood components (platelets or plasma) [since your visit in (MONTH)]?**

NO YES DON'T KNOW

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. Have you had any pneumonia other than PCP [since your visit in (MONTH)]?**

IF YES: Was it: (Read each type and mark all that apply.)

- Viral
- Pneumococcal
- Other bacterial
- Other Specify:
- Don't know

NO YES

**I. Have you ever received an injection of pneumococcal vaccine/Pneumovax?**

NO  YES

**J. Were you diagnosed with tuberculosis [since your visit in (MONTH)]?**

IF YES: Was the tuberculosis OUTSIDE of the lung?

NO  YES

**K. Have you had a skin test for tuberculosis (PPD) [since your visit in (MONTH)]?**

IF YES: Was it positive?

NO  YES

**L. [Since your visit (MONTH)] Has a doctor or other medical practitioner told you that you had oral hairy leukoplakia?**

NO  YES

**M. 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?

NO  YES

Specify:	If "YES," what was the diagnosis?
<input type="text"/>	0 100 200 300 400 500 600 700 800 900
<input type="text"/>	0 10 20 30 40 50 60 70 80 90
<input type="text"/>	0 1 2 3 4 5 6 7 8 9
<input type="text"/>	0 100 200 300 400 500 600 700 800 900
<input type="text"/>	0 10 20 30 40 50 60 70 80 90
<input type="text"/>	0 1 2 3 4 5 6 7 8 9
<input type="text"/>	0 100 200 300 400 500 600 700 800 900
<input type="text"/>	0 10 20 30 40 50 60 70 80 90
<input type="text"/>	0 1 2 3 4 5 6 7 8 9

**GET MEDICAL RELEASE**

GET MEDICAL RELEASE FORM

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

- 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

NO YES

**IF "NO" TO ALL FOUR, SKIP TO Q. 6**

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?

6. **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		NUMBER OF TIMES
	NO	YES	
(1) Syphilis	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(2) Any form of gonorrhea	<input type="radio"/>	<input type="radio"/>	
<b>IF "NO" TO (2), SKIP TO (6)</b>			
(3) Urethral gonorrhea (clap or drip of the urinary passage)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(4) Oral gonorrhea (of the mouth or throat)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(5) Rectal gonorrhea (of the rectum)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 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)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(7) Shigella (shigellosis) or salmonella (salmonellosis)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(8) Amoebic dysentery	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(9) Giardia (or giardiasis)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(10) Some other parasitic disease, such as worms	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(11) Genital warts or anal warts (condylomata acuminata)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(12) Crabs (or lice)	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9
(13) Scabies	<input type="radio"/>	<input type="radio"/>	<input type="text"/> 1 2 3 4 5 6 7 8 9



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

PROBLEM OR SYMPTOM FOR EACH "YES" IN <u>a</u> , ASK <u>b</u> , <u>c</u> , <u>d</u> , AND <u>e</u> .	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	
(1) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(6) Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(7) Drenching sweats at night for at least 3 days (not necessarily consecutive)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91
(9) An unusual bruise or bump or skin discoloration that lasted at least two weeks	<input type="radio"/>	<input type="radio"/>	[Hatched Box]		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	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)	<input type="radio"/>	<input type="radio"/>	[Hatched Box]		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	J F M A M J J A S O N D 83 84 85 86 87 88 89 90 91

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 → **SKIP TO D**  
 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 1 1/2-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



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)	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:		d. What was the name of the (KIND OF DRUG) you took during the last 7 days?															
	NO	YES	NO	YES	TODAY	DAYS AGO																
IF "NO" TO a or b GO TO NEXT ITEM																						
(1) Steroids that you took orally or were injected	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(2) Some other kind of hormone such as anabolic steroids, insulin or thyroxin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(3) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(4) Medication taken by mouth for fungal infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(5) Medication taken by mouth for worms or parasites	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(6) Tranquilizers or sleeping pills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(7) Antidepressants or mood elevators	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(8) Lithium	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(9) Acyclovir (Zovirax) for herpes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1 2 3 4 5 6 7																
(10) a. Other (SPECIFY in column d)																						
	0	100	200	300	400	500	600	700	800	900	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7		
	0	10	20	30	40	50	60	70	80	90	(GO TO Q 11)											
	0	1	2	3	4	5	6	7	8	9												
b. Other (SPECIFY in column d)																						
	0	100	200	300	400	500	600	700	800	900	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7		
	0	10	20	30	40	50	60	70	80	90	(GO TO Q 11)											
	0	1	2	3	4	5	6	7	8	9												
c. Other (SPECIFY in column d)																						
	0	100	200	300	400	500	600	700	800	900	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	1	2	3	4	5	6	7		
	0	10	20	30	40	50	60	70	80	90	(GO TO Q 11)											
	0	1	2	3	4	5	6	7	8	9												

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

No **→ SKIP TO Q. 11.B**  Yes

(2) Please name those drugs that you have taken. **FILL IN THE CIRCLE NEXT TO THE DRUG(S).**

- |   |   |  |
|---|---|--|
| <input type="radio"/> AZT/ddl trial   | <input type="radio"/> Beta Interferon                   | <input type="radio"/> Isoprinosine                       |
| <input type="radio"/> Acyclovir (ACV, Zovirax)                                    | <input type="radio"/> ddA (dideoxyadenosine)            | <input type="radio"/> Peptide T                          |
| <input type="radio"/> AL-721  | <input type="radio"/> ddC (dideoxycytidine)             | <input type="radio"/> Recombinant CD4                    |
| <input type="radio"/> Alpha Interferon  | <input type="radio"/> ddl (dideoxyinosine)              | <input type="radio"/> Ribavirin                          |
| <input type="radio"/> Ampligen  | <input type="radio"/> Dextran-Sulfate                   | <input type="radio"/> Suramin                            |
| <input type="radio"/> AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV) | <input type="radio"/> Foscarnet (Phosphonoformate, PFA) | <input type="radio"/> Vidarabine (adenosine arabinoside) |
|   | <input type="radio"/> HPA-23                            |  |

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

B. (1) [Since your 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?

No **→ SKIP TO Q. 11.C**  Yes

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

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

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





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 or treat opportunistic infections, or stimulate the immune system?

No → **SKIP TO Q 12**  Yes

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

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

**\*IF PARTICIPANT HAS HAD AN AIDS DIAGNOSIS, SKIP TO QUESTION 20 ON PAGE 17 (LOCAL OPTION-CENTERS MAY ASK QUESTIONS 12-19)**

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**

A. With how many different men (if any) have you had sexual intercourse [since your last visit in (MONTH)]? <b>READ DEFINITION OF INTERCOURSE.</b>		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 <u>not</u> 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

**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

**WOMEN**

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

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/acquaintance  
 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?

ANSWER IN MONTHS OR YEARS											
	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	
OR											
	0	10	20	30	40	50	60	70	80	90	
	0	1	2	3	4	5	6	7	8	9	

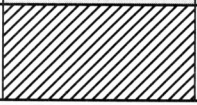
- Months  
 Years

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?)

KIND OF ACTIVITY		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 <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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0	10	20	30	40	50	60	70	80	90																							
0	1	2	3	4	5	6	7	8	9																							
2) You masturbated your partner until your partner ejaculated/came.	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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0	10	20	30	40	50	60	70	80	90																							
0	1	2	3	4	5	6	7	8	9																							
3) You put your penis in his mouth. * IF NONE, SKIP TO ITEM (5). *	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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0	10	20	30	40	50	60	70	80	90																							
0	1	2	3	4	5	6	7	8	9																							
4) You ejaculated/came into his mouth. * *	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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5) You used your tongue to touch or lick his anus or rectum ("rimming").	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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6) You put your whole hand or fist into his rectum ("fisting").	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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7) You inserted your finger or fingers (but not whole hand) into your partner's rectum.	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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8) You used a douche or had an enema before having sex.	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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9) You put your penis into your partner's rectum (anal insertive intercourse). * IF NONE, SKIP TO ITEM (15).	NO YES <input type="radio"/> <input type="radio"/>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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<b>IF MULTIPLE PARTNERS:</b> 10) With how many of those _____ partners had you used a condom every time even if it broke, tore or slipped? * IF ALL PARTNERS, SKIP TO ITEM (14). <b>IF ONE PARTNER:</b> Did you use a condom every time even if it broke, tore or slipped? * *	NO YES <input type="radio"/> <input type="radio"/> <b>SKIP TO ITEM 14</b>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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<b>IF MULTIPLE PARTNERS:</b> 11) With how many of those _____ partners had you used a condom only some of the times? * <b>IF ONE PARTNER:</b> Did you sometimes use a condom? *	NO YES <input type="radio"/> <input type="radio"/> <b>SKIP TO ITEM 13</b>	<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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12) With how many of those _____ partners was a condom never used? *		<table border="1"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> partners	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
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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.

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



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.

	A.	B.																														
<b>KIND OF ACTIVITY</b>	<b>Did you do this/ engage in this activity with your partner since your last visit?</b>	<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?)</b>																														
<b>IF MULTIPLE PARTNERS:</b>		<b>NUMBER SINCE VISIT IN (MONTH)</b>																														
24) * * Of those _____ number of partners, who did not use a condom during anal receptive sex, how many ejaculated/came in your rectum?		<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> partners	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
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0	10	20	30	40	50	60	70	80	90																							
0	1	2	3	4	5	6	7	8	9																							
<b>IF ONE PARTNER:</b>	NO YES																															
* * Did he ejaculate/come in your rectum when he did not use a condom?	<input type="radio"/> <input type="radio"/>																															
<b>IF MULTIPLE PARTNERS:</b>		<b>NUMBER SINCE VISIT IN (MONTH)</b>																														
25) * * How many partners had used a condom when it broke, tore or slipped and may have allowed semen to spill in your rectum?		<table border="1" style="width: 100%;"> <tr> <td style="width: 10%;">0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td> </tr> <tr> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table> partners	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
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>IF ONE PARTNER:</b>	NO YES																															
* * Did he use a condom when it broke, tore or slipped?	<input type="radio"/> <input type="radio"/>																															

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

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

**IF NO ANAL CONTACT OCCURRED, SKIP TO Q. 19**

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

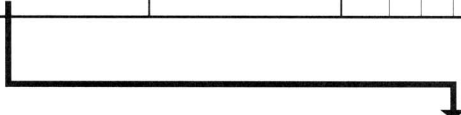
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

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. 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)]?	
		D A I L Y  W E E K L Y  M O N T H L Y  L E S S O F T E N		T O D A Y  D A Y S A G O		
Marijuana or Hashish	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> NEXT ROW	<input type="radio"/> 1 2 3 4 5 6 7		
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> NEXT ROW	<input type="radio"/> 1 2 3 4 5 6 7		
Crack or cocaine that you smoke	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> NEXT ROW	<input type="radio"/> 1 2 3 4 5 6 7		
Other forms of cocaine	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> NEXT ROW	<input type="radio"/> 1 2 3 4 5 6 7		NO YES <input type="radio"/> <input type="radio"/> NEXT ROW
MDA (ecstasy)	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> NEXT ROW	<input type="radio"/> 1 2 3 4 5 6 7		NO YES <input type="radio"/> <input type="radio"/> NEXT ROW
PCP, angel dust, psychedelics, mushrooms or hallucinogens like LSD, DMT or mescaline	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> NEXT ROW	<input type="radio"/> 1 2 3 4 5 6 7		NO YES <input type="radio"/> <input type="radio"/> NEXT ROW
"Downers", including barbiturates such as yellow jackets or reds, tranquilizers like Valium or Librium or other sedatives or hypnotics like Quaaludes	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> GO TO E	<input type="radio"/> 1 2 3 4 5 6 7		NO YES <input type="radio"/> <input type="radio"/> NEXT ROW
Amphetamines, speed, crystal, or other "uppers"	NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> GO TO E	<input type="radio"/> 1 2 3 4 5 6 7		NO YES <input type="radio"/> <input type="radio"/> NEXT ROW
Other kinds of street drugs	NO YES <input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	NO YES <input type="radio"/> <input type="radio"/> GO TO E	<input type="radio"/> 1 2 3 4 5 6 7	NO YES <input type="radio"/> <input type="radio"/>	



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

20. We would now like to ask you about your current medical coverage or how you are currently managing your medical bills:

A. Do you have...[ASK EACH ITEM AND RECORD ANSWER]

- \* (1) Any type of private insurance, e.g., Blue Cross, Cigna or HMO not paid through government assistance. NO YES
- (2) Medicaid (Medi-Cal, or medical assistance) ○ ○
- (3) Medicare (for people over 65 or permanently disabled) ○ ○
- (4) Veteran's Administration Benefits (CHAMPUS CHAMVA) ○ ○
- \* (5) Other ○ ○

Specify:

	0	1	2	3	4	5	6	7	8	9
--	---	---	---	---	---	---	---	---	---	---

- B. (1) Do/did you or other personal sources (such as friends, lovers, relatives) contribute to the cost of your health insurance premiums? NO YES
- 

(2) IF YES: How much did you or these other sources contribute during the last six months? \$ [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

	0	10M	20M	30M	40M	50M	60M	70M	80M	90M
	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

OR  Don't Know  Refused

- C. If YES to private or other insurance [YES to Q 20.A(1) or (5), items with \*], ASK: Does your employer contribute to the cost of your health insurance premiums? NO YES
- 

- D. (1) Have you applied for insurance in the last six months? ○ ○
- (2) IF YES: Have you been refused medical coverage? ○ ○
- E. Were you dropped by any health insurance in the last six months? ○ ○

21. A. During the last 6 months, have you gone to ANY of the following sources for your outpatient medical care? (ASK EACH ITEM) (This does not include dental health care, mental health care, home health care, clinical trials or other research studies, including MACS). [SHOW CARD WITH EXAMPLES OF EACH CATEGORY]

	NO	YES	IF YES: How many times? (99=99 or more)																						
(1) Emergency Room	<input type="radio"/>	<input type="radio"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
	0	10	20	30	40	50	60	70	80	90															
	0	1	2	3	4	5	6	7	8	9															
(2) Hospital-based or community based clinic	<input type="radio"/>	<input type="radio"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
	0	10	20	30	40	50	60	70	80	90															
	0	1	2	3	4	5	6	7	8	9															
(3) Private MD, DO	<input type="radio"/>	<input type="radio"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
	0	10	20	30	40	50	60	70	80	90															
	0	1	2	3	4	5	6	7	8	9															
(4) Other	<input type="radio"/>	<input type="radio"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
	0	10	20	30	40	50	60	70	80	90															
	0	1	2	3	4	5	6	7	8	9															

If NO to items 1-4, GO to Q 22

B. IF YES to any of items (1) to (4): How much did you or other personal sources (your lover, your family, or your friends) pay out of pocket, for this type of care during the last six months (including insurance deductibles, co-payments, services not covered by your insurance, and charges above the allowable limits of your insurance coverage)? [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

	0	10M	20M	30M	40M	50M	60M	70M	80M	90M
	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

22. A. Do you currently have any type of dental insurance coverage? NO YES
- B. During the last six months, have you gone to any dental health care provider? ○ ○

GO TO Q 23

C. IF YES: How much did you or other personal sources (your lover, your family, or your friends) pay out of pocket, for this type of care during the last six months (including insurance deductibles, co-payments, services not covered by your insurance, and charges above the allowable limits of your insurance coverage)? [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

	0	10M	20M	30M	40M	50M	60M	70M	80M	90M
	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

23. A. During the last 6 months, have you gone to a mental health care provider such as a psychiatrist, psychologist, social worker, or other therapist/counselor?  NO  YES

**GO TO Q 24**

B. IF YES: How much did you or other personal sources (your lover, your family, or your friends) pay out of pocket, for this type of care during the last six months (including insurance deductibles, co-payments, services not covered by your insurance, and charges above the allowable limits of your insurance coverage)? [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

\$		0	10M	20M	30M	40M	50M	60M	70M	80M	90M
		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

24. A. During the last 6 months, have you gone to any other health care provider (such as chiropractor, nutritionist, accupuncturist, herbalists) for health related services?  NO  YES

**GO TO Q 25**

B. IF YES: How much did you or other personal sources (your lover, your family, or your friends) pay out of pocket, for this type of care during the last six months (including insurance deductibles, co-payments, services not covered by your insurance, and charges above the allowable limits of your insurance coverage)? [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

\$		0	10M	20M	30M	40M	50M	60M	70M	80M	90M
		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

25. A. During the last 6 months, have you received any form of paid health care in your home/place of residence (such as visiting nurse services, home health aides, but not including care from lovers, family or friends)?  NO  YES

**GO TO Q 26**

B. IF YES: How much did you or other personal sources (your lover, your family, or your friends) pay out of pocket, for this type of care during the last six months (including insurance deductibles, co-payments, services not covered by your insurance, and charges above the allowable limits of your insurance coverage)? [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

\$		0	10M	20M	30M	40M	50M	60M	70M	80M	90M
		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

**EXAMINE AIDS MEDICATION QUESTIONS (11.A and B) TO SEE IF TAKEN DRUGS:**  
 Did respondent take any AIDS medication?  No  Yes **SKIP TO NEXT PAGE**

26. If participant has taken AZT in last 6 months, ASK:  
 You said you were taking AZT (for HIV disease). Please estimate the TOTAL out of pocket expenses that you or other personal sources (your lover, family or friends) paid for AZT in the last six months.  
 [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

\$		0	10M	20M	30M	40M	50M	60M	70M	80M	90M
		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

Not applicable

27. If participant was given AEROSOLIZED PENTAMIDINE in last 6 months, ASK:  
 You said you were taking Aerosolized Pentamidine (for HIV disease). Please estimate the TOTAL out of pocket expenses that you or other personal sources (your lover, family or friends) paid for Aerosolized Pentamidine in the last six months.  
 [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

\$		0	10M	20M	30M	40M	50M	60M	70M	80M	90M
		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

Not applicable

28. If participant has taken drugs other than AZT or Aerosolized Pentamidine in last 6 months, ASK:  
 You said you were taking HIV-related medications other than AZT or Pentamidine. Please estimate the TOTAL out of pocket expenses that you or other personal sources (your lover, family or friends) paid for all these medications in the last six months.  
 [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1]

\$		0	10M	20M	30M	40M	50M	60M	70M	80M	90M
		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

Not applicable



**REFER TO HOSPITALIZATIONS:**

Was respondent hospitalized in the last 6 months?  No → **GO TO 30A**  Yes

**29. If participant was hospitalized in last 6 months, ASK:**

You said you were hospitalized in the last six months. Please estimate the TOTAL out of pocket expenses that you or other personal sources (your lover, family or friends) paid for the hospitalization(s) (including insurance deductibles, co-payments, services not covered by your insurance, and charges above the allowable limits of your insurance coverage).

[ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN \$1] →

\$	0	10M	20M	30M	40M	50M	60M	70M	80M	90M
	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

**30. A. In the last six months, was there a time when you did not seek health services or did not purchase medications for financial reasons?**

**GO TO Q. 31** ←

	NO	YES
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	NO	YES
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**B. IF YES: ASK:**

- (1) Did financial reasons prevent you from seeking outpatient services?
- (2) Did financial reasons prevent you from seeking inpatient hospital services or hospitalization?
- (3) Did financial reasons prevent you from purchasing HIV related medications?
- (4) Did financial reasons prevent you from purchasing other medications?

**31. Which of the following categories describes your individual gross income before taxes? [SHOW CARD TO PARTICIPANT OR READ ALOUD]**

Less than \$10,000	<input type="radio"/>
10,000–19,999	<input type="radio"/>
20,000–29,999	<input type="radio"/>
30,000–39,999	<input type="radio"/>
40,000–49,999	<input type="radio"/>
50,000–59,999	<input type="radio"/>
60,000–69,999	<input type="radio"/>
\$70,000 or more	<input type="radio"/>
Does not wish to answer	<input type="radio"/>

**32. Do you receive financial assistance from any other personal sources, such as your lover, family or friends?**

	NO	YES
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**33. A. In the last six months, have you had to change employment for any reason related to HIV disease?**

<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------

**B. IF YES: ASK: What were the reasons? (READ EACH ITEM)**

- (1) Became too sick to work
- (2) HIV status became known to employer
- (3) HIV status became known to coworkers
- (4) Early retirement
- (5) Changed job as a personal decision
- (6) Receiving disability benefits

<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>

**(7) Other**



Specify:

0123456789

34. 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
- Yes

**THANK AND TERMINATE**



**SKIP TO Q. 35**

B. Tell me about it

RECORD FULLY IN R'S OWN WORDS

Large empty rectangular box for recording the respondent's answer to question B.

35. Telephone interview?

- Yes
- No

36.

19  
Date interview completed

37.

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		am pm
0	0	0	0	<input type="radio"/> am
10	1	10	1	<input type="radio"/> pm
	2	20	2	
	3	30	3	
	4	40	4	
	5	50	5	
	6		6	
	7		7	
	8		8	
	9		9	

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