Guidelines for Completing Visit 38 Section 4 (MACS Questionnaire)

General Instructions:

1. Use number 2 pencil and completely fill the bubble. If you need to erase, make sure mark is erased completely.

2. Ask the questions as they appear on the form. For some questions, prompting or further explanation is allowed. These are specified in the guidelines next to the corresponding question number.

3. For dates that appear on the form, if the participant cannot remember the exact month (and day), probe for the season. (Use "15" for the day if specific day cannot be recorded).

   Summer  =  July  =  07
   Fall    =  October =  10
   Winter  =  January =  01
   Spring  =  April   =  04
   Don’t know month = June (midpoint) = 06

   If the participant cannot remember a year for a particular event, such as a diagnosis of a medical problem, then probe for other significant events that may have occurred around the event, such as birthdays, anniversaries, trips, graduations…

   4.1 Years in response to questions inquiring about occurrences "since last visit," should be 1984 and thereafter.

5. For open-ended questions, keep lists of responses. Interviewers should write responses, exactly in the words of the respondent.

6. Be specific in specify boxes, such as names and addresses.

7. Obtain the date of the participant's previous visit. This month should be used in the questions, with the following exception:

   For the first full visit of the returning “censored” participants, they should answer questions using two time frames.
   - For the section 4 pages 1 – 8 (questions 1 – 12) use the time frame remains as written, “[Since your last visit] or [Since your last visit in (month, year)] or ever”.
   - For questions 13 to the end, use “[In the last 6 months]” rather than “[Since your last visit] and/or [Since your visit in (MONTH)]”.

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For the second full visit of returning “censored” participants, read the questions as written.

For other participants who return for a visit after a long lapse in attending visits, use “[Since your last visit]” rather than “[Since your last visit in (MONTH)] and/or [Since your visit in (MONTH, YEAR)]”.

8. Follow the skip patterns as they appear on the form.

9. If participant has been diagnosed with a clinical AIDS diagnosis:

1409 Local option to ask Q.35-41
1410 Mark Q.54 PWA interview as "Yes"

10. If participant has been diagnosed with AIDS, but only because of low CD4+ T-cells mark Q.54 PWA interview as "NO".

11. Record the time the interview began and ended.

**Question 1:** Medical Conditions Indicative of AIDS

These conditions refer to illnesses that have been diagnosed since the participant's last MACS visit. If the participant does not remember if he reported an earlier diagnosis, record it.

For each "Yes" in a, complete b and c. (where required). In b, if the year of diagnosis is 1992 or prior, mark "92". If he cannot remember the year, prompt for an estimate (see General Instructions). If he still does not remember the year, leave it blank. In c, if participant had more than 9 episodes of the disease, record "9". Obtain a signed medical release. Report to CAMACS on an Outcome Reporting Form.

1.C - Specify the type of pneumonia. If type of pneumonia is some other type apart from pneumococcal, other bacterial, or viral, then mark “Other” and specify type in specify box. If participant reports that he was told that the type of pneumonia is unknown, then mark “Other” and record “Unknown” in specify box. If participant does not know or was not told what type of pneumonia he had, then mark “Other” and record “Don't Know” in specify box. If the participant had more than 1 episode of pneumonia (2-9 in c), record the month and year of the most recent diagnosis in the box in c.

1.E - Mark the circle next to each organ in which CMV was diagnosed. If in an organ other than eyes, lung or colon, mark “Other” and record the locations in the specify box. If participant does not know or was not told the location of CMV, then mark “Other” and record “Don't Know” in specify box. A serologic test, “blood” test, or “antibodies for CMV,” by itself does not define CMV disease and should not be recorded.
1.G - Specify the type of lymphoma. If the lymphoma was not primary brain lymphoma or non-Hodgkin’s, mark “Other” and specify in box. If participant reports that he was told that the type of lymphoma is unknown, then mark “Other” and record “Unknown” in specify box. If participant does not know or was not told what type of lymphoma he has, then mark “Other” and record “Don’t Know” in specify box.

A box that asks for the name and address of the physician who diagnosed the condition(s) is provided to assist in the abstraction of medical records

**Question 2:**

Do not code symptoms or other non-AIDS, HIV-related conditions such as TB or Herpes. These will be recorded in later questions. Specify each diagnosis. Examples of diagnoses to record in this section are histoplasmosis, isoporiasis, leukoencephalopathy (papovavirus infection of brain).

**Question 3:**

Specify the site and type of cancer. Cancer coding lists (Appendix 1) will be used to code this information.

**Question 4:**

The next few questions are about Tuberculosis, or TB for short. To see if a person has tuberculosis a doctor or nurse will give a skin test – sometimes called a PPD test. If the skin test shows the person has been exposed or infected with tuberculosis, more tests are done to see if they are sick from the tuberculosis. A person might get a chest X-ray or be asked to cough into a machine. If they are sick then we say they have “tuberculosis disease”. Sometimes this is called “active” or “infectious tuberculosis”. Usually, if a person has tuberculosis disease, people who lived or worked with the person will be tested for tuberculosis too.

If the participant does not know if the PPD was positive, do not leave it blank. Ask if further testing was performed. If no, then mark “No”. Default is “No”.

**Question 5:**

5.B&C - Ask whether the tuberculosis, or TB, was diagnosed in the lungs or outside the lungs. Mark the appropriate circle. If participant does not know or was not told the location of TB, leave it blank. If active TB is reported, report the diagnosis to the clinic coordinator who will report the TB to CAMACS on an Outcome Reporting Form.
Question 6: Hospitalization

These questions refer to staying "overnight" or being admitted to the hospital. It does not include visits to the emergency room or hospital-based clinics for acute care.

6.A – Make sure to fill out medical release for records and note complete name and address of hospital.

6.B - Start with the most recent hospitalization; i.e. the one closest to the current date, and then the one before that, etc. Fill out a continuation sheet for when there are more than two reported hospitalizaitons.

Example: Participant is interviewed on 05/01/96. He was seen at the emergency room on 03/18/96 and was hospitalized on 1/10/96 and 4/15/96.

6.B.(1)a - would be: 04 = A = April
5 = 15th day
96 = 1996

6.B.(2)a - would be: 01 = J = January
10 = 10th day
96 = 1996

The emergency room visit would not be coded here.

Record the conditions or problems resulting in the hospitalizations. If AIDS-related, go back to Q.1, Q.2, and Q3 to make sure that these conditions or problems were reported in one of these questions.. If not re-ask questions related to the conditions or problems for which the participant was hospitalized and code where appropriate. If participant had reported being diagnosed with an AIDS condition (Q.1) or cancer (Q.3), but did not report a hospitalization, ask participant if he had to be hospitalized for the condition and record the hospitalization here..

Questions 7 and 8:

Mental health professional may be a psychiatrist, psychologist, social worker or other health care provider in mental health setting. Please note that a medical release does not need to be obtained if the participant answers "yes" to Question 7.

Question 8:

If the participant was adopted and/or indicates that he has no knowledge of family history, the interviewer should mark “Don’t know”.
8.B.9 If answered yes, that a family member had cancer,
- mark “Yes” and ask each of the types.
- Mark “Yes” for the type(s) they had and “No” for the ones they did not have.
- If the participant specifies another type of cancer (“Other”), mark “Yes” and record in the participant’s own words.
- If participant is not sure of type of cancer, including type of other cancer, mark “Don’t Know”. DO NOT LEAVE BLANKS.

Question 9:

If participant was diagnosed with cancer (“Yes” to Q.3) and responds that he did not have a biopsy, refer back to the cancer and re-ask the question. Record all sites which were biopsied and the diagnoses that were made. Make sure to include the date of the biopsy. Code these responses after the interview (Appendices 2 and 3). Remember to get a medical release and to report the diagnoses to the clinic coordinator who will report cancer/biopsy to CAMACS on an Outcome Reporting Form.

Question 10:

Two boxes that ask for the name and address of the physician who diagnosed the condition(s) have been added to assist in the abstraction of medical records. One is after R and the second is after T. They are not specific to those diagnoses, but should be used for any diagnoses reported in questions J-R or T. Please remember that if the participant answers “Yes” to questions J-R or T, you should obtain a medical record release. Follow up on these diagnoses by medical record abstraction and report the diagnoses to the clinic coordinator who will report the diagnosis to CAMACS on an Outcome Reporting Form.

10.A – If the participant reported having shingles since their last visit, record the month and year of the most recent episode.

10.B – If the participant reported having thrush since their last visit, record the month and year of the most recent episode.

10.P – If participant did not have arthritis:
- mark “No”,
- leave rheumatoid, osteoarthritis or degenerative, and other type blank.
If the participant reports arthritis:

- mark “Yes” and ask participant if he has rheumatoid, osteoarthritis or degenerative, and other type of arthritis,
- mark “Yes” for the type(s) that he had and “No” for the ones he did not have.
- If the participant specifies another type of arthritis ("Other"), record in the participant's own words in the specify box.
- If the participant doesn’t know what type of arthritis he has then mark “YES” next to “Don’t know” and mark the other types as “NO”.

10.S – If participant did not have any kind of hepatitis:

- mark “No”,
- leave specific types blank.

If participant had hepatitis:

- mark “Yes” and ask if he had hepatitis “A”, “B”, and “C”
- report at least one type,
- mark “Yes” for the type(s) that he had and “No” for the ones he did not have.
- If the participant specifies another type of hepatitis ("Other"),
  - mark “Yes” and record in the participant's own words.
  - Probe how the diagnosis was made. Review this type with the coordinator for possible recoding as Hepatitis A, B, or C.
    - If a decision is made to recode the other type to “A”, “B”, or “C” then mark “Yes” next to appropriate type and recode “Other” as “No”.
    - If the type is recognizable, but cannot be recoded as “A”, “B”, or “C”, mark “Other” as “Yes”, “A”, “B”, and “C” as “No” and leave “Don’t know” as blank.
    - If a decision is made that this is an unrecognizable hepatitis type then mark “A”, “B”, “C” types and “Other” as “No” and mark “Don’t Know” as “Yes”.
- If the participant does not know the type of hepatitis
  - mark ”Yes” next to "Don’t know" and mark hepatitis “A”, “B”, “C”, and “other” types as “No”.

10.T – If the participant reports having been diagnosed with liver disease:

- mark “yes” and ask if had cirrhosis, fibrosis, inflammation, elevated liver function or other,
- report at least one type,
• mark "Yes" for the type(s) that he had and "No" for the ones he did not have,
• obtain a medical release form.
• If the participant specifies another type of liver disease ("Other"),
  o mark “Yes” and record in the participant's own words.
  o If the "other" response does not represent a recognizable liver disease, then leave “other” blank and mark “yes” next to “don’t know”.
• If the participant does not know the type of liver disease, mark “Yes” next to "Don’t know” and mark all of the liver disease types, including “other” "No”.
• A participant reporting hepatitis does not necessarily have liver disease. Liver disease is a late stage outcome for hepatitis. However if the participant reports liver cancer, mark “yes” for liver disease. Report liver disease to CAMACS on an Outcome Reporting Form.

10.Y – If participant had a neurological examination:
• mark “yes” and ask if there was a diagnosis and record it in the specify box. See Appendix 4 for coding diagnosis.

10.Z (a-n) – If participant answers “No” to any of the body areas a – n:
• leave rest of question blank and skip to next body area.

If participant answers yes to any of the questions a-n:
• ask if there was a diagnosis. If there was a diagnosis, record the response in the specify box. If no diagnosis was made, move on to the next body area. If more than one diagnosis per area, record additional diagnoses in “n” under “other area”. Code diagnoses using ICD-9 codes after the interview.

**Question 11:**

Ask participant if he has each specific herpes items 1 – 4.
• Mark “Yes” or "No" for each herpes item.
• If “Yes” is reported for at least one herpes item, ask participant items B and C.
Question 12:

Ask participant items A, B, F-I.
- Mark “Yes” or “No” for each item.
- If participant reports having gonorrhea in “B”, complete items C - E.

Question 13:

13.A. – Ask participant about each symptom or problem.
- Mark “Yes” or “No” for each item
- For each “Yes” in a, complete b, c, d.
- If the condition is new (d = “Yes”, i.e. first occurrence was since the participant's last visit, complete e.
- For Q13.A.22 and 13A.23 an uncontrolled condition means having an elevated blood glucose or cholesterol despite the medication and/or special diet. The participant may need higher doses of the meds, additional meds or need to be more adherent to his diet.

13.B. – Ask participant each question.
- Mark “Yes” or “No” for each item.
- Ask him to indicate the severity on a scale of 0 (none) to 10 (severe) for each side. Example: if the participant experienced a level of pain around 7 in his left foot/leg, but no pain in his right foot/leg then code “0” for the right and “7” for the left.

Note: If the participant is HIV negative or hasn’t taken medication to fight HIV, some of the following questions will not apply. If that is the case, indicate to the participant he should answer “no” for those questions that do not apply.

Question 14:

Genotypic VS Phenotypic: Genotypic assays determine changes in the HIV genome only (i.e. changes in the viral protein sequence) whereas phenotypic assays actually measure HIV resistance. Phenotypic looks at the ability of the virus to grow in the presence of a drug. It is much more time-consuming and expensive.
If the participant answers “no” to part A, indicating he has not had a drug resistance test, then skip to Q15. However, if he has had the test, continue with parts B and C. For part C, if his treatment has changed, but his doctor did not indicate the reason(s) for a change in therapy, then mark “Don’t know”.

**Question 15: AIDS Medications**

Question 15 refers only to medications used to fight AIDS, HIV, opportunistic infections, and/or to stimulate the immune system. Medication that appear on the drug list but were used for other health reasons should not have a corresponding drug form completed and should be recorded in Question 16. If participant reports acyclovir in this section, record it in Question 16.

Ask participant if he is taking any drugs for HIV, AIDS or opportunistic infections.
- If “No”, go to 15.A.

15.A – This question obtains information on why the participant is NOT taking HIV-related medication.

- Mark every reason the participant responds “yes” to by filling in the corresponding bubble.
- If “Yes” to not taking medication because he is not infected with HIV, skip to Q16. Do not read the rest of the possible responses.
- Otherwise, proceed to ask about each reason.
- If the reason is not listed, fill in ‘other’ reason bubble and write reason in the specify box.
- Skip to Q16 after this question.

15.B – This question is asked if participant responded yes to question 15 (he is taking HIV related medications).

- Show the participant the current LIST 1 and the medication photo cards. If the participant has problems with his vision, read the list of medications.
- Mark yes or no if he is taking medications on this list.
- If “Yes”, skip to Q15.B.(3).
- If “No”, continue to Q15.B.(2) to ask why he is not taking them.

15.B(2) – This question asks for reasons why the participant is not taking medications on LIST 1.

- Mark every reason the participant responded “yes” to by filling in the corresponding bubble.
If the reason is not listed, fill in ‘other’ reason bubble and write reason in the specify box.
Skip to Q15.C after administering this question.

15.B.(3) – This question asks the participant which drugs on LIST 1 he is taking. The listing on the questionnaire is not complete. However, it does contain currently used medications to the best of our knowledge. Refer to the complete drug list 1 for proper coding. This list is updated every six months.

- Mark each drug the participant indicated he was taking by filling in the corresponding bubble.
- If participant says he is taking other anti-viral drug on drug list 1*, specify in other box. Code drug.
- For EACH drug reported, complete a DRUG FORM 1.

*For any other anti-viral medication reported by the participant, but is not on list 1:

- check AIDS MEDICATIONS LIST 2 to see if it is on this list.
  - If it is on the list, record medication in 15.C only.
  - If it is not on either list, mark "Other anti-viral" in Q15.B.(3), record drug name inbox and complete a DRUG FORM 1. Bring this to the attention of clinic coordinator/director to verify if this is a true anti-viral medication.
    - If it is a true anti-viral medication and the drug is not on the coding list, the center’s director will contact the coordinator at CAMACS to have a code assigned and add it to the appropriate Drug List 1.
    - If it turns out that it is not an anti-viral medication, eliminate the Drug Form 1 filled out for this medication, determine what type of drug it is, and code it in its appropriate place (15C or 15D or 16).

Multiple drugs per bubble on the drug list 1 refer to blinded clinical trials only, where the participant does not know whether he is taking a placebo or the actual drug(s) listed.

If the participant is alternating antiretrovirals, is unblinded to treatment in a trial, or is taking multiple antiretrovirals on the same day, mark each drug and complete a separate DRUG FORM 1 for each medication.

EXAMPLES for Participant “X”:

X is taking AZT, 3TC and Indinavir. Bubble AZT, 3TC and Indinavir; complete a separate Drug Form 1 for each drug.
X is in an AZT/3TC/nevirapine blinded trial, but he does not know whether he is taking 3TC or a placebo (i.e. he is blinded to the treatment). Bubble AZT, 3TC and nevirapine. Complete a separate Drug Form 1 for each drug. Fill out a separate Drug Form 1 for 3TC and ask Q1 only.

X is in an AZT/3TC/protease inhibitor trial, but he knows that he is taking AZT, ddI, and a protease inhibitor rather than a placebo (i.e. he is un-blinded to the treatment.) Bubble AZT, ddI, and the name of the protease inhibitor and complete a separate Drug Form 1 for each drug (i.e. 3 drug forms)

15.B(4) – This question assesses whether the patient took a break of at least 2 consecutive days from their antiretroviral medications, and if so, for how long. It also captures how many times they missed and if any of the breaks were prescribed by a physician. If the participant had multiple lapses in therapy use, ask them to report the length of the most recent one.

15.C – This question assesses non-anti viral drugs, i.e., medications for the treatment or prevention of illnesses caused by HIV or related to HIV or AIDS.

- Give the participant LIST 2. If the participant has problems with his vision, read the list of medications.
- Record each drug the participant responds to with a "Yes" by filling in the corresponding bubble next to the drug name.
- For EACH drug reported, complete a DRUG FORM 2.

*For a non anti-viral medication reported by the participant, but is not on list 2:
- check The MACS MEDICATIONS LIST to see if it is on this list.
  o If it is on the this list, record medication in 15.D only.
  o If it is not on the list, mark "Other non-anti-viral" and record drug in box and complete a DRUG FORM 2. Bring this to the attention of clinic coordinator or director to verify if this is a true non-anti-viral medication.
  ▪ If it is a true non-anti-viral and the drug is not on Drug list 2, the center’s director will contact the coordinator at CAMACS to obtain a code for the drug and to have it added to the Drug List 2.
  ▪ If it turns out that it is a medication other than a non-anti-viral medication, eliminate the Drug Form 2 filled out for this medication, determine what type of drug it is, and code it in its appropriate place (15B.3 or 15D or 16).

15.D – This question should be used to record medications used against HIV, AIDS and opportunistic infections that are not listed in B or C.
- Be sure to check Drug Lists 1 and 2 for a code before recording it in this section.
- Write the actual name of the drug in the specify box.
- Refer to the MACS Medication List 500-900 Series to code drug. Note that these drugs are coded by their function.
- Since many of these drugs are multi-functional ask the participant specifically why he is taking the medication and include this in the specify box.
- Maintain log of written responses.
- Note that if the participant indicates he is taking Acyclovir as part of his HIV antiviral regimen, then it should be coded here as 527 (other medications).

**Question 16:** Other Medications (since last visit).

This question should be used to record medications, other than those against HIV and AIDS.

- Record the name and use of the drug in b.
- If unsure about the spelling, ask the participant.
- Maintain a log of written responses.

**16.10** - Acyclovir prescribed for herpes should be recorded here.

- If the participant responds "Yes",
  - ask if he is taking it for for chronic and episodic herpes
  - mark “Yes” or “No” for each.
- If the patient claims that he is taking Acyclovir as part of his HIV antiviral therapy, then it should be coded in Q15.D (other medications) as 527.

**16.12** - Record any prescribed lipid lowering medications. The cholesterol and lipid lowering meds are part of the 800 series and can be found in the codebook and drug lists.

**16.13** - Record any diabetic medications. The diabetic meds are part of the 900 series and can be found in the codebook and drug lists.

**16.14** – Record any hepatitis medications. The hepatitis medications are part of the 700 series and drug list 1. A list of the hepatitis meds can be found in the codebook and drug lists.

**16.15** – Record other medications used since the participant's last visit in b, with the reason for its use.
**Question 17:**

17.A – A vaccine against HIV-1 can include vaccines that prevent infection with HIV or therapeutic vaccines (those which prevent progression of the infection.)

17.B – If A is yes, record name of the trial in the specify box. Coding of trial will be done later using codes from the HIV vaccine lists. In TABLE 1 use the “Site of Study or AVEG/HVTN** Protocol number(s)”. There are 4 spaces allowed for coding. Use only numbers in the code box. For example, many of the codes for AACTG studies start with an “A”. The “A” should be excluded.

17.C – Record all available information about the sponsor and location of the trial.

**Question 18:** Health Insurance (Part A) and Medication Coverage (Part B)

If answered no to each item, confirm answer.

- Mark “Yes” or “No” for each item.
- If the participant answers “No” to all of the responses in part A and B, skip to Q22
- If the participant answers yes to having at least one health insurance plan in A or B, continue with question 19.


HMO is a health maintenance organization, such as Kaiser Permanente, Harvard Health, Prudential HMO.

If privately insured through their employment and not by an HMO, it is group private insurance.

If “Other” (Item 8) type of medical coverage, probe to try to code as items 1-8 whenever possible. See if the insurance was purchased individually or as part of a group. At least try to see if it is a private insurance. Specify name and whether private insurance in box. It should be recoded as "3" for private insurance but unknown whether it's individual or group. If a participant gives "PPO" as his "Other" insurance, it should be coded under "Private, Group coverage".
Examples of typical responses under "Other" and their correct reclassification:

<table>
<thead>
<tr>
<th>Category</th>
<th>Reclassification</th>
</tr>
</thead>
<tbody>
<tr>
<td>COBRA</td>
<td>OTHER = 3 (this means the participant has private insurance but we don't know if it's group private or individual private)</td>
</tr>
<tr>
<td>Major Medical</td>
<td>OTHER = 3</td>
</tr>
<tr>
<td>Employer</td>
<td>OTHER = 3</td>
</tr>
<tr>
<td>Crisis insurance</td>
<td>OTHER = 3</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>OTHER = 3</td>
</tr>
<tr>
<td>Catastrophic policy</td>
<td>OTHER = 3</td>
</tr>
<tr>
<td>Self-insurance</td>
<td>GPIC (group private insurance)</td>
</tr>
<tr>
<td>Union policy</td>
<td>GPIC</td>
</tr>
<tr>
<td>AARP</td>
<td>GPIC</td>
</tr>
<tr>
<td>Group insurance</td>
<td>GPIC</td>
</tr>
<tr>
<td>Military</td>
<td>VABEN (Veteran's Administration/Armed Forces coverage)</td>
</tr>
<tr>
<td>Kaiser</td>
<td>HMOC (HMO)</td>
</tr>
<tr>
<td>Medigap</td>
<td>MCARE (Medicare) and OTHER = 3</td>
</tr>
</tbody>
</table>

18.B – This question captures those participants that have any form of medication coverage, even if they do not have other medical coverage.

**Question 19:** Change of Insurance

Do not ask this question if the participant did not have any health insurance since his last visit. (Answers to 18 A and 18 B were all “No”.

19.A - Change or loss of medical coverage since last visit

- If “Yes” ask B & C and D when necessary.
- If “No”, skip to Q21.

This question is trying to assess what factors contributed to the patient's health plan change. If the participant dropped his own insurance to become insured through his partner, we would like to know the main reasons that influenced him to take this action. The interviewers should not accept the answer of “I wanted to change to my partner's plan”. They should ask the participants why they dropped their former coverage.
19.C - Each item should be asked and responded with a "No" or "Yes".

- If "Yes" to only 1 item, skip to Q.20.
- If “Yes” to more than 1 item, go to D.

19.D – This question is only to be answered if more than 1 "Yes" to Q.19.C. Only accept one response as the primary reason. If the participant states more than one, restate the question, asking the participant for 1 primary reason.

19.E – This question is asked only if participant changed or lost insurance (Q19.A = “Yes”).

- If “Yes” go to Q20.A.
- If “No” skip to Q22.

**Question 20:** This question asks for reasons in choosing new health insurance coverage.

Do not ask if participant did not have any health insurance since his last visit or if participant is not currently insured. Similar to question 19, this question is trying to assess what factors contributed to the patient’s health plan change. If the participant chose his new insurance through his partner, we would like to know the main reasons that influenced him to take this action. The interviewers should not accept the answer of “I wanted to change to my partner’s plan”. They should ask the participants why they chose this new insurance plan.

- Ask each item and mark either "No" or "Yes".
  - If "Yes" to only 1 reason, skip B and go to Q.21.
  - If “Yes” to more than reason, continue with B.

20.B – Only to be answered if more than 1 "Yes" to Q.20.A. Only accept one response as the primary reason. If the participant states more than one, restate the question, asking the participant for 1 primary reason.

**Question21:**

Do not ask if participant did not have any health insurance since his last visit or if participant is not currently insured.

Allow the participant to answer with a number from 1 to 7. Mark the circle next to the responded number. It is not required for participant to have used his coverage to rate his satisfaction.
**Question 23:**

If none of the items apply, be specific when recording other source of usual medical care in box. Keep log of written responses. If participant replies with more than 1 source, state that you will ask where he went but here you need to know the 1 place where he usually goes for medical care. See instructions for Q.24 for further probing and classification.

**Question 24:**

Outpatient medical care does not include hospital admissions. Clinics within hospitals should be recorded as clinic.

When a participant responds that he has gone to a specialist, record this as a doctor's office or specialty clinic. Some examples of specialists include allergist, eye doctor, dermatologist, neurologist. Do not include mental health professionals, such as psychiatrists, psychologists, certified licensed social workers, or other therapists.

Whenever a participant says he has been to the lab, the interviewer should probe to see if the lab work had been conducted as part of another doctor's or clinic visit. If so, then it can just be considered as one of the doctor's visit. However, if it is a separate visit or location (even on the same day) then it should be marked as "OTHER". When recoding (i.e., it's too late to probe), it should remain as "OTHER".

Miscellaneous services are appropriate for the other category, including chemotherapy, pentamidine, physical therapy. If a participant says "VA", the interviewer should probe as to whether this was a visit to the participant's own doctor there or if it was a clinic appointment. Absent this information, recode it as any clinic (CLOV).

**Examples of service types:**

- allergist: Doctor's office
- podiatrist: Doctor's office
- dermatologist: Doctor's office
- eye doctor: Doctor's office
- ENT surgeon: Doctor's office
- optometrist: Doctor's office
- x-ray: other outpatient care
- blood tests: other outpatient care
- physical therapy: other outpatient care
- resp therapy: other outpatient care
- speech therapy: other outpatient care
- CT scan: other outpatient care
- VA: any clinic
- student health clinic: any clinic
**Question 25:**

This question inquires about other types of medical providers and services – including dental, mental, chiropractor, visiting nurses, etc – the participant may have used since his last visit. If they answer “yes” to part A, ask how many times they have done so since their last visit.

**Question 26:**

Out-of-pocket expenses include any charges not paid for by insurance such as deductibles, co-payments, and charges above the allowable limits or costs of services not covered by insurance. These expenses refer to the amount that was paid, not how much may still be owed. Round to the nearest dollar. If total expenses were less than $1, code as "0".

If the participant responds with "Don't know", ask participant to make his best estimate. If he still doesn't know, than mark the bubble next to "Don't know". If the participant doesn't wish to answer the question, mark "Refused".

**Question 27:**

27.A - If the participant responds “NO,” they DID NOT not seek care or obtain prescriptions they thought they needed, skip to Q28. If the participant responds “YES,” they DID not seek care or obtain prescriptions they needed, go to Q27.B.

27.B (1) - Record in participant's own words reason for not seeking medical care if other than financial. Maintain log of written responses.

27.B (2) - Record in participant's own words reason for not seeking dental care if other than financial. Maintain log of written responses.

27.B (3) - Record in participant's own words reason for not obtaining prescription medications if other than financial. Maintain log of written responses.

**Questions 30 – 49 are asked on the ACASI**

**Question 32:**

If the participant responded “yes” he has changed employment because of HIV, ask each possible reason and record "No" or "Yes" response. If all items 1-7 are "No", bubble in “yes” for 8 (other) and record participant's reason in specify box.

**Question 33:**

33.A – If participant never smoked cigarettes, mark "No" and go to Q.34.
33.B & C – If participant currently smokes cigarettes ("Yes" to Q.33.B), ask Q.33.C. If participant does not currently smoke or only smokes occasionally, skip to Q34.C.

**Question 34:**

If participant did not drink any alcoholic beverages since his last visit, skip to Q.35. Mark only 1 bubble in Q.34.B. & Q34.C.

**Definition of Sexual Activity**

If anyone asks why we include “deep kissing” in this definition, please reply with the following answer:

“When the MACS started, that was the definition adopted for sexual activity as we really didn’t know how HIV was transmitted (or even that it was HIV!) and wanted to cover all potential routes. But nowadays, it probably stays in there only because of a desire to not change definitions of something as basic as sex in midstream.”

**Question 35 through 41:**

This section, containing the questions concerning the participant’s sexual activities, has been changed to correspond to those questions asked of the new recruits at baseline. The old cohort will not be familiar with the format and some of the female partner questions. Please explain the reason for this change is because new men are being enrolled into the cohort and the questions need to be the same for everyone in the study.

**Question 36:**

If the participant had no sexual activity with a woman since his last visit, skip to Q39.

**Question 37:**

For A and B, if the participant’s response is 1000 partners or more, code "999".

**Question 38:**

If participant had only 1 female partner (by partner, we mean partners for both sexual activity and intercourse: sum of Q.37.A and Q.37.B = 1), use column a; column b should be blank for all items. If he had more than 1 partner (sum of Q.37.A and Q.37.B > 1), use column b; column a should be blank for all items. For column b, if the participant reports 1000 partners or more, code as "999".
If Q.37.A = 0 and Q.37.B ≥ 1, then only complete items 10 and 11. Items 1-9 should be left blank.

If participant responds as not engaging in any of the behaviors described in sub-questions 1 – 9, but did report at least 1 intercourse partner, refer back to the intercourse question, read the definition of intercourse and re-ask sub-questions 1 – 9.

38.1 – If no oral sex with female ("No" if 1 partner, "0" if multiple partners), do not ask items 2 or 3.

38.4 – If no vaginal sex with female ("No" if 1 partner, "0" if multiple partners), do not ask items 5 or 6.

38.7 – If no anal sex with female ("No" if 1 partner,"0" (multiple partners), do not ask items 8 or 9.

Question 39:
If the participant had no sexual activity with a man since his last visit, skip to Q42.

Question 40:
For A and B, if the participant’s response is 1000 partners or more, code "999".

Question 41:
If participant had only 1 male partner (by partner, we meand partners for both sexual activity and intercourse: sum of Q.40.A and Q.40.B = 1), use column a; column b should be blank for all items. If he had more than 1 partner (sum of Q.40.A and Q.40.B > 1), use column b; column a should be blank for all items. For column b, if the participant reports 1000 partners or more, code as "999".

If Q.40.A = 0 and Q.40.B ≥ 1, then only complete item 13. All other items should be left blank.

If participant responds as not engaging in any of the behaviors described in sub-questions 1 – 12, but did report at least 1 intercourse partner, refer back to the intercourse question, read the definition of intercourse and re-ask sub-questions 1 – 12.

41.1 – If no oral insertive intercourse with male ("No" if 1 partner, "0" if multiple partners), do not ask items 2 or 3.

41.4 – If no anal insertive intercourse with male ("No" if 1 partner, "0" if multiple partners), do not ask items 5 or 6.
41.7 – If no oral receptive intercourse with male ("No" if 1 partner, "0" if multiple partners), do not ask items 8 or 9.

41.10 – If no anal receptive intercourse with male ("No" if 1 partner, "0" if multiple partners), do not ask items 11 or 12.

Question 42: Recreational Drugs

For other kinds of drugs, ask the participant for specific name. If given a slang name, ask if known by other name. Record both the slang name and other name in same specify box. These will be coded using codes in Appendix 5. For “other kinds of street/club drugs”, if a is yes, ask b for each additional drug.

Question 43 – 49: IV drug Use

43.A. – Needle use of drug could be intravenous, intradermal or intramuscular use.

43.D – Ask for all four drugs. If answer is none enter 00. If answer is 99 or greater enter 99. If the participant doesn’t know the exact number of times, ask him to give his best estimate.

Question 44:

If answer is yes, must ask questions 45A & B.

Question 46:

If answer is yes to A, must answer B & C.

Question 48:

If answer is yes to A, must answer B & C.

Question 51:

Mark "Yes" if behavioral section of interview (Q.30 – Q.42) was or will be conducted by the ACASI. If the behavioral section was administered using the Section 4 form then mark "No".
**Question 52:**

Mark "Yes" if interview is being conducted over the telephone. Otherwise mark "No".

**Question 53:**

Mark "Yes" if interview is being conducted in the participant's home. Other interviews conducted off-site such as in physician's office or hospital are considered "Home visit" and accordingly, should be marked "Yes".

**Question 54:**

PWA interview should be marked "Yes" if the participant has ever been diagnosed with a clinical AIDS diagnosis. A CD4 number less than 200 or CD4 percent less than 14 without a clinical AIDS diagnosis should be marked "No".

**Question 55:**

*During visit 37, many of the seronegative men that were administratively censored in April 1995 will be returning to the study for the full MACS protocol. Indicate “yes” for this question if the man is a FIRST TIME returning censored participant.*

**Question 56:**

Record the time the interview ended.

**Question 57:**

Sign your name and record the number assigned to you.
Appendix 1: Cancer Site Codes

1400    Oral/Pharynx (not otherwise specified) (NOS)
1409    Lip
1410    Tongue
1420    Salivary Gland
1460    Tonsil
1470    Nasopharyngeal
1500    Digestive System (not otherwise specified)
1510    Stomach
1520    Small Intestine
1530    Colon
1540    Rectum
1543    Anus/Anorectal
1550    Liver
1570    Pancreas
1600    Respiratory System and Intrathoracic Organs (not otherwise specified, see below) (including nasal cavity, sinuses, middle and inner ear, larynx, pleura, thymus, heart and mediastinum)
1620    Lung/Bronchus
1650    Other Respiratory
1700    Bones/Joints
1710    Soft Tissue
1730    Skin (not otherwise specified, to Kaposi's sarcoma or melanoma)
9140    Kaposi's sarcoma
8720    Melanoma
1850    Prostate
1870    Male Genitals (not otherwise specified)
1860    Testes
1874    Penis
1880    Bladder
1890  Kidney
1900  Eye/Orbit
1910  Brain
1920  Other Nervous System
1930  Thyroid
1940  Other Endocrine Glands
9590  Non-Hodgkin's Lymphoma
9710  Brain Lymphoma
9750  Burkitt's Lymphoma
9650  Hodgkin's Disease
9730  Multiple Myeloma
9800  Leukemia (not otherwise specified)
9821  Acute Lymphocytic Leukemia
9823  Chronic Lymphocytic Leukemia
9861  Acute Myelocytic Leukemia
9863  Chronic Myelocytic Leukemia
9890  Monocytic Leukemia
1950  Cancer (not otherwise specified)
Appendix 2: Tissue Biopsy Site

01 = Adrenals
02 = Blood
03 = Bone marrow
04 = Brain
05 = Cerebrospinal fluid
06 = Gastro-intestinal tract
07 = Kidney
08 = Liver
09 = Lung
10 = Lymph nodes
11 = Myocardium
12 = Nerve, peripheral
13 = Oral cavity
14 = Prostate
15 = Skeletal muscles
16 = Skin
17 = Spinal Cord
18 = Spleen
98 = Other
99 = Biopsy, unknown site

Appendix 3: Diagnosis of Tissue

0 = Don't know
1 = Tuberculosis
2 = Lymphoma/CA
3 = Toxoplasmosis
4 = (Benign) reactive hyperplasia
5 = Benign
6 = Non-diagnostic/non-specific/inconclusive/indeterminate/normal/
    negative/nothing found
7 = Vasculitis
8 = Granuloma
9 = Other
Blank = Missing
Appendix 4: Neurological Condition

100 = HIV cranial neuropathies
101 = Painful sensory neuropathy
102 = Inflammatory demyelinating neuropathy
103 = Mononeuritis multiplex
105 = Other HIV neuropathies
110 = Non-HIV cranial neuropathies
111 = Entrapment neuropathies
112 = Toxic neuropathies
113 = Diabetic neuropathy
114 = Other non-HIV neuropathies
120 = Vacuolar myelopathy
121 = Infectious causes of myelopathy
122 = Metabolic/nutritional causes
123 = Other myelopathies
130 = HIV polymyositis
131 = Toxic myopathy
132 = Other myopathies
140 = Neurosyphilis
141 = HIV aseptic meningitis
142 = Possible dementia (insufficient data)
143 = Possible dementia (confounding conditions)
199 = Other neurologic diseases
Blank = Missing
Appendix 5: Street Drug

1 =

2 = "Downers" including barbiturates as yellow jackets or reds, tranquilizers like Valium, Librium, Xanax or other sedatives or hypnotics like Quaaludes

3 = Methadone or other opiates/narcotics like Demerol

4 = PCP, angel dust, psychedelics, hallucinogens, LSD, DMT, mescaline, Ketamine or special K

5 =

6 = Ethyl Chloride as inhalant

7 = GHB

9 = Other