

SUBJECT ID \_\_\_\_\_

DATE OF INTERVIEW |\_\_|\_|\_| |\_\_|\_|\_| |\_\_|\_|\_|  
MO DAY YR

INTERVIEWER INITIALS |\_\_|\_|\_|\_|

CHECKLIST NO. |\_\_|\_|\_|\_|\_|

INTERVIEW RESULT |\_\_|\_|\_|

LOCATION CODE |\_\_|\_|

GENDER OF SUBJECT:

- MALE ..... 1
- FEMALE ..... 2

**PHASE TWO INTERVIEW**  
**HTLV STUDIES**  
**(REDS)**

DATE OF BASELINE INTERVIEW: |\_\_|\_|\_| |\_\_|\_|\_| |\_\_|\_|\_|  
MO DAY YR



**A. HEALTH STATUS INDICATORS**

BOX A-1

During this interview, I'll be asking questions about your health and lifestyle. Just as before, all information you give will be kept strictly confidential, and will be used for research purposes only. Your name or other identifying information will not be linked to your answers.

A-1. What is the zip code where you live now? |\_\_|\_\_|\_\_|\_\_|\_\_|

A-2. At the present time, would you say that your health, in general, is:

- Excellent, ..... 1
- Very good, ..... 2
- Good, ..... 3
- Fair, or ..... 4
- Poor? ..... 5

A-3. Thinking about this same time last year, would you say that your health, in general, at that time was:

- Excellent, ..... 1
- Very good, ..... 2
- Good, ..... 3
- Fair, or ..... 4
- Poor? ..... 5

A-4. At the present time, are you limited in the kind or amount of work or housework you can do because of a health problem?

- YES ..... 1
- NO ..... 2

A-5. During the past year, how many days did you miss more than half of the day from your job or business because of illness or injury?

- NO. OF WORK-LOSS DAYS ..... |\_\_|\_\_|\_\_|
- NONE .....000
- NOT WORKING .....995

## B. HEALTH HISTORY

### BOX B-1

Now I'm going to ask you some questions about your health. Please be sure to tell me only about symptoms and medical conditions you've had since your last interview on \_\_\_\_\_ (DATE).

SYMPTOM:	B-1. REPORTED LAST INTERVIEW? (TRANSCRIBE FROM SUMMARY SHEET)	B-2.	B-3.	B-4.	B-5.
Unusual difficulty walking because of your legs	a. YES ..... 1 →	B-2a. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2c/d)	B-3a. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4a. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (B-2c/d)	B-5a. What did he or she say?  _____ _____ _____ _____
	b. NO ..... 2 →	B-2b. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2c/d)	B-3b. How long did this last?   _ _  NO.  MONTHS ..... 1 YEARS ..... 2	B-4b. Did you see a doctor or other medical person about this?  YES .... 1 → NO ..... 2 (B-2c/d)	B-5b. What was the diagnosis for this?  _____ _____ _____ _____
Unusual difficulty rising from a chair without using your hands	c. YES ..... 1 →	B-2c. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2e/f)	B-3c. Since your last interview, would you say that this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4c. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (B-2e/f)	B-5c. What did he or she say?  _____ _____ _____ _____
	d. NO ..... 2 →	B-2d. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2e/f)	B-3d. How long did this last?   _ _  NO.  MONTHS ..... 1 YEARS ..... 2	B-4d. Did you see a doctor or other medical person about this?  YES .... 1 → NO ..... 2 (B-2e/f)	B-5d. What was the diagnosis for this?  _____ _____ _____ _____

**B**

SYMPTOM:	B-1. REPORTED LAST INTERVIEW? (TRANSCRIBE FROM SUMMARY SHEET)	B-2.	B-3.	B-4.	B-5.
Unusual difficulty climbing stairs because of your legs	e. YES ..... 1 →	B-2e. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2g/h)	B-3e. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4e. Has a doctor or other person told you anything about this problem since your last interview?  YES .... 1 → NO .... 2 (B-2g/h)	B-5e. What did he or she say?  _____ _____ _____
	f. NO ..... 2 →	B-2f. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2g/h)	B-3f. How long did this last?   _ _  NO.  MONTHS ..... 1 YEARS ..... 2	B-4f. Did you see a doctor or other medical person about this?  YES .... 1 → NO .... 2 (B-2g/h)	B-5f. What was the diagnosis for this?  _____ _____ _____
A strong urge to urinate so that you can't wait to get to the toilet	g. YES ..... 1 →	B-2g. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2i/j)	B-3g. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4g. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO .... 2 (B-2i/j)	B-5g. What did he or she say?  _____ _____ _____
	h. NO ..... 2 →	B-2h. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2i/j)	B-3h. How long did this last?   _ _  NO.  MONTHS ..... 1 YEARS ..... 2	B-4h. Did you see a doctor or other medical person about this?  YES .... 1 → NO .... 2 (B-2i/j)	B-5h. What was the diagnosis for this?  _____ _____ _____

**B**

SYMPTOM:	B-1. REPORTED LAST INTERVIEW? (TRANSCRIBE FROM SUMMARY SHEET)	B-2.	B-3.	B-4.	B-5.
A problem with urine leaking	i. YES ..... 1 →	B-2i. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2k/l)	B-3i. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4i. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (B-2k/l)	B-5i. What did he or she say? _____ _____ _____
	j. NO ..... 2 →	B-2j. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2k/l)	B-3j. How long did this last?   _ _  NO.  MONTHS ..... 1 YEARS ..... 2	B-4j. Did you see a doctor or other medical person about this?  YES .... 1 → NO ..... 2 (B-2k/l)	B-5j. What was the diagnosis for this? _____ _____ _____
A feeling that you still need to (go/urinate) after you finish urinating	k. YES ..... 1 →	B-2k. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (IF MALE B-2m/n; IF FEMALE B-2o/p)	B-3k. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4k. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (IF MALE B-2m/n; IF FEMALE B-2o/p)	B-5k. What did he or she say? _____ _____ _____
	l. NO ..... 2 →	B-2l. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (IF MALE B-2m/n; IF FEMALE B-2o/p)	B-3l. How long did this last?   _ _  NO.  MONTHS ..... 1 YEARS ..... 2	B-4l. Did you see a doctor or other medical person about this?  YES 1 → NO 2 (IF MALE ..... B-2m/n; ..... IF FEMALE ..... B-2o/p)	B-5l. What was the diagnosis for this? _____ _____ _____

**B**

SYMPTOM:	B-1. REPORTED LAST INTERVIEW? (TRANSCRIBE FROM SUMMARY SHEET)	B-2.	B-3.	B-4.	B-5.
(IF MALE) A problem having or maintaining an erection	m. YES ..... 1 →	B-2m. (IF MALE) Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2o/p)	B-3m. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4m. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (B-2o/p)	B-5m. What did he or she say?  _____ _____ _____ _____
	n. NO ..... 2 →	B-2n. (IF MALE) Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2o/p)	B-3n. How long did this last?   __ __  NO.  MONTHS ..... 1 YEARS ..... 2	B-4n. Did you see a doctor or other medical person about this?  YES .... 1 → NO ..... 2 (B-2o/p)	B-5n. What was the diagnosis for this?  _____ _____ _____ _____
A burning or tingling sensation in your feet	o. YES ..... 1 →	B-2o. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2q/r)	B-3o. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4o. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (B-2q/r)	B-5o. What did he or she say?  _____ _____ _____ _____
	p. NO ..... 2 →	B-2p. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2q/r)	B-3p. How long did this last?   __ __  NO.  MONTHS ..... 1 YEARS ..... 2	B-4p. Did you see a doctor or other medical person about this?  YES .... 1 → NO ..... 2 (B-2q/r)	B-5p. What was the diagnosis for this?  _____ _____ _____ _____

**B**

SYMPTOM:	B-1. REPORTED LAST INTERVIEW? (TRANSCRIBE FROM SUMMARY SHEET)	B-2.	B-3.	B-4.	B-5.
Swollen or painful glands in your neck, groin, or under your arms	q. YES ..... 1 →	B-2q. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2s/t)	B-3q. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4q. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (B-2s/t)	B-5q. What did he or she say?  _____ _____ _____ _____
	r. NO ..... 2 →	B-2r. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2s/t)	B-3r. How long did this last?   __ __  NO.  MONTHS ..... 1 YEARS ..... 2	B-4r. Did you see a doctor or other medical person about this?  YES .... 1 → NO ..... 2 (B-2s/t)	B-5r. What was the diagnosis for this?  _____ _____ _____ _____
Unexplained fevers	s. YES ..... 1 →	B-2s. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2u/v)	B-3s. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4s. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (B-2u/v)	B-5s. What did he or she say?  _____ _____ _____ _____
	t. NO ..... 2 →	B-2t. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2u/v)	B-3t. How long did this last?   __ __  NO.  MONTHS ..... 1 YEARS ..... 2	B-4t. Did you see a doctor or other medical person about this?  YES .... 1 → NO ..... 2 (B-2u/v)	B-5t. What was the diagnosis for this?  _____ _____ _____ _____

**B**

SYMPTOM:	B-1. REPORTED LAST INTERVIEW? (TRANSCRIBE FROM SUMMARY SHEET)	B-2.	B-3.	B-4.	B-5.
Unexplained night sweats	u. YES ..... 1 →	B-2u. Since your last interview, have you had (SYMPTOM)?  YES ..... 1 → NO ..... 2 (B-2w/x)	B-3u. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4u. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (B-2w/x)	B-5u. What did he or she say?  _____ _____ _____ _____
	v. NO ..... 2 →	B-2v. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ..... 1 → NO ..... 2 (B-2w/x)	B-3v. How long did this last?   __ __  NO.  MONTHS ..... 1 YEARS ..... 2	B-4v. Did you see a doctor or other medical person about this?  YES .... 1 → NO ..... 2 (B-2w/x)	B-5v. What was the diagnosis for this?  _____ _____ _____ _____
Unintentional weight loss of 10 lbs. or more	w. YES ..... 1 →	B-2w. Since your last interview, have you had (SYMPTOM)?  YES ... 1 → NO .... 2 (B-2y/z)	B-3w. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4w. Has a doctor or other medical person told you anything about this problem since your last interview?  YES..... 1 → NO..... 2 (B-2y/z)	B-5w. What did he or she say?  _____ _____ _____ _____
	x. NO ..... 2 →	B-2x. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ... 1 → NO .... 2 (B-2y/z)	B-3x. How long did this last?   __ __  NO.  MONTHS ..... 1 YEARS ..... 2	B-4x. Did you see a doctor or other medical person about this?  YES..... 1 → NO..... 2 (B-2y/z)	B-5x. What was the diagnosis for this?  _____ _____ _____ _____

**B**

SYMPTOM:	B-1. REPORTED LAST INTERVIEW? (TRANSCRIBE FROM SUMMARY SHEET)	B-2.	B-3.	B-4.	B-5.
Loss of bowel control	y. YES ..... 1 →	B-2y. Since your last interview, have you had (SYMPTOM)?  YES ... 1 → NO .... 2 (BOX B-2)	B-3y. Since your last interview, would you say this is worse, better or about the same?  WORSE ..... 1 BETTER ..... 2 SAME ..... 3	B-4y. Has a doctor or other medical person told you anything about this problem since your last interview?  YES .... 1 → NO ..... 2 (BOX B-2)	B-5y. What did he or she say?  _____ _____ _____ _____ _____
	z. NO ..... 2 →	B-2z. Since your last interview, have you had (SYMPTOM) for more than one continuous month?  YES ... 1 → NO .... 2 (BOX B-2)	B-3z. How long did this last?   __ __  NO.  MONTHS ..... 1 YEARS ..... 2	B-4z. Did you see a doctor or other medical person about this?  YES..... 1 → NO..... 2 (BOX B-2)	B-5z. What was the diagnosis for this?  _____ _____ _____ _____ _____

B-5aa. Has an eye doctor ever told you that you had a serious eye disease?

YES ..... 1 (B-5bb.)  
 NO ..... 2 (BOX B-2)

B-5bb. Did the doctor say the problem was:	B-5cc. If YES, how old were you when this was first diagnosed?																																				
<table border="0"> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>Iritis?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Uveitis?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Glaucoma?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Conjunctivitis?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Due to injury?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other?</td> <td>1</td> <td>2</td> </tr> <tr> <td>(specify) _____</td> <td></td> <td></td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	Iritis?	1	2	Uveitis?	1	2	Glaucoma?	1	2	Conjunctivitis?	1	2	Due to injury?	1	2	Other?	1	2	(specify) _____			<table border="0"> <tbody> <tr> <td>AGE</td> <td> __ __ </td> </tr> </tbody> </table>	AGE	__ __										
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(IF SUBJECT CANNOT PROVIDE SPECIFIC DIAGNOSIS, PROBE FOR DETAILS ABOUT PROBLEM(S) _____ _____ _____)																																					

BOX B-2

Now I'm going to read a list of medical conditions. Please tell me if you have been diagnosed for the first time as having any of these conditions by a doctor or other medical person since your last interview.

<p>B-6. Since your last interview, did a doctor or other medical person tell you for the first time that you had:</p>	<p>B-7. What was the month and year when this was first diagnosed?</p>
<p>a. Tuberculosis?</p> <p>YES ..... 1 → NO ..... 2 (b)</p>	<p> _ _ _      _ _ _  MO            YR</p>
<p>b. Lymphoma?</p> <p>YES ..... 1 → NO ..... 2 (c)</p>	<p> _ _ _      _ _ _  MO            YR</p>
<p>c. Leukemia?</p> <p>YES ..... 1 → NO ..... 2 (d)</p>	<p> _ _ _      _ _ _  MO            YR</p>
<p>d. Any other cancer?</p> <p>YES ..... 1 → (SPECIFY _____) NO ..... 2 (e)</p>	<p> _ _ _      _ _ _  MO            YR</p>
<p>e. An enlarged liver or spleen?</p> <p>YES ..... 1 → NO ..... 2 (f)</p>	<p> _ _ _      _ _ _  MO            YR</p>
<p>f. Myositis or inflammation of muscle not due to an injury?</p> <p>YES ..... 1 → NO ..... 2 (g)</p>	<p> _ _ _      _ _ _  MO            YR</p>
<p>g. Arthritis?</p> <p>YES ..... 1 → NO ..... 2 (h)</p>	<p> _ _ _      _ _ _  MO            YR</p>
<p>h. A nerve or muscle problem such as spasms, tremors or paralysis?</p> <p>YES ..... 1 → (SPECIFY _____) NO ..... 2 (i)</p>	<p> _ _ _      _ _ _  MO            YR</p>

**B**

<p align="center"><b>B-6.</b></p> <p align="center">Since your last interview, did a doctor or other medical person tell you for the first time that you have:</p>	<p align="center"><b>B-7.</b></p> <p align="center">What was the month and year when this was first diagnosed?</p>
<p>i. Multiple sclerosis?</p> <p>YES ..... 1 →</p> <p>NO ..... 2 (j)</p>	<p align="center"> _ _ _      _ _ _ </p> <p align="center">MO            YR</p>
<p>j. Thyroid disease?</p> <p>YES ..... 1 →</p> <p>(SPECIFY _____)</p> <p>NO ..... 2 (k)</p>	<p align="center"> _ _ _      _ _ _ </p> <p align="center">MO            YR</p>
<p>k. High blood pressure?</p> <p>YES ..... 1 →</p> <p>NO ..... 2 (l)</p>	<p align="center"> _ _ _      _ _ _ </p> <p align="center">MO            YR</p>
<p>l. Diabetes or sugar in your blood?</p> <p>YES ..... 1 →</p> <p>NO ..... 2 (m)</p>	<p align="center"> _ _ _      _ _ _ </p> <p align="center">MO            YR</p>
<p>m. Any other major medical condition?</p> <p>YES ..... 1 →</p> <p>(SPECIFY _____)</p> <p>NO ..... 2 (BOX B-3)</p>	<p align="center"> _ _ _      _ _ _ </p> <p align="center">MO            YR</p>
<p>(RECORD ADDITIONAL MAJOR MEDICAL CONDITIONS, IF REPORTED)</p> <p>_____</p>	<p align="center"> _ _ _      _ _ _ </p> <p align="center">MO            YR</p>
<p>_____</p>	<p align="center"> _ _ _      _ _ _ </p> <p align="center">MO            YR</p>

**B**

**BOX B-3**

Now I am going to read another list of illnesses and infections. Please tell me if, at any time since your last interview, a doctor or other medical person treated you for any of these.

<p><b>B-8.</b></p> <p>Since your last interview, have you been treated for:</p>	<p><b>B-9.</b></p> <p>How many different times have you been treated for (<u>ILLNESS</u>) since your last interview?</p>	<p><b>B-10.</b></p> <p>What was the month and year when you were (first) treated for (<u>ILLNESS</u>) since your last interview?</p>
<p>a. Pneumonia?</p> <p>YES ..... 1 → NO ..... 2 (b)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>b. Bronchitis?</p> <p>YES ..... 1 → NO ..... 2 (c)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>c. A bladder infection?</p> <p>YES ..... 1 → NO ..... 2 (d)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>d. A kidney infection?</p> <p>YES ..... 1 → NO ..... 2 (e)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>e. Any other major infections that we haven't already discussed such as skin infections, fungal infections, viral infections or parasites?</p> <p>YES ..... 1 → (SPECIFY _____) NO ..... 2 (f)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>f. Asthma?</p> <p>YES ..... 1 NO ..... 2</p>		<p> _ _ _   _ _ _  MO YR</p>

B-11. Since your last interview, have you had oral herpes, sores or fever blisters for the first time?

YES ..... 1  
NO ..... 2 (BOX B-4)

B-12. What was the month and year when you first had oral herpes, sores or fever blisters since your last interview?

|\_|\_|\_| |\_|\_|\_|  
MO YR

**B**

**BOX B-4**

Next I'm going to read the names of some venereal diseases, also known as sexually-transmitted diseases. Please tell me if a doctor or other medical person told you that you've had any of these since your last interview.

<p>B-13. Since your last interview, has a doctor or other person told you that you had:</p>	<p>B-14. How many different times have you had this since your last interview?</p>	<p>B-15. What was the month and year when you were (first) told that you had this since your last interview?</p>
<p>a. Gonorrhea or "clap"?</p> <p>YES ..... 1 → NO ..... 2 (b)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>b. Syphilis?</p> <p>YES ..... 1 → NO ..... 2 (c)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>c. Genital herpes or sores?</p> <p>YES ..... 1 → NO ..... 2 (d)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>d. Any other sexually-transmitted disease such as chlamydia, trichomonas, or genital warts?</p> <p>YES ..... 1 → (SPECIFY _____) NO ..... 2 (IF MALE, g; IF FEMALE, e)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>e. (IF FEMALE) Pelvic inflammatory disease or infections of the tubes, also know as PID?</p> <p>YES ..... 1 → NO ..... 2 (f)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>
<p>f. (IF FEMALE) An infection of the vagina, or vaginitis?</p> <p>YES ..... 1 → (SPECIFY _____) NO ..... 2 (B-16)</p>	<p> _ _ _  NO.</p>	<p> _ _ _   _ _ _  MO YR</p>

**B**

<p>B-13. Since your last interview, has a doctor or other person told you that you had:</p>	<p>B-14. How many different times have you had this since your last interview?</p>	<p>B-15. What was the month and year when you were (first) told that you had this since your last interview?</p>
<p>g. (IF MALE) Urethritis, that is, discharge from the penis <u>not</u> due to gonorrhea?</p> <p>YES ..... 1 → NO ..... 2 (h)</p>	<p>_____ _____  NO.</p>	<p>_____ _____     _____ _____  MO                    YR</p>
<p>h. (IF MALE) Sores or ulcers on your penis?</p> <p>YES ..... 1 → NO ..... 2 (B-16)</p>	<p>_____ _____  NO.</p>	<p>_____ _____     _____ _____  MO                    YR</p>

B-16. Since your last interview, have you had a blood transfusion, that is, been given someone else's blood?

YES ..... 1  
NO ..... 2

B-17. Since your last interview, have you had any new health problems that we have not already talked about, including any you may have now?

YES ..... 1  
NO ..... 2 (IF MALE,  
BOX C-1;  
IF FEMALE,  
BOX B-5)

B-18. Could you briefly describe these and tell me the month and year when they first occurred?

- a. \_\_\_\_\_ \_\_\_\_\_|\_\_\_\_\_|    \_\_\_\_\_|\_\_\_\_\_|  
MO                    YR
- b. \_\_\_\_\_ \_\_\_\_\_|\_\_\_\_\_|    \_\_\_\_\_|\_\_\_\_\_|  
MO                    YR
- c. \_\_\_\_\_ \_\_\_\_\_|\_\_\_\_\_|    \_\_\_\_\_|\_\_\_\_\_|  
MO                    YR
- d. \_\_\_\_\_ \_\_\_\_\_|\_\_\_\_\_|    \_\_\_\_\_|\_\_\_\_\_|  
MO                    YR
- e. \_\_\_\_\_ \_\_\_\_\_|\_\_\_\_\_|    \_\_\_\_\_|\_\_\_\_\_|  
MO                    YR
- f. \_\_\_\_\_ \_\_\_\_\_|\_\_\_\_\_|    \_\_\_\_\_|\_\_\_\_\_|  
MO                    YR
- g. \_\_\_\_\_ \_\_\_\_\_|\_\_\_\_\_|    \_\_\_\_\_|\_\_\_\_\_|  
MO                    YR

**B**

BOX B-5

FOR MALES, GO TO BOX C-1.

FOR FEMALES, CODE ACCORDING TO PHASE ONE SUMMARY SHEET, AND FOLLOW SKIP PATTERN:

DID SUBJECT STILL MENSTRUATE AT TIME OF LAST INTERVIEW?

YES .....	1 (CONTINUE)
NO .....	2 (BOX C-1)

B-19. Do you still (menstruate/have periods)?

YES ..... 1  
NO ..... 2 (B-21)

B-20. How often do you use tampons during (menstruation/your period)?

SHOW  
CARD

NEVER ..... 1  
RARELY ..... 2  
SOMETIMES ..... 3  
USUALLY ..... 4  
ALWAYS ..... 5 } (B-22)

B-21. What was the month and year when you had your last menstrual period?

|\_|\_|\_| |\_|\_|\_|  
MO YR

B-22. Since your last interview, have you been pregnant?

YES ..... 1  
NO ..... 2 (BOX C-1)

B-23. How many times have you been pregnant since your last interview?

|\_|\_|\_|  
NO.

**B**

<p>B-24. How did your (1st, 2nd, 3rd) pregnancy since your last interview end? (PROBE: Was it a livebirth, a miscarriage, a stillbirth, or an abortion?)</p>		<p>B-25. Did you breastfeed this baby?</p>
<p>1st PREGNANCY</p>	<p>LIVEBIRTH .....1 → MISCARRIAGE .....2 STILLBIRTH .....3 ABORTION .....4 OTHER (SPECIFY) .....6 _____</p>	<p>YES .....1 NO .....2</p>
<p>2nd PREGNANCY</p>	<p>LIVEBIRTH .....1 → MISCARRIAGE .....2 STILLBIRTH .....3 ABORTION .....4 OTHER (SPECIFY) .....6 _____</p>	<p>YES .....1 NO .....2</p>
<p>3rd PREGNANCY</p>	<p>LIVEBIRTH .....1 → MISCARRIAGE .....2 STILLBIRTH .....3 ABORTION .....4 OTHER (SPECIFY) .....6 _____</p>	<p>YES .....1 NO .....2</p>

**C. SMOKING, ALCOHOL AND DRUG USE**

BOX C-1

Now I'd like to ask some questions about cigarette smoking and alcohol use during your lifetime.

C-1. Have you smoked at least 100 cigarettes during your entire life?

YES ..... 1  
NO ..... 2 (C-6)

C-2. How old were you when you first started smoking cigarettes regularly?

|\_|\_|\_|  
AGE  
NEVER SMOKED REGULARLY ..... 00 (C-6)

C-3. Do you smoke cigarettes now?

YES ..... 1 (C-5)  
NO ..... 2

C-4. How old were you when you last smoked cigarettes regularly?

|\_|\_|\_|  
AGE

C-5. Thinking about the whole time that you (have been smoking/smoked), about how many cigarettes (do/did) you usually smoke per day?

|\_|\_|\_|  
NO. PER DAY  
LESS THAN ONE CIGARETTE PER DAY ..... 95

C-6. Now I'd like to ask about alcoholic beverages, such as beer, wine, or hard liquor. In your entire life, have you had at least 12 drinks of any kind of alcoholic beverage?

YES ..... 1  
NO ..... 2 (BOX C-2)

C-7. Not counting small tastes, how old were you when you started drinking alcoholic beverages?

|\_|\_|\_|  
AGE

C

C-8. During the past month, have you had at least one alcoholic drink?

- YES ..... 1 (C-10)
- NO ..... 2

C-9. How old were you the last time you had an alcoholic drink?

|\_|\_|  
AGE

C-10. Thinking about the whole time that you (have been drinking/drunk) alcohol, about how many drinks per day, week, month, or year (do/did) you usually drink? [PROBE IF SUBJECT HAS DIFFICULTY WITH THIS QUESTION: What (is/was) the usual number of drinks (you/you would) have during a day, week, month or year?]

- |\_|\_|
- NO.
- PER DAY ..... 1
- PER WEEK ..... 2
- PER MONTH ..... 3
- PER YEAR ..... 4
- LESS THAN ONE
- PER YEAR ..... 995

BOX C-2

Now I would like to ask about recreational drugs or drugs not prescribed by a doctor that you may have used since your last interview on [REDACTED] (DATE). I understand that these could be sensitive questions. Just as before, I want to assure you that all information you give us will be kept strictly confidential. This means that the information will be available for research purposes only. Your responses will not be linked with your name or with anything that could identify you. Your honest answers are very important.

C-11. Since your last interview, have you injected or "shot up" drugs that were not prescribed by a doctor?

- YES ..... 1
  - NO ..... 2
  - REFUSED ..... 7
  - DK ..... 8
- } (BOX D-1)

C-12. Since your last interview, have you shared a needle or syringe with someone else when you injected drugs?

- YES ..... 1
- NO ..... 2

**D. SEXUAL HISTORY**

BOX D-1

Now I would like to ask about your recent sexual activities. I know these are personal questions, but your answers are important and will remain completely confidential.

FOR SPs, GO TO D-8. FOR ALL OTHER SUBJECTS, CONTINUE.

FOR PDs, PPs, AND CONTROLS: In answering these questions, I would like you to include only those partners with whom sexual contact involved vaginal, oral, or anal intercourse. This means you should not include partners you have just kissed.

D-1. Since your last interview on   (DATE), have you had sexual relations with anyone?

YES ..... 1

NO ..... 2 (BOX D-2)

D-2. Since your last interview, what is the total number of men you've had sex with?

|\_|\_|\_|\_|

NO. OF MEN

NONE .....000

D-3. Since your last interview, what is the total number of women you've had sex with?

|\_|\_|\_|\_|

NO. OF WOMEN

NONE .....000

D-4. How often did you use a condom or rubber during sex with (these/this) partner(s)?

SHOW  
CARD

NEVER .....	1
RARELY .....	2
SOMETIMES .....	3
USUALLY .....	4
ALWAYS.....	5

D-5. Did you have sex with (this/any of these) partner(s) for the first time since your last interview?

YES ..... 1

NO ..... 2 (BOX D-2)

D

D-6. How many of these partners did you have sex with for the first time since your last interview?

|\_|\_|\_|  
NO.

D-7. How often did you use a condom or rubber during sex with (this/these) new partner(s)?

SHOW  
CARD

- NEVER ..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- USUALLY ..... 4
- ALWAYS ..... 5

BOX D-2

IS SUBJECT A POSITIVE DONOR (PD) WITH SEX PARTNER (SP) WHO ENROLLED IN REDS?  
(SP's HTLV TEST RESULT FROM PHASE ONE IS EITHER NEGATIVE OR UNAVAILABLE)

YES ..... 1 (CONTINUE)

NO ..... 2 (This ends our interview.  
Thank you for your cooperation.)

TIME END: |\_|\_| : |\_|\_| AM  
PM

D-8. At the time of your last interview, you told us you were in a marriage or a sexual relationship with \_\_\_\_\_ (INITIALS) that had lasted for six months or longer. Are you still involved in this same relationship with \_\_\_\_\_ (INITIALS)?

- YES ..... 1 (D-10)
- NO ..... 2

D-9. What was the month and year when this relationship ended?

|\_|\_|\_| |\_|\_|\_|  
MO YR

D

D-10. Since the time of your last interview, has [REDACTED] (INITIALS) injected or "shot up" drugs that were not prescribed by a doctor?

- YES ..... 1
- NO ..... 2
- LIKELY BUT NOT SURE ..... 3
- UNLIKELY BUT NOT SURE ..... 4
- DON'T KNOW ..... 8

BOX D-3

I am now going to ask a few questions about your sexual activities with [REDACTED] (INITIALS) (before your relationship ended). Some of these questions may be difficult for you to answer but your honest answers are very important. If you're not sure of an answer, let me know, and I'll ask a few questions so we can make an estimate. This is the same partner we just discussed.

D-11. Since your last interview (and before your relationship ended), (have/did) you and [REDACTED] (INITIALS) (had/have) vaginal sex?

- YES ..... 1
- NO ..... 2 (BOX D-4)

D-12. Since your last interview (and before your relationship ended), what is the average number of times per week, month, or year that you (have) had vaginal sex with [REDACTED] (INITIALS)? [PROBE IF LESS THAN ONCE PER YEAR: What is the total number of times you've had vaginal sex with [REDACTED] (INITIALS)? since your last interview on [REDACTED] (DATE)]?

|\_|\_|\_|  
NO. OF TIMES

- WEEK ..... 1
- MONTH ..... 2
- YEAR ..... 3
- TOTAL ..... 4

D-13. Thinking of all the times you (have) had vaginal sex with [REDACTED] (INITIALS) since your last interview, how often would you say that a condom or rubber was used?

SHOW  
CARD

- NEVER ..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- USUALLY ..... 4
- ALWAYS ..... 5

D

BOX D-4

IS SUBJECT A POSITIVE DONOR (PD)?

YES ..... 1 (This ends our interview. Thank you for your cooperation.)

TIME END: |\_|\_| : |\_|\_| AM PM

NO ..... 2 (CONTINUE)

FOR SPs: Now I have a few questions about other sexual relationships. In answering these questions, I would like you to include only those partners [besides (INITIALS)] with whom sexual contact involved vaginal, oral, or anal intercourse. Please limit your answers to relationships you have had since your last interview on (DATE).

D-14. Since your last interview, have you had sexual relations with anyone other than (INITIALS)?

YES ..... 1
NO ..... 2 (D-31)

D-15. Since your last interview, what is the total number of men you've had sex with?

|\_|\_|
NO. OF MEN
NONE .....000

D-16. Since your last interview, what is the total number of women you've had sex with?

|\_|\_|
NO. OF WOMEN
NONE .....000

D-17. [Not including (INITIALS),] Since your last interview, have you had sex with anyone who was born in Africa?

YES ..... 1
NO ..... 2 (D-19)
LIKELY BUT NOT SURE ..... 3
UNLIKELY BUT NOT SURE ..... 4
DON'T KNOW ..... 8 } (D-19)

D

D-18. How often did you use a condom during sex with (this/these) partner(s) from Africa?

SHOW  
CARD

- NEVER ..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- USUALLY ..... 4
- ALWAYS..... 5

D-19. [Not including (INITIALS)] Since your last interview, have you had sex with anyone who was born in the Caribbean?

- YES ..... 1
- NO ..... 2 (D-21)
- LIKELY BUT NOT SURE ..... 3
- UNLIKELY BUT NOT SURE ..... 4
- DON'T KNOW ..... 8 } (D-21)

D-20. How often did you use a condom during sex with (this/these) partner(s) from the Caribbean?

SHOW  
CARD

- NEVER ..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- USUALLY ..... 4
- ALWAYS..... 5

D-21. [Not including (INITIALS)] Since your last interview, have you had sex with anyone who was born in Japan or Okinawa?

- YES ..... 1
- NO ..... 2 (D-23)
- LIKELY BUT NOT SURE ..... 3
- UNLIKELY BUT NOT SURE ..... 4
- DON'T KNOW ..... 8 } (D-23)

D-22. How often did you use a condom during sex with (this/these) partner(s) from Japan or Okinawa?

SHOW  
CARD

- NEVER ..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- USUALLY ..... 4
- ALWAYS..... 5

D-23. [Not including (INITIALS)] Did any of your sex partners since your last interview inject or "shoot up" drugs that were not prescribed by a doctor?

- YES ..... 1
- NO ..... 2 (D-25)
- LIKELY BUT NOT SURE ..... 3
- UNLIKELY BUT NOT SURE ..... 4
- DON'T KNOW ..... 8 } (D-25)

**D**

D-24. How often did you use a condom with (this/these) partner(s) who used IV drugs?

SHOW  
CARD

- NEVER ..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- USUALLY ..... 4
- ALWAYS..... 5

D-25. Since your last interview, have you had sex with a prostitute?

- YES ..... 1
- NO ..... 2 (D-28)

D-26. Since your last interview, how many prostitutes have you had sex with?

|\_|\_|\_|\_|  
NO.

D-27. How often did you use a condom during sex with a prostitute?

SHOW  
CARD

- NEVER ..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- USUALLY ..... 4
- ALWAYS..... 5

D-28. Since your last interview, has anyone given you money, gifts or drugs in exchange for sex?

- YES ..... 1
- NO ..... 2 (D-31)

D-29. How many different people gave you money, gifts or drugs in exchange for sex?

|\_|\_|\_|\_|  
NO.

D-30. How often did you use a condom during sex with someone who gave you money, gifts or drugs in exchange for sex?

SHOW  
CARD

- NEVER ..... 1
- RARELY ..... 2
- SOMETIMES ..... 3
- USUALLY ..... 4
- ALWAYS..... 5

**D**

D-31. And for our last question, what is your birth date?

|\_|\_| |\_|\_| |\_|\_|  
MO DA YR

BOX D-5  
This ends our interview. Thank you for your cooperation.

TIME END: |\_|\_| : |\_|\_| AM  
PM