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

<table>
<thead>
<tr>
<th>A. Kaposi's sarcoma or KS</th>
<th>In what month and year (since your last visit), was it [first] diagnosed?</th>
<th>How many times were you diagnosed with this since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>KAPOS_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>KAPOM_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>KAPOY_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Pneumocystis carinii pneumonia (PCP)</th>
<th>In what month and year (since your last visit), was it [first] diagnosed?</th>
<th>How many times were you diagnosed with this since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>PCPM_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>PCPY_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Other pneumonia, specify</th>
<th>In what month and year (since your last visit), was it [first] diagnosed?</th>
<th>How many times were you diagnosed with this since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>PNEUM_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>PNEUY_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Toxoplasmosis or Toxo infection</th>
<th>In what month and year (since your last visit), was it [first] diagnosed?</th>
<th>How many times were you diagnosed with this since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>TOXOM_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>TOXOY_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Cytomegalovirus infection (CMV) in your eyes, lungs, colon, or other location. Where was it?</th>
<th>In what month and year (since your last visit), was it [first] diagnosed?</th>
<th>How many times were you diagnosed with this since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES/NO/UNSURE CODE ALL THAT APPLY (DO NOT CODE &quot;YES&quot; IF ONLY CMV ANTIBODIES.)</td>
<td>CMVE_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>CMVC_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>CMVM_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>F. Mycobacterial infection (MAC, MAI or atypical TB)</th>
<th>In what month and year (since your last visit), was it [first] diagnosed?</th>
<th>How many times were you diagnosed with this since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES/NO/UNSURE CODE ALL THAT APPLY (DO NOT CODE &quot;YES&quot; IF ONLY CMV ANTIBODIES.)</td>
<td>MAI_41</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>MAIM_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
<tr>
<td>NO</td>
<td>MAIY_42</td>
<td>○ 1 2 3 4 5 6 7 8 9</td>
</tr>
</tbody>
</table>
1. Continued

<table>
<thead>
<tr>
<th>G. Lymphoma, specify</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Primary brain</td>
<td>LYBRN_42</td>
<td>LYMP_42</td>
</tr>
<tr>
<td>☐ Non-Hodgkin's</td>
<td>LYNHK_42</td>
<td>LYNMP_42</td>
</tr>
<tr>
<td>☐ Other</td>
<td>LYMPO_42</td>
<td>LMPO_42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>H. Meningitis related to HIV or cryptococcal meningitis</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES</td>
<td>CRYPT_42</td>
<td>CRYPY_42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I. Candida or thrush, a yeast infection of the esophagus, not just your mouth</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES</td>
<td>CANDM_42</td>
<td>CANDY_42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>J. Cryptosporidiosis</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES</td>
<td>CRYSM_42</td>
<td>CRYSY_42</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K. Wasting Syndrome or severe weight loss</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ YES</td>
<td>WSYNM_42</td>
<td>WSYNY_42</td>
</tr>
</tbody>
</table>

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

- Name of hospital/clinic or doctor
- Address
- City State

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

- No  [SKIP TO Q 3] OAID1_42
- Yes

IF "YES": What was the diagnosis?

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>In what month and year was it first diagnosed since your last visit?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>J F M A M</td>
</tr>
<tr>
<td>1.</td>
<td>ADX1M_42</td>
</tr>
<tr>
<td>2.</td>
<td>ADX2M_42</td>
</tr>
<tr>
<td>3.</td>
<td>ADX3M_42</td>
</tr>
</tbody>
</table>
3. [Since your last visit in (MONTH)] Has a doctor or medical practitioner told you that you had some form of cancer (excluding Kaposi's sarcoma, primary brain lymphoma and non-Hodgkin's lymphoma)?

   [ ] No   [ ] Yes

   IF “NO,” GO TO Q 4

   IF YES: Where in the body was the cancer and what kind of cancer did they say it was?

   1) Type
      Site
      Type

   2) Type
      Site
      Type

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

   [ ] CAN1M_42
   [ ] CAN1Y_42

   [ ] CAN2M_42
   [ ] CAN2Y_42

   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

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

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

   [ ] NO   [ ] YES

   IF YES: When was your last test?

   [ ] PPDM_42
   [ ] PPDY_42

   Was it positive?

   [ ] NO   [ ] YES

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

   [ ] NO   [ ] YES

   B. Was the TB in your lungs?

   [ ] NO   [ ] YES

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

   [ ] NO   [ ] YES
6.A. [Since your last visit in (MONTH)] Have you been admitted to the hospital for any reason? This includes overnight stays and outpatient procedures.

- No
- Yes  [SKIP TO Q 7]

**HOSP_42**

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

- 1
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**GET RELEASE OF RECORDS.**
**NOTE NAME AND ADDRESS OF HOSPITAL**

**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
- DAY
- YEAR

**HOS1M_42**

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

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**HOS1N_42**

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

- MO
- DAY
- YEAR

**HOS2M_42**

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

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**HOS2N_42**

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

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>89</td>
</tr>
<tr>
<td>F</td>
<td>90</td>
</tr>
<tr>
<td>M</td>
<td>91</td>
</tr>
<tr>
<td>A</td>
<td>92</td>
</tr>
<tr>
<td>M</td>
<td>93</td>
</tr>
<tr>
<td>J</td>
<td>94</td>
</tr>
<tr>
<td>J</td>
<td>95</td>
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<td>A</td>
<td>96</td>
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<tr>
<td>M</td>
<td>97</td>
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<tr>
<td>A</td>
<td>98</td>
</tr>
<tr>
<td>J</td>
<td>99</td>
</tr>
<tr>
<td>J</td>
<td>00</td>
</tr>
</tbody>
</table>

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

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

- No
- Yes  [SKIP TO Q 7]

**DEPR_42**

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

- MO
- DAY
- YEAR

**DEPRM_42**

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

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

- No
- Yes  [SKIP TO Q 7]

**DEPRR_42**

**IF ONLY ONE HOSPITALIZATION**
(SEE RESPONSE TO 6.A.), [SKIP TO QUESTION 7]
1. high cholesterol, high tryglycerides, high lipids or too much fat in your blood?
   - No
   - Yes

2. high blood sugar or diabetes?
   - No
   - Yes

3. high blood pressure or hypertension?
   - No
   - Yes

4. a stroke or CVA?
   - No
   - Yes

5. chest pain or angina related to heart disease?
   - No
   - Yes

6. a heart attack or myocardial infarction (MI)?
   - No
   - Yes

7. congestive heart failure or CHF?
   - No
   - Yes

8. mini-strokes or transient ischemic attacks (TIA)?
   - No
   - Yes

9. too fast, too slow, or irregular heart beat?
   - No
   - Yes

10. any blood vessels (arteries) that were blocked or closed?
    - No
    - Yes

11. an operation to open blocked blood vessels in your heart or other areas?
    - No
    - Yes

12. a blood clot in your legs?
    - No
    - Yes

13. a blood clot in your lungs?
    - No
    - Yes

C. Have any members of your immediate family ever suffered from (EACH)?
   - No
   - Yes
   - Don't Know

GET MEDICAL RELEASE IF FIRST DIAGNOSIS WAS MADE IN PAST 6 MONTHS.
8.D. Have any members of your immediate family suffered from cancer?  
IF YES: Was it:  
a. Skin cancer  
b. Colon cancer  
c. Prostate cancer  
d. Cervical cancer (female family members)  
e. Anal cancer  
f. Other cancer  

9.A.(1) Have you ever undergone an anal biopsy?  
(By a biopsy, we mean removal of any tissue or gland to study under the microscope.)  

9.A.(2) How many times have you had an anal biopsy with abnormal results?  

9.A.(3) In what month and year were you [first] diagnosed with abnormal results?  

9.A.(4) If more than one abnormal biopsy, ask Q 9.A (4). If NOT, go to Q 9.B.  

9.B.(1) Have you ever undergone an anal pap smear?  

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

9.B.(3) Were the results abnormal?  

9.C.(1) Have you had any other biopsies?  

9.C.(2) How many times have you had an anal biopsy?  

9.C.(3) Where in your body?  

9.C.(4) What did they say the diagnosis or result of the biopsy was?  

9.C.(5) Name of the doctor who performed the biopsy, where the biopsy was performed and the date of the biopsy?
10. [Since your visit in (MONTH)] Has a doctor or other medical practitioner told you that you had (EACH)?

- A. Shingles (or herpes zoster) [Read and answer each.]
  - Yes
  - No

- B. Thrush (yeast in your mouth) [Read and answer each.]
  - Yes
  - No

- C. Infectious mononucleosis [Read and answer each.]
  - Yes
  - No

- D. Sinusitis, a sinus infection that requires antibiotics [Read and answer each.]
  - Yes
  - No

- E. Bronchitis [Read and answer each.]
  - Yes
  - No

- F. Pancreatitis [Read and answer each.]
  - Yes
  - No

- G. Prostate Problems [Read and answer each.]
  - Yes
  - No

- H. High blood pressure or hypertension [Read and answer each.]
  - Yes
  - No

- I. Injury to head with loss of consciousness [Read and answer each.]
  - Yes
  - No

- J. Anemia, low RBC, low hemoglobin [Read and answer each.]
  - Yes
  - No

- K. Chest pain related to heart disease or angina [Read and answer each.]
  - Yes
  - No

- L. Heart attack or myocardial infarction (MI) [Read and answer each.]
  - Yes
  - No

- M. Congestive heart failure or CHF [Read and answer each.]
  - Yes
  - No

- N. Stroke or CVA [Read and answer each.]
  - Yes
  - No

- O. Seizure [Read and answer each.]
  - Yes
  - No

- P. Osteoporosis (bone thinning) [Read and answer each.]
  - Yes
  - No

- Q. Arthritis [Read and answer each.]
  - Yes
  - No

- R. Avascular necrosis, osteonecrosis, or had a hip replacement [Read and answer each.]
  - Yes
  - No

- S. Kidney disease/Renal failure [Read and answer each.]
  - Yes
  - No

T. 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
  - Hepatitis C

- Specify:
  - Other

U. Liver disease

- GET MEDICAL RELEASE
  - No
  - Yes

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

V. [Since your visit in (MONTH)] Have you received an injection of pneumococcal vaccine/Pneumovax?

- HPVAC_42

W. [Since your last visit in (MONTH)] Have you received an injection of hepatitis B vaccine or combination of A and B vaccine (Twinrix)?

- NO
  - YES

X. [Since your last visit in (MONTH)] Have you received an injection of hepatitis A vaccine combination of A and B vaccine (Twinrix)?

- NRLEX_42

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

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

- Specify:
  - Other

- IF YES: What was the diagnosis?

- Specify:
  - Other

- Date of diagnosis

- Date of diagnosis

- Name of hospital/clinic or doctor

- Address

- City

- State

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

a) Eyes  
IF YES: Was there a diagnosis? VIDEY_42
What was the diagnosis? EYCON_42

b) Ears, Nose, Throat, Mouth and Sinuses  
IF YES: Was there a diagnosis? VIDEN_42
What was the diagnosis? ENCON_42

c) Heart and Blood Vessels  
IF YES: Was there a diagnosis? VIDHT_42
What was the diagnosis? HTCON_42

d) Lungs and Bronchial Tubes  
IF YES: Was there a diagnosis? VIDLQ_42
What was the diagnosis? LGCON_42

e) Stomach and Intestines  
IF YES: Was there a diagnosis? VIDSQ_42
What was the diagnosis? SICON_42

f) Bones, Joints or Muscles  
IF YES: Was there a diagnosis? VIDBJ_42
What was the diagnosis? BJCON_42

G) Genital, Urinary and Rectal  
IF YES: Was there a diagnosis? VIDGU_42
What was the diagnosis? GUCON_42

h) Skin  
IF YES: Was there a diagnosis? VIDSK_42
What was the diagnosis? SKCON_42

i) Nervous system  
IF YES: Was there a diagnosis? VIDNS_42
What was the diagnosis? NSCON_42

j) Psychological  
IF YES: Was there a diagnosis? VIDPY_42
What was the diagnosis? PYCON_42
### 11.A. Have you had any of the following forms of herpes, not including shingles or herpes zoster, [since your visit in (MONTH)]?

<table>
<thead>
<tr>
<th>DISEASE OR CONDITION</th>
<th>HAD DISEASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A) Syphilis</td>
<td>SYPHA_42</td>
</tr>
<tr>
<td>B) Any form of gonorrhea</td>
<td>GONOR_42</td>
</tr>
<tr>
<td>C) Urethral gonorrhea</td>
<td>UGONA_42</td>
</tr>
<tr>
<td>D) Oral gonorrhea (of the mouth or throat)</td>
<td>OGONA_42</td>
</tr>
<tr>
<td>E) Rectal gonorrhea (of the rectum)</td>
<td>RGONA_42</td>
</tr>
<tr>
<td>F) Non-specific or nongonococcal urethritis (that is, a discharge from the penis that is not caused by gonorrhea)</td>
<td>URETA_42</td>
</tr>
<tr>
<td>G) Genital warts (condylomata acuminata)</td>
<td>WARTG_42</td>
</tr>
<tr>
<td>H) Anal warts (condylomata acuminata)</td>
<td>WARTS_42</td>
</tr>
<tr>
<td>I) Chlamydia</td>
<td>CHLAA_42</td>
</tr>
<tr>
<td>J) Any parasitic diseases including worm infestation, salmonellosis, amoebic dysentery, or giardiasis</td>
<td>PARAA_42</td>
</tr>
</tbody>
</table>

**IF “NO” TO (B), SKIP TO (F)**

**IF “NO” TO ALL FOUR, SKIP TO Q 12**
13.A. [Since your visit in (MONTH)] Have you had any of the following problems or symptoms?

<table>
<thead>
<tr>
<th>PROBLEM OR SYMPTOM</th>
<th>How about EACH?</th>
<th>Did that last for two weeks or longer?</th>
<th>And do you have that now?</th>
<th>Is this a new condition? If YES, GO TO COLUMN E</th>
<th>WHEN BEGAN (Month and Year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Persistent dizziness for at least 3 consecutive days</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>NO YES</td>
<td>WHEN BEGAN (Month and Year)</td>
</tr>
<tr>
<td>2) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days</td>
<td>FATIG_42</td>
<td>FAT2W_42</td>
<td>FAT2W_42</td>
<td>FAT2W_42</td>
<td>FAT2W_42</td>
</tr>
<tr>
<td>3) Persistent or recurring fever higher than 100° for at least 3 consecutive days</td>
<td>FEVER_42</td>
<td>FEVR_42</td>
<td>FEVER_42</td>
<td>FEVER_42</td>
<td>FEVER_42</td>
</tr>
<tr>
<td>4) Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days</td>
<td>HEAD_42</td>
<td>HEAN_42</td>
<td>HEAN_42</td>
<td>HEAN_42</td>
<td>HEAN_42</td>
</tr>
<tr>
<td>5) A new skin condition, rash, or infection that lasted for at least 3 consecutive days</td>
<td>RASH_42</td>
<td>RASH_42</td>
<td>RASH_42</td>
<td>RASH_42</td>
<td>RASH_42</td>
</tr>
<tr>
<td>6) Tender or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days</td>
<td>GLAND_42</td>
<td>GLAN_42</td>
<td>GLAN_42</td>
<td>GLAN_42</td>
<td>GLAN_42</td>
</tr>
<tr>
<td>7) Diarrhea for at least 3 consecutive days</td>
<td>DIARR_42</td>
<td>DIAN_42</td>
<td>DIAN_42</td>
<td>DIAN_42</td>
<td>DIAN_42</td>
</tr>
<tr>
<td>8) Drenching sweats at night on at least 3 occasions</td>
<td>SWEAT_42</td>
<td>SWTW_42</td>
<td>SWTW_42</td>
<td>SWTW_42</td>
<td>SWTW_42</td>
</tr>
<tr>
<td>9) Nausea, vomiting</td>
<td>VOMIT_42</td>
<td>VOTW_42</td>
<td>VOTW_42</td>
<td>VOTW_42</td>
<td>VOTW_42</td>
</tr>
<tr>
<td>10) Abdominal pain, bloating, cramps</td>
<td>BLOAT_42</td>
<td>ABP2W_42</td>
<td>ABP2W_42</td>
<td>ABP2W_42</td>
<td>ABP2W_42</td>
</tr>
<tr>
<td>11) Ascites (fluid buildup in the stomach or abdomen)</td>
<td>ASCIT_42</td>
<td>ASCW_42</td>
<td>ASCW_42</td>
<td>ASCW_42</td>
<td>ASCW_42</td>
</tr>
<tr>
<td>12) Jaundice (yellow hue to whites of eyes, dark urine or clay colored stools)</td>
<td>JDICE_42</td>
<td>JDIW_42</td>
<td>JDIW_42</td>
<td>JDIW_42</td>
<td>JDIW_42</td>
</tr>
<tr>
<td>13) An unusual bruise or bump or skin discoloration that lasted at least two weeks</td>
<td>BRUIS_42</td>
<td>BRUSN_42</td>
<td>BRUSN_42</td>
<td>BRUSN_42</td>
<td>BRUSN_42</td>
</tr>
<tr>
<td>14) An unintentional weight loss of at least 10 pounds (unrelated to dieting)</td>
<td>WTLOS_42</td>
<td>WTLNC_42</td>
<td>WTLNC_42</td>
<td>WTLNC_42</td>
<td>WTLNC_42</td>
</tr>
<tr>
<td>15) Blood in urine</td>
<td>BLURN_42</td>
<td>BLUN_42</td>
<td>BLUN_42</td>
<td>BLUN_42</td>
<td>BLUN_42</td>
</tr>
</tbody>
</table>
13.A. Continued

<table>
<thead>
<tr>
<th>PROBLEM OR SYMPTOM</th>
<th>How about (EACH)? Did you have that at any time (since your visit in [MONTH])?</th>
<th>Did that last for two weeks or longer?</th>
<th>And do you have that now?</th>
<th>Is this a new condition? IF YES, GO TO COLUMN E</th>
<th>In what month and year since your last visit did it begin? [IF NEEDED: Even though you don't remember the exact month, it would help if you could tell me the season or approximate time of year when it started (this last time)].</th>
</tr>
</thead>
<tbody>
<tr>
<td>16) Unusual bleeding or bleeding that is difficult to stop</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td>WHEN BEGAN (Month and Year)</td>
</tr>
<tr>
<td>17) Muscle pain or weakness</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>18) Joint pain</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>19) Painful urination</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>20) Kidney stones</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>21) Vivid nightmares or dreams</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>22) Insomnia or problems sleeping</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>

13.B. [Since your last visit in (MONTH)]

Have you experienced:

<table>
<thead>
<tr>
<th>If NO, go to next question. If YES, indicate severity.</th>
<th>Severity</th>
</tr>
</thead>
<tbody>
<tr>
<td>If NO, go to next question. If YES, indicate severity.</td>
<td>![Severity Chart]</td>
</tr>
</tbody>
</table>

- Pain, aching, or burning in your feet or legs?
- Pins and needles in your feet or legs?
- Numbness (lack of feeling) in your feet or legs?
14. Since your last visit, have you taken any HIV-related medications or treatments? (That is, medications or treatments to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS excluding acyclovir.)

- No
- Yes — SKIP TO Q 15.A (1)

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

- Not infected with HIV — GO TO Q NMNI_42
- Doctor said was not necessary — NMDS_42
- Not sick — NMNS_42
- Too expensive — NMEX_42
- Don't think they work or will help — NMDW_42
- Possible side effects — NMSE_42
- Can't take them the way the doctor wants (too many times during the day or won't remember) — NMCD_42
- Other reason — NMOR_42

15.A (1) [Since your visit in (MONTH)] Has a doctor or other medical practitioner tested your blood to see if you have HIV that is resistant to certain drugs?

- No
- Yes — SKIP TO Q 15.B (1) IF ON HIV MEDS

15.A (2) What type of test was done?

- Phenotype — PHENO_42
- Genotype — GENOT_42

15.A (3) Has your treatment (drugs) been changed as a result of that test?

- No
- Yes — Don't know

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

- No
- Yes — SKIP TO Q 15.B (3)

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

- Doctor said was not necessary — NMDS_42
- Not sick — NMNS_42
- Too expensive — NMEX_42
- Don't think they work or will help — NMDW_42
- Possible side effects — NMSE_42
- Can't take them the way the doctor wants (too many times during the day or won't remember) — NMCD_42
- Other reason — NMOR_42

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

- 3-TC (Epivir, Lamivudine)
- Abacavir (Ziagen)
- Amprenavir (Agenerase)
- AZT (Retrovir, Zidovudine)
- Atazanavir (Reyataz BMS-232632)
- Combivir (AZT & 3-TC)
- d4T (Zerit, Stavudine)
- ddI (Dideoxyinosine, Didanosine, Videx)
- Delavirdine (Rescriptor)
- Efavirenz (Sustiva)
- Emtriva (Emtricitabine, Coviracil, FTC)
- Epzicom (Abacavir + Lamivudine)
- Fuzeon (Pentafuside, Enfuvirtide, T-20)
- Indinavir (Crixivan)
- Lexiva (Fosamprenavir)
- Lopinavir/r (Kaletra)
- Nevirapine (Viramune)
- Ritonavir (Norvir)
- Saquinavir (Invirase, Fortovase)
- Telitivex (Tenofovir, Emtricitabine)
- Trazivir (Abacavir + Lamivudine)
- Truvada (Tenofovir, Emtricitabine)
- Other anti-viral from Drug List 1

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

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

- No
- Yes — IF YES: How many times did this occur?
15.C. (1) [Since your last visit in (MONTH)] Have you taken any medication or drug on this list [SHOW LIST 2] to suppress or prevent getting sick because of HIV or treat the sickness related to HIV or AIDS?

☐ No SKIP TO Q 15.D  ML2AD_42

☐ 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. COMPLETE DRUG FORM 2 FOR EACH DRUG.

☐ Atovaquone (BW66CB0, Mepron)
☐ Azithromycin (Zithromax)
☐ Bactrim (Septra, SMZ-TMP, Sulfamethoxazole)
☐ Ciprofloxacin (CIPRO)
☐ Clarithromycin (Biaxin)
☐ Co-enzyme Q
☐ Colony stimulating factors (GM-CSF, G-CSF, Neupogen)
☐ Cortisone
☐ Dapsone
☐ DHEA
☐ Ethambutol (Myambutal)
☐ Erythropoietin (Epogen, Procrit)
☐ Flagyl (metronidazole)
☐ Fluconazole (Diflucan)
☐ Ganciclovir (DHPG, Cytovene)
☐ Hydroxyurea (Hydra)
☐ Interleukin-2 (IL-2)
☐ Itraconazole (Sporonox)
☐ Ketoconazole (Nizoral)
☐ Co-enzyme Q
☐ Colony stimulating factors (GM-CSF, G-CSF, Neupogen)
☐ Cortisone
☐ Dapsone
☐ DHEA
☐ Ethambutol (Myambutal)
☐ Erythropoietin (Epogen, Procrit)
☐ Flagyl (metronidazole)
☐ Fluconazole (Diflucan)
☐ Ganciclovir (DHPG, Cytovene)
☐ Hydroxyurea (Hydra)
☐ Interleukin-2 (IL-2)
☐ Itraconazole (Sporonox)
☐ Ketoconazole (Nizoral)
☐ Other from Drug List 2

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

☐ No  SKIP TO Q 16  OMDAD_42

☐ Yes

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

STOP

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. COMPLETE DRUG FORM 2 FOR EACH DRUG.
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 visit in (MONTH)].

<table>
<thead>
<tr>
<th>Item</th>
<th>Description</th>
<th>ASK EACH ITEM UNTIL FIRST &quot;NO&quot; TO OTHER DRUG (ITEM 17a)</th>
<th>How about EACH? Have you (taken/used) any (since your visit in (MONTH))?</th>
<th>When specified, what was the name of the (KIND OF DRUG) you took and what did you take this drug for?</th>
<th>Have you taken/used any in the past 3 days [FOR ASPIRIN in the last week]?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>Steroids that you took by mouth or were injected</td>
<td>STRAV_42</td>
<td>Name:</td>
<td>NAME:</td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td>Thyroid hormone or medication</td>
<td>THYRV_42</td>
<td>Name:</td>
<td>THYR5_42</td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td>Other hormones such as anabolic steroids</td>
<td>HORMV_42</td>
<td>Name:</td>
<td>HORM5_42</td>
<td></td>
</tr>
<tr>
<td>4)</td>
<td>Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug</td>
<td>ANTBV_42</td>
<td>Name:</td>
<td>ANTB5_42</td>
<td></td>
</tr>
<tr>
<td>5)</td>
<td>Medication taken by mouth for fungal infection</td>
<td>FGMDV_42</td>
<td>Name:</td>
<td>FGMD5_42</td>
<td></td>
</tr>
<tr>
<td>6)</td>
<td>Medication taken by mouth for worms or parasites</td>
<td>WRMDV_42</td>
<td>Name:</td>
<td>WRMDS_42</td>
<td></td>
</tr>
<tr>
<td>7)</td>
<td>Tranquilizers or sleeping pills</td>
<td>TRNQV_42</td>
<td>Name:</td>
<td>TRNQS_42</td>
<td></td>
</tr>
<tr>
<td>8)</td>
<td>Antidepressants or mood elevators</td>
<td>MOODV_42</td>
<td>Name:</td>
<td>MOOD5_42</td>
<td></td>
</tr>
<tr>
<td>9)</td>
<td>Lithium</td>
<td>LITHV_42</td>
<td>Name:</td>
<td>LITH5_42</td>
<td></td>
</tr>
<tr>
<td>10)</td>
<td>Acyclovir, famciclovir or valacyclovir for herpes (zovirax famvir, valtrex) IF YES, was this for:</td>
<td>ACYCV_42</td>
<td>Name:</td>
<td>ACYC5_42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>chronic herpes?</td>
<td>CHACY_42</td>
<td>Name:</td>
<td>CHACY_42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>episodic herpes?</td>
<td>EPACY_42</td>
<td>Name:</td>
<td>EPACY_42</td>
<td></td>
</tr>
<tr>
<td>11)</td>
<td>Viagra or other drugs for erectile dysfunction</td>
<td>VIAGR_42</td>
<td>Name:</td>
<td>VIAG5_42</td>
<td></td>
</tr>
<tr>
<td>12)</td>
<td>Aspirin taken three days or more on a weekly basis</td>
<td>ASPRN_42</td>
<td>Name:</td>
<td>ASPR7_42</td>
<td></td>
</tr>
<tr>
<td>13a)</td>
<td>Cholesterol, triglycerides, lipid or any blood fat lowering medications a.</td>
<td>CHOL1_42</td>
<td>Name:</td>
<td>CHL15_42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b.</td>
<td>CHOL2_42</td>
<td>Name:</td>
<td>CHL25_42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c.</td>
<td>CHOL3_42</td>
<td>Name:</td>
<td>CHL35_42</td>
<td></td>
</tr>
<tr>
<td>14)</td>
<td>Hypertension medications a.</td>
<td>HYPT1_42</td>
<td>Name:</td>
<td>HYP15_42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b.</td>
<td>HYPT2_42</td>
<td>Name:</td>
<td>HYP25_42</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c.</td>
<td>HYPT3_42</td>
<td>Name:</td>
<td>HYP35_42</td>
<td></td>
</tr>
</tbody>
</table>
16. Continued

**ASK EACH ITEM UNTIL FIRST “NO” TO OTHER DRUG [ITEM 17a]**

<table>
<thead>
<tr>
<th>Item</th>
<th>Question</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a</td>
<td>MEDICATIONS USED FOR DIABETES</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>a.</strong> How about (EACH)? Have you taken/used any in the past 5 days?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>b.</strong> When specified, what was the name of the (KIND OF DRUG) you took?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>c.</strong> What did you take this drug for?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>HEPATITIS MEDICATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>a.</strong> When specified, what was the name of the (KIND OF DRUG) you took?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>b.</strong> What did you take this drug for?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>OTHER MEDICATIONS</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>a.</strong> When specified, what was the name of the (KIND OF DRUG) you took?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>b.</strong> What did you take this drug for?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SKIP TO Q 16.16**
17.A. Since your visit in (MONTH), have you been given a vaccine against HIV in a trial?

- No [ ]  
- Yes [ ]

B. Do you know the name of the trial?

- No [ ]  
- Yes [ ] Specify:

C. Where did you go for this trial?

Name of hospital or clinic: 
Address: 
City: State: 
Date started trial: 

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

18.A. Since your last visit, have you had any medical coverage, such as HMO coverage, Blue Cross, or Medicare?

- No [ ]  
- Yes - did you have

1) Coverage by an HMO
   - No [ ]  
   - Yes [ ] Specify:

2) Private insurance through a group (Blue Cross, CIGNA, etc.) (not as a HMO)
   - No [ ]  
   - Yes [ ] Specify:

3) Individual private insurance (Blue Cross, CIGNA, etc.) (not as a HMO)
   - No [ ]  
   - Yes [ ] Specify:

4) Medicaid, Medi-Cal, or Medical Assistance
   - No [ ]  
   - Yes [ ] Specify:

5) Medicare (for people over 65 or permanently disabled)
   - No [ ]  
   - Yes [ ] Specify:

6) Health care benefits for The Armed Forces or Veteran’s Administration
   - No [ ]  
   - Yes [ ] Specify:

7) CHAMPUS or CHAMP-VA, medical insurance for dependents of military personnel or survivors of disabled veterans
   - No [ ]  
   - Yes [ ] Specify:

8) Other
   - No [ ]  
   - Yes - did you have

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

- No [ ]  
- Yes - did you have

19.A. Since your last visit, have you changed or lost your medical coverage?

- No [ ]  
- Yes [ ] Specify:

B. If YES, was that change your choice?

- No [ ]  
- Yes [ ] Specify:

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

1) Lost or quit job
   - No [ ]  
   - Yes [ ] Specify:

2) Changed job (employer or employment status)
   - No [ ]  
   - Yes [ ] Specify:

3) Employer changed or dropped coverage
   - No [ ]  
   - Yes [ ] Specify:

4) Pre-existing medical condition limited choices
   - No [ ]  
   - Yes [ ] Specify:

5) To be able to choose doctors or providers
   - No [ ]  
   - Yes [ ] Specify:

6) More or better coverage of needed or desired services
   - No [ ]  
   - Yes [ ] Specify:

7) Eligibility for Medicaid, Medi-Cal, or Medical Assistance changed
   - No [ ]  
   - Yes [ ] Specify:

8) Financial reasons (cost of premiums, co-payments or deductibles)
   - No [ ]  
   - Yes [ ] Specify:

9) Eligible for Medicare
   - No [ ]  
   - Yes [ ] Specify:

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

- No [ ]  
- Yes [ ] Specify:

E. Are you currently insured?

- No [ ]  
- Yes - did you have
20. A. Did any of the following reasons apply in choosing your current medical coverage? (PLEASE ASK EACH QUESTION)

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 Q 20.A, ASK] What was the PRIMARY reason for choosing your current medical coverage? [READ ALL CHOICES AND SELECT 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

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

- Completely satisfied, couldn’t be better
- Very satisfied
- Somewhat satisfied
- Neither satisfied nor dissatisfied
- Somewhat dissatisfied
- Very dissatisfied
- Completely dissatisfied, couldn’t be worse

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

- No
- Yes

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

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

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

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Have you used (EACH) since your last visit?</th>
<th>How many times? (99 = 99 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) HMO</td>
<td>NO</td>
<td>HM0OV_42</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>HM0NU_42</td>
</tr>
<tr>
<td>2) Doctor’s office or specialty clinic</td>
<td>NO</td>
<td>DOCOV_42</td>
</tr>
<tr>
<td>(non-HMO) including Urgent Care</td>
<td>YES</td>
<td>DOCNU_42</td>
</tr>
<tr>
<td>3) Any other clinic</td>
<td>NO</td>
<td>CLOV_42</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>CLNUM_42</td>
</tr>
<tr>
<td>4) Emergency room</td>
<td>NO</td>
<td>EROV_42</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>ERNUM_42</td>
</tr>
<tr>
<td>5) Other outpatient service (Specify below)</td>
<td>NO</td>
<td>OPOV_42</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td>OPNUM_42</td>
</tr>
</tbody>
</table>
25. 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>
</tr>
</thead>
<tbody>
<tr>
<td>1) Dental health care provider (such as dentist or dental hygienist)</td>
<td>NO  <strong>DENTV_42</strong></td>
<td>DHNUM_42</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>2) Mental health care provider (psychologist, psychiatrist, social worker, other therapist/counselor)</td>
<td>NO  <strong>USEMH_42</strong></td>
<td>MHNUM_42</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>3) Other health care provider (chiropractor, nutritionist, acupuncturist, herbalist)</td>
<td>NO  <strong>USEAO_42</strong></td>
<td>AONUM_42</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></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  <strong>USEHC_42</strong></td>
<td>HCNUM_42</td>
</tr>
<tr>
<td></td>
<td>YES</td>
<td></td>
</tr>
</tbody>
</table>
26. Please estimate the TOTAL out-of-pocket expenses that you or other personal sources (your lover, family or friends) paid for prescription medications since your last visit in (MONTH). [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN $1]

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

| OR | Don't know | Refused |

PMPAY_42

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

- No [SKIP TO Q 28]
- Yes

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

1) Medical care

- No [SKIP TO (2)]
- Yes

Why did you not seek medical care?

[READ EACH AND MARK ALL THAT APPLY]

- Financial reasons
- Other non-financial reasons

Specify:

NSMED_42
NSEEK_42

2) Dental care

- No [SKIP TO (3)]
- Yes

Why did you not seek dental care?

[READ EACH AND MARK ALL THAT APPLY]

- Financial reasons
- Other non-financial reasons

Specify:

NSDEN_42
NDFIN_42

3) Prescription Medications

- No [SKIP TO Q 28]
- Yes

Why did you not obtain prescription medications?

[READ EACH AND MARK ALL THAT APPLY]

- Financial reasons
- Other non-financial reasons

Specify:

NOPRE_42
NPFIN_42

30.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 31

 Otinf_42

31. ACASI interview?

- No
- Yes

32. Telephone interview?

- No
- Yes

33. Home visit?

- No
- Yes

ACASI_42
PHINT_42
HVINT_42
34. PWA interview?
   - No
   - Yes
   - Don’t know

35. Date interview completed

36. Interviewer’s signature

37. Are you of Hispanic (Spanish) or Latino origin?
   - No
   - Yes

38. What is your race? Do you consider yourself . . .?
   - White
   - Black
   - Alaskan Native
   - Asian
   - Native Hawaiian (Pacific Islander)
   - Native American (North, South, Central) Indian
   - Other

39. 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 or more
   - Does not wish to answer

40. Are you experiencing major financial difficulty meeting your basic expenses?
   - No
   - Yes

41. Since your last visit, has your employment status changed for any reason related to HIV disease?
   - No
   - Yes

42. If yes, what were the reasons?
   - Became too sick to work
   - HIV status became known to employer
   - HIV status became known to coworkers
   - Early retirement
   - To receive better health insurance benefits
   - To receive better disability benefits
   - Other

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

42. Now I have some questions about cigarette smoking.
   A. Have you ever smoked cigarettes?  ESMOK_42
      - No  SKIP TO Q 43
      - Yes
   B. Do you smoke cigarettes now? (As of one month ago?)  SMOKN_42
      - No  SKIP TO Q 43
      - 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  PACKS_42

43. 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_42
      - Never  STOP – SKIP TO Q 43K
      - Less than monthly  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_42
      - 1 or 2
      - 3 or 4
      - 5 or 6
      - 7 to 9
      - 10 or more
      - 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_42
      - Never
      - Less than monthly
      - Monthly
      - Daily or almost daily
   D. How often during the past 6 months have you found that you were not able to stop drinking once you started?  NSDRK_42
      - Never
      - Less than monthly
      - Monthly
      - Daily or almost daily
   E. How often during the past 6 months have you failed to do what was normally expected from you because of drinking?  FLDRK_42
      - Never
      - Less than monthly
      - Monthly
      - Daily or almost daily
   F. How often during the past 6 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?  MODRNK_42
      - Never
      - Monthly
      - Daily or almost daily
   G. How often during the past 6 months have you had a feeling of guilt or remorse after drinking?  GDRN_42
      - Never
      - Monthly
      - Daily or almost daily
   H. How often during the past 6 months have you been unable to remember what happened the night before because you had been drinking?  HGRN_42
      - Never
      - Monthly
      - Daily or almost daily
   I. Have you or someone else been injured as a result of your drinking?  IRDKN_42
      - No
      - Yes, but not in the past 6 months
      - Yes, during the past 6 months
   J. Has a relative or friend, or doctor or other health worker been concerned about your drinking or suggested that you cut down?  JRDNK_42
      - No
      - Yes, but not in the past 6 months
      - Yes, during the past 6 months
   K. Have you ever been in an alcohol treatment program, including inpatient and/or outpatient detox, alcoholics anonymous, and/or any other program?  ALCTP_42
      - No
      - Yes

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.

44. Have you engaged in any sort of sexual activities involving another person [since your visit in (MONTH)]?  SEXAV_42
   - No  SKIP TO Q 51
   - Yes
45. Have you had any sexual activity with a woman since your last visit?  SEXVF_42
   - No  SKIP TO Q 48
   - Yes
46. Now let's talk about how many different women you have had sexual activity with since your last visit.

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

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

The next questions are about different kinds of sexual activity men have with women.

If no intercourse with women, skip to Q 47.10

47. If only one partner: use column a.  If multiple partners: use column b.

<table>
<thead>
<tr>
<th>KIND OF ACTIVITY</th>
<th>Did you do this/engage in this activity with a woman since your last visit?</th>
<th>How many women did you do that with [since your last visit]? (Give me the actual number) (if needed: What's your best estimate?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) You put your penis in her mouth (oral sex).</td>
<td>NO YES</td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>2) With how many of those women did you use a condom every time for oral sex, even if it broke, tore, or slipped?</td>
<td>COIF1_42</td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td></td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>3) With how many women did you ejaculate/cum in her mouth when you did not use a condom (or when a condom failed)?</td>
<td>OEIF1_42</td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td></td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>4) You put your penis in her vagina (vaginal sex).</td>
<td>VINF1_42</td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>5) With how many of those women did you use a condom every time for vaginal sex, even if it broke, tore, or slipped?</td>
<td>CVIF1_42</td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td></td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>6) With how many women did you ejaculate/cum in her vagina when you did not use a condom (or when a condom failed)?</td>
<td>VEIF1_42</td>
<td>NO 1 02 03 04 05 06 07 08 09 0</td>
</tr>
</tbody>
</table>
47. Continued

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

<table>
<thead>
<tr>
<th>KIND OF ACTIVITY</th>
<th>Did you do this/engage in this activity with a woman since your last visit?</th>
<th>How many women did you do that with (since your last visit)? (Give me the actual number) (IF NEEDED: What’s your best estimate?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7) You put your penis in her anus/butt (anal sex). IF NONE, SKIP TO ITEM (10).</td>
<td>NO YES</td>
<td>CAIF1_42</td>
</tr>
<tr>
<td>8) With how many of those women did you use a condom every time for anal sex, even if it broke, tore, or slipped? IF ONE PARTNER: Did you use a condom every time for anal sex, even if it broke, tore, or slipped?</td>
<td>NO YES</td>
<td>AEJF1_42</td>
</tr>
<tr>
<td>9) With how many women did you ejaculate/cum in her anus/butt when you did not use a condom (or when a condom failed)? IF ONE PARTNER: Did you ejaculate/cum in her anus/butt when you did not use a condom (or when a condom failed)?</td>
<td>NO YES</td>
<td>RIMF1_42</td>
</tr>
<tr>
<td>10) You used your tongue to touch or lick her anus/butt (“rimming”).</td>
<td>NO YES</td>
<td>LICF1_42</td>
</tr>
<tr>
<td>11) You used your tongue to touch or lick her genitals (vagina, clitoris).</td>
<td>NO YES</td>
<td></td>
</tr>
</tbody>
</table>

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

- No
- Yes  SKIP TO Q 51 SEXVM_42

49. Now let’s talk about how many different men you have had sexual activity with since your last visit.

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

B. With how many other men have you had sexual activity that did not include intercourse since your last visit?
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 50.13**

50. **IF ONLY ONE PARTNER: USE COLUMN a.**

**IF MULTIPLE PARTNERS: USE COLUMN b.**

<table>
<thead>
<tr>
<th>KIND OF ACTIVITY</th>
<th>Did you do this/engage in this activity with a man since your last visit?</th>
<th>How many men did you do that with [since your last visit]? (Give me the actual number) (IF NEEDED: What's your best estimate?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) You put your penis in his mouth.</td>
<td>NO YES</td>
<td>ORIN1_42</td>
</tr>
<tr>
<td>IF NONE, SKIP TO ITEM (4).</td>
<td></td>
<td>NOINM_42</td>
</tr>
<tr>
<td>2) Thinking of the times you put your penis in his mouth, with how many men did you use a condom every time, even if it broke, tore, or slipped?</td>
<td>COIN1_42</td>
<td>NOCOIM_42</td>
</tr>
<tr>
<td>IF ONE PARTNER: Thinking of the times you put your penis in his mouth, did you use a condom every time, even if it broke, tore, or slipped?</td>
<td>NO YES</td>
<td>NOEJM_42</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td>NOEJM_42</td>
</tr>
<tr>
<td>3) With how many men did you ejaculate/cum in their mouths when you did not use a condom (or when a condom failed)?</td>
<td>NO YES</td>
<td>NOEJM_42</td>
</tr>
<tr>
<td>IF ONE PARTNER: Did you ejaculate/cum in his mouth when you did not use a condom (or when a condom failed)?</td>
<td>NO YES</td>
<td>NOEJM_42</td>
</tr>
<tr>
<td>4) You put your penis in his anus/butt.</td>
<td>NO YES</td>
<td>ANIN1_42</td>
</tr>
<tr>
<td>IF NONE, SKIP TO ITEM (7).</td>
<td></td>
<td>NAINM_42</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td>NAINM_42</td>
</tr>
<tr>
<td>5b.) Thinking of the times you put your penis in their anus/butt, with how many men did you use a condom every time, even if it broke, tore, or slipped?</td>
<td>NO YES</td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>If any unprotected anal sex (Q5b &lt; Q4) then read:</td>
<td></td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>For those men with whom you did not use a condom,</td>
<td></td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>5b.1) Were any of these men HIV positive?</td>
<td>NO YES</td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>5b.2) Were any of these men HIV negative?</td>
<td>NO YES</td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>If 5b.1 or 5b.2 = Don’t Know/Not Sure, skip to 6b.</td>
<td>NO YES</td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>5b.3) Were you unsure of the HIV status of any of these men?</td>
<td>NO YES</td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td></td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>5a.) 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?</td>
<td>NO YES</td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>If 5a = No,</td>
<td></td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>5a.1) What was the HIV status of your partner when you did not use a condom?</td>
<td>NO YES</td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td>NCAIM_42</td>
</tr>
<tr>
<td>6b.) With how many men did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)?</td>
<td>NO YES</td>
<td>NAEJM_42</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td></td>
<td>NAEJM_42</td>
</tr>
<tr>
<td>6a.) Did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)?</td>
<td>NO YES</td>
<td>NAEJM_42</td>
</tr>
</tbody>
</table>
50. Continued

<table>
<thead>
<tr>
<th>KIND OF ACTIVITY</th>
<th>Did you do this/engage in this activity with a man since your last visit?</th>
<th>How many men did you do that with [since your last visit]? (Give me the actual number) (IF NEEDED: What's your best estimate?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7) He put his penis in your mouth.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF NONE, SKIP TO ITEM (10).</td>
<td>NO YES ORRC1_42</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thinking of the times when a man put his penis in your mouth, with how many men was a condom used every time, even if it broke, tore, or slipped?</td>
<td>NO YES CORR1_42</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Thinking of the times when he put his penis in your mouth, was a condom used every time, even if it broke, tore, or slipped?</td>
<td>NO YES</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) With how many men did ejaculate/cum go into your mouth when they did not use a condom (or when a condom failed)?</td>
<td>NO YES OREM1_42</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did ejaculate/cum go into your mouth when he did not use a condom (or when a condom failed)?</td>
<td>NO YES</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>10) He put his penis in your anus/butt.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>IF NONE, SKIP TO ITEM (13).</td>
<td>NO YES ANRC1_42</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b.) Thinking of the times when a man put his penis in your anus/butt, with how many men was a condom used every time, even if it broke, tore, or slipped?</td>
<td>NO YES</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>If any unprotected anal sex (Q11b &lt; Q10) then read:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of the men who did not use a condom,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b.1) Were any of these men HIV positive?</td>
<td>NO YES</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>11b.2) Were any of these men HIV negative?</td>
<td>NO YES</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>If 11b.1 or 11b.2 = Don't Know/Not Sure, skip to 12b.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11b.3) Were you unsure of the HIV status of any of these men?</td>
<td>NO YES</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF ONE PARTNER:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a.) Thinking of the times when he put his penis in your anus/butt, was a condom used every time, even if it broke, tore, or slipped?</td>
<td>NO YES</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>If 11a = No,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a.1) What was the HIV status of your partner when he did not use a condom?</td>
<td>NO YES</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12b.) With how many men did ejaculate/cum go into your anus/butt when they did not use a condom (or when a condom failed)?</td>
<td>NO YES AREM1_42</td>
<td>0 1 02 03 04 05 06 07 08 09 0</td>
</tr>
</tbody>
</table>
50. Continued

IF ONLY ONE PARTNER: USE COLUMN a.

IF MULTIPLE PARTNERS: USE COLUMN b.

<table>
<thead>
<tr>
<th>KIND OF ACTIVITY</th>
<th>NO</th>
<th>YES</th>
<th>a) You used your tongue to touch or lick his anus/butt (“rimming”).</th>
<th>RIMI1_42</th>
</tr>
</thead>
</table>

Did you do this/engage in this activity with a man since your last visit?

How many men did you do that with (since your last visit)? (Give me the actual number) (IF NECESSARY: What’s your best estimate?)

0 1 2 3 4 5 6 7 8 9

50.14) You said you had (intercourse or sexual activity) with only one man [(since your visit in (MONTH)]. How would you describe this individual?

O Main partner or someone you have a longstanding relationship with, live with, or partner with

O Casual partner, one-time partner, or person with whom you have not developed a longstanding, close relationship with

IF participant has only one man since last visit (49A + 49B = 1), ask Q 50.14

50.15) You mentioned that you had sex with more than one man [(since your visit in (MONTH)]. Would you consider only one of these men to be a main partner or someone you have a longstanding relationship with, live with, or partner with?

O No

O Yes

IF ONLY ONE PARTNER: USE COLUMN a.

IF MULTIPLE PARTNERS: USE COLUMN b.

50.16) Did you have unprotected anal intercourse with your main partner in the last 6 months?

O No

O Yes

50.17) What is the HIV status of your main partner?

O Negative

O Positive

O I don’t know

50.18) Many men meet new sexual partners through different sources and in different settings. Since your last MACS visit, have you met one or more new male sexual partners in any of the following settings?

a) have not met any new partners in past 6 months

b) on the internet

c) at a party (including a circuit party)

d) through an advertisement in a newspaper or other newsletter

e) at a bar

f) at a bath house

g) in a park or other outdoor public place

h) in a bathroom, bookstore, or other indoor public place

i) at a place where drugs were used or exchanged

j) other place not listed above

IF YES TO A, SKIP TO Q 51

SERIAL #
51. 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>Daily</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Less Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pot, Marijuana or Hash</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>&quot;Poppers&quot; like nitrite inhalants (amyl, butyl or isopropyl nitrites)</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Crack or cocaine that you smoke</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Other forms of cocaine</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Speed, Meth or Ice</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Heroin</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Speedball (heroin and cocaine together)</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td>Ecstasy, XTC, X or MDMA</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>NO</td>
</tr>
</tbody>
</table>

Other kinds of street/club drugs

Specify:

- STMD1_42
  - Specify: 0
    - Specify: 1
      - Specify: 2
        - Specify: 3
          - Specify: 4
            - Specify: 5
              - Specify: 6
                - Specify: 7
                  - Specify: 8
                    - Specify: 9
          - Specify: 6
        - Specify: 6
      - Specify: 6
    - Specify: 5
      - Specify: 6
    - Specify: 4
      - Specify: 6
    - Specify: 3
      - Specify: 6
    - Specify: 2
      - Specify: 6
    - Specify: 6
  - Specify: 7
    - Specify: 8
      - Specify: 9
    - Specify: 8
  - Specify: 6
    - Specify: 7
      - Specify: 8
    - Specify: 7
  - Specify: 6
    - Specify: 6

ST1D_42

ST2D_42

ST3D_42

ST4D_42

ST5D_42

ST6D_42

Specify: STMD2_42

Specify: STMD3_42

Specify: STMD4_42

Specify: STMD5_42

Specify: STMD6_42
52.A. [Since your last visit in (MONTH)] have you injected recreational drugs (skin popped, shot up with a needle)?
- No → SKIP TO Q 56
- Yes

B. Were any of these times that you injected recreational drugs in a shooting gallery?
- No
- Yes

C. Do you currently inject drugs?
- No
- Yes

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

<table>
<thead>
<tr>
<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>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>
</tbody>
</table>

- Speedball (cocaine and heroin together)
- Cocaine by itself
- Heroin by itself
- Speed by itself

53. [Since your last visit in (MONTH)] have you shared a needle or works with anyone? By works I mean needles, syringes and/or a cooker?
- No → SKIP TO Q 55
- Yes

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

<table>
<thead>
<tr>
<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>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>
</tbody>
</table>

B. With how many different people?

55.A. [Since your last visit in (MONTH)] have you shared water to rinse your needles with anyone?
- No → SKIP TO Q 56
- Yes

B. How many times?

<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>
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<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

C. With how many different people?

56. [Since your last visit in (MONTH)] how often did you clean your works with bleach?
- Never
- Less than half the time
- About half the time
- Most of the time
- Always

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
- Most of the time
- Always

C. Do you have another source of clean needles?
- No
- Yes

57.A. [Since your last visit in (MONTH)] have you participated in a needle exchange program?
- No → SKIP TO Q 58
- Yes

B. With how many different people?

58. [Since your last visit in (MONTH)] have you been in a drug treatment program, including inpatient and/or outpatient detox, methadone maintenance programs, halfway houses, narcotics anonymous, prison or jail-based programs and/or any other program?
- No
- Yes

Interviewer Instructions:
Thank the participant.
Record the time ended on page 20.