FOLLOW-UP VISIT

SECTION 4

IF "NO" TO a. GO TO NEXT ROW

1. Let's start with a list of medical conditions. As I read each one, please tell me whether a doctor or other medical practitioner ever told you that you had it. How about (EACH)? (Did a doctor or other medical practitioner say that you had that?)

<table>
<thead>
<tr>
<th>ID NUMBER</th>
<th>VISIT NO.</th>
<th>TIME BEGAN</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 1 1 1 1</td>
<td>0 0 0 0</td>
<td>0 0 0 0</td>
<td>am</td>
</tr>
<tr>
<td>2 2 2 2 2</td>
<td>1 1 1 1</td>
<td>1 1 1 1</td>
<td>pm</td>
</tr>
<tr>
<td>3 3 3 3 3</td>
<td>2 2 2 2</td>
<td>2 2 2 2</td>
<td>am</td>
</tr>
<tr>
<td>4 4 4 4 4</td>
<td>3 3 3 3</td>
<td>3 3 3 3</td>
<td>pm</td>
</tr>
<tr>
<td>5 5 5 5 5</td>
<td>4 4 4 4</td>
<td>4 4 4 4</td>
<td>am</td>
</tr>
<tr>
<td>6 6 6 6 6</td>
<td>5 5 5 5</td>
<td>5 5 5 5</td>
<td>pm</td>
</tr>
<tr>
<td>7 7 7 7 7</td>
<td>6 6 6 6</td>
<td>6 6 6 6</td>
<td>am</td>
</tr>
<tr>
<td>8 8 8 8 8</td>
<td>7 7 7 7</td>
<td>7 7 7 7</td>
<td>pm</td>
</tr>
<tr>
<td>9 9 9 9 9</td>
<td>8 8 8 8</td>
<td>8 8 8 8</td>
<td>am</td>
</tr>
<tr>
<td>0 0 0 0 0</td>
<td>9 9 9 9</td>
<td>9 9 9 9</td>
<td>pm</td>
</tr>
</tbody>
</table>

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

188240
DO NOT MARK IN THIS AREA

1. Continued.

IF "NO" TO a, GO TO NEXT ROW

<table>
<thead>
<tr>
<th>a.</th>
<th>b. In what month and year was it first diagnosed?</th>
<th>c. How many times were you diagnosed with this? CODE &quot;9&quot; FOR 9 OR MORE TIMES</th>
<th>d. Have you told us about this (all these times) before?</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO</td>
<td>YES</td>
<td>SKIPTO NEXT ROW</td>
<td>JFMAMJJASOND</td>
</tr>
</tbody>
</table>

J. Wasting Syndrome

| NO | YES | SKIPTO NEXT ROW | JFMAMJJASOND | 1 2 3 4 5 6 7 8 9 | NO YES DK |

K. Any other AIDS diagnosis

1. Specify:

| NO | YES | SKIPTO L | JFMAMJJASOND | 1 2 3 4 5 6 7 8 9 | NO YES DK |

Other AIDS diagnosis

2. Specify:

| NO | YES | SKIPTO M | JFMAMJJASOND | 1 2 3 4 5 6 7 8 9 | NO YES DK |

Other AIDS diagnosis

3. Specify:

| NO | YES | SKIPTO M | JFMAMJJASOND | 1 2 3 4 5 6 7 8 9 | NO YES DK |

L. AIDS-related symptoms or ARC, specify:

1. Specify:

| NO | YES | SKIPTO M | JFMAMJJASOND | 1 2 3 4 5 6 7 8 9 | NO YES DK |

2. Specify:

| NO | YES | SKIPTO M | JFMAMJJASOND | 1 2 3 4 5 6 7 8 9 | NO YES DK |

M. Some (other) form of cancer, excluding those mentioned above?

| No | Yes |

IF "NO," GO TO Q. 2

a. If yes, what kind of cancer did they say it was?

| NO | YES | GET MEDICAL RELEASE |

b. On what month and year was it first diagnosed?

| NO | YES | GET MEDICAL RELEASE |

c. Have you told us about this before?

| NO | YES | GET MEDICAL RELEASE |
2. [Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had (EACH)?

A. Shingles (or herpes zoster)

If yes, which month and year (since your last visit) did this episode of shingles (zoster) begin?

<table>
<thead>
<tr>
<th>MONTH</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
<td>83</td>
<td>84</td>
<td>85</td>
<td>86</td>
<td>87</td>
<td>88</td>
<td>89</td>
<td>90</td>
<td>91</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diagnosed before 1984

NO YES

B. Bullous Impetigo

C. Infectious mononucleosis

D. Jaundice or some liver disease other than hepatitis

E. Hepatitis or blood test that was positive for hepatitis?

(1) IF HAD HEPATITIS: Can you tell whether you had hepatitis A, infectious hepatitis B, serum hepatitis, non-A/non-B hepatitis, or didn’t they say which kind it was? MARK ONE CODE FOR EACH IN FIRST SECTION.

(2) FOR EACH "YES": How did you happen to find out that you had (TYPE OF HEPATITIS) (IF DON'T KNOW WHICH KIND: some kind of hepatitis)—did you go to the doctor because you were feeling sick, or did they happen to find it when they were doing a blood test for some other reason?

Hepatitis A or infectious hepatitis

Hepatitis B or serum hepatitis

Non-A/Non-B hepatitis or hepatitis C

OTHER Specify:

Didn’t say which kind it was.

F. Have you received an injection of hepatitis B vaccine [since your last visit in (MONTH)]?

G. Have you received a transfusion of blood or blood components (platelets or plasma) [since your visit in (MONTH)]?

If yes, when was the last time?

<table>
<thead>
<tr>
<th>MONTH</th>
<th>J</th>
<th>F</th>
<th>M</th>
<th>A</th>
<th>M</th>
<th>J</th>
<th>J</th>
<th>A</th>
<th>S</th>
<th>O</th>
<th>N</th>
<th>D</th>
</tr>
</thead>
<tbody>
<tr>
<td>YEAR</td>
<td>83</td>
<td>84</td>
<td>85</td>
<td>86</td>
<td>87</td>
<td>88</td>
<td>89</td>
<td>90</td>
<td>91</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Diagnosed before 1984

NO YES

H. Were you diagnosed with tuberculosis [since your visit in (MONTH)]?

IF "YES": Was the tuberculosis OUTSIDE of the lung?

I. Have you had a skin test for tuberculosis (PPD) [since your visit in (MONTH)]?

IF "YES": Was it positive?

J. [Since your visit (MONTH)] Has a doctor or other medical practitioner told you that you had oral hairy leukoplakia?

K. Have you seen a doctor or other medical practitioner for any (other) condition [since your visit in (MONTH)]?

IF "YES": Was there a diagnosis for your condition?

If "YES," what was the diagnosis?

Specify:

0 10 20 30 40 50 60 70 80 90

Specify:

0 1 2 3 4 5 6 7 8 9

Specify:

0 1 2 3 4 5 6 7 8 9

Specify:

0 1 2 3 4 5 6 7 8 9

GET MEDICAL RELEASE FORM
3. Have you had any of the following forms of herpes (since your visit in [MONTH])?
   1) Facial herpes, cold sores, or fever blisters
   2) Sores in genital region
   3) Sores in the anal or rectal areas
   4) Sores elsewhere on your body

IF "NO" TO ALL FOUR, SKIP TO Q. 4

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

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

4. IF NEEDED EXPLAIN:
   By "time" we mean each period when you thought it was cured and then it started again (or finally went away for good).

ASK A FOR ALL BEORE ASKING B FOR ANY.

<table>
<thead>
<tr>
<th>DISEASE OR CONDITION</th>
<th>HAD DISEASE</th>
<th>NUMBER OF TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Syphilis</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(2) Any form of gonorrhea</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>IF &quot;NO&quot; TO (2), SKIP TO (6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Urethral gonorrhea (clap or drip of the urinary passage)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(4) Oral gonorrhea (of the mouth or throat)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(5) Rectal gonorrhea (of the rectum)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(6) Non-specific or nongonococcal urethritis (that is, a discharge from the penis that's not caused by gonorrhea)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(7) Shigella (shigellosis) or salmonella (salmonellosis)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(8) Amoebic dysentery</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(9) Giardia (or giardiasis)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(10) Some other parasitic disease, such as worms</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(11) Genital warts or anal warts (condylomata acuminata)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(12) Crabs (or lice)</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>(13) Scabies</td>
<td>NO</td>
<td></td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
5. [Since your visit in (MONTH)] Have you had any of the following problems or symptoms?

<table>
<thead>
<tr>
<th>PROBLEM OR SYMPTOM</th>
<th>a. How about (EACH)? Did you have that at any time?</th>
<th>b. Did that last for two weeks or longer?</th>
<th>c. And do you have that now?</th>
<th>d. Is this a new condition? IF NO, GO TO NEXT ITEM</th>
<th>WHEN BEGAN (Month and Year)</th>
</tr>
</thead>
</table>

6. A. At any time [since your visit in (MONTH)] did you stay overnight as a patient in a hospital?

- No [SKIP TO Q. 7]
- Yes

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

- [ ] 0 1 2 3 4 5 6 7 8 9

---

GET RELEASE OF RECORDS, NOTE NAME AND ADDRESS OF HOSPITAL
6. Continued.

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?

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

<table>
<thead>
<tr>
<th>Nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 10 20 30 40 50 60 70 80 90</td>
</tr>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

[Month and year]

[Continuation Sheet]

[Signature]

July 5

[Signature]

C. For what condition or problem were you hospitalized? RECORD FULLY IN R’s OWN WORDS.

[Free text]

**IF AIDS RELATED, CODE IN QUESTION 1 AS APPROPRIATE**

D. Why did you use or choose this hospital? ANSWER ALL THAT APPLY.

- Accessibility (located close to home)
- Familiar with hospital
- Reputation for treating HIV-related problems
- Associated with AIDS-related clinical trials
- Doctor sent you there
- HMO sent you there
- Regular outpatient clinic is located there
- Veteran’s status
- Ambulance brought you (no personal choice)
- Financial (restricted resources)
- Other:

Specify:

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

- No → **SKIP TO Q. 7**
- Yes → **CONTINUE BELOW**

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

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

<table>
<thead>
<tr>
<th>Nights</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 10 20 30 40 50 60 70 80 90</td>
</tr>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

[Month and year]

[Continuation Sheet]

[Signature]

July 5

[Signature]

C. For what condition or problem were you hospitalized? RECORD FULLY IN R’s OWN WORDS.

[Free text]

**IF AIDS RELATED, CODE IN QUESTION 1 AS APPROPRIATE**

D. Why did you use or choose this hospital? ANSWER ALL THAT APPLY.

- Accessibility (located close to home)
- Familiar with hospital
- Reputation for treating HIV-related problems
- Associated with AIDS-related clinical trials
- Doctor sent you there
- HMO sent you there
- Regular outpatient clinic is located there
- Veteran’s status
- Ambulance brought you (no personal choice)
- Financial (restricted resources)
- Other:

Specify:

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

- No → **SKIP TO Q. 7**
- Yes → **IF MORE THAN 2 HOSPITALIZATIONS [SINCE VISIT IN (MONTH)], MARK HERE AND USE CONTINUATION SHEET.**
7. A. [Since your visit in (MONTH)], have you had any biopsy? (By a biopsy, we mean removal of any tissue or gland to study under the microscope.)
   - No → SKIP TO Q. 8
   - Yes

B. How many times did you have one [since your last visit (MONTH)]?
   - 1
   - 2
   - 3
   - 4
   - 5
   - 6
   - 7
   - 8
   - 9
   - times

C. For each biopsy, please tell me:

   a. Site of biopsy
      - Specify:
        - 0
        - 1
        - 2
        - 3
        - 4
        - 5
        - 6
        - 7
        - 8
        - 9

   b. What did they say the diagnosis or result of the biopsy was?
      - Specify:
        - 0
        - 1
        - 2
        - 3
        - 4
        - 5
        - 6
        - 7
        - 8
        - 9

   c. Name of the doctor who performed the biopsy and where the biopsy was performed?
      - Name of doctor
      - Name of hospital/center/clinic
      - City
      - State

---

8. Now I have some questions about cigarette smoking.

A. Have you ever smoked cigarettes?
   - No → SKIP TO Q. 9
   - Yes

B. Do you smoke cigarettes now? (As of one month ago?)
   - No → SKIP TO Q. 9
   - Yes
   - Occasionally (less than one cigarette per day)

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

D. [Since your visit in (MONTH)] Has there been a change in your smoking habits?
   - No, no change
   - Yes, increased or started
   - Yes, decreased or stopped
9. The next questions are about alcoholic beverages—that is, wine, beer or liquor you've drunk [since your visit in (MONTH)].

A. Please turn to page 1 in your booklet and tell me how often you have had a drink containing alcohol (a glass of beer, wine, a mixed drink, any kind of alcoholic beverage.)
   - 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
   - Not at all
   
B. [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 1½-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.
   - 1 or 2 drinks
   - 3 or 4 drinks
   - 5 or 6 drinks
   - 7 or more drinks

C. [Since your visit in (MONTH)] What was the MOST that you had to drink in any given 24-hour period? Again, you’ll find the answers to this on page 2 of your answer booklet.
   - Never had more than usual
   - 1 or 2 drinks
   - 3 or 4 drinks
   - 5 or 6 drinks
   - 7 or 8 drinks
   - 9-11 drinks
   - 12 or more drinks

D. [Since your visit in (MONTH)] Has there been a change in your drinking habits?
   - No, no change
   - Yes, increased or started
   - Yes, decreased or stopped
10. Now, I have some questions about drugs and medications that you may have taken for health reasons not related to AIDS—either prescribed drugs or other things you took on your own [since your visit in (MONTH)].

Later, I will ask you about medications for AIDS or HIV infection.

<table>
<thead>
<tr>
<th>a. How about (EACH)? Have you (taken/used) any (since your visit in (MONTH))?</th>
<th>b. IF USED SINCE VISIT IN (MONTH): Have you (taken/used) (DRUG) in last 7 days?</th>
<th>c. How many days ago did you last take it, or did you take it today?</th>
<th>d. What was the name of the (KIND OF DRUG) you took during the last 7 days?</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Steroids that you took orally or were injected</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(2) Some other kind of hormone such as anabolic steroids</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(3) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(4) Medication taken by mouth for fungal infection</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(5) Medication taken by mouth for worms or parasites</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(6) Tranquilizers or sleeping pills</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(7) Antidepressants or mood elevators</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(8) Lithium</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(9) Acyclovir (Zovirax) for herpes</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(10) a. Other (SPECIFY in column D)</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(10) b. Other (SPECIFY in column D)</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>(10) c. Other (SPECIFY in column D)</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>
Q11 AIDS Medication Usage
moved to pages 17-18

A. Now, without telling me your HIV antibody status, do you know what it is?
   ○ No [SKIP TO Q. 13] ○ Yes

B. How many months ago did you LAST receive the results of ANY test for HIV antibody?
   ○ < 6 months ago ○ 6 - 12 months ago ○ > 12 months ago

C. Were you ever tested for HIV antibody OUTSIDE of this study?
   ○ No [SKIP TO Q. 13] ○ Yes

D. Where was your most recent OUTSIDE test performed?
   ○ Through private physician's office
   ○ Blood bank
   ○ Alternative test site
   ○ STD clinic
   ○ Hospital
   ○ Insurance company laboratory
   ○ Private laboratory
   ○ Other: Specify:

E. Why did you have your most recent OUTSIDE test performed?
   ○ For purposes of another study
   ○ For insurance purposes
   ○ For information to guide you in your current sexual relationship(s)
   ○ Because of known exposure to the virus
   ○ For curiosity
   ○ To check for a change in your antibody status
   ○ Because of symptoms
   ○ Because the U.S. Public Health Service recommended screening
   ○ Because it was required at your workplace
   ○ Other: Specify:

Specify:

0 1 2 3 4 5 6 7 8 9
0 1 2 3 4 5 6 7 8 9
13. A. Have you engaged in any sort of sexual activities involving another person [since your visit in (MONTH)], any sort at all (including deep kissing)?
   - No
   - Yes

B. [Since your visit in (MONTH)] Have you had some kind of sexual activity with another man?
   - No, not since visit in (MONTH)
   - Yes, since visit in (MONTH)

C. [Since your visit in (MONTH)] Have you had some kind of sexual activity with a woman?
   - No, not since visit in (MONTH)
   - Yes, since visit in (MONTH)

READ DEFINITION OF INTERCOURSE:

- **IF EXCLUSIVELY HOMOSEXUAL, READ THIS DEFINITION:** I will also ask you about non-intercourse sexual activity, but for the purpose of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, or rectum—or your partner put his penis in your mouth or rectum.

- **IF EXCLUSIVELY HETEROSEXUAL, READ THIS DEFINITION:** For the purpose of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, vagina or rectum. THEN SKIP TO Q. 14C asking for women only and then skip to Q. 19.

- **FOR ALL OTHERS, READ THIS DEFINITION:** I will also ask you about non-intercourse sexual activity, but for the purpose of this study, sexual intercourse is defined as follows: You put your penis in your partner's mouth, vagina, or rectum—or your partner put his penis in your mouth or rectum.

14. Now let's talk about the numbers of different people you have had sexual activity with [since your visit in (MONTH)].

**MEN**

A. With how many different men (if any) have you had sexual intercourse [since your last visit in (MONTH)]? READ DEFINITION OF INTERCOURSE.

- 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 men have you had sexual activity that did not include intercourse?

- 0 100 200 300 400 500 600 700 800 900
- 0 1 2 3 4 5 6 7 8 9

**WOMEN**

C. With how many different women (if any), have you had sexual intercourse with [since your visit in (MONTH)]?

- 0 100 200 300 400 500 600 700 800 900
- 0 1 2 3 4 5 6 7 8 9

**If any intercourse or sexual activity with men since visit in (MONTH)**

- and only 1 male partner since visit in (month), skip to Q. 16
- and more than 1 male sex partner since visit in (month), ask Q 15
- if strictly heterosexual since visit in (month), skip to Q. 19

15. You mentioned that you had more than one male sexual partner [since your visit in (MONTH)]. Would you consider only one of these partners to be a steady partner or lover (in a primary relationship of 3 months or more)?

- No, skip to Q. 17
- Yes, skip to Q. 16B

16. You said you had intercourse or sexual activity with only one male partner [since your visit in (MONTH)].

A. How would you describe this individual?

- Steady partner/lover (in a primary relationship of 3 months or more)
- Friend/acquaintance
- Anonymous

- **SKIP TO Q. 17**

B. Do you know this partner's HIV antibody status?

- No
- Yes IF "YES": Is he...
  - Positive
  - Negative
  - Decline to answer

C. Has this partner had intercourse or sexual activity with anyone other than you [since your visit in (MONTH)]?

- No, not to my knowledge
- Yes
- Don't know

- **SKIP TO Q. 17**

D. Have you limited your intercourse to only this partner?

- No
- Yes

- **SKIP TO Q. 17**

E. How long have you and this sexual partner had intercourse with only each other?

- **ANSWERS IN MONTHS OR YEARS**
  - 0 10 20 30 40 50 60 70 80 90
  - 0 1 2 3 4 5 6 7 8 9
  - Months

  OR

  - 0 10 20 30 40 50 60 70 80 90
  - 0 1 2 3 4 5 6 7 8 9
  - Years
17. The next questions are about the sexual practices some men engage in.

**IF ONLY ONE PARTNER SINCE LAST VISIT: USE COLUMN A.**

**IF MULTIPLE PARTNERS SINCE LAST VISIT: USE COLUMN B.**

**IF NO INTERCOURSE, SKIP ASTERISKED ITEMS.**

### KIND OF ACTIVITY

1) You engaged in deep, wet kissing, e.g., (where one of you put your tongue into the other’s mouth).

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

2) You engaged in masturbation until your partner ejaculated/came.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

3) You put your penis in his mouth.
   * IF NONE, SKIP TO ITEM (5).

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

4) You ejaculated/came into his mouth.
   * * *

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

5) You used your tongue to touch or lick his anus or rectum ("rimming").

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
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</tbody>
</table>

6) You inserted your finger or fingers (but not whole hand) into your partner’s rectum.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

7) You put your whole hand or fist into his rectum ("fisting").

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
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<tbody>
<tr>
<td>O</td>
<td>O</td>
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</table>

8) You used a douche or had an enema before having sex.

<table>
<thead>
<tr>
<th>NO</th>
<th>YES</th>
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</thead>
<tbody>
<tr>
<td>O</td>
<td>O</td>
</tr>
</tbody>
</table>

9) You put your penis into your partner’s rectum
   * (anal insertive intercourse).
   * IF NONE, SKIP TO ITEM (15).

10) With how many of those ______ partners had you used a * condom every time even if it broke, tore or slipped?
    * IF ALL PARTNERS, SKIP TO ITEM (14).

11) With how many of those ______ partners was a condom never used?
    * *
    * IF ONE PARTNER:
    * Did you sometimes use a condom?

### NUMBER SINCE VISIT IN (MONTH)

<table>
<thead>
<tr>
<th></th>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>B.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

**How many men did you do that with [since your visit in [MONTH]]? (Give me the actual number) [IF NEEDED: What’s your best estimate?]**
17. Continued.

IF ONLY ONE PARTNER SINCE LAST VISIT: USE COLUMN A.
IF MULTIPLE PARTNERS SINCE LAST VISIT: USE COLUMN B.
IF NOT INTERCOURSE, SKIP ASTERISKED ITEMS.

<table>
<thead>
<tr>
<th>KIND OF ACTIVITY</th>
<th>A. Did you do this/engage in this activity with your partner since your last visit?</th>
<th>B. How many men did you do that with (since your visit in (MONTH))? (Give me the actual number) (IF NEEDED: What’s your best estimate?)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong></td>
<td><strong>3)</strong> With how many of these partners when you did not use a condom, had you ejaculated/come in his rectum?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>IF ONE PARTNER:</strong> Did you ejaculate/come in his rectum when you did not use a condom?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>IF MULTIPLE PARTNERS:</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>14)</strong> With how many partners had you used a condom when it broke, tore or slipped?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>IF ONE PARTNER:</strong> Did you use a condom when it broke, tore or slipped?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>15)</strong> He put his penis in your mouth.</td>
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<tr>
<td></td>
<td><strong>IF NONE, SKIP TO ITEM (17).</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>16)</strong> He ejaculated/came into your mouth.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>17)</strong> He used his tongue to touch or lick your anus or rectum (&quot;rimming&quot;).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>18)</strong> He put his finger or fingers (but not his whole hand) into your rectum.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>19)</strong> He put his whole hand or fist into your rectum (&quot;fisting&quot;).</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>20)</strong> He put his penis in your rectum (anal receptive intercourse). <strong>IF NONE, SKIP TO Q. 18</strong></td>
<td></td>
</tr>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong></td>
<td><strong>21)</strong> How many of those ___ partners use a condom every time even if it broke, tore or slipped?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>IF NONE, SKIP TO ITEM (25)</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>IF ONE PARTNER:</strong> Did he use a condom every time even if it broke, tore or slipped?</td>
<td></td>
</tr>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong></td>
<td><strong>22)</strong> How many of those ___ partners used a condom only some of the times?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>IF ONE PARTNER:</strong> Did he sometimes use a condom?</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>23)</strong> How many of those ___ partners never used a condom?</td>
<td></td>
</tr>
</tbody>
</table>
17. Continued.

IF ONLY ONE PARTNER SINCE LAST VISIT: USE COLUMN A.
IF MULTIPLE PARTNERS SINCE LAST VISIT: USE COLUMN B.
IF NO INTERCOURSE, SKIP ASTERISKED ITEMS.

<table>
<thead>
<tr>
<th>KIND OF ACTIVITY</th>
<th>NUMBER SINCE VISIT IN (MONTH)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong></td>
<td></td>
</tr>
<tr>
<td>24) Of those ______ number of partners, who did not use a condom during anal receptive sex, how many ejaculated/came in your rectum?</td>
<td></td>
</tr>
</tbody>
</table>
| \[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| NO & \() & \) & \() & \) & \() & \) & \() & \) & \() & \) \\
| YES & \() & \) & \() & \) & \) & \) & \) & \) & \) & \) \\
| \end{array} \right. |
| **IF ONE PARTNER:** |
| * Did he ejaculate/come in your rectum when he did not use a condom? |
| \[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| NO & \() & \) & \) & \) & \) & \) & \) & \) & \) & \) \\
| YES & \() & \) & \) & \) & \) & \) & \) & \) & \) & \) \\
| \end{array} \right. |
| **IF MULTIPLE PARTNERS:** |
| 25) How many partners had used a condom when it broke, tore or slipped and may have allowed semen to spill in your rectum? |
| \[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| NO & \() & \) & \) & \) & \) & \) & \) & \) & \) & \) \\
| YES & \() & \) & \) & \) & \) & \) & \) & \) & \) & \) \\
| \end{array} \right. |
| **IF ONE PARTNER:** |
| * Did he use a condom when it broke, tore or slipped? |
| \[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| NO & \() & \) & \) & \) & \) & \) & \) & \) & \) & \) \\
| YES & \() & \) & \) & \) & \) & \) & \) & \) & \) & \) \\
| \end{array} \right. |

18. How many times [since your visit in (MONTH)] have you noticed the following during or after sex?

A. You had cuts, sores, abrasions or bleeding on or from your penis.

\[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| \end{array} \right. \\

B. Your partner had cuts, sores, abrasions or bleeding on or from his penis.

\[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| \end{array} \right. \\

C. You had bleeding around or from your anus or rectum.

\[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| \end{array} \right. \\

D. Your partner had bleeding around or from his anus or rectum.

\[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| \end{array} \right. \\

19. A. So far as you know, did anyone that you ever had any sexual activity with ever had any sexual activity with get AIDS (either before or after your contact)?

- [ ] No, not to my knowledge [ ] Possibly, not certain [ ] Yes, definitely

B. How many people got AIDS?

\[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 10 & 20 & 30 & 40 & 50 & 60 & 70 & 80 & 90 \\
| \end{array} \right. \\

\[ \begin{array}{c|c|c|c|c|c|c|c|c|c}
|   & 0 & 1 & 2 & 3 & 4 & 5 & 6 & 7 & 8 & 9 \\
| \end{array} \right. \\

PAGE 14
20. 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)]?

<table>
<thead>
<tr>
<th>DRUG</th>
<th>A. How about (EACH)</th>
<th>B. How often did you (use/take) (DRUG) (since your visit in (MONTH))? Refer to page 5 in your booklet.</th>
<th>C. Have you (used/it/taken any) within the last 7 days?</th>
<th>D. IF IN LAST 7 DAYS: How many days ago did you last use it, or was it today?</th>
<th>E. Did you (take/use) (DRUG) with a needle (since your visit in (MONTH))?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana or Hashish</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>&quot;Poppers&quot; like nitrite inhalants (amyl, butyl or isopropyl nitrates)</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Crack or cocaine that you smoke</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Other forms of cocaine</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>MDA</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>PCP, angel dust, psychedelics, mushrooms or hallucinogens like LSD, DMT or mescaline</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>&quot;Downers,&quot; including barbiturates such as yellow jackets or reds, tranquilizers like Valium or Librium or other sedatives or hypnotics like Quaaludes</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Amphetamines, speed, crystal, or other &quot;uppers&quot;</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>Other kinds of street drugs</td>
<td>NO</td>
<td>GO TO NEXT ROW</td>
<td>NO</td>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
</tbody>
</table>

SPECIFY

0 1 2 3 4 5 6 7 8 9

PAGE 15
21. A. Is there any aspect of your sexual experiences or anything more that I haven’t asked that you think we should know?
   - No, nothing more
   - Yes
   **THANK AND TERMINATE** ➔ **SKIP TO Q. 22**

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

   

22. Telephone interview?  
   [ ] No  [ ] Yes

23. Date interview completed  
   19

24. Interviewer’s signature

   **INTERVIEWER’S NUMBER**
   0 10 20 30 40 50 60 70 80 90
   0 1 2 3 4 5 6 7 8 9

   **TIME ENDED**
<table>
<thead>
<tr>
<th>HOUR</th>
<th>MIN</th>
<th>am</th>
<th>pm</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
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<td>80</td>
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</tbody>
</table>

188240
MACS VISIT 13
Q.11 AIDS MEDICATION USAGE

11.A. (1) Since your last visit (MONTH) have you taken any medication or drug on the list (SHOW LIST 1) to help fight AIDS or the HIV virus, prevent or treat opportunistic infections, or stimulate the immune system?

   (1) No (GO TO Q.11.B)
   (2) Yes

(2) Please name those drugs that you have taken.
(CIRCLE CODE THAT CORRESPONDS TO DRUG(S))

   180  AZT/ddI trial
   146  Acyclovir (ACV Zovirax)
   098  AL-721
   090  Alpha Interferon
   101  Ampligen
   092  AZT (Azidothymidine, Compound S, Retrovir, Zidovudine, ZDV)
   122  Beta Interferon
   163  ddA (dideoxyadenosine)
   094  ddC (dideoxycytidine)
   147  ddI (dideoxyinosine)
   110  Dextran-Sulfate
   091  Foscarnet
   056  (Phosphonoformate, PFA)
   055  Isoprinosine
   108  Peptide T
   128  Recombinant CD4
   058  Ribavirin
   057  Suramin
   179  Vidarabine (adenosine arabinoside)

COMPLETE FORM I FOR EACH DRUG CIRCLED ABOVE IN Q.11.A(2)

B. (1) Since your last visit in (MONTH) have you taken any medication or drug on this list (SHOW LIST 2) to help fight AIDS or HIV virus, prevent or treat opportunistic infections, or stimulate the immune system?

   (1) No (GO TO Q.11.C)
   (2) Yes

(2) Please name those drugs you have taken.
(RECORD EACH DRUG COMPLETELY AS STATED BY PARTICIPANT)

   CODE

1)__________________________
2)__________________________
3)__________________________
4)__________________________

   CODE

5)__________________________
6)__________________________
7)__________________________
8)__________________________

COMPLETE FORM II FOR EACH DRUG LISTED ABOVE IN Q.11.B(2)
11.C. (1) Since your last visit, have you taken any medication, drug or other therapy that was not listed, to help fight AIDS or the HIV virus, prevent or treat opportunistic infections, or stimulate the immune system?
   ___ (1) No (GO TO Q12)
   ___ (2) Yes

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

<table>
<thead>
<tr>
<th>CODE</th>
<th>CODE</th>
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<tbody>
<tr>
<td>1)</td>
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<td>8)</td>
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