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 told you that you had it [since your last visit in (MONTH)]. How about (EACH)? (Did a doctor or other medical practitioner say that you had that?)

<table>
<thead>
<tr>
<th>IF &quot;NO&quot; TO a.</th>
<th>In what month and year was it first diagnosed since your last visit?</th>
<th>How many times were you diagnosed with this?</th>
</tr>
</thead>
<tbody>
<tr>
<td>GO TO NEXT ROW</td>
<td></td>
<td>FOR 9 OR MORE TIMES CODE &quot;9&quot;</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>a.</th>
<th>b.</th>
<th>c.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Kaposi’s sarcoma</td>
<td>YES</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>B. Pneumocystis carinii pneumonia (PCP)</td>
<td>YES</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>C. Other pneumonia, specify</td>
<td>YES</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>D. Toxoplasmosis</td>
<td>YES</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>E. Cytomegalovirus infection (CMV) in your eyes, lungs, colon, or other location. Where was it?</td>
<td>YES</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>F. Mycobacterial infection (MAC, MAI or atypical TB)</td>
<td>YES</td>
<td>J F M A M J J A S O N D</td>
</tr>
</tbody>
</table>

If more than 1 time, in what month and year was the most recent episode? Specify: 
1. Continued

<table>
<thead>
<tr>
<th>IF &quot;NO&quot; TO a, GO TO NEXT ROW</th>
<th>In what month and year was it first diagnosed since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>G. Lymphoma, specify</strong></td>
<td></td>
</tr>
<tr>
<td>○ Primary brain lymphoma</td>
<td></td>
</tr>
<tr>
<td>○ Non-Hodgkin's</td>
<td></td>
</tr>
<tr>
<td>○ Other</td>
<td></td>
</tr>
<tr>
<td>Specify:</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>YES</td>
<td>84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>GO TO NEXT ROW</td>
<td></td>
</tr>
<tr>
<td><strong>H. Cryptococcal meningitis</strong></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>YES</td>
<td>84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>GO TO NEXT ROW</td>
<td></td>
</tr>
<tr>
<td><strong>I. Candida in esophagus or lungs (not mouth)</strong></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>YES</td>
<td>84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>GO TO NEXT ROW</td>
<td></td>
</tr>
<tr>
<td><strong>J. Cryptosporidiosis</strong></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>YES</td>
<td>84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>GO TO NEXT ROW</td>
<td></td>
</tr>
<tr>
<td><strong>K. Wasting Syndrome</strong></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>YES</td>
<td>84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>GO TO NEXT ROW</td>
<td></td>
</tr>
<tr>
<td><strong>L. Tuberculosis, specify</strong></td>
<td></td>
</tr>
<tr>
<td>○ Outside lungs</td>
<td></td>
</tr>
<tr>
<td>○ Inside lungs</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>J F M A M J J A S O N D</td>
</tr>
<tr>
<td>YES</td>
<td>84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>GO TO Q 3</td>
<td></td>
</tr>
</tbody>
</table>

2.A. [Since your last visit in (MONTH)] Has a doctor or other medical practitioner told you that you had less than 200 CD4\(^+\) T-lymphocytes/µL or that they were less than 14%?

**CD4 LYMPHOCYTES = CD4\(^+\) T-CELLS = HELPER T-CELLS**

- No [ ] SKIP TO Q 3
- Yes [ ]

[Since your last visit in (MONTH)] In what month and year were you first told?

- J F M A M J J A S O N D
- 84 85 86 87 88 89 90 91 92 93 94 95 96

2. B. Were these results based on laboratory data outside this study?

- No [ ]
- Yes [ ]
- Don't know [ ]
3. [Since your last visit in (MONTH)] In addition to these diagnoses, has a doctor or medical practitioner told you that you have had any other AIDS conditions?

- No → SKIP TO Q 4
- Yes →

<table>
<thead>
<tr>
<th>IF “YES”: What was the diagnosis?</th>
<th>In what month and year was it first diagnosed since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Specify:</td>
<td>J F M A M J J A S O N D 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>2) Specify:</td>
<td>J F M A M J J A S O N D 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>3) Specify:</td>
<td>J F M A M J J A S O N D 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
</tbody>
</table>

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

- No → IF “NO,” GO TO Q 5
- Yes →

<table>
<thead>
<tr>
<th>IF YES: What kind of cancer did they say it was?</th>
<th>In what month and year was it first diagnosed since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Site:</td>
<td>J F M A M J J A S O N D 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>Type</td>
<td>0 1M 2M 3M 4M 5M 6M 7M 8M 9M 0 10 20 30 40 50 60 70 80 90</td>
</tr>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>2) Site:</td>
<td>J F M A M J J A S O N D 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>Type</td>
<td>0 1M 2M 3M 4M 5M 6M 7M 8M 9M 0 10 20 30 40 50 60 70 80 90</td>
</tr>
<tr>
<td></td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

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

1) Name of hospital/clinic or doctor

Address

City State

2) Name of hospital/clinic or doctor

Address

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

- No → SKIP TO Q 6
- Yes

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

<table>
<thead>
<tr>
<th>MO</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>DAY</td>
<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>
<td></td>
<td></td>
</tr>
<tr>
<td>YEAR</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>92</td>
<td>93</td>
<td>94</td>
<td>95</td>
</tr>
</tbody>
</table>

GET RELEASE OF RECORDS, NOTE NAME AND ADDRESS OF HOSPITAL

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

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

<table>
<thead>
<tr>
<th>MO</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>DAY</td>
<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>
<td></td>
<td></td>
</tr>
<tr>
<td>YEAR</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>92</td>
<td>93</td>
<td>94</td>
<td>95</td>
</tr>
</tbody>
</table>

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

[Input field]

NIGHTS

0 1 2 3 4 5 6 7 8 9

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

[Input field]

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.

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

[Input fields]

6. Have you ever been hospitalized, prescribed medication or consulted a mental health professional for treatment of depression?

- No → GET MEDICAL RELEASE
- Yes

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

[Input fields]

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

- No
- Yes
- Don’t know
8.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
- Yes

REVIEW RESPONSE TO Q 4. IF DIAGNOSED WITH CANCER USE PROMPT AND REASK QUESTION, SKIP TO Q 9

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

<table>
<thead>
<tr>
<th>TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

C. For each biopsy, please tell me:

<table>
<thead>
<tr>
<th>Site of biopsy</th>
<th>What did they say the diagnosis or result of the biopsy was?</th>
<th>Name of the doctor who performed the biopsy, where the biopsy was performed and the date of the biopsy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Specify:</td>
<td>Specify:</td>
<td>Name of doctor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of hospital/center/clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City</td>
</tr>
<tr>
<td>2) Specify:</td>
<td>Specify:</td>
<td>Name of doctor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of hospital/center/clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City</td>
</tr>
<tr>
<td>3) Specify:</td>
<td>Specify:</td>
<td>Name of doctor</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Name of hospital/center/clinic</td>
</tr>
<tr>
<td></td>
<td></td>
<td>City</td>
</tr>
</tbody>
</table>

9. Have you ever received an injection of pneumococcal vaccine/Pneumovax?

| NO | YES |

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

**IF YES:** Was it positive?

11. [Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had hepatitis or blood test that was positive for hepatitis? [This includes going to the doctor for chronic hepatitis.]

**IF YES:** Was it:  - Hepatitis A or infectious hepatitis
- Hepatitis B or serum hepatitis
- Non-A/Non-B hepatitis or hepatitis C
- Other

Specify:

D. [Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had hepatitis or blood test that was positive for hepatitis? [This includes going to the doctor for chronic hepatitis.]

**IF YES:** Was it:  - 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

B. Sinusitis

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

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

G. [Since your visit in (MONTH)] Have you had any neurological evaluation or a physical examination, in addition to this study, to look for problems of the nervous system?

IF YES: Was there a diagnosis for your condition?

IF YES: What was the diagnosis?

Specify:

H. 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:

12.A. Have you had any of the following forms of herpes, not including shingles or herpes zoster, [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 13

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

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

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

<table>
<thead>
<tr>
<th>DISEASE OR CONDITION</th>
<th>HAD DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Syphilis</td>
<td></td>
</tr>
<tr>
<td>B) Any form of gonorrhea</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>DISEASE OR CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>C) Urethral gonorrhea (clap or drip of the urinary passage)</td>
</tr>
<tr>
<td>D) Oral gonorrhea (of the mouth or throat)</td>
</tr>
<tr>
<td>E) Rectal gonorrhea (of the rectum)</td>
</tr>
<tr>
<td>F) Non-specific or nongonococcal urethritis (that is, a discharge from the penis that's not caused by gonorrhea)</td>
</tr>
<tr>
<td>G) Genital warts or anal warts (condylomata acuminata)</td>
</tr>
<tr>
<td>H) Molluscum contagiosum</td>
</tr>
<tr>
<td>I) Any of the following: shigellosis, salmonellosis, amoebic dysentery, giardiasis or any other parasitic disease, including worms</td>
</tr>
</tbody>
</table>

Specify:

IF MORE THAN 3 DIAGNOSES, MARK HERE AND RECORD OTHER CONDITIONS IN BOX.
14. [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 [since your visit in (MONTH)]?</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 ROW</th>
<th>e. WHEN BEGAN (Month and Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>2) A new skin condition or infection that lasted for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>3) Diarrhea for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>4) Persistent or recurring fever higher than 100° for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>5) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>6) Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>7) Drenching sweats at night on at least 3 occasions</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>8) Thrush, candida or white patches in your mouth or throat</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>9) An unusual bruise or bump or skin discoloration that lasted at least two weeks</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>10) An unintentional weight loss of at least 10 pounds (unrelated to dieting)</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>11) Burning, tingling or sensitivity in the feet for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>12) Aching or soreness in legs for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>13) Frequent tripping, stumbling or falling</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>14) Difficulty getting up from a chair or toilet—needing to use your arms to pull up</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>15) Difficulty in your hands, handling objects or with handwriting</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
<tr>
<td>16) Other HIV-related symptoms</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>JFMAMJJASOND 84 85 86 87 88 89 90 91 92 93 94 95 96</td>
</tr>
</tbody>
</table>

Specify: ________________
15. Now I have some questions about cigarette smoking.

A. Have you ever smoked cigarettes?
   - No  [SKIP TO Q 16]
   - Yes

B. Do you smoke cigarettes now? (As of one month ago?)
   - No  [SKIP TO Q 16]
   - Yes

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  [SKIP TO Q 16]

16. 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  [SKIP TO Q 17]

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 1 1/2-ounce shot of liquor, or a mixed drink with that amount of liquor.) Please turn to page 2 in your booklet for the possible answers to this.
   - 1 or 2 drinks
   - 3 or 4 drinks
   - 5 or 6 drinks
   - 7 or more drinks

18. Since your last visit, have you taken any HIV-related medications or treatments? (That is, medications or treatments to suppress or prevent HIV infection, treat or prevent opportunistic or malignant diseases, symptoms or problems of HIV infection or medications which boost the immune system.)
   - No  [SKIP TO Q 19]
   - Yes

A. (1) [(Since your last visit (MONTH)] Have you taken any medication or drug on this list [(SHOW LIST 1)]?
   - No  [SKIP TO Q 18.B]
   - Yes

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

   [FILL IN THE BUBBLE NEXT TO THE DRUG(S)].
   - Acyclovir (ACV, Zovirax)
   - AL-721
   - Alpha Interferon
   - Ampilgen
   - AZT (Azo-thymidine, Compound S, Retrovir, Zidovudine, ZDV)
   - AZT/ddC Trial
   - AZT/ddI Trial
   - AZT/ddI/ddC Trial
   - Beta Interferon
   - d4T (Stavudine)
   - ddC (dideoxyctydine, HVID, Zalcitabine)
   - ddI (dideoxyinosine, Didanosine, Videx)
   - ddI/ddC Trial
   - Dextran-Sulfate
   - Foscarinet (Phosphonofomate, PFA)
   - Lamivudine (3-TC)
   - Peptide T
   - Recombinant CD4
   - Ribavirin
   - Other anti-viral

   Specify:

   [Blank space for specification]

   [COMPLETE FORM I FOR EACH DRUG MARKED ABOVE IN Q 18.A(2)]
B. (1) [Since your visit in (MONTH)] Have you taken any medication or drug on this list [SHOW LIST 2] to help fight AIDS or the HIV virus, prevent or treat opportunistic infections, or stimulate the immune system?

- No [SKIP TO Q 18.C]
- 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.)

- Atovaquone (BW566C80, Mepron)
- Azithromycin (Zithromax)
- Bactrim (Septra)
- Ciprofloxacin (CIPRO)
- Clarithromycin (Biaxin)
- Clofazimine (Lamprene)
- Co-enzyme Q
- Colony stimulating factors (GM-CSF, G-CSF, Neupogen)
- Dapsone
- DNCB
- Ethambutol
- Erythromycin (Epogen)
- Flagyl (metronidazole)
- Fluconazole (Diflucan)
- Ganciclovir (DHPG)
- Hypericin (HY)
- Interleukin-2 (IL-2)
- Itraconazole
- Ketoconazole (Nizoral)
- Megace
- Mycelex (clofazimine)
- NAC (N-acetyl-cysteine)
- Nystatin (Mycostatin)
- Pentamidine (aerosolized)
- Pentamidine (IV)
- Rifabutin (Ansamycin, Mycobutin)
- Rifampin (Rifadin)
- Tagamet (cimetidine)
- Trenal (pentoxifylline)
- Vaccine trial (generic)
- Other

COMPLETE FORM II FOR EACH DRUG MARKED ABOVE IN Q 18.B(2)

C. (1) [Since your visit in (MONTH)] 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?

- No [SKIP TO Q 19]
- Yes

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

1.  

2.  

3.  

4.  

5.  

6.  

7.  

8.  

9.  

Page 9
19. Now, I have some questions about drugs and medications that you may have taken for other health reasons. These include either prescribed drugs or other things you took on your own [since your visit in (MONTH)].

<table>
<thead>
<tr>
<th>ASK EACH ITEM UNTIL FIRST &quot;NO&quot; TO OTHER DRUG (ITEM 10a)</th>
<th>How about (EACH)? Have you (taken/used) any [since your visit in (MONTH)]?</th>
<th>What was the name of the (KIND OF DRUG) you took? FOR ITEMS 10a–c ALSO ASK What did you take this drug for?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Steroids that you took orally or were injected</td>
<td>NO, YES</td>
<td></td>
</tr>
<tr>
<td>2) Some other kind of hormone such as anabolic steroids, insulin or thyroxine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Medication taken by mouth for fungal infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Medication taken by mouth for worms or parasites</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Tranquilizers or sleeping pills</td>
<td>IF YES, have you taken/used any in the last 7 days? No, Yes</td>
<td></td>
</tr>
<tr>
<td>7) Antidepressants or mood elevators</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Lithium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Acyclovir (Zovirax) for herpes</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. a. Other (SPECIFY in column b)

| 0 1 0 0 2 0 0 3 0 0 4 0 0 5 0 6 0 7 0 8 0 9 |

b. Other (SPECIFY in column b)

| 0 1 0 2 3 4 5 6 7 8 9 |

c. Other (SPECIFY in column b)

| 0 1 0 2 3 4 5 6 7 8 9 |

d. Other (SPECIFY in column b)

| 0 1 2 3 4 5 6 7 8 9 |

e. Other (SPECIFY in column b)

| 0 1 2 3 4 5 6 7 8 9 |

20. Since your visit in (MONTH), have you used a therapeutic vaccine against HIV-1?

- No
- Yes

21. Since your visit in (MONTH), were you enrolled in a HIV-related vaccine trial?

- No
- Yes
22. 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 any 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 any 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, rectum—or your partner put his penis in your mouth or rectum [Ask Q 23A and B, DO NOT ask Q 23C].

- **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 23 asking for women only and then skip to Q 26.

- **FOR ALL OTHERS, READ THIS DEFINITION:** I will also ask you about non-intercourse sexual activity, but for the purposes 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.

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

<table>
<thead>
<tr>
<th>A. With how many different men (if any) have you had sexual intercourse [since your last visit in (MONTH)]? READ DEFINITION OF INTERCOURSE.</th>
<th>B. With how many other men have you had sexual activity that did not include intercourse?</th>
<th>C. With how many different women (if any), have you had sexual intercourse [since your visit in (MONTH)]?</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

IF INTERCOURSE WITH ONLY ONE (1) PARTNER, ASK QUESTION 24, ELSE SKIP TO QUESTION 25.

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

A. Do you know your partner's HIV antibody status?
   - No
   - Yes
      - **IF YES:** Is he...
         - Positive
         - Negative
         - Decline to answer

B. How would you describe this individual?
   - Steady partner/lover (in a primary relationship of 3 months or more)
   - Friend/acquaintance
   - Anonymous

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

D. For how many months or years have you and this sexual partner had intercourse with only each other? (Code 1 month if less than 1 month.)

<table>
<thead>
<tr>
<th>MONTHS</th>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 1 2 3 4 5 6 7 8 9</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

-OR-

<table>
<thead>
<tr>
<th>MONTHS</th>
<th>YEARS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 10 20 30 40 50 60 70 80 90</td>
<td>0 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>
25. 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.

<table>
<thead>
<tr>
<th>KIND OF ACTIVITY</th>
<th>Did you do this/engage in this activity with your partner since your last visit?</th>
<th>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>1) You masturbated your partner until your partner ejaculated/came.</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>2) You put your penis in his mouth. * IF NONE, SKIP TO ITEM (5).</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>3) With how many of those __ partners had you * used a condom every time for oral sex even if it broke, tore or slipped? *</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>4) You ejaculated/came into his mouth. *</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>5) You used your tongue to touch or lick his anus (&quot;rimming&quot;).</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>6) You put your penis into your partner's rectum * (anal insertive intercourse). * IF NONE, SKIP TO ITEM (14).</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>7) With how many of those __ partners had you * used a condom every time even if it broke, tore or slipped? *</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>8) With how many of those __ partners had you * used a condom only some of the times? *</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>9) With how many of those __ partners was * a condom never used? *</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
<tr>
<td>10) With how many of these partners when * you did not use a condom, had you ejaculated/come in his rectum? *</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>020</td>
</tr>
</tbody>
</table>
25. 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.

**KIND OF ACTIVITY**

IF NO CONDOM USE, SKIP TO ITEM 14

IF MULTIPLE PARTNERS:
11) With how many partners had you used a * condom when it broke, tore or slipped and * may have allowed semen to spill into his rectum?

IF ONE PARTNER:  
* Did you use a condom when it broke, tore or * slipped?

SKIP TO ITEM 14

14) You used a douche or enema before having sex.

15) He put his penis in your mouth.  
* IF NONE, SKIP TO ITEM (18)

16) How many of those _____ partners used a * condom every time for oral sex even if it broke, tore or slipped?

IF ONE PARTNER:  
* Did he use a condom every time for oral sex even if it broke, tore or slipped?

17) He ejaculated/came into your mouth.

18) He used his tongue to touch or lick your anus ("rimming").

19) He put his penis in your rectum  
* (anal receptive intercourse).  
* IF NONE, SKIP TO Q 26.

IF MULTIPLE PARTNERS:
20) How many of those _____ partners used a * condom every time even if it broke, tore * or slipped?

IF ONE PARTNER:  
* Did he use a condom every time even if it * broke, tore or slipped?

IF ALL PARTNERS,  
SKIP TO ITEM 24

21) How many of those _____ partners used a * condom only some of the times?

IF ONE PARTNER:  
* Did he sometimes use a condom?

SKIP TO ITEM 23
25. Continued.

<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>
</tr>
</thead>
<tbody>
<tr>
<td>22) How many of those ___ partners never used a condom?</td>
<td>0 10 20 30 40 50 60 70 80 90 partners</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
</tr>
<tr>
<td>23) Of those ___ number of partners, who did not use a condom during anal receptive sex, how many ejaculated/came in your rectum?</td>
<td>0 10 20 30 40 50 60 70 80 90 partners</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td>NO YES</td>
</tr>
<tr>
<td>* Did he ejaculate/come in your rectum when he did not use a condom?</td>
<td></td>
</tr>
<tr>
<td>IF NO CONDOM USE, SKIP TO Q26</td>
<td></td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
</tr>
<tr>
<td>24) How many partners had used a condom when it broke, tore or slipped and may have allowed semen to spill in your rectum?</td>
<td>0 10 20 30 40 50 60 70 80 90 partners</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td>NO YES</td>
</tr>
<tr>
<td>* Did he use a condom when it broke, tore or slipped?</td>
<td></td>
</tr>
</tbody>
</table>

26. 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>марихуана или хашшиш</th>
<th>YES NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Попперс&quot; (митритные ингаляторы, амил, бутил или изопропил нитриты)</td>
<td>YES NO</td>
</tr>
<tr>
<td>Хлоракрик или кокейн, который вы курите</td>
<td>YES NO</td>
</tr>
<tr>
<td>Другие формы кокаина</td>
<td>YES NO</td>
</tr>
<tr>
<td>Другие виды наркотиков</td>
<td>YES NO</td>
</tr>
</tbody>
</table>

Specify:

Specify:
We would now like to ask you about your medical coverage.

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

1) Coverage by an HMO
   NO  YES

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

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

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

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

6) Health care benefits for
   The Armed Forces or
   Veteran's Administration
   NO  YES

7) CHAMPUS or CHAMP-VA, medical
   insurance for dependents of
   military personnel or survivors
   of disabled veterans
   NO  YES

8) Other
   NO  YES

   Specify:

   NO  YES

   0 1 2 3 4 5 6 7 8 9

   IF NO TO (1)-(8), SKIP TO E, THEN SKIP TO Q31

B. 1) Did you or other personal sources (such as
   friends, lovers, relatives) contribute to the cost
   of your health insurance premiums?
   NO  YES

2) IF YES: How much did you or these other
   sources contribute to health insurance
   premiums since your last visit?
   [ROUND TO NEAREST DOLLAR,
   CODE "0" IF LESS THAN $1]

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

   OR  NO  YES
   Don't know
   Refused

C. [IF YES TO PRIVATE OR OTHER INSURANCE
   (Q 27.A. 1), 2), 3), OR 8)], ASK Q 27.C,
   OTHERWISE GO TO Q 27.E.]

1) Did your employer pay all or part
   of the cost of your health
   insurance premiums?
   NO  YES

2) Did you have coverage by
   COBRA benefits, that is, have
   you stopped working but
   remained part of your employer
   group health insurance plan?
   NO  YES

3) IF YES: Did the state pay any of
   the cost of the COBRA health
   insurance premium?
   NO  YES

D. Did you lose private health insurance
   coverage at any time since your last
   visit, even temporarily?
   NO  YES

E. 1) Have you applied for private
   health insurance at any time
   since your last visit?
   NO  YES

2) IF YES: Have you been refused
   health insurance coverage at
   any time since your last visit?
   NO  YES

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

B. If YES, was that change your choice?
   NO  YES

C. Did you change for any of the following reasons?
   [PLEASE ASK EACH QUESTION]
   NO  YES

1) Lost or quit job
   NO  YES

2) Changed job (employer or employment
   status)
   NO  YES

3) Employer changed or dropped coverage
   NO  YES

4) Pre-existing medical condition limited
   choices
   NO  YES

5) To be able to choose doctors or providers
   NO  YES

6) More or better coverage of needed or
   desired services
   NO  YES

7) Eligibility for Medicaid, Medi-Cal, or
   Medical Assistance changed
   NO  YES

8) Financial reasons (cost of premiums,
   co-payments or deductibles)
   NO  YES

9) Eligible for Medicare
   NO  YES

D. [IF "YES" TO MORE THAN ONE RESPONSE IN Q28.C,
   ASK] Which one was the PRIMARY reason?
   [READ ALL CHOICES AND SELECT ONLY ONE]
   NO  YES

   Lost or quit job
   NO  YES

   Changed job (employer or employment status)
   NO  YES

   Employer changed or dropped coverage
   NO  YES

   Pre-existing medical condition limited choices
   NO  YES

   To be able to choose doctors or providers
   NO  YES

   More or better coverage of needed or desired services
   NO  YES

   Eligibility for Medicaid, Medi-Cal, or Medical Assistance changed
   NO  YES

   Financial reasons (cost of premiums, co-payments or deductibles)
   NO  YES

   Eligible for Medicare
   NO  YES
28.E. Are you currently insured?

☐ No ——> SKIP TO Q 31
☐ Yes

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

NO YES

1) Employer offers only one plan

2) Only eligible for current coverage due to medical condition

3) To be able to choose doctors or providers

4) To have more or better coverage of needed or desired services

5) Eligible for Medicaid, Medi-Cal, or Medical Assistance

6) Financial reasons (cost of premiums, co-payments or deductibles)

7) Eligible for Medicare

B. [IF “YES” TO MORE THAN ONE RESPONSE IN Q29.A, ASK] What was the PRIMARY reason for choosing your current medical coverage? [READ ALL CHOICES AND SELECT ONLY ONE]

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

30. All things considered, how satisfied are you with your current health insurance plan? [SHOWN CARD TO PARTICIPANT OR READ ALoud]

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

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

☐ No
☐ Yes

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

☐ HMO
☐ Doctor’s office (non-HMO)
☐ Any clinic
☐ Emergency room
☐ Other outpatient

Specify:

☐ No regular source of medical care
☐ Don’t know

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

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>a) Have you used (EACH) since your last visit?</th>
<th>b) How many times? (99 = 99 or more)</th>
<th>c) And have you used (EACH) in the last two weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) HMO</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
<td>0 10 20 30 40 50 60 70 80 90</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
</tr>
<tr>
<td>2) Doctor’s office (non-HMO)</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
<td>0 10 20 30 40 50 60 70 80 90</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
</tr>
<tr>
<td>3) Any clinic</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
<td>0 10 20 30 40 50 60 70 80 90</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
</tr>
<tr>
<td>4) Emergency room</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
<td>0 10 20 30 40 50 60 70 80 90</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
</tr>
<tr>
<td>5) Other outpatient</td>
<td>☐ NO ——&gt; G 34 ☐ YES</td>
<td>0 10 20 30 40 50 60 70 80 90</td>
<td>☐ NO ——&gt; NEXT ROW ☐ YES</td>
</tr>
</tbody>
</table>

Specify:
34. How much did you or other personal sources (your lover, your family, or your friends) pay out-of-pocket, for your outpatient medical care since your last visit (including insurance deductibles, co-payments, services not covered by your insurance, and charges above the allowable limits of your insurance coverage)?

ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN $1

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

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Have you used (EACH) since your last visit in (MONTH)?</th>
<th>How many times? (99 = 99 or more)</th>
<th>And have you used (EACH) in the last two weeks?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Dental health care provider (such as dentist or dental hygienist)</td>
<td>NO (GO TO NEXT ROW)</td>
<td>0, 1, 2, 3, 4, 5, 6, 7, 8, 9</td>
<td>NO, YES, Don't know, Refused</td>
</tr>
<tr>
<td>2) Mental health care provider (psychologist, psychiatrist, social worker, other therapist/ counselor)</td>
<td>NO (GO TO NEXT ROW)</td>
<td>0, 1, 2, 3, 4, 5, 6, 7, 8, 9</td>
<td>NO, YES, Don't know, Refused</td>
</tr>
<tr>
<td>3) Other health care provider (chiropractor, nutritionist, acupuncturist, herbalist)</td>
<td>NO (GO TO NEXT ROW)</td>
<td>0, 1, 2, 3, 4, 5, 6, 7, 8, 9</td>
<td>NO, YES, Don't know, Refused</td>
</tr>
<tr>
<td>4) Any form of paid health care in your home (visiting nurse services, home health aides, but not care from lovers, family or friends)</td>
<td>NO (GO TO Q 36)</td>
<td>0, 1, 2, 3, 4, 5, 6, 7, 8, 9</td>
<td>NO, YES, Don't know, Refused</td>
</tr>
</tbody>
</table>
36. Please estimate the TOTAL out-of-pocket expenses that you or other personal sources (your lover, family or friends) paid for prescription medications since your last visit in (MONTH). [ROUND TO NEAREST DOLLAR, CODE “0” IF LESS THAN $1]

$ 0 10 20 30 40 50 60 70 80 90

OR

- Don’t know
- Refused

37. REFER TO HOSPITALIZATIONS:
Was respondent hospitalized since his last visit?

- No ← SKIP TO Q 38
- Yes

[IF PARTICIPANT WAS HOSPITALIZED SINCE LAST VISIT, ASK:] You said you were hospitalized since your last visit. Please estimate the TOTAL out-of-pocket expenses that you or other personal sources (your lover, your family, or your friends) paid for the hospitalization(s) (including insurance deductibles, co-payments, services not covered by your insurance, and charges above the allowable limits of your insurance coverage.)

$ 0 10 20 30 40 50 60 70 80 90

OR

- Don’t know
- Refused

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

- No ← SKIP TO Q 38.D
- Yes

B. If yes, why?
[READ EACH REASON AND MARK ALL THAT APPLY.]

- Financial reasons
- Other non-financial reasons

C. [IF “YES” TO MORE THAN ONE RESPONSE IN Q 38.B., ASK] Which of these was the main reason that you did not seek medical care? [MARK ONLY ONE RESPONSE]

- Financial reasons
- Other non-financial reasons

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

- No
- Yes
40A. Was there a time since your last visit in (MONTH) when you did not obtain prescription medications that you thought you needed?

☐ No  SKIP TO Q 41
☐ Yes

B. If yes, why? [READ EACH REASON AND MARK ALL THAT APPLY.]

☐ Financial reasons
☐ Other non-financial reasons

Specify:

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

☐ No  SKIP TO Q 44
☐ Yes

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

1) Became too sick to work
2) HIV status became known to employer
3) HIV status became known to coworkers
4) Early retirement
5) Changed job as a personal decision
6) To receive better health insurance benefits
7) To receive better disability benefits
8) Other

Specify:

41. 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 or more
☐ Does not wish to answer

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

☐ No  SKIP TO Q 43
☐ Yes

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

☐ Less
☐ Same
☐ Greater

44A. Is there anything more that I haven't asked that you think we should know?

☐ No, nothing more  THANK PARTICIPANT AND SKIP TO Q 45
☐ Yes

B. Tell me about it. RECORD FULLY IN R's OWN WORDS.
45. Telephone interview?
   - No
   - Yes

46. Home visit?
   - No
   - Yes

47. PWA interview?
   - No
   - Yes

48. Date interview completed: 199

TIME ENDED

<table>
<thead>
<tr>
<th>HR</th>
<th>MIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>00</td>
<td>00</td>
</tr>
<tr>
<td>10</td>
<td>10</td>
</tr>
<tr>
<td>20</td>
<td>20</td>
</tr>
<tr>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>40</td>
<td>40</td>
</tr>
<tr>
<td>50</td>
<td>50</td>
</tr>
<tr>
<td>60</td>
<td>60</td>
</tr>
<tr>
<td>70</td>
<td>70</td>
</tr>
<tr>
<td>80</td>
<td>80</td>
</tr>
</tbody>
</table>

49. Interviewer's signature

INTERVIEWER'S NUMBER

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>