Visit 63 CADI Form

Instructions: This form is to be used as a paper back-up for the CADI. Fill out the responses on this form and data enter the responses into the CADI by initiating a CADI session for this MACSID. Since the date and time began and ended are automatically populated by the CADI, scan in this front page and the time ended and email to Andrea Stronski (astrons2@jhu.edu). CAMACS will update the CADI session for the MACSID with the correct dates and times. Keep a copy of each completed CADI paper form for your records.

*** = abbreviated interview questions. Administer all embedded questions within a skip pattern for abbreviated interview questions.**

* MACSID NUMBER (enter twice) ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ **MACSID**

* Visit Number: V063

* TIME BEGAN					
HOUR		MINUTES		AM/PM	
S4TBH		S4TBM		S4TBZ	

* DATE OF VISIT					
MONTH		DAY		YEAR	
DAT4M		DAT4D		DAT4Y	

* Date of Last Visit **[in (Month, Year)]** ___ ___ /___ ___ ___ ___ **LASTVISIT**

* Date of birth **[MM/DD/YYYY]** ___ ___ /___ ___ /___ ___ ___ ___ *(8 Characters)* **DOBMDY**

* **Q1.** Let's start with some medical conditions. Since your last visit **[in (MONTH, YEAR)],** were you diagnosed with ANY form of cancer? We are interested in all cancers, such as Kaposi's sarcoma, non-Hodgkin's lymphoma, anal, lung, prostate cancers, primary brain lymphoma, Hodgkin's disease, and Castleman's disease.

CANCD

☐ NO [*GO TO **Q2***]

☐ YES [*GO TO **Q1.A1***]

☐ REF [*GO TO **Q2***]

Q1.A. **IF YES:** Where in the body was the cancer (Castleman's disease) and what kind of cancer did they say it was?

	1. 1st Cancer	**2. 2nd Cancer**
Cancer Code: (See MACS cancer codes)	___ ___ . ___ ___	___ ___ . ___ ___
Type of Cancer:	**CAN1T**	**CAN2T**
Site of Cancer:		

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	1. 1st Cancer	2. 2nd Cancer
Medical Release Obtained:	☐ REF ☐ YES	☐ REF ☐ YES
Q1.B. In what month and year was it first diagnosed since your last visit **[in (MONTH, YEAR)]?**	CAN1M / __ __ CAN1Y __ Month Year	CAN2M / __ __ CAN2Y __ Month Year

Q1.C1. What was the name and address of the physician who diagnosed the first cancer?

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **DATE:** ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

Q1.C2. What was the name and address of the physician who diagnosed the second cancer (if different from the first)?

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **DATE:** ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

* **Q2.** 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? AID

☐ NO [*GO TO Q3*]

☐ YES [*GO TO Q2.A*] ⟶ **Medical Release Obtained?** ☐ REF ☐ YES

☐ REF [*GO TO Q3*]

Q2.A. IF YES: What was the diagnosis?

	1. 1st Diagnosis	2. 2nd Diagnosis
What was the diagnosis?	AIDT1	AIDT2
Description of AIDS diagnosis:		
Code:	___ ___ . ___ ___	___ ___ . ___ ___

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	1. 1st Diagnosis	2. 2nd Diagnosis
Q2.B. In what month and year was it first diagnosed since your last visit **[in (MONTH, YEAR)]?**	AIDM1 / AIDY1 Month Year	AIDM2 / AIDY2 Month Year
	If Q2 YES, then Q2.B must be entered	

* **Q3.** Since your last visit **[in (MONTH, YEAR)],** were you diagnosed with pneumonia? **PNEUM**

☐ NO [*GO TO Q4*]
☐ YES [*GO TO Q3.A*] → **Medical Release Obtained? ☐ REF ☐ YES**
☐ REF [*GO TO Q4*]

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

_____
_____
_____
_____
_____

Q3.A. In what month and year since your last visit **[in (MONTH, YEAR)]** was it first diagnosed?

MPEU / PNEUY
Month Year

Q3.B. What was the name and address of the physician who diagnosed the condition?

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **DATE:** __ __ / __ __ / __ __ __ __
Month Day Year

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

***PPD* is the skin test and *Quantiferon* is the blood test**

☐ NO [*GO TO Q5*] ☐ YES ☐ REF [*GO TO Q5*]

Q4.B. IF YES: When was your last test? PPDM / PPDY **[MM/YYYY]**

Q4.C. Was it positive? **PSPPD** ☐ NO ☐ YES ☐ REF

* **Q5.** Since your last visit **[in (MONTH, YEAR)]** have you had an active TB infection? TBDXE

☐ NO
☐ YES → **Medical Release Obtained? ☐ REF ☐ YES**
☐ REF

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ **STATE** _____ **DATE:** ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

* **Q6.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. HOSP

☐ NO [*GO TO Q7*]
☐ YES [*GO TO Q6.A1*] → **Medical Release Obtained? ☐ REF ☐ YES**
☐ REF [*GO TO Q7*]

Q6.A1. How many separate times were you a patient in a hospital since your last visit **[in (Month, Year)]?**

___ ___ NHOSP

[If a participant reports that he was hospitalized for a reportable outcome, request medical records]

Q6.B. Tell me about (that hospitalization/outpatient procedure/each of those times) starting with the most recent hospitalization/outpatient procedure.

Q6.B1a. On what date did you last go into the hospital? ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year
HOS1M HOS1D HOS1Y

Q6.B1b. How many nights did you spend in the hospital at that time? IF OUTPATIENT: FILL IN ZERO.
___ ___ HOS1N

Q6.B1c. For what condition or problem were you hospitalized and the name/address of the hospital? RECORD FULLY IN R's OWN WORDS. Leading zeroes for ICDS-cm codes.
"V"= no disease or injury (e.g., organ donation)
"E"= external causes of injury (e.g., car accident)
"P"= procedures (enter leading zero)
"NP"= no prefixes (all other diagnosis)

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

Diagnosis: H1DX1 _____ ICD9: __ __ __.__

CIRCLE ONE: V E P NA (no prefix for all other diagnoses) TYHO11

2nd Diagnosis : H1DX2 _____ ICD9: __ __ __.__

CIRCLE ONE: V E P NA (no prefix for all other diagnoses) TYHO12

OR Procedure: _____ ICD9: __ __.__ __

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

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____- STATE _____ DATE: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

Q6.B2a. For your second most recent time to the hospital, on what date did you go into the hospital?

___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year
HOS2M HOS2D HOS2Y

Q6.B2b. How many nights did you spend in the hospital at that time? IF OUTPATIENT: FILL IN ZERO.

_____ _____ HOS2N

Q6.B2c. For what condition or problem were you hospitalized and the name/address of the hospital? RECORD FULLY IN R's OWN WORDS. Leading zeroes for ICDS-cm codes.
"V"= no disease or injury (e.g., organ donation)
"E"= external causes of injury (e.g., car accident)
"P"= procedures (enter leading zero)
"NP"= no prefixes (all other diagnosis)

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

Diagnosis: H2DX1 _____ ICD9: __ __ __.__

CIRCLE ONE: V E P NA (no prefix for all other diagnoses) TYHO21

2nd Diagnosis : H2DX2 _____ ICD9: __ __ __.__

CIRCLE ONE: V E P NA (no prefix for all other diagnoses) TYHO22

OR Procedure: _____ ICD9: __ __.__ __

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

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____- STATE _____ DATE: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

Q6.B3a. For your third most recent time to the hospital, on what date did you go into the hospital?

HOS3M / HOS3D / HOS3Y
Month Day Year

Q6.B3b. How many nights did you spend in the hospital at that time? IF OUTPATIENT: FILL IN ZERO.

HOS3N

Q6.B3c. For what condition or problem were you hospitalized and the name/address of the hospital? RECORD FULLY IN R's OWN WORDS. Leading zeroes for ICDS-cm codes.
"V"= no disease or injury (e.g., organ donation)
"E"= external causes of injury (e.g., car accident)
"P"= procedures (enter leading zero)
"NP"= no prefixes (all other diagnosis)

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

Diagnosis: H3DX1 ICD9: __ __ __.__

CIRCLE ONE: V E P NA (no prefix for all other diagnoses) TYHO31

2nd Diagnosis : H3DX2 ICD9: __ __ __.__

CIRCLE ONE: V E P NA (no prefix for all other diagnoses) TYHO32

OR Procedure: _____ ICD9: __ __.__ __

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

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____- STATE _____ DATE: __ __ / __ __ / __ __ __ __
Month Day Year

Q6.B4a. For your fourth most recent time to the hospital, on what date did you go into the hospital?

__ __ / __ __ / __ __ __ __
Month Day Year
HOS4M HOS4D HOS4Y

Q6.B4b. How many nights did you spend in the hospital at that time? IF OUTPATIENT: FILL IN ZERO.

HOS4N

Q6.B4c. For what condition or problem were you hospitalized and the name/address of the hospital? RECORD FULLY IN R's OWN WORDS. Leading zeroes for ICDS-cm codes.
"V"= no disease or injury (e.g., organ donation)
"E"= external causes of injury (e.g., car accident)
"P"= procedures (enter leading zero)
"NP"= no prefixes (all other diagnosis)

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

Diagnosis:_____ **H4DX1** _____ ICD9: __ __ __.__

CIRCLE ONE: V E P NA (no prefix for all other diagnoses) **TYHO41**

2nd Diagnosis : _____ ICD9: __ __ __.__

CIRCLE ONE: V E P NA (no prefix for all other diagnoses) **TYHO42**

OR Procedure: _____ ICD9: __ __.__ __

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

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____- STATE _____ DATE: __ __ / __ __ / __ __ __ __
Month Day Year

Q7. Since your last visit **[in (MONTH, YEAR)],** have you consulted a mental health professional or been hospitalized or prescribed medications for treatment of depression? **DEPR**

☐ NO [*GO TO* ***Q8***] ☐ DON'T KNOW [*GO TO* ***Q8***]
☐ YES ☐ REF [*GO TO* ***Q8***]

IF YES: which month and year was the most recent time? __ __ / __ __ __ __
Month Year
DEPRM **DEPRY**

Q8. 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)?

NRLEX ☐ NO ☐ YES ☐ REF

[*IF YES, RECORD DIAGNOSES IN* ***Q10.CCi*** *(Nervous System)*]

*** Q9.A1.** Since your last visit **[in (MONTH, YEAR)]**, have your undergone an anal pap smear? (a doctor or medical practitioner took a swab of the anal canal to test for cancer cells.)
This does not include any anal PAP smears performed as part of the MACS Anal Health Study.

APAPS ☐ NO [*GO TO* ***Q9.B***] ☐ DON'T KNOW [*GO TO* ***Q9.B***]
☐ YES [*GO TO* ***Q9.A2***] ☐ REF [*GO TO* ***Q9.B***]

Q9.A2. In what month and year did you have a pap smear performed? PAPSM __ __ / __ __ PAPSY __ __
Month Year

Q9.A3. Were the results abnormal? ABRAP

☐ NO [*GO TO Q9.B*]
☐ YES →
☐ DON'T KNOW →
☐ REF [*GO TO Q9.B*]

Medical Release Obtained? ☐ REF ☐ YES

Q9.A4. Name of the doctor who performed the pap smear and where it was performed.

Name of Hospital/clinic or doctor: _____

ADDRESS:

_____

CITY: _____ STATE _____ DATE: __ __ / __ __ / __ __ __ __
Month Day Year

Q9.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?

ANOSC ☐ NO
☐ YES
☐ DON'T KNOW
☐ REF

(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.")

Q9.C1. Since your last visit **[in (MONTH, YEAR)]**, did you experience anal bleeding at any time?

ANBLD ☐ NO [*GO TO Q9.D*] ☐ YES [*IF YES, GO TO Q9.C2*] ☐ REF [*GO TO Q9.D*]

Q9.C2. Since your last visit **[in (MONTH, YEAR)]**, have you experienced any pain with the anal bleeding?

ANBLP ☐ NO [*GO TO Q9.C4*] ☐ YES [*GO TO Q9.C3*] ☐ REF [*GO TO Q9.C4*]

Q9.C3. Since your last visit **[in (MONTH, YEAR)]**, how often have you experienced pain with the anal bleeding?

ANBLPF
☐ Rarely ☐ Most of the time
☐ Some of the time ☐ All of the time

Q9.C4. Since your last visit **[in (MONTH, YEAR)]**, has the bleeding occurred in any of the following situations?

[READ EACH ITEM]

Q9.C4a. After or during anal receptive intercourse ANBSX ☐ NO ☐ YES ☐ REF

Q9.C4b. After or during a bowel movement ANBBM ☐ NO ☐ YES ☐ REF

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Q9.C4c. Other times not associated with intercourse or bowel movements

ANBOT ☐ NO [*GO TO* ***Q9.D1***] ☐ YES [*GO TO* ***Q9.C5***] ☐ REF [*GO TO* ***Q9.D1***]

Q9.C5. With respect to the *other times* (that you have had anal bleeding), how often have you experienced
ANBOTF bleeding since your last visit **[in (MONTH, YEAR)]**?

☐ Daily ☐ Weekly ☐ Monthly ☐ Less than monthly

* **Q9.D1.** Since your last visit **[in (MONTH, YEAR)]**, have you had any biopsies of the skin, anus, rectal area or
BIOPS 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. **If reported cancer, ask about biopsy for the cancer.**

☐ NO [*GO TO* ***Q9.10A***]
☐ YES [*GO TO* ***Q9.D2***] → **Medical Release Obtained? (See Q1)** ☐ **REF** ☐ **YES**
☐ REF [*GO TO* ***Q9.10A***]

Q9.D2. How many times have you had a biopsy since your last visit **[in (MONTH, YEAR)]?**

____ ____ NBIOP

Q9.D3. For each biopsy, please tell me (See Appendix 2 & 3 in the Medical History guidelines)

BIOPSY	1)	2)	3)
Q9.D3a. Where in your body?	Site Code: ____ ____ BIOP1 Specify: _____	Site Code: ____ ____ BIOP2 Specify: _____	Site Code: ____ ____ BIOP3 Specify: _____
Q9.D3b. What did they say the diagnosis or result of the biopsy was?	DX Code: ____ ____ BIDX1 Specify: _____	DX Code: ____ ____ BIDX2 Specify: _____	DX Code: ____ ____ BIDX3 Specify: _____
Q9.D3c. Name of the doctor who performed the biopsy, where the biopsy was performed and the date of the biopsy	Name of doctor: _____ Name of hospital/center/clinic: _____ _____ CITY _____ State _____ Date ___ ___ /___ ___/___ ___	Name of doctor: _____ Name of hospital/center/clinic: _____ _____ CITY _____ State _____ Date ___ ___ /___ ___/___ ___	Name of doctor: _____ Name of hospital/center/clinic: _____ _____ CITY _____ State _____ Date ___ ___ /___ ___/___ ___

Q10. 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)]**?

THRUSH **A.** Thrush (yeast in your mouth) ☐ NO ☐ YES ☐ REF THRUSH

SINUS **B.** Sinusitis, a sinus infection that requires antibiotics ☐ NO ☐ YES ☐ REF SINUS

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

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

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

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

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

ARTHR **H.** Arthritis ☐ NO ☐ YES ☐ REF

IF YES: Was it:

RHUEM ▪ Rheumatoid ☐ NO ☐ YES ☐ DK ☐ REF

OSTAR ▪ Osteoarthritis or Degenerative ☐ NO ☐ YES ☐ DK ☐ REF

OTHAR ▪ Other ☐ NO ☐ YES ☐ DK ☐ REF

Specify Other:

Obtain a medical release for each item below with a "YES" response for items Q10.I - Q10.Q.

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

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

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

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

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

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

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

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

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

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

What was the name and address of the physician who diagnosed the condition(s)? If more than one diagnosis, ask if same or different doctors.

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ STATE _____DATE: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ STATE _____DATE: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

Administration: These are baseline questions and will be administered one time to all participants and followed up with since your last visit question every visit going forward. **Both sets are listed below. Only complete the baseline for participants who have not been administered this section in the past. Otherwise, skip to the last visit questions.**

Introduction:
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.

☐ **Mark here for those participants who do not know them because they are adopted.**

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*

Q10.fam (IF the participant was administered these questions at V61, then go to Q10.fam – Since Last Visit)

1. Has a male member of your immediate family

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

HRTATML
☐ 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

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

HRTATMDLV
☐ 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

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

HRTATFLV
☐ 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

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

HRTATFDLV
☐ 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

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

HRTBPMLV
☐ 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

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

HRTAPMLV ☐ 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

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

HRTBPFLV ☐ 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

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

HRTAPFLV ☐ 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.fam – Since Last Visit

1. **Since your last visit, h**as a male member of your immediate family

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

HRTATM ☐ 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

b) died from a Heart Attack before age 55?

HRTATMD ☐ 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

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

HRTATF
- ☐ 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

b) died from a Heart Attack before age 65?

HRTATFD
- ☐ 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

a) had heart bypass surgery before age of 55?

HRTBPM
- ☐ 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

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

HRTAPM
- ☐ 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

a) had heart bypass surgery before age of 65?

HRTABPF
- ☐ 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

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

HRTAPF ☐ 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. (cont.) Going back to other **NEW** conditions, ailments or disorders. Were you diagnosed with any of the following since your last visit **[in (MONTH, YEAR)]**?

S. Elevated Liver Enzyme LIVDE ☐ NO ☐ YES ☐ REF

T1. Are you currently enrolled in the Bone Strength Sub Study? BOSSPAR

☐ NO [*GO TO Q10.T2*] ☐ YES ☐ REF [*GO TO Q10.T2*]

IF YES:

T1b. Have you reported all of your falls to the clinic? BOSSRPF ☐ NO ☐ YES ☐ DK ☐ REF

IF yes, go to T.2.Intro. (If NO falls occurred, answer YES)

IF NO OR DK:

Administer the Fall Reporting Tool: http://www.research.net/S/Boss_Fall_Reporting_Tool

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."

T.2a. 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?

FALLCON
☐ NOT AT ALL
☐ A LITTLE
☐ QUITE A BIT
☐ VERY MUCH
☐ DK
☐ REF

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

FALLN6M
☐ None *Go to Q10. (cont.)*
☐ 1 time
☐ 2 times
☐ 3-5 times
☐ More than 5 times
☐ DK
☐ REF

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.

FALLMED ☐ NO ☐ YES ☐ DK ☐ REF

Q10. (cont.) Were you diagnosed with any of the following since your last visit **[in (MONTH, YEAR)]**?

T3. Since your last visit, Broken or fractured bones BBONE ☐ NO ☐ YES ☐ REF

[IF NO OR REF, GO TO Q10.CCa]

T4. What was fractured? BBSITE1 ____ ___ ___ ___.___

[See Appendix Q9A in Guidelines for ICD9 codes]

BBSITE2 ____ ___ ___ ___.___

BBSITE3 ____ ___ ___ ___.___

T5. Did that fracture occur…. (Select one)

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

Q10.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 or any OTHER NEW conditions or problems in the following areas?

Q10.CCa. Eyes VIDEY ☐ NO ☐ YES ☐ REF

[IF NO OR REF, GO TO Q10.CCb]

IF YES: Was there a diagnosis? EYDIA ☐ NO ☐ YES ☐ REF

What was the diagnosis? EYCON ____

____

Q10.CCb. Ears, Nose, Throat, Mouth and Sinuses VIDEN ☐ NO ☐ YES ☐ REF

[IF NO OR REF, GO TO Q10.CCc]

IF YES: Was there a diagnosis? ENDIA ☐ NO ☐ YES ☐ REF

What was the diagnosis? ENCON ____

____

Q10.CCc. Heart and Blood Vessels **[Ask if in CV2 study and it had follow up. If yes, get medical release]**

VIDHT ☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO* ***Q10.CCd***]

IF YES: Was there a diagnosis? HTDIA ☐ NO ☐ YES ☐ REF

What was the diagnosis? HTCON _____

_____

Get Medical Release if answer to **heart condition** is yes.

Q10.CCd. Lungs and Bronchial Tubes VIDLG ☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO* ***Q10.CCe***]

IF YES: Was there a diagnosis? LGDIA ☐ NO ☐ YES ☐ REF

What was the diagnosis? LGCON _____

_____

Q10.CCe. Stomach, Intestines, or Liver Disease VIDSL ☐ NO ☐ YES ☐ REF

Get Medical Release if answer to **liver disease** is yes.

[*IF NO OR REF, GO TO* ***Q10.CCf***]

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

What was the diagnosis? SLCON _____

_____

Liver Diagnosis: ☐ NO ☐ YES ☐ REF

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ **STATE** _____**DATE:** ___ ___ / ___ ___ / ___ ___ ___ ___
Month **Day** **Year**

Q10.CCf. Bones**,** Joints or Muscles VIDBJ ☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO* ***Q10.CCg***]

IF YES: Was there a diagnosis? BJDIA ☐ NO ☐ YES ☐ REF

What was the diagnosis? BJCON _____

_____

Osteoporosis, Avascular Necrosis or Osteonecrosis: ☐ NO ☐ YES ☐ REF

Get Medical Release if osteoporosis, avascular necrosis or osteonecrosis

Q10.CCg. Genital, Urinary and Rectal VIDGU ☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO Q10.CCh*]

IF YES: Was there a diagnosis? GUDIA ☐ NO ☐ YES ☐ REF

What was the diagnosis? GUCON _____

_____

Q10.CCh. Skin VIDSK ☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO Q10.CCi*]

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

What was the diagnosis? SKCON _____

_____

Q10.CCi. Nervous system VIDNS ☐ NO ☐ YES ☐ REF

Get Medical Release if answer to **nervous system** is YES.

[*IF NO OR REF, GO TO Q10.CCj*]

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

What was the diagnosis? NSCON _____

_____

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ **STATE** _____**DATE:** ___ ___ / ___ ___ / ___ ___ ___ ___

Month **Day** **Year**

Q10.CCj. Treatment of depression, anxiety, or other mental health problems? VIDPY ☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO Q10.CCk*]

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

What was the diagnosis? PYCON _____

_____

Q10.CCk. Hormones or Endocrine system VIDHO ☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO **Q10.CCb***]

IF YES: Was there a diagnosis? HODIA ☐ NO ☐ YES ☐ REF

What was the diagnosis? HOCON _____

_____

Q10.CCl. Other VIDO ☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO **Q11.A***]

IF YES: Was there a diagnosis? ODIA ☐ NO ☐ YES ☐ REF

What was the diagnosis? OCON1 _____

_____

Q11.A. Have you had any of the following forms of herpes, not including shingles or herpes zoster, since your last visit **[in MONTH, YEAR)]?**

_____ _____

Q11.A1. Facial herpes, cold sores, or fever blisters HERPF ☐ NO ☐ YES ☐ REF

Q11.A2. Sores in genital region HERPG ☐ NO ☐ YES ☐ REF

Q11.A3. Sores in the anal or rectal areas HERPA ☐ NO ☐ YES ☐ REF

Q11.A4. Sores elsewhere on your body HERPE ☐ NO ☐ YES ☐ REF

[*IF NO OR REF TO ABOVE, GO TO **Q12***]

Q11.B. Did the first attack of herpes you ever had occur since your last visit **[in (MONTH, YEAR)]**?

HERLV ☐ NO ☐ YES ☐ REF

Q11.C. Has there been a period since your last visit **[in (MONTH, YEAR)]** when your (herpes) sores seemed

HERWR to come more often, get worse or last longer than usual?

☐ NO ☐ YES ☐ REF

Q12. Have you had any of the following diseases or conditions since your last visit **[in (MONTH, YEAR)]**? How about **(EACH)**?

Q12.A1. Syphilis ☐ NO ☐ YES ☐ REF

SYPHA

[*IF NO OR REF, GO TO **Q12.B**. IF YES, GO TO **Q12.A2***]

Q12.A2. Was this a new infection or was it a continuation or relapse of a previous infection?

SYPHN ☐ New infection ☐ Continued or relapse

Q12.B. Any form of gonorrhea ☐ NO ☐ YES ☐ REF
GONOR
[*IF NO OR REF, GO TO **Q12.F**. IF YES, GO TO **Q12.C***]

Q12.C. Urethral gonorrhea (clap or drip of the urinary passage) UGONA ☐ NO ☐ YES ☐ REF

Q12.D. Oral gonorrhea (of the mouth or throat) OGONA ☐ NO ☐ YES ☐ REF

Q12.E. Rectal gonorrhea (of the rectum) RGONA ☐ NO ☐ YES ☐ REF

Q12.F. Non-specific or nongonococcal urethritis or chlamydia (that is, a discharge from the penis that's not caused by gonorrhea) URECT ☐ NO ☐ YES ☐ REF

Q12.G1. Genital warts (condylomata acuminata) WARTG ☐ NO ☐ YES ☐ REF
[*IF NO OR REF, GO TO **Q12.H1**. IF YES, GO TO **Q12.G2***]

Q12.G2. Was this a new infection or was it a continuation or relapse of a previous infection? WRTGN
☐ New infection ☐ Continued or relapse

Q12.H1. Anal warts (condylomata acuminata) WARTS ☐ NO ☐ YES ☐ REF
[*IF NO OR REF, GO TO **Q13.A1**. IF YES, GO TO **Q12.H2***]

Q12.H2. Was this a new infection or was it a continuation or relapse of a previous infection? WRTSN
☐ New infection ☐ Continued or relapse

Q13.A. Since your last visit **[in (MONTH, YEAR)]**, have you had any of the following problems or symptoms? This includes those due to illnesses or side effects from medications.

PROBLEM OR SYMPTOM FOR EACH "YES" IN a, ASK b, c, d, AND e.	**(a)** How about **(EACH)?** Did you have that at any time since your last visit **[in (MONTH, YEAR)]**?	**(b)** Did that last for two weeks or longer?	**(c)** And do you have that now?	**(d)** Did you experience this symptom due to taking any medication?	**(e)** Is this a new condition?
1) Persistent dizziness for at least 3 consecutive days	DIZZI ☐ NO ☐ YES	DIZ2W ☐ NO ☐ YES	DIZNO ☐ NO ☐ YES	☐ NO ☐ YES DIZMED ☐ DK	DIZNC ☐ NO ☐ YES
2) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	FATIG ☐ NO ☐ YES	FAT2W ☐ NO ☐ YES	FATIN ☐ NO ☐ YES	☐ NO ☐ YES ☐ DK FTMED	FITNC ☐ NO ☐ YES
3) Persistent or recurring fever higher than 100° for at least 3 consecutive days	FEVER ☐ NO ☐ YES	FEV2W ☐ NO ☐ YES	FEVRN ☐ NO ☐ YES	☐ NO ☐ YES ☐ DK FVMED	FEVNC ☐ NO ☐ YES
4) Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days	HEADA ☐ NO ☐ YES	HED2W ☐ NO ☐ YES	HEADN ☐ NO ☐ YES	☐ NO ☐ YES ☐ DK HDMED	HEDNC ☐ NO ☐ YES
5) A new skin condition, rash, or infection that lasted for at least 3 consecutive days	RASH ☐ NO ☐ YES	RAS2W ☐ NO ☐ YES	RASHN ☐ NO ☐ YES	☐ NO ☐ YES ☐ DK RHMED	RSHNC ☐ NO ☐ YES

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PROBLEM OR SYMPTOM FOR EACH "YES" IN a, ASK b, c, d, AND e.	(a) How about (EACH)? Did you have that at any time since your last visit [in (MONTH, YEAR)]?	(b) Did that last for two weeks or longer?	(c) And do you have that now?	(d) Did you experience this symptom due to taking any medication?	(e) Is this a new condition?
6) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days	GLAND ☐ NO ☐ YES	GLN2W ☐ NO ☐ YES	GLANN ☐ NO ☐ YES	☐ NO ☐ YES ☐ DK GLMED	GLANC ☐ NO ☐ YES
7) Diarrhea for at least 3 consecutive days	DIARR ☐ NO ☐ YES	DIA2W ☐ NO ☐ YES	DIARN ☐ NO ☐ YES	☐ NO ☐ YES DIMED ☐ DK	DIANC ☐ NO ☐ YES
8) Drenching sweats at night on at least 3 occasions	SWEAT ☐ NO ☐ YES	SWT2W ☐ NO ☐ YES	SWETN ☐ NO ☐ YES	☐ NO ☐ YES ☐ DK SWMED	SWENC ☐ NO ☐ YES
9) Nausea, vomiting	VOMIT ☐ NO ☐ YES	VOT2W ☐ NO ☐ YES	VOTNO ☐ NO ☐ YES	☐ NO ☐ YES VTMED ☐ DK	VOTNC ☐ NO ☐ YES
10) Abdominal pain, bloating, cramps	BLOAT ☐ NO ☐ YES	ABP2W ☐ NO ☐ YES	ABPNO ☐ NO ☐ YES	☐ NO ☐ YES ABMED ☐ DK	ABPNC ☐ NO ☐ YES
11) Ascites (fluid buildup in the stomach or abdomen	ASCIT ☐ NO ☐ YES	ASC2W ☐ NO ☐ YES	ASCNO ☐ NO ☐ YES	☐ NO ☐ YES ASMED ☐ DK	ASCNC ☐ NO ☐ YES
12) Jaundice (yellow hue to whites of eyes, dark urine or clay colored stools	JDICE ☐ NO ☐ YES	JDI2W ☐ NO ☐ YES	JDINO ☐ NO ☐ YES	☐ NO ☐ YES ☐ DK JDMED	JDINC ☐ NO ☐ YES
*13) An unintentional weight loss of at least 10 pounds unrelated to dieting	WTLOS ☐ NO ☐ YES		WTLSN ☐ NO ☐ YES	☐ NO ☐ YES ☐ DK WTMED	WTLNC ☐ NO ☐ YES
14) Muscle pain or weakness	MPAIN ☐ NO ☐ YES	MPW2W ☐ NO ☐ YES	MPWNO ☐ NO ☐ YES	☐ NO ☐ YES MPMED ☐ DK	MPWNC ☐ NO ☐ YES
15) Joint pain	JOINT ☐ NO ☐ YES	JNT2W ☐ NO ☐ YES	JNTNO ☐ NO ☐ YES	☐ NO ☐ YES JTMED ☐ DK	JNTNC ☐ NO ☐ YES
16) Vivid nightmares or dreams	DREAM ☐ NO ☐ YES	NVD2W ☐ NO ☐ YES	NVDNO ☐ NO ☐ YES	☐ NO ☐ YES DRMED ☐ DK	NVDNC ☐ NO ☐ YES
17) Insomnia or problems sleeping	INSOM ☐ NO ☐ YES	IPS2W ☐ NO ☐ YES	IPSNO ☐ NO ☐ YES	☐ NO ☐ YES INMED ☐ DK	IPSNC ☐ NO ☐ YES
18) Persistent dry mouth	DRYMO ☐ NO ☐ YES	DRY2W ☐ NO ☐ YES	DRYNO ☐ NO ☐ YES	☐ NO ☐ YES DMMED ☐ DK	DRYNC ☐ NO ☐ YES

Q13.B. Since your last visit [in (MONTH, YEAR)], have you experienced:

	If NO, go to next question If YES, indicate severity NO YES	Severity (0=none, 1= mild, 10=severe)	Did you experience this symptom due to taking any medication? NO YES DK
1. Pain, aching, or burning in your feet or legs?	☐ ☐ FEETP	Right _____ (0-10) PAINR Left _____ (0-10) PAINL	☐ ☐ ☐ PLMED
2. Pins and needles in your feet or legs?	☐ ☐ PINSF	Right _____ (0-10) PINSR Left _____ (0-10) PINSL	☐ ☐ ☐ PIMED
3. Numbness (lack of feeling) in your feet or legs?	☐ ☐ NUMBF	Right _____ (0-10) NUMBR Left _____ (0-10) NUMBL	☐ ☐ ☐ NBMED

Moving on to medications and vaccines for HIV.

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

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 NO OR REF, GO TO Q15. IF YES, GO TO Q14.2 (MUST BE FILLED OUT) AND THEN GO TO Q14.3*]

[*OPTIONAL – DOESN'T HAVE TO BE FILLED OUT*]

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.

Q14.2. What is the name of the trial? HIVACCD

Name of Hospital/clinic or doctor: _____

ADDRESS: _____

CITY: _____ **STATE** _____**DATE:** ___ ___ / ___ ___ / ___ ___ ___ ___
Month **Day** **Year**

Q14.3. **MACS CODE for Clinical/Vaccine Trial:** _____ _____ _____ _____

[*IF NO MACS CODE, CONTACT CAMACS.*
***SEE MACS FORUM - VACCINE AND CLINICAL RESEARCH TRIALS*]**

* **Q15.** Since your last visit, **[in (MONTH, YEAR)]**, have you taken any HIV-related medications or treatments?
MAIDS (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. Interviewer Note: [If HIV negative participate reports ART drug(s), this information will be collected in Prep| Pep section]

☐ NO [*GO TO **Q15.A1***] ☐ YES [*GO TO **Q15.A1***] ☐ REF [*GO TO **Q15.A1***]

* **Q15.A. IF NO:** Why did you decide not to take HIV-related medications?

NMNI	**1.** Not infected with HIV [IF YES, *GO TO **Q16***]	☐ NO	☐ YES	☐ REF
NMDS	**2.** Doctor said was not necessary	☐ NO	☐ YES	☐ REF
NMNS	**3.** Not sick	☐ NO	☐ YES	☐ REF
NMEX	**4.** Too expensive	☐ NO	☐ YES	☐ REF
NMDW	**5.** Don't think they work or will help	☐ NO	☐ YES	☐ REF
NMSE	**6.** Possible side effects	☐ NO	☐ YES	☐ REF
NMCD	**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)	☐ NO	☐ YES	☐ REF
NMOR	**8.** Other reason	☐ NO	☐ YES	☐ REF

Q15.A1. Since your last visit **[in (MONTH, YEAR)]**, has a doctor or other medical practitioner tested your blood to see if you have HIV that is resistant to certain drugs? I am referring to the types of HIV drug resistance tests that are called genotyping or phenotyping.

RESIT
☐ NO → ***SKIP TO Q15.B(1) IF ON HIV MEDS SINCE LAST VISIT***
SKIP TO Q16 IF NOT ON HIV MEDS SINCE LAST VISIT
☐ YES
☐ DON'T KNOW
☐ REF

Q15.A2. Has your treatment (drugs) been changed as a result of that test?

RSTCH ☐ NO ☐ YES ☐ DK ☐ REF

* **Q15.B1** Since your last visit [in (MONTH, YEAR)], have you taken any medication or drug on this
ML1AD list?

[Show the picture list in the current March/April 2013 Positively Aware Magazine]

☐ NO [*GO TO **Q15.C1***] ☐ YES ☐ REF [*GO TO **Q15.C1***]

Q15.B2. Please name those drugs that you have taken or show me which ones.

Fill out a separate Drug Form 1 form for each reported drug taken since last visit. This drug form also contains adherence questions about the reported drug. NOTE- USE THE CADI COMPATIBLE PAPER FORMS ONLY. DO NOT USE THE SCAN FORM.

Administer DRUG Forms and Adherence questions for Abbreviated Interviews.

[CONTINUE ADHERENCE QUESTIONS FOR ALL CURRENT DRUGS.]

I would like to ask some Adherence questions about the anti-HIV medications you are currently taking.

Q2. When was the last time you skipped any of your medications?

ASKIP
- ☐ Never skip medications [*GO TO* ***Q4***]
- ☐ Within the past week
- ☐ 1-2 weeks ago
- ☐ 3-4 weeks ago
- ☐ 1-3 months ago
- ☐ More than 3 months ago

Q3. People miss taking their medications for various reasons. Here is a list of possible reasons. How often have you missed taking your current medications because you :

	Q3.	Never	Rarely	Sometimes	Often	Refuse
AAWAY	**a.** Were away from home?	☐	☐	☐	☐	☐
ABUSY	**b.** Were busy with other things?	☐	☐	☐	☐	☐
AFORG	**c.** Simply forgot?	☐	☐	☐	☐	☐
ATPIL	**d.** Had too many pills to take?	☐	☐	☐	☐	☐
ASE	**e.** Wanted to avoid side effects?	☐	☐	☐	☐	☐
ANOTC	**f.** Did not want others to notice you taking medicatons?	☐	☐	☐	☐	☐
ADR	**g.** Had a change in daily routine? (e.g., vacation, holiday, non-work day)	☐	☐	☐	☐	☐
ATOX	**h.** Felt like the drug was toxic or harmful?	☐	☐	☐	☐	☐
AASLE	**i.** Fell asleep or slept through dose time	☐	☐	☐	☐	☐
ASICK	**j.** Felt sick or ill?	☐	☐	☐	☐	☐
ADEPP	**k.** Felt depressed or overwhelmed?	☐	☐	☐	☐	☐
APROB	**l.** Had problems taking the pills?	☐	☐	☐	☐	☐
ARAN	**m.** Ran out of pills?	☐	☐	☐	☐	☐

	Q3.	Never	Rarely	Sometimes	Often	Refuse
ANPIL	**n.** Don't want to take pills?	☐	☐	☐	☐	☐
ACNFL	**o.** Have special instructions that conflict?	☐	☐	☐	☐	☐
AOTH	**p.** Other reason	☐	☐	☐	☐	☐
AOTHCH	Specify other reason:					

Q4. Most anti-HIV medications need to be taken on a schedule, such as "2 times a day" or "every 8 hours". How closely did you follow your specific schedule over the last four days?

ADSCH

☐ Never
☐ Some of the time
☐ About half of the time
☐ Most of the time
☐ All of the time
☐ REF

Q5a. Do any of your anti-HIV medications have special instructions such as "take with food" or "take on an empty stomach" or "take with plenty of fluids"?

SPINT ☐ NO [*GO TO Q6*] ☐ YES ☐ REF

Q5b. How often did you follow those special instructions over the last four days?

FSPIN

☐ Never
☐ Some of the time
☐ About half of the time
☐ Most of the time
☐ All of the time
☐ REF

Q5c. Do any of these special instructions conflict? CONFL ☐ NO ☐ YES ☐ REF

Q6. How do you remember to take your medications?

	Q6	NO	YES	REF
RMCAL	**a.** Calendar/diary	☐	☐	☐
RMPBX	**b.** Pill box	☐	☐	☐
RMALM	**c.** Alarm	☐	☐	☐
RMFAM	**d.** Friends/family member	☐	☐	☐
RMMEM	**e.** Memory only	☐	☐	☐
RMOTH	**f.** Other	☐	☐	☐
RMOTHCH	**g.** Other specify:			

Q15.B3. 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? **MDRUG**

☐ NO [*GO TO* ***Q15.C1***] ☐ YES ☐ REF [*GO TO* ***Q15.C1***]

IF YES: How many times did this occur? ___ ___ **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? ___ ___ ___ **DDRUG**

* **Q15.C1.** 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? **ML2AD**

☐ NO [*GO TO* ***Q15.C3***] ☐ YES ☐ REF [*GO TO* ***Q15.C3***]

Q15.C2. Please name those drugs that you have taken. **ML2A1**

Name:_____

Code: ____ ____ ____

Name:_____

Code: ____ ____ ____

Name:_____

Code: ____ ____ ____

If abbreviated interview, go to Q24 and then administer smoking session.

Q15.C3. In the past year, have you participated in any other research studies involving treatment or prevention of HIV or its complications? **HIVRES**

☐ NO ☐ YES ☐ REF

Q15.C4. What is the name of the trial?

_____

_____

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.

Q15.C5. MACS CODE __ __ __ __ **HIVRESCD**

If no MACS code, contact CAMACS. See MACS forum - Vaccine and clinical research trials

Q16. 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:

Q16.1A. TSLV Since your last visit, have you used testosterone in any of the following preparations, including *Androgel, Testim, Fortesta, Androderm (patch), Testosterone injection (Delatestryl)*?

☐ NO ☐ YES ☐ DON'T KNOW ☐ REF

[*IF NO, DON'T KNOW OR REFUSED, GO TO* ***Q16.12A***]

If YES:

Q16.1B. Was the testosterone prescribed by a health care provider? TSHC ☐ NO ☐ YES ☐ REF

Q16.1C. What were the reasons for using testosterone? Was it because of [Read each item]

TSRLL	**1)** Low testosterone level	☐ NO	☐ YES	☐ REF
TSRWL	**2)** Wasting or unintentional weight loss	☐ NO	☐ YES	☐ REF
TSRMM	**3)** To build muscle mass	☐ NO	☐ YES	☐ REF
TSRED	**4)** Erectile Dysfunction	☐ NO	☐ YES	☐ REF
TSRSD	**5)** Low sexual desire	☐ NO	☐ YES	☐ REF
TSRFT	**6)** Fatigue	☐ NO	☐ YES	☐ REF
TSRAN	**7)** Anemia (low red blood cells)	☐ NO	☐ YES	☐ REF
TSRSE	**8)** To feel stronger or more energetic	☐ NO	☐ YES	☐ REF
TSRAP	**9)** Improve athletic performance	☐ NO	☐ YES	☐ REF
TSRME	**10)** Also taking Megace (megesterol)	☐ NO	☐ YES	☐ REF
TSROT	**11)** Other	☐ NO	☐ YES	☐ REF

If yes: specify _____

Q16.1D. How was it administered? Was it by [Read each item]

TSAIN	**1)** Injection	☐ NO	☐ YES	☐ REF
	IF YES:			
TSAINW	Have you gotten an injection in the last 2 weeks?	☐ NO	☐ YES	☐ REF
TSAGL	**2)** Gel or patch	☐ NO	☐ YES	☐ REF
	IF YES:			
TSAGLH	Have you applied it in the last 24 hours?	☐ NO	☐ YES	☐ REF

TSASP 3) Under skin pellet (Testopel) ☐ NO ☐ YES ☐ REF

IF YES:

TSASPM Have you had a pellet placed in the last 6 months? ☐ NO ☐ YES ☐ REF

Anabolic Steroids:

Q16.2A. Since your last visit [in (MONTH, YEAR)], have you taken any anabolic steroids, such as *Anadrol-50, Winstrol, Oxandrin*?
ASLV

☐ NO [*GO TO* ***Q16.3A***] ☐ DON'T KNOW [*GO TO* ***Q16.3A***]

☐ YES ☐ REF [*GO TO* ***Q16.3A***]

☐ OTHER

Specify: _____

If YES or OTHER:

Q16.2B. What were the reasons for taking this/these steroid(s)? [Read each item]

ASRWL 1) Wasting or unintentional weight loss ☐ NO ☐ YES ☐ REF

ASRMM 2) To build muscle mass ☐ NO ☐ YES ☐ REF

ASRSE 3) To feel stronger or more energetic ☐ NO ☐ YES ☐ REF

ASRAP 4) Improve athletic performance ☐ NO ☐ YES ☐ REF

ASROT 5) Other ☐ NO ☐ YES ☐ REF

If yes: specify: _____

Q16.2C. Have you taken/used the anabolic steroids in the past 5 days? ☐ NO ☐ YES ☐ REF
AS5D

Glucocorticoids (corticosteroids):

Q16.3A. 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)*?
GCEV

☐ NO [*GO TO* ***Q16.3F***] ☐ DON'T KNOW [*GO TO* ***Q16.3***

☐ YES ☐ REF [*GO TO* ***Q16.3F***]

If YES:

Q16.3B. Approximately, how old were you when you last took any? ____GCAGE____

Q16.3C. Have you ever taken any of these steroid pills for a period of greater than 3 months?
GC3M

☐ NO ☐ YES ☐ REF

Q16.3D. 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 and GO TO Q13.3F]*

_____ GCLVD _____ (up to 3 characters, must be numbers entered)

Q16.3E. What were the reasons for taking this/these steroid(s) since your last visit? *(mark all that apply)*

GCCRAI	1)	Adrenal insufficiency	☐ NO	☐ YES ☐ REF
GCRLC	2)	Lung condition	☐ NO	☐ YES ☐ REF
GCRJC	3)	Joint condition	☐ NO	☐ YES ☐ REF
GCRBC	4)	Back condition	☐ NO	☐ YES ☐ REF
GCRSC	5)	Skin condition	☐ NO	☐ YES ☐ REF
GCROT	6)	Other	☐ NO	☐ YES ☐ REF

Specify: _____

Q16.3F. Since your last visit [in (MONTH, YEAR)], have you had an injection of this/these steroid(s) into your skin or joints, back, muscle? GCINJ

☐ NO ☐ YES ☐ REF

[*IF NO GLUCO MEDS SINCE LAST VISIT OR REF, GO TO Q16.4a*]

Q16.3G. Have you taken/used the glucocorticoid(s) or corticosteroid(s) by any means in the past 5 days? GC5D

☐ NO ☐ YES ☐ REF

Q16.4A. Since your last visit [in (MONTH, YEAR)], have you taken any inhaled steroids? ISLV

☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO Q16.5A*]

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:

Q16.4B. Which one(s):

ISBE	Beclomethasone	☐ NO ☐ YES ☐ REF
ISQV	QVAR	☐ NO ☐ YES ☐ REF
ISBU	Budesonide	☐ NO ☐ YES ☐ REF
ISPU	Pulmicort	☐ NO ☐ YES ☐ REF
ISCI	Ciclesonide	☐ NO ☐ YES ☐ REF
ISAL	Alvesco	☐ NO ☐ YES ☐ REF
ISFLN	Flunisolide	☐ NO ☐ YES ☐ REF
ISAB	AeroBid	☐ NO ☐ YES ☐ REF
ISFLT	Fluticasone	☐ NO ☐ YES ☐ REF

ISFLO	Flovent	☐ NO ☐ YES ☐ REF
ISMO	Mometasone	☐ NO ☐ YES ☐ REF
ISAT	Asmanex Twisthaler	☐ NO ☐ YES ☐ REF
ISTR	Triamcinolone	☐ NO ☐ YES ☐ REF
ISAZ	Azmacort	☐ NO ☐ YES ☐ REF
ISBF2	Budesonide and formoterol	☐ NO ☐ YES ☐ REF
ISSY	Symbicort	☐ NO ☐ YES ☐ REF
ISFS2	Fluticasone and salmeterol	☐ NO ☐ YES ☐ REF
ISAD	Advair	☐ NO ☐ YES ☐ REF
ISMF2	Mometasone and formoterol	☐ NO ☐ YES ☐ REF
ISDU	Dulera	☐ NO ☐ YES ☐ REF

Q16.4C. Have you taken/used the inhaled steroid(s) in the past 5 days? ☐ NO ☐ YES ☐ REF
IS5D

Q16.5A. Since your last visit [in (MONTH, YEAR)], have you taken thyroid hormones, such as *Synthroid, Levoxyl, levothyroxine, or Cytomel*?
THLV

☐ YES
☐ NO [*GO TO* ***Q16.6A***]
☐ OTHER
Specify: _____
☐ REF [*GO TO* ***Q16.6A***]
☐ DON'T KNOW [*GO TO* ***Q16.6A***]

Q16.5B. Have you taken/used thyroid hormone(s) in the past 5 days? ☐ NO ☐ YES ☐ REF
TH5D

Q16. Continued	**a.** How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	**b.** When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?	**c.** Have you taken/used any in the past 5 days (FOR ASPIRIN: in the last week)?
6. Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	ANTBV ☐ **NO** ☐ **YES**	_____ _____	ANTB5 ☐ **NO** ☐ **YES**
7. Tranquilizers or sleeping pills	TRNQV ☐ **NO** ☐ **YES**	_____ _____	TRNQ5 ☐ **NO** ☐ **YES**
8. Antidepressants or mood elevators	MOODV ☐ **NO** ☐ **YES**	_____ _____	MOOD5 ☐ **NO** ☐ **YES**

Q16. Continued	**a.** How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	**b.** When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?	**c.** Have you taken/used any in the past 5 days (FOR ASPIRIN: in the last week)?
9. Acyclovir, famciclovir or valacyclovir for herpes (zovirax, famvir, valtres) **IF YES**, did you take it: Everyday CHACY ☐ NO ☐ YES Only when you had active lesions or outbreak? EPACY ☐ NO ☐ YES	☐ NO ☐ YES ACYCV	_____ _____	☐ NO ☐ YES ACYC5
10. Viagra, Cialis, Levitra or other drugs that were prescribed by a medical provider to treat erectile dysfunction	VIAGR ☐ NO ☐ YES	_____ _____	VIAG5 ☐ NO ☐ YES
11. Aspirin taken three days or more on a weekly basis	ASPRIN ☐ NO ☐ YES	_____ _____	ASPR7 ☐ NO ☐ YES
*__CHDG1__ __CHDG2__ __CHDG3__ **12.** Medications to lower cholesterol, triglycerides, lipids or blood fat	CHOL1 ☐ NO ☐ YES CHOL2 ☐ NO ☐ YES CHOL3 ☐ NO ☐ YES	_____ _____ _____ _____ _____ _____	CHL15 ☐ NO ☐ YES CHL25 ☐ NO ☐ YES CHL35 ☐ NO ☐ YES
*__HTDG1__ __HTDG2__ __HTDG3__ __HTDG4__ __HTDG5__ **13.** Medications to treat hypertension	HYPT1 ☐ NO ☐ YES HYPT2 ☐ NO ☐ YES HYPT3 ☐ NO ☐ YES HYPT4 ☐ NO ☐ YES HYPT5 ☐ NO ☐ YES	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	HYP15 ☐ NO ☐ YES HYP25 ☐ NO ☐ YES HYP35 ☐ NO ☐ YES HYP45 ☐ NO ☐ YES HYP55 ☐ NO ☐ YES

Q16. Continued	**a.** How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	**b.** When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?	**c.** Have you taken/used any in the past 5 days (FOR ASPIRIN: in the last week)?
*14. Medications to treat diabetes			
__DIAT1__	DIAB1 ☐ NO ☐ YES	_____ _____	DIA15 ☐ NO ☐ YES
__DIAT2__	DIAB2 ☐ NO ☐ YES	_____ _____	DIA25 ☐ NO ☐ YES
__DIAT3__	DIAB3 ☐ NO ☐ YES	_____ _____	DIA35 ☐ NO ☐ YES
*15. Medications to treat hepatitis			
__HEPT1__	HEPD1 ☐ NO ☐ YES	_____ _____	HEP15 ☐ NO ☐ YES
__HEPT2__	HEPD2 ☐ NO ☐ YES	_____ _____	HEP25 ☐ NO ☐ YES

a) Have you (taken/used) Any other medications since your last visit [in (MONTH, YEAR)]?	(b) When specified, what was the name of the (KIND OF DRUG) you took?	(c) What did you take this drug for?	(d) Have you taken/used any in the past 5 days?
b. ☐ NO ☐ YES ODRG1	Name and code of drug: DRUG1 ___	Use of drug: ___	☐ NO ☐ YES ODG15
c. ☐ NO ☐ YES ODRG2	Name and code of drug: DRUG2 ___	Use of drug: ___	☐ NO ☐ YES ODG25
d. ☐ NO ☐ YES ODRG3	Name and code of drug: DRUG3 ___	Use of drug: ___	☐ NO ☐ YES ODG35
e. ☐ NO ☐ YES ODRG4	Name and code of drug: DRUG4 ___	Use of drug: ___	☐ NO ☐ YES ODG45
f. ☐ NO ☐ YES ODRG5	Name and code of drug: DRUG5 ___	Use of drug: ___	☐ NO ☐ YES ODG55
g. ☐ NO ☐ YES ODRG6	Name and code of drug: DRUG6 ___	Use of drug: ___	☐ NO ☐ YES ODG65
h. ☐ NO ☐ YES ODRG7	Name and code of drug: DRUG7 ___	Use of drug: ___	☐ NO ☐ YES ODG75

a) Have you (taken/used) Any other medications since your last visit [in (MONTH, YEAR)]?	(b) When specified, what was the name of the (KIND OF DRUG) you took?	(c) What did you take this drug for?	(d) Have you taken/used any in the past 5 days?
i. ☐ NO ☐ YES ODRG8	Name and code of drug: DRUG8 _____	Use of drug: _____ _____ _____ _____	☐ NO ☐ YES ODG85
j. ☐ NO ☐ YES ODRG9	Name and code of drug: DRUG9 _____	Use of drug: _____ _____ _____ _____	☐ NO ☐ YES ODG95
k. ☐ NO ☐ YES ODRG10	Name and code of drug: DRUG10 _____	Use of drug: _____ _____ _____ _____	☐ NO ☐ YES ODG105

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

Q17.A. Since your last visit **[in (MONTH, YEAR)]**, have you received assistance from ADAP (AIDS Drug Assistance Program)? ADAP

☐ NO ☐ YES ☐ REF

Q17.B. Since your last visit **[in (MONTH, YEAR)]**, have you had any medical coverage, such as HMO coverage, Blue Cross, or Medicare?

MEDCV ☐ NO [*GO TO Q17.C*]

☐ YES - did you have: [*GO TO Q17.B1*]

☐ REF

1) Coverage by an HMO HMOC ☐ NO ☐ YES

GPIC 2) Private insurance through a group (Blue Cross, CIGNA, etc.) (not as a HMO) ☐ NO ☐ YES

IPIC 3) Individual private insurance (Blue Cross, CIGNA, etc.) (not as a HMO) ☐ NO ☐ YES

MCAID 4) Medicaid, Medi-Cal, or Medical Assistance ☐ NO ☐ YES

MCARE **5)** Medicare (for people over 65 or permanently disabled) ☐ NO ☐ YES

HCVET **6)** Health care benefits for The Armed Forces or Veteran's Administration, **TRICARE**, **CHAMPUS** or **CHAMP-VA** medical insurance for dependents of military personnel or survivors of disabled veterans. ☐ NO ☐ YES

RWHIT **7)** Ryan White ☐ NO ☐ YES

OTHER **8)** Other ☐ NO ☐ YES

Specify Other:

Q17.C. Did you have insurance coverage that pays for any of your medications?
INSDG

☐ NO ☐ YES ☐ DK ☐ REF

[*IF **Q17.C** AND **Q17.B** = NO, GO TO **Q19**. IF **Q17.C** OR **Q17.B** = YES, GO TO **Q18***]

Q18. Are you currently insured? ☐ NO ☐ YES ☐ REF
INCUR

Q19. Did you have any type of dental insurance coverage at any time since your last visit **[MONTH, YEAR]**?
DINS

☐ NO ☐ YES ☐ REF

Q20. 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.]**

Source for Medical Care	Have you used…	How many times?
1) HMO HMOOV	☐ NO ☐ YES	HMONU
2) Doctor's office or specialty clinic (non-HMO) including Urgent Care DOCOV	☐ NO ☐ YES	DOCNU
3) Any other clinic CLOV	☐ NO ☐ YES	CLNUM
4) Emergency room EROV	☐ NO ☐ YES	ERNUM
5) Other outpatient service OPOV	☐ NO ☐ YES	OPNUM
Specify Other:		

Q21.A. Since your last visit **[in (MONTH, YEAR)]**, have you seen a dental health care provider, such as a dentist or dental hygienist? DENTV

☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO **Q21.C**. IF YES, GO TO **Q21.B***]

Q21.B. How many times? ___ DHNUM ___

Q22.A. Was there a time since your last visit **[in (MONTH, YEAR)]** when you did not seek medical care, or dental care, or did not obtain prescription medications that you thought you needed? NSCARE

☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO **Q23.A**. IF YES, GO TO **Q22.B***]

Q22.B. IF YES: Why did you not seek care or obtain prescription medications?
[READ EACH AND MARK ALL THAT APPLY]

NCFIN Financial reasons: ☐ NO ☐ YES ☐ REF

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

Specify Other: _____

_____

Q23.A. Is there anything more that I haven't asked that you think we should know? OTINF

☐ NO, nothing more → **THANK PARTICIPANT AND GO TO ITEM 24**

☐ YES

Q23.B. Tell me about it. ***RECORD FULLY IN R'S OWN WORDS***

TEXT BOX for THINGS TO KNOW:

Q24. Administration of Behavior Section ***"[If the participant does not complete the MWII (ACASI), administer the CADI paper version of the behavior section and scannable paper versions of the full QOL and S2/S3.Depression and social support scales]"***

ACASI

☐ CADI Interview

☐ MWII (ACASI)

☐ Participant Refused behavior section

If abbreviated interview, administer smoking session (Q33a1 – Q33G) before ending questionnaire.

Q25. Telephone interview? PHINT ☐ NO ☐ YES

Q26. Home visit? HVINT ☐ NO ☐ YES

Q27. Interview Method PFINT

☐ Interview conducted on a paper form then entered into CADI

Q27.a. Abbreviated interview? ABINT ☐ NO ☐ YES

Q28. DATE INTERVIEW WAS COMPLETED: ___ ___/___ ___/ ___ ___ ___ ___ (*MM/DD/YYYY*)

IF BEHAVIOR SECTION IS ADMINISTERED BY FORM, GO TO Q29 AND FILL IN TIME ENDED AFTER THE COMPLETION OF THE PREP & THE BEHAVIOR SECTION.

Q29. Time ended:

Hours S4TEH ___ ___

Minutes S4TEM ___ ___

AM/PM S4TEZ ___

Interviewers name:

Last name _____

First Name _____

INTERVIEWER'S NUMBER ___ INTVN ___

Choose clinic: CLINID

☐ BA Share Clinic
☐ BA Whitman Walker
☐ CH Howard Brown
☐ CH Northwestern
☐ CH CORE
☐ PI
☐ PI (Ohio)
☐ LA Wilshire
☐ LA LAGLC
☐ LA Harbor
☐ LA Satellite Clinic

Q30. In the past 2 years, have you used anti-HIV medications to try to prevent YOURSELF from getting infected either before being exposed to HIV or following a possible exposure to HIV; this is sometimes called PREP (for pre-exposure prophylaxis) or PEP (for post-exposure prophylaxis)?

PROPEXP

- ☐ NO
- ☐ YES
- ☐ Don't remember
- ☐ HIV infected (Not applicable)
- ☐ REF

[*IF NO OR DON'T REMEMBER OR IF HIV INFECTED OR REF, THEN GO TO* ***Q31***]

1st Medication

Q30.a1. Which anti-HIV medications did you take?

PROP1MED

- ☐ Truvada
- ☐ Emtriva (FTC)
- ☐ Viread (tenofovir)
- ☐ Atripla
- ☐ Epzicom
- ☐ Isentress (Raltegravir)
- ☐ Norvir (Viramune)
- ☐ Prezista (darunavir)
- ☐ Reyataz (atazanavir)
- ☐ Sustiva (efavirenz)
- ☐ Other prescribed
- ☐ Over-the-counter or herbal preps

Q30.b1. In the last 6 months, did you use this drug when you knew or suspected you would be having sex, or after sex?

PROP1L6M

☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO* ***Q30.d1***]

Q30.c1. If YES, when did you take (Insert Medication Name)

PROP1ASEX	1) Within 12 hours before having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP1BSEX	2) More than 12 hours before having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP1CSEX	3) Within 12 hours after having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP1DSEX	4) More than 12 hours after having sex	☐ NO	☐ YES	☐ DK	☐ REF

Q30.d1. How often did you typically use this drug in the last 6 months?

Choose one:

PROP1FREQ

- ☐ Daily or almost daily
- ☐ Once or twice per week
- ☐ At least once per month, but less than weekly
- ☐ Only once or twice in the last 6 months
- ☐ Used in the last 2 years but not last 6 months
- ☐ REF

Q30.e1. How did you obtain this medication?

PROP1OB1	☐ It was prescribed by my doctor	☐ NO	☐ YES	☐ REF
PROP1OB2	☐ As part of a clinical research study	☐ NO	☐ YES	☐ REF
PROP1OB3	☐ From a sexual partner	☐ NO	☐ YES	☐ REF
PROP1OB4	☐ From some other non-medical source	☐ NO	☐ YES	☐ REF
OTHMED1	☐ Are there other medications?	☐ NO	☐ YES	☐ REF

[*IF YES, GO TO 2ND MEDICATION. IF NO OR REF, GO TO* **Q31**]

2nd Medication

Q30.a2. Which anti-HIV medications did you take?

PROP2MED

☐ Truvada	☐ Norvir (Viramune)
☐ Emtriva (FTC)	☐ Prezista (darunavir)
☐ Viread (tenofovir)	☐ Reyataz (atazanavir)
☐ Atripla	☐ Sustiva (efavirenz)
☐ Epzicom	☐ Other prescribed
☐ Isentress (Raltegravir)	☐ Over-the-counter or herbal preps

Q30.b2. In the last 6 months, did you use this drug when you knew or suspected you would be having sex, or PROP1L6M after sex?

☐ NO ☐ YES ☐ REF

[*IF NO OR REF, GO TO* **Q30.d2**]

Q30.c2. If YES, when did you take (Insert Medication Name)

PROP2ASEX	1) Within 12 hours before having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP2BSEX	2) More than 12 hours before having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP2CSEX	3) Within 12 hours after having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP2DSEX	4) More than 12 hours after having sex	☐ NO	☐ YES	☐ DK	☐ REF

Q30.d2. How often did you typically use this drug in the last 6 months?

PROP2FRQ

Choose one:

☐ Daily or almost daily	☐ Only once or twice in the last 6 months
☐ Once or twice per week	☐ Used in the last 2 years but not last 6 months
☐ At least once per month, but less than weekly	☐ REF

Q30.e2. How did you obtain this medication?

PROP2OB1	☐ It was prescribed by my doctor	☐ NO	☐ YES	☐ REF
PROP2OB2	☐ As part of a clinical research study	☐ NO	☐ YES	☐ REF
PROP2OB3	☐ From a sexual partner	☐ NO	☐ YES	☐ REF
PROP2OB4	☐ From some other non-medical source	☐ NO	☐ YES	☐ REF

Are there other medications? ☐ NO ☐ YES ☐ REF

*[IF YES, GO TO 3rd MEDICATION. IF NO OR REFUSE GO TO **Q31**]*

3rd Medication

Q30.a3. Which anti-HIV medications did you take?

PROP3MED

☐ Truvada
☐ Emtriva (FTC)
☐ Viread (tenofovir)
☐ Atripla
☐ Epzicom
☐ Isentress (Raltegravir)
☐ Norvir (Viramune)
☐ Prezista (darunavir)
☐ Reyataz (atazanavir)
☐ Sustiva (efavirenz)
☐ Other prescribed
☐ Over-the-counter or herbal preps

Q30.b3. In the last 6 months, did you use this drug when you knew or suspected you would be having sex, or after PROP3L6M sex?

☐ NO ☐ YES ☐ REF

[*IF NO OR REFUSE, GO TO **Q30.d3***]

Q30.c3. If YES, when did you take (Insert Medication Name)

PROP3ASEX 1)	Within 12 hours before having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP3BSEX 2)	More than 12 hours before having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP3CSEX 3)	Within 12 hours after having sex	☐ NO	☐ YES	☐ DK	☐ REF
PROP3DSEX 4)	More than 12 hours after having sex	☐ NO	☐ YES	☐ DK	☐ REF

Q30.d3. How often did you typically use this drug in the last 6 months?

PROP3FRQ *Choose one:*

☐ Daily or almost daily
☐ Once or twice per week
☐ At least once per month, but less than weekly
☐ Only once or twice in the last 6 months
☐ Used in the last 2 years but not last 6 months
☐ REF

Q30.e3. How did you obtain this medication?

PROP3OB1	☐ It was prescribed by my doctor	☐ NO	☐ YES	☐ REF
PROP3OB2	☐ As part of a clinical research study	☐ NO	☐ YES	☐ REF
PROP3OB3	☐ From a sexual partner	☐ NO	☐ YES	☐ REF
PROP3OB4	☐ From some other non-medical source	☐ NO	☐ YES	☐ REF

Q31.a. At present, which of the following categories describes your annual individual gross income before taxes?

INCOMNEW

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

Q31.b. What was the highest grade or level of regular school or college that you finished and got credit for?

EDUCA Choose the answer that best describes the last year of school you completed.

☐ 8th grade (or less)
☐ 9th, 10th, or 11th grade
☐ 12th grade (high school graduate or a GED)
☐ At least one year of college but no degree
☐ Four years of college and got a degree
☐ Some graduate school
☐ A graduate program and got a post-graduate degree

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

FTIME ☐ Working full-time (35 hours or more per week)
PTIME ☐ Working part-time (less than 35 hours per week)
UNEMP ☐ Unemployed but seeking work
UNENO ☐ Unemployed, not seeking work
STUDT ☐ Student (either full-time or part-time)
RETIR ☐ Retired
EMDIS ☐ Disability

Q31.d Are you self-employed? EMSEL ☐ NO ☐ YES ☐ REF

Q31.e. Are you experiencing major financial difficulty meeting your basic expenses?

FNDIF ☐ NO ☐ YES ☐ REF

*[IF NO OR REF, GO TO **Q32**]*

Q31.f. Is the difficulty less, the same, or greater than at your last visit in [5, 2010]?
FNDFL

☐ Less ☐ Same ☐ Greater ☐ REF

Q32. Since your last visit in [5,2010], has your employment status changed for any reason related to HIV disease?
JOBHI

☐ NO ☐ YES ☐ REF

[*IF YES, GO TO **Q32.A**. IF NO OR REF, GO TO **Q33.A1***]

Q32.a. What were the reasons? (Please select all that apply to you.)

TSICK ☐ Became too sick to work

RETEY ☐ Early retirement

JOBPE ☐ Changed job as a personal decision

JOBOT ☐ Other

Specify: _____

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

NOTE - Administer the smoking session if this is an abbreviated interview. Then end interview on pages 38-39.

***Q33.A1.** Have you ever smoked cigarettes?
ESMOK

☐ NO [*GO TO **Q33.d***] ☐ YES [*GO TO **Q33.A2***] ☐ REF [*GO TO **Q33.d***]

Q33.A2. Thinking about the entire time you have smoked cigarettes, what percentage of that time did you smoke menthol cigarettes?
SMOKM

☐ 100–75% of the time

☐ Less than 75% but greater than 25% of the time

☐ Less than 25% of the time

☐ REF

Q33.B. Do you smoke cigarettes now (as of 1 month ago)?
SMOKN

☐ NO [***GO TO** Q33.d*]

☐ YES [***GO TO** Q33.c*]

☐ Occasionally (less than one cigarette per day) [***GO TO** Q33.d*]

☐ REF [***GO TO** Q33.d*]

Q33.C. How many packs do you usually smoke per day?

PACKS

☐ Less than ½ pack
☐ At least ½ pack; but less than 1 pack per day
☐ At least 1 but less than 2 packs
☐ 2 or more packs per day
☐ REF

Q33.D. Since your last visit, [in MONTH, YEAR], have you smoked E-cigarettes?

ECIGLV ☐ NO ☐ YES ☐ Occasionally (less than one cigarette per day) ☐ REF

Q33.E. Are you smoking them now?

ECIGN ☐ NO ☐ YES ☐ Occasionally ☐ REF

Q33.F. Since your last visit [in MONTH YEAR], have you used any stop-smoking medications, such as patch, **NICMED** gum, nasal spray, inhalers, or lozenges?

☐ NO ☐ YES ☐ Occasionally ☐ REF

Q33.G. 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.

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

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.

Q34.A. How often have you had drinks containing alcohol?

FADRNK

☐ Never [*GO TO **Q34.D***]
☐ Less than monthly
☐ Monthly
☐ Weekly
☐ Daily or almost daily
☐ REF [*GO TO **Q34.D***]

Q34.B. During the past 6 months, how many drinks containing alcohol have you had on a typical day when you **NADRNK** 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.)

☐ 1 or 2
☐ 3 or 4
☐ 5 or 6
☐ 7 to 9
☐ 10 or more
☐ None
☐ REF

Q34.C. During the past 6 months, how often have you had six or more drinks on one occasion? (A "drink" is defined as one 12-ounce beer, one 5-ounce glass of wine, or one mixed drink with 1 and ½ ounces of 80-proof hard liquor.)
DRNK6

- ☐ Never
- ☐ Less than monthly
- ☐ Monthly
- ☐ Weekly
- ☐ Daily or almost daily
- ☐ REF

Q34.D. Since your last visit [in MONTH, YEAR], have you been in an alcohol treatment program, including inpatient and/or outpatient detox, alcoholics anonymous, and/or any other program?
ALTSV

☐ NO ☐ YES ☐ REF

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.

Q37.A. How many different women (if any) have you had sexual intercourse with since your last visit [in MONTH, YEAR]?

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

Q37.B. With how many (other) women have you had sexual activity that did not include intercourse since your last visit [in MONTH, YEAR]?

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

IF 0 PARTNERS (Q37.A + Q37.B = 0), GO TO Q40.a

Q37.B.1. How many of your female sexual partners, if any, have you met since your last visit?
Q37.B.1 should be <= to Q37.A. + Q37.B.

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

IF ONLY 1 PARTNER (Q37.A + Q37.B = 1), GO TO Q37.C1

IF MORE THAN 1 PARTNER (Q37.A + Q37.B ≥ 2), GO TO Q38

Q37.C1. You said you had intercourse or sexual activity with only one woman since your last visit [in MONTH, YEAR]. How would you describe this woman? FPRT1

- ☐ Main partner or someone you have a longstanding relationship with, live with, or partner with.
- ☐ Casual partner, one time partner, or someone with whom you have not developed a longstanding, close relationship with.
- ☐ Exchange partner: Someone you exchanged money or drugs with for sex

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

Only one woman with NO intercourse, go to column a - 38.2a.
Only one woman with intercourse), go to column a - 38.1a.

Two or more women with NO intercourse, go to column b - 38.2b.
Two or more women with intercourse), go to column b - 38.1b.

Q38. IF ONLY ONE PARTNER: USE COLUMN a. IF MULTIPLE PARTNERS: USE COLUMN b.		
	a.	**b.**
1.	Since your last visit [in MONTH, YEAR], did you have unprotected vaginal or anal intercourse (did not use a condom) with this partner? UVAF1 ☐ NO ☐ YES ☐ REF	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)? UVAFN ___
2.	Since your last visit [in MONTH, YEAR], did you use your tongue to touch or lick her genitals (vagina, clitoris)? LICF1 ☐ NO ☐ YES ☐ REF	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)? NLICF ___
3.	What is the HIV status of this partner? HIVF1 ☐ NEGATIVE ☐ POSITIVE ☐ DON'T KNOW **[GO TO Q.40.a.]**	Was one of these women your main partner? (A main partner is someone you have a longstanding relationship with, live3 with or partner with.) ☐ NO **[GO TO Q.40.a.]** ☐ REF **[GO TO Q.40.a.]** ☐ YES **[GO TO Q38.b.4]** FPRTM

Q38. IF ONLY ONE PARTNER: USE COLUMN a. IF MULTIPLE PARTNERS: USE COLUMN b.		
	a.	**b.**
4.		Did you have unprotected vaginal or anal intercourse with your main partner since your last visit? MPFIV ☐ NO ☐ YES ☐ REF
5.		What is the HIV status of your main partner? MPHIVF ☐ NEGATIVE ☐ POSITIVE ☐ DON'T KNOW

Q40.a. How many different men (if any) have you had sexual intercourse with since your last visit [in MONTH, YEAR]?

NSEXM __ __ __ (up to 3 characters, must be numbers entered)

Q40.b. With how many (other) men have you had sexual activity that did not include intercourse since your last visit [in MONTH, YEAR]?

NNSXM __ __ __ (up to 3 characters, must be numbers entered)

IF 0 PARTNERS (Q40.a + Q40.b = 0), GO TO Q42.1.b.

Q40c. How many of your male sexual partners, if any, have you met since your last visit?

NSEXNEW __ __ __ (up to 3 characters, must be numbers entered)

Q40c. must be <= (Q40a. + Q40b)

IF ONLY 1 PARTNER (Q40.a + Q40.b = 1), GO TO Q40.c1

IF MORE THAN 1 PARTNER (Q40.a + Q40.b ≥ 2), GO TO Q41

Q40.c1. You said you had intercourse or sexual activity with only one man since your last visit [in MONTH, YEAR]. How would you describe this man? MPRT1

- ☐ Main partner or someone you have a longstanding relationship with, live with, or partner with.
- ☐ Casual partner, one time partner, or someone with whom you have not developed a longstanding, close relationship with.
- ☐ Exchange partner: Someone you exchanged money or drugs with for sex

The next questions are about different kinds of sexual activity some men engage in with other men.
IF NO INTERCOURSE WITH MEN, SKIP TO Q42.1.b (drug section)

Only one man with NO intercourse, go to column a - Q41.3a
Two or more men with NO intercourse, go to column a - Q41.3b.

Only one man with intercourse, go to column b - Q41.1a
Two or more men with intercourse go to column b -Q41.1b

	IF ONLY ONE PARTNER: USE COLUMN a.	IF MULTIPLE PARTNERS: USE COLUMN b.
Q41.	a.	b.
1.	Since your last visit [in MONTH, YEAR] did you have unprotected INSERTIVE anal intercourse with this partner (put your penis in his anus or butt without a condom)? UAIM1 ☐ NO ☐ YES ☐ REF	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)? ***** Q41.1.b must be <= Q40.a***** UAIMN (up to 3 characters, must be numbers entered)
2.	Since your last visit [in MONTH, YEAR], did you have unprotected RECEPTIVE anal intercourse with this main partner (put his penis in your anus or butt without a condom)? URAM1 ☐ NO ☐ YES ☐ REF	Since your last visit [in MONTH, YEAR], with how many men you have unprotected RECEPTIVE anal intercourse (put their penis in your anus or butt without a condom)? ***** Q41.2.b must be <= Q40.a***** URAMN (up to 3 characters, must be numbers entered)
3.	Since your last visit [in MONTH, YEAR], did this man put his penis in your mouth? ORRC1 ☐ NO ☐ YES ☐ REF	Since your last visit [in MONTH, YEAR], how many men put their penis in your mouth? ***** Q41.3.b must be <= Q40.a + Q40.b***** NORCM (up to 3 characters, must be numbers entered)
4.	Since your last visit [in MONTH, YEAR], did you put your penis in this man's mouth? ☐ NO ☐ YES ☐ REF ORIN1	Since your last visit [in MONTH, YEAR], with how many men did you put their penis in their mouth? ***** Q41.4.b must be <= Q40.a + Q40.b***** NOINM (up to 3 characters, must be numbers entered)

	IF ONLY ONE PARTNER: USE COLUMN a.	IF MULTIPLE PARTNERS: USE COLUMN b.
Q41.	a.	b.
5.	What is the HIV status of this partner? HIVM1 ☐ NEGATIVE ☐ POSITIVE ☐ DON'T KNOW **[GO TO Q.42.1b. (drug section)**	Since your last visit, how many of your partners were ☐ HIV negative HIVNMN ☐ HIV positive HIVPMN ☐ You are unsure about? HIVDKMN
6.		Was one of these men your main partner? A main partner is defined as a partner you have a longstanding relationship with, live with, or partner with. MPRTM ☐ NO **[GO TO Q.42.1b.]** ☐ REF **[GO TO Q.42.1b.]** ☐ YES
7.		Did you have unprotected sexual intercourse with your main partner since your last visit? MPMIV ☐ NO ☐ YES ☐ REF
8.		What is the HIV status of your main partner? MPHIVM ☐ NEGATIVE ☐ POSITIVE ☐ DON'T KNOW

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

Q42.1b. How often did you use or take pot, marijuana or hash since your last visit [in MONTH, YEAR]?

HASHF

☐ Daily ☐ Monthly
☐ Weekly ☐ Less often
☐ Never

Q42.1c. What were the reasons for using pot? Select all that apply.

HASHR1 ☐ For medical reasons
HASHR2 ☐ For recreational reasons, not including sex
HASHR3 ☐ For sexual enhancement reasons
HASHR4 ☐ To increase ability to socialize
HASHR5 ☐ To fit in with a group

Q42.2b. How often did you use or take "poppers" like nitrate inhalants (amyl, butyl, or isopropyl nitrites) since
POPPF your last visit [in MONTH, YEAR]?

☐ Daily ☐ Monthly
☐ Weekly ☐ Less often
☐ Never

Q42.3b. How often did you use or take crack or cocaine that you smoked since your last visit [in MONTH,
CRACF YEAR]?

☐ Daily ☐ Monthly
☐ Weekly ☐ Less often
☐ Never

Q42.4b. How often did you use or take other forms of cocaine since your last visit [in MONTH, YEAR]?

OCOKF

☐ Daily ☐ Monthly
☐ Weekly ☐ Less often
☐ Never [GO TO Q42.5.a.]

Q42.4c.) How did you use or take other forms of cocaine since your last visit [in MONTH, YEAR]? (Select all that apply).

COCSNR ☐ Snorted **COCANU** ☐ Put in anus ("booty bumped")
COCSWL ☐ Swallowed **COCINJ** ☐ Injected (intravenous use)

Q42.5b. How often did you use or take speed, meth or ice since your last visit [in MONTH, YEAR]?

UPPRF

☐ Daily ☐ Monthly
☐ Weekly ☐ Less often
☐ Never [go to Q42.6.a.]

Q42.5c. How did you use or take speed, meth or ice since your last visit [in MONTH, YEAR]? (Select all that apply).

SMISNR ☐ Snorted **SMIANU** ☐ Put in anus ("booty bumped")
SMISWL ☐ Swallowed **SMIINJ** ☐ Injected (intravenous use)
SMISMK ☐ Smoked

Q42.6a. Have you taken or used any heroin since your last visit [in MONTH, YEAR]?

HEROV ☐ NO [*IF NO, GO TO **Q42.7a***] ☐ YES [*IF YES, GO TO **Q42.6b***] ☐ REF [*IF REF, GO TO **Q42.7a***]

Q42.6b. How often did you use or take heroin since your last visit [in MONTH, YEAR]?

HEROF

☐ Daily ☐ Monthly
☐ Weekly ☐ Less often

Q42.6c. How did you use or take heroin since your last visit [in MONTH, YEAR]? (Select all that apply.)

HERSNR ☐ Snorted
HERSWL ☐ Swallowed
HERSMK ☐ Smoked
HERANU ☐ Put in anus ("booty bumped")
HERINJ ☐ Injected (intravenous use)

Q42.7a. Have you taken or used any speedball (heroin and cocaine together) since your last visit [in MONTH, YEAR]?
SPEBV

☐ NO [*IF NO, GO TO* ***Q42.9a***] ☐ YES [*IF YES, GO TO* ***Q42.7b***] ☐ REF [*IF REF, GO TO* ***Q42.9a***]

Q42.7b. How often did you use or take speedball (heroin and cocaine together) since your last visit [in MONTH, YEAR]?
SPEBF

☐ Daily
☐ Weekly
☐ Monthly
☐ Less often

Q42.7c. How did you use or take speedball (heroin and cocaine together) since your last visit [in MONTH, YEAR]? (Select all that apply).

SPBSBR ☐ Snorted
SPBSWL ☐ Swallowed
SPNSMK ☐ Smoked
SPBANU ☐ Put in anus ("booty bumped")
SPBINJ ☐ Injected (intravenous use)

Q42.9a) 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]?

SEXPD ☐ NO [*IF NO, GO TO* ***Q42.10a***] ☐ YES [*IF YES, GO TO* ***Q42.9b***] ☐ REF [*IF REF, GO TO* ***Q42.10a***]

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

Q42.9b. 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]?
SEXPO

☐ Daily
☐ Weekly
☐ Monthly
☐ Less often

Q42.10b. 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.

STMD1 ☐ "Downers" including barbiturates, yellow jackets or reds, tranquilizers like Valium, Librium, Xanax or other sedatives or hypnotics like Quaaludes.

STMD2 ☐ Methadone or other opiates or narcotics like Demerol

STMD3 ☐ PCP, angel dust, psychedelics, hallucinogens, LSD, DMT, mescaline, Ketamine or special K

STMD4 ☐ Ethyl Chloride as an inhalant

STMD5 ☐ GHB

STMD6 ☐ Other

STMD7 ☐ None [**GO TO Q43.**]

Specify: STMD6CH _____

Q42.10c. 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]**?**

		Daily	Weekly	Monthly	Less Often
ST1DF	"Downers" including barbiturates, yellow jackets or reds, tranquilizers like Valium, Librium, Xanax or other sedatives or hypnotics like Quaaludes.	☐	☐	☐	☐
ST2DF	Methadone or other opiates or narcotics like Demerol	☐	☐	☐	☐
ST3DF	PCP, angel dust, psychedelics, hallucinogens, LSD, DMT, mescaline, Ketamine or special K	☐	☐	☐	☐
ST4DF	Ethyl Chloride as an inhalant	☐	☐	☐	☐
ST5DF	GHB	☐	☐	☐	☐
ST6DF	Other, specify:	☐	☐	☐	☐

[*IF NO INJECTING DRUG USE, GO TO Q45*]

Q43. You mentioned that since your last visit [in MONTH, YEAR] you have injected recreational drugs. Are you currently injecting drugs?
RCDNO

☐ NO ☐ YES ☐ REF

Q44.a. Since your last visit [in MONTH, YEAR], have you participated in a needle exchange program?
PNEP

☐ NO [*IF NO, GO TO Q45*] ☐ YES [*IF YES, GO TO Q44.b*]

Q44.b. Of the times you obtained needles, how often did you get them from a needle exchange?

HONEP

☐ Less Than Half The Time ☐ Most Of The Time

☐ Half The Time ☐ Always

Q45. Since your last visit [in MONTH, YEAR], have you been in a drug treatment program, including inpatient and/or outpatient detox, methadone maintenance programs, halfway houses, narcotics anonymous, prison or jail-based programs and/or any other program?

DRGTP

☐ NO ☐ YES ☐ REF

Introduction: In this section, we are asking you to complete a brief series of questions about how old you perceive yourself to be and how you feel about the aging process. We will use your responses to determine how these perceptions influence health outcomes. Thank you.

AgeQ1. Many people feel older or younger than they actually are. What age do you feel most of the time? ____AGE1____ (years)

AgeQ2. Things keep getting worse as I get older. ☐ NO ☐ YES AGE2

AgeQ3. I have as much pep as I had last year. ☐ NO ☐ YES AGE3

AgeQ4. As I get older, I am less useful. ☐ NO ☐ YES AGE4

AgeQ5. I am as happy now as I was when I was younger. ☐ NO ☐ YES AGE5

AgeQ6. As I get older, things are _____ than I thought they would be. AGE6 ☐ Better ☐ Worse

END CADI