





3. Has your doctor ever told you that you have any of the following?

**YES** **NO**

- |  |   |   |
|--|---|---|
| a. Pneumocystis Pneumonia or PCP   | 0 | 0 |
| b. Kaposi's Sarcoma or KS  | 0 | 0 |
| c. Lymphoma (non Hodgkins)   | 0 | 0 |
| d. Atypical Mycobacterium or MAI or MAC  | 0 | 0 |
| e. Cryptosporidiosis   | 0 | 0 |
| f. Coccidioidomycosis  | 0 | 0 |
| g. Histoplasmosis  | 0 | 0 |
| h. Isosporiasis  | 0 | 0 |
| i. Toxoplasmosis (in your head or brain)   | 0 | 0 |
| j. Salmonella in your blood  | 0 | 0 |
| k. CMV in your eye (retinitis), elsewhere in your lungs, colon, stomach, or esophagus. | 0 | 0 |
| l. Severe weight loss due to your HIV infection (Wasting)                              | 0 | 0 |
| m. Problems thinking due to your HIV infection (HIV Dementia)                          | 0 | 0 |
| n. Candida or fungus in your mouth or throat (Thrush)                                  | 0 | 0 |
| o. Cryptococcus  | 0 | 0 |

### **HEALTH HABITS**

4. How much do you weigh? (in pounds) (Fill in one oval)

- |                                       |                                      |                                      |                                      |  |
|---------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="radio"/> 90 lbs. or less | <input type="radio"/> 131 - 140 lbs. | <input type="radio"/> 181 - 190 lbs. | <input type="radio"/> 231 - 240 lbs. | <input type="radio"/> 281 - 290 lbs.   |
| <input type="radio"/> 91 - 100 lbs.   | <input type="radio"/> 141 - 150 lbs. | <input type="radio"/> 191 - 200 lbs. | <input type="radio"/> 241 - 250 lbs. | <input type="radio"/> 291 - 300 lbs.   |
| <input type="radio"/> 101 - 110 lbs.  | <input type="radio"/> 151 - 160 lbs. | <input type="radio"/> 201 - 210 lbs. | <input type="radio"/> 251 - 260 lbs. | <input type="radio"/> 301 - 310 lbs.   |
| <input type="radio"/> 111 - 120 lbs.  | <input type="radio"/> 161 - 170 lbs. | <input type="radio"/> 211 - 220 lbs. | <input type="radio"/> 261 - 270 lbs. | <input type="radio"/> 311 - 320 lbs.   |
| <input type="radio"/> 121 - 130 lbs.  | <input type="radio"/> 171 - 180 lbs. | <input type="radio"/> 221 - 230 lbs. | <input type="radio"/> 271 - 280 lbs. | <input type="radio"/> 321 lbs. or more |

5. How often do you engage in regular activities (e.g., brisk walking, jogging, bicycling, etc.) long enough to work up a sweat?

- NEVER
- LESS THAN ONCE A WEEK
- 1 - 2 TIMES A WEEK
- 3 - 4 TIMES A WEEK
- 5 OR MORE TIMES A WEEK

Study ID

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6. Do you now smoke cigarettes (i.e., within the last week)?

YES

NO

7. Do you have a father or brother who had a heart attack or angina before age 55?

YES

NO

8. Do you have a mother or sister who had a heart attack or angina before age 65?

YES

NO

9. Have any of your relatives had what you would call a significant drinking problem (one that did or should have led to treatment)?

YES

NO

(If yes, fill in the ovals that apply)

Mother's side:	<input type="radio"/>	Grandmother	<input type="radio"/>	Grandfather	<input type="radio"/>	Aunts	<input type="radio"/>	Mother	<input type="radio"/>	Uncles
Father's side:	<input type="radio"/>	Aunts	<input type="radio"/>	Uncles	<input type="radio"/>	Father	<input type="radio"/>	Grandmother	<input type="radio"/>	Grandfather
Siblings	<input type="radio"/>	Brother	<input type="radio"/>	Sister						

10. In the past 4 weeks, have you been concerned about having enough food for you or your family?

YES

NO

11. In the past 4 weeks, have you been without a permanent address that you call home?

YES

NO

12. In the past 4 weeks, have you stayed one or more nights in the following: (mark all that apply)
- ON THE STREET, AT A PARK, AN ABANDONED BUILDING, OR IN A CAR
  - A SHELTER OR AN EMERGENCY SHELTER
  - A SUBSIDIZED APARTMENT OR HOME AWAITING PERMANENT HOUSING
  - WITH FAMILY OR FRIENDS TEMPORARILY UNTIL YOU FIND YOUR OWN PLACE
  - NONE OF THE ABOVE
13. Have you ever stayed one or more nights in the following: (mark all that apply)
- ON THE STREET, AT A PARK, AN ABANDONED BUILDING, OR IN A CAR
  - A SHELTER OR AN EMERGENCY SHELTER
  - A SUBSIDIZED APARTMENT OR HOME AWAITING PERMANENT HOUSING
  - WITH FAMILY OR FRIENDS TEMPORARILY UNTIL YOU FIND YOUR OWN PLACE
  - NONE OF THE ABOVE

**NOTE: For answering these questions, one "drink" is equal to 12 ounces of beer (1 can), or 4 ounces of wine (1 glass), or 1 ounce of liquor (1 shot).**

14. In the last 12 months have you ever had a drink containing alcohol?

- YES (if yes, please continue)
- NO, NEVER (if no, skip to question #29)

15. How often do you have a drink containing alcohol?

- NEVER
- MONTHLY OR LESS
- TWO TO FOUR TIMES A MONTH
- TWO TO THREE TIMES A WEEK
- FOUR OR MORE TIMES A WEEK

16. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 OR 2
- 3 OR 4
- 5 OR 6
- 7 TO 9
- 10 OR MORE

17. How often do you have six or more drinks on one occasion?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

18. How often during the last 12 months have you found that you were not able to stop drinking once you had started?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

19. How often during the last 12 months have you failed to do what was normally expected from you because of drinking?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

20. How often during the last 12 months have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

21. How often during the last 12 months have you had a feeling of guilt or remorse after drinking?
- NEVER
  - LESS THAN MONTHLY
  - MONTHLY
  - WEEKLY
  - DAILY OR ALMOST DAILY
22. How often during the last 12 months have you been unable to remember what happened the night before because you had been drinking?
- NEVER
  - LESS THAN MONTHLY
  - MONTHLY
  - WEEKLY
  - DAILY OR ALMOST DAILY
23. Have you or someone else been injured as a result of your drinking?
- NEVER
  - YES, BUT NOT IN THE LAST YEAR
  - YES, DURING THE LAST YEAR
24. Has a relative or friend or doctor or other health care worker been concerned about your drinking or suggested you cut down?
- NO
  - YES, BUT NOT IN THE LAST YEAR
  - YES, DURING THE LAST YEAR
25. How many drinks of alcohol does it take for you to begin to feel a "buzz" or high?
- 1  2  3  4  5  6  7  8  HAVE NEVER FELT A "BUZZ" OR HIGH
26. How many drinks of alcohol does it take for you to begin to lose control or feel drunk?
- 1  2  3  4  5  6  7  8  9  10  HAVE NEVER FELT THIS WAY

27. Here are a number of events that drinkers sometimes experience. Read each one carefully and please fill in the oval that indicates if this ever happened to you and how often it has happened to you during the past 3 months.

**DURING THE PAST 3 MONTHS, ABOUT HOW OFTEN HAS THIS HAPPENED TO YOU?**

	<u>NEVER</u>	<u>ONCE OR A FEW TIMES</u>	<u>ONCE OR TWICE A WEEK</u>	<u>DAILY OR ALMOST DAILY</u>
a. I have been unhappy because of my drinking.	0	0	0	0
b. Because of my drinking, I have not eaten properly.	0	0	0	0
c. I have failed to do what is expected of me because of my drinking.	0	0	0	0
d. I have felt guilty or ashamed because of my drinking.	0	0	0	0
e. I have taken foolish risks when I have been drinking.	0	0	0	0
f. When drinking, I have done impulsive things that I regret later.	0	0	0	0
g. My physical health has been harmed by my drinking.	0	0	0	0
h. I have had money problems because of my drinking.	0	0	0	0
i. My physical appearance has been harmed by my drinking.	0	0	0	0
j. My family has been hurt by my drinking.	0	0	0	0
k. A friendship or close relationship has been damaged by my drinking.	0	0	0	0
l. My drinking has gotten in the way of my growth as a person.	0	0	0	0
m. My drinking has damaged my social life, popularity, or reputation.	0	0	0	0
n. I have spent too much or lost a lot of money because of my drinking.	0	0	0	0
o. I have had an accident while drinking or intoxicated.	0	0	0	0

28. Have you had any of the following symptoms in the last 12 months?  
 Mark all that apply. **(Please note this question refers only to the last 12 months.)**

- THE SHAKES
- BEING UNABLE TO SLEEP
- FEELING VERY NERVOUS OR RESTLESS
- SWEATING
- YOUR HEART BEATING FAST
- SEEING OR HEARING THINGS THAT OTHERS COULD NOT SEE OR HEAR
- HEADACHES
- NAUSEA OR VOMITING
- WEAKNESS
- FITS OR SEIZURES

29. For each of the following drugs, please fill in the oval that best indicates how often in the past 12 months you used each drugs.

	<u>HAVE NEVER TRIED</u>	<u>NO USE IN THE LAST YEAR</u>	<u>LESS THAN ONCE A MONTH</u>	<u>1 - 3 TIMES A MONTH</u>	<u>1 - 3 TIMES A WEEK</u>	<u>4 - 6 TIMES A WEEK</u>	<u>EVERY DAY</u>																				
a. Marijuana or Hashish	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
b. Cocaine or Crack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
c. Stimulants (amphetamines, uppers, speed, crank, crystal meth, bam)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
d. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
e. Prescription Opioids (Morphine, Codeine, Vicodin, Percocet, Oxycontin,)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
f. Prescription benzodiazepines (Valium, Deastat, Ativan)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
g. Other (please specify):	<table border="1" style="width: 100%; height: 20px;"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																										

30. In the past 12 months, did your use of drugs ever interfere with your work at school, or a job, or at home?

YES (If YES, please answer #30a)

NO (If NO, please skip to #33)

DID NOT USE DRUGS

30a. How often in the past 12 months did drugs interfere with your work at school, or a job, or at home?

ONCE OR TWICE

BETWEEN 3 AND 5 TIMES

BETWEEN 6 AND 10 TIMES

BETWEEN 11 AND 20 TIMES

MORE THAN 20 TIMES

31. In the past 12 months, were you ever under the influence of a drug in a situation where you could get hurt - like when driving a car or boat, using knives or guns or machinery, or anything else?

YES

NO

32. In the past 12 months, have you ever used a needle to inject any drug? DO NOT include anything you took under a doctor's order.

YES

NO

The next questions are about your sexual behavior. We recognize the following questions may be personal. We ask that you complete them to the best of your ability. By sex we mean oral, vaginal, or anal sex, but NOT masturbation. When we talk about condoms, we mean both male as well as female condoms.

33. During the past 12 months, have you had sex?

YES

NO (If no, SKIP to question #56)

34. Thinking back about the last time you had sex, did you or your partner use a condom?

YES

NO

35. During the past 12 months, have you had sex with only males, only females, or with both males and females?

ONLY MALES

ONLY FEMALES

BOTH MALES AND FEMALES

36. How many sexual partners have you had in the last 12 months?

00  01  02  03  04  05  06  07  0>8

37. In the past 12 months, have you ever exchanged money or drugs for sex?

NO

YES, AND I HAD PROTECTED SEX

YES, AND I HAD UNPROTECTED SEX

YES, AND I HAD BOTH PROTECTED AND UNPROTECTED SEX

I PREFER NOT TO ANSWER THIS QUESTION

38. In the past 12 months, have you had sex with anyone that you did not know ahead of time (anonymous/casual sex)?

- YES
- NO
- I PREFER NOT TO ANSWER THIS QUESTION

39. In the past 12 months, have you been diagnosed with any of the following sexually transmitted diseases (STDs)? Answer as many as apply.

I was diagnosed with:

- CHLAMYDIA
- GONORRHEA
- SYPHILIS
- TRICHOMONAS
- CHANCROID
- LICE / SCABIES
- HERPES
- GENITAL WARTS
- NON-SPECIFIC URETHRITIS / NON-GONOCOCCAL URETHRITIS
- MONONUCLEOSIS ("MONO")
- ANOTHER SEXUALLY TRANSMITTED DISEASE
- I WAS NOT DIAGNOSED WITH ANY OF THESE INFECTIONS
- I PREFER NOT TO ANSWER THIS QUESTION

40. In the past 12 months, how often have you practiced safe sex (used a male or female condom)?
- EVERY TIME I HAVE SEX WITH EVERY PARTNER
  - WITH EACH PARTNER, I SOMETIMES PRACTICE SAFER SEX, BUT NOT ALWAYS
  - WITH SOME PARTNERS I ALWAYS PRACTICE SAFER SEX, AND WITH OTHER PARTNERS I DO NOT
  - I AM SEXUALLY ACTIVE BUT I NEVER PRACTICE SAFER SEX
  - I DO NOT HAVE TO PRACTICE SAFER SEX SINCE I AM NOT AT RISK FOR HIV OR OTHER STDS
  - I AM NOT SEXUALLY ACTIVE
  - I PREFER NOT TO ANSWER THIS QUESTION
41. Since you were diagnosed with HIV, have you had sex with a person who had HIV or another STD?
- NO, NOT THAT I KNOW OF
  - NO, I AM CERTAIN THAT EVERYONE I HAD SEX WITH HAS NOT HAD AN STD OR HIV
  - YES, I HAD SEX WITH A PERSON DIAGNOSED WITH HIV
  - YES, I HAD SEX WITH A PERSON DIAGNOSED WITH AN STD OTHER THAN HIV
  - I PREFER NOT TO ANSWER THIS QUESTION
42. If you ever had sex with a person who you knew or suspected had HIV or another STD, did you:
- PRACTICE SAFER SEX EVERY TIME
  - PRACTICE SAFER SEX SOME OF THE TIME, BUT NOT ALWAYS
  - NEVER PRACTICE SAFER SEX
  - I NEVER HAD SEX WITH A PERSON I KNEW OR SUSPECTED HAD HIV OR ANOTHER STD
  - I PREFER NOT TO ANSWER THIS QUESTION

43. Since you were diagnosed with HIV, have you told your sexual partners so that they can get tested and treated as well? Answer all that apply.

- I TOLD EVERY PARTNER
- I TOLD SOME PARTNERS, BUT NOT ALL OF THEM
- I DID NOT TELL ANY OF THEM
- I TRIED TO NOTIFY MY PARTNERS, BUT I COULD NOT FIND THEM
- I HAD THE HEALTH DEPARTMENT NOTIFY MY PARTNERS FOR ME
- I PREFER NOT TO ANSWER THIS QUESTION

44. Thinking back about the last time you had sex, had you been drinking alcohol?

- YES
- NO

45. In the past 12 months, have you used alcohol to help you feel more comfortable with a sexual partner?

- YES
- NO

46. In the past 12 months, have you done more sexually than you had planned because you were drinking?

- YES
- NO

47. In the past 12 months, have you had unprotected sex (not used a condom) because you were drinking?

- YES
- NO

**SKIP if you have not had a drink in the last 12 months. Go on to question #49**

**48. In this section, we would like to know about the effects that drinking alcohol has on you. Here is a list of some effects that many people feel after drinking alcohol. Please fill in the oval that describes how much alcohol affects you in each way.**

**Does alcohol have this effect on you?**

	<u>Not at all</u>	<u>A little</u>	<u>Some</u>	<u>Very much</u>
a. Feel less self conscious	0	0	0	0
b. Feel closer to a sexual partner	0	0	0	0
c. Am a better lover	0	0	0	0
d. Am more sexually responsive	0	0	0	0
e. Am less nervous about sex	0	0	0	0
f. Am more self confident	0	0	0	0
g. Become more sexually forward	0	0	0	0
h. Feel less shy	0	0	0	0
i. Get horny (want sex)	0	0	0	0
j. Enjoy sex more	0	0	0	0
k. Have sex with people that I wouldn't have sex with if I had not had a drink	0	0	0	0
l. Am more likely to do something sexually that is risky	0	0	0	0
m. Lose my inhibitions	0	0	0	0

**SKIP if you have not used drugs in the last 12 months. Go on to question #56**

49. Thinking back about the last time you had sex, were you using drugs?

YES

NO

50. In the last 12 months, have you used drugs to help you feel more comfortable with a sexual partner?

YES

NO If no, SKIP to question #52

51. Which of the following helped you feel more comfortable? (You may choose more than 1).

	YES	NO
Marijuana or Hashish	0	0
Cocaine or Crack	0	0
Stimulants (amphetamines, uppers, speed, crank, crystal meth, bam)	0	0
Heroin	0	0
Prescription Opioids (Morphine, Codeine, Vicodin, Percocet, Oxycontin)	0	0
Prescription Benzodiazepines (Valium, Deastat, Ativan)	0	0
Other (please specify):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

52. In the past 12 months, have you done more sexually than you had planned because you were using drugs?

YES

NO (If no, SKIP to question #54)

53. Which of the following caused you to do more sexually than you had planned? (you may choose more than 1)

	YES	NO
Marijuana or Hashish	0	0
Cocaine or Crack	0	0
Stimulants (amphetamines, uppers, speed, crank, crystal meth, bam)	0	0
Heroin	0	0
Prescription Opioids (Morphine, Codeine, Vicodin, Percocet, Oxycontin)	0	0
Prescription Benzodiazepines (Valium, Deastat, Ativan)	0	0
Other (please specify):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

54. In the past 12 months, have you had unprotected sex (not used a condom) because you were using drugs?

YES

NO If no, SKIP to question #56

MIGHT HAVE

55. Which of the following might have caused you to have unprotected sex? (you may choose more than 1)

	YES	NO
Marijuana or Hashish	0	0
Cocaine or Crack	0	0
Stimulants (amphetamines, uppers, speed, crank, crystal meth, bam)	0	0
Heroin	0	0
Prescription Opioids (Morphine, Codeine, Vicodin, Percocet, Oxycontin)	0	0
Prescription Benzodiazepines (Valium, Deastat, Ativan)	0	0
Other (please specify):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

56. Do you have health insurance outside the VA?  YES (If yes, please answer below)  NO

	YES	NO
a. Do you have private health insurance?	0	0
b. Do you have Medicaid?	0	0
c. Do you have Medicare?	0	0
d. Do you have other forms of public health insurance?	0	0

57. During the last 3 months, were you seen in any of the following for these reasons. If yes, please fill in the ovals. If no, SKIP to question #59.

	VA	OUTSIDE CARE
a. In a hospital for medical problems	0	0
b. In a hospital for psychological or emotional problems	0	0
c. In a hospital for detoxification	0	0
d. In an outpatient program for alcohol treatment	0	0
e. In an outpatient program for other drug treatment	0	0
f. In a residential program for alcohol treatment	0	0
g. In a residential program for other drug treatment	0	0
h. In a halfway house	0	0
i. In a holding unit; a place where someone can stay while they wait for a bed to open up in a program. (generally no services are provided in the holding unit).	0	0

58. During the last 3 months, did you do any of the following. If yes, please fill in the oval. If no SKIP to question #60.

	VA	OUTSIDE CARE
a. Go to an Emergency Room for medical care	0	0
b. Fill your prescription medication	0	0
c. Receive your HIV care	0	0
d. Fill your HIV prescription medication	0	0
e. Call for Telephone Advice	0	0

59. If you received care outside the VA, what were your reasons? (please fill ovals)

- UNABLE TO GET APPOINTMENT WITH VA CARE    LOCATION
- INSURANCE    RELATIONSHIP WITH PROVIDER OUTSIDE THE VA
- DISSATISFACTION WITH VA CARE    OTHER REASONS

60. During the last 3 months, did you go to meetings of Alcoholics Anonymous (AA), self-help, mutual-help, or another 12-step program?

	YES	NO
a. For alcohol?	0	0
b. For drugs?	0	0
c. For HIV related problems?	0	0

61. During the last 3 months, did you receive counseling for alcohol problems from:

- A PRIEST/MINISTER/RABBI OR OTHER CLERGY
- AN EMPLOYEE ASSISTANCE PROGRAM
- ALCOHOLICS ANONYMOUS
- EMERGENCY ROOM
- OTHER
- DID NOT RECEIVE COUNSELING

62. During the last 3 months, have you taken any medications prescribed by a physician:

	YES	NO
a. To prevent you from drinking.	0	0
b. To help you detoxify/come off alcohol.	0	0
c. To help you stabilize or change your use of drugs other than alcohol.	0	0
d. For your psychological or emotional problems.	0	0

**Most people with HIV have many pills to take at different times during the day and find it hard to always remember their pills. Please tell us what you are doing. Don't worry about telling us that you don't take all your doses. We need to know what is really happening, not what you think we "want to hear."**

**If you do not take any HIV medications please SKIP to question #70**

**Please fill in the oval of the one response that best describes how you take your medications.**

63. In the past 12 months, when you take your HIV medications, how often do you take all the medications you're supposed to?
- NEVER
- SOME OF THE TIME
- ABOUT HALF OF THE TIME
- MOST OF THE TIME
- ALL OF THE TIME

64. In the past 12 months, is there a particular medication that you are more likely to miss than the others?

- YES If yes, do any of these reasons explain why?
- NO

	YES	NO
I have to take it at an inconvenient time	0	0
I have to worry about taking it with or without food	0	0
I don't like the side effects	0	0
The pill is hard to swallow or tastes bad	0	0

65. Do you ever stop taking your medications for a while or take a "drug holiday" that was not recommended by your doctor?
- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- MORE THAN WEEKLY

*If you do stop taking your medications for a while,*

**A. How often is this something you do on purpose?**

- NEVER
- SOME OF THE TIME
- ABOUT HALF OF THE TIME
- MOST OF THE TIME
- ALL OF THE TIME

**B. How long does it last for?**

- 2 DAYS
- 3 OR 4 DAYS
- BETWEEN 5 AND 7 DAYS
- BETWEEN 1 WEEK AND 1 MONTH
- MORE THAN 1 MONTH

**C. Does it tend to occur around the following times?**

**WEEKENDS:**

- NEVER
- SOME OF THE TIME
- ABOUT HALF OF THE TIME
- MOST OF THE TIME
- ALL OF THE TIME

**VACATIONS:**

- NEVER
- SOME OF THE TIME
- ABOUT HALF OF THE TIME
- MOST OF THE TIME
- ALL OF THE TIME

**PAYDAYS (WHEN YOU RECEIVE EMPLOYER OR GOVERNMENT CHECKS):**

- NEVER
- SOME OF THE TIME
- ABOUT HALF OF THE TIME
- MOST OF THE TIME
- ALL OF THE TIME

66. Most HIV medications need to be taken on a schedule, such as "2 times a day," or "3 times a day," or "every 8 hours." How closely did you follow your specific schedule over the last four days?

- NEVER
- SOME OF THE TIME
- ABOUT HALF OF THE TIME
- MOST OF THE TIME
- ALL OF THE TIME

67. Did you miss any of your HIV medications last weekend--(last Saturday or Sunday)?

- YES
- NO

68. When was the last time you missed any of your HIV medications?

- WITHIN THE PAST WEEK
- 1-2 WEEKS AGO
- 2-4 WEEKS AGO
- 1-3 MONTHS AGO
- OVER 3 MONTHS AGO
- NEVER MISSED

69. During the past 4 days, on how many days have you missed taking any of your doses?

- NONE
- ONE DAY
- TWO DAYS
- THREE DAYS
- FOUR DAYS

70. The following questions ask about symptoms you might have had during the past four weeks.  
Please fill in the oval of the one response that best describes this symptom.

	I DO NOT HAVE THIS SYMPTOM	I HAVE THIS SYMPTOM AND...			
		IT DOESN'T BOTHER ME	IT BOTHERS ME A LITTLE	IT BOTHERS ME	IT BOTHERS ME A LOT
a. Fatigue or loss of energy?	0	0	0	0	0
b. Fevers, chills, or sweats?	0	0	0	0	0
c. Feeling dizzy or light headed?	0	0	0	0	0
d. Pain, numbness, or tingling in the hands or feet?	0	0	0	0	0
e. Trouble remembering?	0	0	0	0	0
f. Nausea or vomiting?	0	0	0	0	0
g. Diarrhea or loose bowel movements?	0	0	0	0	0
h. Felt sad, down, or depressed?	0	0	0	0	0
i. Felt nervous or anxious?	0	0	0	0	0
j. Difficulty falling or staying asleep?	0	0	0	0	0
k. Skin problems, such as rash, dryness, or itching?	0	0	0	0	0
l. Cough or trouble catching your breath?	0	0	0	0	0
m. Headache?	0	0	0	0	0
n. Loss of appetite or change in the taste of food?	0	0	0	0	0
o. Bloating, pain, or gas in your stomach?	0	0	0	0	0
p. Muscle aches or joint pain?	0	0	0	0	0
q. Problems with having sex, such as loss of interest or lack of satisfaction?	0	0	0	0	0

I HAVE THIS SYMPTOM AND...					
	I DO NOT HAVE THIS SYMPTOM	IT DOESN'T BOTHER ME	IT BOTHERS ME A LITTLE	IT BOTHERS ME	IT BOTHERS ME A LOT
r.	Changes in the way your body looks, such as fat deposits or weight gain?	0	0	0	0
s.	Problems with weight loss or wasting?	0	0	0	0
t.	Hair loss or changes in the way your hair looks?	0	0	0	0

71. Do you think your symptoms are caused by the drugs you take to treat your HIV infection?

YES

NO

72. Do you think your symptoms are caused by drinking alcohol?

YES

NO

73. During the past year, how often did you attend religious services?

NEVER

LESS THAN TWICE A YEAR

SEVERAL TIMES A YEAR

ABOUT ONCE A MONTH

TWO TO THREE TIMES A MONTH

EVERY WEEK

SEVERAL TIMES A WEEK

EVERYDAY

74. We wonder if you could think back to the time before you knew you were HIV+. If you compare your life now to your life then, would you say your life is:

- BETTER NOW
- WORSE NOW
- ABOUT THE SAME AS BEFORE I KNEW I WAS HIV POSITIVE
- DON'T KNOW

75. How frequently do you pray?

- NEVER
- LESS THAN TWICE A YEAR
- SEVERAL TIMES A YEAR
- ABOUT ONCE A MONTH
- TWO TO THREE TIMES A MONTH
- EVERY WEEK
- SEVERAL TIMES A WEEK
- EVERYDAY

76. How important is religion to you?

- VERY IMPORTANT
- IMPORTANT
- SOMEWHAT IMPORTANT
- NOT VERY IMPORTANT
- NOT AT ALL IMPORTANT

77. In the past 12 months, when you have problems or difficulties in your life, how often do you seek spiritual comfort and support?

- ALMOST ALWAYS
- OFTEN
- SOMETIMES
- RARELY
- NEVER

78. Over the last 2 weeks, how often have you been bothered by any of the following problems?

	NOT AT ALL	SEVERAL DAYS	MORE THAN HALF THE DAYS	NEARLY EVERY DAY
a. Little interest or pleasure in doing things	0	0	0	0
b. Feeling down, depressed, or hopeless	0	0	0	0
c. Trouble falling/staying asleep, sleeping too much	0	0	0	0
d. Feeling tired or having little energy	0	0	0	0
e. Poor appetite or overeating	0	0	0	0
f. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	0	0	0	0
g. Trouble concentrating on things, such as reading the newspaper or watching television	0	0	0	0
h. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	0	0	0
i. Thoughts that you would be better off dead or of hurting yourself in some way	0	0	0	0

79. If you checked off any problem listed above, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

NOT DIFFICULT AT ALL

SOMEWHAT DIFFICULT

VERY DIFFICULT

EXTREMELY DIFFICULT

80. These questions are about any physical limitations you might have. For these activities, please indicate which response best describes you by filling in the oval under the appropriate response after each statement

	YES, I CAN DO THIS	YES, BUT ONLY SLOWLY	NO, I CANNOT DO THIS
a. Can you do heavy work at home, like scrubbing floors, lifting or moving heavy furniture?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Can you do moderate work at home like moving a chair or table, or pushing a vacuum cleaner?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Can you do light work around the house like dusting or washing dishes?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. If you want to, can you participate in active sports such as swimming, tennis, basketball, volleyball or rowing a boat?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. If you want to, can you run a short distance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Can you walk uphill or upstairs?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Can you walk a block or more?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Can you walk around inside the house?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Can you walk to a table for meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Can you dress yourself?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Can you eat without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Can you use the bathroom without help?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**These questions ask for your views about your health. This information will help keep track of how you feel and how well you are able to do your usual activities. Please answer each question by filling in the oval. If you are unsure about how to answer, please try your best.**

81. In general, would you say your health is:

- EXCELLENT
- VERY GOOD
- GOOD
- FAIR
- POOR

The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much?

	YES, LIMITED A LOT	YES, LIMITED A LITTLE	NO, NOT LIMITED AT ALL
82. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	0	0	0
83. Climbing several flights of stairs	0	0	0

During the past 4 weeks, have you had any of the following problems with your work or other daily activities as a result of your physical health?

84. Accomplished less than you would like

YES

NO

85. Were limited in the kind of work or other activities

YES

NO

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

86. Accomplished less than you would like

YES

NO

87. Didn't do work or other activities as carefully as usual

YES

NO

88. During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

- NOT AT ALL
- A LITTLE BIT
- MODERATELY
- QUITE A BIT
- EXTREMELY

**These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling. How much of the time during the past 4 weeks -**

	ALL OF THE TIME	MOST OF THE TIME	A GOOD BIT OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
89. Have you felt downhearted and blue?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
90. Did you have a lot of energy?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
91. Have you felt calm and peaceful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

92. During the past 4 weeks, how much of the time have your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- ALL OF THE TIME
- MOST OF THE TIME
- SOME OF THE TIME
- A LITTLE OF THE TIME
- NONE OF THE TIME

93. In the past 12 months, what is your annual household income?

- LESS THAN \$6,000
- \$6,000 TO \$11,999
- \$12,000 TO \$24,999
- \$25,000 TO \$49,999
- OVER \$50,000

94. In the past 12 months, how many persons live in your household (including yourself)?

--	--

95. Are you currently...(mark all that apply)

- EMPLOYED FOR WAGES
- SELF - EMPLOYED
- LOOKING FOR WORK AND UNEMPLOYED FOR MORE THAN ONE YEAR
- LOOKING FOR WORK AND UNEMPLOYED FOR LESS THAN ONE YEAR
- HOMEMAKER
- STUDENT
- RETIRED
- UNABLE TO WORK

96. What is your current marital status?

- MARRIED
- DIVORCED
- SEPARATED
- WIDOWED
- NEVER MARRIED
- LIVING WITH PARTNER

**Thank you for completing our questionnaire.  
Please return this to the Survey coordinator who gave it to you.**