

VISIT 68 CADI TEMPLATE

1

GENERAL CODES, UNLESS OTHERWISE STATED

NO = 1, YES = 2, DON'T KNOW = 3 Refused = 9

See updated drop down list "DDL_10_2016.docx"

Internal variable: ABINT: If CADI is abbreviated, assign ABINT=2. Else ABINT=1.

In general, if possible, place questions within a particular skip pattern on the same page.

* Notes the question is asked in an abbreviated interview.

MACSID ID NUMBER

MACSID ID NUMBER (to be entered twice)

5 digit text field.

VISIT Visit No.

(066) (Pre-set)

S4TBH Time began: Hours

(DDL 1-12)

S4TBM Time began: Minutes

(DDL 0-59)

S4TBZ Time began: Am/Pm

(AM=1, PM=2)

DAT4M Date of Visit: Month

(DDL Jan – Dec)

VISIT 68 CADI TEMPLATE

2

DAT4D Date of Visit: Day
(DDL 01-31)

DAT4Y Date of Visit: Year
(2016-2017)

LASTVISIT Date of Last Visit [in (Month, Year)]
DDL (1-12), DDL (2000-2016)

DOBMDY
Date of birth __/__/____ (8 Characters)

END SCREEN 1

START SCREEN 2

***If MACSID on Hepatitis Treatment Survey List, go to intro of Hepatitis survey. If not on list, go to CANCD.**

***HCIRB** Did the participant consent for the Hepatitis C Treatment Survey?

Yes (code=1)

No, refused (code=2) (go to **CANCD**)

No IRB approval (code=3) (go to **CANCD**)

You are being asked some hepatitis C treatment questions because your test results show that you were infected with hepatitis C at some point in time. We would like to learn about your thoughts on new recently-approved oral treatments for hepatitis C and share them with scientists and medical providers in the hope of improving access to medication for all people infected with hepatitis C.

* **HCtreat** 1. Do you know that chronic hepatitis C infection can be cured with a treatment of oral medications that have very few side effects?

NO..... 1 (go to **CANCD**)
 YES2

HCtreata 1a. Where did you learn about these new hepatitis C oral medication treatments? (CIRCLE “YES” FOR ALL THAT APPLY.)

	<u>No</u>	<u>Yes</u>
HCMP From other MACS participants.....	1	2
HCMS From MACS staff.....	1	2
HCFE Friends or family	1	2
HCDR A doctor or medical provider	1	2
HCTV On television, in a magazine, or in an advertisement.....	1	2
HCIT By searching the Internet	1	2
HCtreatOT Other place(s)	1	2

HCtreatSP1 Specify other place: _____-30 characters_____

HCtreatSP2 Specify other place: _____-30 characters_____

Go to **HCmed**.

VISIT 68 CADI TEMPLATE

***HCmed** 2. In the past year, have you taken hepatitis C treatment with the new oral medications?

- NO 1
- YES 2 (GO TO HCcomp)

HCmeda 2a. Have you taken hepatitis C treatment with the new oral medications more than a year ago?

- NO 1
- YES 2 (GO TO HCcomp)

*** HCint** 3. Have you been interested in getting hepatitis C treatment with the new oral medications?

- NO 1
- YES 2 (GO TO HCdoc)

3a. Why not? (CIRCLE “YES” FOR ALL THAT APPLY.)

		<u>NO</u>	<u>YES</u>
HCinthlthy	I feel healthy enough without hepatitis C treatment.....	1	2
HCintprob	I have too many other health problems to worry about hepatitis C.....	1	2
HCintmony	I don't have enough money to pay for hepatitis C treatment.....	1	2
HCintwork	I've heard hepatitis C treatment doesn't work	1	2
HCintsick	I've heard hepatitis C treatment can make you sick.....	1	2
HCintOT	Other reason(s).....	1	2

HCintSP1 Specify other reason: _____-30 characters_____

HCintSP2 Specify other reason: _____-30 characters_____

*** HCdoc** 4. Have you and ANY DOCTOR OR MEDICAL provider talked about the hepatitis C treatment with

the new oral medications?

NO..... 1
 YES.....2 (GO TO HCref)

4a. Why not? (CIRCLE “YES” FOR ALL THAT APPLY.)

		<u>NO</u>	<u>YES</u>
HCdochlthy	I feel healthy enough without hepatitis C treatment	1	2
HCdocprob	I have too many other health problems to worry about hepatitis C.....	1	2
HCdoccost	I don’t have enough money to pay for hepatitis C treatment.....	1	2
HCdocwork	I’ve heard hepatitis C treatment doesn’t work	1	2
HCdocsick	I’ve heard hepatitis C treatment can make you sick.....	1	2
HCdocOT	Other reason(s).....	1	2
HCdocSP1	Specify other reason: _____-30 characters_____		
HCdocSP2	Specify other reason: _____-30 characters_____		

STOP! Go to CANCD!

* **HCref** 5. Have you been referred to a clinic, doctor, or medical provider who provides the hepatitis C treatment with the new oral medications?

NO..... 1 (GO TO CANCD)
 YES.....2

HCrec 5a. Did the doctor or medical provider recommend you take the hepatitis C treatment with the new oral medications?

VISIT 68 CADI TEMPLATE

NO 1
 YES2 **GO to HCmedb**

5b. What did the doctor or medical provider tell you about why you shouldn't take the hepatitis C treatment with the new oral medications? (CIRCLE "YES" FOR ALL THAT APPLY.)

		<u>NO</u>	<u>YES</u>
HC liver	My liver disease is not advanced.....	1	2
HC HIV	I have HIV/AIDS	1	2
HC illn	I have another illness that makes the new hepatitis C medicine too risky....	1	2
HC geno	I have the wrong hepatitis C genotype	1	2
HC reftest	I have blood test abnormalities.....	1	2
HC meds	I should wait for better hepatitis C medications to become available.....	1	2
HC refOT	Other reason.....	1	2

HC refSP1 Specify other reason: _____-30 characters_____

HC refSP2 Specify other reason: _____-30 characters_____

STOP! Go to CANCD!

HCmedb 6. Why haven't you taken or started the hepatitis C treatment with the new oral medications?

VISIT 68 CADI TEMPLATE

(CIRCLE “YES” FOR ALL THAT APPLY.)

		<u>NO</u>	<u>YES</u>
HCbins	My health insurance would not pay all or enough of the cost for treatment.....1	1	2
HCscrld	I am scared to take hepatitis C medications1	1	2
HCneed	I don't believe I need hepatitis C medications1	1	2
HCmedwork	I don't believe the hepatitis C medications work1	1	2
HCmedOT	Other reason1	1	2
HCmedSP1	Specify other reason: _____-30 characters_____		
HCmedSP2	Specify other reason: _____-30 characters_____		

STOP! Go to CANCD!

* **HCcomp** 7. Have you completed **your most recent** hepatitis C treatment with the new oral medications as prescribed by your doctor?

NO1
 YES.....2 **(GO TO CANCD)**

7a. Why didn't you complete treatment? (CIRCLE “YES” FOR ALL THAT APPLY.)

VISIT 68 CADI TEMPLATE

8

		<u>NO</u>	<u>YES</u>
HCcurr	I'm currently taking hepatitis C medications.....	1	2
HCbad	I felt terrible or had bad side effects when I took the medications.....	1	2
HCappt	I didn't go to follow-up appointments.....	1	2
HCcost	I didn't have enough money to complete treatment or my insurance stopped paying for enough of the cost for treatment.....	1	2
HCcomptest	My doctor or medical provider told me to stop taking the medications because of blood test abnormalities.....	1	2
HCcompwork	My doctor or medical provider told me to stop taking the medications because the medications weren't working.....	1	2
HCcompOTOther reason.....	1	2
HCcompSP1	Specify other reason: _____-30 characters_____		
HCcompSP2	Specify other reason: _____-30 characters_____		

STOP! Go to CANCD!

- * **HCcure** 8. Did your provider tell you the treatment was successful, called a cure, an SVR or a sustained viral response?
- YES 1
- NO 2

VISIT 68 CADI TEMPLATE

9

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

NO [IF "NO," GO TO Q 2]

YES →

REF

GET MEDICAL RELEASE

(If **CANCD** is = 1 then go to **AID**)

(If **CANCD** is = 2 then go to **CANIT**)

1a1. **IF YES:** Where in the body was the cancer (Castleman's disease) and what kind of cancer did they say it was?

CANITCH

(Type/ Site of Cancer diagnosis)
(20 characters)

CANIT (DDL of cancer codes in DDL 1 see DDL.doc)

MUST Select a code **CANIT** If **CANCD** is = 2

IF **CANCD** = 2 then **CANIT** cannot be blank

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

CANIM DDL (1-12)

CANIY (DDL 00-17)

(If a code is selected for **CANIT** then **CANIM** Must be entered)

if a code is selected for **CANIT** then **CANIY** Must be entered

VISIT 68 CADI TEMPLATE

10

1a1. **IF YES:** Where in the body was the cancer (Castleman’s disease) and what kind of cancer did they say it was?

(Type/ Site of Cancer diagnosis)
(20 characters)

CAN2TCH

CAN2T (If **CAN2T** is filled then display drop down menu of cancer codes in DDL 1 see DDL.doc.)

CAN2T can be left blank if **CANCD** is = 2

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

CAN2M (DDL 1-12)

CAN2Y (DDL 00-17)

if a code is selected for **CAN2T** then **CAN2M** Must be entered

if a code is selected for **CAN2T** then **CAN2Y** Must be entered

if date entered is before last visit date a pop-up message will appear “Date entered is before date of last visit”

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

NO [IF “NO,” GO TO Q 3]

YES →

GET MEDICAL RELEASE

REF

(If **AID** is = 1 then go to **PNEUM**)

(If **AID** is = 2 then go to **AIDT1**)

2a. **IF YES:** What was the diagnosis?

AIDT1 (DDL for AIDS defining diagnoses codes DDL 2 in DDL.doc)

AIDT1CH

(Description of AIDS diagnosis)
(20 characters)

IF AID = 2 then AIDT1 cannot be blank

2b. In what month and year was it first diagnosed since your last visit [**in (MONTH, YEAR)**]?

AIDM1 (DDL1-12)

AIDY1 (DDL 00-17)

if AID = 2 then AIDM1 and AIDY1 must be entered

2a. **IF YES:** What was the diagnosis?

AIDT2 (DDL for AIDS defining diagnoses codes DDL 2 in DDL.doc)

AIDT2CH

(Description of AIDS diagnosis)
(20 characters)

2b. In what month and year was it first diagnosed since your last visit [**in (MONTH, YEAR)**]?

AIDY2 (DDL 1-12)

AIDM2 (DDL 00-17)

if a code is selected for AIDT2 then AIDM2 and AIDY2 must be entered

if date entered is before last visit, a pop-up message will appear "Date entered is before date of last visit"

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

NO [IF “NO,” GO TO Q 4]

YES

REF

GET MEDICAL RELEASE

(If PNEUM is = 1 then go to PPDV)

(If PNEUM is = 2 then go to MPNEU)

3a. In what month and year since your last visit [in (MONTH, YEAR)] was it first diagnosed?

MPNEU(DDL 1-12)

PNEUY (DDL 00-17)

if a code 2 is selected for PNEUM then MPNEU and PNEUY must be entered

if date entered is before last visit, a pop-up message will appear “Date entered is before date of last visit”

Q3NOTES
 Clinician’s Notes:
 Method of
 Diagnosis” (30
 Characters)

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

PPD is the skin test and Quantiferon is the blood test

NO [IF “NO,” GO TO Q 5]

YES

REF

4B. **IF YES:** When was your last test?

PPDM (DDL 1-12)

PPDY (DDL 99-17)

*if **PPDV** =2 then **PPDM** and **PPDY** must be entered*

if date entered is before last visit a pop-up message will appear “Date entered is before date of last visit”

PSPPD C. Was it positive?

NO
YES
REF

*If **PPDV** = 2 then **PPDM**, **PPDY**, and **PSPPD** must not be left blank*

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

NO
YES
REF



GET MEDICAL RELEASE

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

NO [IF “NO,” GO TO Q 7]
YES
REF



GET MEDICAL RELEASE

*(If **HOSP** is = 1 then go to **DEPR**)*

*(If **HOSP** is = 2 then go to **NHOSP**)*

How many separate times were you a patient in a hospital since your last visit [in (Month, Year)]?

NHOSP DDL (0-99)

GET RELEASE OF RECORDS, NOTE NAME AND ADDRESS OF HOSPITAL. IF HOSPITALIZED FOR CV CONDITION, REQUEST FULL HOSPITAL RECORDS. SEE GUIDELINES FOR SPECIFIC INSTRUCTIONS.

[If a participant reports that he was hospitalized for a reportable outcome, request medical records. Hospital diagnoses for reportable outcomes are in the outcome tracking sheet.]

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

6.B.1.a On what date did you last go into the hospital?

HOS1M DDL (1-12)

HOS1D DDL (1-31)

HOS1Y DDL (DDL 2017-2000)

*if **HOSP** is = 2 then **HOS1M**, **HOS1D**, and **HOS1Y** Must be entered*

if date entered is before last visit a pop-up message will appear "Date entered is before date of last visit"

1b. How many nights did you spend in the hospital at that time? IF OUTPATIENT: FILL IN ZERO.

HOS1N DDL 0-99

*if **HOSP** is = 2 then **HOS1N** Must be entered*

c. For what condition or problem were you hospitalized and the name/address of the hospital? RECORD FULLY IN R's OWN WORDS. Leading zeros for ICDS – cm

- “V” = no disease or injury (eg. organ donation)
- “E”= external causes of injury (eg. car accident)
- “P” = procedures (enter leading zeros)
- “NP” = no prefix (all other diagnosis)

Most recent Hospitalization	2 nd most recent Hospitalization	3 rd most recent Hospitalization	4 th most recent Hospitalization
Text box for diagnosis or procedure: (20 characters) H1DX1CH Link to ICD9 site. V E P NA TYHO11 - - - - . - H1DX1	Text box for diagnosis or procedure: (20 characters) H2DX1CH Link to ICD9 site. V E P NA TYHO21 - - - - . - H2DX1	Text box for diagnosis or procedure: (20 characters) H3DX1CH Link to ICD9 site. V E P NA TYHO31 - - - - . - H3DX1	Text box for diagnosis or procedure: (20 characters) H4DX1CH Link to ICD9 site. V E P NA TYHO41 - - - - . - H4DX1
Text box for diagnosis or procedure: (20 characters) H1DX2CH Link to ICD9 site. V E P NA TYHO12 - - - - . - H1DX2	Text box for diagnosis or procedure: (20 characters) H2DX2CH Link to ICD9 site. V E P NA TYHO22 - - - - . - H2DX2	Text box for diagnosis or procedure: (20 characters) H3DX2CH Link to ICD9 site. V E P NA TYHO32 - - - - . - H3DX2	Text box for diagnosis or procedure: (20 characters) H4DX2CH Link to ICD9 site. V E P NA TYHO42 - - - - . - H4DX2

*IF HOSP = 2 then H1DX1CH, TYHO11, H1DX1 cannot be blank
 TYHO11 and TYHO12 (1 character radio button length)
 H1DX1 and H1DX2 (4 Characters to the tenth decimal point and drop the decimal point)
 if TYHO11 or TYHO12 is missing a display message will appear: “Prefix for diagnosis or procedure is missing.”*

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

2.a. For your second most recent time to the hospital, on what date did you go into the hospital?

HOS2M DDL (1-12)

HOS2D DDL (1-31)

HOS2Y DDL (DDL 2017-2000)

if NHOSP is ≥ 2 and HOSP = 2 then HOS2M, HOS2D and HOS2Y Must be entered

if date entered is before last visit date then a pop-up message will appear "Date entered is before date of last visit"

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

HOS2N DDL 0-99

if NHOSP is ≥ 2 and HOSP = 2 then HOS2N Must be entered

if NHOSP is ≥ 2 and HOSP = 2 then Q6B2c_MR cannot be blank and H2DX1CH, TYHO21, H2DX1 cannot be blank

TYHO21 and **TYHO22** (1 character radio button length)

H2DX1 and **H2DX2** (4 Characters to the tenth decimal point and drop the decimal point)

if TYHO21 or TYHO22 is missing then a display message will appear: "Prefix for diagnosis or procedure is missing."

2.a. For your third most recent time to the hospital, on what date did you go into the hospital?

HOS3M DDL (1-12)

HOS3D DDL (1-31)

HOS3Y DDL (2017-2000)

if NHOSP is ≥ 3 and HOSP = 2 then HOS3M, HOS3D and HOS3Y Must be entered

if date entered is before last visit date then a pop-up message will appear "Date entered is before date of last visit"

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

HOS3N DDL 0-99

if NHOSP is ≥ 3 and HOSP = 2 then HOS3N Must be entered

if NHOSP is ≥ 3 and HOSP = 2 then Q6B3c_MR cannot be blank and H3DX1CH, TYHO31, H3DX1 cannot be blank

TYHO31 and **TYHO32** (1 character radio button length)

H3DX1 and **H3DX2** (4 Characters to the tenth decimal point and drop the decimal point)

if TYHO31 or TYHO32 is missing then a display message will appear: "Prefix for diagnosis or procedure is missing."

2.a. For your fourth most recent time to the hospital, on what date did you go into the hospital?

HOS4M DDL (1-12)

HOS4D DDL (1-31)

HOS4Y DDL (2016-2000)

if NHOSP is = 4 and HOSP = 2 then HOS4M, HOS4D and HOS4Y Must be entered

if date entered is before last visit date then a pop-up message will appear "Date entered is before date of last visit"

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

HOS4N DDL 0-99

if NHOSP is = 4 and HOSP = 2 then HOS4N Must be entered

if NHOSP is = 4 and HOSP = 2 then Q6B4c_MR cannot be blank and H4DX1CH, TYHO41, H4DX1 cannot be blank

TYHO41 and **TYHO42** (1 character radio button length)

H4DX1 and **H4DX2** (4 Characters to the tenth decimal point and drop the decimal point)

if TYHO41 or TYHO42 is missing then a display message will appear: "Prefix for diagnosis or procedure is missing."

RHOSP Interviewer Note: Did any hospitalization/s result in a reportable outcome?

NO
YES



GET MEDICAL RELEASE

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

NO [IF “NO or DON’T KNOW” GO TO **NRLEX**]
 YES
 DON’T KNOW
 REF

*(If **DEPR** is = 1 or 3 then go to **NRLEX**)*

*(If **DEPR** is = 2 then go to **DEPRM** and **DEPRY**)*

if date entered is before last visit date then a pop-up message will appear: “Date entered is before date of last visit”

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

DEPRM DDL (1-12)

DEPRY DDL (2017-2000)

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

NO
YES
REF

Document any new neurological diagnoses in Q10.CC.i.

***APAPS 9.A.(1)** Since your last visit [in (MONTH, YEAR)], have your undergone an anal pap smear? (a doctor or medical practitioner took a swab of the anal canal to test for cancer cells.) **This does not include any anal PAAP tests performed as part of the MACS Health Study.**

- NO [IF “NO or DON’T KNOW” GO TO Q 9.B]
- YES
- DON’T KNOW
- REF

(If APAPS is = 1 or 3 then go to ANOSC)

(If APAPS is = 2 then go to PAPSM)

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

PAPSM DDL (1-12)

PAPSY DDL (2017-2000)

if APAPS = 2 then PAPSM and PAPSY must be entered

if date entered is before last visit date then a pop-up message will appear “Date entered is before date of last visit”

ABRAP (3) Were the results abnormal?

- NO [IF “NO GO TO Q 9.B]
- YES
- DON’T KNOW
- REF



(If ABRAP is = 1 then go to ANOSC)

***ANOSC 9.B** Since your last visit [in (MONTH, YEAR)], has a doctor or medical practitioner inserted a tube-shaped device or scope in your anus or rectum to look for hemorrhoids, fissures, infections and some cancers? This is also known as a High Resolution Anascopy (HRA).

NO
YES
DON'T KNOW
REF

If yes or don't know, request medical records. If an HRA was performed based on the review of the medical records, fill out an HRA Outcome Reporting form to indicate if a biopsy was performed and the biopsy results. Submit to CAMACS. See MACS forum for protocols.

(If ANOSC is = 1, 2 or 3 then go to ANBLD)

ANBLD 9 C. (1) Since your last visit [in (MONTH, YEAR)], did you experience anal bleeding at any time?

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

NO [IF "NO," GO TO Q 9D]
YES
REF

(If ANBLD is = 1 then go to BIOPS)

(If ANBLD is = 2 then go to ANBLP)

ANBLP 9. C. (2) Since your last visit [in (MONTH, YEAR)], have you experienced any pain with the anal bleeding?

If ANBLP = 2, the following message will appear:

Inform your clinic coordinator immediately following the interview about the participant experiencing bleeding with pain.

- NO** [IF “NO,” GO TO Q 9. C. (4)]
- YES**
- REF**

(If ANBLP is = 1 then go to ANBSX)
(If ANBLP is = 2 then go to ANBLPF)

ANBLPF 9. C. (3) Since your last visit [in (MONTH, YEAR)], how often have you experienced pain with the anal bleeding?

- Rarely** (code=1)
- Some of the time** (code=2)
- Most of the time** (code=3)
- All of the time** (code=4)

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

[READ EACH ITEM]

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

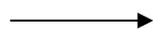
(If ANBOT is = 1 then go to BIOPS, If ANBOT is = 2 then go to ANBOTF)

ANBOTF 9. C. (5) With respect to the *other times* (that you have had anal bleeding), how often have you experienced bleeding since your last visit [**in (MONTH, YEAR)**]?

- Daily** (code=1)
- Weekly** (code=2)
- Monthly** (code=3)
- Less than monthly** (code=4)

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

NO
YES
REF



Programmed check for responses to Q1
If BIOPS= 1 and CANIT = 2 then prompt, "Ask if had biopsy for cancer reported in Q1"

(If **BIOPS** is = 1 then go to **THRUS**)
(If **BIOPS** is = 2 then go to **NBIOP**)

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

NBIOP DDL (1-3)

(3) For each biopsy, please tell me

<p>a. Where in your body?</p>	<p>BIOP1 DDL 3 Text box for Specify: (20 characters) BIOP1CH</p>	<p>BIOP2 DDL 3 Text box for Specify: (20 characters) BIOP2CH</p>	<p>BIOP3 DDL 3 Text box for Specify: (20 characters) BIOP3CH</p>
<p>b. What did they say the diagnosis or result of the biopsy was?</p>	<p>BIDX1 DDL 4 Text box for Specify: (20 characters) BIDX1CH</p>	<p>BIDX2 DDL 4 Text box for Specify: (20 characters) BIDX2CH</p>	<p>BIDX3 DDL 4 Text box for Specify: (20 characters) BIDX3CH</p>

If **NBIOP** = 1 then **BIOP1CH, BIOP1 BIDX1CH, BIDX1** must be filled in
 If **NBIOP** = 2 then **BIOP2CH, BIOP2, BIDX2CH, BIDX2** must be filled in
 If **NBIOP** = 3 then **BIOP3CH, BIOP3, BIDX3CH, BIDX3** must be filled in

BIOP1, BIOP2, BIOP3 (DDL for AIDS defining diagnoses codes DDL 3 in DDL.doc
BIDX1, BIDX2, BIDX3 (DDL for AIDS defining diagnoses codes DDL 4 in DDL.doc

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

- *A. Thrush (yeast in your mouth) **THRSH** NO YES REF
- *B. Sinusitis, a sinus infection that requires antibiotics **SINUS** NO YES REF
- *C. Bronchitis **BRONC** NO YES REF
- *D. Erectile dysfunction (erectile problems) **ERDYS** NO YES REF

VISIT 68 CADI TEMPLATE

24

*E. High blood pressure or hypertension **HBPHT** NO YES REF

*F. High cholesterol, high triglycerides, high lipids or too much fat in your blood **HCHOL** NO YES REF

*G. High blood sugar or diabetes **HBSUG** NO YES REF

*H. Arthritis **ARTH** NO YES REF

IF YES: Was it → Rheumatoid **RHEUM** NO YES DK

Osteoarthritis or Degenerative **OSTAR** NO YES DK

Other **OTHAR** NO YES DK

↑
└─> **TEXT BOX for specify: OTHARCH (20characters)**

If **ARTH** is = 2 then all of the following must be answered [**RHEUM, OSTAR, OTHAR**]

If **OTHAR** is = 2 then **OTHARCH** must be entered

IF BOLDED with and * MUST OBTAIN MEDICAL RELEASE

Prompt for Doctor for each item with a response = 2(yes) for items 10.I - 10.Q. Get medical release.

***I.** Angina or chest pain caused by your heart *** ANGIN** NO YES REF

***J.** Heart attack or myocardial infarction (MI) ***HRTAT** NO YES REF

***K.** Congestive heart failure or CHF *** HRTFA** NO YES REF

***L.** Stroke or Cerebrovascular accident (CVA) ***STROK** NO YES REF

***M.** Mini-strokes or transient ischemic attacks (TIA) *** TIA** NO YES REF

***N.** Too fast, too slow, or irregular heart beat *** IRHB** NO YES REF

***O.** Any blood vessels (arteries) that were blocked or closed *** BVES** NO YES REF

*If **BVES** is = 1 then skip to **BCLG***

*If **BVES** is = 2 then go to **OBVES***

***P.** An operation or other procedure, such as angioplasty, to open blocked blood vessels in your heart or other areas **OBVES** NO YES REF

***Q.** A blood clot in your legs **BCLG** NO YES REF

***R.** Kidney disease/Renal failure *** KIDND** NO YES REF

*S. Elevated Liver Enzyme

LIVDE NO YES REF

NEW PAGE

Q10.fam

We are now going to ask you about heart problems that may have been diagnosed prior to age 55 among the men and prior to age 65 among the women in your immediate family. Immediate family comprises your biological father, mother, brothers and sisters.

BIOFAM Mark here for those participants who do not know their biological family because they are adopted. Default = 0
If checked, then code = 2;

If *biofam* = 2 then go to **FALLCON**

Interviewer note: Questions apply to all living and deceased immediate family members. If a participant's family member was diagnosed with a heart attack and later died of a heart attack before age 55 if male or age 65 if female, fill in yes for both questions for this same family member. Similarly, if diagnosed with a heart attack and had surgery, fill in yes for both questions. All events have to occur prior to age 55 for men and age 65 for women. If the participant is not sure, mark DK. If he is able to contact you after the interview with a definite answer, update the CADI with this new information.

Codes

If participant completed this question at any time through V64 (download March 17) then skip to **HRTATMLV**. You will need to cross-check this with the list of `IDS_V64_hrtamtm_done.031716.txt`. If the ID is in this list then skip to **HRTATMLV**

Q10.fam

1. Has a male member of your immediate family

HRTATM a) ever been diagnosed with a Heart Attack before age 55?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

HRTATMD b) ever died from a Heart Attack before age 55?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

2. Has a female member of your immediate family

HRTATF a) ever been diagnosed with a Heart Attack before age 65?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

HRTATFD b) ever died from a Heart Attack before age 65?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

3. Has a male member of your immediate family

HRTBPM a) ever had heart bypass surgery before age of 55?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

HRTAPM b) ever had an angioplasty with or without a stent before the age of 55?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

4. Has a female member of your immediate family

HRTBPF a) ever had heart bypass surgery before age of 65?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

HRTAPF b) ever had an angioplasty with or without a stent before the age of 65?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

Q10.famlv

1. Since your last visit, has a male member of your immediate family

HRTATMLV a) been diagnosed with a Heart Attack before age 55?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

HRTATMDLV b) died from a Heart Attack before age 55?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

2. Since your last visit, has a female member of your immediate family

HRTATFLV a) been diagnosed with a Heart Attack before age 65?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

HRTATFDLV b) died from a Heart Attack before age 65?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

3. Since your last visit, has a male member of your immediate family

HRTBPMLV a) had heart bypass surgery before age of 55?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

HRTAPMLV b) had an angioplasty with or without a stent before the age of 55?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

4. Since your last visit, has a female member of your immediate family

HRTBPFLV a) had heart bypass surgery before age of 65?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

HRTAPFLV b) had an angioplasty with or without a stent before the age of 65?

No

Yes

DK (mark don't know if no longer in contact with the family or is unsure of the age when event occurred)

Ref

“We have completed the family questions. Now let's return to questions about your own medical conditions since your last visit in (month, year)”

***T.2.Intro** “We are now going to ask you some questions about falls that may have happened during your usual daily activities. For the following questions, by “a fall” or “falling”, we mean an unexpected event, including a slip or trip, in which you lost your balance and landed on the floor, ground or lower level, or hit an object like a table or chair. Falls that result from a major medical event (for example, a stroke, or seizure) or an overwhelming external hazard (for example, hit by a truck or pushed) should not be included.”

***FALLCON**

T2.a. Since your last visit , have you been concerned with losing your balance and falling while doing your usual daily activities? Would you say not at all, a little, quite a bit or very much?

Not at all (code 1)

A little (code 2)

Quite a bit (code 3)

Very much (code 4)

Unknown (code 8)

Refused (code 9)

***FALLN6M**

T.2b. How many times have you fallen since your last visit?

None (code 0) **If *FALL6M*=none (0) go to *BBONE***

1 time (code 1)

2 times (code 2)

3-5 times (code 3)

More than 5 times (code 4)

Don't know (code 8)

Ref (code 9)

FALLMED

***T.2c.** Did you seek medical attention after any of these falls (such as calling 911, going to the emergency room or to a doctor's office)?

INTERVIEWER NOTE: Answer “No”, if the participant did not see a medical provider (nurse, physician, paramedic, etc.) in-person. For example, answer NO if he asked a friend for advice, or contacted a medical provider, but was not examined by one.

If *FALLMED* = no (1) then go to *BBONE*

NO
 YES
 DON'T KNOW
 REF

***T.3** Since your last visit in (month, year), have you broken or fractured any bones?

BBONE NO YES REF

If **BBONE = 1** then skip to **VIDEY**

***T.4** What was fractured? Change **BFNRCON1 – BBNRCON3** to **BBSITE1 – BBSITE3** respectively

DDL11 for specify:	BBSITE1 ----. --	Unknown/unspecified fracture Description BBSITE1CH (20characters)
---------------------------	----------------------------	---

BBSITE: 4 characters to the tenth decimal place and drop the decimal point

DDL11 for specify:	BBSITE2 ----. --	Unknown/unspecified fracture Description BBSITE2CH (20characters)
---------------------------	----------------------------	---

Text Box to specify another broken bone not on the dropdown list: BBSITE3CH	BBSITE3 ----. --
--	----------------------------

Display the site codes for **BBSITE1 – BBSITE3**, but read only.

***T.5** Did that fracture occur.... **BBHOW** (Select one)

Without any trauma or fall (i.e., without any external force,; examples, rib fracture when coughing; spine fracture from lifting a heavy box) (code=1)

As a result of a fall from standing height or less (includes falls due to slipping or tripping) (code=2)

Because of a harder fall (example, falling down steps) (code=3)

From a car accident or other severe external force (code=4)

Don't know (code=8)

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

a) Eyes

IF YES: Was there a diagnosis?
What was the diagnosis?

VIDEY	NO	YES	REF
EYDIA	NO	YES	REF

TEXT BOX for specify: EYCONCH (20characters)	---- . -- EYCON
--	------------------------

link to ICD9 code

*(If **VIDEY** is = 1 then go to **VIDEN-EYEDOC**)*

*If **VIDEY** is = 2 go to **EYDIA***

*If **EYDIA** is = 2 then **EYCONCH** must be filled out*

***EYCON** (4 Characters to the tenth decimal point and drop the decimal point)*

GET MEDICAL RELEASE IF ANSWER IS YES

IF YES: Was there a diagnosis?
What was the diagnosis?

HTDIA NO YES REF

TEXT BOX for specify: HTCONCH (20characters)	---- . - HTCON
---	-----------------------

link to ICD9 code

*(If VIDHT is = 1 then go to VIDLG)
If VIDHT is = 2 go to HTDIA
If HTDIA is = 2 then HTCONCH must be filled out
HTCON (4 Characters to the tenth decimal point and drop the decimal point)*

MEDICAL RELEASE CC_MR must be filled out if VIDHT is= 2

d) Lungs and Bronchial Tubes

IF YES: Was there a diagnosis?
What was the diagnosis?

VIDLG NO YES REF
LGDIA NO YES REF

TEXT BOX for specify: LGCONCH (20characters)	---- . - LGCON
---	-----------------------

link to ICD9 code

GET MEDICAL RELEASE IF ANSWER IS YES

*(If VIDLG is = 1 then go to **VIDSL NYHAI**)
If VIDLG is = 2 go to LGDIA
If LGDIA is = 2 then LGCONCH must be filled out
LGCON (4 Characters to the tenth decimal point and drop the decimal point)*

MEDICAL RELEASE *dd_MR* must be filled out if **VIDLG** is= 2
Outcome # = 22, called "LUNG"

d1) Which of the following types of activities bring on shortness of breath? NYHA I

- 1) Ordinary physical activity does not cause shortness of breath (dyspnea).
 You can carry 24lbs (such as a toddler) up eight steps; do heavy lifting; do outdoor work [shovel snow, spade soil]; do recreational activities [skiing, basketball, jog/walk 5 miles per hour]
- 2) You are comfortable at rest, but ordinary physical activity results in shortness of breath (dyspnea)
 You can do activities such as garden, rake, weed, dance, walk 4 miles per hour on level ground without stopping.
- 3) You are comfortable at rest, but less than ordinary physical activity causes shortness of breath (dyspnea)
 You can do activities such as shower without stopping, strip and make bed, play golf, dress without stopping, walk about 2.5 miles per hour.
- 4) You cannot carry on any physical activity without shortness of breath (dyspnea)
 Cannot carry out any activities listed above.

d1) Do ordinary physical activities cause shortness of breath (dyspnea)? NYHA I

(use the following if examples are needed: You can carry 24lbs (such as a toddler) up eight steps; do heavy lifting; do outdoor work [shovel snow, spade soil]; do recreational activities [skiing, basketball, jog/walk 5 miles per hour]

Select one:

No, ordinary physical activity does not cause shortness of breath. (same code as option 1 above)

If yes, which of the following types of activities bring on shortness of breath?

- a) Ordinary physical activity results in shortness of breath. (same code as option 2 above)**
 (read if examples are needed: You can do activities such as garden, rake, weed, dance, walk 4 miles per hour on level ground without stopping.
- b) Less than ordinary physical activity causes shortness of breath. (same code as option 3 above)**

VISIT 68 CADI TEMPLATE

38

(read if examples are needed You can do activities such as shower without stopping, strip and make bed, play golf, dress without stopping, walk about 2.5 miles per hour.

c) You cannot carry on any physical activity without shortness of breath *(same code as option 4 above)*
 (read above examples again if needed; Cannot carry out any activities listed above.)

d2) Is there known lung disease or other causes for dyspnea? **NYHA2** NO YES REF

d3) Other comments? **NYHACOM** (100 char) _____

e) Esophagus, Stomach, Intestines, or Liver Disease **VIDSL** NO YES REF

IF YES: Was there a diagnosis? **SLDIA** NO YES REF

What was the diagnosis?

TEXT BOX for specify: SLCONCH (20characters)	---- . _ SLCON
---	-----------------------

link to ICD9 code

Liver disease 0 If selected pop up message to get medical records.

Cannot move to next question unless medical release obtained or refused is selected.

(If VIDSL is = 1 then go to VIDBJ)

If VIDSL is = 2 go to SLDIA

If **SLDIA** is = 2 then **SLCONCH** must be filled out
SLCON (4 Characters to the tenth decimal point and drop the decimal point)

If **VIDHT** is= 2 **MEDICAL RELEASE** then pop up **EE_MR**, but it doesn't have to be filled out

f) Bones, Joints or Muscles **VIDBJ** NO YES REF
 IF YES: Was there a diagnosis? **BJDIA** NO YES REF
 What was the diagnosis?

TEXT BOX for specify: BJCONCH (20characters)	---- . _ BJCON
--	-----------------------

link to ICD9 code

(If **VIDBJ** is = 1 then go to **VIDGU**)
 If **VIDBJ** is = 2 go to **BJDIA**
 If **BJDIA** is = 2 then **BJCONCH** must be filled out
BJCON (4 Characters to the tenth decimal point and drop the decimal point)

Osteoporosis, avascular necrosis, or osteonecrosis NO YES REF

If selected necrosis then pop up medical release message:
Cannot move to next question unless medical release obtained or refused is selected.

g) Genital, Urinary and Rectal **VIDGU** NO YES REF
 IF YES: Was there a diagnosis? **GUDIA** NO YES REF
 What was the diagnosis?

TEXT BOX for specify: GUCONCH (20characters)	---- . _ GUCON
--	-----------------------

link to ICD9 code

(If VIDGU is = 1 then go to VIDSK)

If VIDGU is = 2 go to GUDIA

If GUDIA is = 2 then GUCONCH must be filled out

GUCON (4 Characters to the tenth decimal point and drop the decimal point)

h) Skin **VIDSK** NO YES REF

IF YES: Was there a diagnosis? **SKDIA** NO YES REF

What was the diagnosis?

TEXT BOX for specify: SKCONCH (20characters)	---- . _ SKCON
---	-----------------------

link to ICD9 code

(If VIDSK is = 1 then go to VIDNS)

If VIDSK is = 2 go to SKDIA

If SKDIA is = 2 then SKCONCH must be filled out

SKCON (4 Characters to the tenth decimal point and drop the decimal point)

i) Nervous system **VIDNS** NO YES REF

GET MEDICAL RELEASE IF ANSWER IS YES

IF YES: Was there a diagnosis? **NSDIA** NO YES REF

What was the diagnosis?

TEXT BOX for specify: NSCONCH (20characters)	---- . _ NSCON
---	-----------------------

link to ICD9 code

(If VIDNS is = 1 then go to VIDPY)

If VIDNS is = 2 go to NSDIA

*If **NSDIA** is = 2 then **NSCONCH** must be filled out
NSCON (4 Characters to the tenth decimal point and drop the decimal point)*

*MEDICAL RELEASE **ü_MR** must be filled out if **VIDNS** is = 2*

<p>j) Treatment of depression, anxiety, or other mental health problems? <i>IF YES:</i> Was there a diagnosis? What was the diagnosis?</p>	<p>VIDPY NO YES REF</p>	<p>PYDIA NO YES REF</p>	
---	--------------------------------	--------------------------------	--

TEXT BOX for specify: PYCONCH (20characters)	---- . _ PYCON
--	-----------------------

link to ICD9 code

*(If **VIDPY** is = 1 then go to **VIDHO**)*

*If **VIDPY** is = 2 go to **PYDIA***

*If **PYDIA** is = 2 then **PYCONCH** must be filled out*

***PYCON** (4 Characters to the tenth decimal point and drop the decimal point)*

<p>k) Hormones or Endocrine system <i>IF YES:</i> Was there a diagnosis? What was the diagnosis?</p>	<p>VIDHO NO YES REF</p>	<p>HODIA NO YES REF</p>	
---	--------------------------------	--------------------------------	--

TEXT BOX for specify: HOCONCH (20characters)	---- . _ HOCON
--	-----------------------

link to ICD9 code

*(If **VIDHO** is = 1 then go to **VIDO**)*

*If **VIDHO** is = 2 go to **HODIA***

*If **HODIA** is = 2 then **HOCONCH** must be filled out*

***HOCON** (4 Characters to the tenth decimal point and drop the decimal point)*

I) Other

IF YES: Was there a diagnosis?
What was the diagnosis?

VIDO NO YES REF
ODIA NO YES REF

TEXT BOX for specify: OCON1CH (20characters)	---- . -- OCON1
TEXT BOX for specify: OCON2CH (20characters)	---- . -- OCON2

link to ICD9 code

link to ICD9 code

*(If **VIDO** is = 1 then go to **HERPF**)*

*If **VIDO** is = 2 go to **ODIA***

*If **ODIA** is = 2 then **OCON1CH** must be filled out*

***OCON1** (4 Characters to the tenth decimal point and drop the decimal point)*

***OCON2CH** entry is optional.*

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

- | | | | | |
|---|--------------|----|-----|-----|
| 1) Facial herpes, cold sores, or fever blisters | HERPF | NO | YES | REF |
| 2) Sores in genital region | HERPG | NO | YES | REF |
| 3) Sores in the anal or rectal areas | HERPA | NO | YES | REF |
| 4) Sores elsewhere on your body | HERPE | NO | YES | REF |

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

HERLV NO YES REF

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

HERWR NO YES REF

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

A.1) Syphilis **SYPHA** NO YES REF [IF “NO,” GO TO (B)]

*(If **SYPHA** is = 1 then go to **GONOR**)*

*(If **SYPHA** is = 2 then go to **SYPHN**)*

A.2) Was this a new infection or was it a continuation or relapse of a previous infection?

New infection (code=1)

Continued or relapse (code=2)

SYPHN

B) Any form of gonorrhea **GONOR** NO YES REF

NO [IF “NO,” GO TO (F)]

YES

REF

*(If **GONOR** is = 1 then go to **URETC**)*

*(If **GONOR** is = 2 then go to **UGONA**)*

C) Urethral gonorrhea

(clap or drip of the urinary passage) **UGONA** NO YES REF

D) Oral gonorrhea (of the mouth or throat) **OGONA** NO YES REF

E) Rectal gonorrhea (of the rectum) **RGONA** NO YES REF

F) Non-specific or nongonococcal urethritis or chlamydia (that is, a discharge from the penis that's not caused by gonorrhea) **URETC** NO YES REF

G.1) Genital warts (condylomata acuminata) **WARTG** NO YES REF

NO [IF "NO," GO TO (H.1)]

YES

REF

*(If **WARTG** is = 1 then go to **WARTS**)*

*(If **WARTG** is = 2 then go to **WRTGN**)*

G.2) Was this a new infection or was it a continuation or relapse of a previous infection?

New infection (code=1)

Continued or relapse (code=2)

WRTGN

H.1) Anal warts (condylomata acuminata) **WARTS** NO YES REF

NO [IF "NO," GO TO (Q13A)]

YES

REF

*(If **WARTS** is = 1 then go to **DIZZI**)*

*(If **WARTS** is = 2 then go to **WRTSN**)*

H.2) Was this a new infection or was it a continuation or relapse of a previous infection?

New infection (code=1)

Continued or relapse (code=2)

WRTSN

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

PROBLEM OR SYMPTOM FOR EACH "YES" IN a, ASK b, c, d, AND e.	(a) How about (EACH)? Did you have that at any time since your last visit [in (MONTH, YEAR)]?	(b) Did that last for two weeks or longer?	(c) And do you have that now?	(d) Did you experience this symptom due to taking any medication?	(e) Is this a new condition?
1). Persistent dizziness for at least 3 consecutive days	DIZZI NO YES	DIZ2W NO YES	DIZNO NO YES	DZMED NO YES DK	DIZNC NO YES
2). Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	FATIG NO YES	FAT2W NO YES	FATIN NO YES	FTMED NO YES DK	FATNC NO YES
	FEVER NO YES	FEV2W NO YES	FEVRN NO YES	FVMED NO YES DK	FEVNC NO YES
3). Persistent or recurring fever higher than 100° for at least 3 consecutive days	HEADA NO YES	HED2W NO YES	HEADN NO YES	HDMED NO YES DK	HEANC NO YES
4). Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days	RASH NO YES	RAS2W NO YES	RASHN NO YES	RHMED NO YES DK	RSHNC NO YES
5). A new skin condition, rash, or infection that lasted for at least 3 consecutive days	GLAND NO YES	GLN2W NO YES	GLANN NO YES	GLMED NO YES DK	GLANC NO YES
6). Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days	DIARR NO YES	DIA2W NO YES	DIARN NO YES	DIMED NO YES DK	DIANC NO YES
	SWEAT NO YES	SWT2W NO YES	SWETN NO YES	SWMED NO YES DK	SWENCNO YES
7). Diarrhea for at least 3 consecutive days	VOMIT NO YES	VOT2W NO YES	VOTNO NO YES	VTMED NO YES DK	VOTNCNO YES
8). Drenching sweats at night on at least 3 occasions					
9). Nausea, vomiting					

VISIT 68 CADI TEMPLATE

47

PROBLEM OR SYMPTOM FOR EACH "YES" IN a, ASK b, c, d, AND e.	(a) How about (EACH)? Did you have that at any time since your last visit [in (MONTH, YEAR)]?	(b) Did that last for two weeks or longer?	(c) And do you have that now?	(d) Did you experience this symptom due to taking any medication?	(e) Is this a new condition?
10). Abdominal pain, bloating, cramps	BLOAT NO YES	ABP2W NO YES	ABPNO NO YES	ABMED NO YES	ABPNC NO YES
11). Ascites (fluid buildup in the stomach or abdomen)	ASCIT NO YES	ASC2W NO YES	ASCNO NO YES	ASMED NO YES	ASCNC NO YES
12). Jaundice (yellow hue to whites of eyes, dark urine or clay colored stools)	ADICE NO YES	JDI2W NO YES	JDINO NO YES	JDMED NO YES	JDINC NO YES
* 13). An unintentional weight loss of at least 10 pounds unrelated to dieting	WTLOS NO YES		WTLSN NO YES	WTMED NO YES	WTLNC NO YES
14). Muscle pain or weakness	MPAIN NO YES	MPW2WNO YES	MPWNO NO YES	MPMED NO YES	MPWNC NO YES
15). Joint pain	JOINT NO YES	JNT2W NO YES	JNTNO NO YES	JTMED NO YES	JNTNC NO YES
16). Vivid nightmares or dreams	DREAM NO YES	NVD2W NO YES	NVDNO NO YES	DRMED NO YES	NVDNC NO YES
17). Insomnia or problems sleeping	INSOM NO YES	IPS2W NO YES	IPSNO NO YES	INMED NO YES	PSNC NO YES
18). Persistent dry mouth	DRYMO NO YES	DRY2W NO YES	DRYNO NO YES	DMMED NO YES	DRYNC NO YES

(If **DIZZI** is = 1 then go to **FATIG**)

(If **DIZZI** is = 2 then go to **DIZ2W, DIZNC, DZMED, DIZNC**)

(If **FATIG** is = 1 then go to **FEVER**)

(If **FATIG** is = 2 then go to **FAT2W , FATIN , FTMED, FATNC**)

(If **FEVER** is = 1 then go to **HEADA**)

(If **FEVER** is = 2 then go to **FEV2W, FEVRN, FVMED, FEVNC**)

(If **HEADA** is = 1 then go to **RASH**)

(If **HEADA** is = 2 then go to **HED2W, HEADN, HDMED, HEANC**)

(If **RASH** is = 1 then go to **GLAND**)

(If **RASH** is = 2 then go to **RAS2W, RASHN, RHMED, RSHNC**)

(If **GLAND** is = 1 then go to **DIARR**)

(If **GLAND** is = 2 then go to **GLN2W, GLANN, GLMED, GLANC**)

(If **DIARR** is = 1 then go to **SWEAT**)

(If **DIARR** is = 2 then go to **DIA2W, DIARN, DIMED, DIANC**)

(If **SWEAT** is = 1 then go to **VOMIT**)

(If **SWEAT** is = 2 then go to **SWT2W, SWETN, SWMED, SWENC**)

(If **VOMIT** is = 1 then go to **BLOAT**)

(If **VOMIT** is = 2 then go to **VOT2W, VOTNO, VTMED, VOTNC**)

(If **BLOAT** is = 1 then go to **ASCIT**)

(If **BLOAT** is = 2 then go to **ABP2W, ABPNO, ABMED, ABPNC**)

(If **ASCIT** is = 1 then go to **JDICE**)

(If **ASCIT** is = 2 then go to **ASC2W, ASCNO, ASMED, ASCNC**)

*(If **JDICE** is = 1 then go to **BRUIS**)*

*(If **JDICE** is = 2 then go to **JDI2W, JDINO, JDMED, JDINC**)*

*(If **WTLOS** is = 1 then go to **BLEED**)*

*(If **WTLOS** is = 2 then go to **WTLSN, WTMED, WTLNC**)*

*(If **MPAIN** is = 1 then go to **JOINT**)*

*(If **MPAIN** is = 2 then go to **MPW2W, MPWNO, MPWNC, MPMED**)*

*(If **JOINT** is = 1 then go to **PURIN**)*

*(If **JOINT** is = 2 then go to **JNT2W, JNTNO, JTMED, JNTNC**)*

*(If **DREAM** is = 1 then go to **INSOM**)*

*(If **DREAM** is = 2 then go to **NVD2W, NVDNO, DRMED, NVDNC**)*

*(If **INSOM** is = 1 then go to **DRYMO**)*

*(If **INSOM** is = 2 then go to **IPS2W, IPSNO, INMED, IPSNC**)*

*(If **DRYMO** is = 1 then go to **FEETP**)*

*(If **DRYMO** is = 2 then go to **DRY2W, DRYNO, DMMED, DRYNC**)*

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

	If NO go to next question If YES, indicate severity	How would you rate Severity on a scale from 0-10 where 0=none, 1= mild, 10=severe?	Did you experience this symptom due to taking any medication?
1. Pain, aching, or burning in your feet or legs?	FEETP NO YES	PAINR DDL (0-10) PAINL DDL (0-10)	PLMED NO YES DON'T KNOW
2. Pins and needles in your feet or legs?	PINSF NO YES	PINSR DDL (0-10) PINSL DDL (0-10)	PIMED NO YES DON'T KNOW
3. Numbness (lack of feeling) in your feet or legs?	NUMBF NO YES	NUMBR DDL (0-10) NUMBL DDL (0-10)	NBMED NO YES DON'T KNOW

(If **FEETP** is = 1 then go to **PINSF**)

(If **FEETP** is = 2 then go to **PAINR AND PAINL, PLMED**)

(If **PINSF** is = 1 then go to **NUMBF**)

(If **PINSF** is = 2 then go to **PINSR AND PINSL, PIMED**)

(If **NUMBF** is = 1 then go to **HIVAC**)

(If **NUMBF** is = 2 then go to **NUMBR AND NUMBL, NBMED**)

Moving on to medications and vaccines for HIV.

HIVAC Q14.1 Q14.1 Since your last visit, [in (MONTH, YEAR)], have you been given *a vaccine to prevent HIV infection or a therapeutic vaccine to control HIV infection* as part of a research trial?

(Preventive trials study the efficacy of vaccines developed to prevent HIV infection and therapeutic vaccine trials study the efficacy of vaccines to control HIV infection by boosting the body's natural immune response and sometimes delaying the need for initiating antiretroviral drug treatment.)

- NO
- YES
- REF

(IF HIVACS = 1 then go to MAIDS)

If HIVAC = 2, go to HIVACNM (must be filled out) and then go to HIVACCD (optional – doesn't have to be filled out)

HIVACNM Q14.2 What is the name of the trial? _____
(40 characters)

[See <http://www.aidsinfo.nih.gov/clinical-trials/>. If not identifiable based on information from participant, obtain a medical release to get name and NCT number from his doctor.

HIVACCD Q14.3 MACS CODE _ _ _ _ [If no MACS code, contact CAMACS]

HIVACNM2 Q14.4 Was there another trial? If so, what is the name of the trial?

(40 characters)

HIVACCD2 Q14.5 MACS CODE _ _ _ _ [If no MACS code, contact CAMACS]

* **MAIDS** 15. Since your last visit, [in (MONTH, YEAR)], have you taken any HIV-related medications or treatments? (That is, medications or treatments to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS excluding acyclovir.) This does not include medications to prevent getting infected with HIV. Questions about this type of treatment are asked separately.

Interview note : [If HIV negative participant reports ART drug (s) this information will be collected in Prep| Pep section]

NO

YES [If “YES,” GO TO Q 15. A. (1)]

REF

(If MAIDS is = 1 then go to NMNI)

(If MAIDS is = 2 then go to RESIT)

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

1. Not infected with HIV	NMNI NO YES REF
2. Doctor said was not necessary	NMDS NO YES REF
3. Not sick	NMNS NO YES REF
4. Too expensive	NMEX NO YES REF
5. Don't think they work or will help	NMDW NO YES REF
6. Possible side effects	NMSE NO YES REF
7. 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)	NMCD NO YES REF
8. Other reason	NMOR NO YES REF

(If NMNI is = 1 then go to NMDS)

(if NMNI = 2 or NMNI = 9(ref) then skip to TSLV.)

(if NMNI = 1 then NMDS, NMNS, NMEX, NMDW, NMSE, NMCD, NMOR Must be Answered)

If NMOR = 2 then NMORCH must be filled in

TEXT BOX for specify other reason: NMORCH (20characters)

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

- NO
- YES
- DON'T KNOW
- REF

SKIP TO Q 15.B.(1) IF ON HIV MEDS SINCE LAST VISIT
 SKIP TO Q 16 IF NOT ON HIV MEDS SINCE LAST VISIT

If RESIT is = 1 and if MAIDS = 1 and if NMNI = 1 or 9 (ref), then go to HIVRES

If RESIT is = 1 and if MAIDS = 1 and if NMNI = 2, then go to TSLV

(If RESIT is = 1 and if MAIDS = 2 then go to MLIAD)

(If RESIT is = 2 then go to RSTCH)

RSTCH is an exception and is not a character variable.

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

- NO
- YES
- DON'T KNOW
- REF

(If RSTCH is = 1, 2 or 3 and MAIDS = 2 then go to MLIAD)

If RSTCH is = 1, 2 or 3 or 9 (ref) and MAIDS = 1 then go to HIVRES)

*** ML1AD** 15. B. (1) Since your last visit [in (MONTH, YEAR)], have you taken any medication or drug on this list? [IF YES, administer drug form]

NO → SKIP TO Q 15.c. (1)

YES

REF → SKIP TO Q 15.c. (1) *If ML1AD is = 1 then go to ML2AD (If ML1AD is = 2 then go to ML1A1*

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



DRUG FORM 1



DRUG FORM 1.doc

RESEARCH NON-RES

DDL 5 *ML1A1, ML1A2, ML1A3, ML1A4, ML1A5, ML1A6, ML1A7, ML1A8, ML1A9, ML110, ML111, ML112*

Drug Form 1 will open after each drug is chosen.

ML1A1, ML1A2, ML1A3, ML1A4, ML1A5, ML1A6, ML1A7, ML1A8, ML1A9, ML110, ML111, ML112 (DDL for Drug codes are in DDL 5 in DDL.doc)

*** MDRUG** (3) Since your last visit [in (MONTH, YEAR)], did you stop taking all of your prescribed antiretroviral therapy for at least 2 days in a row?

NO → SKIP TO Q 15.C. (1)

YES

REF

If MDRUG is = 1 then go to ML2AD

(If MDRUG is = 2 then go to MISTI

IF YES: How many times did this occur?

*DDL (1-99) **MISTI***

Did your physician prescribe or agree to any of these? **PDRUG**

NO
YES
REF

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

*DDL (1-99) **DDRUG***

* **ML2AD** 15. C. (1) Since your last visit [**in (MONTH, YEAR)**], have you taken any medication or drug on this list [**SHOW LIST 2**] to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS?

NO —————> SKIP TO Q (Q15.c.3)
YES
REF —————> SKIP TO Q (Q15.c.3)

*IF **ML2AD** is = 1 then go to **HIVRES** (If **ML2AD** is = 2 then go to **ML2A1***

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

* *DDL 6 ML2A1, ML2A2, ML2A3, ML2A4, ML2A5, ML2A6, ML2A7, ML2A8, ML2A9, ML210, ML211, ML212 DDL for Drug codes are in DDL 6 in DDL.doc*

HIVRES 15.C.3 Since your last visit, have you participated in any other research studies involving treatment or prevention of HIV or its complications?

NO (code =1)

YES (code = 2)

REF

YES [(IF **HIVRES** = 1 then go to **TSLV**) If **HIVRES** = 2, go to **HIVRESNM** (must be filled out) and then go to **HIVRESCD** (optional – doesn't have to be filled out)]

HIVRESNM Q15.C.4 What is the name of the trial? _____
(40 characters)

[See <http://www.aidsinfo.nih.gov/clinical-trials/>. If not identifiable based on information from participant, obtain a medical release to get name and NCT number from his doctor.

HIVRESCD Q15.C.5 MACS CODE ___ ___ ___ [If no MACS code, contact CAMACS]

HIVRESNM2 Q15.C.6 Was there a second trial? If so, what is the name of the trial?
_____ (40 characters)

HIVRESCD2 Q15.C.7 MACS CODE ___ ___ ___ [If no MACS code, contact CAMACS]

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

You are being asked about your use of the following types of medications because of their potential effects on your overall health, including your long term risks for development of illnesses such as diabetes, heart disease, and osteoporosis, as well as their potential overall effects on the health of your muscles, liver, kidneys, and your sexual functioning. Similarly, the health effects of normal aging may be impacted by the use of these medications.

Testosterone:

***TSLV** 16.1a Since your last visit, have you used testosterone in any of the following preparations, including *Androgel, Testim, Fortesta, Androderm (patch), Testosterone injection (Delatestryl)*?

YES

NO [IF “NO,” GO TO Q 16.2A]

REF

DON’T KNOW [IF “DON’T KNOW,” GO TO Q 16.2A]

If **TSLV** = 1 or **TSLV** = 3 then go to **ASLV**

If yes:

TSHC *16.1b Was the testosterone prescribed by a health care provider?

YES

NO

REF

*16.1c What were the reasons for using testosterone? Was it because of [Read each item]

Low testosterone level

TSRLL

NO YES REF

Wasting or unintentional weight loss	TSRWL	NO	YES	REF
To build muscle mass	TSRMM	NO	YES	REF
Erectile Dysfunction	TSRED	NO	YES	REF
Low sexual desire	TSRSD	NO	YES	REF
Fatigue	TSRFT	NO	YES	REF
Anemia (low red blood cells)	TSRAN	NO	YES	REF
To feel stronger or more energetic	TSRSE	NO	YES	REF
Improve athletic performance	TSRAP	NO	YES	REF
Also taking Megace (megesterol)	TSRME	NO	YES	REF
Other	TSROT	NO	YES	REF
If yes: specify _____	TSROTCH (20 characters)			

***16.1d How was it administered? Was it by [Read each item]**

TSAIN	Injection	NO	YES	REF
TSAINW	If yes: Have you gotten an injection in the last 2 weeks?	NO	YES	REF
TSAGL	Gel or patch	NO	YES	REF
TSAGLH	If yes: Have you applied it in the last 24 hours?	NO	YES	REF
TSASP	Under skin pellet (Testopel)	NO	YES	REF
TSASPM	If yes: Have you had a pellet placed in the last 6 months?	NO	YES	REF

16. Continued

Anabolic steroids:

ASLV 16.2a Since your last visit [in (MONTH, YEAR)], have you taken any anabolic steroids, such as *Anadrol-50*, *Winstrol*, *Oxandrin*?

YES

NO [IF “NO,” GO TO Q 16.3A]

REF

DON’T KNOW [IF “DON’T KNOW,” GO TO Q 16.3A]

OTHER (code=4)

Specify: _____ **ASOTCH** (20 characters)

If **ASLV** = 1(NO) or **ASLV** = 3(DK) and *macsid* not in *GCEV* list then go to *GCEV*

If **ASLV** = 1(NO) or **ASLV** = 3(DK) and *macsid* in *GCEV* list then go to *GCEV_2*

If **ASLV** = 2(YES) or 4(OTHER) then go to **ASRWL**

If yes or other:

16.2b What were the reasons for taking this/these steroid(s)? [Read each item]

Wasting or unintentional weight loss	ASRWL	NO	YES	REF
To build muscle mass	ASRMM	NO	YES	REF
To feel stronger or more energetic	ASRSE	NO	YES	REF
Improve athletic performance	ASRAP	NO	YES	REF
Other	ASROT	NO	YES	REF
If yes: specify _____	ASROTCH (20 characters)			

AS5D 16.2c Have you taken/used the anabolic steroids in the past 5 days?

YES

NO

REF

If macsid not in **GCEV** list then go to **GCEV**

If macsid in **GCEV** list then go to **GCEV_2**

Glucocorticoids (corticosteroids):

GCEV_2 16.3a At a prior visit you had reported EVER taking any steroids by mouth called glucocorticoids or corticosteroids, such as *prednisone, dexamethasone (Decadron), hydrocortisone, prednisolone (Prelone), methylprednisolone (Medrol)*?

Approximately, how old were you when you last took any? *DDL (0-99)*

Go to **GC3M**.

GCEV 16.3a Thinking about medications taken in your past, have you EVER taken any steroids by mouth called glucocorticoids or corticosteroids, such as *prednisone, dexamethasone (Decadron), hydrocortisone, prednisolone (Prelone), methylprednisolone (Medrol)*?

YES

NO [IF “NO,” GO TO Q 16.3F]

REF

DON'T KNOW [IF “DON'T KNOW,” GO TO Q 16.3F]

If **GCEV** = 1(NO) or **GCEV** = 3(DK) then go to **GCINJ**

If yes:

GCAGE 16.3b Approximately, how old were you when you last took any? *DDL (0-99)*

GC3M 16.3c Have you ever taken any of these steroid pills for a period of greater than 3 months?

- YES
- NO
- REF

GCLVD 16.3d Now thinking about since your last visit only, how many days in total have you taken glucocorticoid or corticosteroid pills? *(if none, fill in 0)*

___ (up to 3 characters, must be numbers entered)

If **GCLVD** = 0 then go to **GCINJ**

16.3e What were the reasons for taking this/these steroid(s) since your last visit? *(mark all that apply)*

Adrenal insufficiency	GCRAI	NO	YES	REF
Lung condition	GCRLC	NO	YES	REF
Joint condition	GCRJC	NO	YES	REF
Back condition	GCRBC	NO	YES	REF
Skin condition	GCRSC	NO	YES	REF

Other **GCROT** NO YES REF
 Specify: _____ **GCROTCH**(20 characters)

[If all **GCRAI, GCRLC, GCRJC, GCRBC, GCRSC, GCROT** = 1 (NO), Then Prompt “ Please select any steroids !” appears]

GCINJ 16.3f Since your last visit [in (MONTH, YEAR)], have you had an injection of this/these steroid(s) into your skin or joints, back, muscle?

YES
 NO
 REF

If **GCLVD** = 0 and **GCINJ** = 1(no) then go to **ISLV**
 If **GCEV** = 1(no) and **GCINJ** = 1(no) then go to **ISLV**

GC5D 16.3g Have you taken/used the glucocorticoid(s) or corticosteroid(s) by any means in the past 5 days?

NOTE: Any means is by pill or injection.

YES
 NO
 REF

ISLV 16.4a Since your last visit [in (MONTH, YEAR)], have you taken any inhaled steroids?

YES
 NO
 REF

(Note – to interviewer: If the participant reported an inhaled medication, but is not sure whether it was a steroid, read aloud the names of the drugs listed below.)

If yes: 16.4b Which one(s):

Beclomethasone	ISBE	NO	YES	REF
QVAR	ISQV	NO	YES	REF
Budesonide	ISBU	NO	YES	REF
Pulmicort	ISPU	NO	YES	REF
Ciclesonide	ISCI	NO	YES	REF
Alvesco	ISAL	NO	YES	REF
Flunisolide	ISFLN	NO	YES	REF
AeroBid	ISAB	NO	YES	REF
Fluticasone	ISFLT	NO	YES	REF
Flovent	ISFLO	NO	YES	REF
Mometasone	ISMO	NO	YES	REF
Asmanex Twisthaler	ISAT	NO	YES	REF
Triamcinolone	ISTR	NO	YES	REF
Azmacort	ISAZ	NO	YES	REF
budesonide and formoterol	ISBF2	NO	YES	REF
Symbicort	ISSY	NO	YES	REF
Fluticasone and salmeterol	ISFS2	NO	YES	REF
Advair	ISAD	NO	YES	REF
Mometasone and formoterol	ISMF2	NO	YES	REF
Dulera	ISDU	NO	YES	REF

IS5D 16.4c Have you taken/used the inhaled steroid(s) in the past 5 days?

YES
NO
REF

THLV 16.5a Since your last visit [in (MONTH, YEAR)], have you taken thyroid hormones, such as *Synthroid*, *Levoxyl*, *levothyroxine*, or *Cytomel*?

YES
NO [IF “NO,” GO TO Q 16.6A]
REF
DON’T KNOW [IF “DON’T KNOW,” GO TO Q 16.6A]
OTHER (code=4)
Specify: _____ **THOTCH** (20 characters)

If **THLV** = 1(NO) or **THLV** = 3(DK) then go to **ANTBV**

TH5D 16.5b Have you taken/used thyroid hormone(s) in the past 5 days?

YES
NO
REF

VISIT 68 CADI TEMPLATE

65

	How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for? If the participant reports a drug that is not on the drop down list, select “other specified drug” at the end of the list and write the name of the drug in the specify box.	Have you taken/used any in the past 5 days (FOR ASPIRIN: in the last week)?
6) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	ANTBV NO YES	ANTBCH Text box 30 char	ANTB5 NO YES
7) Tranquilizers or sleeping pills	TRNQV NO YES	TRNQCH Text box 30 char	TRNQ5 NO YES
8) Antidepressants or mood elevators	MOODV NO YES	MOODCH Text box 30 char	MOOD5 NO YES

<p>9) Acyclovir, famciclovir or valacyclovir for herpes (zovirax, famvir, valtres) IF YES, did you take it:</p> <p>Everyday CHACY NO YES</p> <p>Only when you had active lesions or outbreak? EPACY NO YES</p>	<p>ACYCV NO YES</p>	<p>ACYCCH TEXT BOX 30 CHAR</p>	<p>ACYC5 NO YES</p>
<p>10) Viagra, Cialis, Levitra or other drugs that were prescribed by a medical provider to treat erectile dysfunction</p>	<p>VIAGR NO YES</p>	<p>VIAGCH TEXT BOX 30 CHAR</p>	<p>VIAG5 NO YES</p>
<p>*11) Aspirin taken three days or more on a weekly basis</p>	<p>*ASPRN NO YES</p>	<p>*ASPRCH TEXT BOX 30 CHAR</p>	<p>*ASPR7 NO YES</p>
<p>12) Medications to lower cholesterol, triglycerides, lipids or blood fat</p> <p>*CHOL1 NO YES *CHOL2 NO YES</p>	<p>DDL 7 _____</p> <p>*CHDG1</p>		<p>*CHL15 NO YES *CHL25 NO YES</p>

VISIT 68 CADI TEMPLATE

67

<p>*CHOL3 NO YES</p>	<p>_____</p> <p>*CHDG2</p> <p>_____</p> <p>*CHDG3</p>		<p>*CHL35 NO YES</p>
<p>13) Medications to treat hypertension</p> <p>*HYPT1 NO YES *HYPT2 NO YES *HYPT3 NO YES *HYPT4 NO YES *HYPT5 NO YES</p>	<p>DDL 8</p> <p>_____</p> <p>*HTDG1</p> <p>_____</p> <p>*HTDG2</p> <p>_____</p> <p>*HTDG3</p> <p>_____</p> <p>*HTDG4</p> <p>_____</p> <p>*HTDG5</p>		<p>*HYP15 NO YES *HYP25 NO YES *HYP 35 NO YES *HYP 45 NO YES *HYP 55 NO YES</p>
<p>14) Medications to treat diabetes</p> <p>DDL9 _____ *DIAT1 _____ *DIAT2 _____ *DIAT3</p>	<p>*DIAB1 NO YES *DIAB2 NO YES *DIAB3 NO YES</p>		<p>*DIA15 NO YES *DIA25 NO YES *DIA35 NO YES</p>
<p>15) Medications to treat hepatitis</p>	<p>*HEPD1 NO YES</p>		<p>*HEP15 NO YES</p>

DDL10 _____ *HEPT1 _____ *HEPT2	*HEPD2 NO YES		*HEP25 NO YES
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(If ANTBV = 1 then go to TRNQV)

(If ANTBV = 2 then go to ANT BCH, ANT B5)

(If TRNQV = 1 then go to MOODV)

(If TRNQV = 2 then go to TRNQCH, TRNQ5)

(If MOODV = 1 then go to ACYCV)

(If MOODV = 2 then go to MOODCH, MOOD5)

(If ACYCV = 1 then go to VIAGR)

(If ACYCV = 2 then go to ACYCCH, ACYC5, CHACY, EPACY)

(If ACYCV = 2 then either CHACY OR EPACY must = 2)

(If VIAGR = 1 then go to ASPRN)

(If VIAGR = 2 then go to VIAGCH, VIAG5)

(If ASPRN = 1 then go to CHOL1)

(If ASPRN = 2 then go to ASPRCH, ASPR7)

(If CHOL1 = 1 then go to HYPT1)

(If CHOL1 = 2 then go to CHDG1, CHL15)

(If CHOL2 = 1 then go to HYPT1)

(If CHOL2 = 2 then go to CHDG2, CHL25)

(a) Have you (taken/used) Any other medications since your last visit [in (MONTH, YEAR)]?	(b) When specified, what was the name of the (KIND OF DRUG) you took?	(c) What did you take this drug for?	(d) Have you taken/used any in the past 5 days
16) OTHER a. ODRG1 NO YES	Text box for name of drug: (30 characters) DRUG1CH DRUG1 4 digit code.	Text box for USE of drug: (30 characters) DRUGUSECH1	ODG15 NO YES
b. ODRG2 NO YES	Text box for name of drug: (30 characters) DRUG2CH	Text box for USE of drug: (30 characters) DRUGUSECH2	ODG25 NO YES

(If **CHOL3** = 1 then go to **HYPT1**)

(If **CHOL3** = 2 then go to **CHDG3, CHL35**)

(If **HYPT1** = 1 then go to **DIAT1**)

(If **HYPT1** = 2 then go to **HTDG1, HYP15, HYPT2**)

(If **HYPT2** = 1 then go to **DIAT1**)

(If **HYPT2** = 2 then go to **HTDG2, HYP25, HYPT3**)

(If **HYPT3** = 1 then go to **DIAT1**)

(If **HYPT3** = 2 then go to **HTDG3, HYP35, HYPT4**)

(If **HYPT4** = 1 then go to **DIAT1**)

(If **HYPT4** = 2 then go to **HTDG4, HYP45, HYPT5**)

(If **HYPT5** = 1 then go to **DIAT1**)

(If **HYPT5** = 2 then go to **HTDG5, HYP55**)

(If **DIAT1** = 1 then go to **HEPT1**)

(If **DIAT1** = 2 then go to **DIAB1, DIA15, DIAT2**)

(If **DIAT2** = 1 then go to **HEPT1**)

(If **DIAT2** = 2 then go to **DIAB2, DIA25, DIAT3**)

(If **DIAT3** = 1 then go to **HEPT1**)

(If **DIAT3** = 2 then go to **DIAB3, DIA35**)

(If **HEPT1** = 1 then go to **ODRG1**)

(If **HEPT1** = 2 then go to **HEPD1, HEP15, HEPT2**)

(If **HEPT2** = 1 then go to **ODRG1**)

(If **HEPT2** = 2 then go to **HEPD2, HEP25**)

(If ODRG1 is = 1 then go to ADAP)

IF ODRG2 and ODRG3 are = 1 go to ADAP)

(If ODRG1 is = 2 then go to DRUG1, DRUG1CH and ODG15)

If ODRG2 is = 2 then DRUG2, DRUG2CH and ODG25 must be filled in

If ODRG3 is = 2 then DRUG3, DRUG3CH and ODG35 must be filled in

If ODRG4 is = 1 then go to ADAP)

IF ODRG5, ODRG6, ODRG7, ODRG8, ODRG9, ODRG10, and ODRG11 are = 1 go to ADAP)

If ODRG4 is = 2 then DRUG4, DRUG4CH and ODG45 must be filled in

If ODRG5 is = 2 then DRUG5, DRUG5CH and ODG55 must be filled in

If ODRG6 is = 2 then DRUG6, DRUG6CH and ODG65 must be filled in

If ODRG7 is = 2 then DRUG7, DRUG7CH and ODG75 must be filled in

If ODRG8 is = 2 then DRUG8, DRUG8CH and ODG85 must be filled in

If ODRG9 is = 2 then DRUG9, DRUG9CH and ODG95 must be filled in

If ODRG10 is = 2 then DRUG10, DRUG10CH and ODG105 must be filled in

If ODR11 is = 2 then DRUG11, DRUG11CH and ODG115 must be filled in

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

NO
YES

REF

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

NO → SKIP TO Q 17.C
 YES - did you have:
 REF

I would not

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

characters)

If **MEDCV** is = 1 then go to **INSDG**

(If **MEDCV** is = 2 then go to **HMOC, GPIC, IPIC, MCAID, MCARE, HCVET, RWHIT, OTHER** – all must be filled out: yes/no/refused)

(If **MEDCV** is = 2 then at least one should be =2 or REF: **HMOC, GPIC, IPIC, MCAID, MCARE, HCVET, RWHIT, OTHER**)

(If **OTHER** is = 2 then **OTHERCH** must be filled in

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

NO
YES
DON'T KNOW

If *INSDG AND MEDCV* are = 1 then go to *DINS*
If *INSDG OR MEDCV* are = 2 then go to *INCUR*)

INCUR 18. Are you currently insured?

NO
YES
REF

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

NO
YES
REF

20. Since your last visit [in (MONTH, YEAR)], have you gone to ANY of the following sources for your outpatient medical care? (**ASK FOR EACH ITEM**) (This does not include dental health care, mental health care, home health care, clinical trials or other research studies, including MACS.) [**SHOW CARD WITH EXAMPLES OF EACH CATEGORY.**]

Please include all doctor visits and any other outpatient visits or services for each of your reported illness, and any additional illness [Prompt :“Reported illness” with ILLNESS LIST containing diseases participant listed in questions asked earlier]

1) Doctor's office or any other clinic, including speciality clinic and Urgent Care	DCOV NO YES REF	DDL (1-99) DCNUM
2) Emergency Room	EROV NO YES REF	DDL (1-99) ERNUM
3) Other outpatient service: facilities providing lab work, imaging, or non-mental health	OPOV NO YES REF	DDL (1-99) OPNUM

TEXT BOX for specify: **OPOVCH** (20characters)

If **DCOV** is = 1 then go to **EROV**
 (If **DCOV** is = 2 then go to **DCNUM**)

If **EROV** is = 1 then go to **OPOV**
 (If **EROV** is = 2 then go to **ERNUM**)

If **OPOV** is = 1 then go to **DENTV**
 (If **OPOV** is = 2 then go to **OPNUM** and **OPOVCH** must be filled in)

DENTV 21. A. Since your last visit [in (MONTH, YEAR)], have seen a dental health care provider, such as a dentist or dental hygienist?

- NO
- YES
- REF

DHNUM B. How many times? DDL 01-99

If **DENTV** is = 1 then go to **NSCARE**
If **DENTV** is = 2 then go to **DHNUM**

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

- NO
- YES
- REF

(If **NSCARE** is = 1 then go to **OTINF**)
IF **NSCARE** is = 2 go to **NCFIN** and **NCOTH**)

B. IF YES: Why did you not seek care or obtain prescription medications?
[READ EACH AND MARK ALL THAT APPLY]

Financial reasons: **NCFIN** NO YES REF

Other non-financial reasons: **NCOTH** NO YES REF

↑
↳ TEXT BOX for specify: **NCOTHCH** (20characters)

IF **NCOTH** is = 2 **NCOTHCH** must be filled in)

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

No, nothing more → THANK PARTICIPANT AND GO TO ITEM 24

If **OTINF** is = 1 (no) and this is not an abbreviated interview, go to **ACASI**

If **OTINF** is = 1 (no) and abbreviated interview, then go to **PHINT, LMINT, HVINT** and then skip to **INTRO_BEH**. Complete smoking section according to same programming rules for a full interview (CADI will check the list of MACSIDS on the list—smokedsinceV57.txt. However, after completing **SMOKHM**, go back to Q27. Interview Method (**PFINT**), and complete this last page according to same programming rules for a full and abbreviated interviews to end the interview. go to **ACASI**

Yes

(If **OTINF** is = 2 then FILL OUT **OTINFCH**)

B. Tell me about it

RECORD FULLY IN R'S OWN WORDS



TEXT BOX for THINGS TO KNOW: **OTINFCH** (60characters)

If abbreviated interview, go to **ACASI**. go to **PHINT, LMINT, HVINT** and then skip to **INTRO_BEH**. Complete smoking section according to same programming rules for a full interview (CADI will check the list of MACSIDS on the list—smokedsinceV57.txt. However, after completing **SMOKHM**, go back to Q27. Interview Method (**PFINT**), and complete this last page according to same programming rules for a full and abbreviated interviews to end the interview.

If this is not an abbreviated interview, go to **ACASI**.

***ACASI** Q24 should read as follows

Administration of Behavior Section

If the participant does not complete the MWII, click the option "CADI Interview" and continue to administer the PREP, S2, and behavior sections on the CADI. Ask the participant to fill out the scannable forms of the **full QOL** (36 item Health Survey) and

S3 (depression and social support scales). If the participant refuses the behavioral questionnaire, ask him if he would answer the smoking questions. Inform him that smoking information is important for the MACS to study the effects of smoking on certain illnesses.

CADI interview

- MWII (ACASI)
- Participant Refused behavior section

If “participant refused behavior section” option is selected (ACASI = 3), the smoking section will be administered.

Check: If ACASI = 1 and participant not eligible for Aging study, go to PHINT, LMINT, HVINT and PROPEXP and all behavior section, starting with income in this order. After completion of the behavior section, go to PFINT, DATECPLT, S4TEH, S4TEM, S4TEZ, INTERVIEWERLNAME, INTERVIEWERFNAME, INTVN, and CLNID. THEN END CADI.

Else if ACASI = 2 and participant not eligible for Aging study, go to PHINT, LMINT, HVINT, PFINT, DATECPLT, S4TEH, S4TEM, S4TEZ, INTERVIEWERLNAME, INTERVIEWERFNAME, INTVN, and CLNID in this order. Then END CADI.

ELSE if ACASI = 3 and participant not eligible for Aging study go to PHINT, LMINT, HVINT and then skip to INTRO_BEH. Complete smoking section according to same programming rules for a full interview (CADI will check the list of MACSIDS on the list – smokedsinceV57.txt.

However, after completing SMOKHM, go back to Q27. Interview Method (PFINT), and complete this last page according to same programming rules for a full and abbreviated interviews to end the interview.

If ACASI = 1 and participant IS eligible for Aging study, go to PHINT, LMINT, HVINT and PROPEXP and all behavior section, starting with income in this order. After completion of the behavior section, go to PFINT, DATECPLT, S4TEH, S4TEM, S4TEZ, INTERVIEWERLNAME, INTERVIEWERFNAME, INTVN, and CLNID. Then go to AGINGVIS and AGINGLTR page. THEN END CADI.

Else if **ACASI = 2** and participant IS eligible for Aging study, go to **PHINT, LMINT, HVINT, PFINT, DATECPLT, S4TEH, S4TEM, S4TEZ, INTERVIEWERLNAME, INTERVIEWERFNAME, INTVN,** and **CLNID** in this order. Then go to **AGINGVIS** and **AGINGLTR** page. Then END CADI.

ELSE if **ACASI = 3** and participant IS eligible for Aging study go to **PHINT, LMINT, HVINT** and then skip to **INTRO_BEH**. Complete smoking section according to same programming rules for a full interview (CADI will check the list of MACSIDS on the list – smokedsinceV57.txt.

However, after completing **SMOKHM**, go back to **Q27**. Interview Method (**PFINT**), and complete this last page according to same programming rules for a full and abbreviated interviews to end the interview.

***PHINT** 25a. Telephone interview?

No
Yes

***LMINT** 25b. Limited visit? [~~Chicago Only~~]

No
Yes

***HVINT** 26. Home visit?

No
Yes

*** PFINT** 27. Interview Method

Interview conducted using the Local CADI PC Version
 Interview conducted on a paper form then entered into CADI

*** 28. DATE INTERVIEW WAS COMPLETED** _/_/_/____ **DATECPLT** Allow leading zero.

Add text on screen. Instructions; “Enter the date of the interview using the paper CADI form. This date should be the same as the participant’s study visit date.”

*If **PFINT**=2 (conducted on paper form then entered into local CADI), allow user to enter the date interview was completed. Otherwise, if **PFINT**=1, this date can be automatically entered.*

S4TEH Time ended: Hours
 (DDL 1-12)

S4TEM Time ended: Minutes
 (DDL 0-59)

S4TEZ Time ended: Am/Pm
 (AM=1, PM=2)

INTVN is required. *If the interview is mid-termed, could the program direct the interviewer to this question before exiting out. Hit save and exit and then it will go to **INTVN** before closing down.*

***INTVN** 29. Interviewers name:

(20characters)	Last name
(20characters)	First Name
INTERVIEWER'S NUMBER _ _ _ (3 characters)	

***CLNID**

CLINIC IDENTIFIERS

BA share clinic [1]

BA Whitman Walker [2]

CH Howard Brown [3]

CH Northwestern [4]

CH CORE [5]

PI [6]

PI (Ohio) [0]

LA Wilshire [7]

LA LAGLC [8]

LA Harbor [9]

LA Satellite Clinic

MOVED AGING Qs to END OF BEHAVIOR SECTON

I have a few more questions regarding Anti-HIV Medications (PREP or PEP) Questions.

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

NEW section – replaces existing PROPEXP and related questions.

PEPAFT 1. Have you ever taken medications **AFTER** a possible exposure to HIV (such as condomless sex or a needlestick injury) in order to prevent yourself from becoming infected with HIV (also called post exposure prophylaxis or PEP)?

A. No

B Yes

C.Refused

D.HIV infected (Not applicable) (code=8)

If PEPAFT = 1 or 3 then go to PREPBEF

If PEPAFT = 2 then go to PEPAFTN

PEPAFTN 1a.How many times have you used preventative HIV medications **AFTER** a possible exposure in order to prevent HIV (post exposure prophylaxis or PEP) in your lifetime? _____

PEPAFTN6 1b. In the past 6 months, how many times have you used preventative HIV medications **AFTER** a possible exposure in order to prevent HIV (post exposure prophylaxis or PEP)? _____

PEPWHY 1c. What were the reason(s) for taking HIV medications **AFTER** possible exposure to HIV (PEP or post exposure prophylaxis) in order prevent yourself from getting HIV? (Please select all that apply)

A. condomless insertive anal sex with a partner of unknown HIV status **PEPWHY1=2**

B. condomless receptive anal sex with a partner of unknown HIV status **PEPWHY2=2**

C. condomless insertive anal sex with an HIV positive partner **PEPWHY3=2**

D. condomless receptive anal sex with an HIV positive partner **PEPWHY4=2**

E. condomless vaginal sex with a partner of unknown serostatus **PEPWHY5=2**

F. condomless vaginal sex with an HIV positive partner **PEPWHY6=2**

G. contact with blood or other potentially infectious material in a health care or work place setting (occupational exposure) **PEPWHY7=2**

H. injection drug use **PEPWHY8=2**

I. Other **PEPWHY9=2**

PEPMED 1d. In the past six months, what medications did you take **AFTER** the high risk exposure to prevent yourself from getting HIV (as PEP or post exposure prophylaxis)? (select all that apply)

- a. Combivir (AZT and lamivudine) **PEPMED1 = 2**
- b. Truvada (Tenofovir/emtricitabine) **PEPMED2=2**
- c. Descovy (Tenofovir alafenamide/emtricitabine) **PEPMED3=2**
- d. Stribild (Tenofovir/emtricitabine/cobicistat/elvitegravir) **PEPMED4=2**
- e. Triumeq (Abacavir/lamivudine/dolutegravir) **PEPMED5=2**
- f. Epzicom (Abacavir/lamivudine) **PEPMED6=2**
- g. Atripla (Emtricitabine/tenofovir/efavirenz) **PEPMED7=2**
- h. Complera (Emtricitabine/tenofovir/rilpivirine) **PEPMED8=2**
- i. Kaletra (lopinavir/ritonavir) **PEPMED9=2**
- j. Isentress (raltegravir) **PEPMED10=2**
- k. Selzentry (maraviroc) **PEPMED11=2**
- l. Tivicay (dolutegravir) **PEPMED12=2**
- m. Prezista (darunavir) **PEPMED13=2**
- n. Reyataz (atazanavir) **PEPMED14=2**
- o. Norvir (ritonavir) **PEPMED15=2**
- p. Other **PEPMED16=2**
- q. None **PEPMED17=2**

PREPBEF 2. Have you ever taken medications to prevent yourself from becoming HIV –infected **BEFORE** engaging in activities that you thought might put you at risk (PrEP or pre-exposure prophylaxis)?

- A. No
- B. Yes
- C. Refused

If PREPBEF = 1 or 3 then go to INCOMENEW

If PREPBEF = 2 then go to PREPBEF6

PREPBEF6 2a In the past six months have you taken medications to prevent becoming HIV-infected (PrEP or pre-exposure prophylaxis) **BEFORE** engaging in activities that put you at risk for HIV or because you thought you might engage in such activities?

A. No

B. Yes

C. Refused

If PREPBEF6 = 1 or 3 then go to INCOMENEW

2b. What medications have you taken to prevent becoming HIV-infected (PrEP or pre-exposure prophylaxis) before engaging in activities that put you at risk for HIV or because you thought you might engage in such activities?

a. Truvada (emtricitabine/tenofovir) **PREPMED1=2**

b. Descovy (emtricitabine/tenofovir alafenamide) **PREPMED2=2**

c. Selzentry (maraviroc) **PREPMED3=2**

d. Cabotegravir **PREPMED4=2**

e. Rilpivirine **PREPMED5=2**

f. Other **PREPMED6=2**

PREPCON 3. In the last six months, how consistently did you take medications to prevent HIV infection **BEFORE** engaging in activities that might put you at risk for HIV?

A. Daily or almost daily

B. Once or twice a week

C. Less than weekly

D. Periodically or intermittently

E. Other

PREPSTOP 4. If you stopped using medication to prevent HIV infection (PrEP or pre-exposure prophylaxis) over the past 6 month months, why did you stop using it?

- A. Side effects
- B. Too expensive
- C. Difficulty finding a doctor to prescribe
- D. No longer engaged in sexual relationships or other behaviors that put me at risk
- E. Using PrEP periodically or intermittently
- F. I forgot to take it
- G. Other
- H. Did not stop

PREPOBT 5. Where did you obtain medications to prevent HIV infection to be taken BEFORE engaging in activities that might put you at risk for HIV infection?

- A. Prescribed by a doctor or other health care provider
- B. As part of a clinical research study
- C. From a sexual partner
- D. From some other non-medical source
- E. Other

6. What was the specific reason for taking medication to prevent HIV infection **BEFORE** engaging in activities that might put you at risk for HIV or because you thought might engage in such activities (PrEP or pre-exposure prophylaxis)? (Please select all that apply)

- A. condomless insertive anal sex with a partner of unknown HIV status **PREPWHY1=2**
- B. condomless receptive anal sex with a partner of unknown HIV status **PREPWHY2=2**

- C. condomless insertive anal sex with an HIV positive partner **PREPWHY3=2**
- D. condomless receptive anal sex with an HIV positive partner **PREPWHY4=2**
- E. condomless vaginal sex with a partner of unknown serostatus **PREPWHY5=2**
- F. condomless vaginal sex with an HIV positive partner **PREPWHY6=2**
- G. contact with blood or other potentially infectious material in a health care or work place setting (occupational exposure) **PREPWHY7=2**
- H. injection drug use **PREPWHY8=2**
- iI. Other **PREPWHY9=2**

PREPCDM 7. Which statement best describes your use of condoms for anal sex while you were taking PrEP?

- A. I have used condoms less often than I did before starting PrEP
- B. I have used condoms more often than I did before I started PrEP
- C. I have stopped using condoms since I started PrEP
- D. I have used condoms infrequently
- E. There has been no change in my condom usage

PREPPART 8. While taking medication to prevent HIV infection (PrEP or pre-exposure prophylaxis), has the number of sexual partners you have had

- A. Increased
- B. Decreased
- C. Stayed the same

PROPEXP 30. In the past 2 years, have you used anti-HIV medications to try to prevent YOURSELF from getting infected either before being exposed to HIV or following a possible exposure to HIV; this is sometimes called PREP (for pre-exposure prophylaxis) or PEP (for post-exposure prophylaxis)?

No (code=1)

Yes (code=2)

Don't remember (code=3)

HIV infected (Not applicable) (code=8)

If (ACASI = 1 and (PROPEXP = 1 or 3 or 8)) then GO TO INCOMENEW

1st column for 1st medication

30.a. Which anti-HIV medications did you take?

1st Medication **PROP1MED** 2nd medication **PROP2MED** 3rd medication **PROP3MED**

Truvada (253)

Emtriva (FTC) (239)

Viread (tenofovir) (234)

Atripla (262)

Epzicom (254)

Isentress (Raltegravir) (264)

Nevirapine (Viramune) (191)

Norvir (Ritonavir) (211)

Prezista (darunavir) (256)

Reyataz (atazanavir) (243)

Sustiva (efavirenz) (220)

Other prescribed (998)

Over-the-counter or herbal prep (539)

1st Medication

PROPI16M 30.b. In the last 6 months, did you use this drug when you knew or suspected you would be having sex, or after sex?

- No GO TO **PROPIFRQ**
- Yes
- Ref

30.c. If YES, when did you take

(Insert Medication Name) NO YES DK REF

- 1) Within 12 hours before having sex **PROPIASEX** (required)
- 2) More than 12 hours before having sex **PROPIBSEX** (required)
- 3) Within 12 hours after having sex **PROPICSEX** (required)
- 4) More than 12 hours after having sex **PROPIDSEX** (required)

PROPIFRQ 30.d. How often did you typically use this drug in the last 6 months? (required)

Choose one:

- 1) Daily or almost daily
- 2) Once or twice per week
- 3) At least once per month, but less than weekly
- 4) Only once or twice in the last 6 months
- 5) Used in the last 2 years but not last 6 months
- 6) Ref

30.e. How did you obtain this medication?

	NO	YES	REF	
1. It was prescribed by my doctor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PROP1OB1 required
2. As part of a clinical research study	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PROP1OB2 required
3. From a sexual partner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PROP1OB3 required
4. From some other non-medical source	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	PROP1OB4 required

Are there other medications? **OTHMED1**

If **OTHMED1** = 1 (no), go to **INCOMENEW**. Else if **OTHMED1** = 2, go to **PROP2MED** and pop up 2nd column of questions.

If **OTHMED2** = 1 (no), go to **INCOMENEW**. Else if **OTHMED2** = 2, go to **PROP3MED** and pop up 3rd column of questions.

After completing 3rd column, go to **INCOMENEW**.

2 nd column of variable names	3 rd column of variable names
2 nd medication PROP2MED	3 rd medication PROP3MED
Q29B PROP2L6M	Q29B PROP3L6M
Q29C PROP2ASEX	Q29C PROP3ASEX
PROP2BSEX	PROP3BSEX
PROP2CSEX	PROP3CSEX
PROP2DSEX	PROP3DSEX
Q29D PROP2FRQ	Q29D PROP3FRQ
Q29E PROP2OB1	Q29E PROP3OB1

PROP2OB2	PROP3OB2
PROP2OB3	PROP3OB3
PROP2OB4	PROP3OB4
Q29F OTHMED2	

30.) At present, which of the following categories describes your annual individual gross income before taxes?

- a. Less than \$10,000 code 1
- b. \$10,000-\$19,999 code 2
- c. \$20,000-\$29,999 code 3
- d. \$30,000-\$39,999 code 4
- e. \$40,000-\$49,999 code 5
- f. \$50,000-\$59,999 code 6
- g. \$60,000-\$99,999 code 7
- h. \$100,000-149,999 code 8
- i. \$150,000 or more code 9
- j. Do not wish to answer code 10

INCOMNEW

Q31.b What was the highest grade or level of regular school or college that you finished and got credit for? Choose the answer that best describes school you completed. the last year of

- A) 8th grade (or less) code 1
- B) 9th, 10th, or 11th grade code 2
- C) 12th grade (high school graduate or a GED) code 3
- D) at least one year of college but no degree code 4

EDUCA

- E) two years of college and got a degree code 8
 - F)E) four years of college and got a degree code 5
 - G)F) some graduate school code 6
 - H)G) a graduate program and got a post-graduate degree code 7
-

Q31.c) What is your current employment status? (Please select all that apply to you.)

- A. Working full-time (35 hours or more per week)?
- B. Working part-time (less than 35 hours per week)
- C. Unemployed but seeking work
- D. Unemployed, not seeking work
- E. Student (either full-time or part-time)
- F. Retired
- G. Disability

FTIME
PTIME
UNEMP
UNENO
STUDT
RETIR
EMDIS

Q31.d) Are you self-employed?

- A.) No
- B.) Yes

EMSEL

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

- A. No (*Go to Q32 (jobhi)*)
- B. Yes

FNDIF

32a.) Is the difficulty less, the same, or greater than at your last visit [in MONTH, YEAR]?

- A. Less code 1
- B. Same code 2
- C. Greater code 3

FNDFL

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

- A. No (*go to INTRO_BEH*)
- B. Yes
- C. Ref (*go to INTRO_BEH*)

JOBHI2

Set "TSICK" to "JOBOT" default to missing. If "JOBHI" response = 2 then reset "TSICK" to "JOBOT" = 1. Else if "TSICK" to "JOBOT" is checked then set corresponding variable(s) to 2 and unchecked variables to 1.

33a.) What were the reasons? (Please select all that apply to you.)

TSICK2
RETEY2
JOBPE2
JOBOT2

- A. Became too sick to work
- B. Early retirement
- C. Changed job as a personal decision
- D. Other

text box for specify _____ **JOBOTCH2** (20 characters)

INTRO_BEH.) The following is a series of questions about specific behaviors, including cigarette smoking, alcohol use, sexual activities, and recreational drug use.

Programming instructions – CADI will check the list of MACSIDS on the list – smokedsinceV57.txt.

If the macsid is on the list go to **Q33.b (SMOKN)**. IF the MACSID is not on the list go to **Q33a1 (ESMOK)**

***33a1.)** Have you ever smoked cigarettes?

A. No (*go to Q33d ECIGLV*)

B. Yes

C. REF (*go to Q33d ECIGLV*)

ESMOK

33a2.) Thinking about the entire time you have smoked cigarettes, what percentage of that time did you smoke menthol cigarettes?

A. 100–75% of the time

code 1

B. Less than 75% but greater than 25% of the time

code 2

C. Less than 25% of the time

code 3

D. REF

code 9

SMOKM

***33b.)** Do you smoke cigarettes now (as of 1 month ago)?

A. No (*go to Q33d ECIGLV*)

code 1

B. Yes

code 2

C. Occasionally (less than one cigarette per day) (*go to Q33d ECIGLV*)

code 3

D. REF *go to Q33.d (ECIGLV)*

code 9

SMOKN

33c.) How many packs do you usually smoke per day?

A. Less than ½ pack

code 1

B. At least ½ pack; but less than 1 pack per day

code 2

PACKS

- C. At least 1 but less than 2 packs code 3
 - D. 2 or more packs per day code 4
 - E. REF
-

33d.) Since your last visit, have you smoked E-cigarettes?

ECIGLV

- A. No (*go to NICMED*)
 - B. Yes
 - C. Occasionally (less than one cigarette per day) (*go to NICMED*)
 - D. REF (*go to NICMED*)
-

33e.) Are you smoking them now?

ECIGN

- A. No
 - B. Yes
 - C. Occasionally
 - D. REF
-

If Q33.B (**ESMOK**) = no or refused then skip to **SMOKHM**

33f) Since your last visit, have you used any stop-smoking medications, such as a patch, gum, nasal spray, inhalers, or lozenges?

NICMED

- A. No
- B. Yes
- C. Occasionally
- D. REF

33g.) Since your last visit [in MONTH, YEAR], how many months have you lived in a household with at least one cigarette smoker other than yourself?

Please think about multiple households in which you lived.

___ months (up to 3 characters, must be numbers entered)

SMOKHM

INTRO_ALC.) The next set of questions are about alcoholic beverages. They may seem similar, but they are asked in a slightly different way. Please answer each of the following questions for the PAST 6 MONTHS. Check the box next to the one best answer for each question.

34a.) How often have you had drinks containing alcohol?

- A. Never **(go to INTRO_EYE)** code 1
- B. Less than monthly code 2
- C. Monthly code 3
- D. Weekly code 4
- E. Daily or almost daily code 5

FADRNK

F. REF (go to **INTRO_EYE**) code 9

34b.) During the past 6 months, how many drinks containing alcohol have you had on a typical day when you are drinking? (A “drink” is defined as one 12-ounce beer, one 5-ounce glass of wine, or one mixed drink with 1 and ½ ounces of 80-proof hard liquor.)

- A. 1 or 2 code 1
- B. 3 or 4 code 2
- C. 5 or 6 code 3
- D. 7 to 9 code 4
- E. 10 or more code 5
- F. None code 6
- G. REF

NADRNK

34c.) During the past 6 months, how often have you had six or more drinks on one occasion? (A “drink” is defined as one 12-ounce beer, one 5-ounce glass of wine, or one mixed drink with 1 and ½ ounces of 80-proof hard liquor.)

- A. Never code 1
- B. Less than monthly code 2
- C. Monthly code 3
- D. Weekly code 4
- E. Daily or almost daily code 5
- F. REF

DRNK6

~~**34d.)** Since your last visit [in MONTH, YEAR], have you been in an alcohol treatment program, including inpatient and/or outpatient detox, alcoholics anonymous, and/or any other program?~~

A. No

B. Yes

REF

ALTSV

INTRO_EYE.) The questions below are about how much difficulty, if any, you have doing certain activities because of your vision. If you usually wear eyeglasses or contact lenses to do these activities, please rate your ability to do them while wearing glasses or contact.

1.) How much difficulty do you have reading print in newspapers or other similar printed material? **EYE1**

A. No difficulty

B. A little difficulty

C. Moderate difficulty

D. Extreme difficulty

E. Unable to do because of eyesight

F. Does not do this for other reasons

G. Don't know

H. Refused

2.) How much difficulty do you have doing work or hobbies that require you to see well up close such as cooking, sewing, fixing things around the house, or using hand tools? **EYE2**

A. No difficulty

B. A little difficulty

C. Moderate difficulty

D. Extreme difficulty

E. Unable to do because of eyesight

F. Does not do this for other reasons

G. Don't know

H. Refused

3.) How much difficulty do you have going up steps, stairs, or curbs in dim light or at night? **EYE3**

A. No difficulty

B. A little difficulty

C. Moderate difficulty

D. Extreme difficulty

- E. Unable to do because of eyesight
- F. Does not do this for other reasons
- G. Don't know
- H. Refused

4.) How much difficulty do you have noticing objects off to the side while you are walking? **EYE4**

- A. No difficulty
- B. A little difficulty
- C. Moderate difficulty
- D. Extreme difficulty
- E. Unable to do because of eyesight
- F. Does not do this for other reasons
- G. Don't know
- H. Refused

5.) How much difficulty do you have finding something on a crowded shelf? **EYE5**

- A. No difficulty
- B. A little difficulty
- C. Moderate difficulty
- D. Extreme difficulty
- E. Unable to do because of eyesight
- F. Does not do this for other reasons
- G. Don't know
- H. Refused

6.) How much difficulty do you have driving in the daytime in familiar places? **EYE6**

- A. No difficulty
- B. A little difficulty
- C. Moderate difficulty
- D. Extreme difficulty
- E. Unable to do because of eyesight
- F. Does not do this for other reasons

G. Don't know
H. Refused

INTRO_SEX)

Now you will be asked some questions about your sexual activity. We realize that this is a very personal subject. Your answers will be completely confidential.

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

37a.) How many different women (if any) have you had sexual intercourse with since your last visit [in MONTH, YEAR]?

REF (up to 3 characters, must be numbers entered)
NSEXF_REF

NSEXF

37b.) With how many (other) women have you had sexual activity that did not include intercourse since your last visit [in MONTH, YEAR]?

REF (up to 3 characters, must be numbers entered)
NSXAF_REF

NSXAF

If NSEXF_REF=2 and NSXAF_REF=2 [checked] go to NSEXM

IF Q37a (nsexf) + Q37b (nsxaf) = 0, go to Q40a (nsexm)

37b1.) How many of your female sexual partners, if any, have you met since your last visit?

REF NSEXFNEWREF

*NSEXFNEW should be \leq to $nsexf+nsexaf$.

NSEXFNEW

ELSE IF $Q37a (nsexf) + Q37b (nsxaf) = 1$, go to *Q37c.1. (fp1)*

ELSE IF $Q37a (nsexf) + Q37b (nsxaf) \geq 2$, go to *(intromw)*

37c.1) You said you had intercourse or sexual activity with only one woman since your last visit [in MONTH, YEAR]. How would you describe this woman?

FPRT1

- A. Main partner or someone you have a longstanding relationship with, live with, or partner with.
(*go to intromw*) code 1
 - B. Casual partner, one time partner, or someone with whom you have not developed a longstanding, close relationship with. (*go to intromw*) code 2
 - C. Exchange partner: Someone you exchanged money or drugs with for sex (*go to intromw*)
 - D. REF(*go to intromw*)
-

(INTROMW.)

The next questions are about different kinds of sexual activities men have with women.

IF 37a(nsexf)= 0 AND 37b(nsxaf)=1, go to Q38.2a (LICF1).

ELSE if 37a(nsexf) = 0 AND 37b(nsxaf)>=2, go to 38.2b (NLICF).

ELSE if 37a(nsexf)=1 and 37b(nsxaf)= 0, go to 38.1a(UVAF1).

ELSE if 44a(nsexf)=1 and 44b (nsxaf >= 1), go to 38.1b(UVAFN).

ELSE if 37a(nsexf) >= 2 , go to 38.1b (UVAFN).

<p>38.1a) Since your last visit [in MONTH, YEAR], did you have unprotected vaginal or anal intercourse (did not use a condom) with this partner? a. No b.Yes</p> <p style="text-align: right;">UVAF1</p>	<p>38.1b) Since your last visit [in MONTH, YEAR], with how many of these women did you have unprotected vaginal or anal intercourse (did not use a condom)?</p> <p style="text-align: right;">UVAFN</p> <p><i>IF UVAFN > NSEXF, pop up error message</i> Error message: “ Your current answer is inconsistent with your previous answer (NSEXF) To modify your previous answer, click “OK” (go to NSEXF) . To modify your current answer, click “Cancel”. Buttons: “OK” “CANCEL”</p> <p>If UVAFN=0 then go to NLICF</p> <p>38.1b2) How many of these partners were?</p>
--	--

HIVNUVAF
HIVPUVAF
HIVDKUVAF

	<p>a. HIV negative _____</p> <p>b. HIV positive _____</p> <p>c. You are unsure about? _____</p> <p>HIVNUVAF+ HIVPUVAF+ HIVDKUVAF must be = UVAFN</p> <p><i>Pop up message:</i></p> <p>“The sum of the numbers in these three boxes is greater than the <u>number of partners with whom you had unprotected vaginal or anal intercourse.</u> To modify your previous answer, click “OK”. To modify your current answer, click “Cancel”.</p>
<p>38.2a) Since your last visit [in MONTH, YEAR], did you use your tongue to touch or lick her genitals (vagina, clitoris)?</p> <p>a. No b.Yes</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">LICF1</div>	<p>38.2b) Since your last visit [in MONTH, YEAR], with how many of these women did you use your tongue to touch or lick her genitals (vagina, clitoris)?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto; text-align: center;">NLICF</div> <p><i>IF NLICF > (nsexf + nsexaf) pop up error message</i></p> <p>Error message: “ Your current answer is inconsistent with your previous answer. To modify your previous answer, click “OK” (go to NSEXF and NSEXAF) . To modify your current answer, click “Cancel”.</p> <p>Buttons: “OK” “CANCEL”</p> <p>If NLICF=0 then go to NSEXM</p> <p>38.2b2) How many of these partners were?</p> <p>a. HIV negative _____</p> <p>b. HIV positive _____</p> <p>c. You are unsure about? _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto; text-align: center;"> HIVNLICF HIVPLICF HIVDKLICF </div> <p>HIVNLICF+HIVPLICF +HIVDKLICF</p> <p><i>must be = NLICF</i></p> <p><i>Pop up message:</i></p> <p>“The sum of the numbers in these three boxes is greater than the <u>number of women in 45.2b.</u> To modify your previous answer, click “OK”. To modify your current answer, click “Cancel”.</p>

	<p>GO TO NSEXM</p>
<p>38.3a) What is the HIV status of this partner? A. Negative B. Positive C. Don't Know <i>Go to NSEXM.</i></p> <p style="text-align: right;">HIVF1</p>	<p>38.3b. Was one of these women your main partner? (A main partner is someone you have a longstanding relationship with, live with or partner with.)</p> <p>_____ A. No _____ B. Yes</p> <p style="text-align: right;">FPRTM</p> <p><i>If FPRTM = 2 (yes), go to MPFIV. Else If FPRTM = 1, go to NSEXM.</i></p>
	<p>38.4b Did you have <u>unprotected</u> vaginal or anal intercourse with your main partner since your last visit?</p> <p>_____ A. No _____ B. Yes</p> <p style="text-align: right;">MPFIV</p>
	<p>38.5b) What is the HIV status of your main partner?</p> <p>_____ A. Negative _____ B. Positive _____ C. Don't Know</p> <p><i>Go to NSEXM</i></p> <p style="text-align: right;">MPHIVF</p>

40a.) How many different men (if any) have you had sexual intercourse with since your last visit [in MONTH, YEAR]?

___ (up to 3 characters, must be numbers entered)

NSEXM

REF NSEXM_REF

40b.) With how many (other) men have you had sexual activity that did not include intercourse since your last visit [in MONTH, YEAR]? ___ (up to 3 characters, must be numbers entered)

NNSXM

REF NNSXM_REF

If NSEXM_REF =2 and NNSXM_REF =2 [checked] go to Intro_DRG

IF Q40a (nsexm) + Q40b (nnsxm) = 0, go to Intro_drg

40c.) How many of your male sexual partners, if any, have you met since your last visit?

NSEXNEW

REF NSEXNEWREF

Nsexnew must be <= (Nsexm + nnsxm)

ELSE IF Q40a (nsexm) + Q40b (nnsxm) =1, go to Q40c.1 (mprt1)

ELSE IF Q40a(nsexm) + Q40b (nnsxm) >= 2 or, go to INTROMM.

MPRT1

40c.1) You said you had intercourse or sexual activity with only one man since your last visit [in MONTH, YEAR]. How would you describe this man?

A. Main partner or someone you have a longstanding relationship with, live with, or partner with.

(go to intromm) code 1

B. Casual partner, one time partner, or someone with whom you have not developed a longstanding, close relationship with. *(go to intromm)* code 2

C. Exchange partner: Someone you exchanged money or drugs with for sex. *(go to intromm)* Code 3

D. REF

IF MPRT1 = 1 or 2 or 3 go to INTROMM

INTROMM.)

The next questions are about different kinds of sexual activity some men engage in with other men.

IF(40a(nsexm)= 0 AND 40b(nnsxm)=1) go to Q41.3a (ORRC1).

ELSE if 40a(nsexm)=1 and 40b (nnsxm = 0), go to 41.1a(UAIM1).

ELSE IF 40a(nsexm) = 0 AND 47b(nnsxm)>=2, go to 41.3b (NORCM).

ELSE if 44a(nsexm)=1 and 44b (nnsxm>= 1), go to 41.1b (UAIMN).

ELSE if 40a(nsexm) >= 2, go to 41.1b (UAIMN).

<p>41.1.a) Since your last visit [in MONTH, YEAR] did you have unprotected INSERTIVE anal intercourse with this partner (put your penis in his anus or butt without a condom)?</p> <p>a. No b. Yes</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">UAIMI</div>	<p>41.1.b) Since your last visit [in MONTH, YEAR], with how many men did you have unprotected INSERTIVE anal intercourse (put your penis in their anus or butt without a condom)?</p> <p>_____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">UAIMN</div> <p>** UAIMN must <= nsexm**</p> <p>If UAIMN=0 then go to URAMN</p> <p>41.1.b2) How many of these partners were?</p> <p>a. HIV negative _____</p> <p>b. HIV positive _____</p> <p>c. You are unsure about? _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;"> HIVNMI HIVPMI HIVDKMI </div> <p>HIVNMI + HIVPMI + HIVDKMI must be = UAIMN</p> <p><i>Pop up message:</i></p> <p>“The sum of the numbers in these three boxes is greater than the number of partners with whom you had unprotected insertive anal intercourse. To modify your previous answer, click “OK”. To modify your current answer, click “Cancel”.</p>
<p>41.2.a) Since your last visit [in MONTH, YEAR], did you have unprotected RECEPTIVE anal intercourse with this main partner (put his penis in your anus or butt without a condom)?</p> <p>a. No b. Yes</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">URAMI</div>	<p>41.2.b) Since your last visit [in MONTH, YEAR], with how many men did you have unprotected RECEPTIVE anal intercourse (put their penis in your anus or butt without a condom)?</p> <p>_____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto; margin-right: auto;">URAMN</div> <p>** URAMN must <= nsexm**</p> <p>If URAMN=0 then go to NORCM</p>
<p>41.3.a) Since your last visit [in MONTH, YEAR], did this man put his penis in your mouth?</p>	<p>If UAIMN + URAMN > 0 go to 41.3b</p>

ORRC1

<p>a. No b.Yes</p>	<p>Else go to 41.4b</p> <p>41.2b2) How many of these partners were?</p> <p>a. HIV negative _____</p> <p>b. HIV positive _____</p> <p>c. You are unsure about? _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>HIVNMR HIVPMR HIVDKMR</p> </div> <p>HIVNMR + HIVPMR + HIVDKMR must be = URAMN</p> <p><i>Pop up message:</i></p> <p>“The sum of the numbers in these three boxes is greater than the <u>number of partners with whom you had unprotected receptive anal intercourse.</u> To modify your previous answer, click “OK”. To modify your current answer, click “Cancel”.</p>
<p>41.4a.) Since your last visit [in MONTH, YEAR], did you put your penis in this man’s mouth?</p> <p>a. No b.Yes</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>ORIN1</p> </div>	<p>41.3b) Since your last visit, how many of these unprotected INSERTIVE and/or RECEPTIVE anal intercourse partners were?</p> <p>d. HIV negative _____</p> <p>e. HIV positive _____</p> <p>f. you are unsure about? _____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin-left: auto;"> <p>HIVNMN HIVPMN HIVDKMN</p> </div> <p>Screen instructions:</p> <p>Please enter a number in each of these three boxes (enter 0 if none). They should add up to the total number partners with whom you had unprotected insertive and/or receptive intercourse since your last visit.</p> <p>HIVNMN + HIVPMN + HIVDKMN must be <= (NSEXM)</p> <p><i>Pop-up error message</i></p> <p>The sum of the numbers in these three boxes is greater than the <u>number of partners with whom you had sexual intercourse.</u></p>

<p>41.5a) What is the HIV status of this partner? A. Negative B. Positive C. Don't Know</p> <p style="text-align: center;">HIVM1</p> <p><i>Go to INTRO_DRG</i></p>	<p>41.4.b) Since your last visit [in MONTH, YEAR], how many men put their penis in your mouth?</p> <p style="text-align: center;"><i>NORCM must <= nsexm + nnsxm**</i></p> <p style="text-align: center;">NORCM</p>
	<p>41.5.b) Since your last visit [in MONTH, YEAR], with how many men did you put your penis in their mouth?</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">NOINM</p> <p style="text-align: center;"><i>NOINM must <= nsexm + nnsxm**</i></p>
	<p>41.6b) Since your last visit, was one of your partners your main partner? This includes any partner with whom you had sexual intercourse or other sexual activity.</p> <p>A main partner is defined as a partner you have a longstanding relationship with, live with, or partner with.</p> <p>A. No B. Yes</p> <p style="text-align: center;">MPRTM</p> <p>If MPRTM = 1 (no), go to INTRO_DRG</p> <p>If MPRTM = 2 (yes), go to MPMIV</p>
	<p>41.7b) Did you have unprotected sexual intercourse with your main partner since your last visit?</p> <p>No Yes</p> <p style="text-align: center;">MPMIV</p>
	<p>41.8b) What is the HIV status of your main partner?</p> <p>A. Negative B. Positive</p> <p style="text-align: center;">MPHIVM</p>

C. Don't Know
go to **INTRO_DRG**

INTRO_DRG.) The next series of questions are related to recreational or street drugs you may have used since your last visit [in MONTH, YEAR].

42.1b.) How often did you use or take pot, marijuana or hash since your last visit [in MONTH, YEAR]?

- A. daily code 1
- B. weekly code 2
- C. monthly code 3
- D. less often code 4
- E. Never code 0 – (*go to 42.2b POPPF*)
- F. REF **GO TO POPPF.**

HASHF

42.1c.) What were the reasons for using pot? Select all that apply. *1= not checked 2= checked*

- A. For medical reasons
- B. For recreational reasons, not including sex
- C. For sexual enhancement reasons
- D. To increase ability to socialize
- E. To fit in with a group

HASHR1
HASHR2
HASHR3
HASHR4
HASHR5

42.2b.) How often did you use or take “poppers” like nitrate inhalants (amyl, butyl, or isopropyl nitrites) since your last visit [in MONTH, YEAR]?

- A. daily code 1
- B. weekly code 2
- C. monthly code 3
- D. less often code 4
- E. never code 0

POPPF

F. REF

42.3b.) How often did you use or take crack or cocaine that you smoke since your last visit [in MONTH, YEAR]?

- A. daily code 1
- B. weekly code 2
- C. monthly code 3
- D. less often code 4
- E. Never (code=0)

CRACF

F. REF

Go to OCOKF

42.4b.) How often did you use or take other forms of cocaine since your last visit [in MONTH, YEAR]?

- A. daily code 1
- B. weekly code 2
- C. monthly code 3
- D. less often code 4

OCOKF

E. Never (code=0) *GO to UPPRF.*

F. REF *GO to UPPRF.*

Set "COCSNR" to "COCINJ" default to missing. If "OCOKE" response >= 1 then reset "COCSNR" to "COCINJ" = 1. Else if "COCSNR" to "COCINJ" is checked then set corresponding variable(s) to 2 and unchecked variables to 1.

42.4c.) How did you use or take other forms of cocaine since your last visit [in MONTH, YEAR]? (Select all that apply).

- A. Snorted
- B. Swallowed
- C. Put in anus ("booty bumped")
- D. Injected (intravenous use)

COCSNR
COCSWL
COCANU
COCINJ

GO to UPPRF.

42.5b.) How often did you use or take speed, meth or ice since your last visit [in MONTH, YEAR]?

- A. daily code 1
- B. weekly code 2
- C. monthly code 3
- D. less often code 4

UPPRF

E. never (code = 0) *GO TO HERO*

F. REF *GO to HERO*

Set "SMISNR" to "SMIINJ" default to missing. If "UPPRF" response >= 1 then reset "SMISNR" to "SMIINJ" = 1. Else if "SMISNR" to "SMIINJ" is checked then set corresponding variable(s) to 2 and unchecked variables to 1.

42.5c.) How did you use or take speed, meth or ice since your last visit [in MONTH, YEAR]? (Select all that apply).

- A. Snorted
- B. Swallowed
- C. Put in anus ("booty bumped")
- D. Smoked
- E. Injected (intravenous use)

SMISNR
SMISWL
SMIANU
SMISMK
SMIINJ

42.6a.) Have you taken or used any heroin since your last visit [in MONTH, YEAR]?

- A. No (*go to Q42.7a (spebv)*)
- B. Yes
- C. Ref

HEROV

42.6b.) How often did you use or take heroin since your last visit [in MONTH, YEAR]?

- A. daily code 1
- B. weekly code 2
- C. monthly code 3
- D. less often code 4

HEROF

Set “HERSNR” to “HERINJ” default to missing. If “HEROV” response = 2 then reset “HERSNR” to “HERINJ” = 1. Else if “HERSNR” to “HERINJ” is checked then set corresponding variable(s) to 2 and unchecked variables to 1.

42.6c.) How did you use or take heroin since your last visit [in MONTH, YEAR]? (Select all that apply.)

- A. Snorted
- B. Swallowed
- C. Put in anus (“booty bumped”)
- D. Smoked
- E. Injected (intravenous use)

HERSNR
HERSWL
HERANU
HERSMK
HERINJ

42.7a.) Have you taken or used any speedball (heroin and cocaine together) since your last visit [in MONTH, YEAR]?

- A. No (go to Q42.9a (**SEXP**))
- B. Yes
- C. Ref (go to Q42.9a (**SEXP**))

SPEBV

42.7b.) How often did you use or take speedball (heroin and cocaine together) since your last visit [in MONTH, YEAR]?

- A. daily code 1
- B. weekly code 2
- C. monthly code 3
- D. less often code 4

SPEBF

Set “SPBSNR” to “SPBINJ” default to missing. If “SPEBV” response = 2 then reset “SPBSNR” to “SPBINJ” = 1. Else if “SPBSNR to “SPBINJ” is checked then set corresponding variable(s) to 2 and unchecked variables to 1.

42.7c.) How did you use or take speedball (heroin and cocaine together) since your last visit [in MONTH, YEAR]? (Select all that apply).

- A. Snorted
- B. Swallowed
- C. Put in anus (“booty bumped”)
- D. Smoked
- E. Injected (intravenous use)

SPBSNR
SPBSWL
SPBANU
SPBSMK
SPBINJ

42.9a.) Have you taken or used any sexual performance enhancing drugs other than those prescribed by a medical provider for a diagnosed erectile dysfunction since your last visit [in MONTH, YEAR]?

- A. No (*go to Q42.10b (stmd1)*)
- B. Yes
- C. Ref (*go to Q42.10b (stmd1)*)

SEXPDP

Definition: Sexual performance enhancing drugs include Viagra, Herbal Viagra, Levitra, Cialis, Testosterone patch, injection or topical creams, Yohimbine, Ephedrine or Guarana containing products, Tri-Mix, Penile suppositories, or any other compound, herbal preparation or prescription drug used primarily to enhance sexual performance in the absence of diagnosed primary erectile dysfunction.

42.9b.) How often did you use or take sexual performance enhancing drugs **other than those prescribed by a medical provider** for diagnosed erectile dysfunction since your last visit [in MONTH, YEAR]?

- A. daily code 1
- B. weekly code 2
- C. monthly code 3
- D. less often code 4

SEXPO

Set "STMD1" to "STMD7" default to missing. If any variable "STMD1" to "STMD7" is checked then set corresponding checked variable(s) to 2 and leave unchecked variables as 1.

42.10b.) Please select all the other kinds of street or club drugs that you have taken or used since your last visit and how often you have used them since your last visit [in MONTH, YEAR]. This is for non-prescription drugs only.

- A. "Downers" including benzodiazepines (Valium, Xanax, Klonopin) and barbiturates (yellow jackets, reds, Librium).
- B. Opiate pain killers, including Vicodin, oxycontin, methadone, or Demerol.
- C. PCP, angel dust, psychedelics, hallucinogens, LSD, DMT, mescaline, Ketamine or special K
- D. Ethyl Chloride as an inhalant
- E. GHB
- F. Other text box for specify _____ **STMD6CH** (20 characters)
- G. None **GO TO skip pattern Before RCDNO**
- H. REF [check box] **STMD_REF Before RCDNO**

**STMD1 –
STMD7**

if stmd1 = 2, then go to st1df.

Else if stmd2 = 2, then go to st2df.

Else if stmd3 = 2, then go to st3df.

Else if stmd4 = 2, then go to st4df.

Else if stmd5 = 2, then go to st5df.

Else if stmd6 = 2, then go to st6df.

Else go to Q60b(RCDNO)- Else go to END CADI

Drop down list and codes for drugs (notice, some overlap in codes)

- 2= Downers, barbiturates as yellow jackets or reds,
- 2= Tranquilizers like Valium, Librium, Xanax
- 2= Other sedatives or hypnotics like Quaaludes
- 3= Methadone or other opiate pain killers
- 3= Narcotics like Demerol
- 4= PCP, angel dust,
- 4= Ppsychedelics, hallucinogens, LSD, DMT, mescaline
- 4= Ketamine or special K
- 6= Ethyl Chloride as inhalant
- 7= GHB
- 9= Other
- Blank= Missing

42.10c.) Which street drugs did you take and how often. How often did you use or take street or club drugs since your last visit [in MONTH, YEAR]?

	<u>A. Daily</u>	<u>B. Weekly</u>	<u>C. Monthly</u>	<u>D. Less often</u>
Drop down list	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	ST1DF			

<p>First drug selected = STMD1</p>				
<p>Drop down list Second drug selected = STMD2</p>				 <div data-bbox="1549 389 1738 457" style="border: 1px solid black; padding: 2px; display: inline-block;"> <p>ST2DF</p> </div>
<p>Drop down list Third drug selected = STMD3</p>				 <div data-bbox="1549 584 1738 652" style="border: 1px solid black; padding: 2px; display: inline-block;"> <p>ST3DF</p> </div>
<p>Drop down list Fourth drug selected = STMD4</p>				 <div data-bbox="1549 812 1738 880" style="border: 1px solid black; padding: 2px; display: inline-block;"> <p>ST4DF</p> </div>
<p>Drop down list Fifth drug selected = STMD5</p>				 <div data-bbox="1549 1006 1738 1075" style="border: 1px solid black; padding: 2px; display: inline-block;"> <p>ST5DF</p> </div>
<p>Drop down list Sixth drug selected = STMD6</p>				 <div data-bbox="1549 1201 1738 1269" style="border: 1px solid black; padding: 2px; display: inline-block;"> <p>ST6DF</p> </div>

Before RCDNO:

~~IF COCINJ=2 or SMINJ=2 or HERINJ=2 or SPBINJ=2 [yes to injecting drug use] then go to Q43(redno).
ELSE IF COCINJ<=1 and SMINJ<=1 and HERINJ<=1 and SPBINJ<=1 [all = no or missing] THEN go to Q45 (drgtp).~~

~~43.) You mentioned that since your last visit [in MONTH, YEAR] you have injected recreational drugs. Are you currently injecting drugs?~~

- ~~a. No~~
- ~~b. Yes~~
- ~~c. Ref~~

RCDNO

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

- ~~a. No (go to Q45 (DRGTP))~~
- ~~b. Yes~~
- ~~c. Ref (go to Q45 (DRGTP))~~

PNEP

~~44b.) Of the times you obtained needles, how often did you get them from a needle exchange?~~

- ~~a. less than half the time code 1~~
- ~~b. half the time code 2~~
- ~~c. most of the time code 3~~
- ~~d. always code 4~~
- ~~e. Ref code 9~~

HONEP

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

~~a. No~~

~~b. Yes~~

~~c. Ref~~

DRGTP

If the participant is eligible to enroll or was previously enrolled in the Aging survey:

***AGINGVIS**

Interviewer Note: Before proceeding with the Aging study, please indicate the participant's interview format:

- a. In-person FULL CADI
- b. In-person ABBREVIATED CADI
- c. Phone Interview

If the participant DID NOT complete the meth study questionnaire OR the v065 Baseline Meth Questionnaire (needbase = 2) then show text:

You're eligible to participate in the Aging Study. We would like to ask you a few questions from our previous study and some new questions about aging and wellness.

Else if the participant DID complete the meth study questionnaire BUT NOT the v065 Baseline Meth Questionnaire (needbase = 1) then show text:

You're eligible to participate in the Aging Study. We would like to ask you some questions about aging and wellness.

Else if the participant DID enroll in the aging study previously (needbase=3) then show text:

You enrolled in the aging study previously and you completed 1 or 2 additional surveys for us. We would like you to complete a slightly modified version of the aging survey this visit.

***AGINGLTR**

Age1.

- a. Refused to participate (Code = 1)
- b. Provided letters with link to Baseline Meth Questionnaire and Aging Questionnaire (Code = 2)
- c. Provided letter with link to Aging Questionnaire (Code = 3)

Skip patterns:

If AGINGLTR = 1 then grey/hide the questions below

If AGINGLTR = 2 then go to METHDISP and AGINGDISP

If AGINGLTR = 3 then go to AGINGDISP only

***AGINGPRE** (if AGINGLTR=1, then skip AGINGPRE)

Age1b. Was the aging survey completed prior to the study visit? (1=No, 2=Yes)

***METHDISP** If AGINGVIS=3 and AGINGLTR=2 then disable METHDISP options a. Online at Clinic and c. Paper at Clinic

Age2.

For participants who agree to complete the baseline survey, please check one of the following instructions:

- a. Online at Clinic
- b. Online at Home
- c. Paper at Clinic
- d. Paper at Home

If Online at Clinic: Please access the website using the computer desktop icon and enter the MACSID, verify the end of the survey has been reached, compensate the participant \$20.

If Online at Home: Please give the recruitment letter with the website URL including the MACSID to the participant, study data center will notify the site that the survey was completed, the site compensates the participant \$20.

If Paper at Clinic: Please give the participant the paper copy of the consent/survey (write the MACSID on the page), participant returns the completed survey to the staff, staff verifies consent box was checked off and survey has been completed, the site compensates the participant \$20, the survey(s) are mailed in batch to the study data center.

If Paper at Home: Please give the participant the paper copy of the consent/survey (write the MACSID on each page) with self-addressed stamped envelope to the participant, participant mails the survey, study data center will notify the site that the survey was received and completed, the site compensates the participant \$20.

***AGINGDISP** *If AGINGVIS=3 and AGINGLTR=2 or 3 then disable AGINGDISP options a. Online at Clinic and c. Paper at Clinic*

Age3.

For participants who agree to complete the aging survey, please check one of the following instructions:

- a. Online at Clinic
- b. Online at Home
- c. Paper at Clinic
- d. Paper at Home

If Online at Clinic: Please access the website using the computer desktop icon and enter the MACSID, verify the end of the survey has been completed, compensate the participant \$35.

If Online at Home: Please give the recruitment letter with the website URL including the MACSID to the participant, study data center will notify the site that the survey was completed, the site compensates the participant \$35.

If Paper at Clinic: Please give the participant the paper copy of the consent/survey (write the MACSID on the page), participant returns the completed survey to the staff, staff verifies consent box was checked off and

survey has been completed, the site compensates the participant \$35, the survey(s) are mailed in batch to the study data center.

If Paper at Home: Please give the participant the paper copy of the consent/survey (write the MACSID on each page) with self-addressed stamped envelope to the participant, participant mails the survey, study data center will notify the site that the survey was received and completed, the site compensates the participant \$35.

END CADI