

**SECTION I**

**HEALTH CONDITIONS AND HEALTH SERVICES**

**VARIABLES IMPORTED FROM EARLIER SECTIONS:**

STATE State of residence from Screener Preloads  
CMLSTYR\_FILL Mo/Yr fill for CMLSTYR (from A)  
AGESCRN R's age at screener (from A)  
CMBIRTH Century month of R's birth (from A)  
MARSTAT Informal marital status (from A)  
FMARIT Formal marital status (from A)  
WOMREL Relationship of woman in HH to R (from A)  
NUMWIFE Number of wives (from A)  
SEXSTAT Whether R ever had sex, had more than 1 partner ever, and had sex in last  
12 mos (from B)  
LIFEPR # of female sexual partners in lifetime (BC-6, asked)  
LIFEPRTS # of female sexual partners in lifetime (computed in B)  
CMFSXCWP CM date of 1st sex w/ current wife/cohab partner (from C)

**VARIABLES TO BE COMPUTED IN THIS SECTION:**

CMINFVIS CM date of last/most recent infertility visit (Flow Check I-9)  
CMHIVTST CM date of last/most recent HIV test (Flow Check I-10)  
CMHIVTST\_FILL Mo/Yr fill for CMHIVTST (Flow Check I-10)

**CM Dates to be checked against both CMBIRTH & CMINTVW:**

CMINFVIS  
CMHIVTST

**COMPUTED VARIABLES (from this section) TO BE INCLUDED ON OUTPUT DATA FILE:**

CMINFVIS  
CMHIVTST

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**INTRO\_I1**

IA-0. The next questions are about your experiences with health care providers, health insurance, and health problems.

*ENTER [1] to continue*

**Access to Health Care (IA)**

**USUALCAR**

IA-1. Is there a place that you usually go to when you are sick or need advice about health?

Yes .....1  
No .....5 (IA-3 COVER12)

**USLPLACE**

IA-2. Please look at Card 25. What kind of place is it?

[SHOW CARD 25]

Private doctor's office.....1  
HMO facility .....2  
Community health clinic, community clinic,  
public health clinic .....3  
Family planning or Planned Parenthood clinic .....4  
Employer or company clinic .....5

School or school-based clinic .....	6
Hospital outpatient clinic .....	7
Hospital emergency room .....	8
Hospital regular room .....	9
Urgent care center, urgi-care, or walk-in facility ..	10
Some other place .....	20

**COVER12**

IA-3. Card 75 lists some examples of types of health care coverage. In the past 12 months, that is, since (CMLSTYR\_FILL), was there any time that you did not have any health insurance or coverage?

[SHOW CARD 75]  
[HELP AVAILABLE]

- Yes .....1
- No .....5 (IA-5 COVERHOW)

**NUMNOCOV**

IA-4. In how many of the past 12 months were you without coverage?

*ENTER number of months. \_\_\_\_\_*

*If R went less than one month without coverage, ENTER [1].*

UNDERLYING RANGE: 1-12

**FLOW CHECK I-1: IF R HAD INSURANCE COVERAGE FOR ANY OF THE PAST 12 MONTHS (IA-4 NUMNOCOV < 12) OR IF NUMNOCOV = DK OR RF, THEN ASK IA-5 COVERHOW.**

**ELSE IF UNINSURED ALL 12 MONTHS (IA-4 NUMNOCOV=12), GO TO FLOW CHECK I-3.**

{ State fills based on state preload

**COVERHOW**

IA-5. Card 76 shows different types of health care coverage. In the past 12 months, that is, since (CMLSTYR\_FILL), which of these were you covered by?

*ENTER all that apply*

[HELP AVAILABLE]  
[SHOW CARD 76]

- A private health insurance plan .....1  
(from employer or workplace; purchased directly;  
through a state or local government program or  
community program)
- Medicaid .....2  
additional name(s) for Medicaid in this state: [name(s)]
- Medicare.....3
- Medi-Gap.....4
- Military health care, including:  
the VA, CHAMPUS, TRICARE, CHAMP-VA.....5
- Indian Health Service .....6
- CHIP (Children's Health Insurance Program) .....7  
additional name(s) for CHIP in this state: [name(s)]
- Single-service plan (eg. dental, vision, prescriptions) ....8
- State-sponsored health plan.....9  
(such as [state prog. state fill])
- Other government health care.....10

**FLOW CHECK I-2:** IF IA-3 COVER12 = Yes, DK, RF OR IF (COVER12 = No AND MORE THAN 1 CODE IN IA-5 COVERHOW), THEN ASK IA-6 NOWCOVER.

ELSE IF IA-3 COVER12 = No AND IA-5 COVERHOW HAS ONLY ONE RESPONSE, GO TO FLOW CHECK I-3.

{ASKED IF R REPORTED ANY MONTHS WITHOUT COVERAGE IN LAST YEAR OR  
{ IF R REPORTED MORE THAN 1 FORM OF COVERAGE

**NOWCOVER**

IA-6. Which of these, if any, are you covered by now?

*READ list and ENTER all that apply*

[Display responses from IB-3 COVERHOW]  
Not covered by any insurance.....11

RANGE CHECK: CODE 11 CANNOT BE ENTERED WITH ANY OTHER RESPONSE.

**Use of Family Planning Clinic (IB)**

**FLOW CHECK I-3:** IF AGESCRN LT 25, ASK IB-1 GOFPCWGF.  
ELSE IF AGESCRN GE 25, GO TO IB-3 YOUNGOFPC.

**GOFPCWGF**

IB-1. Please look at Card 68, which shows various types of family planning and health services. Have you ever gone with a female partner or girlfriend to a family planning clinic or Planned Parenthood clinic when she received services such as these?

[SHOW CARD 68]

Yes .....1  
No .....5 (IB-3 YOUNGOFPC)

**WHENGOGF**

IB-2. When was the last time you went with a female partner or girlfriend to a family planning clinic or Planned Parenthood clinic? Was it within the last 12 months, that is, since (CMLSTYR\_FILL), or more than 12 months ago?

In the last 12 months .....1  
More than 12 months ago .....2

**YOUNGOFPC**

IB-3. Now please look at Card 69, which shows some family planning and health services. Have you, yourself, ever received services such as these from a family planning clinic or Planned Parenthood clinic?

[SHOW CARD 69]

Yes .....1  
No .....5 (IC-1 LIMITED)

**WHENGOFPC**

IB-4. When was the last time you received services from a family planning clinic or Planned Parenthood clinic? Was it within the last 12 months, that is, since (CMLSTYR\_FILL), or more than 12 months ago?

In the last 12 months .....1

More than 12 months ago .....2 (IC-1 LIMITED)

**YOUFPSVC**

IB-5. Please look again at Card 69. Which of these services did you receive at that visit?

*ENTER all that apply*

[SHOW CARD 69]

Physical exam .....1  
Birth control counseling or methods, including condoms .....2  
Testing or treatment for sexually transmitted infection  
    other than HIV .....3  
HIV testing .....4  
Abortion advice or counseling .....5  
Other .....6

**Health Problems or Impairments (IC)**

{ all

**LIMITED**

IC-1. The following 2 questions are about health problems or impairments you may have.

Are you limited in any way in any activities because of physical, mental, or emotional problems?

Yes .....1  
No .....5

{ all

**EQUIPMNT**

IC-2. Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?

*ENTER [Yes] for occasional use or use in certain circumstances.*

Yes .....1  
No .....5

**Health Services (ID)**

{ all

**PHYSEXAM**

ID-1. Now I'd like to ask you about health services you may have received in the past 12 months, that is, since (CMLSTYR\_FILL).

In the past 12 months, have you had a routine physical examination?

Yes .....1  
No .....5

**TESTCHK**

ID-2. (In the past 12 months, have you...)

Had your testicles examined by a doctor or other medical care provider?

[HELP AVAILABLE]

Yes .....1  
No .....5

**BCADVICE**

ID-3. (In the past 12 months, have you...)

Received advice or counseling from a doctor or other medical care provider about using methods of birth control, including condoms?

Yes .....1  
No .....5

**STERADVI**

ID-4. (In the past 12 months, have you...)

Received advice or counseling from a doctor or other medical care provider about getting surgically sterilized?

Yes .....1  
No .....5

**STDADVIC**

ID-5. (In the past 12 months, have you...)

Received advice or counseling from a doctor or other medical care provider about sexually transmitted infections other than HIV, such as gonorrhea, chlamydia, syphilis, or genital herpes?

Yes .....1  
No .....5

**HIVADVIC**

ID-6. (In the past 12 months, have you...)

Received advice or counseling from a doctor or other medical care provider about HIV or AIDS?

Yes .....1  
No .....5

**FLOW CHECK I-4:** IF R HAS REPORTED MORE THAN ONE OF THESE SERVICES IN THE LAST 12 MONTHS (MORE THAN 1 "YES" RESPONSE IN ID-1 PHYSEXAM through ID-6 HIVADVIC), ASK ID-7 ONEVISIT.

ELSE IF R HAS REPORTED ONLY ONE SERVICE (IN ID-1 PHYSEXAM through ID-6 HIVADVIC), GO TO FLOW CHECK I-6.

ELSE IF R HAS NOT REPORTED ANY OF THESE SERVICES IN THE LAST 12 MONTHS (NO "YES" RESPONSE IN ID-1 PHYSEXAM through ID-6 HIVADVIC), GO TO FLOW CHECK I-7.

**ONEVISIT**

ID-7. You have reported that you had the following services in the last 12 months: (LIST THEM)

Did you have (both/all) of these services at the same visit to a doctor or other medical care provider, or did you have more than 1 visit?

At a single visit .....1  
More than 1 visit .....2 (ID-8 NUMVISIT)

**FLOW CHECK I-5:** IF ID-7 ONEVISIT = DK OR RF, GO TO FLOW CHECK I-6.

**ELSE IF ID-7 ONEVISIT=1 AND AGESCRN LT 25, GO TO ID-9  
PLACEVIS.**

**ELSE IF ID-7 ONEVISIT=1 AND AGESCRN GE 25, GO TO FLOW CHECK  
I-7.**

**NUMVISIT**

ID-8. How many visits did you have in the last 12 months in order to receive  
all of these services from a doctor or other medical care provider?

*ENTER number of visits \_\_\_\_\_*

{ Underlying range 2 to 95

**FLOW CHECK I-6:** IF AGESCRN LT 25, ASK ID-9 PLACEVIS.  
IF AGESCRN GE 25, GO TO FLOW CHECK I-7.

**PLACEVIS**

ID-9. IF ONLY 1 SERVICE REPORTED IN ID-1 PHYSEXAM through ID-6 HIVADVIC, ASK:  
Please look at Card 25. At what kind of place did you have your (FILL  
IN NAME OF SERVICE)?

IF MORE THAN 1 SERVICE RECEIVED IN ID-1 PHYSEXAM through ID-6 HIVADVIC,  
ASK:  
Please look at Card 25. At what kind of place or places did you have  
these services?

*ENTER all that apply*

[SHOW CARD 25]

- Private doctor's office.....1
- HMO facility .....2
- Community health clinic, community clinic,  
public health clinic .....3
- Family planning or Planned Parenthood clinic .....4
- Employer or company clinic .....5
- School or school-based clinic .....6
- Hospital outpatient clinic .....7
- Hospital emergency room .....8
- Hospital regular room .....9
- Urgent care center, urgi-care, or walk-in facility ..10
- Some other place .....20

**SVCPAY**

ID-10. IF ONLY 1 SERVICE REPORTED IN ID-1 PHYSEXAM through ID-6 HIVADVIC,  
ASK:  
Please look at Card 16. In which of the ways shown on this card  
was the bill for (FILL IN NAME OF SERVICE) paid?

IF MORE THAN 1 SERVICE REPORTED IN ID-1 PHYSEXAM through ID-6  
HIVADVIC, ASK:  
Please look at Card 16. In which of the ways shown on this card  
was the bill for these services paid?

*ENTER all that apply.  
PROBE 'Any other ways?'*

[SHOW CARD 16]

Insurance .....1  
Co-payment or out-of-pocket payment .....2  
Medicaid .....3  
No payment required.. .....4  
Some other way .....5

**Infertility Services (IE)**

**FLOW CHECK I-7: IF SEXSTAT = 0 or blank (R NEVER HAD SEX or DK/RF WHETHER R HAD SEX), GO TO INTRO-I2 (start of IF Series on HIV testing).**

{ For all who have had sex (SEXSTAT = 1 to 6)

**INFHELP**

IE-1. IF NUMWIFE = 1, FMARIT = 1 (MARRIED), AND (LIFEPRTS = 1 AND BC-6 LIFEPRT NE DK OR RF), ASK:

Have you or your wife ever been to a doctor or other medical care provider to talk about ways to help you have a baby together?

ELSE IF NUMWIFE = 1, FMARIT = 2 or 3 (WIDOWED OR DIVORCED), AND (LIFEPRTS = 1 AND BC-6 LIFEPRT NE DK OR RF), ASK:

Did you or your wife ever go to a doctor or other medical care provider to talk about ways to help you have a baby together?

ELSE IF NUMWIFE GE 1 AND LIFEPRTS GT 1, ASK:

During any of your relationships, have you or your wife or partner at the time ever been to a doctor or other medical care provider to talk about ways to help you have a baby together?

ELSE IF (NUMWIFE = 0 AND LIFEPRTS GE 1) OR IF BC-6 LIFEPRT = DK OR RF, ASK:

During any of your relationships, have you or your partner at the time ever been to a doctor or other medical care provider to talk about ways to help you have a baby together?

*NOTE: Do not code yes if main purpose of visit was for something other than seeking help to have a baby.*

YES .....1  
NO .....5 (INTRO-I2)

**INFSVCS**

IE-2. IF (LIFEPRTS = 1 AND BC-6 LIFEPRT NE DK OR RF) AND (FMARIT = 1 or 4 (married or separated) OR WOMREL=wife)), ASK:

Which of the services shown on Card 70 have you or your wife had to help you have a baby together?

ELSE IF (LIFEPRTS = 1 AND BC-6 LIFEPRT NE DK OR RF) AND (AB-1 MARSTAT = 2 (currently cohabiting) OR WOMREL=cohabiting partner), ASK:

Which of the services shown on Card 70 have you or your partner had to help you have a baby together?

ELSE IF (LIFEPRTS = 1 AND (AB-1 MARSTAT NE 1, 2, or 5 (married, cohabiting, or separated) AND WOMREL=blank), ASK:

Which of the services shown on Card 70 did you or your partner have to help you have a baby together?

ELSE ASK:

Think about all of the medical help you or your partners have ever received to help you have a baby together. Which of the services shown

on Card 70 have you or they had (to help you have a baby together)?

ENTER all that apply

[SHOW CARD 70]

Advice.....1  
Infertility testing .....2  
Drugs to improve ovulation .....3  
Surgery to correct blocked tubes .....4  
Artificial insemination .....5  
Treatment for varicocele .....6  
Other types of medical help .....7

**FLOW CHECK I-7b: IF IE-2 INFSVCS RESPONSE INCLUDES MENTION OF INFERTILITY TESTING (code 2), ASK IE-3 INFTEST.  
ELSE IF NO MENTION OF CODE 2, GO TO FLOW CHECK I-7c.**

**INFTEST**

IE-3. Who was it that had infertility testing?

You .....1  
Her .....2  
Or both of you .....3

**FLOW CHECK I-7b: IF IE-2 INFSVCS RESPONSE INCLUDES MENTION OF ARTIFICIAL INSEMINATION (code 5), ASK IE-4 WHOINSEM.  
ELSE IF NO MENTION OF CODE 5, GO TO FLOW CHECK I-8.**

**WHOINSEM**

IE-4. Was your wife or partner inseminated with sperm from you only, from some other donor only, or from both?

You only .....1  
Some other donor only .....2  
Both .....3

**FLOW CHECK I-8: IF R IS CURRENTLY MARRIED OR COHABITING (AB-1 MARSTAT = 1 or 2), ASK IE-5 INFHLPNW. ELSE GO TO IE-6 LASTVIS.**

**INFHLPNW**

IE-5. IF R IS CURRENTLY MARRIED (AB-1 MARSTAT = 1), ASK:

Are you and your wife currently pursuing medical help to have a baby together?

ELSE IF R IS NOT CURRENTLY MARRIED (AB-1 MARSTAT NE 1), ASK:

Are you and your partner currently pursuing medical help to have a baby together?

*NOTE: "Currently pursuing help" means that R or his (wife/partner) plan to visit the doctor or infertility clinic again.*

Yes .....1  
No .....5

**LASTVIS M**

IE-6. IF IE-5 INFHLPNW = YES, ASK:

In what month and year was your most recent visit for medical help to have a baby together?

ELSE IF IE-5 INFHLPNW NE YES OR IF INFHLPNW=blank, ASK:

In what month and year was your last visit for medical help to have a

baby together?

ENTER month.

PROBE for season if DK month.

- |             |           |              |            |
|-------------|-----------|--------------|------------|
| 1. January  | 5. May    | 9. September | 13. Winter |
| 2. February | 6. June   | 10. October  | 14. Spring |
| 3. March    | 7. July   | 11. November | 15. Summer |
| 4. April    | 8. August | 12. December | 16. Fall   |

**LASTVIS\_Y**

IE-6. (In what month and year was your most recent/last visit for medical help to have a baby together?)

ENTER year in 4 digits.

Year \_\_\_\_\_

UNDERLYING RANGE: 1950 to 2002.

**FLOW CHECK I-9: COMPUTE CMINFVIS:**  
(Century month for date of last or most recent infertility visit)

SET CMINFVIS = null/blank.

IF LASTVIS\_Y = RF, SET CMINFVIS = 9998.

ELSE IF LASTVIS\_Y = DK, SET CMINFVIS = 9999.

ELSE IF LASTVIS\_M LE 12,

COMPUTE CMINFVIS = (LASTVIS\_Y - 1900)\*12 + LASTVIS\_M

ELSE IF 13 LE LASTVIS\_M LE 16, USE MONTH APPROPRIATE TO SEASON & COMPUTE CMINFVIS as above.

ELSE IF LASTVIS\_M = DK OR RF, ASSIGN MONTH = 6 (June) & COMPUTE CMINFVIS as above.

**EDIT CHECK IE6\_1: PROBE IF LIFEPRTS = 1 AND WOMREL NE BLANK AND CMINFVIS < CMFSXCWP.**

DISPLAY TEXT:

R has reported a date of last/most recent visit that is earlier than when he first had sex with his wife/partner. Confirm if this is correct.

**INFRTHIS**

IE-7. When you and your wife or partner went for medical help to have a baby together, were you ever told that you had any of the following male infertility problems shown on Card 71?

ENTER all that apply

[SHOW CARD 71]  
[HELP AVAILABLE]

- Sperm or semen problems .....1
- Varicocele .....2
- Other .....3
- NONE OF THE ABOVE .....4

CODE 4 CANNOT BE ENTERED WITH ANY OTHER CODE.

**HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (IF)**

{ all

**INTRO\_I2**

IF-0. Now I would like to ask you about blood tests for HIV, the virus that causes AIDS.

*ENTER [1] to continue*

**DONBLD85**

IF-1. IF AGESCRN GE 30, ASK:

First, I'll ask you about blood donations you may have made to the Red Cross or other blood banks because all blood donated since March 1985 has been routinely tested for HIV before it can be used. Since March 1985, have you donated blood at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

ELSE IF AGESCRN LT 30, ASK:

First, I'll ask you about blood donations you may have made to the Red Cross or other blood banks because all blood donated since March 1985 has been routinely tested for HIV before it can be used. Have you ever donated blood at the Red Cross, at a bloodmobile, at a blood drive, or at other blood banks?

[HELP AVAILABLE]

Yes ..... 1  
No ..... 5

**HIVTEST**

IF-2. IF IF-1 DONBLD85 = YES, ASK:

Apart from testing that may have been done with your blood donations, have you ever had your blood tested for HIV, the virus that causes AIDS?

ELSE IF IF-1 DONBLD85 NE YES, ASK:

Have you ever had your blood tested for HIV, the virus that causes AIDS?

*NOTE: Explain, if necessary, that you will not be asking for the results of any test she may have ever had.*

YES ..... 1  
NO ..... 5 (IF-8 RETROVIR)

**WHENHIV\_M**

IF-3. When, in what month and year, did you have that test for HIV, the virus that causes AIDS? If you have had more than one test, please tell me the date of the most recent one.

*ENTER month.*  
*PROBE for season if DK month.*

1. January	5. May	9. September	13. Winter
2. February	6. June	10. October	14. Spring
3. March	7. July	11. November	15. Summer
4. April	8. August	12. December	16. Fall

**WHENHIV\_Y**

IF-3. (When, in what month and year, did you have your test for HIV? If you

have had more than one test, please tell me the date of the most recent one.)

ENTER year in 4 digits.

Year \_\_\_\_\_

UNDERLYING RANGE: 1980 to 2002

**FLOW CHECK I-10: COMPUTE CMHIVTST - Century month for date of last or most HIV test.**

SET CMHIVTST = null/blank.

IF WHENHIV\_Y = RF, SET CMHIVTST = 9998.  
ELSE IF WHENHIV\_Y = DK, SET CMHIVTST = 9999.

ELSE IF WHENHIV\_M LE 12,  
COMPUTE CMHIVTST = (WHENHIV\_Y - 1900)\*12 + WHENHIV\_M

ELSE IF 13 LE WHENHIV\_M LE 16, USE MONTH APPROPRIATE TO SEASON & COMPUTE CMHIVTST as above.

ELSE IF WHENHIV\_M = DK OR RF, ASSIGN MONTH = 6 (June) & COMPUTE CMHIVTST as above.

IF CMHIVTST NE blank AND 1 LE WHENHIV\_M LE 12 AND CMHIVTST LT 9996, ESTABLISH CMHIVTST\_FILL.

**PLCHIV**

IF-4. IF CMHIVTST = blank, DK, or RF, ASK:

Please look at Card 72. Where did you have that last blood test for HIV?

ELSE IF CMHIVTST LT 9996, ASK:

Please look at Card 72. Where did you have that blood test for HIV in (CMHIVTST\_FILL)?

[SHOW CARD 72]

[HELP AVAILABLE]

- Private doctor's office.....1
- HMO facility .....2
- Community health clinic, community clinic,  
public health clinic .....3
- Family planning or Planned Parenthood clinic .....4
- Employer or company clinic .....5
- School or school-based clinic .....6
- Hospital outpatient clinic .....7
- Hospital emergency room .....8
- Hospital regular room .....9
- Urgent care center, urgi-care, or walk-in facility ..10
- Your worksite .....11
- Your home .....12
- Some other place .....20

**HIVTST**

IF-5. Please look at Card 73b. Why did you have that HIV test?

ENTER all that apply

[SHOW CARD 73b]

- For a hospitalization or surgical procedure...1
- To apply for health or life insurance.....2
- Just to find out if you were infected.....3
- Because of a referral by a doctor.....4
- To apply for a marriage license.....5
- Or for some other reason .....6

**TALKDOCT**

IF-6. Did a doctor or other medical care provider talk with you about AIDS after you had that HIV test?

- Yes .....1
- No .....5 (IF-8 RETROVIR)

**AIDSTALK**

IF-7. Looking at Card 74, what topics related to HIV or AIDS were covered in the discussion you had with the doctor or other health professional?

*ENTER all that apply*

[SHOW CARD 74]

- How HIV/AIDS is transmitted .....1
- How to prevent transmission of HIV/AIDS .....2
- Other sexually transmitted diseases like  
gonorrhea, syphilis, or herpes .....3
- The correct use of condoms .....4
- Needle cleaning/using clean needles .....5
- Dangers of needle sharing .....6
- Abstinence from sex (not having sex) .....7
- Birth control methods .....8
- Safe sex practices .....9
- Other .....10

**RETROVIR**

IF-8. Please tell me if you think the following statement is definitely true, probably true, probably false, or definitely false, or if you don't know whether it is true or false.

"There is a treatment available for pregnant women who are infected with the HIV virus to prevent passing the virus to their baby."

- Definitely true .....1
- Probably true .....2
- Probably false .....3
- Definitely false .....4
- Don't know if true or false ...5

**VARIABLES PASSED FORWARD FROM THIS SECTION:**

None