

SUBJECT ID _____

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

INTERVIEWER INITIALS |_|_|_|

INTERVIEW LOCATION:

BLOOD CENTER 1
SUBJECT'S HOME 2
OTHER 3

(SPECIFY)
TELEPHONE 4

GENDER OF SUBJECT:

MALE 1
FEMALE 2

INTERVIEW RESULT |_|_|

**PHASE THREE INTERVIEW
REDS HTLV COHORT STUDY**

DATE OF MOST RECENT INTERVIEW: |_|_| |_|_| |_|_|
MO DAY YR

BOX A

**TRANSCRIPTION INSTRUCTIONS
FOR SUBJECTS WHO PARTICIPATED IN PHASE TWO**

PRIOR TO PHASE THREE VISIT, TRANSCRIBE INFORMATION FROM PHASE TWO INTERVIEW SUMMARY SHEET TO THE SHADED AREAS OF THIS PHASE THREE INTERVIEW BOOKLET.

FROM PHASE TWO INTERVIEW SUMMARY SHEET	TRANSCRIBE TO:
Date of Phase Two Interview	Front cover; Box B-1 on page 2; Box B-2 on page 9; Box B-3 on page 12; Box B-4 on page 13; Box B-5 on page 14; Box C-1 on page 16; Box C-2 on page 17; and Question D-1 on page 18.
Responses to B-2a through B-2z	B-1a through B-1z on pages 2 through 8

BOX B

**TRANSCRIPTION INSTRUCTIONS
FOR SUBJECTS WHO DID NOT PARTICIPATE IN PHASE TWO**

PRIOR TO PHASE THREE VISIT, TRANSCRIBE INFORMATION FROM REVISED PHASE ONE INTERVIEW SUMMARY SHEET TO THE SHADED AREAS OF THIS PHASE THREE INTERVIEW BOOKLET.

FROM REVISED PHASE ONE INTERVIEW SUMMARY SHEET	TRANSCRIBE TO:
Date of Phase One Interview	Front cover; Box B-1 on page 2; Box B-2 on page 9; Box B-3 on page 12; Box B-4 on page 13; Box B-5 on page 14; Box C-1 on page 16; Box C-2 on page 17; and Question D-1 on page 18.
Responses to B-1a through B-1f and B-1h through B-1n	B-1a through B-1z on pages 2 through 8

FOR ALL HTLV-POSITIVE AND CONTROL SUBJECTS, BEGIN INTERVIEW WITH SECTION A, AND CONTINUE TO SECTIONS B THROUGH E. NEGATIVE SEX PARTNERS ARE NOT INTERVIEWED IN PHASE THREE.

A. GENERAL HEALTH

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 |__|__|__|
- NONE000
- NOT WORKING995

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 →	Since your last interview, have you had (SYMPTOM) ? YES 1 → NO 2 (B-2c/d)	Since your last interview, would you say this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2c/d)	What did he or she say? _____ _____ _____
	b. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2c/d)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2c/d)	What was the diagnosis for this? _____ _____ _____
Unusual difficulty rising from a chair without using your hands	c. YES 1 →	Since your last interview, have you had (SYMPTOM) ? YES 1 → NO 2 (B-2e/f)	Since your last interview, would you say that this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2e/f)	What did he or she say? _____ _____ _____
	d. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2e/f)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2e/f)	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 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2g/h)	Since your last interview, would you say this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2g/h)	What did he or she say? _____ _____ _____ _____
	f. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2g/h)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2g/h)	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 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2i/j)	Since your last interview, would you say that this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2i/j)	What did he or she say? _____ _____ _____ _____
	h. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2i/j)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2i/j)	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 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2k/l)	Since your last interview, would you say this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2k/l)	What did he or she say? _____ _____ _____ _____
	j. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2k/l)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2k/l)	What was the diagnosis for this? _____ _____ _____ _____
A feeling that you still need to (go/urinate) after you finish urinating	k. YES 1 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (IF MALE B-2m/n; IF FEMALE B-2o/p)	Since your last interview, would you say that this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	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))	What did he or she say? _____ _____ _____ _____
	l. NO 2 →	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)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	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)	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 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2o/p)	Since your last interview, would you say this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2o/p)	What did he or she say? _____ _____ _____ _____
	n. NO 2 →	Since your last interview, have you had, for more than one continuous month, (SYMPTOM)? YES 1 → NO 2 (B-2o/p)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2o/p)	What was the diagnosis for this? _____ _____ _____ _____
A burning or tingling sensation in your feet	o. YES 1 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2q/r)	Since your last interview, would you say that this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2q/r)	What did he or she say? _____ _____ _____ _____
	p. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2q/r)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2q/r)	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	g. YES 1 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2s/t)	Since your last interview, would you say this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2s/t)	What did he or she say? _____ _____ _____
	r. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2s/t)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2s/t)	What was the diagnosis for this? _____ _____ _____
Unexplained fevers	s. YES 1 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2u/v)	Since your last interview, would you say that this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2u/v)	What did he or she say? _____ _____ _____
	t. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2u/v)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2u/v)	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 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2w/x)	Since your last interview, would you say this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2w/x)	What did he or she say? _____ _____ _____ _____
	v. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (B-2w/x)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2w/x)	What was the diagnosis for this? _____ _____ _____ _____
Unintentional weight loss of 10 lbs. or more	w. YES 1 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (B-2y/z)	Since your last interview, would you say that this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (B-2y/z)	What did he or she say? _____ _____ _____ _____
	x. NO 2 →	Since your last interview, have you had, for more than one continuous month, (SYMPTOM)? YES 1 → NO 2 (B-2y/z)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (B-2y/z)	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 →	Since your last interview, have you had (SYMPTOM)? YES 1 → NO 2 (BOX B-2)	Since your last interview, would you say this is worse, better or about the same? WORSE 1 BETTER 2 SAME 3 } →	Has a doctor or other medical person told you anything about this problem since your last interview? YES 1 → NO 2 (BOX B-2)	What did he or she say? _____ _____ _____ _____
	z. NO 2 →	Since your last interview, have you had (SYMPTOM) for more than one continuous month? YES 1 → NO 2 (BOX B-2)	How long did this last? _ _ NO. MONTHS .. 1 YEARS 2 } →	Did you see a doctor or other medical person about this? YES 1 → NO 2 (BOX B-2)	What was the diagnosis for this? _____ _____ _____ _____

B

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 on _____ (DATE).

B-6. Since your last interview, did a doctor or other medical person tell you for the first time that you had:	B-7. What was the month and year when this was first diagnosed?										
<p>a. Tuberculosis?</p> <p>YES 1 → NO 2 (b)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td></td> <td style="text-align: center;">YR</td> <td></td> </tr> </table>						MO			YR	
MO			YR								
<p>b. Lymphoma?</p> <p>YES 1 → NO 2 (c)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td></td> <td style="text-align: center;">YR</td> <td></td> </tr> </table>						MO			YR	
MO			YR								
<p>c. Leukemia?</p> <p>YES 1 → NO 2 (d)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td></td> <td style="text-align: center;">YR</td> <td></td> </tr> </table>						MO			YR	
MO			YR								
<p>d. Any other cancer?</p> <p>YES 1 → (SPECIFY _____) NO 2 (e)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td></td> <td style="text-align: center;">YR</td> <td></td> </tr> </table>						MO			YR	
MO			YR								
<p>e. An enlarged liver or spleen?</p> <p>YES 1 → NO 2 (f)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td></td> <td style="text-align: center;">YR</td> <td></td> </tr> </table>						MO			YR	
MO			YR								
<p>f. Myositis or inflammation of muscle not due to an injury?</p> <p>YES 1 → NO 2 (g)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td></td> <td style="text-align: center;">YR</td> <td></td> </tr> </table>						MO			YR	
MO			YR								
<p>g. Arthritis?</p> <p>YES 1 → NO 2 (h)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td></td> <td style="text-align: center;">YR</td> <td></td> </tr> </table>						MO			YR	
MO			YR								
<p>h. A nerve or muscle problem such as spasms, tremors or paralysis?</p> <p>YES 1 → (SPECIFY _____) NO 2 (i)</p>	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="width: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">MO</td> <td></td> <td></td> <td style="text-align: center;">YR</td> <td></td> </tr> </table>						MO			YR	
MO			YR								

B

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

B

B-8. Since your last interview, has an eye doctor told you that you had a serious eye disease?

YES 1 (B-9)
 NO 2 (B-11)

<p style="text-align: center;">B-9. Did the eye doctor say the problem was:</p>	<p style="text-align: center;">B-10. What was the month and year when this was first diagnosed?</p>
<p>a. Iritis?</p> <p>YES 1 → NO 2 (b)</p>	<p style="text-align: center;"> _ _ _ _ _ _ MO YR</p>
<p>b. Uveitis?</p> <p>YES 1 → NO 2 (c)</p>	<p style="text-align: center;"> _ _ _ _ _ _ MO YR</p>
<p>c. Glaucoma?</p> <p>YES 1 → NO 2 (d)</p>	<p style="text-align: center;"> _ _ _ _ _ _ MO YR</p>
<p>d. Conjunctivitis?</p> <p>YES 1 → NO 2 (e)</p>	<p style="text-align: center;"> _ _ _ _ _ _ MO YR</p>
<p>e. Due to injury?</p> <p>YES 1 → NO 2 (f)</p>	<p style="text-align: center;"> _ _ _ _ _ _ MO YR</p>
<p>f. Some other serious eye disease?</p> <p>YES 1 (f1) NO 2 (B-11)</p> <p>f1. What did the eye doctor say it was?</p> <p>(SPECIFY, IF DIAGNOSIS IS KNOWN; DESCRIBE PROBLEMS/SYMPTOMS, IF UNKNOWN.)</p> <p>1. _____ } → 2. _____ }</p>	<p style="text-align: center;"> _ _ _ _ _ _ MO YR _ _ _ _ _ _ MO YR</p>

B

B-11. Since your last interview, did a doctor or other medical person tell you for the first time that you had any other major medical condition?

YES 1 (B-12)
 NO..... 2 (BOX B-3)

<p align="center">B-12. What conditions did he/she tell you that you had?</p>	<p align="center">B-13. What was the month and year when (CONDITION) was first diagnosed?</p>
<p>1. _____ } 2. _____ } → 3. _____ }</p>	<p align="center"> _ _ _ _ _ _ MO YR</p> <p align="center"> _ _ _ _ _ _ MO YR</p> <p align="center"> _ _ _ _ _ _ MO YR</p>

BOX B-3

Now I'm going to ask you about some illnesses and infections you may have had for the first time since your last interview on _____ (DATE)

<p align="center">B-14. Since your last interview, have you had (INFECTION) for the first time?</p>	<p align="center">B-15. What was the month and year when you first had (INFECTION)?</p>
<p>a. Oral herpes, sores or fever blisters?</p> <p>YES 1 → NO 2 (b)</p>	<p align="center"> _ _ _ _ _ _ MO YR</p>
<p>b. Shingles?</p> <p>YES 1 → NO 2 (BOX B-4)</p>	<p align="center"> _ _ _ _ _ _ MO YR</p>

B

BOX B-4

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

<p>B-16. Since your last interview, have you been treated for:</p>	<p>B-17. How many different times have you been treated for (ILLNESS) since your last interview?</p>	<p>B-18. What was the month and year when you were (first) treated for (ILLNESS) 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 (SPECIFY) 1</p> <p>1. _____ } →</p> <p>2. _____ }</p> <p>NO 2 (f)</p>	<p> _ _ NO.</p> <p> _ _ NO.</p>	<p> _ _ _ _ MO YR</p> <p> _ _ _ _ MO YR</p>
<p>f. Asthma?</p> <p>YES 1 → NO 2 (B-19)</p>	<p style="background-color: #cccccc;"> </p>	<p> _ _ _ _ MO YR</p>

B

BOX B-5

Next, I'm going to ask you about 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 on (DATE).

<p>B-19. Since your last interview, has a doctor or other medical person told you that you had:</p>	<p>B-20. How many different times have you had this since your last interview?</p>	<p>B-21. What was the month and year when you were (first) told that you had this since your last interview?</p>
<p>a. Genital herpes or sores?</p> <p>YES 1 → NO 2 (d)</p>	<p> _ _ NO.</p>	<p> _ _ _ _ MO YR</p>
<p>b. Any other sexually-transmitted disease such as syphilis, gonorrhea, chlamydia, trichomonas, or genital warts?</p> <p>YES 1 (b-1) NO 2 (IF MALE, d) (IF FEMALE, c)</p> <p>b1. What did he/she say you had?</p> <p>1. _____ } 2. _____ } → 3. _____ }</p>	<p> _ _ NO. _ _ NO. _ _ NO.</p>	<p> _ _ _ _ MO YR _ _ _ _ MO YR _ _ _ _ MO YR</p>
<p>c. (IF FEMALE) An infection of the vagina, or vaginitis?</p> <p>YES (SPECIFY) ... 1 → _____ NO 2 (B-22)</p>	<p> _ _ NO.</p>	<p> _ _ _ _ MO YR</p>
<p>d. (IF MALE) Urethritis, that is, discharge from the penis <u>not</u> due to gonorrhea?</p> <p>YES 1 → NO 2 (e)</p>	<p> _ _ NO.</p>	<p> _ _ _ _ MO YR</p>
<p>e. (IF MALE) Sores or ulcers on your penis?</p> <p>YES 1 → NO 2 (B-22)</p>	<p> _ _ NO.</p>	<p> _ _ _ _ MO YR</p>

C. SMOKING, ALCOHOL AND DRUG USE

BOX C-1

Now I'd like to ask some questions about cigarette smoking and alcohol use
since your last interview on: (DATE).

- C-1. At any time since your last interview, have you smoked cigarettes on a regular basis?
- YES 1
NO 2 (C-5)
- C-2. Do you smoke cigarettes now?
- YES 1 (C-4)
NO 2
- C-3. What was the month and year you stopped smoking cigarettes on a regular basis?
- |_|_|_| |_|_|_|
MO YR
- C-4. Thinking about the time that you (have been smoking/smoked) since your last interview, about how many cigarettes (do/did) you usually smoke per day?
- |_|_|_|
NO. PER DAY
LESS THAN ONE CIGARETTE PER DAY 95
- C-5. Now I'd like to ask about alcoholic beverages, such as beer, wine, or hard liquor. Since your last interview, have you had at least 12 drinks of any kind of alcoholic beverage?
- YES 1
NO 2 (BOX C-2)
- C-6. During the past month, have you had at least one alcoholic drink?
- YES 1 (C-8)
NO 2
- C-7. What was the month and year you last had an alcoholic drink?
- |_|_|_| |_|_|_|
MO YR

C

C-8. Thinking about the time that you (have been drinking/drunk) alcohol since your last interview, 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 (have/had) during a day, week, month or year?]

- |_|_|_|
- NO.
- PER DAY 1
- PER WEEK 2
- PER MONTH 3
- PER YEAR 4
- LESS THAN ONE
- PER YEAR995

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 used 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-9. 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-10. 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.

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

YES 1
NO 2 (BOX E-1)

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

|_|_|_|_|
NO. OF MEN
NONE000

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

|_|_|_|_|
NO. OF WOMEN
NONE000

D-4. Please look at this card and tell me how often you used a condom or rubber during sex with (these/this) partner(s)?

SHOW
CARD
1

NEVER 1
RARELY 2
SOMETIMES 3
USUALLY 4
ALWAYS 5

E. EDUCATION AND INCOME

BOX E-1

Just two more questions and we'll be finished with the interview.

E-1. First, please look at this card and tell me which category includes the highest level of school you have completed.

SHOW
CARD
2

- A. 8TH GRADE OR LESS 1
- B. 9TH, 10TH, 11TH OR 12TH GRADE (NO DIPLOMA) 2
- C. HIGH SCHOOL GRADUATE (HIGH SCHOOL DIPLOMA OR EQUIVALENT, FOR EXAMPLE, GED) 3
- D. SOME COLLEGE OR TECHNICAL SCHOOL 4
- E. BACHELOR'S DEGREE (FOR EXAMPLE, BA, AB, BS) 5
- F. MASTER'S OR PROFESSIONAL DEGREE (FOR EXAMPLE, MA, MS, MEd, PhD, MD) 6

E-2. Finally, what was your total family income last calendar year, that is (1994/1995/1996), from all sources, including wages, tips, Social Security, Aid to Families with Dependent Children, pensions, child support, or any cash income from other sources? Please choose one of the categories on this card.

SHOW
CARD
3

- A. < \$10,000 1
- B. \$10,000 to \$19,999 2
- C. \$20,000 to \$29,999 3
- D. \$30,000 to \$39,999 4
- E. \$40,000 to \$49,999 5
- F. \$50,000 to \$74,999 6
- G. \$75,000 or more 7
- H. REFUSED R

BOX E-2

This ends our interview. Thank you for your cooperation.

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