MALE SECTION I
CAPI Reference Questionnaire (CRQ)

Health Conditions and Health Services

VARIABLES IMPORTED FROM EARLIER SECTIONS:
```
RSTATE              STATE OF RESIDENCE FROM SCREENER PRELOADS
CMINTVW:            CENTURY MONTH OF INTERVIEW (FROM A)
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)
RHADSEX             WHETHER R EVER HAD SEX OR NOT (FROM B)
LIFEPRT             # 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 CREATED IN THIS SECTION & OUTPUT TO DATA FILE:
```
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)
```

VARIABLES CREATED IN THIS SECTION & ARE NOT OUTPUT TO DATA FILE:
```
CMHIVTST_FILL       Mo/Yr fill for CMHIVTST (Flow Check I-10)
```

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 <u>you</u> 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 <u>any</u> 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 <u>ANY</u> 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 RSTATE PRELOAD. (INC: MEDICAID_FILL, CHIP_FILL, & STATEPLAN_FILL)

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 (from employer or workplace; purchased
        directly; through a state or local government program or community
        program)..................................................................1
    Medicaid-additional name(s) for Medicaid in this state: [MEDICAID_FILL]...2
    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) additional name(s) for CHIP
        in this state: [CHIP_FILL]............................................7
    Single-service plan (e.g., dental, vision, prescriptions).................8
    State-sponsored health plan (called [STATEPLAN_FILL] in this state).......9
    Other government health care.............................................10
```

FLOW CHECK I-2:   IF IA-3 COVER12 = 1 (Yes), DK, RF <u>OR</u> IF (COVER12 = 5 (No) AND MORE THAN 1 CODE IN IA-5 COVERHOW) OR IA-3 COVERHOW = DK/RF, 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.   IF IA-5 COVERHOW NE DK/RF, ASK:
           Which of these, if any, are you covered by now?

IF IA-5 COVERHOW = DK/RF, ASK:
Are you covered by any of these health care plans now?

◆ *READ list and enter all that apply*

[Display responses from IA-5 COVERHOW]
[For cases that skipped IA-3 COVERHOW or IA-3 COVERHOW = DK/RF,
       display all 10 responses from IA-3 COVERHOW plus]
Not covered by any insurance..........11

EDIT CHECK IA6_1: **IF NOWCOVER = 11 AND ANY OTHER COMBINATION THEN
DISPLAY:** "Not covered" answer cannot be chosen as part
of a group of answers. Either de-select that answer
or de-select all other answers but "Not covered".
HARD, NONSUPPRESSIBLE EDIT CHECK.

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 YOUGOFPC.**

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

[SHOW CARD 68]

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

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

YOUGOFPC
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)

WHENGOFP
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 <u>you</u> 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 [**1**] 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

TESTICHK
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 PREVIOUSLY ENDORSED ITEMS BELOW:)
    [EMPTY / ◆ a physical exam
     EMPTY / ◆ a testicular exam
     EMPTY / ◆ birth control counseling
     EMPTY / ◆ sterilization counseling
     EMPTY / ◆ STD counseling
     EMPTY / ◆ HIV counseling]

    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 REPORTED 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 RHADSEX= 2 (R NEVER HAD SEX), GO TO INTRO_I2
                                (start of IF Series on HIV testing).
         ELSE IF RHADSEX NE 2, THEN GO TO IE-1 INFHELP.**

{ For all who have had sex (RHADSEX=yes)
{ 1st 3 variants deal with Rs with only 1 partner in lifetime
{ last 2 variants deal with Rs with > 1 partner in lifetime or dk/rf on number of partners in lifetime

INFHELP
IE-1. IF (LIFEPRTS=1 AND BC-6 LIFEPRT NE DK OR RF) AND AB-1 MARSTAT= 1 or 5
      (currently married or separated), 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 (LIFEPRTS=1 and BC-6 LIFEPRT NE DK OR RF) AND (AB-1 MARSTAT=2
      (currently cohabiting)), ASK:
      Have you or your partner ever been to a doctor or other medical care
      provider to talk about ways to help you have a baby together?

      ELSE IF (LIFEPRTS = 1 AND BC-6 LIFEPRT NE DK OR RF) AND AB-1 MARSTAT= 3
      OR 4 (WIDOWED OR DIVORCED), 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 FMARIT EQ 0 or 5 (never married), 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?

      ELSE 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?

          ⬧ *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 MARSTAT= 1 or 5
      (married or separated), 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)), 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)), 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? Was it you, her, or both of you?

You 1
Her 2
Both of you 3

FLOW CHECK I—7c: 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_M.

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 CURRENTLY COHABITING (AB-1 MARSTAT=2), ASK:
Are you and your partner currently pursuing medical help to have a baby together?

⬥ *"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
1 OF 2
IE-6m.IF IE-5 INFHLPNW = YES, ASK:
In what month and year was your <u>most recent</u> visit for medical help to have a baby together?

ELSE IF IE-5 INFHLPNW=NO, BLANK, DK, OR RF, ASK:
In what month and year was your <u>last</u> visit for medical help to have a baby together?

- *ENTER MM/YYYY*
- *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
2 OF 2
IE-6y.IF IE-5 INFHLPNW = YES, ASK:
(In what month and year was your <u>most recent</u> visit for medical help to have a baby together?)

ELSE IF IE-5 INFHLPNW NO, BLANK, DK, OR RF, ASK:
(In what month and year was your <u>last</u> visit for medical help to have a baby together?)

- *ENTER (LASTVIS_M)/YYYY*

UNDERLYING RANGE: 1954 to 2011

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:   **IF (LASTVIS_M LE 12) AND CMINFVIS > CMINTVW, DISPLAY:**
The date entered cannot be after the date of interview. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IE6_2:   **IF (LASTVIS_M LE 12) AND CMINFVIS < CMBIRTH, DISPLAY:**

The date entered cannot be before his date of birth. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IE6_3:   IF (13 LE LASTVIS_M LE 16) AND CMINFVIS > (CMINTVW + 2) , DISPLAY: **The** date entered cannot be after the date of interview. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IE6_4:   IF (13 LE LASTVIS_M LE 16) AND CMINFVIS < (CMBIRTH - 3), DISPLAY: The date entered cannot be before his date of birth. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IE6_5:   IF (LASTVIS_M = DK OR RF) AND LASTVIS_Y > (CMINTVW/12 +1900), DISPLAY: **The** date entered cannot be after the date of interview. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IE6_6:   IF (LASTVIS_M = DK OR RF) AND LASTVIS_Y < (CMBIRTH/12 +1900)- 1, DISPLAY: The date entered cannot be before his date of birth. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

EDIT CHECK IE6_7:   PROBE IF LIFEPRTS = 1 AND MARSTAT = 1 OR 2 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 current wife/partner. Confirm if this is correct.
INVOLVING (LASTVIS_M,LASTVIS_Y,WPSX1WN_M,CWPSX1WN_Y)

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

EDIT CHECK IE7_1:   IF INFRTHIS=4 AND ANY OTHER CODE DISPLAY TEXT:
            "None of the above" cannot be chosen with any other answer for this question. Either de-select all other answers or de-select "None of the above".
HARD, NONSUPPRESSIBLE EDIT CHECK.

HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (IF)

{ all
INTRO_I2
IF-0. Now I would like to ask you about testing for HIV, the virus that causes AIDS.

        ⬥*ENTER [1] to continue*

DONBLD85

IF-1. First, I'll ask you about blood donations you may have made to the Red Cross or other blood banks because all blood donated in recent years 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?

[HELP AVAILABLE]

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

HIVTEST

IF-2. IF IF-1 DONBLD85 = YES, ASK:
Not counting tests you may have had as part of blood donations, have you ever been tested for HIV?

ELSE IF IF-1 DONBLD85=5, DK, or RF, ASK:
Have you ever been tested for HIV?

◆ *Explain, if necessary, that you will <u>not</u> be asking for the results of any test he may have ever had.*

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

WHENHIV_M

IF-3m. If IF-1 DONBLD85=1 THEN ASK:
Not including blood donations, in what month and year was your <u>last</u> test for HIV, the virus that causes AIDS?

Else if IF-1 DONBLD85=5, DK, or RF, THEN ASK:
In what month and year was your <u>last</u> test for HIV, the virus that causes AIDS?

◆*ENTER MM/YYYY*
◆*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-3y. If IF-1 DONBLD85=1 THEN ASK:
(Not including blood donations, in what month and year was your <u>last</u> test for HIV, the virus that causes AIDS?)

Else if IF-1 DONBLD85=5, DK, or RF, THEN ASK:
(In what month and year was your <u>last</u> test for HIV, the virus that causes AIDS?)

◆ *ENTER (WHENHIV_M)/<u>YYYY</u>*

UNDERLYING RANGE: 1984 to 2011

FLOW CHECK I-10: COMPUTE CMHIVTST B Century month for date of last or most recent HIV test outside of blood donation.

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.

Edit Check IF3_1: IF (WHENHIV_M LE 12) AND CMHIVTST > CMINTVW, DISPLAY:
The date entered cannot be after the date of
interview. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IF3_2: IF (WHENHIV_M LE 12) AND CMHIVTST < CMBIRTH, DISPLAY:
The date entered cannot be before his date of birth.
Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IF3_3: IF (13 LE WHENHIV_M LE 16) AND CMHIVTST > (CMINTVW +
2), DISPLAY: The date entered cannot be after the date
of interview. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IF3_4: IF (13 LE WHENHIV_M LE 16) AND CMHIVTST < (CMBIRTH -
3), DISPLAY: The date entered cannot be before his
date of birth. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IF3_5: IF (WHENHIV_M = DK OR RF) AND WHENHIV_Y > (CMINTVW/12
+1900), DISPLAY: The date entered cannot be after the
date of interview. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

Edit Check IF3_6: IF (WHENHIV_M = DK OR RF) AND WHENHIV_Y < (CMBIRTH/12
+1900)- 1, DISPLAY: The date entered cannot be before
his date of birth. Please correct.
HARD, NONSUPPRESSIBLE EDIT CHECK.

FLOW CHECK I-10a: If CMHIVTST= 9999 (DK) or 9998 (RF) or (CMHIVTST >
CMINTVW – 24 AND IF-3 WHENHIV_M=13-16, DK, or RF), then ask IF-3b
HIVTSTYR

HIVTSTYR
IF-3b. Did you have this last HIV test since (CMLSTYR_FILL)?
Yes 1
No 5

FLOW CHECK I-10b: IF IF-3b HIVTSTYR=1 AND (CMHIVTST= 9999 (DK) or 9998 (RF)),
THEN SET CMHIVTST = CMINTVW – 6

RAPIDHIV
IF-3c. IF WHENHIV_M = DK/RF OR WHENHIV_Y = DK/RF, THEN ASK:
When you had this (last) test for HIV, was it a rapid test where

you could get your results in a couple of hours or less?

ELSE ASK:
When you had this (last) test for HIV in (CMHIVTST_FILL), was it a rapid test where you could get your results in a couple of hours or less?

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

HIVSOON
IF-3d.   How soon after your (last) test for HIV did you receive your results? Was it ...

Within 1 day, ...1
Within 1 week but longer than 1 day, ...2
Longer than 1 week, ...3
Or did you never receive the test results? 4

HIVKIND
IF-3e.   Did this test use a swab from your mouth, blood from your finger, or blood from your arm?

Swab from mouth 1
Blood from finger 2
Blood from arm 3
Other 4

PLCHIV
IF-4. IF IF-1 DONBLD85=1 THEN ASK:
     Please look at Card 72. Not including your blood donation, where did you have that last test for HIV?

     ELSE IF IF-1 DONBLD85=5, DK, or RF, THEN ASK:
     Please look at Card 72. Where did you have that last test for HIV?

[SHOW CARD 72]

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
Military induction or military service site.........13
Sexually transmitted disease (STD) clinic...........14
Laboratory or blood bank 15
Some other place -- *specify*........................20

{IF IF-4 PLCHIV=20, ASK:
SP_PLCHIV
IF-4sp   Where was this other place that you had your last HIV test?

       TYPE: STRING [255]

HIVTST
IF-5. Please look at Card 73b. I am going to show you a list of reasons why

some people have been tested for HIV, the virus that causes AIDS.

IF IF-1 DONBLD85=1 THEN ASK:
Not including your blood donations, which of these would you say was the
main reason for your last HIV test?

ELSE IF IF-1 DONBLD85=5, DK, or RF THEN ASK:
Which of these would you say was the main reason for your last HIV test?

[SHOW CARD 73b]

    Part of a medical checkup or surgical procedure............. 1
    For health or life insurance coverage...................... 2
    Wanted to find out if infected or not...................... 3
    Someone suggested you should be tested.................... 4
    For marriage license or to get married.................... 5
    You might have been exposed through sex or drug use........ 6
    Some other reason -- *specify*.............................. 20

FLOW CHECK I-10c: IF IF-5 HIVTST=4, ASK IF-5b WHOSUGG.
ELSE, GO TO FLOW CHECK I-10d.

WHOSUGG
IF-5b.   Who suggested you should be tested – a doctor or other medical
            care provider, a sexual partner, or someone else?

            Doctor or other medical care provider............1
            Sexual partner...................................2
            Someone else 3

FLOW CHECK I-10d: IF IF-5 HIVTST=20, ASK IF-5sp SP_HIVTST.
ELSE, GO TO IF-6 TALKDOCT.

SP_HIVTST
IF-5sp   What was the main reason for your last HIV test?

            TYPE: STRING [255]

TALKDOCT
IF-6. IF IF-1 DONBLD85=1 THEN ASK:
      Did a doctor or other medical care provider talk with you about AIDS
      after you had this last HIV test outside of blood donation?

      ELSE IF IF-1 DONBLD85=5, DK, or RF THEN ASK:
      Did a doctor or other medical care provider talk with you about AIDS
      after you had this last 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
            Other sexually transmitted diseases like
                  gonorrhea, herpes, or Hepatitis C................2
            The correct use of condoms............................3

```
    Needle cleaning/using clean needles....................4
    Dangers of needle sharing.............................5
    Abstinence from sex (not having sex)..................6
    Reducing your number of sexual partners...............7
    Condom use to prevent HIV or STD transmission.........8
    "Safe sex" practices (abstinence, condom use, etc).....9
    Other – specify......................................20
```

{IF IF-7 AIDSTALK=20 THEN ASK AND RECORD VERBATIM:
SP_AIDSTALK
 IF-7sp.   What was the other topic covered in your discussion with the
            doctor or health care professional after this HIV test?

                TYPE: STRING [50]

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