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.	DATE
	15	JAN ○ FEB ○ MAR ○ APR ○ MAY ○ JUN ○ JUL ○ AUG ○ SEP ○ OCT ○ NOV ○ DEC ○
0 0 0 0	0 0 0	DAY: 0 0 / 10 1 / 20 2 / 30 3 / 4 / 5 / 6 / 7 / 8 / 9
1 1 1 1 1	● 1 1	YR: 91 ○ 92 ○
2 2 2 2 2	2 2 2	
3 3 3 3 3	3 3 3	
4 4 4 4 4	4 4 4	
5 5 5 5 5	5 ● 5	
6 6 6 6	6 6 6	
7 7 7 7	7 7 7	
8 8 8 8	8 8 8	
9 9 9 9	9 9 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?
. Kaposi's sarcoma	NO YES ○ ○ GO 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 ○ ○ ○
Pneumocystis carinii pneumonia (PCP)	NO YES ○ ○ GO 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 ○ ○ ○
. Toxoplasmosis	NO YES ○ ○ GO 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 ○ ○ ○
Cytomegalovirus infection (CMV) in your eyes, lungs, colon, or other location. Where was it? CODE ALL THAT APPLY. (Do not code "YES" if only CMV antibodies) ○ Eyes ○ Colon ○ Lung ○ Other (not blood) Specify:	NO YES ○ ○ GO 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 ○ ○ ○
Mycobacterial infection (MAI or atypical TB)	NO YES ○ ○ GO 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 ○ ○ ○
Lymphoma, specify ○ Primary brain lymphoma ○ Non-Hodgkin's ○ Other Specify:	NO YES ○ ○ GO 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 ○ ○ ○
Cryptococcal meningitis	NO YES ○ ○ GO TO NEXT PAGE	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

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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?
H. Candida in esophagus or lungs (not mouth)	NO YES GO 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
I. Cryptosporidiosis	NO YES GO 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 GO 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 GO 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 GO 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 GO 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. 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. In what month and year was it first diagnosed?	Have you told us about this before?
1) Site: 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 Type: 0 1 2 3 4 5 6 7 8 9	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
2) Site: 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 Type: 0 1 2 3 4 5 6 7 8 9	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. A. At any time [since your visit in (MONTH)] did you stay overnight as a patient in a hospital?

○ No → **SKIP TO Q.3**

○ 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

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) / (0) (1) (2) (3) (4) (5) (6) (7) (8) (9)
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

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.3**

○ Yes

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

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

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 → **SKIP TO Q.3**

○ Yes →

○ **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 in (MONTH)]? ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ times

C. For each biopsy, please tell me:

a. Site of biopsy	Specify:	
b. What did they say the diagnosis or result of the biopsy was?	Specify: 1	
c. Name of the doctor who performed the biopsy and where the biopsy was performed?	Name of doctor Name of hospital/center/clinic City State	

a. Site of biopsy	Specify:	
b. What did they say the diagnosis or result of the biopsy was?	Specify: 2	
c. Name of the doctor who performed the biopsy and where the biopsy was performed?	Name of doctor Name of hospital/center/clinic City State	

a. Site of biopsy	Specify:	
b. What did they say the diagnosis or result of the biopsy was?	Specify: 3	
c. Name of the doctor who performed the biopsy and where the biopsy was performed?	Name of doctor Name of hospital/center/clinic City State	

GET MEDICAL RELEASE

	NO	YES
4. A. Have you ever received an injection of pneumococcal vaccine/Pneumovax?	◯	◯
B. 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	◯	◯

5. [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. Sinusitis	◯	◯
E. Bronchitis	◯	◯
F. Were you diagnosed with tuberculosis [since your visit in (MONTH)]?	◯	◯
IF YES: Was the tuberculosis OUTSIDE of the lung? →	◯	◯ *
G. Have you had a skin test for tuberculosis (PPD) [since your visit in (MONTH)]?	◯	◯
IF YES: Was it positive? →	◯	◯ *

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

	NO	YES
H. Jaundice or some liver disease other than hepatitis	◯	◯
I. Hepatitis or blood test that was positive for hepatitis? [This includes going to the doctor for chronic hepatitis.]	◯	◯
IF YES: Was it: (Read each type and mark all that apply.) → 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.	◯	◯
J. Have you received an injection of hepatitis B vaccine [since your last visit in (MONTH)]?	◯	◯

	NO	YES	DON'T KNOW
K. 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
L. [Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had oral hairy leukoplakia?	◯	◯
M. [Since your visit in (MONTH)] Have you had any neurological evaluation or a physical examination to look for problems of the nervous system?	◯	◯ *
IF YES: Was there a diagnosis for your condition?	◯	◯

Specify:			If "YES", what was the diagnosis?
		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	

	NO	YES
N. 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:		0 100 200 300 400 500 600 700 800 900
		0 10 20 30 40 50 60 70 80 90
		0 1 2 3 4 5 6 7 8 9
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
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

*** GET MEDICAL RELEASE**

6. A. Have you had any of the following forms of herpes, not including herpes zoster, [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 area	○	○
4) Sores elsewhere on your body	○	○

IF "NO" TO ALL FOUR, SKIP TO Q.7

B. Did the first attack of herpes you ever had occur since your visit in (MONTH)? ○ NO ○ YES

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? ○ NO ○ YES

7. **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
(1) Syphilis	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(2) Any form of gonorrhea	NO ○ YES ○	
IF "NO" TO (2), SKIP TO (6)		
(3) Urethral gonorrhea (clap or drip of the urinary passage)	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(4) Oral gonorrhea (of the mouth or throat)	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(5) Rectal gonorrhea (of the rectum)	NO ○ YES ○	○ 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)	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(7) Shigella (shigellosis) or salmonella (salmonellosis)	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(8) Amoebic dysentery	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(9) Giardia (or giardiasis)	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(10) Some other parasitic disease, such as worms	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(11) Genital warts or anal warts (condylomata acuminata)	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9
(12) Molluscum contagiosum	NO ○ YES ○	○ 1 2 3 4 5 6 7 8 9

8. [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)]? NO YES	b. Did that last for two weeks or longer? NO YES	c. And do you have that now? NO YES	d. Is this a new condition? IF NO, GO TO NEXT ITEM NO YES	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).] 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) 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)
(7) Drenching sweats at night on at least 3 occasions	○ ○	○ ○	○ ○	○ ○	→ (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) An 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)
(11) Burning, tingling or sensitivity in the feet 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)
(12) Aching or soreness in legs 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)
(13) Frequent tripping, stumbling or falling	○ ○	○ ○	○ ○	○ ○	→ (J) (F) (M) (A) (M) (J) (J) (A) (S) (O) (N) (D) (83) (84) (85) (86) (87) (88) (89) (90) (91)
(14) Difficulty getting up from a chair or toilet—needing to use your arms to pull up	○ ○	○ ○	○ ○	○ ○	→ (J) (F) (M) (A) (M) (J) (J) (A) (S) (O) (N) (D) (83) (84) (85) (86) (87) (88) (89) (90) (91)
(15) Difficulty in your hands, handling objects or with handwriting	○ ○	○ ○	○ ○	○ ○	→ (J) (F) (M) (A) (M) (J) (J) (A) (S) (O) (N) (D) (83) (84) (85) (86) (87) (88) (89) (90) (91)
(16) AIDS-related symptoms or ARC a. Specify:	○ ○		○ ○	○ ○	→ (J) (F) (M) (A) (M) (J) (J) (A) (S) (O) (N) (D) (83) (84) (85) (86) (87) (88) (89) (90) (91)
b. Specify:	○ ○		○ ○	○ ○	→ (J) (F) (M) (A) (M) (J) (J) (A) (S) (O) (N) (D) (83) (84) (85) (86) (87) (88) (89) (90) (91)

9. Now I have some questions about cigarette smoking.

A. Have you ever smoked cigarettes?

- ◯ No → **SKIP TO Q.10**
- ◯ Yes

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

- ◯ No → **SKIP TO Q.10**
- ◯ Yes
- ◯ 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

10. 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 <u>often</u> 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.11**

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

IF PARTICIPANT HAS HAD AN AIDS DIAGNOSIS, SKIP TO Q.12

11. A. **Now, without telling me your HIV antibody status, do you know what it is?**
- ◯ No → **SKIP TO Q.12**
- ◯ 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.12**
- ◯ 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

12. 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? FOR ITEMS 10a-c also ask: What did you take this drug for?
	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, insulin or thyroxin	○ ○	○ ○	○ 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	○ ○ SKIP TO Q.13	○ ○	○ 1 2 3 4 5 6 7	Name: Used for:
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	○ ○ SKIP TO Q.13	○ ○	○ 1 2 3 4 5 6 7	Name: Used for:
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	○ ○ SKIP TO Q.13	○ ○	○ 1 2 3 4 5 6 7	Name: Used for:

13. Have you taken any medicine or drug to help fight AIDS or the HIV virus, prevent or treat opportunistic infections or stimulate the immune system?

○ No → **SKIP TO Q.14** ○ Yes

A. (1) [Since your last visit (MONTH)] have you taken any medication or drug on this list [**SHOW LIST 1**]?

○ No → **SKIP TO Q.13.B** ○ Yes

(2) Please name those drugs that you have taken.

FILL IN THE CIRCLE NEXT TO THE DRUG(S).

- ○ AZT/ddI trial
- ○ Acyclovir (ACV, Zovirax)
- ○ AL-721
- ○ Alpha Interferon
- ○ Ampligen
- ○ AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV)
- ○ Beta Interferon
- ○ ddA (dideoxyandenosine)
- ○ ddC (dideoxycytidine)
- ○ ddI (dideoxyinosine)
- ○ Dextran-Sulfate
- ○ Foscarnet (Phosphnoformate, PFA)
- ○ HPA-23
- ○ Isoprinosine
- ○ Peptide T
- ○ Recombinant CD4
- ○ Ribavirin
- ○ Suramin
- ○ Vidarabine (adenosine arabinoside)

COMPLETE FORM I FOR EACH DRUG MARKED ABOVE IN Q.13.A (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 the HIV virus, prevent or treat opportunistic infections, or stimulate the immune system?

○ No → **SKIP TO Q.13.C** ○ Yes

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

For each of the nine drugs above, fill one circle in each row:
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

COMPLETE FORM II FOR EACH DRUG MARKED ABOVE IN Q.13.B (2)

C. (1) [Since your visit in (MONTH)] 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.14** ○ Yes

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

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____

For each of the nine therapies above, fill one circle in each row:
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 PARTICIPANT HAS HAD AN AIDS DIAGNOSIS, SKIP TO QUESTION 20 ON PAGE 16 (LOCAL OPTION-CENTERS MAY ASK QUESTIONS 14-19)**

14. 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 partners mouth, or rectum-or your partner put his penis in your mouth or rectum. [Ask Q.15A and B, DO NOT ask Q.15C]

○ **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.15C 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.

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

MEN		WOMEN
A. With how many different men (if any) have you had sexual intercourse [since your last visit in (MONTH)]? READ DEFINITION OF INTERCOURSE.	B. With how many other men have you had sexual activity that did not include intercourse?	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) (100) (200) (300) (400) (500) (600) (700) (800) (900)	(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) (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)	(0) (1) (2) (3) (4) (5) (6) (7) (8) (9)

IF INTERCOURSE WITH ONLY ONE (1) PARTNER, ASK QUESTION 16, ELSE SKIP TO QUESTION 17.

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

A. Do you know this partner's HIV antibody status?
○ No
○ Yes **IF YES:** Is he . . . → ○ Positive ○ Negative ○ Decline to answer

B. 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**

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. For how many months or years have you and this sexual partner had intercourse with only each other? (Code 1 month if less than 1 month.)

MONTHS	OR	YEARS
(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)		

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 masturbated your partner 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 ("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 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
7) 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
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 every time even if it broke, tore or slipped? * **IF ONE PARTNER:** * Did you use a condom every time even if it broke, tore or slipped?	NO ○ YES ○ 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 ALL PARTNERS, SKIP TO ITEM (14)**
IF MULTIPLE PARTNERS 11) With how many of those _____ partners had you used a condom only some of the times? * **IF ONE PARTNER:** * Did you sometimes use a condom?	NO ○ YES ○ SKIP TO ITEM 13	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
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 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 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 ("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 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
19) 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
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 used a condom every time even if it broke, tore or slipped? **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 ALL, SKIP TO ITEM (25)**
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 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)]?
		DAILY / WEEKLY / MONTHLY / LESS OFTEN		TODAY / DAYS AGO	
Marijuana or Hashish	NO ○ GO TO NEXT ROW / YES ○	○ ○ ○ ○	NO ○ NEXT ROW / YES ○	○ 1 2 3 4 5 6 7	
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	NO ○ GO TO NEXT ROW / YES ○	○ ○ ○ ○	NO ○ NEXT ROW / YES ○	○ 1 2 3 4 5 6 7	
Crack or cocaine that you smoke	NO ○ GO TO NEXT ROW / YES ○	○ ○ ○ ○	NO ○ NEXT ROW / YES ○	○ 1 2 3 4 5 6 7	
Other forms of cocaine	NO ○ GO TO NEXT ROW / YES ○	○ ○ ○ ○	NO ○ GO TO E / YES ○	○ 1 2 3 4 5 6 7	NO ○ NEXT ROW / YES ○
MDA (ecstasy)	NO ○ GO TO NEXT ROW / YES ○	○ ○ ○ ○	NO ○ GO TO E / YES ○	○ 1 2 3 4 5 6 7	NO ○ NEXT ROW / YES ○
PCP, angel dust, psychedelics, mushrooms or hallucinogens like LSD, DMT or mescaline	NO ○ GO TO NEXT ROW / YES ○	○ ○ ○ ○	NO ○ GO TO E / YES ○	○ 1 2 3 4 5 6 7	NO ○ NEXT ROW / YES ○
"Downers", including barbiturates such as yellow jackets or reds, tranquilizers like Valium or Librium or other sedatives or hypnotics like Quaaludes	NO ○ GO TO NEXT ROW / YES ○	○ ○ ○ ○	NO ○ GO TO E / YES ○	○ 1 2 3 4 5 6 7	NO ○ NEXT ROW / YES ○
Amphetamines, speed, crystal, or other "uppers"	NO ○ GO TO NEXT ROW / YES ○	○ ○ ○ ○	NO ○ GO TO E / YES ○	○ 1 2 3 4 5 6 7	NO ○ NEXT ROW / YES ○
Other kinds of street drugs	NO ○ GO TO Q.20 / YES ○	○ ○ ○ ○	NO ○ GO TO E / YES ○	○ 1 2 3 4 5 6 7	NO ○ / YES ○

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

We would now like to ask you about your medical coverage.

20. A. In the last six months did you have . . . [ASK EACH ITEM AND RECORD ANSWER]

	NO	YES
* (1) Coverage by an HMO	○	○
* (2) Non-HMO Group Private Insurance (Blue Cross, CIGNA, etc.)	○	○
* (3) Non-HMO Individual Private Insurance (Blue Cross, CIGNA, etc.)	○	○
(4) Medicaid, Medi-Cal, or Medical Assistance	○	○
(5) Medicare (for people over 65 or permanently disabled)	○	○
(6) Veteran's Administration Benefits (CHAMPUS CHAMVA)	○	○
* (7) Other	○	○

Specify: ____ ○ 0 1 2 3 4 5 6 7 8 9

IF NO TO (1)–(7), SKIP TO E

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 to health insurance premiums during the last six months?
[ROUND TO NEAREST DOLLAR, CODE "O" 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

20. Continued.

	NO	YES
C. If YES to Q20.A (1), (2), (3) or (7) (private or other insurance), ASK: Does your employer contribute to the cost of your health insurance premiums?	○	○
D. Did you lose health insurance coverage at any time during the last six months, even temporarily?	○	○
E. (1) Have you applied for health insurance at any time in the last six months?	○	○
(2) IF YES: Have you been refused health insurance coverage at any time in the last six months?	○	○

21. **In the last six months did you have any type of dental insurance coverage?** ○ ○

22. 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]

SERVICE	A. Have you used (EACH) during the last six months?	B. How many times? (99 = 99 or more)	C. 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]
(1) Emergency Room	NO ○ GO TO NEXT ROW YES ○	0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	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
(2) Hospital-based or community-based clinic	NO ○ GO TO NEXT ROW YES ○	0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	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
(3) Private MD, DO	NO ○ GO TO NEXT ROW YES ○	0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	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
(4) Other out-patient Specify:	NO ○ SKIP TO Q.23 YES ○	0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	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

0 1 2 3 4 5 6 7 8 9

23. During the last six months have you used **ANY** of the following providers or services?

SERVICE	A. Have you used (EACH) during the last six months?	B. 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]
(1) Dental health care provider	NO ○ GO TO NEXT ROW YES ○	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
(2) Mental health care provider (psychiatrist, psychologist, social worker, other therapist/counselor)	NO ○ GO TO NEXT PAGE YES ○	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. Continued.

SERVICE	A. Have you used (EACH) during the last six months?	B. 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]
(3) Other health care provider (chiropractor, nutritionist, acupuncturist, herbalist)	NO ○ GO TO NEXT ROW YES ○	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
(4) Any form of paid health care in your home (visiting nurse services, home health aides, but not care from lovers, family or friends)	NO ○ SKIP TO Q24 YES ○	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 AND FORMS TO SEE IF TAKEN DRUGS:

24. Did respondent take any AIDS medication NOT as part of clinical trial or research study?

○ No → **SKIP TO Q25** ○ Yes

MEDICATIONS	A. Please estimate the TOTAL out of pocket expenses that you or other personal sources (your lover, family or friends) paid for the medication in the last six months. [ROUND TO THE NEAREST DOLLAR, CODE "0" IF LESS THAN $1]
(1) If participant has taken AZT in last six months, say: You said you were taking AZT. [Ask A]	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
(2) If participant was given Aerosolized Pentamidine in last six months, say: You said you were taking Aerosolized Pentamidine [Ask A]	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
(3) If participant has taken HIV-related drugs other than AZT or Aerosolized Pentamidine in the last six months, say: You said you were taking HIV-related drugs other than AZT or Aerosolized Pentamidine [Ask A]	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

REFER TO HOSPITALIZATIONS:

25. Was respondent hospitalized in the last 6 months?

○ No → **SKIP TO Q26** ○ Yes

If participant was hospitalized in last 6 months, ASK: You said you were hospitalized in the last 6 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).	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

26. 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? NO YES

GO TO Q27

B. IF YES: ASK: NO YES

(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?

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

(1) Less than $10,000
(2) 10,000-19,999
(3) 20,000-29,999
(4) 30,000-39,999
(5) 40,000-49,999
(6) 50,000 or more
(7) Does not wish to answer

28. Are you experiencing major financial difficulty meeting your basic expenses? NO YES

GO TO Q29

IF YES: Is the difficulty less, the same or greater than six months ago?

Less
Same
Greater

29. A. In the last six months, has your employment status changed for any reason related to HIV disease? NO YES

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

GO TO Q30

B. (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

(7) Other

Specify:

0 1 2 3 4 5 6 7 8 9

30. A. Is there anything more that I haven't asked that you think we should know?

No, nothing more — THANK AND TERMINATE

Yes — SKIP TO Q31

B. Tell me about it RECORD FULLY IN R'S OWN WORDS

31. Telephone interview?

No

Yes

32. 19

Date interview completed

33. *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

197370