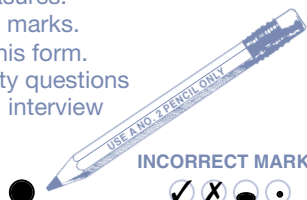


MARKING INSTRUCTIONS

- Make dark marks that fill the circle completely.
- Make clean erasures.
- Make **NO** stray marks.
- **DO NOT** fold this form.
- * Indicates priority questions for abbreviated interview

CORRECT MARK



INCORRECT MARKS

ID NUMBER				VISIT NO.			TIME BEGAN			DATE		
MACSID				5 5 0			HR	MIN		MONTH	DAY	YEAR
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S4TBH_055
S4TBM_055
S4TBZ_055

DAT4M_055
DAT4D_055
DAT4Y_055

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

No → IF "NO," GO TO Q 2

Yes
CANCD_055

<p>a IF YES: Where in the body was the cancer (Castleman's disease) and what kind of cancer did they say it was?</p>		<p>b In what month and year was it first diagnosed since your last visit [in (MONTH, YEAR)]?</p>																																																								
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c What was the name and address of the physician who diagnosed the condition(s)?

Name of hospital/clinic or doctor

Address

City State

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

Name of hospital/clinic or doctor

Address

City State

GET MEDICAL RELEASE

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #

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

No → IF "NO," GO TO Q 3
 Yes
AID_055

a IF YES: What was the diagnosis? (SEE APPENDIX 7 IN GUIDELINES FOR LIST OF AIDS DIAGNOSES.)	b In what month and year was it first diagnosed since your last visit [in (MONTH, YEAR)]?																																																													
1) Type <input style="width: 150px; height: 20px;" type="text"/> <table style="display: inline-table; vertical-align: middle; margin-left: 10px;"> <tr><td>0</td><td>1M</td><td>2M</td><td>3M</td><td>4M</td><td>5M</td><td>6M</td><td>7M</td><td>8M</td><td>9M</td></tr> <tr><td>0</td><td>100</td><td>20</td><td colspan="6" style="color: red; font-weight: bold;">AIDT1_055</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table>	0	1M	2M	3M	4M	5M	6M	7M	8M	9M	0	100	20	AIDT1_055						800	900	0	10	20	30	40	50	60	70	80	90	0	1	2	3	4	5	6	7	8	9	<table style="display: inline-table; vertical-align: middle;"> <tr><td>J</td><td>F</td><td>M</td><td colspan="3" style="color: red; font-weight: bold;">AIDM1_055</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>00</td><td>01</td><td>02</td><td colspan="3" style="color: red; font-weight: bold;">AIDY1_055</td><td>08</td><td>09</td><td>10</td><td>11</td></tr> </table>	J	F	M	AIDM1_055			S	O	N	D	00	01	02	AIDY1_055			08	09	10	11
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c What was the name and address of the physician who diagnosed the condition(s)?

Name of hospital/clinic or doctor

Address

City State

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Name of hospital/clinic or doctor

Address

City State

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

No → IF "NO," GO TO Q 4
 Yes
PNEUM_055

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

	<table style="display: inline-table; vertical-align: middle;"> <tr><td>J</td><td>F</td><td>M</td><td colspan="3" style="color: red; font-weight: bold;">MPNEU_055</td><td>S</td><td>O</td><td>N</td><td>D</td></tr> <tr><td>00</td><td>01</td><td>02</td><td colspan="3" style="color: red; font-weight: bold;">PNEUY_055</td><td>08</td><td>09</td><td>10</td><td>11</td></tr> </table>	J	F	M	MPNEU_055			S	O	N	D	00	01	02	PNEUY_055			08	09	10	11	
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Clinician's Notes: Method of Diagnosis

b What was the name and address of the physician who diagnosed the condition?

Name of hospital/clinic or doctor

Address

City State

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

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

NO YES
PPDV_055

SKIP TO Q 5

B. IF YES: When was your last test?

Month: (J F PPDM_055) (S O N D)
Day: (00 01 PPDY_055) (08 09 10 11)

NO YES
PSPPD_055

C. Was it positive?

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

TBDXE_055

GET MEDICAL RELEASE

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

No → SKIP TO Q 7 HOSP_055

Yes → How many separate times were you a patient in a hospital since your last visit [in (MONTH, YEAR)]?

Month: (0 10 NHOSP_055) (10 90)
Day: (0 1) (8 9)

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

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

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

MO: (J F HOS1M_055) (S O N D)
DAY: (0 10 HOS1D_055)
YEAR: (0 1 HOS1Y_055) (8 9)

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

(0 10 HOS1N_055) (80 90) NIGHTS
(0 1 2 3 4 5 6 7 8 9)

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

What was the name and address of the physician who diagnosed the condition(s)?
IF AIDS RELATED, CODE IN QUESTIONS 1-3 AS APPROPRIATE
Name of hospital/clinic or doctor
Address
City State

1) Diagnosis or procedure

Bubble in leading zero
V E P TYHO11_055
0 1M 2M 3M 4M
0 100 200 300 400 H1DX1_055
0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

2) Diagnosis or procedure

V E P TYHO12_055
0 1M 2M 3M 4M
0 100 200 300 400 H1DX2_055
0 10 20 30 40 50 60 70 80 90
0 1 2 3 4 5 6 7 8 9

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

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

MO		J	F	M	A	M	J	J	A	S	O	N	D
DAY		0	10	HOS2M_055									
		0	1	HOS2D_055									
YEAR		00	01	02	03	04	05	06	07	08	09	10	11
		HOS2Y_055											

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

	0	10	HOS2N_055									
	0	1	2	3	4	5	6	7	8	9		

NIGHTS

c. For what condition or problem were you hospitalized and the name/address of the hospital?

RECORD FULLY IN R's OWN WORDS.

<p>What was the name and address of the physician who diagnosed the condition(s)? IF AIDS RELATED, CODE IN QUESTIONS 1-3 AS APPROPRIATE</p> <p>Name of hospital/clinic or doctor</p> <p>Address</p> <p>City State</p>	<p>1) Diagnosis or procedure</p>	<p>V E P TYHO21_055</p> <p>0 1M 2M 3M 4M 5</p> <p>0 100 200 300 400 5 H2DX1_055</p> <p>0 10 20 30 40 50 60 70 80 90</p> <p>0 1 2 3 4 5 6 7 8 9</p>
	<p>2) Diagnosis or procedure</p>	<p>V E P TYHO22_055</p> <p>0 1M 2M 3M 4M 5</p> <p>0 100 200 300 400 5 H2DX2_055</p> <p>0 10 20 30 40 50 60 70 80 90</p> <p>0 1 2 3 4 5 6 7 8 9</p>

d. Did you have another prior hospitalization/outpatient procedure since your last visit [in (MONTH, YEAR)]?

No → **SKIP TO Q 7**

Yes **PHOS2_055**

IF MORE THAN 2 HOSPITALIZATIONS/OUTPATIENT PROCEDURES SINCE YOUR LAST VISIT [IN (MONTH, YEAR)], MARK HERE AND USE CONTINUATION SHEET.

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

No

Yes **DEPR_055**

Don't know

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

	J	F	DEPRM_055										
	00	01	DEPRY_055										
			S	O	N	D							
			08	09	10	11							

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

No

Yes **NRLEX_055**

DOCUMENT ANY NEW NEUROLOGICAL DIAGNOSES IN Q10.CC.i

This does not include any PAP smears performed as part of the MACS Anal Health Study.

* 9.A.(1) Since your last visit [in (MONTH, YEAR)], have you undergone an anal pap smear outside the MACS? (A doctor or medical practitioner took a swab of the anal canal to test for cancer cells.)

No → **GO TO Q 9.B**

APAPS_055

Yes

Don't Know → **GO TO Q 9.B**

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

	J	F	M	PAPSM_055	S	O	N	D
	00	01	02	PAPSY_055	08	09	10	11

(3) Were the results abnormal?

No → **GO TO Q 9.B**

ABRAP_055

Yes → **GET MEDICAL RELEASE**

Unable to evaluate/don't know → **GET MEDICAL RELEASE**

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

Name of doctor

Name of hospital/center/clinic

City

State

9.B. Since your last visit [in (MONTH, YEAR)], has a doctor or medical practitioner inserted a tube-shaped device or scope in your anus or rectum to look for hemorrhoids, fissures, infections and some cancers?

- No
- Yes
- Don't Know

ANOSC_055

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

- No
- Yes

REVIEW RESPONSE TO Q 1, IF DIAGNOSED WITH CANCER USE PROMPT AND RE-ASK QUESTION, OTHERWISE SKIP TO Q 10

BIOPS_055

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

NBIOP_055 TIMES

(3) 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.
<p>1) Specify:</p> <p>_____</p> <p>_____</p> <p><input type="text" value="0"/> <input type="text" value="10"/> <input type="text" value="20"/> <input type="text" value="30"/> <input type="text" value="40"/> <input type="text" value="50"/> <input type="text" value="60"/> <input type="text" value="70"/> <input type="text" value="80"/> <input type="text" value="90"/></p> <p>BIOP1_055</p> <p><input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="5"/> <input type="text" value="6"/> <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/></p>	<p>Specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text" value="0"/> <input type="text" value="1"/> BIDX1_055 <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/></p>	<p>Name of doctor _____</p> <p>Name of hospital/center/clinic _____</p> <p>_____</p> <p>City _____ State _____ DATE _____</p>
<p>2) Specify:</p> <p>_____</p> <p>_____</p> <p><input type="text" value="0"/> <input type="text" value="10"/> <input type="text" value="20"/> <input type="text" value="30"/> <input type="text" value="40"/> <input type="text" value="50"/> <input type="text" value="60"/> <input type="text" value="70"/> <input type="text" value="80"/> <input type="text" value="90"/></p> <p>BIOP2_055</p> <p><input type="text" value="0"/> <input type="text" value="1"/> BIDX2_055 <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/></p>	<p>Specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text" value="0"/> <input type="text" value="1"/> BIDX2_055 <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/></p>	<p>Name of doctor _____</p> <p>Name of hospital/center/clinic _____</p> <p>_____</p> <p>City _____ State _____ DATE _____</p>
<p>3) Specify:</p> <p>_____</p> <p>_____</p> <p><input type="text" value="0"/> <input type="text" value="10"/> <input type="text" value="20"/> <input type="text" value="30"/> <input type="text" value="40"/> <input type="text" value="50"/> <input type="text" value="60"/> <input type="text" value="70"/> <input type="text" value="80"/> <input type="text" value="90"/></p> <p>BIOP3_055</p> <p><input type="text" value="0"/> <input type="text" value="1"/> BIDX3_055 <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/></p>	<p>Specify:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="text" value="0"/> <input type="text" value="1"/> BIDX3_055 <input type="text" value="7"/> <input type="text" value="8"/> <input type="text" value="9"/></p>	<p>Name of doctor _____</p> <p>Name of hospital/center/clinic _____</p> <p>_____</p> <p>City _____ State _____ DATE _____</p>

GET MEDICAL RELEASE

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

NO YES

- A. Thrush (yeast in your mouth) **THRSH_055**
- B. Sinusitis, a sinus infection that requires antibiotics **SINUS_055**
- C. Bronchitis **BRONC_055**
- D. Erectile dysfunction (erectile problems) **ERDYS_055**
- E. High blood pressure or hypertension **HBPHT_055**
- F. High cholesterol, high triglycerides, high lipids or too much fat in your blood **HCHOL_055**
- G. High blood sugar or diabetes **HBSUG_055**
- H. Arthritis **ARTHR_055**
 IF YES: Was it: Rheumatoid **RHEUM_055**
 (Read and answer each.) Osteoarthritis or degenerative **OSTAR_055**
 Other **OTHAR_055**
 Don't know **DKWAR_055**

Specify:

Ask if in CVD2 study and if had medical follow-up. If yes, get medical release.

- *I. Angina or chest pain caused by your heart **ANGIN_055**
- *J. Heart attack or myocardial infarction (MI) **HRTAT_055**
- *K. Congestive heart failure or CHF **HRTFA_055**
- *L. Stroke or Cerebrovascular accident (CVA) **STROK_055**
- *M. Mini-strokes or transient ischemic attack (TIA) **TIA_055**
- *N. Too fast, too slow, or irregular heart beat **IRHB_055**
- *O. Any blood vessels (arteries) that were blocked or closed IF NO, SKIP TO Q Q **BVES_055**
- *P. An operation or other procedure, such as angioplasty, to open blocked blood vessels in your heart or other areas **OBVES_055**
- *Q. A blood clot in your legs **BCLG_055**
- *R. Kidney disease/Renal failure **KIDND_055**
- S. An elevated liver enzyme **LIVDE_055**
- T. Broken or fractured bone(s) **BBONE_055**

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

Name of hospital/clinic or doctor _____

Address _____

City _____ State _____

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

Name of hospital/clinic or doctor _____

Address _____

City _____ State _____

T.2 What was fractured?

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

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

BBSITE1_055

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

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

BBSITE2_055

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

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

BBSITE3_055

T.3 Did that fracture occur... (Select one option)

- 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 **BBHOW_055**
- Don't know

SERIAL #

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

a) Eyes

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

NO YES
VIDEY_055
EYDIA_055

SKIP
TO
b

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

b) Ears, Nose, Throat, Mouth and Sinuses

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

NO YES
VIDEN_055
ENDIA_055

SKIP
TO
c

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

c) Heart and Blood Vessels

Ask if in CVD2 study and if had follow-up. If yes, get medical release.

GET MEDICAL RELEASE

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

NO YES
VIDHT_055

SKIP
TO
d

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

d) Lungs and Bronchial Tubes

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

NO YES
VIDLG_055
LGDIA_055

SKIP
TO
e

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

e) Stomach, Intestines, or Liver Disease

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

NO YES
VIDSL_055
SLDIA_055

SKIP
TO
f

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

f) Bones, Joints or Muscles

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

NO YES
VIDBJ_055
BJDIA_055
SKIP
TO
g

IF OSTEOPOROSIS, AVASCULAR NECROSIS OR OSTEONECROSIS, GET MEDICAL RELEASE.

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

g) Genital, Urinary and Rectal

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

NO YES
VIDGU_055
GUDIA_055
SKIP
TO
h

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

h) Skin

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

NO YES
VIDSK_055
SKDIA_055
SKIP
TO
i

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

i) Nervous system problems involving any part of the body

See Appendix 9 in guidelines for list of neurology diagnosis codes.

GET MEDICAL RELEASE

NO YES
VIDNS_055

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

NSDIA_055
SKIP
TO
j

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M
0	100								800 900
0	10	20	30	40	50	60	70	80	90
0	1	2	3	4	5	6	7	8	9

CC. Continued

NO YES

j) Treatment of depression, anxiety or other mental health problems

VIDPY_055
PYDIA_055

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

SKIP TO k

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M	
0	10	PYCON_055							00	000
0	10	20	30	40	50	60	70	80	90	
0	1	2	3	4	5	6	7	8	9	

NO YES

k) Hormones or Endocrine system

VIDHO_055
HODIA_055

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

SKIP TO l

Specify:

0	1M	2M	3M	4M	5M	6M	7M	8M	9M	
0	10	HOCON_055							100	000
0	10	20	30	40	50	60	70	80	90	
0	1	2	3	4	5	6	7	8	9	

NO YES

l) Other

VIDO_055
ODIA_055

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

SKIP TO Q11.A

1.

0	1M	2M	3M	4M	5M	6M	7M	8M	9M	
0	10	OCON1_055							100	000
0	10	20	30	40	50	60	70	80	90	
0	1	2	3	4	5	6	7	8	9	

2.

0	1M	2M	3M	4M	5M	6M	7M	8M	9M	
0	10	OCON2_055							10	000
0	10	20	30	40	50	60	70	80	90	
0	1	2	3	4	5	6	7	8	9	

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

Name of hospital/clinic or doctor

Address

City

State

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

Name of hospital/clinic or doctor

Address

City

State

11.A. Have you had any of the following forms of herpes, not including shingles or herpes zoster, since your last visit [in MONTH, YEAR]? NO YES

- 1) Facial herpes, cold sores, or fever blisters **HERPF_055**
- 2) Sores in genital region **HERPG_055**
- 3) Sores in the anal or rectal areas **HERPA_055**
- 4) Sores elsewhere on your body **HERPE_055**

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

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

HERLV_055

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

HERWR_055

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

DISEASE OR CONDITION

HAD DISEASE

NO YES

A.1) Syphilis

SYPHA_055

IF "NO," SKIP TO (B)

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

- New infection **SYPHN_055**
- Continued or relapse

B) Any form of gonorrhea

GONOR_055

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

C) Urethral gonorrhea (clap or drip of the urinary passage) **UGONA_055**

D) Oral gonorrhea (of the mouth or throat) **OGONA_055**

E) Rectal gonorrhea (of the rectum) **RGONA_055**

F) Non-specific or nongonococcal urethritis or chlamydia (that is, a discharge from the penis that's not caused by gonorrhea) **URETC_055**

G.1) Genital warts (condylomata acuminata) **WARTG_055**

IF "NO," SKIP TO (H)

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

- New infection **WRTGN_055**
- Continued or relapse

H.1) Anal warts (condylomata acuminata) **WARTS_055**

IF "NO," SKIP TO Q13.A

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

- New infection **WRTSN_055**
- Continued or relapse

SERIAL #

13.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		b		c		d			e	
	NO	YES	NO	YES	NO	YES	NO	YES	DON'T KNOW	NO	YES
1) Persistent dizziness for at least 3 consecutive days	DIZZI_055		DIZ2W_055		DIZNO_055		DZMED_055			DIZNC_055	
2) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days	FATIG_055		FAT2W_055		FATIN_055		FTMED_055			FATNC_055	
3) Persistent or recurring fever higher than 100° for at least 3 consecutive days	FEVER_055		FEV2W_055		FEVRN_055		FVMED_055			FEVNC_055	
4) Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days	HEADA_055		HED2W_055		HEADN_055		HDMED_055			HEANC_055	
5) A new skin condition, rash, or infection that lasted for at least 3 consecutive days	RASH_055		RAS2W_055		RASHN_055		RHMED_055			RSHNC_055	
6) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days	GLAND_055		GLN2W_055		GLANN_055		GLMED_055			GLANC_055	
7) Diarrhea for at least 3 consecutive days	DIARR_055		DIA2W_055		DIARN_055		DIMED_055			DIANC_055	
8) Drenching sweats at night on at least 3 occasions	SWEAT_055		SWT2W_055		SWETN_055		SWMED_055			SWENC_055	
9) Nausea, vomiting	VOMIT_055		VOT2W_055		VOTNO_055		VTMED_055			VOTNC_055	
10) Abdominal pain, bloating, cramps	BLOAT_055		ABP2W_055		ABPNO_055		ABMED_055			ABPNC_055	
11) Ascites (fluid buildup in the stomach or abdomen)	ASCIT_055		ASC2W_055		ASCNO_055		ASMED_055			ASCNC_055	
12) Jaundice (yellow hue to whites of eyes, dark urine or clay colored stools)	JDICE_055		JDI2W_055		JDINO_055		JDMED_055			JDINC_055	
13) An unintentional weight loss of at least 10 pounds (unrelated to dieting)	WTLOS_055				WTLSN_055		WTMED_055			WTLNC_055	
14) Muscle pain or weakness	MPAIN_055		MPW2W_055		MPWNO_055		MPMED_055			MPWNC_055	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13.A. Continued

PROBLEM OR SYMPTOM FOR EACH "YES" IN <u>a</u> , ASK <u>b</u> , <u>c</u> , <u>d</u> , AND <u>e</u> .	a		b		c		d			e	
	NO	YES	NO	YES	NO	YES	NO	YES	DON'T KNOW	NO	YES
15) Joint pain	JOINT_055		JNT2W_055		JNTNO_055		JTMED_055			JNTNC_055	
16) Vivid nightmares or dreams	DREAM_055		NVD2W_055		NVDNO_055		DRMED_055			NVDNC_055	
17) Insomnia or problems sleeping	INSOM_055		IPS2W_055		IPSNO_055		INMED_055			IPSNC_055	
18) Persistent dry mouth	DRYMO_055		DRY2W_055		DRYNO_055		DMMED_055			DRYNC_055	

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

	If NO, go to next question. If YES, indicate severity.				Severity (0= None, 1= Mild, 10= Severe)		Did you experience this symptom due to taking any medication?			
	NO	YES					NO	YES	DON'T KNOW	
1. Pain, aching, or burning in your feet or legs?	FEETP_055 →		Right	<input type="text"/>	<input type="text"/>	PAINR_055	<input type="text"/>	<input type="text"/>	<input type="text"/>	PLMED_055)
			Left	<input type="text"/>	<input type="text"/>	PAINL_055	<input type="text"/>	<input type="text"/>	<input type="text"/>	
2. Pins and needles in your feet or legs?	PINSF_055 →		Right	<input type="text"/>	<input type="text"/>	PINSR_055	<input type="text"/>	<input type="text"/>	<input type="text"/>	PIMED_055)
			Left	<input type="text"/>	<input type="text"/>	PINSL_055	<input type="text"/>	<input type="text"/>	<input type="text"/>	
3. Numbness (lack of feeling) in your feet or legs?	NUMBF_055 →		Right	<input type="text"/>	<input type="text"/>	NUMBR_055	<input type="text"/>	<input type="text"/>	<input type="text"/>	NBMED_055)
			Left	<input type="text"/>	<input type="text"/>	NUMBL_055	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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

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

- No → **GO TO Q 15**
 Yes **ANBLD_055**

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

- No → **GO TO Q 13.C.(4)**
 Yes **ANBLP_055**

If the participant reports bleeding with pain (Q 13.C.(2) = YES), inform your clinic coordinator immediately following the interview.

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

- Rarely Some of the time Most of the time All of the time **ANBLPF_055**

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

[READ EACH ITEM]

	NO	YES
a) After or during anal receptive intercourse	ANBSX_055	
b) After or during a bowel movement	ANBBM_055	
c) Other times not associated with intercourse or bowel movements	ANBOT_055	

IF NO ANAL BLEEDING IN OTHER TIMES (Q 13.C.(4)c = NO), GO TO Q 15.

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

- Daily Weekly Monthly Less than monthly

ANBOTF_055

Moving on to medications.

* 15. Since your last visit, [in (MONTH, YEAR)], have you taken any HIV-related medications or treatments? (That is, medications or treatments to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS excluding acyclovir.)

- No
- Yes → **SKIP TO Q 15.A.(1)** **MAIDS_055**

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

READ EACH, MARK ALL THAT APPLY.

- Not infected with HIV → **GO TO Q 16** **NMNI_055**
- Doctor said was not necessary **NMDS_055**
- Not sick **NMNS_055**
- Too expensive **NMEX_055**
- Don't think they work or will help **NMDW_055**
- Possible side effects **NMSE_055**
- Can't take them the way the doctor wants (too many times during the day or won't remember to take) **NMCD_055**
- Other reason **NMOR_055**

Specify:

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

- RESIT_055** No → **SKIP TO Q 15.B.(1) IF ON HIV MEDS SINCE LAST VISIT**
- Yes → **SKIP TO Q 16 IF NOT ON HIV MEDS SINCE LAST VISIT**

(2) Has your treatment (drugs) been changed as a result of that test? No **RSTCH_055**
 Yes
 Don't know

SKIP TO Q 16 IF NOT ON HIV MEDS SINCE LAST VISIT

* 15.B.(1) Since your last visit [in (MONTH, YEAR)], have you taken any medications or drugs on this list [SHOW LIST 1 AND MEDICATION PHOTO CARDS]?

No → **SKIP TO Q 15.C.**

Yes **ML1AD_055**

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

STOP

FILL IN THE BUBBLE NEXT TO THE DRUG(S) AND THEN COMPLETE FORM 1 FOR EACH DRUG.

- abacavir (Ziagen) (218)
- atazanavir (Reyataz) (243)
- Atripla (efavirenz + emtricitabine + tenofovir) (262)
- Combivir (zidovudine + lamivudine) (227)
- d4T (Zerit, Stavudine) (159)
- darunavir (Prezista) (256)
- didanosine (Videx) (147)
- efavirenz (Sustiva) (220)
- emtricitabine (Emtriva, FTC) (239)
- Epzicom (abacavir + lamivudine) (254)
- Etravirine (Intelence, TMC-125) (255)
- fosamprenavir (Lexiva) (249)
- indinavir (Crixivan) (212)
- lamivudine (Epivir, 3TC) (204)
- lopinavir/ritonavir (Kaletra, LPV) (217)
- nelfinavir (Viracept) (216)
- nevirapine (Viramune) (191)
- Raltegravir (Isentress) (264)
- ritonavir (Norvir) (211)
- saquinavir (Invirase, Fortovase) (210)
- tenofovir (Viread) (234)
- Trizivir (abacavir + lamivudine + zidovudine) (240)
- Truvada (emtricitabine + tenofovir) (253)
- zidovudine (Retrovir, AZT) (092)
- Other anti-retroviral from Drug List 1

(Report Acyclovir in Q 16.)

1. **ML1A1_055**

	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

ML1A2_055

ML1A3_055

ML1A4_055

ML1A5_055

ML1A6_055

ML1A7_055

	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

ML1A8_055

ML1A9_055

ML110_055

ML111_055

ML112_055

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

No → **SKIP TO Q 15.C.**

Yes

MDRUG_055

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_055

Did your physician prescribe or agree to any of these?

No Yes

PDRUG_055

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_055

SERIAL #

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

- No → **SKIP TO Q 16** **ML2AD_055**
 Yes



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

FILL IN THE BUBBLE NEXT TO THE DRUG(S). FOR DRUGS NOT ON THE LIST, RECORD THE NAME UNDER "OTHER" AS STATED BY THE PARTICIPANT AND FILL IN THE CODE (REFER TO DRUG FORM 2 LIST).

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

Other from Drug List 2 (Report Acyclovir in Q 16.)

1.

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

ML2A1_055
ML2A2_055
ML2A3_055
ML2A4_055
ML2A5_055
ML2A6_055
ML2A7_055
ML2A8_055

2.

	0	10						80	90	900
	0	10	20	30	40	50	60	70	80	90
	0	1						7	8	9

ML2A9_055
ML210_055
ML211_055
ML212_055

3.

	0	10						80	90	900
	0	10	20	30	40	50	60	70	80	90
	0	1	2	3	4	5	6	7	8	9

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

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a)	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)?	
	IF "NO" TO a GO TO NEXT ITEM	NO		YES	NO
1) Steroids that you took by mouth or were injected			Name: <input type="text"/>	STRAV_055	STRA5_055
2) Thyroid hormone or thyroid medication			Name: <input type="text"/>	THYRV_055	THYR5_055
3) Other hormones such as anabolic steroids			Name: <input type="text"/>	HORMV_055	HORM5_055
4) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug			Name: <input type="text"/>	ANTBV_055	ANTB5_055

16. Continued

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a)	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)?																																								
IF "NO" TO a GO TO NEXT ITEM	NO YES	Name:	NO YES																																								
5) Tranquilizers or sleeping pills	TRNQV_055	Name:	TRNQ5_055																																								
6) Antidepressants or mood elevators	MOODV_055	Name:	MOOD5_055																																								
7) Lithium	LITHV_055	Name:	LITH5_055																																								
8) Acyclovir, famciclovir or valacyclovir for herpes (zovirax famvir, valtrex) IF YES, did you take it: Everyday? <input type="radio"/> No <input type="radio"/> Yes CHACY_055 Only when you had active lesions or had an outbreak? <input type="radio"/> No <input type="radio"/> Yes EPACY_055	ACYCV_055	Name:	ACYC5_055																																								
9) Viagra, Cialis, Levitra or other drugs that were prescribed by a medical provider to treat erectile dysfunction	VIAGR_055	Name:	VIAG5_055																																								
10) Aspirin taken three days or more on a weekly basis	ASPRN_055	Name:	ASPR7_055																																								
11) Medications to lower cholesterol, triglycerides, lipids or blood fat a. <table border="1" data-bbox="305 1094 691 1220"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> CHDG1_055	0	100	200	300	400	500	600	700	800	900	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	CHOL1_055	Name:	CHL15_055
0	100	200	300	400	500	600	700	800	900																																		
0	100	200	300	400	500	600	700	800	900																																		
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b. <table border="1" data-bbox="305 1304 691 1430"> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>100</td><td>200</td><td>300</td><td>400</td><td>500</td><td>600</td><td>700</td><td>800</td><td>900</td></tr> <tr><td>0</td><td>10</td><td>20</td><td>30</td><td>40</td><td>50</td><td>60</td><td>70</td><td>80</td><td>90</td></tr> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> </table> CHDG2_055 SKIP TO Q 16.12	0	100	200	300	400	500	600	700	800	900	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	CHOL2_055 SKIP TO Q 16.12	Name:	CHL25_055
0	100	200	300	400	500	600	700	800	900																																		
0	100	200	300	400	500	600	700	800	900																																		
0	10	20	30	40	50	60	70	80	90																																		
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0	100	200	300	400	500	600	700	800	900																																		
0	100	200	300	400	500	600	700	800	900																																		
0	10	20	30	40	50	60	70	80	90																																		
0	1	2	3	4	5	6	7	8	9																																		

16. Continued

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a)		a	b	c
IF "NO" TO a GO TO NEXT ITEM		How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	When specified, what was the name of the (KIND OF DRUG) you took?	Have you taken/used any in the past 5 days (FOR ASPIRIN: in the last week)?
		NO YES	Name:	NO YES
12) Medications to treat hypertension	a.	 HTDG1_055	HYPT1_055 SKIP TO Q 16.13	Name: HYP15_055
	b.	 HTDG2_055	HYPT2_055 SKIP TO Q 16.13	Name: HYP25_055
	c.	 HTDG3_055	HYPT3_055 SKIP TO Q 16.13	Name: HYP35_055
	d.	 HTDG4_055	HYPT4_055 SKIP TO Q 16.13	Name: HYP45_055
	e.	 HTDG5_055	HYPT5_055 SKIP TO Q 16.13	Name: HYP55_055
13) Medications to treat diabetes	a.	 DIAT1_055	DIAB1_055 SKIP TO Q 16.14	Name: DIA15_055
	b.	 DIAT2_055	DIAB2_055 SKIP TO Q 16.14	Name: DIA25_055
	c.	 DIAT3_055	DIAB3_055 SKIP TO Q 16.14	Name: DIA35_055

16. Continued

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a)		a	b	c
IF "NO" TO a GO TO NEXT ITEM		How about (EACH)? Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	When specified, what was the name of the (KIND OF DRUG) you took?	Have you taken/used any in the past 5 days (FOR ASPIRIN: in the last week)?
		NO YES	Name:	NO YES
14) Medications to treat hepatitis	a.	<input type="checkbox"/> NO <input type="checkbox"/> YES HEPT1_055 SKIP TO Q 16.15	<input type="text"/> Name:	<input type="checkbox"/> NO <input type="checkbox"/> YES HEP15_055
	b.	<input type="checkbox"/> NO <input type="checkbox"/> YES HEPT2_055 SKIP TO Q 16.15	<input type="text"/> Name:	<input type="checkbox"/> NO <input type="checkbox"/> YES HEP25_055

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG. IF "NO" TO a GO TO Q17.A.			
a	b	c	d
Have you (taken/used) any other medications since your last visit [in (MONTH, YEAR)]?	When specified, what was the name of the (KIND OF DRUG) you took?	What did you take this drug for?	Have you taken/used any in the past 5 days?
NO YES	Name:	Used for:	NO YES
a.	<input type="checkbox"/> NO <input type="checkbox"/> YES ODRG1_055 SKIP TO Q 17.A	<input type="text"/> Name:	<input type="checkbox"/> NO <input type="checkbox"/> YES ODG15_055
b.	<input type="checkbox"/> NO <input type="checkbox"/> YES ODRG2_055 SKIP TO Q 17.A	<input type="text"/> Name:	<input type="checkbox"/> NO <input type="checkbox"/> YES ODG25_055
c.	<input type="checkbox"/> NO <input type="checkbox"/> YES ODRG3_055 SKIP TO Q 17.A	<input type="text"/> Name:	<input type="checkbox"/> NO <input type="checkbox"/> YES ODG35_055
d.	<input type="checkbox"/> NO <input type="checkbox"/> YES ODRG4_055 SKIP TO Q 17.A	<input type="text"/> Name:	<input type="checkbox"/> NO <input type="checkbox"/> YES ODG45_055
e.	<input type="checkbox"/> NO <input type="checkbox"/> YES ODRG5_055 SKIP TO Q 17.A	<input type="text"/> Name:	<input type="checkbox"/> NO <input type="checkbox"/> YES ODG55_055

ASK EACH ITEM UNTIL FIRST "NO" TO OTHER DRUG (ITEM 17a). IF "NO" TO a GO TO Q17.A.

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?
<p>15) Other</p> <p>f. ODRG6_055</p> <p>NO YES</p> <p>SKIP TO Q 17.A</p>	<p>Name:</p> <p>DRUG6_055</p>	<p>Used for:</p>	<p>NO YES</p> <p>ODG65_055</p>
<p>g. ODRG7_055</p> <p>NO YES</p> <p>SKIP TO Q 17.A</p>	<p>Name:</p> <p>DRUG7_055</p>	<p>Used for:</p>	<p>ODG75_055</p>
<p>h. ODRG8_055</p> <p>NO YES</p> <p>SKIP TO Q 17.A</p>	<p>Name:</p> <p>DRUG8_055</p>	<p>Used for:</p>	<p>ODG85_055</p>
<p>i. ODRG9_055</p> <p>NO YES</p> <p>SKIP TO Q 17.A</p>	<p>Name:</p> <p>DRUG9_055</p>	<p>Used for:</p>	<p>ODG95_055</p>
<p>j. ODRG10_055</p> <p>NO YES</p> <p>SKIP TO Q 17.A</p>	<p>Name:</p> <p>DRUG10_055</p>	<p>Used for:</p>	<p>ODG105_055</p>
<p>k. ODRG11_055</p> <p>NO YES</p> <p>SKIP TO Q 17.A</p>	<p>Name:</p> <p>DRUG11_055</p>	<p>Used for:</p>	<p>ODG115_055</p>

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

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

- No
- Yes **ADAP_055**

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

- No → **SKIP TO Q 17.C**
- Yes - did you have **MEDCV_055**

NO YES

- 1) Coverage by an HMO **HMOC_055**
- 2) Private insurance through a group (Blue Cross, CIGNA, etc.) (not as a HMO) **GPIC_055**
- 3) Individual private insurance (Blue Cross, CIGNA, etc.) (not as a HMO) **IPIC_055**
- 4) Medicaid, Medi-Cal, or Medical Assistance **MCAID_055**
- 5) Medicare (for people over 65 or permanently disabled) **MCARE_055**
- 6) Health care benefits for The Armed Forces or Veteran's Administration, CHAMPUS or CHAMP-VA medical insurance for dependents of military personnel or survivors of disabled veterans. **HCVET_055**
- 7) Other (such as Ryan White) **OTHER_055**

Specify:

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

- No
- Yes **INSDG_055**

IF NO MEDICAL COVERAGE AND NO PRESCRIPTION COVERAGE (Q 17.B AND Q 17.C = NO), THEN SKIP TO Q 19.

18. Are you currently insured?

- No
- Yes **INCUR_055**

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

- No **DINS_055**
- Yes

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

SERVICE	a		b	
	Have you used (EACH) since your last visit [in (MONTH, YEAR)]?		How many times? (99 = 99 or more)	
1) HMO	NO	YES	HMONU_055	
2) Doctor's office or specialty clinic (non-HMO) including Urgent Care	DOCOV_055		DOCNU_055	
3) Any other clinic	CLOV_055		CLNUM_055	
4) Emergency room	EROV_055		ERNUM_055	
5) Other outpatient service (Specify below)	OPOV_055		OPNUM_055	

Specify:

21. Since your last visit [in (MONTH, YEAR)], have you seen a

SERVICE	a		b	
	Have you seen one since your last visit [in (MONTH, YEAR)]?		How many times? (99 = 99 or more)	
1) Dental health care provider (such as dentist or dental hygienist)	DENTV_055		DHNUM_055	

21.a. We are also interested in oral hygiene, which may affect the transmission of infections. How often do you usually brush your teeth?

- Don't brush at all
- Less than once a day
- 1 time per day
- 2 times per day
- 3 times or more per day

BRUSH_055

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

- No
- Yes

SKIP TO Q 23.A

NSCARE_055

B. IF YES: Why did you not seek care or obtain prescription medications?

[READ EACH AND MARK ALL THAT APPLY]

- Financial reasons
- Other non-financial reasons

NCFIN_055

NCOTH_055

Specify:

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

- No, nothing more
- Yes

THANK PARTICIPANT AND SKIP TO Q 24

OTINF_055

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

24. Administration of Behavior Section

- S4 interview
- MWII (ACASI)
- Participant refused behavior section

ACASI_055

25. S4 telephone interview?

- No
- Yes

PHINT_055

If the participant does not complete the MWII (ACASI), administer the entire S4 and paper versions of the abbreviated QOL, S2/S3 and MAS.

26. S4 home visit interview?

- No
- Yes

HVINT_055

27.

Abbreviated interview

No **ABINT_055**

Yes

Date interview completed _____

TIME ENDED

HR		MIN		
<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	<input type="radio"/> 0	AM
<input type="radio"/> 10	<input type="radio"/> 1	<input type="radio"/> 10	<input type="radio"/> 1	
<input type="radio"/> 2	<input type="radio"/> 20	<input type="radio"/> 2	<input type="radio"/> 0	PM
<input type="radio"/> 3	<input type="radio"/> 30	<input type="radio"/> 3	<input type="radio"/> 0	
<input type="radio"/> 4	<input type="radio"/> 40	<input type="radio"/> 4	<input type="radio"/> 0	PM
<input type="radio"/> 5	<input type="radio"/> 50	<input type="radio"/> 5	<input type="radio"/> 0	
<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 6	<input type="radio"/> 0	PM
<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 7	<input type="radio"/> 0	
<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 8	<input type="radio"/> 0	PM
<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 9	<input type="radio"/> 0	

S4TEH_055
S4TEM_055
S4TEZ_055

Interviewer's signature _____

INTERVIEWER'S NUMBER

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

INTVN_055

28.

CLINIC IDENTIFIERS

BA Moore clinic

BA Whitman Walker

CH Howard Brown

CH Northwestern

CH CORE **CLNID_055**

PI

LA Wilshire

LA LAGLC

LA Harbor

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

Anti-HIV Medications (PREP or PEP) Questions
 It has been reported that some people NOT infected with HIV take anti HIV medications to try to prevent getting HIV when having sex.

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

- No → **SKIP TO Q30** **PROPEXP_055**
- Yes
- Don't remember → **SKIP TO Q30**
- HIV infected (Not applicable) → **SKIP TO Q30**

	1 st Medication	2 nd Medication	3 rd Medication	
29.a. Which anti-HIV medications did you take? Show list of medications and photos. Record all medications and ask questions below for each drug.	<input type="radio"/> Truvada (253)	<input type="radio"/> Truvada (253)	<input type="radio"/> Truvada (253)	
	<input type="radio"/> Emtriva (FTC) (239)	<input type="radio"/> Emtriva (FTC) (239)	<input type="radio"/> Emtriva (FTC) (239)	
	<input type="radio"/> Viread (tenofovir) (234)	<input type="radio"/> Viread (tenofovir) (234)	<input type="radio"/> Viread (tenofovir) (234)	
	<input type="radio"/> Atripla (262)	<input type="radio"/> Atripla (262)	<input type="radio"/> Atripla (262)	
	<input type="radio"/> Epzicom (254)	<input type="radio"/> Epzicom (254)	<input type="radio"/> Epzicom (254)	
	<input type="radio"/> Isentress (Raltegravir) (264)	<input type="radio"/> Isentress (Raltegravir) (264)	<input type="radio"/> Isentress (Raltegravir) (264)	
	<input type="radio"/> Nevirapine (Viramune) (191)	<input type="radio"/> Nevirapine (Viramune) (191)	<input type="radio"/> Nevirapine (Viramune) (191)	
	<input type="radio"/> Norvir (Ritonavir) (211)	<input type="radio"/> Norvir (Ritonavir) (211)	<input type="radio"/> Norvir (Ritonavir) (211)	
	<input type="radio"/> Prezista (darunavir) (256)	<input type="radio"/> Prezista (darunavir) (256)	<input type="radio"/> Prezista (darunavir) (256)	
	<input type="radio"/> Reyataz (atazanavir) (243)	<input type="radio"/> Reyataz (atazanavir) (243)	<input type="radio"/> Reyataz (atazanavir) (243)	
	<input type="radio"/> Sustiva (efavirenz) (220)	<input type="radio"/> Sustiva (efavirenz) (220)	<input type="radio"/> Sustiva (efavirenz) (220)	
	<input type="radio"/> Other prescribed (998)	<input type="radio"/> Other prescribed (998)	<input type="radio"/> Other prescribed (998)	
	<input type="radio"/> Over-the-counter or herbal prep (539)	<input type="radio"/> Over-the-counter or herbal prep (539)	<input type="radio"/> Over-the-counter or herbal prep (539)	
		PROP1MED_055	PROP2MED_055	PROP3MED_055

29. Continued

29.b. In the last 6 months, did you use this drug when you knew or suspected you would be having sex, or after sex?	1 st Medication			2 nd Medication			3 rd Medication		
	<input type="radio"/> No → GO TO Q 29.d	<input type="radio"/> Yes	PROP1L6M_055	<input type="radio"/> No → GO TO Q 29.d	<input type="radio"/> Yes	PROP2L6M_055	<input type="radio"/> No → GO TO Q 29.d	<input type="radio"/> Yes	PROP3L6M_055
29.c. If YES, when did you take (Name of Medication)	No	Yes	DK	No	Yes	DK	No	Yes	DK
1) Within 12 hours before having sex	PROP1ASEX_055			PROP2ASEX_055			PROP3ASEX_055		
2) More than 12 hours before having sex	PROP1BSEX_055			PROP2BSEX_055			PROP3BSEX_055		
3) Within 12 hours after having sex	PROP1CSEX_055			PROP2CSEX_055			PROP3CSEX_055		
4) More than 12 hours after having sex	PROP1DSEX_055			PROP2DSEX_055			PROP3DSEX_055		
29.d. How often did you typically use this drug in the last 6 months? Choose one:	PROP1FRQ_055			PROP2FRQ_055			PROP3FRQ_055		
1) Daily or almost daily	<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
2) Once or twice per week	<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
3) At least once per month, but less than weekly	<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
4) Only once or twice in the last 6 months	<input type="radio"/>			<input type="radio"/>			<input type="radio"/>		
29.e. How did you obtain this medication?	No Yes			No Yes			No Yes		
It was prescribed by my doctor	PROP1OB1_055			PROP2OB1_055			PROP3OB1_055		
As part of a clinical research study	PROP1OB2_055			PROP2OB2_055			PROP3OB2_055		
From a sexual partner	PROP1OB3_055			PROP2OB3_055			PROP3OB3_055		
From some other non-medical source	PROP1OB4_055			PROP2OB4_055			PROP3OB4_055		
	Are there other medications?			Are there other medications?			Are there other medications?		

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

- 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
- Does not wish to answer

INCOMNEW_055

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

- No → **SKIP TO Q 32** **FNDIF_055**
- Yes

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

- Less **FNDFL_055**
- Same
- Greater

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

- No → **SKIP TO Q 33** **JOBHI_055**
- Yes

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

- | | NO | YES |
|---------------------------------------|----|------------------|
| 1) Became too sick to work | | TSICK_055 |
| 2) Early retirement | | RETEY_055 |
| 3) Changed job as a personal decision | | JOBPE_055 |
| 4) Other | | JOBOT_055 |

Specify:

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?

- No → **SKIP TO Q 33D** **ESMOK_055**
 Yes

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

- No → **SKIP TO Q 33D** **SMOKN_055**
 Yes
 Occasionally (less than one cigarette per day)
→ **SKIP TO Q 33D**

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

- Less than 1/2 pack **PACKS_055**
 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

Thinking about other cigarette smokers:

D. Did you ever live in a household with at least one cigarette smoker when you were a child (less than 18 years old)?

- No **SMOKHH_055**
 Yes

E. Since the age of 18 years old, how many years in total have you lived in a household with at least one cigarette smoker other than yourself? Please think about multiple households in which you lived.

- Never or less than one year **SMOKHH0_055**

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

SMOKHHY_055 years

34. 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.

A. How often have you had drinks containing alcohol? **FADRNK_055**

- Never → **STOP - SKIP TO Q 34D**
 Less than monthly Weekly
 Monthly Daily or almost daily

B. During the past 6 months, how many drinks containing alcohol have you had on a typical day when you are drinking? (A "drink" is defined as one 12-ounce beer, one 5-ounce glass of wine, or one mixed drink with 1 and 1/2 ounces of 80-proof hard liquor.) **NADRNK_055**

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

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 1/2 ounces of 80-proof hard liquor.) **DRNK6_055**

- Never Monthly Daily or almost daily
 Less than monthly Weekly

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?

- No Yes

ALTSV_055

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 last visit [in (MONTH, YEAR)]?

- No → **SKIP TO Q 42**
 Yes

SEXAV_055

36. Have you had any sexual activity with a woman since your last visit [in (MONTH, YEAR)]?

- No → **SKIP TO Q 39**
 Yes

SEXVF_055

GO TO QUESTION 37 ON NEXT PAGE.

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

	0	100	200	300	400	500	600	700	800	900
	0	10	20	NSEXF_055					30	90
	0	1	2	3	4	5	6	7	8	9

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

	0	100	200	300	400	500	600	700	800	900
	0	10	20	NSXAF_055					0	90
	0	1	2	3	4	5	6	7	8	9

IF ONLY 1 PARTNER (Q 37.A + Q 37.B = 1), GO TO Q 37.C.1

IF MORE THAN 1 PARTNER (Q 37.A + Q 37.B ≥ 2), GO TO Q 37.C.2

C.1) You said you had intercourse or sexual activity with only one woman since your last visit [in (MONTH, YEAR)]. How would you describe this woman? **FPRT1_055**

- Main partner or someone you have a longstanding relationship with, live with, or partner with. → **GO TO Q 37.D**
- Casual partner, one time partner, or someone with whom you have not developed a longstanding, close relationship with. → **GO TO Q 38.1a**

C.2) You mentioned that you had intercourse or sexual activity with more than one woman since your last visit [in (MONTH, YEAR)]. A main partner is defined as a partner you have a longstanding relationship with, live with, or partner with. Would you consider one of these women to be your main partner?

- No → **GO TO Q 38.1b**
- Yes → **GO TO Q 37.D** **FPRTM_055**

D. Did you have unprotected vaginal or anal intercourse with your main partner since your last visit [in (MONTH, YEAR)]?

- No
- Yes **MPFIV_055**

E. What is the HIV status of your main partner?

- Negative
- Positive
- Don't Know **MPHIVF_055**

The next questions are about different kinds of sexual activity men have with women.
IF NO INTERCOURSE WITH WOMEN, SKIP TO Q 38.6

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 [in (MONTH, YEAR)]?	b How many women did you do that with since your last visit [in (MONTH, YEAR)]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
1) You put your penis in her mouth (oral sex).	NO YES OINF1_055	<input type="text"/> 0 100 200 300 400 500 600 700 800 900 <input type="text"/> 0 10 NOINF_055 80 90 <input type="text"/> 0 1 8 9
2) You put your penis in her vagina (vaginal sex). IF NONE, SKIP TO ITEM (4).	VINF1_055	<input type="text"/> 0 100 <input type="text"/> 0 10 NVINF_055 80 90 <input type="text"/> 0 1 8 9
IF MULTIPLE PARTNERS: 3) 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_055	<input type="text"/> 0 100 <input type="text"/> 0 10 NCVIF_055 80 90 <input type="text"/> 0 1 8 9
4) You put your penis in her anus/butt (anal sex). IF NONE, SKIP TO ITEM (6).	AINF1_055	<input type="text"/> 0 100 <input type="text"/> 0 10 NAINF_055 80 90 <input type="text"/> 0 1 8 9
IF MULTIPLE PARTNERS: 5) 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_055	<input type="text"/> 0 100 <input type="text"/> 0 10 NCAIF_055 80 90 <input type="text"/> 0 1 8 9
6) You engaged in deep wet kissing (where one of you put your tongue into the other's mouth).	DWKW1_055	<input type="text"/> 0 100 <input type="text"/> 0 10 NDWKW_055 80 90 <input type="text"/> 0 1 8 9

39. Have you had any sexual activity with a man since your last visit [in (MONTH, YEAR)]?

- No
 - Yes
- ↓

SKIP TO Q 41.10

SEXVM_055

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

	0	100	200	300	400	500	600	700	800	900
	0	10	NSEXM_055					0	80	90
	0	1	2	3	4	5	6	7	8	9

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

	0	100	200	300	400	500	600	700	800	900
	0	10	NNSXM_055					0	80	90
	0	1	2	3	4	5	6	7	8	9

IF ONLY 1 PARTNER (Q 40.A + Q 40.B = 1), GO TO Q 40.C.1

IF MORE THAN 1 PARTNER (Q 40.A + Q 40.B ≥ 2), GO TO Q 40.C.2

40. Continued

C.1) You said you had intercourse or sexual activity with only one man since your last visit [in (MONTH, YEAR)]. How would you describe this man? **MPRT1_055**

- Main partner or someone you have a longstanding relationship with, live with, or partner with. → **GO TO Q 40.D**
- Casual partner, one time partner, exchange partner, or someone with whom you have not developed a longstanding, close relationship with. → **GO TO Q 41.1a**

Exchange partner: Someone you exchanged money or drugs with for sex.

C.2) You mentioned that you had intercourse or sexual activity with more than one man since your last visit [in (MONTH, YEAR)]. A main partner is defined as a partner you have a longstanding relationship with, live with, or partner with. Would you consider one of these men to be your main partner?

- No → **GO TO Q 41.1b**
- Yes → **GO TO Q 40.D** **MPRTM_055**

D. Did you have unprotected anal intercourse with your main partner since your last visit [in (MONTH, YEAR)]? **MPMIV_055**

- No
- Yes

E. What is the HIV status of your main partner?

- Negative
- Positive
- Don't Know **MPHIVM_055**

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 41.9

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 [in (MONTH, YEAR)]?		b How many men did you do that with since your last visit [in (MONTH, YEAR)]? (Give me the actual number) (IF NEEDED: What's your best estimate?)	
	NO	YES		
1) You put your penis in his mouth.	ORIN1_055		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2) You put your penis in his anus/butt. IF NONE, SKIP TO ITEM (5).	ANIN1_055		<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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 [in (MONTH, YEAR)]?	b How many men did you do that with since your last visit [in (MONTH, YEAR)]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
<p>IF MULTIPLE PARTNERS:</p> <p>3b.) Thinking of the times you put your penis in their anus/butt, with how many of those men did you use a condom every time, even if it broke, tore, or slipped?</p> <p>If any unprotected anal sex (Q3b < Q2b) then read: For those men with whom you did not use a condom,</p> <p>3b.1) Were any of these men HIV positive? _____</p> <p>3b.2) Were any of these men HIV negative? _____</p> <p>If 3b.1 or 3b.2 = Don't Know/Not Sure, skip to 3b.4.</p> <p>3b.3) Were you unsure of the HIV status of any of these men? _____</p> <p>3b.4) With how many men did you ejaculate/cum in their anus/butt when you did not use a condom (or when a condom failed)?</p>		<p>0 100 200 300 400 500 600 700 800 900</p> <p>0 10 20 30 40 50 60 70 80 90</p> <p>0 1 2 3 4 5 6 7 8 9</p> <p>NCAIM_055</p> <p>DON'T KNOW/NOT SURE</p> <p>NO YES</p> <p>3b.1) HPAIM_055</p> <p>3b.2) HNAIM_055</p> <p>3b.3) HUAIM_055</p> <p>3b.4)</p> <p>0 100 200 300 400 500 600 700 800 900</p> <p>0 10 20 30 40 50 60 70 80 90</p> <p>0 1 2 3 4 5 6 7 8 9</p> <p>NAEJM_055</p>
<p>IF ONE PARTNER:</p> <p>4a.) 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?</p> <p>If 4a = No:</p> <p>4a.1) What was the HIV status of your partner when you did not use a condom?</p> <p>4a.2) Did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)?</p>	<p>NO YES</p> <p>CAIN1_055</p> <p>DON'T KNOW/NOT SURE</p> <p>NEG. POS.</p> <p>HIVSTAT1_055</p> <p>NO YES</p> <p>AEJM1_055</p>	<p>SKIP TO Q 4a.2</p>
<p>5) He put his penis in your mouth. IF NONE, SKIP TO ITEM (6).</p>	<p>NO YES</p> <p>ORRC1_055</p>	<p>0 100 200 300 400 500 600 700 800 900</p> <p>0 10 20 30 40 50 60 70 80 90</p> <p>0 1 2 3 4 5 6 7 8 9</p> <p>NORCM_055</p>
<p>6) He put his penis in your anus/butt. IF NONE, SKIP TO ITEM (9).</p>	<p>ANRC1_055</p>	<p>0 100 200 300 400 500 600 700 800 900</p> <p>0 10 20 30 40 50 60 70 80 90</p> <p>0 1 2 3 4 5 6 7 8 9</p> <p>NARIM_055</p>
<p>IF MULTIPLE PARTNERS:</p> <p>7b.) Thinking of the times when a man put his penis in their anus/butt, with how many of those men was a condom used every time, even if it broke, tore, or slipped?</p> <p>If any unprotected anal sex (Q7b < Q6b) then read: Of the men who did not use a condom,</p> <p>7b.1) Were any of these men HIV positive? _____</p> <p>7b.2) Were any of these men HIV negative? _____</p> <p>If 7b.1 or 7b.2 = Don't Know/Not Sure, skip to 7b.4.</p> <p>7b.3) Were you unsure of the HIV status of any of these men? _____</p> <p>7b.4) With how many men did ejaculate/cum go into your anus/butt when they did not use a condom (or when a condom failed)?</p>		<p>0 100 200 300 400 500 600 700 800 900</p> <p>0 10 20 30 40 50 60 70 80 90</p> <p>0 1 2 3 4 5 6 7 8 9</p> <p>NCARM_055</p> <p>DON'T KNOW/NOT SURE</p> <p>NO YES</p> <p>7b.1) HPARM_055</p> <p>7b.2) HNARM_055</p> <p>7b.3) HUARM_055</p> <p>7b.4)</p> <p>0 100 200 300 400 500 600 700 800 900</p> <p>0 10 20 30 40 50 60 70 80 90</p> <p>0 1 2 3 4 5 6 7 8 9</p> <p>NAREM_055</p>

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 [in (MONTH, YEAR)]?	b How many men did you do that with since your last visit [in (MONTH, YEAR)]? (Give me the actual number) (IF NEEDED: What's your best estimate?)
<p>IF ONE PARTNER:</p> <p>8a.) Thinking of the times when he put his penis in your anus/butt, was a condom used <u>every</u> time, even if it broke, tore, or slipped?</p> <p>If 8a = No:</p> <p>8a.1) What was the HIV status of your partner when he did not use a condom?</p> <p>8a.2) Did ejaculate/cum go into your anus/butt when he did not use a condom (or when a condom failed)?</p>	<p>NO YES CANR1_055</p> <p>NEG. POS. DON'T KNOW/NOT SURE HIVSTAT2_055</p> <p>NO YES AREM1_055</p>	<p>SKIP TO Q 8a.2</p>
<p>9) You engaged in deep wet kissing (where one of you put your tongue into the other's mouth).</p>	<p>NO YES DWKS1_055</p>	<p>NDWKM_055</p>

41.10) Have you met any new partners with whom you had sexual intercourse since your last visit [in (MONTH, YEAR)]? Again, we define sexual intercourse as inserting your penis into your partner's mouth, vagina, or anus/butt, with or without ejaculation.

No → **SKIP TO Q 42**

METPLV_055

41.11) Where did you meet this LAST NEW partner? Participant should select one. **METPLVHOW_055**

- | | |
|--|---|
| <input type="radio"/> a) on the internet | <input type="radio"/> f) in a park or other outdoor public place |
| <input type="radio"/> b) at a circuit party | <input type="radio"/> g) in a bathroom, bookstore, or other indoor public place |
| <input type="radio"/> c) through an advertisement in a newspaper or other newsletter | <input type="radio"/> h) at a place where drugs were used or exchanged |
| <input type="radio"/> d) at a bar | <input type="radio"/> i) group or sex party |
| <input type="radio"/> e) at a bath house | <input type="radio"/> j) other place not listed above |

41.12) Which of the following drugs and alcohol, if any, did you use with this LAST NEW male or female sexual partner during intercourse or sexual activity? (Please select all that apply to you.)

- | | |
|--|--|
| <input type="checkbox"/> a. No alcohol or drugs used IF NONE METPLVDRG0_055 | <input type="checkbox"/> h. Powder cocaine METPLVDRG7_055 |
| <input type="checkbox"/> b. Alcohol METPLVDRG1_055 | <input type="checkbox"/> i. Crack cocaine METPLVDRG8_055 |
| <input type="checkbox"/> c. Marijuana METPLVDRG2_055 | <input type="checkbox"/> j. Viagra, Levitra, and/or Cialis METPLVDRG9_055 |
| <input type="checkbox"/> d. Poppers METPLVDRG3_055 | <input type="checkbox"/> k. Injectable Caverjet or TriMix METPLVDRG10_055 |
| <input type="checkbox"/> e. Crystal methamphetamine METPLVDRG4_055 | <input type="checkbox"/> l. Herbal supplements to promote erection METPLVDRG11_055
(Ginseng, Gingko Biloba, Yohimbe Bark E |
| <input type="checkbox"/> f. GHB METPLVDRG5_055 | <input type="checkbox"/> m. Other drug not listed above METPLVDRG12_055 |
| <input type="checkbox"/> g. Ecstasy METPLVDRG6_055 | |

41.13) How often have you used condoms with this LAST NEW male or female sexual partner?

- Always
- Sometimes **METPLVCDM_055**
- Never

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 last visit [in (MONTH, YEAR)]?

	a How about (EACH) Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	b How often did you (use/take) (DRUG) since your last visit [in (MONTH, YEAR)]?				c How did you (use/take) (DRUG) since your last visit [in (MONTH, YEAR)]? [Mark all that apply.]				
		DAILY	WEEKLY	MONTHLY	LESS OFTEN	SNORTED	SWALLOWED	PUT IN ANUS ("booty bumped")	SMOKED	INJECTED (intravenous use)
Pot, Marijuana or Hash What were the reasons for using pot? Select all that apply <input type="radio"/> For medical reasons <input type="radio"/> For recreational reasons, not including sex <input type="radio"/> For sexual enhancement reasons <input type="radio"/> To increase ability to socialize <input type="radio"/> To fit in with a group	NO YES HASHV_055 HASHR1_055 HASHR2_055 HASHR3_055 HASHR4_055 HASHR5_055	<input type="radio"/>	HASHF_055		<input type="radio"/>					
"Poppers" like nitrite inhalants (amyl, butyl or isopropyl nitrites)	POPPV_055	<input type="radio"/>	POPPF_055		<input type="radio"/>					
Crack or cocaine that you smoke	CRACV_055	<input type="radio"/>	CRACF_055		<input type="radio"/>					
Other forms of cocaine	OCOKV_055	<input type="radio"/>	OCOKF_055		<input type="radio"/>	COCSNR_055	COCSWL_055	COCANU_055	COCINJ_055	
Speed, Meth or Ice	UPPRV_055	<input type="radio"/>	UPPRF_055		<input type="radio"/>	SMISNR_055	SMISWL_055	SMIANU_055	SMISMK_055	SMIINJ_055
Heroin	HEROV_055	<input type="radio"/>	HEROF_055		<input type="radio"/>	HERSNR_055	HERSWL_055	HERANU_055	HERSMK_055	HERINJ_055
Speedball (heroin and cocaine together)	SPEBV_055	<input type="radio"/>	SPEBF_055		<input type="radio"/>	SPBSNR_055	SPBSWL_055	SPBANU_055	SPBSMK_055	SPBINJ_055
Ecstasy, XTC, X or MDMA	MDAV_055	<input type="radio"/>	MDAF_055		<input type="radio"/>					
Sexual performance enhancing drugs other than those prescribed by a medical provider for a diagnosed erectile dysfunction Definition: Includes 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.	SEXPD_055 NEXT PAGE	<input type="radio"/>	SEXPO_055		<input type="radio"/>					

42. Continued

	a How about (EACH) Have you (taken/used) any since your last visit [in (MONTH, YEAR)]?	b How often did you (use/take) (DRUG) since your last visit [in (MONTH, YEAR)]?				c How did you (use/take) (DRUG) since your last visit [in (MONTH, YEAR)]? [Mark all that apply.]				
		NO YES	DAILY	WEEKLY	MONTHLY	LESS OFTEN	SNORTED	SWALLOWED	PUT IN ANUS ("booty bumped")	SMOKED
Other kinds of street/club drugs	NO YES STMDV_055 GO TO Q 43.A									
Specify:		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 STMD1_055	ST1DF_055								
Specify:										
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 STMD2_055	ST2DF_055								
Specify:										
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 STMD3_055	ST3DF_055								
Specify:										
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 STMD4_055	ST4DF_055								
Specify:										
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 STMD5_055	ST5DF_055								
Specify:										
	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 STMD6_055	ST6DF_055								

IF NO INJECTING DRUG USE (Q 42.c injected=NO), SKIP TO Q 45

43.A. You mentioned that since your last visit you have injected recreational drugs. Do you currently inject drugs?

- No **RCDNO_055**
- Yes

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

- No → **SKIP TO Q 45** **PNEP_055**
- Yes

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

- Less than half the time
- Half the time **HONEP_055**
- Most of the time
- Always

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

- No **DRGTP_055**
- Yes

Interviewer Instructions:
Thank the participant.
Record the time ended on page 22.

PLEASE DO NOT WRITE IN THIS AREA



SERIAL #