

MARKING INSTRUCTIONS

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



CORRECT MARK



INCORRECT MARKS



ID NUMBER				VISIT NO.			TIME BEGAN			DATE		
							HR	MIN		MONTH	DAY	YEAR
MACSID				5 2 5						DATE		
VISIT_752				S4TBH_752						<input type="radio"/> Jan		
S4TBM_752				S4TBZ_752						<input type="radio"/> Feb		
S4DAT4M_752				S4DAT4D_752						<input type="radio"/> Mar		
S4DAT4Y_752				S4DAT4Y_752						<input type="radio"/> Apr		
S4MAY_752				S4MAY_752						<input type="radio"/> May		
S4JUN_752				S4JUN_752						<input type="radio"/> June	<input type="radio"/> 3	<input type="radio"/> 13
S4JUL_752				S4JUL_752						<input type="radio"/> July	<input type="radio"/> 4	<input type="radio"/> 14
S4AUG_752				S4AUG_752						<input type="radio"/> Aug	<input type="radio"/> 5	<input type="radio"/> 15
S4SEPT_752				S4SEPT_752						<input type="radio"/> Sept	<input type="radio"/> 6	<input type="radio"/> 16
S4OCT_752				S4OCT_752						<input type="radio"/> Oct	<input type="radio"/> 7	<input type="radio"/> 17
S4NOV_752				S4NOV_752						<input type="radio"/> Nov	<input type="radio"/> 8	<input type="radio"/> 18
S4DEC_752				S4DEC_752						<input type="radio"/> Dec	<input type="radio"/> 9	<input type="radio"/> 19

INTERVIEW INTRODUCTION

First, I'm going to ask you about your health history. I'll be reading you a series of questions about diseases, symptoms, and medicines you may have had in the past. At the beginning of each section, I'll read a question to you; if anything I ask you is unclear, please stop me and I will try to make the question clearer.

I understand that some of these questions may be difficult for you to answer and dates may be hard to remember exactly. Please take as much time as you need so that I may collect information which is as accurate as possible.

Finally, I need to re-emphasize that all your answers are confidential, and the responses you provide will in no way affect your clinical care.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

1. Since we last saw you, have you been diagnosed with an AIDS-defining illness or AIDS?

- No → Yes

SKIP TO Q 2

AIDSBL_752

Let's start with a list of medical conditions. You may not have heard of some of them because they are rare, but if you've had any of them, you'll know it. [Since we last saw you in (MONTH)] Has a doctor or medical provider, such as a nurse or physician's assistant, told you that you had any of the following? How about (EACH)?

IF "NO" TO a, GO TO NEXT ROW	a	b In what month and year was it first diagnosed?
<p>A. Kaposi's Sarcoma or KS KAPOS_752</p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>KAPOM_752 KAPOY_752</p>
<p>B. Pneumocystis carinii pneumonia (PCP) PCP_752</p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>PCPM_752 PCPY_752</p>
<p>C. Other pneumonia or lung infections other than bronchitis PNEUM_752</p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>MPNEU_752 PNEUY_752</p>
<p>D. Toxoplasmosis or Toxo Infection TOXOP_752</p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>TOXOM_752 TOXOY_752</p>
<p>E. Cytomegalovirus infection (CMV) in your eyes, lungs, colon, or other location. Where was it? CMV_752</p> <p>CODE ALL THAT APPLY. (DO NOT CODE "YES" IF ONLY CMV ANTIBODIES.)</p> <p><input type="radio"/> Eyes <input type="radio"/> Lung <input type="radio"/> Colon <input type="radio"/> Other (not blood)</p> <p>Specify: <input type="text"/></p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>CMVM_752 CMVY_752</p> <p>CMVE_752 CMVL_752 CMVC_752 CMVO_752</p>
<p>F. MAI, MAC or Mycobacterial infection MAI_752</p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>MAIM_752 MAIY_752</p>
<p>G. Lymphoma, specify</p> <p><input type="radio"/> Primary brain lymphoma <input type="radio"/> Non-Hodgkin's <input type="radio"/> Other</p> <p>Specify: <input type="text"/></p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>LYBRN_752 LYNHNK_752 LYMPO_752</p> <p>LYMPM_752 LYMPY_752</p>
<p>H. Meningitis related to HIV or Cryptococcal Meningitis CRYPT_752</p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>CRYPM_752 CRYPY_752</p>
<p>I. Cryptococcal Infection without Meningitis CRYNO_752</p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>CRYNM_752 CRYNY_752</p>
<p>J. Candida or thrush, a yeast infection of the esophagus (the tube between your mouth and stomach) CAND_752</p>	<p>NO YES <input type="radio"/> <input type="radio"/> GO TO NEXT ROW</p>	<p>[] [] J F M A M J J A S O N D [] [] 10 11 12 13 14 15 16 17 18 19</p> <p>CANDM_752 CANDY_752</p>

GET MEDICAL RELEASE

1. Continued

IF "NO" TO a, GO TO NEXT ROW	a	b In what month and year was it first diagnosed?																										
K. Cryptosporidiosis CRYP5_752	NO <input type="radio"/> YES <input type="radio"/> GO TO NEXT ROW	<table border="1"> <tr> <td><input type="text"/></td> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td><input type="text"/></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> </table> CRYSM_752 CRYSY_752	<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D	<input type="text"/>	10	11	12	13	14	15	16	17	18	19		
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<input type="text"/>	10	11	12	13	14	15	16	17	18	19																		
L. Wasting syndrome or severe weight loss WSYN_752	NO <input type="radio"/> YES <input type="radio"/> GO TO NEXT ROW	<table border="1"> <tr> <td><input type="text"/></td> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td><input type="text"/></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> </table> WSYNM_752 WSYNY_752	<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D	<input type="text"/>	10	11	12	13	14	15	16	17	18	19		
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<input type="text"/>	10	11	12	13	14	15	16	17	18	19																		
M. Herpes Simplex Infection of the lungs or esophagus (the tube between your mouth and stomach) HERLG_752	NO <input type="radio"/> YES <input type="radio"/> GO TO NEXT ROW	<table border="1"> <tr> <td><input type="text"/></td> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td><input type="text"/></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> </table> HERLM_752 HERLY_752	<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D	<input type="text"/>	10	11	12	13	14	15	16	17	18	19		
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<input type="text"/>	10	11	12	13	14	15	16	17	18	19																		
N. Histoplasmosis Infection or Histo HISTO_752	NO <input type="radio"/> YES <input type="radio"/> GO TO NEXT ROW	<table border="1"> <tr> <td><input type="text"/></td> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td><input type="text"/></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> </table> HISTM_752 HISTY_752	<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D	<input type="text"/>	10	11	12	13	14	15	16	17	18	19		
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<input type="text"/>	10	11	12	13	14	15	16	17	18	19																		
O. Cocci, Coccidioidomycosis infection or valley fever COCCI_752	NO <input type="radio"/> YES <input type="radio"/> GO TO NEXT ROW	<table border="1"> <tr> <td><input type="text"/></td> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td><input type="text"/></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> </table> COCCM_752 COCCY_752	<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D	<input type="text"/>	10	11	12	13	14	15	16	17	18	19		
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<input type="text"/>	10	11	12	13	14	15	16	17	18	19																		
P. Dementia or Encephalopathy or a memory problem or confusion caused by HIV DEMEN_752	NO <input type="radio"/> YES <input type="radio"/> GO TO NEXT ROW	<table border="1"> <tr> <td><input type="text"/></td> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td><input type="text"/></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> </table> DEMEM_752 DEMEY_752	<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D	<input type="text"/>	10	11	12	13	14	15	16	17	18	19		
<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D																
<input type="text"/>	10	11	12	13	14	15	16	17	18	19																		
Q. Infection in the blood with a bacterium called Salmonella SALMO_752	NO <input type="radio"/> YES <input type="radio"/> GO TO NEXT ROW	<table border="1"> <tr> <td><input type="text"/></td> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td><input type="text"/></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> </table> SALMM_752 SALMY_752	<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D	<input type="text"/>	10	11	12	13	14	15	16	17	18	19		
<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D																
<input type="text"/>	10	11	12	13	14	15	16	17	18	19																		
R. PML, Progressive Multifocal Leukoencephalopathy, a disease of the brain PML_752	NO <input type="radio"/> YES <input type="radio"/> GO TO Q 2	<table border="1"> <tr> <td><input type="text"/></td> <td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td> </tr> <tr> <td><input type="text"/></td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td> </tr> </table> PMLM_752 PMLY_752	<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D	<input type="text"/>	10	11	12	13	14	15	16	17	18	19		
<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D																
<input type="text"/>	10	11	12	13	14	15	16	17	18	19																		

GET MEDICAL RELEASE

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

Name of hospital/clinic or doctor

Address

City State

2. The next few questions are about Tuberculosis, or TB for short. To see if a person has tuberculosis a doctor or nurse will give a skin test—sometimes called a PPD test. If the skin test shows the person has been exposed or infected with tuberculosis, more tests are done to see if they are sick from the tuberculosis. A person might get an X-ray or be asked to cough into a machine. If they are sick, we say they have “tuberculosis disease”. Sometimes this is called “active” or “infectious tuberculosis”. Usually, if a person has tuberculosis disease, people who live or work with the person will be tested for tuberculosis too.

A. Have you ever had a skin test for TB, sometimes called a PPD? **PPDV_752** NO YES

SKIP TO Q 3

B. IF YES: When was your last test? **PPDM_752**
PPDY_752

<input type="text"/>	J	F	M	A	M	J	J	A	S	O	N	D
<input type="text"/>	01	02	03	04	05	06	07	08	09	10		
<input type="text"/>	11	12	13	14	15	16	17	18	19			

C. Was it positive? **PSPPD_752**

3. A. [Since we last saw you in (MONTH)] Have you had an active TB infection? **TBDXE_752** NO YES
SKIP TO Q 5
- B. Was the TB in your lungs? **TBILG_752**
- C. Was the TB in any other part of your body (other than your lungs)? **TBOLG_752**

4. DROPPED

5. Has a doctor or other medical provider ever told you that you had any cancer (other than Kaposi's Sarcoma, primary brain lymphoma, or non-Hodgkin's lymphoma)?

No → IF "NO," GO TO Q 6
 Yes

CNCRE_752

a IF YES: What kind of cancer?	b In what month and year was it first diagnosed?
<p>1) Site <input style="width: 100%;" type="text"/> Type CNC1T_752</p> <p style="text-align: right;"> <input type="radio"/> 0M <input type="radio"/> 1M <input type="radio"/> 2M <input type="radio"/> 3M <input type="radio"/> 4M <input type="radio"/> 5M <input type="radio"/> 6M <input type="radio"/> 7M <input type="radio"/> 8M <input type="radio"/> 9M <input type="radio"/> 0 100 200 300 400 500 600 700 800 900 <input type="radio"/> 0 10 20 30 40 50 60 70 80 90 <input type="radio"/> 0 1 2 3 4 5 6 7 8 9 </p>	<p><input type="radio"/> J CNC1M_752 <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D <input type="radio"/> 01 CNC1Y_752 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19</p>
<p>2) Site <input style="width: 100%;" type="text"/> Type CNC2T_752</p> <p style="text-align: right;"> <input type="radio"/> 0M <input type="radio"/> 1M <input type="radio"/> 2M <input type="radio"/> 3M <input type="radio"/> 4M <input type="radio"/> 5M <input type="radio"/> 6M <input type="radio"/> 7M <input type="radio"/> 8M <input type="radio"/> 9M <input type="radio"/> 0 100 200 300 400 500 600 700 800 900 <input type="radio"/> 0 10 20 30 40 50 60 70 80 90 <input type="radio"/> 0 1 2 3 4 5 6 7 8 9 </p>	<p><input type="radio"/> J CNC2M_752 <input type="radio"/> A <input type="radio"/> S <input type="radio"/> O <input type="radio"/> N <input type="radio"/> D <input type="radio"/> 01 CNC2Y_752 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19</p>

c What was the name and address of the physician who diagnosed the cancer?

1) _____
 Name of hospital/clinic or doctor

 Address

 City State

2) _____
 Name of hospital/clinic or doctor

 Address

 City State

6. Have you ever had an organ transplant? **TRANE_752** NO YES
7. Have you had any radiation treatment in the last 20 years, other than x-rays by the dentist or to diagnose problems in your lungs or bones? **RADTE_752**

8.A. At anytime during the last 6 months, have you been admitted to the hospital for any reason? This would include staying overnight or being admitted for a procedure that was done in one day. Please include all medical and psychiatric hospitalizations. This doesn't include being treated in the emergency room and later released.

- No → **SKIP TO Q 9** **HOSP_752**
 Yes

How many separate times did you stay overnight as a patient in a hospital in the last 6 months?

NHOSP_752

	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		HOS1M_752											
		0	10	20	30	40	50	60	70	80	90		
		0	1	2	3	4	5	6	7	8	9		
YEAR		HOS1Y_752											
		06	07	08	09	10							
		11	12	13	14	15	16	17	18	19			

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

HOS1N_752

	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.

IF AIDS-RELATED, CODE IN QUESTIONS 1-3 AS APPROPRIATE

IF ONLY ONE HOSPITALIZATION (SEE RESPONSE TO 8.A.), SKIP TO QUESTION 9

(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	HOS2M_752									
		0	1	HOS2D_752									
		01	02	03	04	05	06	07	08	09	10		
YEAR		HOS2Y_752											
		11	12	13	14	15	16	17	18	19			

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

HOS2N_752

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

NIGHTS

**8.B. (2) c. For what condition or problem were you hospitalized and the name/address of the hospital?
RECORD FULLY IN R's OWN WORDS.**

IF AIDS-RELATED, CODE IN QUESTIONS 1-3 AS APPROPRIATE

d. Did you have any other prior hospitalizations in the last 6 months?

- No → **SKIP TO Q 8.C** **PHOS2_752**
 Yes

IF MORE THAN 2 HOSPITALIZATIONS, MARK HERE AND USE CONTINUATION SHEET.

8.C. Have you ever been hospitalized, prescribed drugs, or consulted a mental health professional for treatment of depression?

- No **DEPR_752**
 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	DEPRM_752				
	08	09	10	11	12	13	14	15	16	17	18	19

Before 2002

DEPRY_752

9.A. We are now going to ask you about specific conditions that may have been diagnosed in your immediate family. By immediate family, we mean your biological mother, father, brothers and sisters.

- Not applicable for those participants who do not have living blood-related family members or do not know them because they are adopted. **SKIP TO Q 10** **NOBRF_752**

Have any members of your immediate family ever been hospitalized, prescribed drugs, or treated for depression?

- No **DEPRR_752**
 Yes
 Don't Know

9.B. Have any members of your immediate family ever suffered from (EACH)?

- | | NO | YES | DON'T KNOW |
|---|-----------------------|-----------------------|-----------------------|
| 1. High blood pressure or hypertension | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Pancreatitis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. Diabetes or high blood sugar | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. Chest pain related to heart disease | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. Heart attack before age 60 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. Stroke | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. Congestive Heart Failure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. Mini-strokes or transient ischemic attacks (TIA) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. High blood cholesterol or high lipids | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. Hip fracture or broken hip before age 60 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. Cancer | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

SKIP TO Q 10

SKIP TO Q 10

9. B. Continued

IF YES: Was it:

NO YES DON'T KNOW

SCANR_752
CCANR_752
PCANR_752
OCANR_752

- a. Skin Cancer NO YES DON'T KNOW
- b. Colon Cancer NO YES DON'T KNOW
- c. Prostate Cancer NO YES DON'T KNOW
- d. Other Cancer NO YES DON'T KNOW

Specify: _____

Now we would like to talk about your specific conditions.

10. A. Have you had any biopsies of the skin or other tissues and organs in the last two years, other than from the anus or rectum? By biopsy, we mean removal of any tissue or gland to study under the microscope. We will ask you about anal and rectal biopsies later on.

- No
- Yes

BIO2YOTA_752

REVIEW RESPONSE TO Q 5, IF DIAGNOSED WITH CANCER USE PROMPT AND RE-ASK QUESTION, OTHERWISE SKIP TO Q 11

B. How many times have you had a biopsy in the last 2 years? TBIO2OTA_752

0 1 2 3 4 5 6 7 8 9 TIMES

C. For each biopsy, please tell me:

a	b	c
Where in your body?	What did they say the diagnosis or result of the biopsy was?	Name of the doctor who performed the biopsy, where the biopsy was performed and the date of the biopsy?
1) Specify: BIOPOTA1_752 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	Specify: BIOTADX1_752 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State DATE
2) Specify: BIOPOTA2_752 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	Specify: BIOTADX2_752 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State DATE
3) Specify: BIOPOTA3_752 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	Specify: BIOTADX3_752 <input type="text"/> 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State DATE

GET MEDICAL RELEASE

11. A. Have you ever received a transfusion of blood or blood parts (platelets or plasma)?

TRNEV_752

NO YES DON'T KNOW

SKIP TO Q 12

SKIP TO Q 12

B. How many times have you had a transfusion?

TRNSN_752

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

C. When was the last time?

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 13 14 15 16 17 18 19											

TRNSM_752
TRNSD_752
TRNSY_752

12. Have you ever had a flu vaccine?
IF YES: How old were you when you received your last one?

FLUVX_752
HOFLV_752

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

NO YES DON'T KNOW

13. Have you ever received an injection of Pneumococcal vaccine/Pneumovax?

PNVAX_752

NO YES DON'T KNOW

14. Has a doctor or other medical provider ever told you that you had (EACH)?

	NO, NEVER	YES, BUT NOT IN LAST 6 MONTHS	YES, WITHIN LAST 6 MONTHS																																							
A. Shingles (or Herpes Zoster) HERPZ_752 IF YES: Which month and year did this episode of shingles (zoster) begin? → <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td></td><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td></td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td></td><td></td></tr> <tr><td></td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td><td></td></tr> </table>		J	F	M	A	M	J	J	A	S	O	N	D		01	02	03	04	05	06	07	08	09	10				11	12	13	14	15	16	17	18	19				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	J	F	M	A	M	J	J	A	S	O	N	D																														
	01	02	03	04	05	06	07	08	09	10																																
	11	12	13	14	15	16	17	18	19																																	
		HERPM_752	HERPY_752																																							
B. Thrush (yeast in your mouth) THRSH_752 IF YES: Which month and year did this episode of thrush begin? → <table border="1" style="display: inline-table; margin-left: 10px;"> <tr><td></td><td>J</td><td>F</td><td>M</td><td>A</td><td>M</td><td>J</td><td>J</td><td>A</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td></td><td>01</td><td>02</td><td>03</td><td>04</td><td>05</td><td>06</td><td>07</td><td>08</td><td>09</td><td>10</td><td></td><td></td></tr> <tr><td></td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td></td><td></td><td></td></tr> </table>		J	F	M	A	M	J	J	A	S	O	N	D		01	02	03	04	05	06	07	08	09	10				11	12	13	14	15	16	17	18	19				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	J	F	M	A	M	J	J	A	S	O	N	D																														
	01	02	03	04	05	06	07	08	09	10																																
	11	12	13	14	15	16	17	18	19																																	
		THRSM_752	THRSY_752																																							
C. Infectious Mononucleosis	<input type="radio"/>	MONO_752	<input type="radio"/>																																							
D. Sickle Cell Anemia	<input type="radio"/>	SCKCL_752	<input type="radio"/>																																							
E. Sinusitis (a sinus infection that requires antibiotics)	<input type="radio"/>	SINUS_752	<input type="radio"/>																																							
F. Bronchitis	<input type="radio"/>	BRONC_752	<input type="radio"/>																																							
G. Pancreatitis	<input type="radio"/>	PANCS_752	<input type="radio"/>																																							
H. High Blood Pressure or Hypertension	<input type="radio"/>	HBPHT_752	<input type="radio"/>																																							
I. Injury to head with loss of consciousness	<input type="radio"/>	HDINJ_752	<input type="radio"/>																																							
J. Angina or chest pain caused by your heart	<input type="radio"/>	ANGIN_752	<input type="radio"/>																																							
K. Heart attack or myocardial infarction (MI)	<input type="radio"/>	HRTAT_752	<input type="radio"/>																																							
L. Congestive Heart Failure or CHF	<input type="radio"/>	HRTFA_752	<input type="radio"/>																																							
M. Stroke or cerebrovascular accident (CVA)	<input type="radio"/>	STROK_752	<input type="radio"/>																																							
N. Seizure or convulsions	<input type="radio"/>	SEZUR_752	<input type="radio"/>																																							
O. Osteoporosis (bone thinning)	<input type="radio"/>	OSTEO_752	<input type="radio"/>																																							
P. Kidney Disease/Renal failure	<input type="radio"/>	KIDND_752	<input type="radio"/>																																							
Q. Arthritis	<input type="radio"/>	ARTH_752	<input type="radio"/>																																							
IF YES: Was it: → Rheumatoid	<input type="radio"/>	RHEUM_752	<input type="radio"/>																																							
(Read and answer each.) Osteoarthritis or degenerative	<input type="radio"/>	OSTAR_752	<input type="radio"/>																																							
Other	<input type="radio"/>	OTHAR_752	<input type="radio"/>																																							
Specify: <input style="width: 200px; height: 20px;" type="text"/>																																										
Don't know what type <input type="radio"/>		DKWAR_752																																								
R. Avascular necrosis, osteonecrosis, or weakening or degeneration of your bones, especially hips or knees, not due to arthritis	<input type="radio"/>	HIPNE_752	<input type="radio"/>																																							
S. Hepatitis or blood test that was positive for hepatitis? [This includes going to the doctor for chronic hepatitis.]	<input type="radio"/>	HEPAT_752	<input type="radio"/>																																							
IF YES: Was it: → Hepatitis A or Infectious Hepatitis	<input type="radio"/>	HEPA_752	<input type="radio"/>																																							
(Read and answer each.) Hepatitis B or Serum Hepatitis	<input type="radio"/>	HEPB_752	<input type="radio"/>																																							
Hepatitis C	<input type="radio"/>	HPNON_752	<input type="radio"/>																																							
Other	<input type="radio"/>	HEPOT_752	<input type="radio"/>																																							
Specify: <input style="width: 200px; height: 20px;" type="text"/>																																										
Don't know what type <input type="radio"/>		HEPDK_752																																								
T. Liver Disease	<input type="radio"/>	LIVDS_725	<input type="radio"/>																																							
IF YES: Was it: → Cirrhosis	<input type="radio"/>	LIVDC_752	<input type="radio"/>																																							
Fibrosis	<input type="radio"/>	LIVDF_752	<input type="radio"/>																																							
Inflammation	<input type="radio"/>	LIVDI_752	<input type="radio"/>																																							
Elevated liver function test enzyme	<input type="radio"/>	LIVDE_752	<input type="radio"/>																																							
Other	<input type="radio"/>	LIVDO_752	<input type="radio"/>																																							
Specify: <input style="width: 200px; height: 20px;" type="text"/>																																										
Don't know what type <input type="radio"/>		LIVDK_752																																								
U. Have you ever received an injection of Hepatitis A vaccine?	<input type="radio"/>	HAVAC_752	<input type="radio"/>																																							
V. Have you ever received an injection of Hepatitis B vaccine?	<input type="radio"/>	HPVCV_752	<input type="radio"/>																																							

GET MEDICAL RELEASE

GET MEDICAL RELEASE

15. Have you ever had any neurological evaluation or a physical examination, in addition to this study, to look for problems of the nervous system? NO YES **NRLEX_752**

IF YES: Was there a diagnosis for your **NRLDX_752** condition?

IF YES: What was the diagnosis? **NRLCON_752**

Specify:

	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

16. In the last 2 years, have you seen a doctor or other medical provider for any (other) conditions or problems in the following areas? NO YES

a) Affecting the whole body
IF YES: What was the diagnosis? **VIDWB_752**

Specify:

	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

b) Eyes
IF YES: What was the diagnosis? **VIDEY_752**

Specify:

	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

c) Ears, Nose, Throat, Mouth
IF YES: What was the diagnosis? **VIDEN_752**

Specify:

	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

d) Heart
IF YES: What was the diagnosis? **VIDHT_752**

Specify:

	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

e) Lungs
IF YES: What was the diagnosis? **VIDLG_752**

Specify:

	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

f) Stomach and Intestines
IF YES: What was the diagnosis? **VIDSI_752**

Specify:

	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

g) Bones, Joints or Muscles
IF YES: What was the diagnosis? **VIDBJ_752**

Specify:

	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

h) Genital and Urinary
IF YES: What was the diagnosis? **VIDGU_752**

Specify:

	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

i) Skin
IF YES: What was the diagnosis? **VIDSK_752**

Specify:

	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) Nervous system
IF YES: What was the diagnosis? **VIDNS_752**

Specify:

	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

k) Treatment of depression, anxiety or other mental health problems
IF YES: What was the diagnosis? **VIDPY_752**

Specify:

	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

l) Hormones
IF YES: What was the diagnosis? **VIDHO_752**

Specify:

	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

16. Continued

NO YES

m) Blood and Fluids

IF YES: What was the diagnosis? **VIDBF_752**

Specify:
BFCON_752

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

n) Allergy and Immune system

IF YES: What was the diagnosis? **VIDAI_752**

Specify:
AICON_752

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

o) Other

IF YES: What was the diagnosis? **VIDO_752**

Specify:
OCON1_752

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

Specify:
OCON2_752

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

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

Name of hospital/clinic or doctor

Address

City State

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

Name of hospital/clinic or doctor

Address

City State

17.A. Have you ever had any of the following forms of herpes, not including shingles or herpes zoster?

NO YES

- 1) Facial herpes, cold sores, or fever blisters **HERPF_752**
- 2) Sores in genital region **HERPG_752**
- 3) Sores in the anal or rectal areas **HERPA_752**
- 4) Sores elsewhere on your body **HERPE_752**

IF "NO" TO ALL FOUR, SKIP TO Q 18

B. Was the first attack of herpes in the past 6 months? **HERLV_752**

C. Has there been a period during the past 6 months when your (herpes) sores seemed to come more often, get worse or last longer than usual? **HERWR_752**

18. Have you ever had any of the following diseases or conditions? How about (EACH)?

DISEASE OR CONDITION	a EVER HAD DISEASE		b LAST 6 MONTHS?	
	NO	YES	NO	YES
A) Syphilis	SYPH_752	SYPHA_752		
B) Any form of gonorrhea	GONOE_752	GONOR_752		

IF "NO" TO (B), SKIP TO (F)

C) Urethral gonorrhea (clap or drip of the urinary passage) **UGONE_752** **UGONA_752**

D) Oral gonorrhea (of the mouth or throat) **OGONE_752** **OGONA_752**

E) Rectal gonorrhea (of the rectum) **RGONE_752** **RGONA_752**

F) Non-specific or nongonococcal urethritis (that is, a discharge from the penis that's not caused by gonorrhea) **URETE_752** **URETA_752**

G) Genital warts or anal warts (condylomata acuminata) **WARTE_752** **WARTA_752**

H) Chlamydia **CHLAE_752** **CHLAA_752**

I) Any parasitic diseases including worms, shigellosis, salmonellosis, amoebic dysentery, or giardiasis **PARAE_752** **PARAA_752**

Specify:

19.A. Have you had any of the following problems or symptoms during the last 6 months?

PROBLEM OR SYMPTOM FOR EACH "YES" IN a, ASK b, AND c.	a		b		c		
	How about (EACH)? Did you have that at any time during the last 6 months?		Did that last for two weeks or longer?		And do you have that now?		
	NO	YES	NO	YES	NO	YES	
1) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FATIG_752 FAT2W_752 FATIN_752
2) A new skin condition, rash, or infection that lasted for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	RASH_752 RAS2W_752 RASHN_752
3) Diarrhea for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DIARR_752 DIA2W_752 DIARN_752
4) Persistent or recurring fever higher than 100° for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FEVER_752 FEV2W_752 FEVRN_752
5) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	GLAND_752 GLN2W_752 GLANN_752
6) Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HEADA_752 HED2W_752 HEADN_752
7) Drenching sweats at night on at least 3 occasions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	SWEAT_752 SWT2W_752 SWETN_752
8) Candida or white patches in your mouth or throat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	CANDV_752 CAN2W_752 CANNO_752
9) Joint pain	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	JOINT_752 JNT2W_752 JNTNO_752
10) Ascites (fluid buildup in the stomach or abdomen)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ASCIT_752 ASC2W_752 ASCNO_752
11) Jaundice (yellow hue to whites of eyes, dark urine or clay colored stools)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	JDICE_752 JDI2W_752 JDINO_752
12) An unusual bruise or bump or skin discoloration that lasted at least two weeks	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	BRUIS_752 BRUSN_752
13) An unintentional weight loss of at least 10 pounds (unrelated to dieting)	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	WTLOS_752 WTLSN_752
14) Anemia, low RBC, low hemoglobin	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	ANEMI_752 ANENO_752
15) Unusual bleeding or bleeding that is difficult to stop	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	BLEED_752 BLDNO_752
16) Persistent dizziness for at least 3 consecutive days	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DIZZI_752 DIZ2W_752 DIZNO_752

19.A. Continued

PROBLEM OR SYMPTOM FOR EACH "YES" IN a, ASK b, AND c.	a How about (EACH)? Did you have that at any time during the last 6 months?		b Did that last for two weeks or longer?		c And do you have that now?		
	NO	YES	NO	YES	NO	YES	
17) Nausea, vomiting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	VOMIT_752 VOT2W_752 VOTNO_752
18) Abdominal pain, bloating, cramps	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	BLOAT_752 ABP2W_752 ABPNO_752
19) Muscle pain or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	MPAIN_752 MPW2W_752 MPWNO_752
20) Kidney stones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	STONE_752 KIDNO_752
21) Painful urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PURIN_752 URN2W_752 URNNO_752
22) Fat maldistribution or abnormal changes in body fat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	FATMA_752 FMD2W_752 FMDNO_752
23) Vivid nightmares or dreams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DREAM_752 NVD2W_752 NVDNO_752
24) Insomnia or problems sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	INSOM_752 IPS2W_752 IPSNO_752
25) Anal bleeding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	ANABL_752 ANBL2_752 ANBNO_752
26) Persistent dry mouth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	DRYMO_752 DRY2W_752 DRYNO_752

19.B. In the last 6 months have you experienced:

If NO, go to next question.
If YES, indicate severity.

NO YES

1. Pain, aching, or burning in your feet or legs?

FEETP_752 →

Right PAINR_752

Left PAINL_752

2. Pins and needles in your feet or legs?

PINSF_752 →

Right PINSR_752

Left PINSL_752

3. Numbness (lack of feeling) in your feet or legs?

NUMBF_752 →

Right NUMBR_752

Left NUMBL_752

Severity

(0= None, 1= Mild, 10= Severe)

4	5	6	7	8	9	10
4	5	6	7	8	9	10
4	5	6	7	8	9	10
4	5	6	7	8	9	10
4	5	6	7	8	9	10

20.A. Has a doctor or other medical provider tested your blood to see if you have HIV that is resistant to certain drugs? I am referring to the types of HIV drug resistant tests that are called genotyping and phenotyping.

No → **SKIP TO Q 21** **RESIT_752**
 Yes

B. Has your treatment (drugs) been changed as a result of that test? No **RSTCH_752**
 Yes
 Don't know

21. Have you ever 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.)

No
 Yes → **SKIP TO Q 21.B (1)** **MAIDS_752**

21.A. IF NO: Why are you not taking HIV-related medications?

READ EACH, MARK ALL THAT APPLY

- Not infected with HIV → **SKIP TO Q 22** **NMNI_752**
- Doctor said was not necessary **NMDS_752**
- Not sick **NMNS_752**
- Too expensive **NMEX_752**
- Don't think they work or will help **NMDW_752**
- Possible side effects **NMSE_752**
- Can't take them the way the doctor wants (too many times during the day or won't remember to take them) **NMCD_752**
- Other reason **NMOR_752**

Specify:

SKIP TO Q 22

21.B. (1) Have you taken any medication or drug on this list [SHOW LIST 1 AND MEDICATION PHOTO CARDS]? Please identify those medications that you have taken as I read/show you each one. How about (EACH)?

MEDICATION	a Ever taken		b Year started	c Taken in last 6 months	
	NO	YES		NO	YES
3-TC (Epivir, Lamivudine) (204)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D204Y_752	<input type="radio"/>	<input type="radio"/>
Abacavir (Ziagen) (218)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D218Y_752	<input type="radio"/>	<input type="radio"/>
Atripla (efavirenz + emtricitabine + tenofovir) (262)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D262Y_752	<input type="radio"/>	<input type="radio"/>
fosamprenavir (Lexiva) (249)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D249Y_752	<input type="radio"/>	<input type="radio"/>
Atazanavir (BMS-232632, Reyataz) (243)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D243Y_752	<input type="radio"/>	<input type="radio"/>
Combivir (AZT & 3-TC) (227)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D227Y_752	<input type="radio"/>	<input type="radio"/>
d4T (Zerit, Stavudine) (159)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D159Y_752	<input type="radio"/>	<input type="radio"/>
darunavir (Prezista) (256)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D256Y_752	<input type="radio"/>	<input type="radio"/>
ddI (dideoxyinosine, Didanosine, Videx) (147)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D147Y_752	<input type="radio"/>	<input type="radio"/>
Epzicom (abacavir + lamivudine) (254)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D254Y_752	<input type="radio"/>	<input type="radio"/>
Efavirenz (Sustiva) (220)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D220Y_752	<input type="radio"/>	<input type="radio"/>
Etravirine (Intelence, TMC-125) (255)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/> 01 <input type="radio"/> 02 <input type="radio"/> 03 <input type="radio"/> 04 <input type="radio"/> 05 <input type="radio"/> 06 <input type="radio"/> 07 <input type="radio"/> 08 <input type="radio"/> 09 <input type="radio"/> 10 <input type="radio"/> 11 <input type="radio"/> 12 <input type="radio"/> 13 <input type="radio"/> 14 <input type="radio"/> 15 <input type="radio"/> 16 <input type="radio"/> 17 <input type="radio"/> 18 <input type="radio"/> 19 D255Y_752	<input type="radio"/>	<input type="radio"/>

21.B. (1) Continued

MEDICATION	a Ever taken		b Year started	c Taken in last 6 months	
	NO	YES		NO	YES
Lopinavir/ritonavir (Kaletra, LPV) (217)	D217E_752		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 D217Y_752	D217N_752	
Raltegravir (Isentress, Merck Integrase Inhibitor, MK 0158) (264)	D264E_752		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 D264Y_752	D264N_752	
Nevirapine (Viramune) (191)	D191E_752		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 D191Y_752	D191N_752	
Ritonavir (Norvir) (211)	D211E_752		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 D211Y_752	D211N_752	
Saquinavir (Invirase, Fortovase) (210)	D210E_752		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 D210Y_752	D210N_752	
Tenofovir (Viread) (234)	D234E_752		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 D234Y_752	D234N_752	
Trizivir (abacavir + zidovudine + lamivudine) (240)	D240E_752		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 D240Y_752	D240N_752	
Truvada (tenofovir + emtricitabine) (253)	D253E_752		01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 D253Y_752	D253N_752	
Other anti-viral from Drug List 1	<input type="radio"/>	<input type="radio"/>	OTHDE_752		
Specify: 0 100 200 300 400 500 600 700 800 900 0 L1A1D_752 60 70 80 90 0 1 2 3 4 5 6 7 8 9			01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 L1A1Y_752	L1A1N_752	
Specify: 0 100 200 300 400 500 600 700 800 900 0 1 L1A2D_752 60 70 80 90 0 1 2 3 4 5 6 7 8 9			01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 L1A2Y_752	L1A2N_752	
Specify: 0 100 200 300 400 500 600 700 800 900 0 1 L1A3D_752 60 70 80 90 0 1 2 3 4 5 6 7 8 9			01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 L1A3Y_752	L1A3N_752	

IF "YES" TO ANY DRUGS TAKEN IN THE LAST 6 MONTHS, SKIP TO Q 21.B. (3).

(2) IF NO USE IN LAST 6 MONTHS:

Why are you not taking HIV-related medications?

READ EACH, MARK ALL THAT APPLY

- 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:

SKIP TO Q 21.C

NMDS1_752
NMNS1_752
NMEX1_752
NMDW1_752
NMSE1_752
NMCD1_752

NMOR1_752

(3) In the past 6 months, did you stop taking all of your prescribed antiretroviral therapy for at least 2 days in a row?

- No
- Yes

SKIP TO Q 21.C

MDRUG_752

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

MISTI_752

Did your physician prescribe or agree to any of these?

- No
- Yes

PDRUG_752

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

DDRUG_752

COMPLETE FORM I FOR EACH DRUG MARKED ABOVE IN Q 21.B (1) AS TAKEN IN LAST 6 MONTHS

21.C. (1) In the past 6 months, 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 21.D** **ML2AD_752**
 Yes

(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.)

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

Other from Drug List 2 (Report Acyclovir in Q 22.)

1. **ML2A1_752**

	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. **ML2A2_752**

	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. **ML2A3_752**

	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

D. (1) In the past 6 months, have you taken any medication, drug or other therapy that was not listed to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS?

- No → **SKIP TO Q 22** **OMDAD_752**
 Yes

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

1. OMDA1_752	2. OMDA2_752	3. OMDA3_752																																																																																																			
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22. Now, I have some questions about drugs and medications that you may have taken for other health reasons. These include either prescribed drugs or other things you took on your own during the last 6 months.

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 15a)	a How about (EACH)? Have you taken/used any in the last 6 months?	b (WHEN SPECIFIED) What was the name of the (KIND OF DRUG) you took and what did you take this drug for?																																								
IF "NO" TO a GO TO NEXT ITEM	NO YES																																									
1) Steroids that you took by mouth or were injected	<input type="radio"/> NO <input checked="" type="radio"/> YES STRAV_752	Name: _____ Used for: _____																																								
2) Thyroid hormone or medication	<input type="radio"/> NO <input checked="" type="radio"/> YES THYRV_752	Name: _____ Used for: _____																																								
3) Other hormones such as anabolic steroids	<input type="radio"/> NO <input checked="" type="radio"/> YES HORMV_752	Name: _____ Used for: _____																																								
4) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	<input type="radio"/> NO <input checked="" type="radio"/> YES ANTBV_752	Name: _____ Used for: _____																																								
5) Medication taken by mouth for fungal infection	<input type="radio"/> NO <input checked="" type="radio"/> YES FGMDV_752	Name: _____ Used for: _____																																								
6) Medication taken by mouth for worms or parasites	<input type="radio"/> NO <input checked="" type="radio"/> YES WRMDV_752	Name: _____ Used for: _____																																								
7) Tranquilizers or sleeping pills IF YES, have you taken/used any in the last 7 days? <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> NO <input type="radio"/> YES TRNQV_752 TRNQ7_752	Name: _____ Used for: _____																																								
8) Antidepressants or mood elevators	<input type="radio"/> NO <input checked="" type="radio"/> YES MOODV_752	Name: _____ Used for: _____																																								
9) Lithium	<input type="radio"/> NO <input checked="" type="radio"/> YES LITHV_752	Name: _____ Used for: _____																																								
10) Acyclovir, famciclovir or valacyclovir for herpes (zovir, famvir, valtrex) IF YES, was this for: chronic herpes? <input type="radio"/> No <input type="radio"/> Yes episodic herpes? <input type="radio"/> No <input type="radio"/> Yes	<input type="radio"/> NO <input type="radio"/> YES ACYCV_752 CHACY_752 EPACY_752	Name: _____ Used for: _____																																								
11) Viagra, Cialis, Levitra or other drugs that were prescribed by a medical provider to treat erectile dysfunction	<input type="radio"/> NO <input checked="" type="radio"/> YES VIAGR_752	Name: _____ Used for: _____																																								
12) Cholesterol, triglycerides or lipid lowering medications a. (SPECIFY in column b) <table border="1" style="font-size: small; border-collapse: collapse;"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> CHDG1_752	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	<input type="radio"/> NO <input checked="" type="radio"/> YES CHOL1_752 SKIP TO Q 22.13	Name: _____ Used for: _____
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13) Medications used for diabetes a. (SPECIFY in column b) <table border="1" style="font-size: small; border-collapse: collapse;"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> DIAT1_752	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	<input type="radio"/> NO <input checked="" type="radio"/> YES DIAB1_752 SKIP TO Q 22.14	Name: _____ Used for: _____										
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b. (SPECIFY in column b) <table border="1" style="font-size: small; border-collapse: collapse;"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> DIAT2_752	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	<input type="radio"/> NO <input checked="" type="radio"/> YES DIAB2_752 SKIP TO Q 22.14	Name: _____ Used for: _____										
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ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 15a)	a How about (EACH)? Have you taken/used any in the last 6 months?	b (WHEN SPECIFIED) What was the name of the (KIND OF DRUG) you took and what did you take this drug for?																																								
IF "NO" TO a GO TO NEXT ITEM	NO YES																																									
<p>14) Hepatitis medications</p> <p>a. (SPECIFY in column b)</p> <table border="1" data-bbox="196 241 588 336"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>HEPT1_752</td><td>70</td><td>80</td><td>90</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	100	200	300	400	500	600	700	800	900	0	10	HEPT1_752	70	80	90					0	1	2	3	4	5	6	7	8	9	<p>NO YES</p> <p>HEPD1_752</p> <p>SKIP TO Q 22.15</p>	<p>Name:</p>										
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<p>b. (SPECIFY in column b)</p> <table border="1" data-bbox="196 399 588 493"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>HEPT2_752</td><td>70</td><td>80</td><td>90</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	100	200	300	400	500	600	700	800	900	0	10	HEPT2_752	70	80	90					0	1	2	3	4	5	6	7	8	9	<p>HEPD2_752</p> <p>SKIP TO Q 22.15</p>	<p>Name:</p>										
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<p>15) Hypertension medications</p> <p>a. (SPECIFY in column b)</p> <table border="1" data-bbox="196 556 588 682"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>HTDG1_752</td><td>700</td><td>800</td><td>900</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	0	100	HTDG1_752	700	800	900					0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<p>HYPT1_752</p> <p>SKIP TO Q 23</p>	<p>Name:</p> <p>Used for:</p>
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<p>16) a. Other (SPECIFY in column b)</p> <table border="1" data-bbox="196 934 588 1060"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>DRUG1_752</td><td>700</td><td>800</td><td>900</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	0	100	DRUG1_752	700	800	900					0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<p>ODRG1_752</p> <p>SKIP TO Q 23</p>	<p>Name:</p> <p>Used for:</p>
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<p>b. Other (SPECIFY in column b)</p> <table border="1" data-bbox="196 1123 588 1249"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>DRUG2_752</td><td>700</td><td>800</td><td>900</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	0	100	DRUG2_752	700	800	900					0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<p>ODRG2_752</p> <p>SKIP TO Q 23</p>	<p>Name:</p> <p>Used for:</p>
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<p>c. Other (SPECIFY in column b)</p> <table border="1" data-bbox="196 1312 588 1438"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>DRUG3_752</td><td>700</td><td>800</td><td>900</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	0	100	DRUG3_752	700	800	900					0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<p>ODRG3_752</p> <p>SKIP TO Q 23</p>	<p>Name:</p> <p>Used for:</p>
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<p>d. Other (SPECIFY in column b)</p> <table border="1" data-bbox="196 1501 588 1627"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>DRUG4_752</td><td>700</td><td>800</td><td>900</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	0	100	DRUG4_752	700	800	900					0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<p>ODRG4_752</p> <p>SKIP TO Q 23</p>	<p>Name:</p> <p>Used for:</p>
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<p>e. Other (SPECIFY in column b)</p> <table border="1" data-bbox="196 1690 588 1816"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>DRUG5_752</td><td>700</td><td>800</td><td>900</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	0	100	DRUG5_752	700	800	900					0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<p>ODRG5_752</p> <p>SKIP TO Q 23</p>	<p>Name:</p> <p>Used for:</p>
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<p>f. Other (SPECIFY in column b)</p> <table border="1" data-bbox="196 1879 588 2005"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>DRUG6_752</td><td>700</td><td>800</td><td>900</td><td></td><td></td><td></td><td></td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	0	100	DRUG6_752	700	800	900					0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<p>ODRG6_752</p> <p>SKIP TO Q 23</p>	<p>Name:</p> <p>Used for:</p>
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23.A. Have you ever been given a vaccine against HIV in a trial?

No SKIP TO Q 24 Yes **HIVAC_752**

B. Do you know the name of the trial? **HVACC_752**

No Yes → Specify: HVACN_752

	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

C. Where did you go for this trial?

Name of hospital or clinic

Address

_____ City _____ State

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

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

- | | NO | YES |
|--|-----------------------|-----------------------|
| 1) Coverage by an HMO | <input type="radio"/> | <input type="radio"/> |
| HMOC_752 | | |
| 2) Private insurance through a group (Blue Cross, CIGNA, etc.) (not as a HMO) | <input type="radio"/> | <input type="radio"/> |
| GPIC_752 | | |
| 3) Individual private insurance (Blue Cross, CIGNA, etc.) (not as a HMO) | <input type="radio"/> | <input type="radio"/> |
| IPIC_752 | | |
| 4) Medicaid, Medi-Cal, or Medical Assistance | <input type="radio"/> | <input type="radio"/> |
| MCAID_752 | | |
| 5) Medicare (for people over 65 or permanently disabled) | <input type="radio"/> | <input type="radio"/> |
| MCARE_752 | | |
| 6) Health care benefits for The Armed Forces or Veteran's Administration | <input type="radio"/> | <input type="radio"/> |
| VABEN_752 | | |
| 7) CHAMPUS or CHAMP-VA, medical insurance for dependents of military personnel or survivors of disabled veterans | <input type="radio"/> | <input type="radio"/> |
| CHAMP_752 | | |
| 8) Other, such as ADAP or Ryan White | <input type="radio"/> | <input type="radio"/> |
| OTHER_752 | | |

Specify:

24.B. Do you have insurance coverage that pays for all or some of your medications? NO YES
INSDG_752

IF NO TO Q 24.A (1)–(8) AND Q 24.B, THEN SKIP TO Q 28

25. A. In the past 6 months, have you changed or lost your medical coverage? **INSCH_752**

NO YES
SKIP TO Q 27

B. If YES, was that change your choice? **CHOIC_752**

C. Did you change for any of the following reasons? [PLEASE ASK EACH QUESTION]

- | | NO | YES |
|--|-----------------------|-----------------------|
| 1) Lost or quit job | <input type="radio"/> | <input type="radio"/> |
| INCLJ_752 | | |
| 2) Changed job (employer or employment status) | <input type="radio"/> | <input type="radio"/> |
| INCCJ_752 | | |
| 3) Employer changed or dropped coverage | <input type="radio"/> | <input type="radio"/> |
| INCEM_752 | | |
| 4) Pre-existing medical condition limited choices | <input type="radio"/> | <input type="radio"/> |
| INCMC_752 | | |
| 5) To be able to choose doctors or providers | <input type="radio"/> | <input type="radio"/> |
| INCMD_752 | | |
| 6) More or better coverage of needed or desired services | <input type="radio"/> | <input type="radio"/> |
| INCCV_752 | | |
| 7) Eligibility for Medicaid, Medi-Cal, or Medical Assistance changed | <input type="radio"/> | <input type="radio"/> |
| INCEL_752 | | |
| 8) Financial reasons (cost of premiums, co-payments or deductibles) | <input type="radio"/> | <input type="radio"/> |
| INCFR_752 | | |
| 9) Eligible for Medicare | <input type="radio"/> | <input type="radio"/> |
| INCME_752 | | |

D. [IF "YES" TO MORE THAN ONE RESPONSE IN Q 25.C, ASK] Which one was the PRIMARY reason? [READ ALL CHOICES AND SELECT ONLY ONE]

- INCPR_752**
- Lost or quit job
 - Changed job (employer or employment status)
 - Employer changed or dropped coverage
 - Pre-existing medical condition limited choices
 - To be able to choose doctors or providers
 - More or better coverage of needed or desired services
 - Eligibility for Medicaid, Medi-Cal, or Medical Assistance changed
 - Financial reasons (cost of premiums, co-payments or deductibles)
 - Eligible for Medicare

26. Did any of the following reasons apply in choosing your current medical coverage? (PLEASE ASK EACH QUESTION)

NO YES

- 1) Employer offers only one plan **CINEM_752**
- 2) Only eligible for current coverage due to medical condition **CINMC_752**
- 3) To be able to choose doctors or providers **CINMD_752**
- 4) To have more or better coverage of needed or desired services **CINCV_752**
- 5) Eligible for Medicaid, Medi-Cal, or Medical Assistance **CINEL_752**
- 6) Financial reasons (cost of premiums, co-payments or deductibles) **CINFR_752**
- 7) Eligible for Medicare **CINME_752**

27. All things considered, how satisfied are you with your current health insurance plan? [SHOW CARD TO PARTICIPANT OR READ ALOUD]

- 1) Completely satisfied, couldn't be better **INSSA_752**
- 2) Very satisfied
- 3) Somewhat satisfied
- 4) Neither satisfied nor dissatisfied
- 5) Somewhat dissatisfied
- 6) Very dissatisfied
- 7) Completely dissatisfied, couldn't be worse

28. Do you currently have any type of dental insurance coverage?

- No **DINS_752**
- Yes

29. Where do you usually go for medical care, even if you haven't received medical care in the past 6 months?

[READ ALL CHOICES AND SELECT ONLY ONE]

- HMO **UCMED_752**
- Doctor's office (non-HMO) including Urgent Care
- Any clinic
- Emergency room
- Other outpatient

Specify:

- No regular source of medical care
- Don't know

30. In the past 6 months, 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		b
	Have you used (EACH) in the past 6 months?		
1) HMO HMOOV_752	NO <input type="radio"/>	YES <input type="radio"/>	HMONU_752 60 70 80 90 0 1 2 3 4 5 6 7 8 9
2) Doctor's office (non-HMO) including Urgent Care DOCOV_752	NO <input type="radio"/>	YES <input type="radio"/>	DOCNU_752 60 70 80 90 0 1 2 3 4 5 6 7 8 9
3) Any clinic CLOV_752	NO <input type="radio"/>	YES <input type="radio"/>	CLNUM_752 60 70 80 90 0 1 2 3 4 5 6 7 8 9
4) Emergency room EROV_752	NO <input type="radio"/>	YES <input type="radio"/>	ERNUM_752 60 70 80 90 0 1 2 3 4 5 6 7 8 9
5) Other outpatient OPOV_752	NO <input type="radio"/>	YES <input type="radio"/>	OPNUM_752 60 70 80 90 0 1 2 3 4 5 6 7 8 9

Specify:

31. In the past 6 months, have you used ANY of the following providers or services?

SERVICE	a Have you used (EACH) in the past 6 months?	b How many times? (99 = 99 or more)																						
1) Dental health care provider (such as dentist or dental hygienist) DENTV_752	<input type="radio"/> NO GO TO NEXT ROW <input type="radio"/> YES	DHNUM_752 <table border="1"> <tr> <td></td> <td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td> </tr> <tr> <td></td> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> </table>		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
	0	10	20	30	40	50	60	70	80	90														
	0	1	2	3	4	5	6	7	8	9														

32. DROPPED

33.A. Was there a time in the past 6 months 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 34.A** **NSMDP_752**

Yes ↓

B. IF YES: Was there a time that you did not seek [obtain] (READ EACH) you thought you needed?

1) Medical care **NSMED_752**

No → GO TO (2)

Yes → Why did you not seek medical care?

[READ EACH AND MARK ALL THAT APPLY]

Financial reasons **NSEEK_752**

Other non-financial reasons **NMOTH_752**

Specify:

33.B. Continued

2) Dental care **NSDEN_752**

No → GO TO (3)

Yes → Why did you not seek dental care?

[READ EACH AND MARK ALL THAT APPLY]

Financial reasons **NDFIN_752**

Other non-financial reasons **NDOTH_752**

Specify:

3) Prescription medications **NOPRE_752**

No → GO TO Q 34.A

Yes → Why did you not obtain prescription medications?

[READ EACH AND MARK ALL THAT APPLY]

Financial reasons **NPFIN_752**

Other non-financial reasons **NPOTH_752**

Specify:

34. DROPPED

We would like to ask you some additional questions about medical conditions.

NO, NEVER	YES, BUT NOT IN LAST 6 MONTHS	YES, WITHIN LAST 6 MONTHS
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

35. A. Has a doctor or other medical practitioner ever told you that you had . . .
- 1) high cholesterol, high tryglycerides, high lipids or too much fat in your blood?
 - 2) high blood sugar or diabetes?
 - 3) prostate problems (not cancer)?
 - 4) erectile dysfunction (erectile problems)?
 - 5) mini-strokes or transient ischemic attacks (TIA)?
 - 6) too fast, too slow, or irregular heart beat?
 - 7) any blood vessels (arteries) that were blocked or closed? **IF NO, SKIP TO 9**
 - 8) an operation to open blocked blood vessels in your heart or other areas?
 - 9) a blood clot in your legs?
 - 10) a blood clot in your lungs?

HCHOL_752
 HBSUG_752
 PROST_752
 ERDYS_752
 TIA_752
 IRHB_752
 BVES_752
 OBVES_752
 BCLG_752
 BCLN_752

35. B. (1) Have you EVER undergone an anal pap smear?

- No **APAPS_752**
 Yes

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

IF ≥2, ASK ABOUT MOST RECENT.

PAPSM_752 J J A S O N D
 PAPSY_752 06 07 08 09 10
 11 12 13 14 15 16 17 18 19

(3) Were the results abnormal?

- No **ABRAP_752**
 Yes → **GET MEDICAL RELEASE**

35. C. (1) Have you EVER undergone an anal biopsy?
 (By a biopsy, we mean removal of any tissue or gland to study under the microscope.)

- No → **GO TO Q 35.D. (1)**
 Yes **ABIOP_752**

(2) How many times have you had an anal biopsy with abnormal results?

NABRS_752 5 6 7 8 9 TIMES → **IF ZERO, GO TO Q 35.D. (1). If ≥1, GET MEDICAL RELEASE.**

(3) In what month and year were you first diagnosed with abnormal results?

J **ABRFM_752** J A S O N D
 01 **ABRFY_752** 07 08 09 10 11 12 13 14 15 16 17 18 19
IF more than one abnormal biopsy, ask Q35.C (4). If NOT, go to Q35.D (1).

(4) In what month and year were you last diagnosed with abnormal results?

J **ABRLM_752** J A S O N D
 01 **ABRLY_752** 07 08 09 10 11 12 13 14 15 16 17 18 19

35. D. (1) Are you circumcised?

- No **CIRC_752**
 Yes
 Don't Know → **INTERVIEWER INSTRUCTIONS: For those who don't know, show pictures and ask participant to choose if he was circumcised according to the pictures.**
 Refused

(2) IF YES: What year were you circumcised?

INTERVIEWER INSTRUCTIONS: Code 9999 if participant cannot remember when he was circumcised.

1 2 9
 0 9 **CIRCY_752**
 0 1 2 3 4 5 6 7 8 9
 0 1 2 3 4 5 6 7 8 9

(3) Were you circumcised before you were sexually active?

- No
 Yes **CIRCSX_752**
 Don't Know

35.E.1 Were you diagnosed with any broken or fractured bone(s) on or after the age of 30?

- No Yes Not applicable (younger than 30)

IF "NO," GO TO 36

BBONE30_752

If yes... Tell me about each separate incident in which you had broken or fractured one or more bones, starting with the most recent:

Incident 1

35.E.1a What was fractured?

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

BB30S1A_752	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

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

BB30S1B_752	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

Incident 2

35.E.2a What was fractured?

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

BB30S2A_752	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

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

BB30S2B_752	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

35.E.1b How old were you when this happened?

BB30AGE1_752

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

35.E.2b How old were you when this happened?

BB30AGE2_752

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

35.E.1c Did that fracture occur... (Select one option)

BB30HOW1_752

- 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

35.E.2c Did that fracture occur... (Select one option)

BB30HOW2_752

- 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

Incident 3

35.E.3a What was fractured?

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

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

BB30S3A_752

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

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

BB30S3B_752

35.E.3b How old were you when this happened?

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

BB30AGE3_752

35.E.3c Did that fracture occur... (Select one option)

BB30HOW3_752

- 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

Incident 4

35.E.4a What was fractured?

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

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

BB30S4A_752

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

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

BB30S4B_752

35.E.4b How old were you when this happened?

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

BB30AGE4_752

35.E.4c Did that fracture occur... (Select one option)

BB30HOW4_752

- 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

Incident 5

35.E.5a What was fractured?

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

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

BB30S5A_752

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

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

BB30S5B_752

35.E.5b How old were you when this happened?

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

BB30AGE5_752

35.E.5c Did that fracture occur... (Select one option)

BB30HOW5_752

- 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
- More than 5 diagnosed fracture incidents

BB30MORE_752

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

36. At present, which of the following categories describes your annual income?

- Less than \$10,000
- 10,000–19,999
- 20,000–29,999 **INCOM_752**
- 30,000–39,999
- 40,000–49,999
- 50,000–59,999
- 60,000 or more
- Does not wish to answer

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

- No **FNDIF_752**
- Yes

38. Has your employment status ever changed for any reason related to HIV disease?

- No → **SKIP TO Q 39**
- Yes **JOBHI_752**

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

NO YES

- | | |
|--|------------------|
| 1) Became too sick to work | TSICK_752 |
| 2) HIV status became known to employer | STKNE_752 |
| 3) HIV status became known to coworkers | STKNC_752 |
| 4) Early retirement | RETEY_752 |
| 5) Changed job as a personal decision | JOBPE_752 |
| 6) To receive better health insurance benefits | JOBHE_752 |
| 7) To receive better disability benefits | DISAB_752 |
| 8) Other | JOBOT_752 |

Specify:

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

39.A. Have you ever smoked cigarettes?

- No → **SKIP TO Q 40**
- Yes **ESMOK_752**

B. How old were you when you began smoking (cigarettes)?

SMOKA_752 [0] [1] [2] [3] [4] [5] [6] [7] [8] [9]

39. Continued

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

- No → **SKIP TO (D)** **SMOKN_752**
- Yes → **SKIP TO (E)**
- Occasionally (less than one cigarette per day)
→ **SKIP TO (F)**

D. How long ago did you stop?

SMOKM_752 [60] [70] [80] [90]
SMOKY_752 [0] [6] [7] [8] [9]
 months ago OR years ago
NOW SKIP TO (F)

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

- Less than 1/2 pack **PACKS_752**
- 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

F. Thinking about the period of time when you smoked the most, how many (packs of) cigarettes did you smoke per day? **SMOKP_752**

- Never smoked regularly (never as much as 1 cigarette per day)
- Less than 1/2 pack a day
- At least 1/2 pack; but less than one pack per day
- At least 1 pack per day but less than 2
- 2 or more packs per day

40. The next questions are about alcoholic beverages—that is, wine, beer or liquor you've drunk.

A. Did you drink any alcoholic beverages in the past year? **DRNK_752**

- No → **SKIP TO Q 41**
- Yes

B. How often did you have a drink containing alcohol (a glass of beer, wine, a mixed drink, any kind of alcoholic beverage)? **FDRNK_752**

- 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

C. 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.) **NDRNK_752**

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

I would like to ask you some questions about your sexual activity. I realize that this is a very personal subject. Your answers will be completely confidential.

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.

41. Have you had any sexual activity with another person in the last 2 years?

No → **SKIP TO Q 50**
 Yes
 ↓

SEX2Y_752

42. Have you had any sexual activity with a woman in the last 2 years?

No → **SKIP TO Q 46**
 Yes
 ↓

SXW2Y_752

43. Have you had any sexual activity with a woman in the last 6 months?

No → **SKIP TO Q 46**
 Yes
 ↓

SEXVF_752

44. Now lets talk about how many different women you have had sexual activity with in the last 6 months.

A. How many different women (if any) have you had sexual intercourse with in the last 6 months? Here we define sexual intercourse as inserting your penis into your partner's mouth, vagina, 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

NSEXF_752

B. With how many other women have you had sexual activity that did not include intercourse in the last 6 months?

	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

NSXAF_752

The next questions are about different kinds of sexual activity men have with women.
 IF NO INTERCOURSE WITH WOMEN, SKIP TO Q 45.10

45. IF ONLY ONE PARTNER: USE COLUMN a.

IF MULTIPLE PARTNERS: USE COLUMN b.

KIND OF ACTIVITY	a	b																																	
	Did you do this/engage in this activity with a woman in the last 6 months?	How many women did you do that with [in the last 6 months]? (Give me the actual number) (IF NEEDED: What's your best estimate?)																																	
1) You put your penis in her mouth (oral sex). IF NONE, SKIP TO ITEM (4).	NO YES <input type="radio"/> <input type="radio"/> OINF1_752	<table border="1"> <tr><td></td><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> NOINF_752		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
	0	100	200	300	400	500	600	700	800	900																									
	0	10	20	30	40	50	60	70	80	90																									
	0	1	2	3	4	5	6	7	8	9																									
IF MULTIPLE PARTNERS: 2) With how many of those women did you use a condom every time for oral sex, even if it broke, tore, or slipped? IF ONE PARTNER: Did you use a condom every time you had oral sex even if it broke, tore, or slipped?	NO YES <input type="radio"/> <input type="radio"/> COIF1_752	<table border="1"> <tr><td></td><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> NCOIF_752		0	100	200	300	400	500	600	700	800	900		0	10	20	30	40	50	60	70	80	90		0	1	2	3	4	5	6	7	8	9
	0	100	200	300	400	500	600	700	800	900																									
	0	10	20	30	40	50	60	70	80	90																									
	0	1	2	3	4	5	6	7	8	9																									

45. Continued

<p>IF ONLY ONE PARTNER: USE COLUMN a. IF MULTIPLE PARTNERS: USE COLUMN b.</p>	<p>a Did you do this/engage in this activity with a woman in the last 6 months?</p>	<p>b How many women did you do that with [in the last 6 months]? (Give me the actual number) (IF NEEDED: What's your best estimate?)</p>
<p>KIND OF ACTIVITY</p>		
<p>IF MULTIPLE PARTNERS: 3) With how many women did you ejaculate/cum in her mouth when you did not use a condom (or when a condom failed)?</p> <p>IF ONE PARTNER: Did you ejaculate/cum in her mouth when you did not use a condom (or when a condom failed)?</p>	<p>OEJF1_752</p> <p>NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NOEJF_752</p>
<p>4) You put your penis in her vagina (vaginal sex). IF NONE, SKIP TO ITEM (7).</p>	<p>NO YES VINF1_752</p> <p><input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NVINF_752</p>
<p>IF MULTIPLE PARTNERS: 5) 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?</p> <p>IF ONE PARTNER: Did you use a condom <u>every</u> time for vaginal sex, even if it broke, tore, or slipped?</p>	<p>CVIF1_752</p> <p>NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NCVIF_752</p>
<p>IF MULTIPLE PARTNERS: 6) With how many women did you ejaculate/cum in her vagina when you did not use a condom (or when a condom failed)?</p> <p>IF ONE PARTNER: Did you ejaculate/cum in her vagina when you did not use a condom (or when a condom failed)?</p>	<p>VEJF1_752</p> <p>NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NVEJF_752</p>
<p>7) You put your penis in her anus/butt (anal sex). IF NONE, SKIP TO ITEM (10).</p>	<p>NO YES AINF1_752</p> <p><input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NAINF_752</p>
<p>IF MULTIPLE PARTNERS: 8) 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?</p> <p>IF ONE PARTNER: Did you use a condom <u>every</u> time for anal sex, even if it broke, tore, or slipped?</p>	<p>CAIF1_752</p> <p>NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NCAIF_752</p>
<p>IF MULTIPLE PARTNERS: 9) With how many women did you ejaculate/cum in her anus/butt when you did not use a condom (or when a condom failed)?</p> <p>IF ONE PARTNER: Did you ejaculate/cum in her anus/butt when you did not use a condom (or when a condom failed)?</p>	<p>AEJF1_752</p> <p>NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>NAEJF_752</p>

45. Continued

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

KIND OF ACTIVITY	a	b																																	
	Did you do this/engage in this activity with a woman in the last 6 months?	How many women did you do that with [in the last 6 months]? (Give me the actual number) (IF NEEDED: What's your best estimate?)																																	
10) You used your tongue to touch or lick her anus/butt ("rimming").	NO YES RIMF1_752	<table border="1"> <tr><td></td><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>NR</td><td>IMF_752</td><td>10</td><td>60</td><td>70</td><td>80</td><td>90</td><td></td><td></td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		0	100	200	300	400	500	600	700	800	900		0	NR	IMF_752	10	60	70	80	90				0	1	2	3	4	5	6	7	8	9
	0	100	200	300	400	500	600	700	800	900																									
	0	NR	IMF_752	10	60	70	80	90																											
	0	1	2	3	4	5	6	7	8	9																									
11) You used your tongue to touch or lick her genitals (vagina, clitoris).	NO YES LICF1_752	<table border="1"> <tr><td></td><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td></td><td>0</td><td>N</td><td>LICF_752</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td><td></td><td></td></tr> <tr><td></td><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>		0	100	200	300	400	500	600	700	800	900		0	N	LICF_752	50	60	70	80	90				0	1	2	3	4	5	6	7	8	9
	0	100	200	300	400	500	600	700	800	900																									
	0	N	LICF_752	50	60	70	80	90																											
	0	1	2	3	4	5	6	7	8	9																									

46. Have you had any sort of sexual activity with a man in the last 2 years?

No → SKIP TO Q 50
 Yes

SXM2Y_752



47. Have you had any sort of sexual activity with a man in the last 6 months?

No → SKIP TO Q 50
 Yes

SEXVM_752



48. Now lets talk about how many different men you have had sexual activity with in the last 6 months.

A. How many different men (if any) have you had sexual intercourse with in the last 6 months? Here we define sexual intercourse as follows: you put your penis in your partner's mouth or rectum—or your partner put his penis in your mouth or rectum, with or without ejaculation. NSEXM_752

	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 in the last 6 months? NNSXM_752

	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

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 49.13

49. 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 in the last 6 months?	b How many men did you do that with [in the last 6 months]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
1) You put your penis in his mouth. IF NONE, SKIP TO ITEM (5).	NO YES <input type="radio"/> <input type="radio"/> ORIN1_752	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NOIN_752
IF MULTIPLE PARTNERS: 2) Thinking of the times you put your penis in his mouth, with how many men did you use a condom <u>every</u> time, even if it broke, tore, or slipped? IF ONE PARTNER: Thinking of the times you put your penis in his mouth, did you use a condom <u>every</u> time, even if it broke, tore, or slipped?	COIN1_752 NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NCOIM_752
IF MULTIPLE PARTNERS: 3) With how many men did you ejaculate/cum in their mouths when you did not use a condom (or when a condom failed)? IF ONE PARTNER: Did you ejaculate/cum in his mouth when you did not use a condom (or when a condom failed)?	OEJM1_752 NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NOEJM_752

4) You put your penis in his anus/butt. IF NONE, SKIP TO ITEM (7).	NO YES <input type="radio"/> <input type="radio"/> ANIN1_752	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NAINM_752
IF MULTIPLE PARTNERS: 5) Thinking of the times you put your penis in their anus/butt, with how many men did you use a condom <u>every</u> time, even if it broke, tore, or slipped? IF ONE PARTNER: Thinking of the times you put your penis in his anus/butt, did you use a condom <u>every</u> time, even if it broke, tore, or slipped?	CAIN1_752 NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NCAIM_752
IF MULTIPLE PARTNERS: 6) With how many men did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)? IF ONE PARTNER: Did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)?	AEJM1_752 NO YES <input type="radio"/> <input type="radio"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NAEJM_752

49. 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 in the last 6 months?	b How many men did you do that with [in the last 6 months]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
<p>7) He put his penis in your mouth. IF NONE, SKIP TO ITEM (10).</p>	<p>NO YES <input type="radio"/> <input type="radio"/> ORRC1_752</p>	<p><input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NORCM_752</p>
<p>IF MULTIPLE PARTNERS: 8) Thinking of the times when a man put his penis in your mouth, with how many men was a condom used <u>every</u> time, even if it broke, tore, or slipped?</p> <p>IF ONE PARTNER: Thinking of the times when he put his penis in your mouth, was a condom used <u>every</u> time, even if it broke, tore, or slipped?</p>	<p>CORR1_752 NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NCORM_752</p>
<p>IF MULTIPLE PARTNERS: 9) With how many men did ejaculate/cum go into your mouth when they did not use a condom (or when a condom failed)?</p> <p>IF ONE PARTNER: Did ejaculate/cum go into your mouth when he did not use a condom (or when a condom failed)?</p>	<p>OREM1_752 NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NOREM_752</p>

<p>10) He put his penis in your anus/butt. IF NONE, SKIP TO ITEM (13).</p>	<p>NO YES <input type="radio"/> <input type="radio"/> ANRC1_752</p>	<p><input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NARIM_752</p>
<p>IF MULTIPLE PARTNERS: 11) Thinking of the times when a man put his penis in your anus/butt, with how many men was a condom used <u>every</u> time, even if it broke, tore, or slipped?</p> <p>IF ONE PARTNER: Thinking of the times he put his penis in your anus/butt, was a condom used <u>every</u> time, even if it broke, tore, or slipped?</p>	<p>CANR1_752 NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NCARM_752</p>
<p>IF MULTIPLE PARTNERS: 12) With how many men did ejaculate/cum go into your anus/butt when they did not use a condom (or when a condom failed)?</p> <p>IF ONE PARTNER: Did ejaculate/cum go into your anus/butt when he did not use a condom (or when a condom failed)?</p>	<p>AREM1_752 NO YES <input type="radio"/> <input type="radio"/></p>	<p><input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NAREM_752</p>

<p>13) You used your tongue to touch or lick his anus/butt ("rimming").</p>	<p>NO YES <input type="radio"/> <input type="radio"/> RIMI1_752</p>	<p><input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 20 30 40 50 60 70 80 90 <input type="text"/> 0 1 2 3 4 5 6 7 8 9 NRMIM_752</p>
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The next few questions are asked to summarize your past sexual practices with both female and male partners.

50. When was the last time you had sexual intercourse with a woman?

- Never → **SKIP TO Q 53**
- Within the last month
- Within the last year (but not the last month)
- 1–5 years ago
- 6–10 years ago → **SKIP TO Q 52**
- More than 10 years ago → **SKIP TO Q 52**

LSTSF_752

51. With how many different women have you had sexual intercourse in the past 2 years?

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

NSX2F_752

52. With how many different women have you had sexual intercourse in your whole life?

	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

NSXLF_752

53. When was the last time you had sexual intercourse with a man?

- Never → **SKIP TO Q 56**
- Within the last month
- Within the last year (but not the last month)
- 1–5 years ago
- 6–10 years ago → **SKIP TO Q 55**
- More than 10 years ago → **SKIP TO Q 55**

LSTSM_752

54. With how many different men have you had sexual intercourse in the past 2 years?

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

NSX2M_752

55. With how many different men have you had sexual intercourse in your whole life?

	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

NSXLM_752

56. In summary, which of the following statements best describes your sexual activity during the last 2 years?

- Had sexual activity only with women
- Had sexual activity mostly with women, but some men
- Had sexual activity about equally with women and men **TSX2Y_752**
- Had sexual activity mostly with men, but some women
- Had sexual activity only with men

57. 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 during the last two years?

	a		b		c			
	How about (EACH) Have you (taken/used) any in the last 2 years?		Have you taken/used (DRUG) in the last 6 months?		How often did you (use/take) (DRUG) during the last 6 months?			
	NO	YES	NO	YES	DAILY	WEEKLY	MONTHLY	LESS OFTEN
Pot, Marijuana or Hash	NO YES HAS2Y_752 GO TO NEXT ROW		NO YES HASHV_752 GO TO NEXT ROW		<input type="radio"/>	HASHF_752		<input type="radio"/>
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	NO YES POP2Y_752 GO TO NEXT ROW		NO YES POPPV_752 GO TO NEXT ROW		<input type="radio"/>	POPPF_752		<input type="radio"/>
Crack or cocaine that you smoke	NO YES CRA2Y_752 GO TO NEXT ROW		NO YES CRACV_752 GO TO NEXT ROW		<input type="radio"/>	CRACF_752		<input type="radio"/>
Other forms of cocaine	NO YES OCO2Y_752 GO TO NEXT ROW		NO YES OCOKV_752 GO TO NEXT ROW		<input type="radio"/>	OCOKF_752		<input type="radio"/>
Speed, Meth or Ice	NO YES UPP2Y_752 GO TO NEXT ROW		NO YES UPPRV_752 GO TO NEXT ROW		<input type="radio"/>	UPPRF_752		<input type="radio"/>
Heroin	NO YES HER2Y_752 GO TO NEXT ROW		NO YES HEROV_752 GO TO NEXT ROW		<input type="radio"/>	HEROF_752		<input type="radio"/>
Speedball (heroin and cocaine together)	NO YES SPE2Y_752 GO TO NEXT ROW		NO YES SPEBV_752 GO TO NEXT ROW		<input type="radio"/>	SPEBF_752		<input type="radio"/>
Ecstasy, XTC, X or MDMA	NO YES MDA2Y_752 GO TO NEXT ROW		NO YES MDAV_752 GO TO NEXT ROW		<input type="radio"/>	MDAF_752		<input type="radio"/>
Sexual performance enhancing drugs other than those prescribed by a medical provider for a diagnosed erectile dysfunction (Show list of performance enhancing drugs to prompt and assist with recall.)	NO YES SEXP2Y_752 GO TO NEXT ROW		NO YES SEXPV_752 GO TO NEXT ROW		<input type="radio"/>	SEXPO_752		<input type="radio"/>
Other kinds of street/club drugs	NO YES STM2Y_752 GO TO Q 58							
Specify:	ST2Y1_752 <input type="text"/> 0 1 2 3 4 5 6 7 8 9		NO YES ST6M1_752 GO TO NEXT ROW		<input type="radio"/>	ST1DF_752		<input type="radio"/>
Specify:	ST2Y2_752 <input type="text"/> 0 1 2 3 4 5 6 7 8 9		NO YES ST6M2_752 GO TO NEXT ROW		<input type="radio"/>	ST2DF_752		<input type="radio"/>
Specify:	ST2Y3_752 <input type="text"/> 0 1 2 3 4 5 6 7 8 9		NO YES ST6M3_752 GO TO NEXT ROW		<input type="radio"/>	ST3DF_752		<input type="radio"/>
Specify:	ST2Y4_752 <input type="text"/> 0 1 2 3 4 5 6 7 8 9		NO YES ST6M4_752 GO TO Q 58		<input type="radio"/>	ST4DF_752		<input type="radio"/>
	ST2Y5_752 ST2Y6_752		ST6M5_752 ST6M6_752			ST5DF_752 ST6DF_752		

