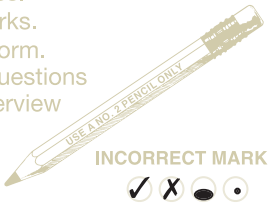
ID NUMBER | VISIT NO. 5 6 0 | TIME BEGAN HR MIN AM PM | DATE MONTH DAY YEAR

MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make **NO** stray marks.
- **DO NOT** fold this form.
- * Indicates priority questions for abbreviated interview

CORRECT MARK INCORRECT MARKS



* 1. Let's start with some medical conditions. Since your last visit [in (MONTH, YEAR)], were you diagnosed with ANY form of cancer? We are interested in all cancers, such as Kaposi's sarcoma, non-Hodgkin's lymphoma, anal, lung, prostate cancers, primary brain lymphoma, Hodgkin's disease, and Castleman disease.

○ No → **IF "NO," GO TO Q 2**

○ Yes

a **IF YES: Where in the body was the cancer (Castleman's disease) and what kind of cancer did they say it was?**

b **In what month and year was it first diagnosed since your last visit [in (MONTH, YEAR)]?**

1) Site / Type

2) Site / Type

c **What was the name and address of the physician who diagnosed the condition(s)?**

Name of hospital/clinic or doctor

Address

City State Date

c **What was the name and address of the physician who diagnosed the condition(s)?**

Name of hospital/clinic or doctor

Address

City State Date

GET MEDICAL RELEASE

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

3/8" spine perf

*2. Since your last visit [in (MONTH, YEAR)], were you diagnosed with any AIDS-related illnesses other than Kaposi's sarcoma, non-Hodgkin's lymphoma or primary brain lymphoma?

○ No → IF "NO," GO TO Q 3
○ Yes

a IF YES: What was the diagnosis?
(SEE APPENDIX 7 IN GUIDELINES FOR LIST OF AIDS DIAGNOSES.)

b In what month and year was it first diagnosed since your last visit [in (MONTH, YEAR)]?

1) Type

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

J F M A M J J A S O N D
01 02 03 04 05 06 07 08 09 10 11 12

2) Type

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

J F M A M J J A S O N D
01 02 03 04 05 06 07 08 09 10 11 12

c What was the name and address of the physician who diagnosed the condition(s)?

Name of hospital/clinic or doctor

Address

City State Date

c What was the name and address of the physician who diagnosed the condition(s)?

Name of hospital/clinic or doctor

Address

City State Date

*3. Since your last visit [in (MONTH, YEAR)], were you diagnosed with pneumonia?

○ No → IF "NO," GO TO Q 4
○ Yes

a In what month and year since your last visit [in (MONTH, YEAR)] was it first diagnosed?

J F M A M J J A S O N D
01 02 03 04 05 06 07 08 09 10 11 12

b What was the name and address of the physician who diagnosed the condition?

Name of hospital/clinic or doctor

Address

City State Date

Clinician's Notes: Method of Diagnosis

GET MEDICAL RELEASE

3/8" spine perf

The next few questions are about tuberculosis or TB for short.

*4.A. Since your last visit [in (MONTH, YEAR)], did you have a skin test for TB, sometimes called a PPD?

NO ○ YES ○

SKIP TO Q 5

B. IF YES: When was your last test?

	J	F	M	A	M	J	J	A	S	O	N	D
	01	02	03	04	05	06	07	08	09	10	11	12

C. Was it positive?

NO ○ YES ○

*5. Since your last visit [in (MONTH, YEAR)] have you had an active TB infection?

NO ○ YES ○

GET MEDICAL RELEASE

*6.A. Since your last visit [in (MONTH, YEAR)], have you been admitted to the hospital for any reason? This includes overnight stays and outpatient procedures.

○ No → SKIP TO Q 7

○ Yes → How many separate times were you a patient in a hospital since your last visit [in (MONTH, YEAR)]?

	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. IF HOSPITALIZED FOR CV CONDITION, REQUEST FULL HOSPITAL RECORDS. SEE GUIDELINES FOR SPECIFIC INSTRUCTIONS.

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

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

		J	F	M	A	M	J	J	A	S	O	N	D
MO													
DAY		0	10	20	30								
		0	1	2	3	4	5	6	7	8	9		
YEAR		01	02	03	04	05	06	07	08	09	10	11	12

b. How many nights did you spend in the hospital at that time? **IF OUTPATIENT: FILL IN ZERO.**

	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 and the name/address of the hospital?
RECORD FULLY IN R's OWN WORDS.

What was the name and address of the physician who diagnosed the condition(s)?
IF AIDS RELATED, CODE IN QUESTIONS 1-3 AS APPROPRIATE

Name of hospital/clinic or doctor

Address

City State Date

1) Diagnosis or procedure

2) Diagnosis or procedure

Bubble in leading zero

	V	E	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		
	0 1 2 3 4 5 6 7 8 9		

	V	E	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		
	0 1 2 3 4 5 6 7 8 9		

IF ONLY ONE HOSPITALIZATION (SEE RESPONSE TO 6.A.), SKIP TO QUESTION 7

SERIAL #

3/8" spine perf

(2) a. For your second most recent time to the hospital, 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
YEAR		01 02 03 04 05 06 07 08 09 10 11 12

b. How many nights did you spend in the hospital at that time? **IF OUTPATIENT: FILL IN ZERO.**

	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 and the name/address of the hospital?
RECORD FULLY IN R's OWN WORDS.

What was the name and address of the physician who diagnosed the condition(s)?
IF AIDS RELATED, CODE IN QUESTIONS 1-3 AS APPROPRIATE

Name of hospital/clinic or doctor

Address

City State Date

1) Diagnosis or procedure

	V	E	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		
	0 1 2 3 4 5 6 7 8 9		

2) Diagnosis or procedure

	V	E	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		
	0 1 2 3 4 5 6 7 8 9		

d. Did you have another prior hospitalization/outpatient procedure since your last visit [in (MONTH, YEAR)]?

- ○ No → **SKIP TO Q 7**
- ○ Yes

○ **IF MORE THAN 2 HOSPITALIZATIONS/OUTPATIENT PROCEDURES SINCE YOUR LAST VISIT [IN (MONTH, YEAR)], MARK HERE AND USE CONTINUATION SHEET.**

7. Since your last visit [in (MONTH, YEAR)], have you consulted a mental health professional or been hospitalized or prescribed medications for treatment of depression?

- ○ No
- ○ Yes
- ○ Don't know

IF YES: which month and year was the most recent time?

	J F M A M J J A S O N D
	01 02 03 04 05 06 07 08 09 10 11 12

8. Since your last visit [in (MONTH, YEAR)], have you had any neurological evaluation or a physical examination to look for problems of the nervous system (brain, spinal cord, nerves in hands and feet)?

- ○ No
- ○ Yes

DOCUMENT ANY NEW NEUROLOGICAL DIAGNOSES IN Q10.CC.i

3/8" spine perf

This does not include any PAP smears performed as part of the MACS Anal Health Study.

3/8" spine perf

* 9.A.(1) Since your last visit [in (MONTH, YEAR)], have you undergone an anal pap smear outside the MACS? (A doctor or medical practitioner took a swab of the anal canal to test for cancer cells.)

- ○ No → **GO TO Q 9.B**
- ○ Yes
- ○ Don't Know → **GO TO Q 9.B**

(2) In what month and year did you have the pap smear performed?

	J	F	M	A	M	J	J	A	S	O	N	D
	01	02	03	04	05	06	07	08	09	10	11	12

(3) Were the results abnormal?

- ○ No → **GO TO Q 9.B**
- ○ Yes → **GET MEDICAL RELEASE**
- ○ Unable to evaluate/don't know → **GET MEDICAL RELEASE**

Name of the doctor who performed the pap smear and where it was performed.

Name of doctor

Name of hospital/center/clinic

City State Date

SERIAL #

9.B. Since your last visit [in (MONTH, YEAR)], has a doctor or medical practitioner inserted a tube-shaped device or scope in your anus or rectum to look for hemorrhoids, fissures, infections and some cancers?

- ○ No
- ○ Yes
- ○ Don't Know

* 9.C.(1) Since your visit [in (MONTH, YEAR)], have you had any biopsies of the skin, anus, rectal area or other tissues and organs? By a biopsy, we mean removal of any tissue or gland to study under a microscope. **READ:** This includes any biopsies you have had as part of the MACS Anal Health Study.

- ○ No → **REVIEW RESPONSE TO Q 1, IF DIAGNOSED WITH CANCER USE PROMPT AND RE-ASK QUESTION, OTHERWISE SKIP TO Q 10**
- ○ Yes

(2) How many times have you had a biopsy since your last visit [in (MONTH, YEAR)]?

	1	2	3	4	5	6	7	8	9

TIMES

(3) For each biopsy, please tell me:

a Where in your body?	b What did they say the diagnosis or result of the biopsy was?	c Name of the doctor who performed the biopsy, where the biopsy was performed and the date of the biopsy.
1) Specify:	Specify:	Name of doctor Name of hospital/center/clinic City State Date
2) Specify:	Specify:	Name of doctor Name of hospital/center/clinic City State Date
3) Specify:	Specify:	Name of doctor Name of hospital/center/clinic City State Date

	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

GET MEDICAL RELEASE

3/8" spine perf

3/8" spine perf

10. I am now going to ask you about other **NEW** medical conditions, ailments, or disorders. Were you diagnosed with any of the following since your last visit [in (MONTH, YEAR)]?

	NO	YES
A. Thrush (yeast in your mouth)	○	○
B. Sinusitis, a sinus infection that requires antibiotics	○	○
C. Bronchitis	○	○
D. Erectile dysfunction (erectile problems)	○	○
E. High blood pressure or hypertension	○	○
F. High cholesterol, high triglycerides, high lipids or too much fat in your blood	○	○
G. High blood sugar or diabetes	○	○
H. Arthritis	○	○
IF YES: Was it: (Read and answer each.) → Rheumatoid	○	○
Osteoarthritis or degenerative	○	○
Other → Specify:	○	○
Don't know		○

Ask if in CVD2 study and if had medical follow-up. If yes, get medical release.

	NO	YES
*I. Angina or chest pain caused by your heart	○	○
*J. Heart attack or myocardial infarction (MI)	○	○
*K. Congestive heart failure or CHF	○	○
*L. Stroke or Cerebrovascular accident (CVA)	○	○
*M. Mini-strokes or transient ischemic attacks (TIA)	○	○
*N. Too fast, too slow, or irregular heart beat	○	○
*O. Any blood vessels (arteries) that were blocked or closed **IF NO, SKIP TO Q Q**	○	○
*P. An operation or other procedure, such as angioplasty, to open blocked blood vessels in your heart or other areas	○	○
*Q. A blood clot in your legs	○	○
*R. Kidney disease/Renal failure	○	○
S. An elevated liver enzyme	○	○
T. Broken or fractured bone(s) → T.2	○	○

GET MEDICAL RELEASE IF BOLDED

What was the name and address of the physician who diagnosed the condition(s)?

Name of hospital/clinic or doctor

Address

City State Date

What was the name and address of the physician who diagnosed the condition(s)?

Name of hospital/clinic or doctor

Address

City State Date

T.2 What was fractured?

Specify:

See Appendix 9 in guidelines for list of fracture site codes.

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

Specify:

See Appendix 9 in guidelines for list of fracture site codes.

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

Specify:

See Appendix 9 in guidelines for list of fracture site codes.

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

T.3 Did that fracture occur... (Select one option)

- ○ Without any trauma or fall (i.e., without any external force: examples, rib fracture when coughing; spine fracture from lifting a heavy box)
- ○ As a result of a fall from standing height or less (includes falls due to slipping or tripping)
- ○ Because of a harder fall (example, falling down steps)
- ○ From a car accident or other severe external force
- ○ Don't know

SERIAL #

CC. Since your last visit [in (MONTH, YEAR)], have you seen a health care provider, or have gone to a clinic, urgent care facility, or emergency room for any OTHER NEW conditions or problems in the following areas?

a) Eyes — NO ○ YES ○

IF YES: Was there a diagnosis? ○ ○

What was the diagnosis?

SKIP TO b

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
0 1 2 3 4 5 6 7 8 9

b) Ears, Nose, Throat, Mouth and Sinuses — NO ○ YES ○

IF YES: Was there a diagnosis? ○ ○

What was the diagnosis?

SKIP TO c

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
0 1 2 3 4 5 6 7 8 9

c) Heart and Blood Vessels — NO ○ YES ○

Ask if in CVD2 study and if had follow-up. If yes, get medical release.

GET MEDICAL RELEASE

IF YES: Was there a diagnosis? ○ ○

What was the diagnosis?

SKIP TO d

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
0 1 2 3 4 5 6 7 8 9

d) Lungs and Bronchial Tubes — NO ○ YES ○

IF YES: Was there a diagnosis? ○ ○

What was the diagnosis?

SKIP TO e

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
0 1 2 3 4 5 6 7 8 9

e) Stomach, Intestines, or Liver Disease — NO ○ YES ○

IF YES: Was there a diagnosis? ○ ○

IF LIVER DISEASE, GET MEDICAL RELEASE

What was the diagnosis?

SKIP TO f

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
0 1 2 3 4 5 6 7 8 9

f) Bones, Joints or Muscles — NO ○ YES ○

IF YES: Was there a diagnosis? ○ ○

What was the diagnosis?

SKIP TO g

IF OSTEOPOROSIS, AVASCULAR NECROSIS OR OSTEONECROSIS, GET MEDICAL RELEASE.

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
0 1 2 3 4 5 6 7 8 9

g) Genital, Urinary and Rectal — NO ○ YES ○

IF YES: Was there a diagnosis? ○ ○

What was the diagnosis?

SKIP TO h

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
0 1 2 3 4 5 6 7 8 9

h) Skin — NO ○ YES ○

IF YES: Was there a diagnosis? ○ ○

What was the diagnosis?

SKIP TO i

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
0 1 2 3 4 5 6 7 8 9

i) Nervous system problems involving any part of the body — NO ○ YES ○

See Appendix 9 in guidelines for list of neurology diagnosis codes.

GET MEDICAL RELEASE

IF YES: Was there a diagnosis? ○ ○

What was the diagnosis?

SKIP TO j

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
0 1 2 3 4 5 6 7 8 9

3/8" spine perf

CC. Continued

NO YES

j) Treatment of depression, anxiety or other mental health problems
IF YES: Was there a diagnosis?
What was the diagnosis?

SKIP TO k

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
0 1 2 3 4 5 6 7 8 9

NO YES

k) Hormones or Endocrine system
IF YES: Was there a diagnosis?
What was the diagnosis?

SKIP TO I

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
0 1 2 3 4 5 6 7 8 9

NO YES

l) Other
IF YES: Was there a diagnosis?
What was the diagnosis?

SKIP TO Q11.A

1.

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

2.

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

What was the name and address of the physician who diagnosed the condition(s)?

Name of hospital/clinic or doctor

Address

City State Date

What was the name and address of the physician who diagnosed the condition(s)?

Name of hospital/clinic or doctor

Address

City State Date

11.A. Have you had any of the following forms of herpes, not including shingles or herpes zoster, since your last visit [in MONTH, YEAR)]?

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

IF "NO" TO ALL FOUR, SKIP TO Q 12

B. Did the first attack of herpes you ever had occur since your last visit [in (MONTH, YEAR)]?

C. Has there been a period since your last visit [in (MONTH, YEAR)] when your (herpes) sores seemed to come more often, get worse or last longer than usual?

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

DISEASE OR CONDITION	HAD DISEASE NO	HAD DISEASE YES
A.1) Syphilis		
IF "NO," SKIP TO (B)		
A.2) Was this a new infection or was it a continuation or relapse of a previous infection?		
○ New infection ○ Continued or relapse		
B) Any form of gonorrhea		
IF "NO" TO (B), SKIP TO (F)		
C) Urethral gonorrhea (clap or drip of the urinary passage)		
D) Oral gonorrhea (of the mouth or throat)		
E) Rectal gonorrhea (of the rectum)		
F) Non-specific or nongonococcal urethritis or chlamydia (that is, a discharge from the penis that's not caused by gonorrhea)		
G.1) Genital warts (condylomata acuminata)		
IF "NO," SKIP TO (H)		
G.2) Was this a new infection or was it a continuation or relapse of a previous infection?		
○ New infection ○ Continued or relapse		
H.1) Anal warts (condylomata acuminata)		
IF "NO," SKIP TO Q13.A		
H.2) Was this a new infection or was it a continuation or relapse of a previous infection?		
○ New infection ○ Continued or relapse		

SERIAL #

3/8" spine perf

13.A. Since your last visit [in (MONTH, YEAR)], have you had any of the following problems or symptoms? This includes those due to illnesses or side effects from medications.

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 last visit [in (MONTH, YEAR)]?		b Did that last for two weeks or longer?		c And do you have that now?		d Did you experience this symptom due to taking any medication?			e Is this a new condition?	
	NO	YES	NO	YES	NO	YES	NO	YES	DON'T KNOW	NO	YES
1) Persistent dizziness for at least 3 consecutive days	○	○	○	○	○	○	○	○	○	○	○
2) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	○	○	○	○	○	○	○	○	○	○	○
3) Persistent or recurring fever higher than 100° for at least 3 consecutive days	○	○	○	○	○	○	○	○	○	○	○
4) Persistent, frequent or unusual kinds of head-aches for at least 3 consecutive days	○	○	○	○	○	○	○	○	○	○	○
5) A new skin condition, rash, or infection that lasted for at least 3 consecutive days	○	○	○	○	○	○	○	○	○	○	○
6) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days	○	○	○	○	○	○	○	○	○	○	○
7) Diarrhea for at least 3 consecutive days	○	○	○	○	○	○	○	○	○	○	○
8) Drenching sweats at night on at least 3 occasions	○	○	○	○	○	○	○	○	○	○	○
9) Nausea, vomiting	○	○	○	○	○	○	○	○	○	○	○
10) Abdominal pain, bloating, cramps	○	○	○	○	○	○	○	○	○	○	○
11) Ascites (fluid buildup in the stomach or abdomen)	○	○	○	○	○	○	○	○	○	○	○
12) Jaundice (yellow hue to whites of eyes, dark urine or clay colored stools)	○	○	○	○	○	○	○	○	○	○	○
13) An unintentional weight loss of at least 10 pounds (unrelated to dieting)	○	○			○	○	○	○	○	○	○
14) Muscle pain or weakness	○	○	○	○	○	○	○	○	○	○	○

3/8" spine perf

13.A. Continued

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 last visit [in (MONTH, YEAR)]?		b Did that last for two weeks or longer?		c And do you have that now?		d Did you experience this symptom due to taking any medication?			e Is this a new condition?	
	NO	YES	NO	YES	NO	YES	NO	YES	DON'T KNOW	NO	YES
15) Joint pain	○	○	○	○	○	○	○	○	○	○	○
16) Vivid nightmares or dreams	○	○	○	○	○	○	○	○	○	○	○
17) Insomnia or problems sleeping	○	○	○	○	○	○	○	○	○	○	○
18) Persistent dry mouth	○	○	○	○	○	○	○	○	○	○	○

13.B. Since your last visit [in (MONTH, YEAR)], have you experienced:

	If NO, go to next question. If YES, indicate severity. NO	YES		Severity (0= None, 1= Mild, 10= Severe)		Did you experience this symptom due to taking any medication? NO	YES	DON'T KNOW
1. Pain, aching, or burning in your feet or legs?	○	○	→	Right	0 1 2 3 4 5 6 7 8 9 10	○	○	○
				Left	0 1 2 3 4 5 6 7 8 9 10			
2. Pins and needles in your feet or legs?	○	○	→	Right	0 1 2 3 4 5 6 7 8 9 10	○	○	○
				Left	0 1 2 3 4 5 6 7 8 9 10			
3. Numbness (lack of feeling) in your feet or legs?	○	○	→	Right	0 1 2 3 4 5 6 7 8 9 10	○	○	○
				Left	0 1 2 3 4 5 6 7 8 9 10			

3/8" spine perf

SERIAL #

13.C.(1) Since your last visit [in (MONTH, YEAR)], did you experience anal bleeding at any time?

(**If participant asks why:** "The information that we gather about symptoms will help researchers learn how symptoms are related to the risk of developing certain illnesses or diseases. Understanding this relationship will help doctors and nurses do a better job in detecting and diagnosing illnesses.")

- ○ No → **GO TO Q 15**
- ○ Yes

13.C.(2) Since your last visit [in (MONTH, YEAR)], have you experienced any pain with the anal bleeding?

- ○ No → **GO TO Q 13.C.(4)**
- ○ Yes

If the participant reports bleeding with pain (Q 13.C.(2) = YES), inform your clinic coordinator immediately following the interview.

13.C.(3) Since your last visit [in (MONTH, YEAR)], how often have you experienced pain with the anal bleeding?

○ Rarely ○ Some of the time ○ Most of the time ○ All of the time

13.C.(4) Since your last visit [in (MONTH, YEAR)], has the bleeding occurred in any of the following situations?

[READ EACH ITEM]

	NO	YES
a) After or during anal receptive intercourse	○	○
b) After or during a bowel movement	○	○
c) Other times not associated with intercourse or bowel movements	○	○

IF NO ANAL BLEEDING IN OTHER TIMES (Q 13.C.(4)c = NO), GO TO Q 15.

13.C.(5) With respect to the *other times* (that you have had anal bleeding), how often have you experienced bleeding since your last visit [in (MONTH, YEAR)]?

○ Daily ○ Weekly ○ Monthly ○ Less than monthly

3/8" spine perf

Moving on to medications.

* 15. Since your last visit, [in (MONTH, YEAR)], have you taken any HIV-related medications or treatments? (That is, medications or treatments to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS excluding acyclovir.)

- ○ No
- ○ Yes → SKIP TO Q 15.A.(1)

15.A. IF NO: Why did you decide not to take HIV-related medications?

READ EACH, MARK ALL THAT APPLY.

- ○ Not infected with HIV → GO TO Q 16
- ○ Doctor said was not necessary
- ○ Not sick
- ○ Too expensive
- ○ Don't think they work or will help
- ○ Possible side effects
- ○ Can't take them the way the doctor wants (too many pills, too many times during the day or won't remember to take them)
- ○ Other reason

Specify:

15.A.(1) Since your last visit [in (MONTH, YEAR)], has a doctor or other medical practitioner tested your blood to see if you have HIV that is resistant to certain drugs? I am referring to the types of HIV drug resistance tests that are called genotyping or phenotyping.

- ○ No → SKIP TO Q 15.B.(1) IF ON HIV MEDS SINCE LAST VISIT; SKIP TO Q 16 IF NOT ON HIV MEDS SINCE LAST VISIT
- ○ Yes

(2) Has your treatment (drugs) been changed as a result of that test?

- ○ No
- ○ Yes
- ○ Don't know

SKIP TO Q 16 IF NOT ON HIV MEDS SINCE LAST VISIT

* 15.B.(1) Since your last visit [in (MONTH, YEAR)], have you taken any medications or drugs on this list [SHOW LIST 1 AND MEDICATION PHOTO CARDS]?

- ○ No → SKIP TO Q 15.C.
- ○ Yes

15.B.(2) Please name those drugs that you have taken or show me which ones.

STOP

FILL IN THE BUBBLE NEXT TO THE DRUG(S) AND THEN COMPLETE FORM 1 FOR EACH DRUG.

- ○ abacavir (Ziagen) **(218)**
- ○ atazanavir (Reyataz) **(243)**
- ○ Atripla (efavirenz + emtricitabine + tenofovir) **(262)**
- ○ Combivir (zidovudine + lamivudine) **(227)**
- ○ d4T (Zerit, Stavudine) **(159)**
- ○ darunavir (Prezista) **(256)**
- ○ didanosine (Videx) **(147)**
- ○ efavirenz (Sustiva) **(220)**
- ○ emtricitabine (Emtriva, FTC) **(239)**
- ○ Epzicom (abacavir + lamivudine) **(254)**
- ○ Etravirine (Intelence, TMC-125) **(255)**
- ○ fosamprenavir (Lexiva) **(249)**
- ○ indinavir (Crixivan) **(212)**
- ○ lamivudine (Epivir, 3TC) **(204)**
- ○ lopinavir/ritonavir (Kaletra, LPV) **(217)**
- ○ nelfinavir (Viracept) **(216)**
- ○ nevirapine (Viramune) **(191)**
- ○ Raltegravir (Isentress) **(264)**
- ○ ritonavir (Norvir) **(211)**
- ○ saquinavir (Invirase, Fortovase) **(210)**
- ○ tenofovir (Viread) **(234)**
- ○ Trizivir (abacavir + lamivudine + zidovudine) **(240)**
- ○ Truvada (emtricitabine + tenofovir) **(253)**
- ○ zidovudine (Retrovir, AZT) **(092)**
- ○ **Other anti-retroviral from Drug List 1**

(Report Acyclovir in Q 16.)

1. 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. 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. 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) Since your last visit [in (MONTH, YEAR)], did you stop taking all of your prescribed antiretroviral therapy for at least 2 days in a row?

- ○ No → SKIP TO Q 15.C
- ○ Yes

IF YES: How many times did this occur?

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

Did your physician prescribe or agree to any of these?

- ○ No
- ○ Yes

For how many days did you stop during the last time?

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

SERIAL #

3/8" spine perf

*15.C.(1) Since your last visit [in (MONTH, YEAR)], have you taken any medication or drug on this list [SHOW LIST 2] to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS?

○ No → **SKIP TO Q 16**
○ Yes

STOP

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

FILL IN THE BUBBLE NEXT TO THE DRUG(S). FOR DRUGS NOT ON THE LIST, RECORD THE NAME UNDER "OTHER" AS STATED BY THE PARTICIPANT AND FILL IN THE CODE (REFER TO DRUG FORM 2 LIST).

- ○ atovaquone (Mepron, BW566C80) **(190)**
- ○ azithromycin (Zithromax) **(152)**
- ○ Bactrim (Septra, TMP/SMX) **(112)**
- ○ ciprofloxacin (Cipro) **(153)**
- ○ clarithromycin (Biaxin) **(184)**
- ○ co-enzyme Q **(196)**
- ○ colony stimulating factor (G-CSF, Neupogen) **(157)**
- ○ dapsone **(113)**
- ○ DHEA (dihydroepiandrostenedione) **(161)**
- ○ erythropoietin (Epogen, Procrit, Aranesp) **(117)**
- ○ ethambutol (Myambutol) **(137)**
- ○ fluconazole (Diflucan) **(116)**
- ○ foscarnet (foscavir) **(091)**
- ○ ganciclovir (Cytovene, DHPG, valcyte, valganciclovir) **(125)**
- ○ interleukin 2 (IL-2) **(096)**
- ○ Marinol (dronabinol) **(547)**
- ○ Megace (megestrol acetate) **(123)**
- ○ NAC (N-acetyl cysteine) **(188)**
- ○ Nandrolone (deca-durabolin) **(232)**
- ○ Oxandrin (oxandrolone) **(228)**
- ○ rifabutin (Mycobutin, Ansamycin) **(093)**
- ○ Serostim (human growth hormone) **(245)**
- ○ testosterone (Androgel, Androderm, Delatestryl, Striant, Testoderm, Virilon) **(236)**
- ○ Other from Drug List 2 **(Report Acyclovir in Q 16.)**

1. ____
   ○ 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. ____
   ○ 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. ____
   ○ 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

16. Now, I have some questions about drugs and medications that you may have taken for other health reasons. These include prescribed medications, over the counter medications, and other medications you took on your own since your last visit [in (MONTH, YEAR)].

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a) IF "NO" TO a GO TO NEXT ITEM	a How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	b When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?	c Have you taken/used any in the past 5 days (FOR ASPIRIN:in the last week)?
	NO YES		NO YES
1) Steroids that you took by mouth or were injected	○ ○	Name:	○ ○
2) Thyroid hormone or thyroid medication	○ ○	Name:	○ ○
3) Other hormones such as anabolic steroids	○ ○	Name:	○ ○
4) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	○ ○	Name:	○ ○

3/8" spine perf

16. Continued

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a) IF "NO" TO a GO TO NEXT ITEM	a How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	b When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?	c Have you taken/used any in the past 5 days (FOR ASPIRIN:in the last week)?
	NO YES		NO YES
5) Tranquilizers or sleeping pills	○ ○	Name:	○ ○
6) Antidepressants or mood elevators	○ ○	Name:	○ ○
7) Lithium	○ ○	Name:	○ ○
8) Acyclovir, famciclovir or valacyclovir for herpes (zovirax famvir, valtrex) IF YES, did you take it: Everyday? ○ No ○ Yes Only when you had active lesions or had an outbreak? ○ No ○ Yes	○ ○	Name:	○ ○
9) Viagra, Cialis, Levitra or other drugs that were prescribed by a medical provider to treat erectile dysfunction	○ ○	Name:	○ ○
10) Aspirin taken three days or more on a weekly basis	○ ○	Name:	○ ○
11) Medications to lower cholesterol, triglycerides, lipids or blood fat a.	○ ○ SKIP TO Q 16.12	Name:	○ ○
b.	○ ○ SKIP TO Q 16.12	Name:	○ ○
c.	○ ○ SKIP TO Q 16.12	Name:	○ ○

For a., b., c.: 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 / 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

3/8" spine perf

SERIAL #

16. Continued

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a) IF "NO" TO a GO TO NEXT ITEM		a How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	b When specified, what was the name of the (KIND OF DRUG) you took?	c Have you taken/used any in the past 5 days (FOR ASPIRIN:in the last week)?
12) Medications to treat hypertension	a.	NO ○ YES ○ SKIP TO Q 16.13	Name:	NO ○ YES ○
	b.	○ ○ SKIP TO Q 16.13	Name:	○ ○
	c.	○ ○ SKIP TO Q 16.13	Name:	○ ○
	d.	○ ○ SKIP TO Q 16.13	Name:	○ ○
	e.	○ ○ SKIP TO Q 16.13	Name:	○ ○
13) Medications to treat diabetes	a.	NO ○ YES ○ SKIP TO Q 16.14	Name:	NO ○ YES ○
	b.	○ ○ SKIP TO Q 16.14	Name:	○ ○
	c.	○ ○ SKIP TO Q 16.14	Name:	○ ○

3/8" spine perf

16. Continued

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a) IF "NO" TO a GO TO NEXT ITEM	a How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	b When specified, what was the name of the (KIND OF DRUG) you took?	c Have you taken/used any in the past 5 days (FOR ASPIRIN:in the last week)?
14) Medications to treat hepatitis a. ○ 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 ○ SKIP TO Q 16.15	Name:	NO ○ YES ○
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	○ ○ SKIP TO Q 16.15	Name:	○ ○

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG. IF "NO" TO a GO TO Q17.A.

a Have you (taken/used) any other medications since your last visit [in (MONTH, YEAR)]?	b When specified, what was the name of the (KIND OF DRUG) you took?	c What did you take this drug for?	d Have you taken/used any in the past 5 days?
15) Other NO ○ YES ○ a. SKIP TO Q 17.A	Name: ○ 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 ○ 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	Used for:	NO ○ YES ○
NO ○ YES ○ b. SKIP TO Q 17.A	Name: ○ 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 ○ 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	Used for:	NO ○ YES ○
NO ○ YES ○ c. SKIP TO Q 17.A	Name: ○ 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 ○ 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	Used for:	NO ○ YES ○
NO ○ YES ○ d. SKIP TO Q 17.A	Name: ○ 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 ○ 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	Used for:	NO ○ YES ○
NO ○ YES ○ e. SKIP TO Q 17.A	Name: ○ 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 ○ 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	Used for:	NO ○ YES ○

3/8" spine perf

16. Continued

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a). IF "NO" TO a GO TO Q17.A.

a Have you (taken/used) any other medications since your last visit [in (MONTH, YEAR)]?	b When specified, what was the name of the (KIND OF DRUG) you took?	c What did you take this drug for?	d Have you taken/used any in the past 5 days?
15) Other NO YES f. ○ ○ SKIP TO Q 17.A	Name: 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 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	Used for:	NO YES ○ ○
NO YES g. ○ ○ SKIP TO Q 17.A	Name: 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 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	Used for:	NO YES ○ ○
NO YES h. ○ ○ SKIP TO Q 17.A	Name: 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 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	Used for:	NO YES ○ ○
NO YES i. ○ ○ SKIP TO Q 17.A	Name: 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 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	Used for:	NO YES ○ ○
NO YES j. ○ ○ SKIP TO Q 17A	Name: 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 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	Used for:	NO YES ○ ○
NO YES k. ○ ○ SKIP TO Q 17.A	Name: 0 1000 2000 3000 4000 5000 6000 7000 8000 9000 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	Used for:	NO YES ○ ○

3/8" spine perf

SERIAL #

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

17.A. Since your last visit [in (MONTH, YEAR)], have you received assistance from ADAP (AIDS Drug Assistance Program)?

- ○ No
- ○ Yes

17.B. Since your last visit [in (MONTH, YEAR)], have you had any medical coverage, such as HMO coverage, Blue Cross, or Medicare?

- ○ No → **SKIP TO Q 17.C**
- ○ Yes - did you have

	NO	YES
1) Coverage by an HMO	○	○
2) Private insurance through a group (Blue Cross, CIGNA, etc.) (not as a HMO)	○	○
3) Individual private insurance (Blue Cross, CIGNA, etc.) (not as a HMO)	○	○
4) Medicaid, Medi-Cal, or Medical Assistance	○	○
5) Medicare (for people over 65 or permanently disabled)	○	○
6) Health care benefits for The Armed Forces or Veteran's Administration, TRICARE, CHAMPUS or CHAMP-VA medical insurance for dependents of military personnel or survivors of disabled veterans.	○	○
7) Ryan White	○	○
8) Other	○	○

Specify:

17.C. Did you have insurance coverage that pays for any of your medications?

- ○ No
- ○ Yes

IF NO MEDICAL COVERAGE AND NO PRESCRIPTION COVERAGE (Q 17.B AND Q 17.C = NO), THEN SKIP TO Q 19.

18. Are you currently insured?

- ○ No
- ○ Yes

19. Did you have any type of dental insurance coverage at any time since your last visit [MONTH, YEAR]?

- ○ No
- ○ Yes

3/8" spine perf

20. Since your last visit [in (MONTH, YEAR)], have you gone to ANY of the following sources for your outpatient medical care? **(ASK FOR 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) since your last visit [in (MONTH, YEAR)]?	b How many times? (99 = 99 or more)
1) HMO	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
2) Doctor's office or specialty clinic (non-HMO) including Urgent Care	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
3) Any other 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
4) 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
5) Other outpatient service **(Specify below)**	NO ○ GO TO Q 21 ○ YES	0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9

Specify:

21. Since your last visit [in (MONTH, YEAR)], have you seen a

SERVICE	a Have you seen one since your last visit [in (MONTH, YEAR)]?	b How many times? (99 = 99 or more)
1) Dental health care provider (such as dentist or dental hygienist)	○ NO GO TO Q 21.a ○ YES	0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9

21.a. We are also interested in oral hygiene, which may affect the transmission of infections. How often do you usually brush your teeth?

- ○ Don't brush at all
- ○ Less than once a day
- ○ 1 time per day
- ○ 2 times per day
- ○ 3 times or more per day

SERIAL #

3/8" spine perf

22.A. Was there a time since your last visit [in (MONTH, YEAR)] when you did not seek medical care, or dental care, or did not obtain prescription medications that you thought you needed?

- ○ No → **SKIP TO Q 23.A**
- ○ Yes

B. IF YES: Why did you not seek care or obtain prescription medications?

[READ EACH AND MARK ALL THAT APPLY]

- ○ Financial reasons
- ○ Other non-financial reasons

Specify:

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

- ○ No, nothing more → **THANK PARTICIPANT AND SKIP TO Q 24**
- ○ Yes

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

24. Administration of Behavior Section

- ○ S4 interview
- ○ MWII (ACASI)
- ○ Participant refused behavior section

25. S4 telephone interview?

- ○ No
- ○ Yes

If the participant does not complete the MWII (ACASI), administer the entire S4 and scannable paper versions of the full QOL and S2/S3.

26. S4 home visit interview?

- ○ No
- ○ Yes

3/8" spine perf

27.

Abbreviated interview

- ○ No
- ○ Yes

Date interview completed

TIME ENDED

HR		MIN		
0	0	0	0	
10	1	10	1	AM
	2	20	2	○
	3	30	3	
	4	40	4	PM
	5	50	5	○
	6		6	
	7		7	
	8		8	
	9		9	

Interviewer's signature

INTERVIEWER'S NUMBER

	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

28.

CLINIC IDENTIFIERS

- ○ BA Moore clinic
- ○ BA Whitman Walker
- ○ CH Howard Brown
- ○ CH Northwestern
- ○ CH CORE
- ○ PI
- ○ LA Wilshire
- ○ LA LAGLC
- ○ LA Harbor

Behavior Section begins here.
Administer by MWII (ACASI) unless participant actively requests S4 interview.

Anti-HIV Medications (PREP or PEP) Questions

It has been reported that some people NOT infected with HIV take anti HIV medications to try to prevent getting HIV when having sex.

29. In the past 2 years, have you used anti-HIV medications to try to prevent YOURSELF from getting infected either before being exposed to HIV or following a possible exposure to HIV; this is sometimes called PREP (for pre-exposure prophylaxis) or PEP (for post-exposure prophylaxis)?

- ○ No → **SKIP TO Q30**
- ○ Yes
- ○ Don't remember → **SKIP TO Q30**
- ○ HIV infected (Not applicable) → **SKIP TO Q30**

29.a. Which anti-HIV medications did you take? ***Show list of medications and photos. Record all medications and ask questions below for each drug.***	1st Medication	2nd Medication	3rd Medication
	○ Truvada (253)	○ Truvada (253)	○ Truvada (253)
	○ Emtriva (FTC) (239)	○ Emtriva (FTC) (239)	○ Emtriva (FTC) (239)
	○ Viread (tenofovir) (234)	○ Viread (tenofovir) (234)	○ Viread (tenofovir) (234)
	○ Atripla (262)	○ Atripla (262)	○ Atripla (262)
	○ Epzicom (254)	○ Epzicom (254)	○ Epzicom (254)
	○ Isentress (Raltegravir) (264)	○ Isentress (Raltegravir) (264)	○ Isentress (Raltegravir) (264)
	○ Nevirapine (Viramune) (191)	○ Nevirapine (Viramune) (191)	○ Nevirapine (Viramune) (191)
	○ Norvir (Ritonavir) (211)	○ Norvir (Ritonavir) (211)	○ Norvir (Ritonavir) (211)
	○ Prezista (darunavir) (256)	○ Prezista (darunavir) (256)	○ Prezista (darunavir) (256)
	○ Reyataz (atazanavir) (243)	○ Reyataz (atazanavir) (243)	○ Reyataz (atazanavir) (243)
	○ Sustiva (efavirenz) (220)	○ Sustiva (efavirenz) (220)	○ Sustiva (efavirenz) (220)
	○ Other prescribed (998)	○ Other prescribed (998)	○ Other prescribed (998)
	○ Over-the-counter or herbal prep (539)	○ Over-the-counter or herbal prep (539)	○ Over-the-counter or herbal prep (539)

SERIAL #

3/8" spine perf

29. Continued

	1st Medication			2nd Medication			3rd Medication		
29.b. In the last 6 months, did you use this drug when you knew or suspected you would be having sex, or after sex?	○ No → GO TO Q 29.d ○ Yes			○ No → GO TO Q 29.d ○ Yes			○ No → GO TO Q 29.d ○ Yes		
29.c. If YES, when did you take (Name of Medication)	No	Yes	DK	No	Yes	DK	No	Yes	DK
1) Within 12 hours before having sex	○	○	○	○	○	○	○	○	○
2) More than 12 hours before having sex	○	○	○	○	○	○	○	○	○
3) Within 12 hours after having sex	○	○	○	○	○	○	○	○	○
4) More than 12 hours after having sex	○	○	○	○	○	○	○	○	○
29.d. How often did you typically use this drug in the last 6 months? ***Choose one:***									
1) Daily or almost daily		○			○			○	
2) Once or twice per week		○			○			○	
3) At least once per month, but less than weekly		○			○			○	
4) Only once or twice in the last 6 months		○			○			○	
5) Used in the last 2 years, but not last 6 months		○			○			○	
29.e. How did you obtain this medication?	No	Yes		No	Yes		No	Yes	
It was prescribed by my doctor	○	○		○	○		○	○	
As part of a clinical research study	○	○		○	○		○	○	
From a sexual partner	○	○		○	○		○	○	
From some other non-medical source	○	○		○	○		○	○	
	Are there other medications?			***Are there other medications?***					

30. At present, which of the following categories describes your annual individual gross income before taxes? **[SHOW CARD TO PARTICIPANT OR READ ALOUD.]**

- ○ Less than $10,000
- ○ 10,000–19,999
- ○ 20,000–29,999
- ○ 30,000–39,999
- ○ 40,000–49,999
- ○ 50,000–59,999
- ○ 60,000–99,999
- ○ 100,000–149,999
- ○ 150,000 or more
- ○ Does not wish to answer

31. Are you experiencing major financial difficulty meeting your basic expenses?

- ○ No → **SKIP TO Q 32**
- ○ Yes

IF YES: Is the difficulty less, the same or greater than at your last visit [in (MONTH, YEAR)]?

- ○ Less
- ○ Same
- ○ Greater

32. Since your last visit [in (MONTH, YEAR)], has your employment status changed for any reason related to HIV disease?

- ○ No → **SKIP TO Q 33**
- ○ Yes

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

	NO	YES
1) Became too sick to work	○	○
2) Early retirement	○	○
3) Changed job as a personal decision	○	○
4) Other	○	○

Specify:

3/8" spine perf

I am going to ask you a series of questions about specific behaviors, including cigarette smoking, alcohol use, sexual behavior, and recreational drug use.

33. Now I have some questions about cigarette smoking.

A. Have you ever smoked cigarettes?

- ○ No → **SKIP TO Q 33D**
- ○ Yes

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

- ○ No → **SKIP TO Q 33D**
- ○ Yes
- ○ Occasionally (less than one cigarette per day) → **SKIP TO Q 33D**

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

Thinking about other cigarette smokers:

D. Did you ever live in a household with at least one cigarette smoker when you were a child (less than 18 years old)?

- ○ No
- ○ Yes

E. Since the age of 18 years old, how many years in total have you lived in a household with at least one cigarette smoker other than yourself? Please think about multiple households in which you lived.

- ○ Never or less than one year

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

years

34. The next set of questions are about alcoholic beverages. They may seem similar, but they are asked in a slightly different way.

Please answer each of the following questions for the past 6 months.

A. How often have you had drinks containing alcohol?

- ○ Never → **STOP – SKIP TO Q 34D**
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Daily or almost daily

B. During the past 6 months, how many drinks containing alcohol have you had on a typical day when you are drinking? (A "drink" is defined as one 12-ounce beer, one 5-ounce glass of wine, or one mixed drink with 1 and 1/2 ounces of 80-proof hard liquor.)

- ○ 1 or 2
- ○ 3 or 4
- ○ 5 or 6
- ○ 7 to 9
- ○ 10 or more
- ○ None

C. During the past 6 months, how often have you had six or more drinks on one occasion? (A "drink" is defined as one 12-ounce beer, one 5-ounce glass of wine, or one mixed drink with 1 and 1/2 ounces of 80-proof hard liquor.)

- ○ Never
- ○ Less than monthly
- ○ Monthly
- ○ Weekly
- ○ Daily or almost daily

D. Since your last visit [in (MONTH, YEAR)], have you been in an alcohol treatment program, including inpatient and/or outpatient detox, alcoholics anonymous, and/or any other program?

- ○ No
- ○ Yes

READ DEFINITION OF SEXUAL ACTIVITY:

SEXUAL ACTIVITY includes oral sex, anal/butt sex, vaginal sex, and any touching of genital or anal areas, with or without ejaculation. This definition includes deep kissing.

35. Have you engaged in any sort of sexual activities involving another person since your last visit [in (MONTH, YEAR)]?

- ○ No → **SKIP TO Q 42**
- ○ Yes

36. Have you had any sexual activity with a woman since your last visit [in (MONTH, YEAR)]?

- ○ No → **SKIP TO Q 39**
- ○ Yes

GO TO QUESTION 37 ON NEXT PAGE.

SERIAL #

3/8" spine perf

37. A. How many different women (if any) have you had sexual intercourse with since your last visit [in (MONTH, YEAR)]? Here we define sexual intercourse as inserting your penis into your partner's mouth, vagina, or anus/butt, with or without ejaculation.

B. With how many (other) women have you had sexual activity that did not include intercourse since your last visit [in (MONTH, YEAR)]?

IF ONLY 1 PARTNER (Q 37.A + Q 37.B = 1), GO TO Q 37.C.1

IF MORE THAN 1 PARTNER (Q 37.A + Q 37.B ≧ 2), GO TO Q 37.C.2

C.1) You said you had intercourse or sexual activity with only one woman since your last visit [in (MONTH, YEAR)]. How would you describe this woman?

- ○ Main partner or someone you have a longstanding relationship with, live with, or partner with. → **GO TO Q 37.D**
- ○ Casual partner, one time partner, or someone with whom you have not developed a longstanding, close relationship with. → **GO TO Q 38.1a**

C.2) You mentioned that you had intercourse or sexual activity with more than one woman since your last visit [in (MONTH, YEAR)]. A main partner is defined as a partner you have a longstanding relationship with, live with, or partner with. Would you consider one of these women to be your main partner?

- ○ No → **GO TO Q 38.1b**
- ○ Yes → **GO TO Q 37.D**

D. Did you have unprotected vaginal or anal intercourse with your main partner since your last visit [in (MONTH, YEAR)]?

- ○ No
- ○ Yes

E. What is the HIV status of your main partner?

- ○ Negative
- ○ Positive
- ○ Don't Know

3/8" spine perf

The next questions are about different kinds of sexual activity men have with women.
IF NO INTERCOURSE WITH WOMEN, SKIP TO Q 38.6

38. **IF ONLY ONE PARTNER: USE COLUMN a.**
IF MULTIPLE PARTNERS: USE COLUMN b.

KIND OF ACTIVITY	a Did you do this/engage in this activity with a woman since your last visit [in (MONTH, YEAR)]?	b How many women did you do that with since your last visit [in (MONTH, YEAR)]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
1) You put your penis in her mouth (oral 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
2) You put your penis in her vagina (vaginal sex). **IF NONE, SKIP TO ITEM (4).**	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
IF MULTIPLE PARTNERS: 3) With how many of those women did you use a condom <u>every</u> time for vaginal sex, even if it broke, tore, or slipped? IF ONE PARTNER: Did you use a condom <u>every</u> time for vaginal sex, even if 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
4) You put your penis in her anus/butt (anal sex). **IF NONE, SKIP TO ITEM (6).**	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
IF MULTIPLE PARTNERS: 5) With how many of those women did you use a condom <u>every</u> time for anal sex, even if it broke, tore, or slipped? IF ONE PARTNER: Did you use a condom <u>every</u> time for anal sex, even if 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
6) You engaged in deep wet kissing (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

SERIAL #

3/8" spine perf

39. Have you had any sexual activity with a man since your last visit [in (MONTH, YEAR)]?

○ No → **SKIP TO Q 41.10**
○ Yes

40. A. How many different men (if any) have you had sexual intercourse with since your last visit [in (MONTH, YEAR)]? Here we define sexual intercourse as follows: you put your penis in your partner's mouth or anus/butt—or your partner put his penis in your mouth or anus/butt, with or without ejaculation.

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

B. With how many (other) men have you had sexual activity that did not include intercourse since your last visit [in (MONTH, YEAR)]?

	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 ONLY 1 PARTNER (Q 40.A + Q 40.B = 1), GO TO Q 40.C.1

IF MORE THAN 1 PARTNER (Q 40.A + Q 40.B ≧ 2), GO TO Q 40.C.2

3/8" spine perf

40. Continued

C.1) You said you had intercourse or sexual activity with only one man since your last visit [in (MONTH, YEAR)]. How would you describe this man?

○ Main partner or someone you have a longstanding relationship with, live with, or partner with. → GO TO Q 40.D

○ Casual partner, one time partner, exchange partner, or someone with whom you have not developed a longstanding, close relationship with. → GO TO Q 41.1a

Exchange partner: Someone you exchanged money or drugs with for sex.

C.2) You mentioned that you had intercourse or sexual activity with more than one man since your last visit [in (MONTH, YEAR)]. A main partner is defined as a partner you have a longstanding relationship with, live with, or partner with. Would you consider one of these men to be your main partner?

○ No → GO TO Q 41.1b ○ Yes → GO TO Q 40.D

D. Did you have unprotected anal intercourse with your main partner since your last visit [in (MONTH, YEAR)]?

○ No ○ Yes

E. What is the HIV status of your main partner?

○ Negative ○ Positive ○ Don't Know

The next questions are about different kinds of sexual activity some men engage in with other men.
IF NO INTERCOURSE WITH MEN, SKIP TO Q 41.9

41. **IF ONLY ONE PARTNER: USE COLUMN a.**
IF MULTIPLE PARTNERS: USE COLUMN b.

KIND OF ACTIVITY	a Did you do this/engage in this activity with a man since your last visit [in (MONTH, YEAR)]?	b How many men did you do that with since your last visit [in (MONTH, YEAR)]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
1) You put your penis in 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
2) You put your penis in his anus/butt. **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

SERIAL #

3/8" spine perf

IF ONLY ONE PARTNER: USE COLUMN a.

IF MULTIPLE PARTNERS: USE COLUMN b.

KIND OF ACTIVITY	a Did you do this/engage in this activity with a man since your last visit [in (MONTH, YEAR)]?	b How many men did you do that with since your last visit [in (MONTH, YEAR)]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
IF MULTIPLE PARTNERS: 3b.) Thinking of the times you put your penis in their anus/butt, with how many of those men did you use a condom every time, even if it broke, tore, or slipped?		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 unprotected anal sex (Q3b < Q2b) then read: For those men with whom you did not use a condom, 3b.1) Were any of these men HIV positive? 3b.2) Were any of these men HIV negative?		NO YES DON'T KNOW/ NOT SURE 3b.1) ○ ○ ○ 3b.2) ○ ○ ○
If 3b.1 or 3b.2 = Don't Know/Not Sure, skip to 3b.4. 3b.3) Were you unsure of the HIV status of any of these men?		3b.3) ○ ○
3b.4) With how many men did you ejaculate/cum in their anus/butt when you did not use a condom (or when a condom failed)?		3b.4) 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 ONE PARTNER: 4a.) Thinking of the times you put your penis in his anus/butt, did you use a condom every time, even if it broke, tore, or slipped?	NO ○ YES ○	**SKIP TO Q 4a.2**
If 4a = No: 4a.1) What was the HIV status of your partner when you did not use a condom?	NEG. ○ POS. ○ DON'T KNOW/ NOT SURE ○	
4a.2) Did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)?	NO ○ YES ○	
5) He put his penis in your mouth. **IF NONE, SKIP TO ITEM (6).**	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
6) He put his penis in your anus/butt. **IF NONE, SKIP TO ITEM (9).**	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
IF MULTIPLE PARTNERS: 7b.) Thinking of the times when a man put his penis in their anus/butt, with how many of those men was a condom used every time, even if it broke, tore, or slipped?		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 unprotected anal sex (Q7b < Q6b) then read: Of the men who did not use a condom, 7b.1) Were any of these men HIV positive? 7b.2) Were any of these men HIV negative?		NO YES DON'T KNOW/ NOT SURE 7b.1) ○ ○ ○ 7b.2) ○ ○ ○
If 7b.1 or 7b.2 = Don't Know/Not Sure, skip to 7b.4. 7b.3) Were you unsure of the HIV status of any of these men?		7b.3) ○ ○
7b.4) With how many men did ejaculate/cum go into your anus/butt when they did not use a condom (or when a condom failed)?		7b.4) 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

41. Continued

IF ONLY ONE PARTNER: USE COLUMN a.

IF MULTIPLE PARTNERS: USE COLUMN b.

KIND OF ACTIVITY	a Did you do this/engage in this activity with a man since your last visit [in (MONTH, YEAR)]?	b How many men did you do that with since your last visit [in (MONTH, YEAR)]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
IF ONE PARTNER: 8a.) Thinking of the times when he put his penis in your anus/butt, was a condom used every time, even if it broke, tore, or slipped?	NO ○ YES ○ → SKIP TO Q 8a.2	
If 8a = No: 8a.1) What was the HIV status of your partner when he did not use a condom?	NEG. ○ POS. ○ DON'T KNOW/ NOT SURE ○	
8a.2) Did ejaculate/cum go into your anus/butt when he did not use a condom (or when a condom failed)?	NO ○ YES ○	
9) You engaged in deep wet kissing (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

41.10) Have you met any new partners with whom you had sexual intercourse since your last visit [in (MONTH, YEAR)]? Again, we define sexual intercourse as inserting your penis into your partner's mouth, vagina, or anus/butt, with or without ejaculation.

- ○ No → **SKIP TO Q 42**
- ○ Yes

41.11) Where did you meet this LAST NEW partner? **Participant should select one.**

a)	on the internet ○	f)	in a park or other outdoor public place ○
b)	at a circuit party ○	g)	in a bathroom, bookstore, or other indoor public place ○
c)	through an advertisement in a newspaper or other newsletter ○	h)	at a place where drugs were used or exchanged ○
d)	at a bar ○	i)	group or sex party ○
e)	at a bath house ○	j)	other place not listed above ○

41.12) Which of the following drugs and alcohol, if any, did you use with this LAST NEW male or female sexual partner during intercourse or sexual activity? (Please select all that apply to you.)

a. No alcohol or drugs used **IF NONE, SKIP TO Q 41.13**	○	h. Powder cocaine	○
b. Alcohol	○	i. Crack cocaine	○
c. Marijuana	○	j. Viagra, Levitra, and/or Cialis	○
d. Poppers	○	k. Injectable Caverjet or TriMix	○
e. Crystal methamphetamine	○	l. Herbal supplements to promote erection	
f. GHB	○	(Ginseng, Gingko Biloba, Yohimbe Bark Extract)	○
g. Ecstacy	○	m. Other drug not listed above	○

41.13) How often have you used condoms with this LAST NEW male or female sexual partner?

- ○ Always
- ○ Sometimes
- ○ Never

3/8" spine perf

SERIAL #

42. 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 last visit [in (MONTH, YEAR)]?

	a How about (EACH) Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	b How often did you (use/take) (DRUG) since your last visit [in (MONTH, YEAR)]?				c How did you (use/take) (DRUG) since your last visit [in (MONTH, YEAR)]? [Mark all that apply.]				
		DAILY	WEEKLY	MONTHLY	LESS OFTEN	SNORTED	SWALLOWED	PUT IN ANUS ("booty bumped")	SMOKED	INJECTED (Intravenous use)
Pot, Marijuana or Hash What were the reasons for using pot? Select all that apply ○ For medical reasons ○ For recreational reasons, not including sex ○ For sexual enhancement reasons ○ To increase ability to socialize ○ To fit in with a group	NO ○ YES ○ GO TO NEXT ROW	○	○	○	○					
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	NO ○ YES ○ GO TO NEXT ROW	○	○	○	○					
Crack or cocaine that you smoke	NO ○ YES ○ GO TO NEXT ROW	○	○	○	○					
Other forms of cocaine	NO ○ YES ○ GO TO NEXT ROW	○	○	○	○	○	○	○		○
Speed, Meth or Ice	NO ○ YES ○ GO TO NEXT ROW	○	○	○	○	○	○	○	○	○
Heroin	NO ○ YES ○ GO TO NEXT ROW	○	○	○	○	○	○	○	○	○
Speedball (heroin and cocaine together)	NO ○ YES ○ GO TO NEXT ROW	○	○	○	○	○	○	○	○	○
Ecstasy, XTC, X or MDMA	NO ○ YES ○ GO TO NEXT ROW	○	○	○	○					
Sexual performance enhancing drugs other than those prescribed by a medical provider for a diagnosed erectile dysfunction ***Definition:*** **Includes Viagra, Herbal Viagra, Levitra, Cialis, Testosterone patch, injection or topical creams, Yohimbine, Ephedrine or Guarana containing products, Tri-Mix, Penile suppositories, or any other compound, herbal preparation.**	NO ○ YES ○ GO TO NEXT PAGE	○	○	○	○					

3/8" spine perf

42. Continued

	a. How about (EACH) Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	b. How often did you (use/take) (DRUG) since your last visit [in (MONTH, YEAR)]?				c. How did you (use/take) (DRUG) since your last visit [in (MONTH, YEAR)]? [Mark all that apply.]				
		DAILY	WEEKLY	MONTHLY	LESS OFTEN	SNORTED	SWALLOWED	PUT IN ANUS ("booty bumped")	SMOKED	INJECTED (Intravenous use)
Other kinds of street/club drugs	NO ◯ (GO TO Q 43.A) YES ◯									
Specify:	0 1 2 3 4 5 6 7 8 9	◯	◯	◯	◯					
Specify:	0 1 2 3 4 5 6 7 8 9	◯	◯	◯	◯					
Specify:	0 1 2 3 4 5 6 7 8 9	◯	◯	◯	◯					
Specify:	0 1 2 3 4 5 6 7 8 9	◯	◯	◯	◯					
Specify:	0 1 2 3 4 5 6 7 8 9	◯	◯	◯	◯					
Specify:	0 1 2 3 4 5 6 7 8 9	◯	◯	◯	◯					

IF NO INJECTING DRUG USE (Q 42.c injected=NO), SKIP TO Q 45

43.A. You mentioned that since your last visit you have injected recreational drugs. Do you currently inject drugs?

◯ No
◯ Yes

44.A. Since your last visit [in (MONTH, YEAR)], have you participated in a needle exchange program?

◯ No → **SKIP TO Q 45**
◯ Yes

B. Of the times you obtained needles, how often did you get them from a needle exchange?

◯ Less than half the time
◯ Half the time
◯ Most of the time
◯ Always

45. Since your last visit [in (MONTH, YEAR)], have you been in a drug treatment program, including inpatient and/or outpatient detox, methadone maintenance programs, halfway houses, narcotics anonymous, prison or jail-based programs and/or any other program?

◯ No
◯ Yes

Interviewer Instructions:

Thank the participant.

Record the time ended on page 22.

PLEASE DO NOT WRITE IN THIS AREA

SERIAL #

3/8" spine perf