SUBJECT ID _____

DATE OF INTERVIEW |__|__| |__|__| |__|__|
MO DA YR

INTERVIEWER INITIALS |__|__|__|

CHECKLIST NO. |__|__|__|__|

INTERVIEW RESULT |__|__|

LOCATION CODE |__|

GENDER OF SUBJECT:
MALE.....1
FEMALE.....2

Baseline Interview

HTLV STUDIES
(REDS)

INTERVIEWER INSTRUCTIONS

INDICATE SUBJECT TYPE:
+ DONOR..... 1
+ PARTNER 2
CONTROL..... 3
} (BEGIN WITH SECTION A)
- PARTNER ..... 4 (BEGIN WITH SECTION C, PAGE 10)

IF SEROSTATUS OF PARTNER UNKNOWN, ASSUME NEGATIVE AND BEGIN WITH SECTION C.

TIME BEGIN |__|__|:|__|__| AM PM

A. HEALTH STATUS INDICATORS

BOX A-1

During this interview, I'll be asking questions about your medical history, your current health, and your lifestyle. Your answers will help us learn more about HTLV infections, how they are spread, and their health effects. All information you give will be kept strictly confidential, and will be used for research purposes only. Your name or other identifying information will not be linked to your answers.

A-1. First, what is your birth date? |__|__|-|__|__|-|__|__|
MO DA YR

A-2. And, what is the zip code where you live? |__|__|__|__|__|

A-3. At the present time, would you say that your health, in general, is:

Excellent, ... 1
Very good, ... 2
Good, ... 3
Fair, or 4
Poor? 5

A-4. Thinking about this same time last year, would you say that your health, in general, at that time was:

Excellent, ... 1
Very good, ... 2
Good, ... 3
Fair, or 4
Poor? 5

A-5. At the present time, are you limited in the kind or amount of work or housework you can do because of a health problem?

YES 1
NO 2

A-6. During the past year, how many days did you miss more than half of the day from your job or business because of illness or injury?

NO. OF WORK-LOSS DAYS |__|__|__|
NONE 000
NOT WORKING 995

B. DONOR HEALTH HISTORY

BOX B-1

I am now going to read a list of health problems. Please answer "yes" only if you had the problem for more than one continuous month during the past 5 years.

B-1. During the past 5 years, have you had ...	B-2. How long did this last?	B-3. Did you see a doctor or other medical person about this problem?	B-4. What was the diagnosis for this?
a. Unusual difficulty walking because of your legs? YES....1 → NO .....2 (b)	|__|__| NO. MONTHS.....1 → YEARS.....2	YES.....1 → NO 2	_____ _____ _____
b. Unusual difficulty rising from a chair without using your hands? YES....1 → NO .....2 (c)	|__|__| NO. MONTHS.....1 → YEARS.....2	YES.....1 → NO 2	_____ _____ _____
c. Unusual difficulty climbing stairs because of your legs? YES....1 → NO .....2 (d)	|__|__| NO. MONTHS.....1 → YEARS.....2	YES.....1 → NO 2	_____ _____ _____
d. A strong urge to urinate so that you can't wait to get to the toilet? YES....1 → NO .....2 (e)	|__|__| NO. MONTHS.....1 → YEARS.....2	YES.....1 → NO 2	_____ _____ _____
e. A problem with urine leaking? YES....1 → NO .....2 (f)	|__|__| NO. MONTHS.....1 → YEARS.....2	YES.....1 → NO 2	_____ _____ _____
f. A feeling that you still need to go after you finish urinating? YES....1 → NO .....2 (g)	|__|__| NO. MONTHS.....1 → YEARS.....2	YES.....1 → NO 2	_____ _____ _____
g. Muscle or joint pain, swelling or soreness not due to an injury? YES....1 → NO .....2 (h IF MALE; (i IF FEMALE)	|__|__| NO. MONTHS.....1 → YEARS.....2	YES.....1 → NO 2	_____ _____ _____

B

B-1. During the past 5 years, have you had ...	B-2. How long did this last?	B-3. Did you see a doctor or other medical person about this problem?	B-4. What was the diagnosis for this?
h. (IF MALE) A problem having or maintaining an erection? YES....1 → NO .....2 (i)	|__|__| NO. MONTHS..... 1 YEARS..... 2 →	YES..... 1 NO ..... 2 →	_____ _____ _____
i. A burning or tingling sensation in your feet? YES....1 → NO .....2 (j)	|__|__| NO. MONTHS..... 1 YEARS..... 2 →	YES..... 1 NO ..... 2 →	_____ _____ _____
j. Swollen or painful glands in your neck, groin or under your arm? YES....1 → NO .....2 (k)	|__|__| NO. MONTHS..... 1 YEARS..... 2 →	YES..... 1 NO ..... 2 →	_____ _____ _____
k. Unexplained fevers? YES....1 → NO .....2 (l)	|__|__| NO. MONTHS..... 1 YEARS..... 2 →	YES..... 1 NO ..... 2 →	_____ _____ _____
l. Unexplained night sweats? YES....1 → NO .....2 (m)	|__|__| NO. MONTHS..... 1 YEARS..... 2 →	YES..... 1 NO ..... 2 →	_____ _____ _____
m. Unintentional weight loss of 10 lbs. or more? YES....1 → NO .....2 (n)	|__|__| NO. MONTHS..... 1 YEARS..... 2 →	YES..... 1 NO ..... 2 →	_____ _____ _____
n. Loss of bowel control? YES....1 → NO .....2 (BOX B-2)	|__|__| NO. MONTHS..... 1 YEARS..... 2 →	YES..... 1 NO ..... 2 →	_____ _____ _____

BOX B-2

Now I am going to read a list of medical conditions. Please tell me if you have ever been diagnosed by a doctor or other medical person as having any of these conditions.

B-5. Did a doctor or other medical person ever tell you that you had:	B-6. How old were you when this was diagnosed?
a. Tuberculosis? YES ..... 1 → NO ..... 2 (b)	|__|__| AGE
b. Lymphoma? YES ..... 1 → NO ..... 2 (c)	|__|__| AGE
c. Leukemia? YES ..... 1 → NO ..... 2 (d)	|__|__| AGE
d. Any other cancer? YES ..... 1 → (SPECIFY _____) NO ..... 2 (e)	|__|__| AGE
e. An enlarged liver or spleen? YES ..... 1 → NO ..... 2 (f)	|__|__| AGE
f. Myositis or inflammation of muscle not due to an injury? YES ..... 1 → NO ..... 2 (g)	|__|__| AGE
g. Arthritis? YES ..... 1 → NO ..... 2 (h)	|__|__| AGE
h. A nerve or muscle problem such as spasms, tremors, or paralysis? YES ..... 1 → (SPECIFY _____) NO ..... 2 (i)	|__|__| AGE

B

B-5. Did a doctor or other medical person ever tell you that you had:	B-6. How old were you when this was diagnosed?
i. Multiple sclerosis (MS)? YES ..... 1 → NO ..... 2 (j)	|__|__| AGE
j. Thyroid disease? YES ..... 1 → (SPECIFY _____) NO ..... 2 (k)	|__|__| AGE
k. High blood pressure? YES ..... 1 → NO ..... 2 (l)	|__|__| AGE
l. Diabetes or sugar in your blood? YES ..... 1 → NO ..... 2 (m)	|__|__| AGE
m. Any other major medical condition? YES ..... 1 → (SPECIFY _____) NO ..... 2 (BOX B-3)	|__|__| AGE
(RECORD ADDITIONAL MAJOR MEDICAL CONDITIONS) _____	|__|__| AGE
_____	|__|__| AGE

BOX B-3

I am now going to read another list of illnesses and infections. Please tell me if, at any time in the past 5 years, a doctor or other medical person treated you for any of these.

B-7. During the past 5 years, have you been treated for:	B-8. How many times have you been treated for (ILLNESS) in the past 5 years?
a. Pneumonia? YES ..... 1 → NO ..... 2 (b)	|__|__| NO.
b. Bronchitis? YES ..... 1 → NO ..... 2 (c)	|__|__| NO.
c. A bladder infection? YES ..... 1 → NO ..... 2 (d)	|__|__| NO.
d. A kidney infection? YES ..... 1 → NO ..... 2 (e)	|__|__| NO.
e. Any other major infections that we haven't already discussed such as skin infections, fungal infections, viral infections, or parasites? YES ..... 1 → (SPECIFY _____) NO ..... 2 (f)	|__|__| NO.
f. Asthma? YES ..... 1 NO 2	

B-9. During the past 5 years, have you had oral herpes, sores or fever blisters?

YES 1
NO 2

BOX B-4

Next, I'm going to read the names of some venereal diseases, also known as sexually-transmitted diseases. Please tell me if a doctor or other medical person ever told you that you had any of these.

B-10. Did a doctor or other medical person ever tell you that you had:	B-11. How many times have you ever had this?
a. Gonorrhea or "clap"? YES ..... 1 → NO ..... 2 (b)	|__|__| NO.
b. Syphilis? YES ..... 1 → NO ..... 2 (c)	|__|__| NO.
c. Genital herpes or sores? YES ..... 1 NO ..... 2 (d)	
d. Any other sexually transmitted disease such as chlamydia, trichomonas or genital warts? YES ..... 1 → (SPECIFY _____) NO ..... 2 (IF MALE, B-12) (IF FEMALE, e.)	|__|__| NO.
e. (IF FEMALE) Pelvic inflammatory disease or infection of the tubes, also known as PID? YES ..... 1 → NO 2	|__|__| NO.

B-12. During the past 5 years, have you had any other health problems that we have not already talked about, including any you may have now?

YES 1
NO 2 (B-14)

B-13. Could you briefly describe these?

a. _____

b. _____

c. _____

d. _____

e. _____

f. _____

g. _____

B-14. I would now like to ask about your family's health history. I am interested in your parents, grandparents, siblings, children, and current or former spouses. Have any of these family members been told by a doctor or other medical person that they had:	1st RELATIVE	2nd RELATIVE	3rd RELATIVE	4th RELATIVE
a. Lymphoma or leukemia? YES ..... 1 (a.1) NO ..... 2 (b)				
a.1 What is this person's relationship to you? →	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)
b. Any other type of cancer? YES ..... 1 (b.1) NO ..... 2 (c)				
b.1 What is this person's relationship to you? →	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)
b.2 What type of cancer did your (RELATION) have, or in what part of the body did the cancer start? →	_____ (TYPE)	_____ (TYPE)	_____ (TYPE)	_____ (TYPE)
c. Multiple sclerosis (MS)? YES ..... 1 (c.1) NO ..... 2 (d)				
c.1 What is this person's relationship to you? →	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)
d. Myositis or inflammation of muscle not due to an injury? YES ..... 1 (d.1) NO ..... 2 (e)				
d.1 What is this person's relationship to you? →	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)
e. Arthritis? YES ..... 1 (e.1) NO ..... 2 (f)				
e.1 What is this person's relationship to you? →	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)
f. Any other nerve or muscle problem such as spasms, tremors or paralysis? YES ..... 1 (f.1) NO 2 (B-15)				
f.1 What is this person's relationship to you? →	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)	_____ (RELATION)
f.2 What was the problem or diagnosis? →	_____ (SPECIFY)	_____ (SPECIFY)	_____ (SPECIFY)	_____ (SPECIFY)

B

B-15. Has any spouse or long-term sexual partner of yours died?

YES 1
NO ..... 2 (BOX C-1)

B-16. What was the cause of death?

_____

_____

FOR NEGATIVE PARTNER: TIME BEGIN |__|__|:|__|__| AM PM

C. PERINATAL RISK FACTORS

BOX C-1

FOR NEGATIVE PARTNERS: During this interview, I'll be asking questions about your family background, your medical history, your current health, and your lifestyle. Your answers will help us learn more about HTLV infections, how they are spread, and their health effects. All information you give will be kept strictly confidential, and will be used for research purposes only. Your name or other identifying information will not be linked to your answers.

FOR ALL SUBJECTS: (First/Now) I'd like to ask some questions about your family and background.

C-1. Are you of Hispanic or Spanish origin?

YES 1
NO 2 (C-3)

C-2. Are you . . .

Mexican, Mexican-American or Chicano, ... 1
Puerto Rican, ... 2
Cuban, or 3
Other Spanish/Hispanic? 4

C-3. Please choose the racial or ethnic background that you most closely identify with from this card.

SHOW CARD 1

WHITE ..... 1 A
BLACK, AFRICAN-AMERICAN ..... 2 B
BLACK, CARIBBEAN ..... 3 C
BLACK, OTHER ..... 4 D
INDIAN, NORTH AMERICAN ..... 5 E
INDIAN, SOUTH AMERICAN ..... 6 F
INDIAN, CENTRAL AMERICAN .... 7 G
INDIAN, ASIAN ..... 8 H
CHINESE ..... 9 I
FILIPINO ..... 10 J
HAWAIIAN NATIVE ..... 11 K
KOREAN ..... 12 L
VIETNAMESE ..... 13 M
JAPANESE ..... 14 N
ESKIMO OR ALEUT ..... 15 O
OTHER ..... 96 P
(SPECIFY) _____

C-4. In what city and state or foreign country were you born?

_____ / _____
CITY STATE OR FOREIGN COUNTRY

BOX C-2
IF C-4 = USA, SKIP TO C-6; OTHERWISE, CONTINUE

C-5. In what year did you come to the United States to live permanently?

19 |__|__|

C-6. Now I'd like to ask about the birth places of some members of your family. In what city and state or foreign country was your (RELATION) born?	CITY	STATE OR FOREIGN COUNTRY
a. Natural or biological mother	_____	_____
b. Natural or biological father	_____	_____
c. Mother's mother	_____	_____
d. Mother's father	_____	_____
e. Father's mother	_____	_____
f. Father's father	_____	_____

C-7. Were you breastfed by your mother as an infant?

YES 1
NO 2
DON'T KNOW 8

C-8. Please choose the racial or ethnic background of your mother from this card.

SHOW CARD 2

WHITE 1
BLACK AMERICAN 2
BLACK AFRICAN 3
BLACK CARIBBEAN 4
JAPANESE/OKINAWAN 5
OTHER (SPECIFY) _____ 6
DON'T KNOW 8

C-9. Did your mother spend any time overseas as an adult before you were born? For example, did she serve in the military, or Peace Corps, or did she spend time overseas for any other reason?

YES 1
NO ..... 2 } (C-12)
DON'T KNOW ..... 8 } (C-12)

C-10. Did she spend time in:		C-11. Which countries/islands?
a. Japan or Okinawa?	YES ..... 1 NO ..... 2 } (b)	
b. Africa?	YES ..... 1 → NO ..... 2 (c)	_____ COUNTRY _____ COUNTRY _____ COUNTRY
c. Southeast Asia?	YES ..... 1 → NO ..... 2 (d)	_____ COUNTRY _____ COUNTRY _____ COUNTRY
d. The South Pacific?	YES ..... 1 → NO ..... 2 (e)	_____ COUNTRY/ISLAND _____ COUNTRY/ISLAND _____ COUNTRY/ISLAND
e. Any Caribbean Islands?	YES ..... 1 → NO 2 (C-12)	_____ COUNTRY/ISLAND _____ COUNTRY/ISLAND _____ COUNTRY/ISLAND

C-12. Were you breastfed by anyone else, such as a wet nurse, when you were an infant?

YES	1	
NO	2	(C-14)
DON'T KNOW	8	(C-14)

C-13. Please choose her racial or ethnic background from this card.

SHOW CARD 2

WHITE	1
BLACK AMERICAN	2
BLACK AFRICAN	3
BLACK CARIBBEAN	4
JAPANESE/OKINAWAN	5
OTHER (SPECIFY) _____	6
DON'T KNOW	8

C-14. Did your father spend any time overseas as an adult before you were born? For example, did he serve in the military, Merchant Marines, or Peace Corps, or did he spend time overseas for any other reason?

YES	1	
NO	2	(BOX D-1)
DON'T KNOW	8	(BOX D-1)

C-15. Did he spend time in:		C-16. Which countries/islands?
a. Japan or Okinawa?	YES ..... 1 NO ..... 2 } (b)	
b. Africa?	YES ..... 1 → NO ..... 2 (c)	_____ COUNTRY _____ COUNTRY _____ COUNTRY
c. Southeast Asia?	YES ..... 1 → NO ..... 2 (d)	_____ COUNTRY _____ COUNTRY _____ COUNTRY
d. The South Pacific?	YES ..... 1 → NO ..... 2 (e)	_____ COUNTRY/ISLAND _____ COUNTRY/ISLAND _____ COUNTRY/ISLAND
e. Any Caribbean Islands?	YES ..... 1 → NO ..... 2 (BOX D-1)	_____ COUNTRY/ISLAND _____ COUNTRY/ISLAND _____ COUNTRY/ISLAND

D. OCCUPATIONAL HISTORY

BOX D-1

Now I have a few questions about your education and work history.

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

SHOW CARD 3

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

D-2. What was your total family income last calendar year, that is (1989/1990/1991/1992), from all sources, including wages, tips, Social Security, Aid to Families with Dependent Children, pensions, child support, or any cash income from other sources? Please choose one of the categories on this card.

SHOW CARD 4

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

D-3. Have you ever worked in a job that involved handling or coming into direct contact with human blood? This may include work in a hospital, clinic, medical laboratory, funeral home, nursing home, or emergency services.

YES 1
NO 2 (D-6)

D-4. What was your job at that time and what were your usual activities or duties in this job?

OCCUPATIONAL/JOB TITLE: _____

USUAL DUTIES: _____

_____

D-5. How long did you work in this type of job?

|__|__|
NO.

WEEKS 1
MONTHS 2
YEARS 3
LESS THAN ONE WEEK 005

D-6. Have you ever been stuck with a needle or cut with a sharp instrument that had someone else's blood on it?

YES 1
NO 2 (D-8)

D-7. How many times have you been stuck or cut?

|__|__|
NO.

D-8. Since you were an adult, have you been overseas for one month or longer ? For example, did you serve in the military, Merchant Marines, or Peace Corps, or did you travel overseas for any other reason?

YES 1
NO 2 (E-1)

D

D-9. Did you spend more than one month in:	D-10. Which (countries/ islands)?	D-11. Did you have sexual intercourse with anyone there?	D-12. Did a local doctor or other medical person give you any shots, injections or surgical treatments while you were there?
a. Japan or Okinawa? YES ..... 1 → D-11 NO ..... 2 (b)		YES ..... 1 NO ..... 2 →	YES ..... 1 NO 2
b. Africa? YES ..... 1 → NO ..... 2 (c)	_____ COUNTRY _____ COUNTRY _____ COUNTRY	YES ..... 1 NO ..... 2 →	YES ..... 1 NO 2
c. Southeast Asia? YES ..... 1 → NO ..... 2 (d)	_____ COUNTRY _____ COUNTRY _____ COUNTRY	YES ..... 1 NO ..... 2 →	YES ..... 1 NO 2
d. The South Pacific? YES ..... 1 → NO ..... 2 (e)	_____ COUNTRY/ISLAND _____ COUNTRY/ISLAND _____ COUNTRY/ISLAND	YES ..... 1 NO ..... 2 →	YES ..... 1 NO 2
e. Any Caribbean Islands? YES ..... 1 → NO 2 (E-1)	_____ COUNTRY/ISLAND _____ COUNTRY/ISLAND _____ COUNTRY/ISLAND	YES ..... 1 NO ..... 2 →	YES ..... 1 NO 2

E. HISTORY OF PARENTERAL EXPOSURE

E-1. Have you ever had a blood transfusion, that is, received someone else's blood?

YES 1
NO 2 (E-6)

E-2. How many different times have you had a blood transfusion?

|__|__|
NO. OF TIMES

	E-3. How old were you when you had your (most recent/previous, etc.) transfusion?	E-4. What was the name of the hospital where you had the transfusion, and where is the hospital located?	E-5. What was the main reason for this transfusion?
MOST RECENT	|__|__| AGE	_____ HOSPITAL _____ CITY _____ STATE/FOREIGN COUNTRY	SEVERE INJURY ..... 01 CHILDBIRTH ..... 02 OPERATION ..... 03 MEDICAL REASON ..... 04 OTHER (SPECIFY) ..... 96 _____
PREVIOUS	|__|__| AGE	_____ HOSPITAL _____ CITY _____ STATE/FOREIGN COUNTRY	SEVERE INJURY ..... 01 CHILDBIRTH ..... 02 OPERATION ..... 03 MEDICAL REASON ..... 04 OTHER (SPECIFY) ..... 96 _____
PREVIOUS	|__|__| AGE	_____ HOSPITAL _____ CITY _____ STATE/FOREIGN COUNTRY	SEVERE INJURY ..... 01 CHILDBIRTH ..... 02 OPERATION ..... 03 MEDICAL REASON ..... 04 OTHER (SPECIFY) ..... 96 _____
PREVIOUS	|__|__| AGE	_____ HOSPITAL _____ CITY _____ STATE/FOREIGN COUNTRY	SEVERE INJURY ..... 01 CHILDBIRTH ..... 02 OPERATION ..... 03 MEDICAL REASON ..... 04 OTHER (SPECIFY) ..... 96 _____
PREVIOUS	|__|__| AGE	_____ HOSPITAL _____ CITY _____ STATE/FOREIGN COUNTRY	SEVERE INJURY ..... 01 CHILDBIRTH ..... 02 OPERATION ..... 03 MEDICAL REASON ..... 04 OTHER (SPECIFY) ..... 96 _____

E-6. Have you ever been put to sleep for an operation?

YES 1
NO 2

E-7. Have you ever been treated with acupuncture?

YES 1
NO 2

E-8. Have you ever been tatooed?

YES 1
NO 2

F. DRUG USE QUESTIONNAIRE

BOX F-1

Now I would like to ask about recreational drugs or drugs not prescribed by a doctor that you may have used. I understand that these could be sensitive questions. I want to assure you, however, that all information you give us will be kept strictly confidential. This means that this information will be available for research purposes only. Your responses will not be linked with your name or with anything that could identify you. Your honest answers are very important.

F1. Have you ever injected or "shot up" drugs that were not prescribed by a doctor?

YES 1
NO 2
REFUSED 7
DK 8
} (SECTION G)

BOX F-2

It is important that we get details about these drugs to learn more about how HTLV may or may not be transmitted. Please tell me if you have ever used any of the following drugs by injecting the drug with a needle and syringe, including "firing" or "shooting" the drug directly into your veins, or "pumping," "kicking," "booting," or "skin popping".

F-2. Have you ever injected or "shot up":			F-3. How old were you the first time you injected (DRUG)?	F-4. How old were you the last time you injected (DRUG)?	F-5. What is the total number of times that you injected (DRUG)? Would you say:
a. Speedball? (A mixture of cocaine and heroin or cocaine and amphetamines)	YES .....1 NO .....2 REFUSED .....7 DK 8	→ (b)	|_|_| AGE	|_|_| AGE	Fewer than 10, ... 1 10-50, ... 2 50-100, or ..... 3 More than 100? 4
b. Heroin?	YES .....1 NO .....2 REFUSED .....7 DK 8	→ (c)	|_|_| AGE	|_|_| AGE	Fewer than 10, ... 1 10-50, ... 2 50-100, or ..... 3 More than 100? 4
c. Cocaine?	YES .....1 NO .....2 REFUSED .....7 DK 8	→ (d)	|_|_| AGE	|_|_| AGE	Fewer than 10, ... 1 10-50, ... 2 50-100, or ..... 3 More than 100? 4
d. Amphetamines such as speed, crystal, or meth?	YES .....1 NO .....2 REFUSED .....7 DK 8	→ (e)	|_|_| AGE	|_|_| AGE	Fewer than 10, ... 1 10-50, ... 2 50-100, or ..... 3 More than 100? 4
e. Any other drug not prescribed by a physician?	YES .....1 (SPECIFY _____) NO .....2 REFUSED .....7 DK 8	→ (F-6)	|_|_| AGE	|_|_| AGE	Fewer than 10, ... 1 10-50, ... 2 50-100, or ..... 3 More than 100? 4

F-6. Have you ever injected drugs with a needle or syringe that someone else had used before you?

YES 1
NO 2 (F-10)

F-7. When you were using drugs most heavily, how often did you use works that someone else had used before you? ("NEVER" IS NOT AN OPTION SINCE SUBJECT RESPONDED "YES" TO F-6.)

SHOW CARD 5

RARELY 2
SOMETIMES 3
USUALLY 4
ALWAYS 5
REFUSED 7
DK 8

F-8. If you had to guess, how many different people have you ever shared a needle with? Would you say:

1, ... 1
2-5, ... 2
6-10, or 3
More than 10 people? 4
REFUSED 7
DK 8

F-9. Thinking about all the people with whom you have shared needles, how often did you share needles with: (USE SHOW CARD 5. CHECK THE NUMBER OF THE APPROPRIATE CATEGORY FOR EACH.)	NEVER	RARELY	SOMETIMES	USUALLY	ALWAYS	REFUSED
a. A stranger or someone you just met?	1	2	3	4	5	7
b. A spouse or sex partner?	1	2	3	4	5	7
c. A relative?	1	2	3	4	5	7
d. A friend?	1	2	3	4	5	7
e. A person who was white?	1	2	3	4	5	7
f. A person who was black?	1	2	3	4	5	7
g. A person who was Hispanic?	1	2	3	4	5	7
h. A person who was Asian?	1	2	3	4	5	7
i. A person under the age of 30?	1	2	3	4	5	7
j. A person aged 30 or older?	1	2	3	4	5	7

F-10. Did you ever go to a shooting gallery and use works that were borrowed, rented or bought there?

YES 1
NO 2 (F-12)

F-11. How many times did you borrow, rent, or buy works at a shooting gallery?

|__|__|__|
NO. OF TIMES

F-12. Where did you live when you were using or shooting IV drugs? Let's start with the most recent city and state or foreign country.

MOST RECENT _____ / _____
CITY STATE OR FOREIGN COUNTRY

PREVIOUS _____ / _____
CITY STATE OR FOREIGN COUNTRY

PREVIOUS _____ / _____
CITY STATE OR FOREIGN COUNTRY

PREVIOUS _____ / _____
CITY STATE OR FOREIGN COUNTRY

PREVIOUS _____ / _____
CITY STATE OR FOREIGN COUNTRY

G. SEXUAL HISTORY

BOX G-1

Now I would like to ask about your reproductive health and sexual history. I know these are personal questions, but your answers are important and will remain completely confidential.

IF MALE, G-1.
IF FEMALE, G-2. The first questions ask about pregnancy and pregnancy outcomes.

G-1. (IF MALE) Have you been circumcised?

YES 1
NO ..... 2 } (BOX G-2)

G-2. (IF FEMALE) Are you currently pregnant?

YES 1 (G-4)
NO 2

G-3. Have you ever been pregnant?

YES 1
NO ..... 2 (BOX G-2)

G-4. (Not counting your current pregnancy,) How many times have you been pregnant?

|__|__|
NO.

G-5. How did your (1st, 2nd, etc.) pregnancy end? (PROBE: Was it a livebirth, a miscarriage, a stillbirth, or an abortion?)

1ST PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
2ND PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
3RD PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
4TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
5TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
6TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
7TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
8TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
9TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
10TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
11TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____
12TH PREGNANCY	LIVE BIRTH ..... 1 MISCARRIAGE ..... 2 STILLBIRTH 3	ABORTION ..... 4 OTHER (SPECIFY) ..... 6 _____

BOX G-2

The next questions ask about sexual activities. You do not need to answer any question that makes you feel uncomfortable. In answering these questions, I would like you to include only those partners with whom sexual contact involved oral, vaginal or anal penetration. This means you should not include partners you have just kissed.

G-6. First, I'd like to ask you about sexual relationships in your life, including marriages, that have lasted for six months or more. Are you currently in a marriage or a sexual relationship that has lasted six months or longer?

YES 1
NO 2 (G-37)

G-7. Are you also involved in a sexual relationship with anyone else at the present time?

YES 1
NO 2 (G-9)

G-8. Have any of these other sexual relationships lasted for six months or more?

YES 1
NO 2

BOX G-3

I'm going to ask some questions about (one of) your current partner(s) of six months or more. (Please decide which partner you've had the most sex with over the longest period of time, and limit your answers to this partner only.)

G-9. Is your current partner male or female?

FEMALE 1
MALE 2

G-10. How long have you been involved in this relationship?

|__|__|
NO.
MONTHS 1
YEARS 2

G-11. Please choose your partner's racial or ethnic background from this card.

SHOW CARD 2

WHITE	1
BLACK AMERICAN	2
BLACK AFRICAN	3
BLACK CARIBBEAN	4
JAPANESE/OKINAWAN	5
OTHER	6
(SPECIFY _____)	
DON'T KNOW	8

G-12. Has your current partner ever received a transfusion, that is, been given someone else's blood?

YES	1
NO	2
LIKELY BUT NOT SURE	3
UNLIKELY BUT NOT SURE	4
DON'T KNOW	8

G-13. Has your current partner ever injected or "shot up" drugs that were not prescribed by a doctor?

YES	1
NO	2
LIKELY BUT NOT SURE	3
UNLIKELY BUT NOT SURE	4
DON'T KNOW	8

G-14. Was your current partner born in Japan, Okinawa, Africa, or the Caribbean? Or, were (his/her) parents or grandparents from Japan, Okinawa, Africa, or the Caribbean?

YES	1 → SPECIFY COUNTRY/ISLAND_____
NO	2
LIKELY BUT NOT SURE	3 → SPECIFY COUNTRY/ISLAND_____
UNLIKELY BUT NOT SURE	4
DON'T KNOW	8

BOX G-4

I am now going to ask a few questions about your sexual activities with this partner. Some of these questions may be difficult for you to answer but your honest answers are very important. If you're not sure of an answer, let me know, and I'll ask a few questions so we can make an estimate.

G-15. Since the beginning of your relationship, have you and your partner had vaginal sex?

YES	1
NO	2 (BOX G-6)

G-16. What is the average number of times per week, month, or year that you've had vaginal sex with this partner? (PROBE IF LESS THAN ONCE PER YEAR: What is the total number of times you've had vaginal sex during your relationship with your current partner?)

|___|___|___|
NO. OF TIMES

WEEK 1
MONTH 2
YEAR 3

TOTAL 4

BOX G-5

For the next several questions, I'd like you to choose your response from the answers shown on this card. (HAND SHOW CARD 5 TO SUBJECT.)

G-17. Thinking of all the times you've had vaginal sex with this partner during your entire relationship, how often would you say that a condom or rubber was used?

SHOW CARD 5

NEVER 1
RARELY 2
SOMETIMES 3
USUALLY 4
ALWAYS 5 (G-20)

G-18. This question is about times you had vaginal sex when a condom was not used. How often (was she/were you) menstruating when (you/he) ejaculated and a condom was not used?

SHOW CARD 5

NEVER 1
RARELY 2
SOMETIMES 3
USUALLY 4
ALWAYS 5
DON'T KNOW 8

G-19. When you did not use a condom and ejaculation occurred, how often did you use a jelly or ointment for lubrication?

SHOW CARD 5

NEVER 1
RARELY 2
SOMETIMES 3
USUALLY 4
ALWAYS 5
DON'T KNOW 8

G-20. How often did (she/you) bleed after intercourse with (you/him), not because of menstruation?

SHOW CARD 5

NEVER 1
RARELY 2
SOMETIMES 3
USUALLY 4
ALWAYS 5
DON'T KNOW 8

BOX G-6

The next questions are about oral and anal intercourse.

G-21. Have you ever had oral sex with this partner when (his/your) mouth was on (your/her) genitals?

YES 1
NO 2 (G-23)

G-22. What is the average number of times per week, month, or year that you've had this kind of oral sex with your partner? (PROBE IF LESS THAN ONCE PER YEAR: What is the total number of times you have done this during your relationship with your current partner?)

|__|__|__|
NO. OF TIMES

WEEK 1
MONTH 2
YEAR 3

TOTAL 4

G-23. Have you ever had oral sex when (you/he) ejaculated into (her/your) mouth without a condom?

YES 1
NO 2 (G-25)

G-24. What is the average number of times per week, month or year that you've had oral sex when (you/he) ejaculated without a condom? (PROBE IF LESS THAN ONCE PER YEAR: What is the total number of times you have done this during your relationship?)

|__|__|__|
NO. OF TIMES

WEEK 1
MONTH 2
YEAR 3

TOTAL 4

G-25. Have you ever had anal intercourse with your partner?

YES 1
NO ..... 2 (BOX G-7)

G-26. Have you ever had anal intercourse with this partner when a condom was not used and (you/he) ejaculated into (her/your) rectum?

YES 1
NO ..... 2 (BOX G-7)

G-27. What is the average number of times per week, month, or year that you've had anal intercourse with your current partner when (you/he) ejaculated without a condom? (PROBE IF LESS THAN ONCE PER YEAR: What is the total number of times you have done this during your relationship?)

|__|__|__|
NO. OF TIMES

WEEK 1
MONTH 2
YEAR 3

TOTAL 4

BOX G-7

IF FEMALE, SKIP TO G-29.
IF MALE, CONTINUE.

G-28. During your relationship with your current partner, did a doctor or other medical person ever tell you that you had:

		YES	NO
a.	Gonorrhea or "Clap"?	1	2
b.	Syphilis?	1	2
c.	Urethritis, that is, discharge from the penis not due to gonorrhea?	1	2
d.	Genital herpes?	1	2
e.	Penile sores or ulcers?	1	2

BOX G-8

IF MALE, SKIP TO BOX G-9, PAGE 31.

G-29. Do you still (menstruate/have periods)?

YES 1
NO 2 (G-31)

G-30. How often do you use tampons during menstruation?

SHOW CARD 5

NEVER 1
RARELY 2
SOMETIMES 3 (G-32)
USUALLY 4
ALWAYS 5

G-31. How old were you when you stopped menstruating?

|__|__|
AGE

G-32. During your relationship with your current partner, did you ever take birth control pills?

YES 1
NO 2 (G-34)

G-33. For how many total months or years during this relationship have you taken birth control pills?

|__|__|
NO.
MONTHS 1
YEARS 2
LESS THAN ONE MONTH 005

G-34. Since the beginning of your relationship with your current partner, did a doctor or other medical person ever tell you that you had an infection of the vagina, or vaginitis?

YES 1
NO 2 (G-36)

G-35. What type of vaginal infection was diagnosed? Was it:

Candida or yeast, ... 01
Trichomonas, or 02
Some other infection? (SPECIFY) _____ 96

_____

G-36. Since the beginning of your relationship with your current partner, did a doctor or other medical person ever tell you that you had:

		YES	NO
a.	Gonorrhea or "clap"?	1	2
b.	Syphilis?	1	2
c.	Chlamydia?	1	2
d.	Genital or rectal herpes?	1	2
e.	Genital or rectal sores or ulcers?	1	2
f.	Pelvic inflammatory disease?	1	2

BOX G-9

This ends our questions about your current partner.

Now I have a few questions about your other sexual relationships.

G-37. (Besides your current partner that we have just discussed,) Have you ever had sexual relations with anyone (else)?

YES 1
NO ..... 2 (SECTION H)

G-38. Since you first began having sex, what is the total number of men you've had sex with (including your current partner)?

|__|__|__|
NO. OF MEN
NONE.....000

G-39. Since you began having sex, what is the total number of women you've had sex with (including your current partner)?

|__|__|__|
NO. OF WOMEN
NONE.....000

G-40. Have you ever had sex with a prostitute?

YES 1
NO 2 (G-44)

G-41. How many prostitutes have you had sex with?

|__|__|__|
NO.

G-42. In what years did you first and last have sex with a prostitute?

19 |__|__| FIRST 19 |__|__| LAST

G-43. How often did you use a condom during sex with a prostitute?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

G-44. Did anyone ever give you money, gifts or drugs in exchange for sex?

YES	1	
NO	2	(BOX G-10)

G-45. How many different people gave you money, gifts or drugs in exchange for sex?

|__|__|__|
NO.

G-46. In what years did you first and last have sex with someone who gave you money, gifts or drugs in exchange for sex?

19 |__|__| FIRST 19 |__|__| LAST

G-47. How often did you use a condom during sex with someone who gave you money, gifts or drugs in exchange for sex?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

BOX G-10

The next questions ask some background information about other sex partners. You may not know all the answers to these questions, so please let me know if you think the answer may be yes or no, but you're not sure.

G-48. (Not including your current partner,) Have you ever had sex with someone who was born in Africa, or had parents or grandparents from Africa?

YES	1	
NO	2	(G-53)
LIKELY BUT NOT SURE	3	
UNLIKELY BUT NOT SURE	4	} (G-53)
DON'T KNOW	8	} (G-53)

G-49. How many of your sex partners (not including your current partner) were of African background?

|__|__|__|
NO.

G-50. Which African (country was he or she/countries were they) from?

_____
COUNTRY

_____
COUNTRY

_____
COUNTRY

_____
COUNTRY

G-51. In what years did you first and last have sex with someone of African background?

19 |__|__| FIRST 19 |__|__| LAST

G-52. How often did you use a condom during sex with (this/these) partner(s) of African background?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

G-53. (Not including your current partner,) Have you ever had sex with someone who was born in the Caribbean or had parents or grandparents from the Caribbean?

YES	1	
NO	2	(G-58)
LIKELY BUT NOT SURE	3	
UNLIKELY BUT NOT SURE	4	} (G-58)
DON'T KNOW	8	} (G-58)

G-54. How many of your sex partners (not including your current partner) were of Caribbean background?

|__|__|__|
NO.

G-55. Which Caribbean Island(s) or (country/countries) (was he or she/were they) from?

_____
ISLAND/COUNTRY

_____
ISLAND/COUNTRY

_____
ISLAND/COUNTRY

_____
ISLAND/COUNTRY

G-56. In what years did you first and last have sex with someone of Caribbean background?

19 |__|__| FIRST 19 |__|__| LAST

G-57. How often did you use a condom during sex with (this/these) partner(s) of Caribbean background?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

G-58. (Not including your current partner,) Have you ever had sex with someone who was born in Japan or Okinawa or had parents or grandparents from Japan or Okinawa?

YES	1	
NO	2	(G-62)
LIKELY BUT NOT SURE	3	
UNLIKELY BUT NOT SURE	4	} (G-62)
DON'T KNOW	8	} (G-62)

G-59. How many of your sex partners (not including your current partner) were of Japanese or Okinawan background?

|__|__|__|
NO.

G-60. In what years did you first and last have sex with someone of Japanese or Okinawan background?

19 |__|__| FIRST 19 |__|__| LAST

G-61. How often did you use a condom during sex with (this/these) partner(s) of Japanese or Okinawan background?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

G-62. (Not including your current partner or partners we've already discussed,) Have you ever had sex with someone who was white, regardless of where she or he was from?

YES	1	
NO	2	(G-66)
LIKELY BUT NOT SURE	3	
UNLIKELY BUT NOT SURE	4	} (G-66)
DON'T KNOW	8	} (G-66)

G-63. How many of your sex partners (not including your current partner) were white?

|__|__|__|
NO.

G-64. In what years did you first and last have sex with a white partner?

19 |__|__| FIRST 19 |__|__| LAST

G-65. How often did you use a condom during sex with (this/these) partner(s) who (was/were) white?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

G-66. (Not including your current partner or partners we've already discussed,) Have you ever had sex with someone who was black, regardless of where she or he was from?

YES	1	
NO	2	(G-70)
LIKELY BUT NOT SURE	3	
UNLIKELY BUT NOT SURE	4	} (G-70)
DON'T KNOW	8	} (G-70)

G-67. How many of your sex partners (not including your current partner) were black?

|__|__|__|
NO.

G-68. In what years did you first and last have sex with a black partner?

19 |__|__| FIRST 19 |__|__| LAST

G-69. How often did you use a condom during sex with (this/these) partner(s) who (was/were) black?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

G-70. Either before or during your relationship, did any of your sex partners (not including your current partner) ever receive a blood transfusion, that is, receive someone else's blood?

YES	1	
NO	2	(G-74)
LIKELY BUT NOT SURE	3	
UNLIKELY BUT NOT SURE	4	} (G-74)
DON'T KNOW	8	} (G-74)

G-71. How many former partners do you think had a blood transfusion either before or during your relationship?

|__|__|__|
NO.

G-72. In what years did you first and last have sex with someone who had received a blood transfusion?

19 |__|__| FIRST 19 |__|__| LAST

G-73. How often did you use a condom with (this/these) partner(s) who had received a blood transfusion?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

G-74. Either before or during your relationship, did any of your sex partners (not including your current partner) ever inject or "shoot up" drugs that were not prescribed by a doctor?

YES	1	
NO	2	(BOX G-11)
LIKELY BUT NOT SURE	3	
UNLIKELY BUT NOT SURE	4	} (BOX G-11)
DON'T KNOW	8	} (BOX G-11)

G-75. How many former partners do you think used IV drugs either before or during your relationship?

|__|__|__|
NO.

G-76. In what years did you first and last have sex with someone who used IV drugs?

19 |__|__| FIRST 19 |__|__| LAST

G-77. How often did you use a condom with (this/these) partner(s) who used IV drugs?

SHOW CARD 5

NEVER	1
RARELY	2
SOMETIMES	3
USUALLY	4
ALWAYS	5

BOX G-11

IF MALE,
OR
IF FEMALE WHO HAD NO LIVE BIRTHS (SEE G-5 FOR LIVE BIRTHS). This ends our interview. Thank you for your cooperation.

OTHERWISE, CONTINUE WITH SECTION H.

TIME END |__|__|:|__|__| A P

H. RISK FACTORS FOR TRANSMISSION TO CHILDREN - FEMALE SUBJECTS ONLY

H-1. How many natural children do you have? Please do not include any stepchildren, foster children, or adopted children.

|__|__|
NUMBER

BOX H-1

I'd like to ask you a few questions about your (child/children). (Let's start with the oldest child.)

	CHILD #1	CHILD #2	CHILD #3	CHILD #4	CHILD #5	CHILD #6
H-2. What are the initials of your (oldest/next oldest, etc.) child?	|__|__|__| INITIALS	|__|__|__| INITIALS	|__|__|__| INITIALS	|__|__|__| INITIALS	|__|__|__| INITIALS	|__|__|__| INITIALS
H-3. How old is (INITIALS) now?	|__|__| AGE MONTHS .....1 YEARS .....2 DEC'D 006	|__|__| AGE MONTHS ..1 YEARS .....2 DEC'D ...006	|__|__| AGE MONTHS ..1 YEARS .....2 DEC'D ...006	|__|__| AGE MONTHS ..1 YEARS .....2 DEC'D ...006	|__|__| AGE MONTHS ..1 YEARS .....2 DEC'D ...006	|__|__| AGE MONTHS ...1 YEARS .....2 DEC'D 006
H-4. In what year was (INITIALS) born?	19 |__|__|	19 |__|__|	19 |__|__|	19 |__|__|	19 |__|__|	19 |__|__|
H-5. Did you breastfeed (INITIALS)?	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2
H-6. For how many months did you breastfeed (INITIALS)?	|__|__| NO. OF MOS. LESS THAN 1 MO 005	|__|__| NO. OF MOS. LESS THAN 1 MO 005	|__|__| NO. OF MOS. LESS THAN 1 MO 005	|__|__| NO. OF MOS. LESS THAN 1 MO 005	|__|__| NO. OF MOS. LESS THAN 1 MO 005	|__|__| NO. OF MOS. LESS THAN 1 MO 005
H-7. Did (INITIALS) receive breastmilk from anyone else besides you?	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2
H-8. Did (INITIALS) ever have a blood transfusion?	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2	YES .....1 NO.....2

BOX H-2
Thank you very much for your cooperation. This ends our interview.
END

TIME END |__|__|:|__|__| AI PI

RECORD RESULT CODE ON FRONT COVER.

IC = Interview complete
PC = Partial complete
RF - Refusal
DE = Deceased
IL = Too ill
IN = Incompetent
LP = Language problem
NL = Not located
OT = Other

I. INTERVIEW SUMMARY

REVIEW SUBJECT'S SELF-REPORTED SYMPTOMS, PAST MEDICAL HISTORY AND FAMILY HISTORY.

I-1. Neuromuscular and Musculoskeletal Disorders

Sx

- ☐ B1a Walking difficulty
- ☐ B1b Rising from chair s̄ hands impaired
- ☐ B1c Climbing difficulty
- ☐ B1d Urinary urgency
- ☐ B1e Urinary incontinence
- ☐ B1f Urinary - need to go p̄ voiding
- ☐ B1g Myalgia, Arthralgia
- ☐ B1h Impotence
- ☐ B1i Feet tingling, burning
- ☐ B1n Bowel incontinence

PMHx

- ☐ B5f Myositis
- ☐ B5g Arthritis
- ☐ B5h Other neuropathy/myopathy _____
- ☐ B5i Multiple Sclerosis
- ☐ B5j Thyroid Disease _____

FHx

- ☐ B14c Multiple Sclerosis
- ☐ B14d Myositis
- ☐ B14e Arthritis
- ☐ B14f Other neuropathy/myopathy _____

I-2. Lymphadenopathy, Hematologic Disorders, Cancers

Sx

- ☐ B1j Lymph node enlargement, pain
- ☐ B1k Fevers
- ☐ B1l Night sweats
- ☐ B1m Weight loss

PMHx

- ☐ B5b Lymphoma
- ☐ B5c Leukemia
- ☐ B5d Other cancer _____
- ☐ B5e Splenomegaly/Hepatomegaly

FHx

- ☐ B14a Lymphoma/Leukemia
- ☐ B14b Cancer _____

I-3. Other Disorders

- ☐ B5a Tuberculosis
- ☐ B7a Pneumonia
- ☐ B7b Bronchitis
- ☐ B7c Bladder infection
- ☐ B7d Kidney infection
- ☐ B7f Asthma
- ☐ B9 Oral herpes/fever blisters

PMHx

- ☐ B5m _____
- ☐ B7e _____
- ☐ B13 _____

Spouse/Partner

- ☐ B16 Cause(s) of death _____

I-4 Interviewer's Signature _____

Comments/Recommendations _____

I-5 Study Physician's Signature _____

Date Reviewed _____

Comments/Recommendations _____