INTERVIEW INTRODUCTION

First, I'm going to ask you about your health history. I'll be reading you a series of questions about diseases, symptoms, and medicines you may have had in the past. At the beginning of each section, I'll read a question to you; if anything I ask you is unclear, please stop me and I will try to make the question clearer.

I understand that some of these questions may be difficult for you to answer and dates may be hard to remember exactly. Please take as much time as you need so that I may collect information which is as accurate as possible.

Finally, I need to re-emphasize that all your answers are confidential, and the responses you provide will in no way affect your clinical care.
1. Since we last saw you, have you been ill?

- No
- Yes

Let’s start with a list of medical conditions. You may not have heard of some of them because they are rare, but if you’ve had any of them, you’ll know it. (Since we last saw you in [MONTH]) has a doctor or medical provider, such as a nurse or physician’s assistant, told you that you had any of the following? How about (EACH)?

<table>
<thead>
<tr>
<th>Condition</th>
<th>IF “NO” TO A</th>
<th>GO TO NEXT ROW</th>
<th>IF “YES”</th>
<th>In what month and year was it first diagnosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Kaposi’s Sarcoma or KS</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td>B. Pneumocystis carinii pneumonia (PCP)</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td>C. Other pneumonia or lung infections other than bronchitis</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td>D. Toxoplasmosis or Toxo Infection</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td>E. Cytomegalovirus infection (CMV) in your eyes, lungs, colon, or other location. Where was it?</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>F. MAI, MAC or Mycobacterial infection</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td>G. Lymphoma, specify</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Meningitis related to HIV or Cryptococcal Meningitis</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Cryptococcal Infection without Meningitis</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>J. Candida or thrush, a yeast infection of the esophagus (the tube between your mouth and stomach)</td>
<td>NO</td>
<td>YES</td>
<td>Go To Next Row</td>
<td>J</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

CAND_76
### 1. Continued

<table>
<thead>
<tr>
<th>IF &quot;NO&quot; TO a, GO TO NEXT ROW</th>
<th>In what month and year was it first diagnosed?</th>
</tr>
</thead>
<tbody>
<tr>
<td>K. Cryptosporidiosis</td>
<td>CRYSM_76</td>
</tr>
<tr>
<td>CRYPS_76</td>
<td>CRYSY_76</td>
</tr>
<tr>
<td>L. Wasting syndrome or severe weight loss</td>
<td>WSYNM_76</td>
</tr>
<tr>
<td>WSYNY_76</td>
<td></td>
</tr>
<tr>
<td>M. Herpes Simplex Infection of the lungs or esophagus (the tube between your mouth and stomach)</td>
<td>HERLM_76</td>
</tr>
<tr>
<td>HERLY_76</td>
<td></td>
</tr>
<tr>
<td>N. Histoplasmosis Infection or Histo</td>
<td>HISTM_76</td>
</tr>
<tr>
<td>HISTY_76</td>
<td></td>
</tr>
<tr>
<td>O. Cocci, Coccidioidomycosis infection or valley fever</td>
<td>COCCM_76</td>
</tr>
<tr>
<td>COCCY_76</td>
<td></td>
</tr>
<tr>
<td>P. Dementia or Encephalopathy or a memory problem or confusion caused by HIV</td>
<td>DEMEM_76</td>
</tr>
<tr>
<td>DEMEY_76</td>
<td></td>
</tr>
<tr>
<td>Q. Infection in the blood with a bacterium called Salmonella</td>
<td>SALMM_76</td>
</tr>
<tr>
<td>SALMY_76</td>
<td></td>
</tr>
<tr>
<td>R. PML, Progressive Multifocal Leukoencephalopathy, a disease of the brain</td>
<td>PMLM_76</td>
</tr>
<tr>
<td>PMLY_76</td>
<td></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. 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 an X-ray or be asked to cough into a machine. If they are sick, we say they have "tuberculosis disease." Sometimes this is called "active" or "infectious tuberculosis." Usually, if a person has tuberculosis disease, people who live or work with the person will be tested for tuberculosis too.  

A. Have you ever had a skin test for TB, sometimes called a PPD? **PPDV_76**

B. IF YES: When was your last test? **PPDM_76**

C. Was it positive? **PSPPD_76**
3. A. [Since we last saw you in (MONTH)] Have you had an active TB infection? TBDXE_76
   NO YES

B. Was the TB in your lungs? TBILG_76
   NO YES

C. Was the TB in any other part of your body (other than your lungs)? TBOLG_76
   NO YES

4. [Since we last saw you in (MONTH)] In addition to these diagnoses, has a doctor or other medical provider told you that you had AIDS? OAI1D_76
   NO YES

5. Has a doctor or other medical provider ever told you that you had any cancer (other than Kaposi’s Sarcoma, primary brain lymphoma, or non-Hodgkin’s lymphoma)? CNCRE_76
   NO Go to Q 6

IF YES: What kind of cancer?

<table>
<thead>
<tr>
<th>Type</th>
<th>Cancer 1</th>
<th>Year</th>
<th>Cancer 1M_76</th>
<th>Cancer 1Y_76</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNC1T_76</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CNC2T_76</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In what month and year was it first diagnosed?

<table>
<thead>
<tr>
<th>Cancer 2M_76</th>
<th>Cancer 2Y_76</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNC1M_76</td>
<td>CNC1Y_76</td>
</tr>
<tr>
<td>CNC2M_76</td>
<td>CNC2Y_76</td>
</tr>
</tbody>
</table>

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

1) Name of hospital/clinic or doctor
   Address
   City State

2) Name of hospital/clinic or doctor
   Address
   City State

6. Have you ever had an organ transplant? TRANE_76
   NO YES

7. Have you had any radiation treatment in the last 20 years, other than x-rays by the dentist or to diagnose problems in your lungs or bones? RADTE_76
   NO YES
10. A. Have you had a biopsy in the last 2 years?
(By a biopsy, we mean removal of any tissue or gland to study under the microscope.)

BIO2Y_76

10. B. Continued
IF YES: Was it:

<table>
<thead>
<tr>
<th></th>
<th>NO</th>
<th>YES</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Skin Cancer</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>b. Colon Cancer</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>c. Prostate Cancer</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
<tr>
<td>d. Other Cancer</td>
<td>☐</td>
<td>☐</td>
<td>☑</td>
</tr>
</tbody>
</table>

SCANR_76
CCANR_76
PCANR_76
OCANR_76

10. C. For each biopsy, please tell me:

<table>
<thead>
<tr>
<th>Where in your body?</th>
<th>What did they say the diagnosis or result of the biopsy was?</th>
<th>Name of the doctor who performed the biopsy, where the biopsy was performed and the date of the biopsy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biopsy 1</td>
<td>Biopsy 2</td>
<td>Biopsy 3</td>
</tr>
</tbody>
</table>

BIO1_76
BIDX1_76
BIO2_76
BIDX2_76
BIO3_76
BIDX3_76

11. A. Have you ever received a transfusion of blood or blood parts (platelets or plasma)?

TRNEV_76

11. B. How many times have you had a transfusion?

TRNSN_76

11. C. When was the last time?

TRNSM_76
TRNSD_76
TRNSY_76

12. Have you ever had a flu vaccine?

IF YES: How old were you when you received your last one?

FLUVX_76
HOFLV_76

13. Have you ever received an injection of Pneumococcal vaccine/Pneumovax?

PNVAX_76
14. Has a doctor or other medical provider ever told you that you had (EACH)?

A. Shingles (or Herpes Zoster)
   IF YES: Which month and year did this episode of shingles (zoster) begin?
   HERPZ_76

B. Thrush (yeast in your mouth)
   IF YES: Which month and year did this episode of thrush begin?
   THRSH_76

C. Infectious Mononucleosis
   MONO_76

D. Sickle Cell Anemia
   SCKCL_76

E. Sinusitis (a sinus infection that requires antibiotics)
   SINUS_76

F. Bronchitis
   BRONC_76

G. Pancreatitis
   PANC_76

H. High Blood Pressure or Hypertension
   HBPHT_76

I. Injury to head with loss of consciousness
   HDINJ_76

J. Chest pain or Angina
   ANGIN_76

K. Heart attack
   HRTA_76

L. Congestive Heart Failure or CHF
   HRTFA_76

M. Stroke or CVA
   STROK_76

N. Seizure
   SEZUR_76

O. Osteoporosis (bone thinning)
   OSTE0_76

P. Kidney Disease
   KIDND_76

Q. Arthritis
   ARTHR_76

R. Avascular Necrosis or had a hip replacement
   HIPNE_76

S. 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
   Other
   HEPAT_76
   HEP_76

T. Liver Disease
   IF YES: Was it:
   Cirrhosis
   Fibrosis
   Inflammation
   Elevated liver function test enzyme
   Other
   LIVDS_76
   LIVD_76

U. Have you ever received an injection of Hepatitis A vaccine?
   HAVAC_76

V. Have you ever received an injection of Hepatitis B vaccine?
   HPBCV_76
15. Have you ever had any neurological evaluation or a physical examination, in addition to this study, to look for problems of the nervous system?

   NO       YES
   NRLEX_76

   IF YES: What was the diagnosis?
   Specify:
   NRLCO_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

16. In the last 2 years, have you seen a doctor or other medical provider for any (other) conditions or problems in the following areas?

   NO       YES
   WBCON_76
   IF YES: Affecting the whole body
   Specify:
   VIDWB_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   EYCON_76
   IF YES: Eyes
   Specify:
   VIDEY_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   ENCON_76
   IF YES: Ears, Nose, Throat, Mouth
   Specify:
   VIDEN_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   HTCON_76
   IF YES: Heart
   Specify:
   VIDHT_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   LGCON_76
   IF YES: Lungs
   Specify:
   VIDLG_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   STCON_76
   IF YES: Stomach and Intestines
   Specify:
   VIDSI_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   BJCON_76
   IF YES: Bones, Joints or Muscles
   Specify:
   VIDBJ_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   GUCON_76
   IF YES: Genital and Urinary
   Specify:
   VIDGU_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   SKCON_76
   IF YES: Skin
   Specify:
   VIDSK_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   NSCON_76
   IF YES: Nervous system
   Specify:
   VIDNS_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   PYCON_76
   IF YES: Psychological
   Specify:
   VIDPY_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9

   HOCON_76
   IF YES: Hormones
   Specify:
   VIDHO_76
   1: 00 00 00 00 00 00 00 00 00
   2: 10 20 30 40 50 60 70 80 90
   3: 1 2 3 4 5 6 7 8 9
16. Continued
m) Blood and Fluids
   IF YES: What was the diagnosis?
   BFCON_76
   Specify:
   
   n) Allergy and immune system
   IF YES: What was the diagnosis?
   VIDAL_76
   Specify:
   
   o) Other
   IF YES: What was the diagnosis?
   VIDO_76
   Specify:
   
   17. A. Have you ever had any of the following forms of herpes, not including shingles or herpes zoster?
   HERPF_76
   HERPG_76
   HERPA_76
   HERPE_76
   IF "NO" TO ALL FOUR, SKIP TO Q 18
   
   B. Was the first attack of herpes in the past 6 months?
   HERLV_76
   HERWR_76

18. Have you ever had any of the following diseases or conditions? How about (EACH)?
   Specify:
   DISEASE OR CONDITION
   SYPHE_76 SYPHA_76
   GONOE_76 GONOR_76
   UGONE_76 UGONA_76
   OGONE_76 OGONA_76
   RGONE_76 RGONA_76
   URETE_76 URETA_76
   WARE_76 WARTA_76
   CHLAE_76 CHLAAM_76
   PARAE_76 PARAA_76
19.A. Have you had any of the following problems or symptoms during the last 6 months?

<table>
<thead>
<tr>
<th>PROBLEM OR SYMPTOM</th>
<th>How about (EACH)?</th>
<th>Did you have that at any time during the last 6 months?</th>
<th>Did that last for two weeks or longer?</th>
<th>And do you have that now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Persistent fatigue (feeling tired all the time) for at least 3 consecutive days</td>
<td>NO</td>
<td>YES</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>2) A new skin condition, rash, or infection that lasted for at least 3 consecutive days</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>3) Diarrhea for at least 3 consecutive days</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>4) Persistent or recurring fever higher than 100° for at least 3 consecutive days</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>5) Tendar or enlarged glands or lymph nodes (not counting your groin) for at least 3 consecutive days</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>6) Persistent, frequent or unusual kinds of headaches for at least 3 consecutive days</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>7) Drenching sweats at night on at least 3 occasions</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>8) Candida or white patches in your mouth or throat</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>9) Joint pain</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>10) Ascites (fluid buildup in the stomach or abdomen)</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>11) Jaundice (yellow hue to whites of eyes, dark urine or clay colored stools)</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>12) An unusual bruise or bump or skin discoloration that lasted at least two weeks</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>13) An unintentional weight loss of at least 10 pounds (unrelated to dieting)</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>14) Anemia, low RBC, low hemoglobin</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>15) Unusual bleeding or bleeding that is difficult to stop</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
<tr>
<td>16) Persistent dizziness for at least 3 consecutive days</td>
<td>NO</td>
<td>YES</td>
<td>NO</td>
<td>NO</td>
</tr>
</tbody>
</table>

FATIG_76  FAT2W_76  FATIN_76
RASH_76  RAS2W_76  RASHN_76
DIARR_76  DIA2W_76  DIARN_76
FEVER_76  FEV2W_76  FEVRN_76
GLAND_76  GLN2W_76  GLANN_76
HEADA_76  HED2W_76  HEADN_76
SWEAT_76  SWT2W_76  SWETN_76
CANDV_76  CAN2W_76  CANNO_76
JOINT_76  JNT2W_76  JNTNO_76
ASCIT_76  ASC2W_76  ASCNO_76
JDICE_76  JDI2W_76  JDINO_76
BRUIS_76  BRUSN_76
WTLOS_76  WTLSN_76
ANEMI_76  ANENO_76
BLEED_76  BLDNO_76
DIZZI_76  DIZ2W_76  DIZNO_76
### PROBLEM OR SYMPTOM FOR EACH “YES” IN a. ASK b. AND c.

<table>
<thead>
<tr>
<th>Problem/Symptom</th>
<th>How about (EACH)? Did you have that at any time during the last 6 months?</th>
<th>Did that last for two weeks or longer?</th>
<th>And do you have that now?</th>
</tr>
</thead>
<tbody>
<tr>
<td>17) Nausea, vomiting</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>18) Abdominal pain, bloating, cramps</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>19) Muscle pain or weakness</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>20) Kidney stones</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>21) High blood sugar, diabetes</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>22) High cholesterol, high triglycerides or high lipids</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>23) Painful urination</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>24) Fat maldistribution or abnormal changes in body fat</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>25) Vivid nightmares or dreams</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>26) Insomnia or problems sleeping</td>
<td>NO</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

**Coding:**
- VOMIT_76  VOT2W_76  VOTNO_76
- BLOAT_76  ABP2W_76  ABPNO_76
- MPAIN_76  MPW2W_76  MPWNO_76
- STONE_76  KIDNO_76
- HBSUG_76  DM2W_76  DMN0_76
- HCHOL_76  CHO2W_76  CHONO_76
- PURIN_76  URN2W_76  URNNO_76
- FATMA_76  FMD2W_76  FMDNO_76
- DREAM_76  NVD2W_76  NVDNO_76
- INSOM_76  IPS2W_76  IPSNO_76

#### 19.B. In the last 6 months have you experienced:

- | Question | Code |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Pain, aching, or burning in your feet or legs?</td>
<td>FEETP_76</td>
</tr>
<tr>
<td>2. Pins and needles in your feet or legs?</td>
<td>PINSF_76</td>
</tr>
<tr>
<td>3. Numbness (lack of feeling) in your feet or legs?</td>
<td>NUMBF_76</td>
</tr>
</tbody>
</table>

**Severity**

(0-None, 1=Mild, 10=Severe)

- Right: PAINR_76
- Left: PAINL_76
- Right: PINSR_76
- Left: PINSL_76
- Right: NUMBR_76
- Left: NUMBL_76
20.A. Has a doctor or other medical provider tested your blood to see if you have HIV that is resistant to certain drugs?  
☐ No  ☐ Yes  SKIP TO Q 21  
RESIT_76

B. What type of test was done?  
1) Phenotype  2) Genotype  
☐ NO  ☐ YES  ☐ DON'T KNOW

PHENO_76  
GENOT_76

C. Has your treatment (drugs) been changed as a result of that test?  
☐ No  ☐ Yes  ☐ Don't know  
RSTCH_76  MAIDS_76

21. Have you ever 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.)  
☐ No  ☐ Yes  SKIP TO Q 21.B (1)

21.B. (1) Have you taken any medication or drug on this list [SHOW LIST 1 AND MEDICATION PHOTO CARDS]?  
Please identify those medications that you have taken as I read/show you each one. How about (EACH)?

<table>
<thead>
<tr>
<th>MEDICATION</th>
<th>Ever taken</th>
<th>Year started</th>
<th>Taken in last 6 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>3-TC (Epivir, Lamivudine)</td>
<td></td>
<td>D204E_76</td>
<td>D204N_76</td>
</tr>
<tr>
<td>Abacavir (Ziagen)</td>
<td>D218E_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amprenavir (Agenerase)</td>
<td>D219E_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AZT (Retrovir, Zidovudine)</td>
<td>D092E_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atazanavir (BMS-232632)</td>
<td>D243E_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Combivir (AZT &amp; 3-TC)</td>
<td>D227E_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d4T (Zerit, Stavudine)</td>
<td>D159E_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>dDC (dideoxyctydine, HIVID, Zalcitabine)</td>
<td>D094E_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ddI (dideoxynosine, Didanosine Videx)</td>
<td>D147E_76</td>
<td></td>
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<tr>
<td>Delavirdine</td>
<td>D194E_76</td>
<td></td>
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<tr>
<td>Efavirenz (Sustiva)</td>
<td>D220E_76</td>
<td></td>
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</tr>
<tr>
<td>Indinavir (Crixivan)</td>
<td>D212E_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEDICATION</td>
<td>Taken in last 6 months</td>
<td>Year started</td>
<td>Ever taken</td>
</tr>
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<td>------------------------</td>
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</tr>
<tr>
<td>Lopinavir/Viracept (Kaletra)</td>
<td>D217E_76</td>
<td>D217Y_76</td>
<td>NO 09 10 11</td>
</tr>
<tr>
<td>Nelfinavir (Viracept)</td>
<td>D216E_76</td>
<td>D216Y_76</td>
<td>NO 10 11 12</td>
</tr>
<tr>
<td>Nevirapine (Viramune)</td>
<td>D191E_76</td>
<td>D191Y_76</td>
<td>NO 10 11 12</td>
</tr>
<tr>
<td>Ritonavir (Norvir)</td>
<td>D211E_76</td>
<td>D211Y_76</td>
<td>NO 10 11 12</td>
</tr>
<tr>
<td>Saquinavir (Invirase, Fortovase)</td>
<td>D210E_76</td>
<td>D210Y_76</td>
<td>NO 10 11 12</td>
</tr>
<tr>
<td>Tenofovir (Viread)</td>
<td>D234E_76</td>
<td>D234Y_76</td>
<td>NO 10 11 12</td>
</tr>
<tr>
<td>Trizivir (abacavir+didavudine+lamivudine)</td>
<td>D240E_76</td>
<td>D240Y_76</td>
<td>NO 10 11 12</td>
</tr>
<tr>
<td>T-20 (Pentafuside)</td>
<td>D233E_76</td>
<td>D233Y_76</td>
<td>NO 10 11 12</td>
</tr>
<tr>
<td>Other anti-viral from Drug List 1</td>
<td>OTHDE_76</td>
<td></td>
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<tr>
<td>Specify:</td>
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<td>2 1 2 3 4</td>
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<tr>
<td>L1A1D_76</td>
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<td>L1A1Y_76</td>
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<td>L1A1N_76</td>
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<td>L1A2D_76</td>
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<td>L1A3Y_76</td>
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<tr>
<td>L1A3N_76</td>
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</tbody>
</table>

**IF "YES" TO ANY DRUGS TAKEN IN THE LAST 6 MONTHS, SKIP TO Q 21B.(3).**

(2) IF NO USE IN LAST 6 MONTHS: Why are you not taking HIV-related medications?

**READ EACH, MARK ALL THAT APPLY**

- Doctor said was not necessary
- Not sick
- Too expensive
- Don't think they work or will help
- Possible side effects
- Can't take them the way the doctor wants (too many pills, too many times during the day or won't remember to take them)
- Other reason

If yes: How often did this occur?

(3) In the past 6 months, did you stop taking all of your prescribed antiretroviral therapy for at least 2 days in a row?

**COMPLETE FORM FOR EACH DRUG MARKED ABOVE IN Q 21B.(1) AS TAKEN IN LAST 6 MONTHS**
21.C. In the past 6 months, 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 21.D  [ ] ML2AD_76
- 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.)

- Azithromycin (Zithromax)
- Bactrim (Septra)
- Ciprofloxacin (Cipro)
- Clarithromycin (Biaxin)
- Co-enzyme Q
- Colony stimulating factors (GM-CSF, G-CSF, Neupogen)
- Dapsone
- DHEA
- Ethambutol
- Erythromycin (Epopec)
- Flagyl (metronidazole)
- Fluconazole (Diflucan)
- Ganciclovir (DHPO)
- Hydroxyurea (Hydeura)
- Interferon-2 (IL-2)
- Itraconazole
- Ketoconazole (Nizoral)
- Mogadon
- Mycophenolate (Prograf)
- NAC (N-acetyl-cysteine)
- Nandrolone (Deca-Durabolin)
- Nystatin (Mycostatin)
- Oxandrin
- Pentamide (aerosolized)
- Rifabutin (Rifaximin, Mycobutin)
- Testosterone (Delestrogen, Veltron)
- Vaccine trial (generic)
22. Now, I have some questions about drugs and medications that you may have taken for other health reasons. These include either prescribed drugs or other things you took on your own during the last 6 months.

<table>
<thead>
<tr>
<th>ASK EACH ITEM UNTIL FIRST &quot;NO&quot; TO OTHER DRUG (ITEM 15a)</th>
<th>HOW ABOUT (EACH)? HAVE YOU TAKEN/USED ANY IN THE LAST 6 MONTHS?</th>
<th>WHEN SPECIFIED</th>
<th>WHAT WAS THE NAME OF THE (KIND OF DRUG) YOU TOOK AND WHAT DID YOU TAKE THIS DRUG FOR?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Steroids that you took by mouth or were injected</td>
<td>NO YES</td>
<td>Name</td>
<td>STRAV_76</td>
</tr>
<tr>
<td>2) Thyroid hormone or medication</td>
<td>THRYV_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) Other hormones such as anabolic steroids</td>
<td>HORMV_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) Antibiotics such as penicillin, tetracycline, erythromycin, or a sulfa drug</td>
<td>ANTV_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) Medication taken by mouth for fungal infection</td>
<td>FGMDV_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) Medication taken by mouth for worms or parasites</td>
<td>WRMDV_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7) Tranquilizers or sleeping pills</td>
<td>TRNQV_76 TRNQ7_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) Antidepressants or mood elevators</td>
<td>MOODV_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9) Lithium</td>
<td>LITHV_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) Acyclovir, famciclovir or valacyclovir for herpes</td>
<td>ACYC_76 CHAC_76 EPAC_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) Viagra</td>
<td>VIAGR_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) Cholesterol, triglycerides or lipid lowering medications a.</td>
<td>CHOL1_76</td>
<td>Name</td>
<td>CHDG1_76</td>
</tr>
<tr>
<td>b. (SPECIFY IN COLUMN b)</td>
<td>CHOL2_76</td>
<td>Name</td>
<td>CHDG2_76</td>
</tr>
<tr>
<td>13) Medications used for diabetes</td>
<td>DIAB1_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. (SPECIFY IN COLUMN b)</td>
<td>DIAB1_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. (SPECIFY IN COLUMN b)</td>
<td>DIAB2_76</td>
<td>Name</td>
<td>DIAT1_76 DIAT2_76</td>
</tr>
</tbody>
</table>
### Hepatitis medications

<table>
<thead>
<tr>
<th>Item</th>
<th>Name</th>
<th>Used For</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. (SPECIFY in column b)</td>
<td>HEPD1_76</td>
<td>HEPT1_76</td>
</tr>
<tr>
<td>b. (SPECIFY in column b)</td>
<td>HEPD2_76</td>
<td>HEPT2_76</td>
</tr>
</tbody>
</table>

#### Other (SPECIFY in column b)

<table>
<thead>
<tr>
<th>Item</th>
<th>Name</th>
<th>Used For</th>
</tr>
</thead>
<tbody>
<tr>
<td>15) a. Other (SPECIFY in column b)</td>
<td>ODRG1_76</td>
<td>DRUG1_76</td>
</tr>
<tr>
<td>b. Other (SPECIFY in column b)</td>
<td>ODRG2_76</td>
<td>DRUG2_76</td>
</tr>
<tr>
<td>c. Other (SPECIFY in column b)</td>
<td>ODRG3_76</td>
<td>DRUG3_76</td>
</tr>
<tr>
<td>d. Other (SPECIFY in column b)</td>
<td>ODRG4_76</td>
<td>DRUG4_76</td>
</tr>
<tr>
<td>e. Other (SPECIFY in column b)</td>
<td>ODRG5_76</td>
<td>DRUG5_76</td>
</tr>
<tr>
<td>f. Other (SPECIFY in column b)</td>
<td>ODRG6_76</td>
<td>DRUG6_76</td>
</tr>
<tr>
<td>g. Other (SPECIFY in column b)</td>
<td>ODRG7_76</td>
<td>DRUG7_76</td>
</tr>
<tr>
<td>h. Other (SPECIFY in column b)</td>
<td>ODRG8_76</td>
<td>DRUG8_76</td>
</tr>
</tbody>
</table>
23. A. Have you ever been given a vaccine against HIV in a trial?
   - No ☐
   - Yes ☐

   B. Do you know the name of the trial?
   - No ☐
   - Yes ☐
   Name of the trial: HVACN_76

   C. Where did you go for this trial?
   Name of hospital or clinic:
   Address:
   City:
   State:

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

24. A. Do you currently have
   [ASK EACH ITEM AND RECORD ANSWER]
   1) Coverage by an HMO ☐ YES ☐
   2) Private insurance through a group (Blue Cross, CIGNA, etc.) (not as a HMO) ☐ YES ☐
   3) Individual private insurance (Blue Cross, CIGNA, etc.) (not as a HMO) ☐ YES ☐
   4) Medicaid, Medi-Cal, or Medical Assistance ☐ YES ☐
   5) Medicare (for people over 65 or permanently disabled) ☐ YES ☐
   6) Health care benefits for The Armed Forces or Veteran’s Administration ☐ YES ☐
   7) CHAMPUS or CHAMP-VA, medical insurance for dependents of military personnel or survivors of disabled veterans ☐ YES ☐
   8) Other ☐ YES ☒

24. B. Do you have insurance coverage that pays for all or some of your medications?
   NO ☐
   YES ☐

   D. [IF "YES" TO MORE THAN ONE RESPONSE IN Q 25.C. ASK] Which one was the PRIMARY reason?
   [READ ALL CHOICES AND SELECT ONLY ONE]
   - Lost or quit job ☐
   - Employer changed or dropped coverage ☐
   - Pre-existing medical condition limited choices ☐
   - To be able to choose doctors or providers ☐
   - More or better coverage of needed or desired services ☐
   - Eligibility for Medicaid, Medi-Cal, or Medical Assistance changed ☐
   - Financial reasons (cost of premiums, co-payments or deductibles) ☐
   - Eligible for Medicare ☐

25. A. In the past 6 months, have you changed or lost your medical coverage?
   NO ☐
   YES ☐

   B. IF YES, was that change your choice?
   CHOIC_76

   C. Did you change for any of the following reasons?
   [PLEASE ASK EACH QUESTION]
   1) Lost or quit job INCLJ_76
   2) Employer changed or dropped coverage INCEM_76
   3) Pre-existing medical condition limited INCMC_76
   4) To be able to choose doctors or providers INCM_76
   5) More or better coverage of needed or INCCV_76
   6) Eligibility for Medicaid, Medi-Cal, or INCEL_76
   7) Financial reasons (cost of premiums, INCFR_76
   8) Eligible for Medicare INCME_76
26. Did any of the following reasons apply in choosing your current medical coverage? (PLEASE ASK EACH QUESTION)

1) Employer offers only one plan
   NO YES
   CINEM_76

2) Only eligible for current coverage due to medical condition
   NO YES
   CINMC_76

3) To be able to choose doctors or providers
   NO YES
   CINMD_76

4) To have more or better coverage of needed or desired services
   NO YES
   CINCV_76

5) Eligible for Medicaid, Medi-Cal, or Medical Assistance
   NO YES
   CINEL_76

6) Financial reasons (cost of premiums, co-payments or deductibles)
   NO YES
   CINFR_76

7) Eligible for Medicare
   NO YES
   CINME_76

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

   □ 1) Completely satisfied, couldn’t be better
   □ 2) Very satisfied
   □ 3) Somewhat satisfied
   □ 4) Neither satisfied nor dissatisfied
   □ 5) Somewhat dissatisfied
   □ 6) Very dissatisfied
   □ 7) Completely dissatisfied, couldn’t be worse
   INSSA_76

28. Did you currently have any type of dental insurance coverage?
   □ No
   □ Yes
   DINS_76

29. Where do you usually go for medical care, even if you haven’t received medical care in the past 6 months?
   [READ ALL CHOICES AND SELECT ONLY ONE]

   □ HMO
   □ Doctor’s office (non-HMO) including Urgent Care
   □ Any clinic
   □ Emergency room
   □ Other outpatient
   □ No regular source of medical care
   □ Don’t know
   UCMED_76

30. In the past 6 months, 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) in the past 6 months?</th>
<th>How many times? (99 = 99 or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) HMO</td>
<td>HMOOV_76</td>
<td>HMONU_76</td>
</tr>
<tr>
<td>2) Doctor’s office (non-HMO) including Urgent Care</td>
<td>DOCOV_76</td>
<td>DOCNU_76</td>
</tr>
<tr>
<td>3) Any clinic</td>
<td>CLOV_76</td>
<td>CLNUM_76</td>
</tr>
<tr>
<td>4) Emergency room</td>
<td>EROV_76</td>
<td>ERNUM_76</td>
</tr>
<tr>
<td>5) Other outpatient</td>
<td>OPOV_76</td>
<td>OPNUM_76</td>
</tr>
</tbody>
</table>
31. In the past 6 months, have you used ANY of the following providers or services?

<table>
<thead>
<tr>
<th>SERVICE</th>
<th>Have you used (EACH) in the past 6 months?</th>
<th>How many times?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Dental health care provider (such as dentist or dental hygienist)</td>
<td>DENTV_76</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>DHNUM_76</td>
</tr>
<tr>
<td>2) Mental health care provider (psychologist, psychiatrist, social</td>
<td>USEMH_76</td>
<td></td>
</tr>
<tr>
<td>worker, other therapist/counselor)</td>
<td></td>
<td>MHNUM_76</td>
</tr>
<tr>
<td>3) Other health care provider (chiropractor, nutritionist,</td>
<td>USEAO_76</td>
<td></td>
</tr>
<tr>
<td>acupuncturist, herbalist)</td>
<td></td>
<td>AONUM_76</td>
</tr>
<tr>
<td>4) Any form of paid health care in your home (visiting nurse services,</td>
<td>USEHC_76</td>
<td></td>
</tr>
<tr>
<td>home health aides, but not care from lovers, family or friends)</td>
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<td></td>
</tr>
</tbody>
</table>

32. Please estimate the TOTAL out-of-pocket expenses that you or other personal sources (your lover, family or friends) paid for your prescription medications in the past 6 months. [ROUND TO NEAREST DOLLAR, CODE "0" IF LESS THAN $1] PMPAY_76

<table>
<thead>
<tr>
<th>$</th>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
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<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
</tr>
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<td>Don't know</td>
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<tr>
<td>Refused</td>
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</tbody>
</table>

33.A. Was there a time in the past 6 months when you did not seek medical care, or dental care, or did not obtain prescription medications that you thought you needed? NSMDP_76

<table>
<thead>
<tr>
<th>No</th>
<th>Go to Q 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

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

1) Medical care NSMED_76

<table>
<thead>
<tr>
<th>No</th>
<th>Go to (2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

[READ EACH AND MARK ALL THAT APPLY] NSEEK_76

Financial reasons
Other non-financial reasons

33.B. Continued

2) Dental care NSDEN_76

<table>
<thead>
<tr>
<th>No</th>
<th>GO TO (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

[READ EACH AND MARK ALL THAT APPLY] NDFIN_76

Financial reasons
Other non-financial reasons

3) Prescription medications NOPRE_76

<table>
<thead>
<tr>
<th>No</th>
<th>GO TO Q 34</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

[READ EACH AND MARK ALL THAT APPLY] NPPIN_76

Financial reasons
Other non-financial reasons

34. Was there a time in the past 6 months when you were refused care from a doctor or other medical provider? REMED_76

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

35. Was there a time in the past 6 months when you were refused dental care? REDEN_76

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>
36. At present, which of the following categories describes your annual income?  
- 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

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

38. Has your employment status ever changed for any reason related to HIV disease?  
- No  
- Yes

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

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

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

39. A. Have you ever smoked cigarettes?  
- No  
- Yes

B. How old were you when you began smoking (cigarettes)?  
- 13 or 14  
- 15 or 16  
- 17 or 18  
- 19 or 20  
- 21 or 22  
- 23 or 24  
- 25 or 26  
- 27 or 28  
- 29 or 30  
- 31 or 32  
- 33 or 34  
- 35 or 36  
- 37 or 38  
- 39 or 40  
- 41 or 42  
- 43 or 44

C. Do you smoke cigarettes now?  
(As of one month ago?)  
- No  
- Yes

- Occasionally (less than one cigarette per day)

D. How long ago did you stop?  
- 1–2 months ago  
- 3–4 months ago  
- 5–6 months ago  
- 7–8 months ago  
- 9–11 months ago  
- 12 months ago  
- 2–3 years ago  
- 4–5 years ago

NOW SKIP TO (F)

E. 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

F. Thinking about the period of time when you smoked the most, how many (packs of) cigarettes did you smoke per day?  
- Never smoked regularly (never as much as 1 cigarette per day)  
- Less than 1/2 pack a day  
- At least 1/2 pack, but less than one pack per day  
- At least 1 pack per day but less than 2  
- 2 or more packs per day

40. The next questions are about alcoholic beverages—that is, wine, beer or liquor you've drunk.

A. Did you drink any alcoholic beverages in the past year?  
- No  
- Yes

B. How often did you have a drink containing alcohol (a glass of beer, wine, a mixed drink, any kind of alcoholic beverage)?  
- At least once a day  
- Nearly every day  
- 3 to 4 times a week  
- Once or twice a week  
- 6–11 times a year  
- 1–5 times a year

C. On days when you drank any alcoholic beverages, how many drinks did you usually have altogether?  
- 1 or 2 drinks  
- 3 or 4 drinks  
- 5 or 6 drinks  
- 7 or more drinks
I would like to ask you some questions about your sexual activity. I realize that this is a very personal subject. Your answers will be completely confidential.

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.

41. Have you had any sexual activity with another person in the last 2 years?  
   O No  SKIP TO Q 50  
   O Yes

42. Have you had any sexual activity with a woman in the last 2 years?  
   O No  SKIP TO Q 46  
   O Yes

43. Have you had any sexual activity with a woman in the last 6 months?  
   O No  SKIP TO Q 46  
   O Yes

44. Now let's talk about how many different women you have had sexual activity with in the last 6 months.
   A. How many different women (if any) have you had sexual intercourse with in the last 6 months? Here we define sexual intercourse as inserting your penis into your partner's mouth, vagina, or anus/butt, with or without ejaculation.
   O 0  O 1  O 2  O 3  O 4  O 5  O 6
   B. With how many other women have you had sexual activity that did not include intercourse in the last 6 months?
   O 0  O 1  O 2  O 3  O 4  O 5  O 6

The next questions are about different kinds of sexual activity men have with women.
IF NO INTERCOURSE WITH WOMEN, SKIP TO Q 45, 10

45. 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 in the last 6 months?</th>
<th>How many women did you do that with in the last 6 months? (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). IF NONE, SKIP TO ITEM (4).</td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>IF MULTIPLE PARTNERS:</td>
<td>COIF1_76</td>
<td></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? IF ONE PARTNER: Did you use a condom every time you had oral sex even if it broke, tore, or slipped?</td>
<td>NO</td>
<td>YES</td>
</tr>
</tbody>
</table>

NSEXF_76
NSXAF_76
NOINF_76
NCOIF_76
45. 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 in the last 6 months?</th>
<th>How many women did you do that with (in the last 6 months)? (Give me the actual number) (IF NEEDED: What's your best estimate?)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong> 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>OEJF1_76</td>
<td>NO YES</td>
</tr>
<tr>
<td><strong>IF ONE PARTNER:</strong> Did you ejaculate/cum in her mouth when you did not use a condom (or when a condom failed)?</td>
<td>NO YES</td>
<td>NOEJF_76</td>
</tr>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong> 4) You put your penis in her vagina (vaginal sex). IF NONE, SKIP TO ITEM (7).</td>
<td>VINF1_76</td>
<td>NO YES</td>
</tr>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong> 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_76</td>
<td>NO YES</td>
</tr>
<tr>
<td><strong>IF ONE PARTNER:</strong> Did you use a condom every time for vaginal sex, even if it broke, tore, or slipped?</td>
<td>NO YES</td>
<td>NCVIF_76</td>
</tr>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong> 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>VEJF1_76</td>
<td>NO YES</td>
</tr>
<tr>
<td><strong>IF ONE PARTNER:</strong> Did you ejaculate/cum in her vagina when you did not use a condom (or when a condom failed)?</td>
<td>NO YES</td>
<td>NVEJF_76</td>
</tr>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong> 7) You put your penis in her anus/butt (anal sex). IF NONE, SKIP TO ITEM (10).</td>
<td>AINF1_76</td>
<td>NO YES</td>
</tr>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong> 8) With how many of those women did you use a condom every time for anal sex, even if it broke, tore, or slipped?</td>
<td>CAIF1_76</td>
<td>NO YES</td>
</tr>
<tr>
<td><strong>IF ONE PARTNER:</strong> Did you use a condom every time for anal sex, even if it broke, tore, or slipped?</td>
<td>NO YES</td>
<td>NCAIF_76</td>
</tr>
<tr>
<td><strong>IF MULTIPLE PARTNERS:</strong> 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)?</td>
<td>AEJF1_76</td>
<td>NO YES</td>
</tr>
<tr>
<td><strong>IF ONE PARTNER:</strong> 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>NAEJF_76</td>
</tr>
</tbody>
</table>
45. 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 in the last 6 months?</th>
<th>How many women did you do that with (in the last 6 months)? (Give me the actual number) (If needed: What's your best estimate?)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10) You used your tongue to touch or lick her anus/butt (&quot;rimming&quot;).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) You used your tongue to touch or lick her genitals (vagina, clitoris).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

46. Have you had any sort of sexual activity with a man in the last 2 years?
- No
- Yes

47. Have you had any sort of sexual activity with a man in the last 6 months?
- No
- Yes

48. Now let's talk about how many different men you have had sexual activity with in the last 6 months.

A. How many different men (if any) have you had sexual intercourse with in the last 6 months? Here we define sexual intercourse as follows: you put your penis in your partner's mouth or rectum—or your partner puts his penis in your mouth or rectum, with or without ejaculation.

| NSEXM_76 |  |

B. With how many other men have you had sexual activity that did not include intercourse in the last 6 months?

| NNSXM_76 |  |
49. 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 in the last 6 months?</th>
<th>How many men did you do that with (in the last 6 months)? (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></td>
<td></td>
</tr>
<tr>
<td>IF NONE, SKIP TO ITEM (5).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>YES</td>
<td></td>
</tr>
<tr>
<td>ORIN1_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCOIN1_76</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 1 2 3 4 5 6 8 0 0 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| IF MULTIPLE PARTNERS: |
| 2) Posing 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? |
| 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? |
| NO | YES |
| COIN1_76 |
| NCOIN1_76 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| IF MULTIPLE PARTNERS: |
| 3) With how many men did you ejaculate/cum in their mouths when you did not use a condom (or when a condom failed)? |
| IF ONE PARTNER: |
| Did you ejaculate/cum in his mouth when you did not use a condom (or when a condom failed)? |
| NO | YES |
| OEJM1_76 |
| NOEJM1_76 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| 4) You put your penis in his anus/butt. |
| IF NONE, SKIP TO ITEM (7). |
| NO | YES |
| ANIN1_76 |
| NAINM1_76 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| IF MULTIPLE PARTNERS: |
| 5) 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? |
| IF ONE PARTNER: |
| 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? |
| NO | YES |
| CAIN1_76 |
| NCAIN1_76 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |

| IF MULTIPLE PARTNERS: |
| 6) With how many men did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)? |
| IF ONE PARTNER: |
| Did you ejaculate/cum in his anus/butt when you did not use a condom (or when a condom failed)? |
| NO | YES |
| AEJM1_76 |
| NAEJM1_76 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
| 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 |
49. 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 man in the last 6 months?</th>
<th>How many men did you do that with? (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. If NONE, SKIP TO ITEM (10).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8) 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>NORCM_76</td>
<td></td>
</tr>
<tr>
<td>IF ONE PARTNER: 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></td>
<td></td>
</tr>
<tr>
<td>9) 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></td>
<td></td>
</tr>
<tr>
<td>IF ONE PARTNER: Did ejaculate/cum go into your mouth when he did not use a condom (or when a condom failed)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10) He put his penis in your anus/butt. If NONE, SKIP TO ITEM (13).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11) 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></td>
<td></td>
</tr>
<tr>
<td>IF ONE PARTNER: Thinking of the times he put his penis in your anus/butt, was a condom used every time, even if it broke, tore, or slipped?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12) 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></td>
<td></td>
</tr>
<tr>
<td>IF ONE PARTNER: Did ejaculate/cum go into your anus/butt when he did not use a condom (or when a condom failed)?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13) You used your tongue to touch or lick his anus/butt (“rimming”).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Page 25
The next few questions are asked to summarize your past sexual practices with both female and male partners.

50. When was the last time you had sexual intercourse with a woman?  
   - Never  SKIP TO Q 53  
   - Within the last month  
   - Within the last year (but not the last month)  
   - 1–5 years ago  
   - 6–10 years ago  SKIP TO Q 53  
   - More than 10 years ago  SKIP TO Q 53  

51. With how many different women have you had sexual intercourse in the past 2 years?  NSX2F_76  

52. With how many different women have you had sexual intercourse in your whole life?  NSXLF_76  

53. When was the last time you had sexual intercourse with a man?  
   - Never  SKIP TO Q 56  
   - Within the last month  
   - Within the last year (but not the last month)  
   - 1–5 years ago  
   - 6–10 years ago  SKIP TO Q 55  
   - More than 10 years ago  SKIP TO Q 55  

54. With how many different men have you had sexual intercourse in the past 2 years?  NSX2M_76  

55. With how many different men have you had sexual intercourse in your whole life?  NSXLM_76  

56. In summary, which of the following statements best describes your sexual activity during the last 2 years?  TSX2Y_76  
   - Had sexual activity mostly with women, but some men  
   - Had sexual activity about equally with women and men  
   - Had sexual activity mostly with men, but some women  
   - Had sexual activity only with men
57. 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 during the last two years?

<table>
<thead>
<tr>
<th>Drug Type</th>
<th>How about (EACH) Have you (taken/used) any in the last 2 years?</th>
<th>Have you taken/used (DRUG) in the last 6 months?</th>
<th>How often did you (use/take) (DRUG) during the last 6 months?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pot, Marijuana or Hash</td>
<td>NO</td>
<td>YES</td>
<td>HASVY_76</td>
</tr>
<tr>
<td>“Poppers” like nitrite inhalants (amyl, butyl or isopropyl nitrites)</td>
<td>NO</td>
<td>YES</td>
<td>POPVY_76</td>
</tr>
<tr>
<td>Crack or cocaine that you smoke</td>
<td>NO</td>
<td>YES</td>
<td>CRAYV_76</td>
</tr>
<tr>
<td>Other forms of cocaine</td>
<td>NO</td>
<td>YES</td>
<td>OCOVY_76</td>
</tr>
<tr>
<td>Speed, Meth or Ice</td>
<td>NO</td>
<td>NO</td>
<td>UPPY_76</td>
</tr>
<tr>
<td>Heroin</td>
<td>NO</td>
<td>YES</td>
<td>HERVY_76</td>
</tr>
<tr>
<td>Speedball (heroin and cocaine together)</td>
<td>NO</td>
<td>YES</td>
<td>SPEYV_76</td>
</tr>
<tr>
<td>Ecstasy, XTC, X or MDMA</td>
<td>NO</td>
<td>YES</td>
<td>MDAVY_76</td>
</tr>
<tr>
<td>Other kinds of street/club drugs</td>
<td>NO</td>
<td>YES</td>
<td>STMVY_76</td>
</tr>
</tbody>
</table>

Specify:
- ST2Y1_76
- ST2Y2_76
- ST2Y3_76
- ST2Y4_76
- ST2Y5_76
- ST2Y6_76

Specify:
- ST6M1_76
- ST6M2_76
- ST6M3_76
- ST6M4_76
- ST6M5_76
- ST6M6_76

Specify:
- ST1DF_76
- ST2DF_76
- ST3DF_76
- ST4DF_76
- ST5DF_76
- ST6DF_76
58. A. Have you ever injected recreational drugs (skin popped, shot up with a needle)?

   No  [RCDRG_76]  Yes

B. Were any of these times that you injected recreational drugs in a shooting gallery?

   No  [RCDSG_76]  Yes

C. Do you currently inject drugs?

   No  [RCDNO_76]  Yes

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

   [TINSB_76]

   Speedball (cocaine and heroin together)
   [1] 1 2 3 4 5 6 7 8 9 10
   [2] 1 2 3 4 5 6 7 8 9 10

   Cocaine by itself
   [TINCO_76]
   [1] 1 2 3 4 5 6 7 8 9 10
   [2] 1 2 3 4 5 6 7 8 9 10

   Heroin by itself
   [TINHO_76]
   [1] 1 2 3 4 5 6 7 8 9 10
   [2] 1 2 3 4 5 6 7 8 9 10

   Speed by itself
   [TINSO_76]
   [1] 1 2 3 4 5 6 7 8 9 10
   [2] 1 2 3 4 5 6 7 8 9 10

59. In the last 6 months, have you shared a needle or works with anyone? By works I mean needles, syringes and/or a cooker?

   No  [SHRNW_76]  Yes

60. A. In the last 6 months, how many times have you used needles or works that were first used by someone else and then passed to you?

   [TSHNW_76]

   B. With how many different people?

   [SHWNP_76]

61. A. In the last 6 months, have you shared water to rinse your needles with anyone?

   No  [SH2OR_76]  Yes

B. How many times?

   [TSH2O_76]

C. With how many different people?

   [DPH2O_76]

62. In the last 6 months, how often did you clean your works with bleach?

   Never  [FBLEA_76]
   Less than half the time
   About half the time
   Most of the time
   Always

63. A. Have you participated in a needle exchange program?

   No  [PNEP_76]  Yes

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

   Less than half the time  [HONEP_76]
   Half the time
   Most of the time
   Always

C. Do you have another source of clean needles?

   No  [OSCLN_76]  Yes

64. Have you been in a drug treatment program, including inpatient and/or outpatient detox, methadone maintenance programs, halfway houses, narcotics anonymous, prison or jail-based programs and/or any other program?

   No  [DRGTP_76]  Yes
65. A. Is there anything more that I haven’t asked that you think we should know?
   ○ No, nothing more   ← THANK PARTICIPANT AND SKIP TO Q 66
   ○ Yes

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

66. Date interview completed

67. Interviewer’s signature

S4TEH_76
S4TEM_76
S4TEZ_76