39 FOLLOW-UP VISIT SECTION 4

Effective January 18, 2011, the variable visit number suffix was changed from 2 digits (i.e., VARIABLE_54) to a 3 digit suffix (i.e., VARIABLE_054) and affects ALL visit questionnaire variables from the first visit onward.

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

CORRECT MARK ● INCORRECT MARKS ✓ ✗ ▬ ⊙

ID NUMBER: MACSID

VISIT NO.: VISIT_39

TIME BEGAN (HR, MIN): S4TBH_39, S4TBM_39, S4TBZ_39

DATE (MONTH, DAY, YEAR): DAT4M_39, DAT4D_39, DAT4Y_39

1. Let's start with a list of medical conditions. Since your last visit [in (MONTH, YEAR)], were you diagnosed with any of the following? How about (EACH)?

IF "NO" TO a, GO TO NEXT ROW	a	b: In what month and year (since your last visit), was it [first] diagnosed?	c: How many times were you diagnosed with this since your last visit? FOR 9 OR MORE TIMES CODE "9"
A. Kaposi's sarcoma or KS KAPOS_39	NO ○ GO TO NEXT ROW YES ○	KAPOM_39 KAPOY_39	
B. Pneumocystis carinii pneumonia (PCP) PCP_39	NO ○ GO TO NEXT ROW YES ○	PCPM_39 PCPY_39	TPCP_39
C. Other pneumonia, specify Pneumococcal Oth PNCOC_39 Vira PNOBC_39 Oth PNVIR_39 PNOTH_39 Specify:	NO ○ GO TO NEXT ROW YES ○ PNEUM_39	MPNEU_39 PNEUY_39	TPNEU_39 If more than 1 time, in what month and year was the most recent episode? Specify:
D. Toxoplasmosis or Toxo infection TOXOP_39	NO ○ GO TO NEXT ROW YES ○	TOXOM_39 TOXOY_39	
E. Cytomegalovirus infection (CMV) in your eyes, lungs, colon, or other location. Where was it? CODE ALL THAT APPLY. (DO NOT CODE "YES" IF [illegible] ANTIBODIES.) CMVE_39 CMVC_39 CMVL_39 CMVO_39 Lung Other (not blood)	NO ○ GO TO NEXT ROW YES ○ CMV_39	CMVM_39 CMVY_39	TCMV_39
F. Mycobacterial infection (MAC, MAI or atypical TB) MAI_39	NO ○ GO TO NEXT ROW YES ○	MAIM_39 MAIY_39	

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PLEASE DO NOT WRITE IN THIS AREA

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1. Continued

IF "NO" TO a, GO TO NEXT ROW	a	b In what month and year was it first diagnosed since your last visit?
G. Lymphoma, specify P N C LYBRN_39 LYNHK_39 LYMPO_39 Specify: LYMP_39	NO ○ GO TO NEXT ROW YES ○	J F M A M J J A S O N D 92 93 94 95 96 97 98 99 00 01 02 03 LYMPM_39 LYMPY_39
H. Meningitis related to HIV or cryptococcal meningitis CRYPT_39	NO ○ GO TO NEXT ROW YES ○	J F 92 93 CRYPM_39 CRYPY_39 O N D 01 02 03
I. Candida or thrush, a yeast infe phagus, not CAND_39	NO ○ GO TO NEXT ROW YES ○	J F 92 93 CANDM_39 CANDY_39 O N D 01 02 03
J. Cryptosporidiosis CRYPS_39	NO ○ GO TO NEXT ROW YES ○	J F 92 93 CRYSM_39 CRYSY_39 O N D 01 02 03
K. Wasting Syndrome or severe weight loss WSYN_39	NO ○ GO TO Q 2 YES ○	J F M 92 93 9 WSYNM_39 WSYNY_39 S O N D 00 01 02 03

c What was the name and address of the physician who diagnosed the condition(s)?
Name of hospital/clinic or doctor
Address
City State

2. [Since your last visit in (MONTH)] In addition to these diagnoses, has a doctor or medical practitioner told you that you have had any other AIDS conditions? Go to Q 50.B to record the name and address of the physician who diagnosed the condition(s).

○ No → SKIP TO Q 3 OAID1_39

○ Yes

a IF "YES": What was the diagnosis?	b In what month and year was it first diagnosed since your last visit?
1) Specify:	J 92 ADX1M_39 ADX1Y_39 S O N D 00 01 02 03
2) Specify:	J 92 ADX2M_39 ADX2Y_39 S O N D 00 01 02 03
3) Specify:	J 92 ADX3M_39 ADX3Y_39 S O N D 00 01 02 03

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3. [Since your last visit in (MONTH)] Has a doctor or medical practitioner told you that you had some form of cancer (excluding Kaposi's sarcoma, primary brain lymphoma and non-Hodgkin's lymphoma)?

○ No → IF "NO," GO TO Q 4

○ Yes

CANCE_39

a IF YES: What kind of cancer did they say it was?

b In what month and year was it first diagnosed since your last visit?

1) Site / Type — CAN1T_39

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

J F — CAN1M_39
92 93 — CAN1Y_39

S O N D
00 01 02 03

2) Site / Type — CAN2T_39

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

J F — CAN2M_39
92 93 — CAN2Y_39

S O N D
00 01 02 03

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

1)
Name of hospital/clinic or doctor
Address
City State

2)
Name of hospital/clinic or doctor
Address
City State

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

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

NO ○ YES ○

SKIP TO Q 5

PPDV_39

B. IF YES: When was your last test?

J F M A M J J A S O N D
92 93 94 95 96 97 98 99 00 01 02 03

PPDM_39
PPDY_39

C. Was it positive? ○ ○

PSPPD_39

5.A. [Since your last visit in (MONTH)] have you had an active TB infection? TBDXE_39

NO ○ YES ○

SKIP TO Q 6

B. Was the TB in your lungs? TBILG_39 ○ ○

C. Was the TB in any other part of your body (other than your lungs)? TBOLG_39 ○ ○

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6.A. [Since your last visit in (MONTH)] Have you been hospitalized overnight?

○ No → SKIP TO Q 7 **HOSP_39**

○ Yes

How many separate times did you stay overnight as a patient in a hospital [since your visit in (MONTH)]?

NHOSP_39 0 10 20 30 40 50 60 70 80 90 / 0 1 2 3 4 5 6 7 8 9

GET RELEASE OF RECORDS, NOTE NAME AND ADDRESS OF HOSPITAL

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

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

MO	J F … D	**HOS1M_39**
DAY	0 1 …	**HOS1D_39**
	0 1 …	
YEAR	92 93 … 03	**HOS1Y_39**

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

HOS1N_39 0 10 / 0 1 … 80 90 / 8 9 NIGHTS

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

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

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

(2) a. For your second most recent hospitalization, on what date did you go into the hospital?

MO	J F … A S O N D	**HOS2M_39**
DAY	0 1 …	**HOS2D_39**
	0 1 … 7 8 9	
YEAR	92 93 … 99 00 01 02 03	**HOS2Y_39**

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

HOS2N_39 0 10 / 0 1 … 80 90 / 8 9 NIGHTS

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

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

d. Did you have another prior hospitalization [since your last visit in (MONTH)]?

○ No → SKIP TO Q 7 **PHOS2_39**

○ Yes

○ **IF MORE THAN 2 HOSPITALIZATIONS [SINCE VISIT IN (MONTH)], MARK HERE AND USE CONTINUATION SHEET.**

7. Since your last visit, have you been hospitalized, prescribed medication, or consulted a mental health professional for treatment of depression?

○ No **DEPR_39**

○ Yes

○ Don't know

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

J F M A M J J A S … **DEPRM_39**

88 89 90 91 92 93 94 95 96 … 03 **DEPRY_39**

Before 1989

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

Have any members of your immediate blood-related family ever been hospitalized, prescribed medication or consulted a mental health professional for treatment of depression?

○ No **DEPRR_39**

○ Yes

○ Don't know

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

	NO	YES	DON'T KNOW	
1. High Cholesterol/Lipids	○	○	○	HYPER_39
2. High Blood Sugar/Diabetes	○	○	○	DIABR_39
3. High Blood Pressure	○	○	○	HYPTR_39
4. Stroke	○	○	○	STROR_39
5. Chest Pain	○	○	○	CPHDR_39
6. Heart Attack Before 60	○	○	○	HRATR_39
7. Broken Hip Before 60	○	○	○	HF60R_39
8. Pancreatitis	○	○	○	PANCR_39
9. Cancer	○	○	○	CANCR_39
	SKIP TO Q 9		SKIP TO Q 9	

IF YES: Was it:

a. Skin cancer	○	○	○	SCANR_39
b. Colon cancer	○	○	○	CCANR_39
c. Prostate cancer	○	○	○	PCANR_39
d. Other cancer	○	○	○	OCANR_39

Specify:

9.A. [Since your visit in (MONTH)] Have you had a biopsy? (By a biopsy, we mean removal of any tissue or gland to study under the microscope.) BIOPS_39

○ No → REVIEW RESPONSE TO Q 3, IF DIAGNOSED WITH CANCER USE PROMPT AND RE-ASK QUESTION, OTHERWISE SKIP TO Q 10

○ Yes

B. How many times have you had a biopsy [since your last visit in (MONTH)]? NBIOP_39

0 1 2 3 4 5 6 7 8 9 TIMES

C. For each biopsy, please tell me:

a. Where in your body?	b. What did they say the diagnosis or result of the biopsy was?	c. Name of the doctor who performed the biopsy, where the biopsy was performed and the date of the biopsy?
1) Specify: BIOP1_39 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	Specify: BIDX1_39 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State DATE
2) Specify: BIOP2_39 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	Specify: BIDX2_39 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State DATE
3) Specify: BIOP3_39 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	Specify: BIDX3_39 0 1 2 3 4 5 6 7 8 9	Name of doctor Name of hospital/center/clinic City State DATE

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10. [Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had (EACH)?

	NO	YES	
A. Shingles (or herpes zoster)	○	○	
IF YES: Which month and year (since your last visit) did this episode of shingles (zoster) begin?			HERPZ_39
(J F M A M J J A S O N D)			HERPM_39
(92 93 94 95 96 97 98 99 00 01 02 03)			HERPY_39
B. Thrush (yeast in your mouth)	○	○	
IF YES: Which month and year (since your last visit) did this episode of thrush begin?			THRSH_39
(J F M A M J J A S O N D)			THRSM_39
(92 93 94 95 96 97 98 99 00 01 02 03)			THRSY_39
C. Infectious mononucleosis			MONO_39
D. Sinusitis, a sinus infection that requires antibiotics			SINUS_39
E. Bronchitis			BRONC_39
F. Pancreatitis			PANCS_39
G. Prostate Problems			PROST_39
H. High blood pressure or hypertension			HBPHT_39
I. Injury to head with loss of consciousness			HDINJ_39
J. Chest pain or angina			ANGIN_39
K. Heart attack			HRTAT_39
L. Congestive heart failure or CHF			HRTFA_39
M. Stroke or CVA			STROK_39
N. Seizure			SEZUR_39
O. Osteoporosis (bone thinning)			OSTEO_39
P. Arthritis			ARTHR_39
IF YES: Was it: (Read and answer each.) → Rheumatoi			RHEUM_39
Osteoarthr degenerati			OSTAR_39
Other			OTHAR_39
Specify:			
Don't know			DKWAR_39
Q. Avascular necrosis, osteonecrosis, or had a hip replacement			HIPNE_39
R. Kidney disease/Renal failure			KIDND_39

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

Name of hospital/clinic or doctor

Address

City State

Date of diagnosis

Name of hospital/clinic or doctor

Address

City State

Date of diagnosis

	NO	YES	
S. Hepatitis or blood test that was positive for hepatitis? [This includes going to the doctor for chronic hepatitis.]			HEPAT_39
IF YES: Was it: (Read and answer each.) → Hepatitis A or infectious hepatitis			HEPA_39
Hepatitis B or serum hepatitis			HEPB_39
Hepatitis C			HPNON_39
Other			HEPOT_39
Specify:			
Don't know			HEPDK_39
T. Liver disease			LIVDS_39
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IF YES: Was it: Cirrhosis			LIVDC_39
Fibrosis			LIVDF_39
Inflammation			LIVDI_39
Elevated liver function test/enzyme			LIVDE_39
Other			LIVDO_39
Specify:			
Don't know			LIVDK_39

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

Name of hospital/clinic or doctor

Address

City State

	NO	YES	
U. [Since your last visit in (MONTH)] Have you received an injection of pneumococcal vaccine/Pneumovax?			PNVAX_39
V. [Since your last visit in (MONTH)] Have you received an injection of hepatitis B vaccine or combination of A and B vaccine (Twinrix)?			HPVCV_39
W. [Since your last visit in (MONTH)] Have you received an injection of hepatitis A vaccine c combination of A and B vaccine (Twinrix)?			HAVAC_39
X. [Since your last visit in (MONTH)] Has a doctor or other medical practitioner told you that you had sickle cell anemia?			SCKCL_39
Y. [Since your visit in (MONTH)] Have you had any neurological evaluation or a physical examination, in addition to this study, to look for problems of the nervous system?			NRLEX_39
IF YES: Was there a diagnosis for your condition?			NRLDX_39
IF YES: What was the diagnosis?			NRLCO_39
Specify:			
(0 100 200 300 400 500 600 700 800 900)			
(0 10 20 30 40 50 60 70 80 90)			
(0 1 2 3 4 5 6 7 8 9)			

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Z. [Since your last visit in (MONTH)] Have you seen a doctor or other medical practitioner for any (other) conditions or problems in the following areas?

a) Eyes — NO ○ YES ○
IF YES: Was there a diagnosis? ○ ○
What was the diagnosis? SKIP TO
Specify:
VIDEY_39
EYDIA_39
EYCON_39

b) Ears, Nose, Throat, Mouth — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDEN_39
ENDIA_39
ENCON_39

c) Heart — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDHT_39
HTDIA_39
HTCON_39

d) Lungs — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDLG_39
LGDIA_39
LGCON_39

e) Stomach and Intestines — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDSI_39
SIDIA_39
SICON_39

f) Bones, Joints or Muscles — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDBJ_39
BJDIA_39
BJCON_39

g) Genital and Urinary — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDGU_39
GUDIA_39
GUCON_39

h) Skin — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDSK_39
SKDIA_39
SKCON_39

i) Nervous system — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDNS_39
NSDIA_39
NSCON_39

j) Psychological — NO YES
IF YES: Was there a diagnosis?
What was the diagnosis?
Specify:
VIDPY_39
PYDIA_39
PYCON_39

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Z. Continued

NO YES

k) Hormones or Endocrine system — VIDHO_39
IF YES: Was there a diagnosis? — HODIA_39
What was the diagnosis? — HOCON_39

Specify:

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

NO YES

l) Blood and Fluids — VIDBF_39
IF YES: Was there a diagnosis? — BFDIA_39
What was the diagnosis? — BFCON_39

Specify:

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

NO YES

m) Allergy and Immune system other than HIV infection — VIDAI_39
IF YES: Was there a diagnosis? — AIDIA_39
What was the diagnosis? — AICON_39

Specify:

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

NO YES

n) Other — VIDO_39
IF YES: Was there a diagnosis? — ODIA_39
What was the diagnosis? — OCON1_39 — OCON2_39

1.

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

2.

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

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

NO YES

1) Facial herpes, cold sores, or fever blisters — HERPF_39
2) Sores in genital region — HERPG_39
3) Sores in the anal or rectal areas — HERPA_39
4) Sores elsewhere on your body — HERPE_39

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

B. Did the first attack of herpes you ever had occur since your visit in (MONTH)? — HERLV_39

C. Has there been a period [since your last visit in (MONTH)] when your (herpes) sores seemed to come more often, get worse or last longer than usual? — HERWR_39

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

DISEASE OR CONDITION	HAD DISEASE NO YES	
A) Syphilis		SYPHA_39
B) Any form of gonorrhea		GONOR_39
IF "NO" TO (B), SKIP TO (F)		
C) Urethral gonorrhea (clap or drip of the urinary passage)		UGONA_39
D) Oral gonorrhea (of the mouth or throat		OGONA_39
E) Rectal gonorrhea (of the rectum)		RGONA_39
F) Non-specific or nongonococcal urethri (that is, a discharge from the penis tha not caused by gonorrhea)		URETA_39
G) Genital warts or anal warts (condyloma acuminata)		WARTA_39
H) Chlamydia		CHLAA_39
I) Any parasitic diseases including worm shigellosis, salmonellosis, amoebic dysentery, or giardiasis		PARAA_39

Specify:

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13.A. [Since your visit in (MONTH)] Have you had any of the following problems or symptoms?

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 visit in (MONTH)]? NO YES	b Did that last for two weeks or longer? NO YES	c And do you have that now? NO YES	d Is this a new condition? IF NO, GO TO NEXT ROW NO YES	e In what month and year since your last visit did it begin? [IF NEEDED: Even though you don't remember the exact month, it would help if you could tell me the season or approximate time of year when it started (this last time)]. WHEN BEGAN (Month and Year)
1) Persistent dizziness for at least 3 consecutive days	DIZZI_39	DIZ2W_39	DIZNO_39	DIZNC_39	DIZM_39 DIZY_39
2) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	FATIG_39	FAT2W_39	FATIN_39	FATNC_39	FATIM_39 FATIY_39
3) Persistent or recurring fever higher than 100° for at least 3 consecutive days	FEVER_39	FEV2W_39	FEVRN_39	FEVNC_39	FEVRM_39 FEVRY_39
4) Persistent, frequent or unusual kinds of head-aches for at least 3 consecutive days	HEADA_39	HED2W_39	HEADN_39	HEANC_39	HEADM_39 HEADY_39
5) A new skin condition, rash, or infection that lasted for at least 3 consecutive days	RASH_39	RAS2W_39	RASHN_39	RSHNC_39	RASHM_39 RASHY_39
6) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days	GLAND_39	GLN2W_39	GLANN_39	GLANC_39	GLANM_39 GLANY_39
7) Diarrhea for at least 3 consecutive days	DIARR_39	DIA2W_39	DIARN_39	DIANC_39	DIARM_39 DIARY_39
8) Drenching sweats at night on at least 3 occasions	SWEAT_39	SWT2W_39	SWETN_39	SWENC_39	SWETM_39 SWETY_39
9) Nausea, vomiting	VOMIT_39	VOT2W_39	VOTNO_39	VOTNC_39	VOTM_39 VOTY_39
10) Abdominal pain, bloating, cramps	BLOAT_39	ABP2W_39	ABPNO_39	ABPNC_39	ABPM_39 ABPY_39
11) Ascites (fluid buildup in the stomach or abdomen)	ASCIT_39	ASC2W_39	ASCNO_39	ASCNC_39	ASCTM_39 ASCTY_39
12) Jaundice (yellow hue to whites of eyes, dark urine or clay colored stools)	JDICE_39	JDI2W_39	JDINO_39	JDINC_39	JDICM_39 JDICY_39
13) An unusual bruise or bump or skin discoloration that lasted at least two weeks	BRUIS_39		BRUSN_39	BRUNC_39	BRUSM_39 BRUSY_39
14) An unintentional weight loss of at least 10 pounds (unrelated to dieting)	WTLOS_39		WTLSN_39	WTLNC_39	WTLSM_39 WTLSY_39
15) Anemia, low RBC, low hemoglobin	ANEMI_39		ANENO_39	ANENC_39	ANEM_39 ANEY_39
16) Blood in urine	BLURN_39	BLU2W_39	BLUNO_39	BLUNC_39	BLUM_39 BLUY_39

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13.A. Continued

PROBLEM OR SYMPTOM FOR EACH "YES" IN a, ASK b, c, d, AND e.	a How about (EACH)? Did you have that at any time [since your visit in (MONTH)]? NO YES	b Did that last for two weeks or longer? NO YES	c And do you have that now? NO YES	d Is this a new condition? IF NO, GO TO NEXT ROW NO YES	e In what month and year since your last visit did it begin? [IF NEEDED: Even though you don't remember the exact month, it would help if you could tell me the season or approximate time of year when it started (this last time)]. WHEN BEGAN (Month and Year)		
17) Unusual bleeding or bleeding that is difficult to stop	BLEED_39		BLDNO_39	BLDNC_39	BLDM_39	BLDY_39	
18) Muscle pain or weakness	MPAIN_39	MPW2W_39	MPWNO_39	MPWNC_39	MPWM_39	MPWY_39	
19) Joint pain	JOINT_39	JNT2W_39	JNTNO_39	JNTNC_39	JOINM_39	JOINY_39	
20) Painful urination	PURIN_39	URN2W_39	URNNO_39	URNNC_39	URNM_39	URNY_39	
21) Kidney stones	STONE_39		KIDNO_39	KIDNC_39	KIDM_39	KIDY_39	
22) High blood sugar, diabetes (We mean a new diagnosis or an uncontrolled condition.)	HBSUG_39	DM2W_39	DMNO_39	DMNC_39	DMM_39	DMY_39	
23) High cholesterol, high triglycerides or high lipids (We mean a new diagnosis or an uncontrolled condition.)	HCHOL_39	CHO2W_39	CHONO_39	CHONC_39	CHOM_39	CHOY_39	
24) Fat maldistribution or abnormal changes in body fat	FATMA_39	FMD2W_39	FMDNO_39	FMDNC_39	FMDM_39	FMDY_39	
25) Vivid nightmares or dreams	DREAM_39	NVD2W_39	NVDNO_39	NVDNC_39	NVDM_39	NVDY_39	
26) Insomnia or problems sleeping	INSOM_39	IPS2W_39	IPSNO_39	IPSNC_39	IPSM_39	IPSY_39	

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

	If NO, go to next question. If YES, indicate severity. NO YES	Severity (0= None, 1= Mild, 10= Severe)	
1. Pain, aching, or burning in your feet or legs?	FEETP_39	PAINR_39	PAINL_39
2. Pins and needles in your feet or legs?	PINSF_39	PINSR_39	PINSL_39
3. Numbness (lack of feeling) in your feet or legs?	NUMBF_39	NUMBR_39	NUMBL_39

14. A. **[Since your visit in (MONTH)] Has a doctor or other medical practitioner tested your blood to see if you have HIV that is resistant to certain drugs?**

○ No → SKIP TO Q 15
○ Yes

RESIT_39

B. **What type of test was done?**

1) Phenotype — PHENO_39
2) Genotype — GENOT_39

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

○ No
○ Yes
○ Don't know

RSTCH_39

15. **Since your last visit, 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.)**

MAIDS_39

○ No
○ Yes → SKIP TO Q 15.B (1)

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

READ EACH, MARK ALL THAT APPLY

○ Not infected with HIV → SKIP TO Q 16 — NMNI_39
○ Doctor said was not necessary — NMDS_39
○ Not sick — NMNS_39
○ Too expensive — NMEX_39
○ Don't think they work or will help — NMDW_39
○ Possible side effects — NMSE_39
○ Can't take them the way the doctor wants (too many pills, too many times during the day or won't remember to take) — NMCD_39
○ Other reason — NMOR_39

Specify:

SKIP TO Q 16

15.B. (1) **[Since your last visit (MONTH)] Have you taken any medication or drug on this list [SHOW LIST 1 AND MEDICATION PHOTO CARDS]?**

○ No
○ Yes → SKIP TO Q 15.B (3)

ML1AD_39

(2) **IF NO: Why did you decide not to take HIV-related medications?**

READ EACH, MARK ALL THAT APPLY

○ Doctor said was not necessary — NMDS1_39
○ Not sick — NMNS1_39
○ Too expensive — NMEX1_39
○ Don't think they work or will help — NMDW1_39
○ Possible side effects — NMSE1_39
○ 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) — NMCD1_39
○ Other reason — NMOR1_39

Specify:

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SKIP TO Q 15.C

15.B. (3) **Please name those drugs that you have taken or show me which ones.**

FILL IN THE BUBBLE NEXT TO THE DRUG(S).

○ 3-TC (Epivir, Lamivudine) ML1A1_39 - ML112_39
○ Abacavir (Ziagen)
○ Amprenavir (Agenerase)
○ AZT (Retrovir, Zidovudine)
○ Atazanavir (BMS-232632)
○ Combivir (AZT & 3-TC)
○ d4T (Zerit, Stavudine)
○ ddC (dideoxycytidine, HIVID, Zalcitabine)
○ ddI (dideoxyinosine, Didanosine, Videx)
○ Delavirdine (Rescriptor)
○ Efavirenz (Sustiva)
○ Indinavir (Crixivan)
○ Lopinavir/r (Kaletra)
○ Nelfinavir (Viracept)
○ Nevirapine (Viramune)
○ Ritonavir (Norvir)
○ Saquinavir (Invirase, Fortovase)
○ Tenofovir (Viread)
○ Trizivir (abacavir + zidovudine + lamivudine)
○ T-20
○ Other anti-viral from Drug List 1 (Report Acyclovir in Q16.)

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

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

○ No → SKIP TO Q 15.C
○ Yes

MDRUG_39

IF YES: How many times did this occur?

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

MISTI_39

Did your physician prescribe or agree to any of these?

○ No ○ Yes

PDRUG_39

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

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

DDRUG_39

COMPLETE FORM I FOR EACH DRUG MARKED ABOVE IN Q 15.B(3)

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

○ No → SKIP TO Q 15.D

○ Yes

ML2AD_39

(2) Please name those drugs that you have taken. (FILL IN THE BUBBLE NEXT TO THE DRUG(S). FOR DRUGS NOT ON THE LIST, RECORD THE NAME UNDER "OTHER" AS STATED BY THE PARTICIPANT.)

- ○ Atovaquone (BW566C80, Mepron)
- ○ Azithromycin (Zithromax)
- ○ Bactrim (Septra, SMZ-TMP, Sulfamethoxazole)
- ○ Ciprofloxacin (CIPRO)
- ○ Clarithromycin (Biaxin)
- ○ Co-enzyme Q
- ○ Colony stimulating factors (GM-CSF, G-CSF, Neupogen)
- ○ Cortisone
- ○ Dapsone
- ○ DHEA
- ○ Ethambutol (Myambutal)
- ○ Erythropoietin (Epogen, Procrit)
- ○ Flagyl (metronidazole)
- ○ Fluconazole (Diflucan)
- ○ Ganciclovir (DHPG, Cytovene)
- ○ Hydroxyurea (Hydrea)
- ○ Interleukin-2 (IL-2)
- ○ Itraconazole (Sporonox)
- ○ Ketoconazole (Nizoral)
- ○ Megace
- ○ Mycelex (clotrimazole)
- ○ NAC (N-acetyl-cysteine)
- ○ Nandralone (Deca-Durabolin)
- ○ Nystatin (Mycostatin)
- ○ Oxandrin (Oxandrolone)
- ○ Pentamidine (aerosolized)
- ○ Rifabutin (Ansamycin, Mycobutin)
- ○ Serostim
- ○ Testosterone (Delatestryl, Virilon, Testoderm, Androderm, Androgel)
- ○ Vaccine trial (generic)
- ○ Other from Drug List 2 (Report Acyclovir in Q16.)

ML2A1_39 - ML212_39

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

COMPLETE FORM II FOR EACH DRUG MARKED ABOVE IN Q 15.C(1)

D. (1) [Since your last visit in (MONTH)] Have you taken any medication, drug or other therapy that was not listed to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS?

○ No → SKIP TO Q 16

○ Yes

OMDAD_39

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

1. OMDA1_39
2. OMDA2_39
3. OMDA3_39
4. OMDA4_39
5. OMDA5_39
6. OMDA6_39
7. OMDA7_39
8. OMDA8_39
9. OMDA9_39

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

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

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 15a) IF "NO" TO a GO TO NEXT ITEM	a How about (EACH)? Have you (taken/used) any [since your visit in (MONTH)]? NO / YES	b When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?
1) Steroids that you took by mouth or were injected	○ ○	STRAV_39
2) Thyroid hormone or medication	○ ○	THYRV_39
3) Other hormones such as anabolic steroids	○ ○	HORMV_39
4) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug	○ ○	ANTBV_39
5) Medication taken by mouth for fungal infection	○ ○	FGMDV_39
6) Medication taken by mouth for worms or parasites	○ ○	WRMDV_39
7) Tranquilizers or sleeping pills IF YES, have you taken/used any in the last 7 days? ○ No ○ Yes	○ ○	TRNQV_39 TRNQ7_39
8) Antidepressants or mood elevators	○ ○	MOODV_39
9) Lithium	○ ○	LITHV_39
10) Acyclovir, famciclovir or valacyclovir for herpes (zovirax famvir, valtrex) IF YES, was this for: chronic herpes? ○ No ○ Yes episodic herpes? ○ No ○ Yes	○ ○	ACYCV_39 CHACY_39 EPACY_39
11) Viagra	○ ○	VIAGR_39
12) Cholesterol, triglycerides or lipid lowering medications a. (SPECIFY in column b) →	○ ○ SKIP TO Q 16.13	CHOL1_39 CHDG1_39
b. (SPECIFY in column b) →	○ ○ SKIP TO Q 16.13	CHOL2_39 CHDG2_39
c. (SPECIFY in column b) →	○ ○ SKIP TO Q 16.13	CHOL3_39 CHDG3_39
13) Medications used for diabetes a. (SPECIFY in column b) →	○ ○ SKIP TO Q 16.14	DIAB1_39 DIAT1_39

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16. Continued

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 15a) IF "NO" TO a GO TO NEXT ITEM	a How about (EACH)? Have you (taken/used) any [since your visit in (MONTH)]? NO YES	b When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?
13) Medications used for diabetes (cont.) b. (SPECIFY in column b)	SKIP TO Q 16.14	DIAB2_39 DIAT2_39
c. (SPECIFY in column b)	SKIP TO Q 16.14	DIAB3_39 DIAT3_39
14) Hepatitis medications a. (SPECIFY in column b)	SKIP TO Q 16.15	HEPD1_39 HEPT1_39
b. (SPECIFY in column b)	SKIP TO Q 16.15	HEPD2_39 HEPT2_39
15) Other a. (SPECIFY in column b)	SKIP TO Q 17	ODRG1_39 DRUG1_39
b. (SPECIFY in column b)	SKIP TO Q 17	ODRG2_39 DRUG2_39
c. (SPECIFY in column b)	SKIP TO Q 17	ODRG3_39 DRUG3_39
d. (SPECIFY in column b)	SKIP TO Q 17	ODRG4_39 DRUG4_39
e. (SPECIFY in column b)	SKIP TO Q 17	ODRG5_39 DRUG5_39
f. (SPECIFY in column b)	SKIP TO Q 17	ODRG6_39 DRUG6_39

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17.A. Since your visit in (MONTH), have you been given a vaccine against HIV in a trial?

○ No [SKIP TO Q 18] ○ Yes HIVAC_39

B. Do you know the name of the trial? HVACC_39

○ No ○ Yes → Specify: HVACN_39

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

C. Where did you go for this trial?

Name of hospital or clinic

Address

City State

Date started trial

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

18.A. Since your last visit did you have [ASK EACH ITEM AND RECORD ANSWER]

	NO	YES	
1) Coverage by an HMO			HMOC_39
2) Private insurance through a group (Blue Cross, CIGNA, etc.) (not as a HMO)			GPIC_39
3) Individual private insurance (Blue Cross, CIGNA, etc.) (not as a HMO)			IPIC_39
licaid, Medi-Cal, or lical Assistance			MCAID_39
licare (for people over 65 ermanently disabled)			MCARE_39
lth care benefits for Armed Forces or eran's Administration			VABEN_39
AMPUS or CHAMP-VA, medical insurance for dependents of military personnel or survivors of disabled veterans			CHAMP_39
8) ADAP (AIDS Drug Assistance Program)			ADAP_39
9) Other			OTHER_39

Specify:

	0	1	2	3	4	5	6	7	8	9

18.B. Do you have insurance coverage that pays for any of your medications? INSDG_39

IF NO TO Q 18.A (1)–(9) AND Q 18.B, THEN SKIP TO Q 22

19. A. Since your last visit, have you changed or lost your medical coverage? NO YES INSCH_39

SK G

B. If YES, was that change your choice? CHOIC_39

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

	NO	YES	
1) Lost or quit job			INCLJ_39
2) Changed job (employer or employment status)			INCCJ_39
3) Employer changed or dropped coverage			INCEM_39
4) Pre-existing medical condition limited choices			INCMC_39
5) To be able to choose doctors or providers			INCMD_39
6) More or better coverage of needed or desired services			INCCV_39
7) Eligibility for Medicaid, Medi-Cal, or Medical Assistance changed			INCEL_39
8) Financial reasons (cost of premiums, co-payments or deductibles)			INCFR_39
9) Eligible for Medicare			INCME_39

D. [IF "YES" TO MORE THAN ONE RESPONSE IN Q 19.C, ASK] Which one was the PRIMARY reason? [READ ALL CHOICES AND SELECT ONLY ONE] INCPR_39

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

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19.E. Are you currently insured? INCUR_39

- ○ No → SKIP TO Q 22
- ○ Yes

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

	NO	YES	
1) Employer offers only one plan	○	○	CINEM_39
2) Only eligible for current coverage due to medical condition	○	○	CINMC_39
3) To be able to choose doctors or providers	○	○	CINMD_39
4) To have more or better coverage of needed or desired services	○	○	CINCV_39
5) Eligible for Medicaid, Medi-Cal, or Medical Assistance	○	○	CINEL_39
6) Financial reasons (cost of premiums, co-payments or deductibles)	○	○	CINFR_39
7) Eligible for Medicare	○	○	CINME_39

B. [IF "YES" TO MORE THAN ONE RESPONSE IN Q20.A, ASK] What was the PRIMARY reason for choosing your current medical coverage? [READ ALL CHOICES AND SELECT ONE] CINPR_39

- ○ Employer offers only one plan
- ○ Only eligible for current coverage due to medical condition
- ○ To be able to choose doctors or providers
- ○ To have more or better coverage of needed or desired services
- ○ Eligible for Medicaid, Medi-Cal, or Medical Assistance
- ○ Financial reasons (cost of premiums, co-payments or deductibles)
- ○ Eligible for Medicare

21. All things considered, how satisfied are you with your current health insurance plan? [SHOW CARD TO PARTICIPANT OR READ ALOUD] INSSA_39

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

22. Did you have any type of dental insurance coverage at any time since your last visit in (MONTH)? DINS_39

- ○ No
- ○ Yes

23. Where do you usually go for medical care, even if you haven't received medical care since your last visit? [READ ALL CHOICES AND SELECT ONLY ONE] UCMED_39

- ○ HMO
- ○ Doctor's office or specialty clinic (non-HMO) including Urgent Care
- ○ Any other clinic
- ○ Emergency room
- ○ Other outpatient

Specify:

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

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

SERVICE	a. Have you used (EACH) since your last visit?	b. How many times? (99 = 99 or more)		
1) HMO	NO ○ GO TO NEXT ROW / YES ○	0 10 20 30 40 50 60 7 / 0 1 2 3 4 5 6 7	HMOOV_39	HMONU_39
2) Doctor's office or specialty clinic (non-HMO) including Urgent Care	NO ○ GO TO NEXT ROW / YES ○	0 10 20 30 40 50 60 7 / 0 1 2 3 4 5 6 7	DOCOV_39	DOCNU_39
3) Any other clinic	NO ○ GO TO NEXT ROW / YES ○	0 10 20 30 40 50 60 7 / 0 1 2 3 4 5 6 7	CLOV_39	CLNUM_39
4) Emergency room	NO ○ GO TO NEXT ROW / YES ○	0 10 20 30 40 50 60 7 / 0 1 2 3 4 5 6 7	EROV_39	ERNUM_39
5) Other outpatient	NO ○ GO TO Q 25 / YES ○	0 10 20 30 40 50 60 7 / 0 1 2 3 4 5 6 7	OPOV_39	OPNUM_39

Specify:

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25. Since your last visit in (MONTH), have you used ANY of the following providers or services?

SERVICE	a Have you used (EACH) since your last visit in (MONTH)?	b How many times? (99 = 99 or more)	
1) Dental health care provider (such as dentist or dental hygienist)	○ NO GO TO NEXT ROW ○ YES	0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	DENTV_39 DHNUM_39
2) Mental health care provider (psychologist, psychiatrist, social worker, other therapist/ counselor)	○ NO GO TO NEXT ROW ○ YES	0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	USEMH_39 MHNUM_39
3) Other health care provider (chiropractor, nutritionist, acupuncturist, herbalist)	○ NO GO TO NEXT ROW ○ YES	0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	USEAO_39 AONUM_39
4) Any form of paid health care in your home (visiting nurse services, home health aides, but not care from lovers, family or friends)	○ NO GO TO Q 26 ○ YES	0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9	USEHC_39 HCNUM_39

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26. Please estimate the TOTAL out-of-pocket expenses that you or other personal sources (your lover, family or friends) paid for prescription medications since your last visit in (MONTH). [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN $1]

PMPAY_39

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

OR

- Don't know
- Refused

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

- No → SKIP TO Q 28 — NSMDP_39
- Yes

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

1) Medical care

- No → SKIP TO (2)
- Yes → Why did you not seek medical care?

[READ EACH AND MARK ALL THAT APPLY]

- Financial reasons — NSMED_39
- Other non-financial reasons — NSEEK_39

Specify: NMOTH_39

2) Dental care

- No → SKIP TO (3)
- Yes → Why did you not seek dental care?

[READ EACH AND MARK ALL THAT APPLY]

- Financial reasons — NSDEN_39
- Other non-financial reasons — NDFIN_39

Specify: NDOTH_39

3) Prescription Medications

- No → SKIP TO Q 28
- Yes → Why did you not obtain prescription medications?

[READ EACH AND MARK ALL THAT APPLY]

- Financial reasons — NOPRE_39
- Other non-financial reasons — NPFIN_39

Specify: NPOTH_39

28. Was there a time since your last visit when you were refused care from a doctor or other medical provider?

- No — REMED_39
- Yes

29. Was there a time since your last visit when you were refused dental care?

- No — REDEN_39
- Yes

ACASI begins here. Skip to last page, Q 50.A.

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

INCOM_39

- 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 or more
- Does not wish to answer

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

- No → SKIP TO Q 32 — FNDIF_39
- Yes — FNDFL_39

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

- Less
- Same
- Greater

32. Since your last visit, has your employment status changed for any reason related to HIV disease?

- No → SKIP TO Q 33 — JOBHI_39
- Yes

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

	NO	YES	
1) Became too sick to work			TSICK_39
2) HIV status became known to employer			STKNE_39
3) HIV status became known to coworkers			STKNC_39
4) Early retirement			RETEY_39
5) Changed job as a personal decision			JOBPE_39
6) To receive better health insurance benefits			JOBHE_39
7) To receive better disability benefits			DISAB_39
8) Other			JOBOT_39

Specify:

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

33. Now I have some questions about cigarette smoking.

A. Have you ever smoked cigarettes? ESMOK_39

- ○ No → SKIP TO Q 34
- ○ Yes

B. Do you smoke cigarettes now? (As of one month ago?) SMOKN_39

- ○ No → SKIP TO Q 34
- ○ Yes
- ○ Occasionally (less than one cigarette per day) → SKIP TO Q 34

C. How many packs do you usually smoke per day? PACKS_39

- ○ Less than 1/2 pack
- ○ At least 1/2 pack; but less than one pack per day
- ○ At least 1 but less than 2 packs
- ○ 2 or more packs per day

34. The next questions are about alcoholic beverages—that is, wine, beer or liquor you've drunk [since your visit in (MONTH)].

A. Did you drink any alcoholic beverages [since your visit in (MONTH)]? DRNK_39

- ○ No → SKIP TO Q 34.D
- ○ Yes

34.B. How <u>often</u> do you have a drink containing alcohol (a glass of beer, wine, a mixed drink, any kind of alcoholic beverage)? FDRNK_39

- ○ At least once a day
- ○ Nearly every day
- ○ 3 to 4 times a week
- ○ Once or twice a week
- ○ 2 or 3 times a month
- ○ About once a month
- ○ 6–11 times a year
- ○ 1–5 times a year

C. [Since your visit in (MONTH)] On days when you drank any alcoholic beverages, how many drinks did you USUALLY have altogether? (By a drink we mean a can or glass of beer, a 4-ounce glass of wine, a 1 1/2-ounce shot of liquor, or a mixed drink with that amount of liquor.) Please turn to page 2 in your booklet for the possible answers to this. NDRNK_39

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

D. Have you ever been in an alcohol treatment program, including inpatient and/or outpatient detox, alcoholics anonymous, and/or any other program? ALCTP_39

- ○ No
- ○ Yes

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READ DEFINITION OF SEXUAL ACTIVITY:

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

35. Have you engaged in any sort of sexual activities involving another person [since your visit in (MONTH)]? SEXAV_39

- ○ No → SKIP TO Q 42
- ○ Yes

36. Have you had any sexual activity with a woman since your last visit? SEXVF_39

- ○ No → SKIP TO Q 39
- ○ Yes

37. Now lets talk about how many different women you have had sexual activity with since your last visit.

A. How many different women (if any) have you had sexual intercourse with since your last visit? Here we define sexual intercourse as inserting your penis into your partner's mouth, vagina, or anus/butt, with or without ejaculation. NSEXF_39

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

B. With how many other women have you had sexual activity that did <u>not</u> include intercourse since your last visit? NSXAF_39

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

The next questions are about different kinds of sexual activity men have with women.
IF NO INTERCOURSE WITH WOMEN, SKIP TO Q 38.10

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

KIND OF ACTIVITY	a Did you do this/engage in this activity with a woman since your last visit?	b How many women did you do that with [since your last visit]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
1) You put your penis in her mouth (oral sex). IF NONE, SKIP TO ITEM (4).	NO YES OINF1_39	0 100 200 300 400 500 600 700 800 900 0 NOINF_39 0 90 0 1 2 3 4 5 6 7 8 9
IF MULTIPLE PARTNERS: 2) With how many of those women did you use a condom <u>every</u> time for oral sex, even if it broke, tore, or slipped? IF ONE PARTNER: Did you use a condom <u>every</u> time you had oral sex even if it broke, tore, or slipped?	COIF1_39 NO YES	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NCOIF_39
IF MULTIPLE PARTNERS: 3) With how many women did you ejaculate/cum in her mouth when you did not use a condom (or when a condom failed)? IF ONE PARTNER: Did you ejaculate/cum in her mouth when you did not use a condom (or when a condom failed)?	OEJF1_39 NO YES	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NOEJF_39
4) You put your penis in her vagina (vaginal sex). IF NONE, SKIP TO ITEM (7).	NO YES VINF1_39	0 100 200 300 400 500 600 700 800 900 0 NVINF_39 80 90 0 8 9
IF MULTIPLE PARTNERS: 5) With how many of those women did you use a condom <u>every</u> time for vaginal sex, even if it broke, tore, or slipped? IF ONE PARTNER: Did you use a condom <u>every</u> time for vaginal sex, even if it broke, tore, or slipped?	CVIF1_39 NO YES	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NCVIF_39
IF MULTIPLE PARTNERS: 6) With how many women did you ejaculate/cum in her vagina when you did not use a condom (or when a condom failed)? IF ONE PARTNER: Did you ejaculate/cum in her vagina when you did not use a condom (or when a condom failed)?	VEJF1_39 NO YES	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NVEJF_39

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SERIAL #

38. Continued

IF ONLY ONE PARTNER: USE COLUMN a.

IF MULTIPLE PARTNERS: USE COLUMN b.

KIND OF ACTIVITY	a Did you do this/engage in this activity with a woman since your last visit?	b How many women did you do that with [since your last visit]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
7) You put your penis in her anus/butt (anal sex). IF NONE, SKIP TO ITEM (10).	NO YES AINF1_39	NAINF_39
IF MULTIPLE PARTNERS: 8) With how many of those women did you use a condom <u>every</u> time for anal sex, even if it broke, tore, or slipped? IF ONE PARTNER: Did you use a condom <u>every</u> time for anal sex, even if it broke, tore, or slipped?	CAIF1_39 NO YES	NCAIF_39
IF MULTIPLE PARTNERS: 9) With how many women did you ejaculate/cum in her anus/butt when you did not use a condom (or when a condom failed)? IF ONE PARTNER: Did you ejaculate/cum in her anus/butt when you did not use a condom (or when a condom failed)?	AEJF1_39 NO YES	NAEJF_39
10) You used your tongue to touch or lick her anus/butt ("rimming").	NO YES RIMF1_39	NRIMF_39
11) You used your tongue to touch or lick her genitals (vagina, clitoris).	NO YES LICF1_39	NLICF_39

39. Have you had any sort of sexual activity with a man since your last visit?

○ No → SKIP TO Q 42

○ Yes

SEXVM_39

40. Now lets talk about how many different men you have had sexual activity with since your last visit.

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

NSEXM_39

B. With how many other men have you had sexual activity that did <u>not</u> include intercourse since your last visit?

NNSXM_39

3/8" spine perf

The next questions are about different kinds of sexual activity some men engage in with other men.
IF NO INTERCOURSE WITH MEN, SKIP TO Q 41.13

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

KIND OF ACTIVITY	a Did you do this/engage in this activity with a man since your last visit?	b How many men did you do that with [since your last visit]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
1) You put your penis in his mouth. IF NONE, SKIP TO ITEM (4).	NO ◯ YES ◯ ORIN1_39	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NOINM_39
IF MULTIPLE PARTNERS: 2) Thinking of the times you put your penis in his mouth, with how many men did you use a condom every time, even if it broke, tore, or slipped? IF ONE PARTNER: Thinking of the times you put your penis in his mouth, did you use a condom every time, even if it broke, tore, or slipped?	COIN1_39 NO ◯ YES ◯	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NCOIM_39
IF MULTIPLE PARTNERS: 3) With how many men did you ejaculate/cum in their mouths when you did not use a condom (or when a condom failed)? IF ONE PARTNER: Did you ejaculate/cum in his mouth when you did not use a condom (or when a condom failed)?	OEJM1_39 NO ◯ YES ◯	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NOEJM_39
4) You put your penis in his anus/butt. IF NONE, SKIP TO ITEM (7).	NO ◯ YES ◯ ANIN1_39	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NAINM_39
IF MULTIPLE PARTNERS: 5) Thinking of the times you put your penis in their anus/butt, with how many men did you use a condom every time, even if it broke, tore, or slipped? IF ONE PARTNER: Thinking of the times you put your penis in his anus/butt, did you use a condom every time, even if it broke, tore, or slipped?	CAIN1_39 NO ◯ YES ◯	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NCAIM_39
IF MULTIPLE PARTNERS: 6) With how many men did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)? IF ONE PARTNER: Did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)?	AEJM1_39 NO ◯ YES ◯	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NAEJM_39

3/8" spine perf

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SERIAL #

41. Continued

IF ONLY ONE PARTNER: USE COLUMN a.

IF MULTIPLE PARTNERS: USE COLUMN b.

KIND OF ACTIVITY	a Did you do this/engage in this activity with a man since your last visit?	b How many men did you do that with [since your last visit]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
7) He put his penis in your mouth. IF NONE, SKIP TO ITEM (10).	NO YES ORRC1_39	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NORCM_39
IF MULTIPLE PARTNERS: 8) Thinking of the times when a man put his penis in your mouth, with how many men was a condom used every time, even if it broke, tore, or slipped? IF ONE PARTNER: Thinking of the times when he put his penis in your mouth, was a condom used every time, even if it broke, tore, or slipped?	CORR1_39 NO YES	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NCORM_39
IF MULTIPLE PARTNERS: 9) With how many men did ejaculate/cum go into your mouth when they did not use a condom (or when a condom failed)? IF ONE PARTNER: Did ejaculate/cum go into your mouth when he did not use a condom (or when a condom failed)?	OREM1_39 NO YES	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NOREM_39
10) He put his penis in your anus/butt. IF NONE, SKIP TO ITEM (13).	NO YES ANRC1_39	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NARIM_39
IF MULTIPLE PARTNERS: 11) Thinking of the times when a man put his penis in your anus/butt, with how many men was a condom used every time, even if it broke, tore, or slipped? IF ONE PARTNER: Thinking of the times he put his penis in your anus/butt, was a condom used every time, even if it broke, tore, or slipped?	CANR1_39 NO YES	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NCARM_39
IF MULTIPLE PARTNERS: 12) With how many men did ejaculate/cum go into your anus/butt when they did not use a condom (or when a condom failed)? IF ONE PARTNER: Did ejaculate/cum go into your anus/butt when he did not use a condom (or when a condom failed)?	AREM1_39 NO YES	0 100 200 300 400 500 600 700 800 900 0 10 20 30 40 50 60 70 80 90 0 1 2 3 4 5 6 7 8 9 NAREM_39
13) You used your tongue to touch or lick his anus/butt ("rimming").	NO YES RIMI1_39	0 100 200 300 400 500 600 700 800 900 NRMIM_39

3/8" spine perf

42. Now let's talk about other drugs you may have used. As I read each one, please tell me whether you used it even once [since your visit in (MONTH)]?

	a How about (EACH) Have you (taken/used) any [since your visit in (MONTH)]?	b How often did you (use/take) (DRUG) [since your visit in (MONTH)]?					
		DAILY	WEEKLY	MONTHLY	LESS OFTEN		
Pot, Marijuana or Hash	NO ○ GO TO NEXT ROW YES ○	○	○	○	○	HASHV_39	HASHF_39
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	NO ○ GO TO NEXT ROW YES ○	○	○	○	○	POPPV_39	POPPF_39
Crack or cocaine that you smoke	NO ○ GO TO NEXT ROW YES ○	○	○	○	○	CRACV_39	CRACF_39
Other forms of cocaine	NO ○ GO TO NEXT ROW YES ○	○	○	○	○	OCOKV_39	OCOKF_39
Speed, Meth or Ice	NO ○ GO TO NEXT ROW YES ○	○	○	○	○	UPPRV_39	UPPRF_39
Heroin	NO ○ GO TO NEXT ROW YES ○	○	○	○	○	HEROV_39	HEROF_39
Speedball (heroin and cocaine together)	NO ○ GO TO NEXT ROW YES ○	○	○	○	○	SPEBV_39	SPEBF_39
Ecstasy, XTC, X or MDMA	NO ○ GO TO NEXT ROW YES ○	○	○	○	○	MDAV_39	MDAF_39
Other kinds of street/club drugs	NO ○ GO TO Q 43 YES ○					STMDV_39	
Specify: (0 1 2 3 4 5 6 7 8 9)		○	○	○	○	STMD1_39	ST1DF_39
Specify: (0 1 2 3 4 5 6 7 8 9)		○	○	○	○	STMD2_39	ST2DF_39
Specify: (0 1 2 3 4 5 6 7 8 9)		○	○	○	○	STMD3_39	ST3DF_39
Specify: (0 1 2 3 4 5 6 7 8 9)		○	○	○	○	STMD4_39	ST4DF_39
Specify: (0 1 2 3 4 5 6 7 8 9)		○	○	○	○	STMD5_39	ST5DF_39
Specify: (0 1 2 3 4 5 6 7 8 9)		○	○	○	○	STMD6_39	ST6DF_39

43. A. [Since your last visit in (MONTH)] have you injected recreational drugs (skin popped, shot up with a needle)?

RCDRG_39

- ○ No → SKIP TO Q 49
- ○ Yes

B. Were any of these times that you injected recreational drugs in a shooting gallery?

RCDSG_39

- ○ No
- ○ Yes

C. Do you currently inject drugs?

RCDNO_39

- ○ No
- ○ Yes

D. Thinking about the period when you injected the most, how many times did you inject [DRUG] per month?

Speedball (cocaine and heroin together)

TINSB_39

Cocaine by itself

TINCO_39

Heroin by itself

TINHO_39

Speed by itself

TINSO_39

44. [Since your last visit in (MONTH)] have you shared a needle or works with anyone? By works I mean needles, syringes and/or a cooker?

SHRNW_39

- ○ No → SKIP TO Q 46
- ○ Yes

45. A. [Since your last visit in (MONTH)] how many times have you used needles or works that were first used by someone else and then passed to you?

TSHNW_39

B. With how many different people?

SHWNP_39

46. A. [Since your last visit in (MONTH)] have you shared water to rinse your needles with anyone?

SH2OR_39

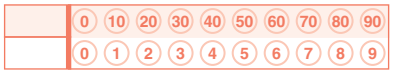
- ○ No → SKIP TO Q 47
- ○ Yes

B. How many times?

TSH20_39

C. With how many different people?

DPH20_39



47. [Since your last visit in (MONTH)] how often did you clean your works with bleach?

FBLEA_39

- ○ Never
- ○ Less than half the time
- ○ About half the time
- ○ Most of the time
- ○ Always

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

PNEP_39

- ○ No → SKIP TO Q 49
- ○ Yes

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

HONEP_39

- ○ Less than half the time
- ○ Half the time
- ○ Most of the time
- ○ Always

C. Do you have another source of clean needles?

OSCLN_39

- ○ No
- ○ Yes

49. [Since your last visit in (MONTH)] 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_39

- ○ No
- ○ Yes

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

- ○ No, nothing more → THANK PARTICIPANT AND SKIP TO Q 51
- ○ Yes

OTINF_39

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

51. ACASI interview?

- ○ No
- ○ Yes

ACASI_39

52. Telephone interview?

- ○ No
- ○ Yes

PHINT_39

53. Home visit?

- ○ No
- ○ Yes

HVINT_39

54. PWA interview?

- ○ No
- ○ Yes
- ○ Don't know

PWAV_39

55. Returning censored participant?

- ○ No
- ○ Yes

RTCEN_39

56.

Date interview completed

TIME ENDED

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

S4TEH_39
S4TEM_39
S4TEZ_39

57.

Interviewer's signature

INTERVIEWER'S NUMBER

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

INTVN_39

58. Are you of Hispanic (Spanish) or Latino origin? ○ No ○ Yes S4HISP_39

59. What is your race? Do you consider yourself . . .? (Read each and mark all that apply.)

- ○ White WHITE_39
- ○ Black BLACK_39
- ○ Alaskan Native ALSNA_39
- ○ Asian ASIAN_39
- ○ Native Hawaiian (Pacific Islander) NHPIS_39
- ○ Native American (North, South, Central) Indian NAMIN_39
- ○ Other OTHRR_39

SERIAL #