

**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)
LIFEPR1	# OF FEMALE SEXUAL PARTNERS IN LIFETIME (BC-6, ASKED)
LIFEPR2	# 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:

CMINVIS	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)
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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 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 OR (COVER12 = 5 (No) AND MORE THAN 1 CODE IN IA-5 COVERHOW) OR IA-5 COVERHOW = DK/RF, THEN ASK IA-6 NOWCOVER.**

**ELSE IF IA-3 COVER12 = 5 (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<>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 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)

**WHENGOFPP**

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]

A female method of birth control or counseling about female methods of birth control.....1  
A male method of birth control (condoms or vasectomy) or counseling about male methods of birth control.....2  
Testing or treatment for sexually transmitted infection other than HIV.....3  
HIV testing .....4  
Abortion advice or counseling .....5  
Physical exam.....6  
Other.....7

**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

**BCADVCEF**

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

Received advice or counseling from a doctor or other medical care provider about using female methods of birth control?"

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

**BCADVCEM**

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

Received advice or counseling from a doctor or other medical care provider about using male methods of birth control (condoms or vasectomy)?

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 / ♦ female birth control counseling  
EMPTY / ♦ male 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 LIFEPRRT 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 LIFEPRRT 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 most recent 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 last 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 most recent 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 last 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 not 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 last 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 last 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 last 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 last test for HIV, the virus that causes AIDS?)

♦ ENTER (WHENHIV\_M)/YYYY

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 (HE-3 WHENHIV\_M = 13-16, DK, or RF)), then ask **HE-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 -- <i>specify</i> .....	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 -- <i>specify</i> .....	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