

VISIT 71 CADI TEMPLATE

1

MACSID ID NUMBER

MACSID ID NUMBER (to be entered twice)
5 digit text field.

VISIT Visit No.
(071) (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)

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

DAT4Y Date of Visit: Year
(2019)

LASTVISIT Date of Last Visit [in (Month, Year)]
DDL (1-12), DDL (2000-2019)

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

-
- * **CANCD** 1. Let's start with some medical conditions. Since your last visit [in (MONTH, YEAR)], were you diagnosed with ANY form of cancer? This includes any progression of a previously diagnosed 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.

VISIT 71 CADI TEMPLATE

2

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 00-19)

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

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

CAN2TCH

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

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 00-19)

*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 →

REF

GET MEDICAL RELEASE

*(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 00-19)

*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)

VISIT 71 CADI TEMPLATE

4

AIDM2 (DDL 00-19)

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 00-19)

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”

* **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 99-19)

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



* **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



*(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 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 2019-2000)

VISIT 71 CADI TEMPLATE

if HOSP is = 2 then HOSIM, HOSID, and HOSIY 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
IF H TYH HID <i>if TY</i>	Text box for diagnosis or procedure: (40 characters) H1DX1CH Link to ICD9 site. V E P NA TYHO11 IF C 2.a. --- . . . H1DX1	Text box for diagnosis or procedure: (40 characters) H2DX1CH Link to ICD9 site. V E P NA TYHO21 --- . . . H2DX1	Text box for diagnosis or procedure: (40 characters) H3DX1CH Link to ICD9 site. V E P NA TYHO31 --- . . . H3DX1	Text box for diagnosis or procedure: (40 characters) H4DX1CH Link to ICD9 site. V E P NA TYHO41 --- . . . H4DX1
HOS HOS HOS <i>if NA</i> <i>if da</i>	Text box for diagnosis or procedure: (20 40 characters) H1DX2CH Link to ICD9 site. V E P NA TYHO12 --- . . . H1DX2	Text box for diagnosis or procedure: (20 40 characters) H2DX2CH Link to ICD9 site. V E P NA TYHO22 --- . . . H2DX2	Text box for diagnosis or procedure: (20 40 characters) H3DX2CH Link to ICD9 site. V E P NA TYHO32 --- . . . H3DX2	Text box for diagnosis or procedure: (20 40 characters) H4DX2CH Link to ICD9 site. V E P NA TYHO42 --- . . . H4DX2

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 (2019-2000)

*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 (2019-2000)

*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)

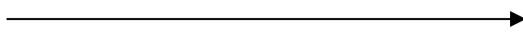
H4DX1 and **H4DX2** (4 Characters to the tenth decimal point and drop the decimal point

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 (2019-2000)

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 you 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 Anoscopy (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]

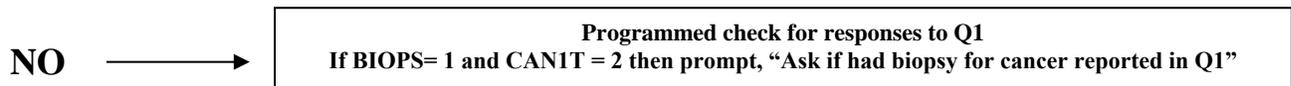
a) After or during anal receptive intercourse	ANBSX NO YES REF
b) After or during a bowel movement	ANBBM NO YES REF
c) Other times not associated with intercourse or bowel movements	ANBOT NO YES REF

(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.



YES
REF

(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><i>a. Where in your body?</i></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 S BIOP3CH</p>
<p><i>b. What did they say the diagnosis or result of the biopsy was?</i></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 S 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

VISIT **71** CADI TEMPLATE

13

*C. Bronchitis **BRONC** NO
YES REF

*D. Erectile dysfunction (erectile problems) **ERDYS** NO
YES REF

*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 \longrightarrow Rheumatoid **RHEUM** NO
YES DK

Osteoarthritis or Degenerative **OSTAR** NO
YES DK

Other **OTHAR** NO
YES DK

\uparrow
 \longleftarrow 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
YES REF *** ANGIN NO**

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

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

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

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

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

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

*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
YES REF **OBVES NO**

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

*R. Kidney disease/Renal failure
REF

* **KIDND** NO YES

*S. Elevated Liver Enzyme
YES REF

LIVDE NO

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 V70 (download March 17) then skip to **HRTATMLV**. You will need to cross-check this with the list of **IDS_V70_hrtamtm_done.031719.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**)

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

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

EYCON (5-Characters to the hundredths decimal point and drop the decimal point)

b) Ears, Nose, Throat, Mouth and Sinuses **VIDEN** NO YES REF
IF YES: Was there a diagnosis? **ENDIA** NO YES REF
 What was the diagnosis?

TEXT BOX for specify: ENCONCH (20characters)	----.--- ENCON
---	-----------------------

link to ICD9 code

(If VIDEN is = 1 then go to VIDHT)
If VIDEN is = 2 go to ENDIA
If ENDIA is = 2 then ENCONCH must be filled out
ENCON (5 Characters to the hundredths decimal point and drop the decimal point)

c) Heart and Blood Vessels **VIDHT** NO YES REF

GET MEDICAL RELEASE IF ANSWER IS YES

IF YES: Was there a diagnosis? **HTDIA** NO YES REF
 What was the diagnosis?

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 (5 Characters to the hundredths decimal point and drop the decimal point)

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

d) Lungs and Bronchial Tubes **VIDLG** NO YES REF
IF YES: Was there a diagnosis? **LGDIA** NO YES REF
 What was the diagnosis?

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**)
 If **VIDLG** is = 2 go to **LGDIA**
 If **LGDIA** is = 2 then **LGCONCH** must be filled out
LGCON (5 Characters to the hundredths decimal point and drop the decimal point)
MEDICAL RELEASE dd_MR must be filled out if **VIDLG** is= 2
 Outcome # = 22, called "LUNG"

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 (4-5 Characters to the ~~tenth~~ hundredths 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 (5 Characters to the hundredths 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 (5 Characters to the hundredths 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 (5 Characters to the hundredths 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 (5 Characters to the hundredths decimal point and drop the decimal point)

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

j) Treatment of depression, anxiety, or other mental health problems? **VIDPY** NO YES
REF

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

What was the diagnosis?

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 (5 Characters to the hundredths decimal point and drop the decimal point)

k) Hormones or Endocrine system **VIDHO** NO YES REF
IF YES: Was there a diagnosis? **HODIA** NO YES REF

What was the diagnosis?

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 (5 Characters to the hundredths decimal point and drop the decimal point)

I) Other

IF YES: Was there a diagnosis?

What was the diagnosis?

ICD9 code

VIDO NO YES REF
ODIA NO YES REF

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

link to

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 (5 Characters to the hundredths decimal point and drop the decimal point)

OCON2CH entry is optional.

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

- | | | | | |
|---|--------------|----|-----|-----|
| 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?
1). Persistent dizziness for at least 3 consecutive days	<i>DIZZI</i> NO YES	<i>DIZ2W</i> NO YES	<i>DIZNO</i> NO YES	<i>DZMED</i> NO YES DK
2). Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	<i>FATIG</i> NO YES	<i>FAT2W</i> NO YES	<i>FATIN</i> NO YES	<i>FTMED</i> NO YES DK
	<i>FEVER</i> NO YES	<i>FEV2W</i> NO YES	<i>FEVRN</i> NO YES	<i>FVMED</i> NO YES DK
	<i>HEADA</i> NO YES	<i>HED2W</i> NO YES	<i>HEADN</i> NO YES	<i>HDMED</i> NO YES DK
3). Persistent or recurring fever higher than 100° for at least 3 consecutive days				
4). Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days	<i>RASH</i> NO YES	<i>RAS2W</i> NO YES	<i>RASHN</i> NO YES	<i>RHMED</i> NO YES DK
5). A new skin condition, rash, or infection that lasted for at least 3 consecutive days	<i>GLAND</i> NO YES	<i>GLN2W</i> NO YES	<i>GLANN</i> NO YES	<i>GLMED</i> NO YES DK
6). Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days	<i>DIARR</i> NO YES	<i>DIA2W</i> NO YES	<i>DIARN</i> NO YES	<i>DIMED</i> NO YES DK
	<i>SWEAT</i> NO YES	<i>SWT2W</i> NO YES	<i>SWETN</i> NO YES	<i>SWMED</i> NO YES DK
7). Diarrhea for at least 3 consecutive days				
8). Drenching sweats at night on at least 3 occasions	<i>VOMIT</i> NO YES	<i>VOT2W</i> NO YES	<i>VOTNO</i> NO YES	<i>VTMED</i> NO YES DK
9). Nausea, vomiting				

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 a medication?
10). Abdominal pain, bloating, cramps	BLOAT NO YES	ABP2W NO YES	ABPNO NO YES	ABMED NO YES
11). Ascites (fluid buildup in the stomach or abdomen)	ASCIT NO YES	ASC2W NO YES	ASCNO NO YES	ASMED 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
* 13). An unintentional weight loss of at least 10 pounds unrelated to dieting	WTLOS NO YES		WTLSN NO YES	WTMED NO YES
14). Muscle pain or weakness	MPAIN NO YES	MPW2WNO YES	MPWNO NO YES	MPMED NO YES
15). Joint pain	JOINT NO YES	JNT2W NO YES	JNTNO NO YES	JTMED NO YES
16). Vivid nightmares or dreams	DREAM NO YES	NVD2W NO YES	NVDNO NO YES	DRMED NO YES
17). Insomnia or problems sleeping	INSOM NO YES	IPS2W NO YES	IPSNO NO YES	INMED NO YES
18). Persistent dry mouth	DRYMO NO YES	DRY2W NO YES	DRYNO NO YES	DMMED 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
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
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

(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) 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]



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?



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

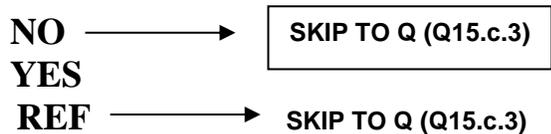
Did your physician prescribe or agree to any of these? **PDRUG**

- 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?



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 _ _ _ _
CAMACS]

[If no MACS code, contact

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 _ _ _ _
CAMACS]

[If no MACS code, contact

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

	<p>How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?</p>	<p>When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?</p> <p>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.</p>	<p>Have you taken/used any in the past 5 days (FOR ASPIRIN: in the last week)?</p>
<p>6) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug</p>	<p>ANTBV NO YES</p>	<p>ANTBCH Text box 30 char</p>	<p>ANTB5 NO YES</p>
<p>7)Tranquilizers or sleeping pills</p>	<p>TRNQV NO YES</p>	<p>TRNQCH Text box 30 char</p>	<p>TRNQ5 NO YES</p>
<p>8) Antidepressants or mood elevators</p>	<p>MOODV NO YES</p>	<p>MOODCH Text box 30 char</p>	<p>MOOD5 NO YES</p>
<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</p>	<p>ACYCV NO YES</p>	<p>ACYCCH TEXT BOX 30 CHAR</p>	<p>ACYC5 NO YES</p>

outbreak? EPACY NO YES			
10) Viagra, Cialis, Levitra or other drugs that were prescribed by a medical provider to treat erectile dysfunction	VIAGR NO YES	VIAGCH TEXT BOX 30 CHAR	VIAG5 NO YES
*11) Aspirin taken three days or more on a weekly basis	*ASPRN NO YES	*ASPRCH TEXT BOX 30 CHAR	*ASPR7 NO YES
12) Medications to lower cholesterol, triglycerides, lipids or blood fat *CHOL1 NO YES *CHOL2 NO YES *CHOL3 NO YES	DDL 7 _____ *CHDG1 _____ *CHDG2 _____ *CHDG3		*CHL15 NO YES *CHL25 NO YES *CHL35 NO YES
13) Medications to treat hypertension *HYPT1 NO YES *HYPT2 NO YES *HYPT3 NO YES *HYPT4 NO YES *HYPT5 NO YES	DDL 8 _____ *HTDG1 _____ *HTDG2 _____ *HTDG3		*HYP15 NO YES *HYP25 NO YES *HYP 35 NO YES

	<p>_____</p> <p>*HTDG4</p> <p>_____</p> <p>*HTDG5</p>		<p>*HYP 45 NO YES</p> <p>*HYP 55 NO YES</p>
<p>14) Medications to treat diabetes</p> <p>DDL9 _____</p> <p>*DIAT1</p> <p>_____</p> <p>*DIAT2</p> <p>_____</p> <p>*DIAT3</p>	<p>*DIAB1 NO YES</p> <p>*DIAB2 NO YES</p> <p>*DIAB3 NO YES</p>		<p>*DIA15 NO YES</p> <p>*DIA25 NO YES</p> <p>*DIA35 NO YES</p>
<p>15) Medications to treat hepatitis</p> <p>DDL10 _____</p> <p>*HEPT1</p> <p>_____</p> <p>*HEPT2</p>	<p>*HEPD1 NO YES</p> <p>*HEPD2 NO YES</p>		<p>*HEP15 NO YES</p> <p>*HEP25 NO YES</p>

<p>(a) Have you (taken/used) Any other medications since your last visit [in (MONTH, YEAR)]?</p>	<p>(b) When specified, what was the name of the (KIND OF DRUG) you took?</p>	<p>(c) What did you take this drug for?</p>
<p>16) OTHER</p> <p>a. ODRG1 NO YES</p> <p>b. ODRG2 NO YES</p> <p>c. ODRG3 NO YES</p> <p><i>Continue through d – k (odrg4-11)</i></p>	<p>Text box for name of drug: (30 characters) DRUG1CH</p> <p>DRUG1 4 digit code.</p> <p>Text box for name of drug: (30 characters) DRUG2CH</p> <p>DRUG2 4 digit code.</p> <p>Text box for name of drug: (30 characters) DRUG3CH</p> <p>DRUG3 4 digit code.</p>	<p>Text box for USE of drug: (30 characters) DRUGUSECH1</p> <p>Text box for USE of drug: (30 characters) DRUGUSECH2</p> <p>Text box for USE of drug: (30 characters) DRUGUSECH3</p>

(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**)

(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 **DCOV**)

IF **ODRG2 and ODRG3** are = 1 go to **DCOV**)

(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 **DCOV**)

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

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

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

***17.** 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-HIVCHK**
 (If **OPOV** is = 2 then go to **OPNUM** and **OPOVCH** must be filled in)

***HIVCHK** Question to interviewer: IS PARTICIPANT HIV-POSITIVE OR HIV-NEGATIVE?
 HIV-POSITIVE 1 (go to HIVCARE6_intro)
 HIV-NEGATIVE 2 (**GO TO DENTVMEDCV2**)

 HIVCARE6_intro

The next few questions are related to health care you may receive for your HIV infection. I will be asking you about your regular medical appointments for HIV clinical care. By regular HIV care, I mean a visit to a clinic or doctor's office to have a check-up on how you're doing with your HIV. This does not include sick visits, emergency services, or hospital admissions for HIV/AIDS; it does not include visits that are only for lab or blood work or X-rays, and it does not include your MACS study visits. During a regular HIV medical care visit, you would have met with a doctor, physician's assistant, or a nurse practitioner. We will be asking about your regular HIV care over the past six months. Six months would have started at around ___ / ___ / ___. M D Y (*Dee- pre-populate with date 6 months prior to CADI date*)

***HIVCARE6 Q18.** In the last six months, how many times did you go for regular HIV care? If you have not gone for regular HIV care, answer zero times.

|_|_|_| # TIMES

***HIVAPT6 Q19.** In the last six months, did you miss any scheduled regular HIV care appointments? By this, I mean you did not go for a scheduled appointment and did not re-schedule.

NO (GO TO ~~RWHIT2~~ ADAP)
YES
REF

***HIVAPTN Q19.A** How many times did this happen? |__|__|__| # TIMES

***ADAP 20.** Since your last visit [in (MONTH, YEAR)], have you received assistance from ADAP (AIDS Drug Assistance Program)?
NO
YES
REF

***RWHIT 20A.** Since your last visit [in (MONTH, YEAR)], have you received assistance from any other Ryan White program?
NO
YES
REF

***MEDCV2 20B.** Since your last visit [in (MONTH, YEAR)], have you had any medical coverage, such as Blue Cross, Medicaid, or Medicare?

NO → SKIP TO Q 20.C
YES - have you had:
REF

1) Insurance through a current or former employer	*IEMP NO YES REF
2) Insurance purchased directly from an insurance company	*ICOMP NO YES REF (IF YES, go to IEXCH. ELSE, go to MCAID)
2a. Did you buy insurance on the health insurance exchange (healthcare.gov, health insurance market place)?	*IEXCH NO YES REF
2b. Did you receive a subsidy (reduced price for the insurance, or money to help you pay for the insurance)?	*ISUBS NO YES REF
3) Medicaid, Medi-Cal, or Medical Assistance	

<p>4) Medicare (for people over 65 or permanently disabled)</p> <p>5) 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.</p> <p>6) Dental Insurance</p> <p>7) Other</p>	<p>*MCAID NO YES REF</p> <p>*MCARE NO YES REF</p> <p>*HCVET NO YES REF</p> <p>*DINS NO YES REF</p> <p>*OTHER2 NO YES REF</p>
<p>TEXT BOX for specify: OTHERCH2 (20 characters)</p>	

If **MEDCV2** is = 1 then go to **INSDG**
 (If **MEDCV** is = 2 then go to **IEMP, ICOMP, IEXCH, ISUBS, MCAID, MCARE, HCVET, DINS, OTHER2** – all must be filled out: yes/no/refused
 (If **MEDCV** is = 2 then at least one should be =2 or REF: to **IEMP, ICOMP, IEXCH, ISUBS, MCAID, MCARE, HCVET, DINS, OTHER2**)
 (If **OTHER2** is = 2 then **OTHERCH2** must be filled in

*** INSDG 20C. 17.C.** Since your last visit [in (MONTH, YEAR)], did you have insurance coverage that pays for any of your medications?

- NO
- YES
- DON'T KNOW

If **INSDG AND MEDCV2** are = 1 then go to **DENTV**
 IF **INSDG OR MEDCV2** are = 2 then go to **INCUR**)

***INCUR 21.** Do you currently have health insurance?

- NO
- YES
- REF

***NOINS Q21.A** Have there been any times since your last visit [**in (MONTH, YEAR)**] when you had no health insurance at all? (Interview Note: PROBE/CLARIFY- ADAP is not health insurance.)

- NO (Go To **INSPAY**)
- YES
- REF

***NOINSMO Q21.A.1** How long did you go without insurance?

- Less than one month (Code=1)
- One to three months (Code=2)
- More than three months (Code=3)

***INSPAY Q22.** Since your last visit [**in (MONTH, YEAR)**], did you pay any money that was not reimbursed to you for your medical care, this includes money spent for prescriptions that were written for you by your provider?

- NO (Go To **NSCARE2**)
- YES
- REF

***PHYSPAY Q22.A** Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for physician visits?

- Less than \$25 (Code=1)
- \$25 to \$200 (Code=2)
- \$201 to \$500 (Code=3)
- Over \$500 (Code=4)

***PRESCPAY Q22.B** Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for prescriptions?

- Less than \$25 (Code=1)
- \$25 to \$200 (Code=2)
- \$201 to \$500 (Code=3)
- Over \$500 (Code=4)

***HOSPPAY Q22.C** Since your (MONTH) study visit, how much did you spend out of pocket (not reimbursed to you from your health insurance) for hospital care (including emergency room)?

- Less than \$25 (Code=1)

- \$25 to \$200 (Code=2)
- \$201 to \$500 (Code=3)
- Over \$500 (Code=4)

***NSCARE2 Q22.D.** Since your (MONTH) study visit, was there any time when you needed medical care but did not get it because you could not afford it?

- NO • YES • REF

***DELCARE Q22.E.** Since your (MONTH) study visit, have you delayed seeking medical care because of worry about the cost?

- NO • YES • REF

***DENTV 23. A.** Since your last visit [in (MONTH, YEAR)], have you 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 **OTINF**
 (If **DENTV** is = 2 then go to **DHNUM**)

OTINF 24.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.B

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

If **OTINF** is = 1 (no) and abbreviated interview, go to **ACASI**

No

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**

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

***ACASI** Q24.B 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 **abbreviated** 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?

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

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 PREPBEP

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 to 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
- F. Refused

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
- I. Refused

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
- F. Refused

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
- F. Refused

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
- D. Refused

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
- E) two years of college and got a degree code 5

EDUCA2

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

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 (jobhi2)*)
- 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?

A. No (*go to INTRO_BEH*)

JOBHI2

B. Yes

C. Ref (*go to INTRO_BEH*)

--
Set "TSICK to "JOBOT" default to missing. If "JOBHI2" 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* **ECIGLV2**)

ESMOK

B. Yes

C. REF (go to Q33d **ECIGLV2**)

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 | SMOKM |
| 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 | |
-

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

- | | | |
|---|--------|--------------|
| A. No (go to Q33d ECIGLV) | code 1 | SMOKN |
| 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 | |
-

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

- | | | |
|--|--------|--------------|
| A. Less than ½ pack | code 1 | PACKS |
| B. At least ½ pack; but less than 1 pack per day | code 2 | |
| 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 used e-cigarettes or vaped?

- | | |
|-------------------------------|----------------|
| A. No (go to NICMED) | ECIGLV2 |
| B. Yes | |
| C. REF (go to NICMED) | |
-

33e.) Are you using them now (as of 1 month ago)?

ECIGN2

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

33e2.) Since your last visit, how often have you used e-cigarettes or vaped?

- A. Less than monthly
- B. Monthly
- C. Weekly
- D. Daily
- E. Refused

ECIGOFT

33e3.) What is the reason(s) you use e-cigarettes or vape? (*select all that apply*)

ECIGR1
ECIGR2
ECIGR3
ECIGR4
ECIGR5
ECIGR6
ECIGR7
ECIGR8

- a. To quit smoking
 - b. To cut down on smoking
 - c. To use when I cannot or am not allowed to smoke
 - d. To avoid returning to smoking
 - e. Because I enjoy it
 - f. Curiosity/just wanted to try it
 - g. Some other reason
 - h. I don't know
-

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?

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

NICMED

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_SEX**) 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 (go to **INTRO_SEX**) code 9

FADRNK

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

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)

(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 38.2b (NLICF)

Else go to 38.1b (UVAFN)

	<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” If UVAFN=0 then go to NLICF</p>
	<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> <p style="text-align: right;">NLICF</p> <p><i>IF NLICF > (nsexf + nsexaf) pop up error message</i> 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”. Buttons: “OK” “CANCEL” If NLICF=0 then 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>	<div style="border: 1px solid black; padding: 5px; display: inline-block;">HIVF1</div>

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
IF(40a(nsexm)= 0 AND 40b(nnsxm)=>1) go to 41.4b) (NORCM
)
Else go to UAIMN

INTROMM.)

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

	<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> <p>UAIMN</p> <p>** UAIMN must <= nsexm**</p> <p>If UAIMN=0 then go to URAMN</p>
	<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> <p>URAMN</p> <p>** URAMN must <= nsexm**</p> <p>If URAMN=0 then go to NORCM</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> <p>HIVNMR HIVPMR HIVDKMR</p> <p>HIVNMR + HIVPMR + HIVDKMR must be = URAMN</p> <p>Pop up message: “The sum of the numbers in these three boxes is greater than the number of partners with whom you had unprotected</p>

	receptive anal intercourse. To modify your previous answer, click “OK”. To modify your current answer, click “Cancel”.
	<p>41.4.b) Since your last visit [in MONTH, YEAR], how many men put their penis in your mouth?</p> <p><i>NORCM must <= nsexm+ nnsxm**</i></p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">NORCM</div>
	<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>_____</p> <p><i>NOINM must <= nsexm + nnsxm**</i></p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">NOINM</div>

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 “OCOKF” 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)

<p>COCSNR COCSWL COCANU COCINJ</p>

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

<p>UPPRF</p>

F. REF **GO to HERO V**

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)

<p>SMISNR SMISWL SMIANU SMISMK SMIINJ</p>
--

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, CAVERJECT, 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**

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 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.</u> Daily	<u>B. Weekly</u>	<u>C. Monthly</u>	<u>D. Less often</u>	
Drop down list First drug selected = STMD1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST1DF
Drop down list Second drug selected = STMD2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST2DF
Drop down list Third drug selected = STMD3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST3DF
Drop down list	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ST4DF

<p>Fourth drug selected = STMD4</p>				
<p>Drop down list Fifth drug selected = STMD5</p>				 <div data-bbox="1421 373 1606 443" 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="1421 573 1606 642" style="border: 1px solid black; padding: 2px; display: inline-block;"> <p>ST6DF</p> </div>

END CADI