Protocol
2015–2017 Data Collection Cycles

Clinical Outcomes Team

CDC/NCHHSTP/DHAP/BCSB

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Abbreviations, Acronyms, and Definitions

ASD	Adult/Adolescent Spectrum of HIV Disease
CAPI	Computer Assisted Personal Interview – A method of administering interviews in person or over the telephone using a computer, typically either a laptop or tablet computer.
CSBS	Case-surveillance-based sampling
Computed variables	Computed variables have values that are the result of arithmetical or logical manipulations performed using values from other, pre-existing variables.
DCC portal	The Data Coordinating Center (DCC) portal allows field staff to securely exchange data with the Centers for Disease Control and Prevention (CDC) that are considered sensitive or critical in nature.
Design effect	Design effect is the increase in statistical variance that is introduced by using a complex sampling design to obtain patient or other samples. Mathematically, design effect is the variance obtained using a complex sampling design divided by the variance that would have been obtained from a simple random sample of the same size. A design effect of 2 means that the variance obtained using a complex sampling design was twice as large as the variance that would have been obtained from a simple random sample of the same size.
DMS	Data Management System
HARS	HIV/AIDS Reporting System
eHARS	Enhanced HIV/AIDS Reporting System
IRB	Institutional Review Board
MMP	Medical Monitoring Project
MRA	Medical Record Abstraction
MDS	Minimum Dataset– Basic core surveillance information obtained for all sampled persons. This information will be obtained from eHARS. These data are referred to as MDS data.
NHSS	National HIV Surveillance System
Observation period	For the medical record abstraction component of MMP, the observation period is the 24 months prior to patient interview.

PPS Probability Proportional to Size – A method of sampling in which the probability of selection for each unit on the sampling frame is proportional to some measure of size. For the 2015-2018 MMP data collection cycles, the measure of size for first stage sampling of project areas was the number of reported living AIDS cases as of December 2002.

PSU Primary Sampling Unit – The element, or entity, that is sampled in the first stage of sampling. For MMP the 50 US states, plus the District of Columbia and Puerto Rico, were the 52 primary sampling units.

QDS Questionnaire Development System - Software (NOVA Research Company, Bethesda, Maryland) used to develop the MMP interview applications deployed on laptop and tablet computers (see CAPI definition).

Sampling Date Refers to the reference date used by the sample draw program for determining eligibility, e.g. to be eligible persons must have been diagnosed with HIV and aged greater than 18 on the sampling date.

Sampling frame A list of population elements from which a sample is selected

SAMS Secure Access Management System – SAMS allows field staff and public health partners to securely exchange data with CDC that are considered sensitive or critical in nature. SAMS will be used for any confidential communication directly from the project areas to CDC.

SHAS Supplement to HIV/AIDS Surveillance

SHDC Survey of HIV Disease and Care

SHDC-Plus Survey of HIV Disease and Care Plus

1. Introduction

1.1 Background

The National HIV Surveillance System (NHSS) collects a core set of data on the characteristics of persons diagnosed with HIV infection in all US states and dependent areas. HIV surveillance projects such as the Centers for Disease Control and Prevention's (CDC) Medical Monitoring Project (MMP) provide complementary information about clinical outcomes of HIV infection, care seeking and care utilization of persons living with HIV, and ongoing transmission risk behaviors. From 2005 to 2014, MMP's study design relied on a probability sample of HIV-diagnosed persons sampled from HIV facilities to generate nationally representative estimates of clinical outcomes and HIV-related behaviors[1, 2]. MMP has provided high-priority national HIV prevention indicators such as the number of HIV-diagnosed persons receiving care for HIV infection and the proportion of HIV-positive persons receiving care who have achieved viral suppression. In 2015, new methods will expand the MMP target population to include all HIV-diagnosed persons both receiving and not receiving HIV care.

When MMP was first proposed in 2004, the importance of antiretroviral therapy (ART) for HIV treatment was clear—ART had already been shown to dramatically reduce the probability of AIDS or death[3, 4]—but the role of ART in HIV prevention had yet to be firmly established.

In recent years, strong evidence has emerged that, by reducing the amount of HIV in the blood to undetectable levels, ART can sharply reduce the transmission of HIV[5-9]. A randomized controlled trial, HIV Prevention Trials Network Study 052, documented a 96% reduction in HIV transmission—relative to delayed ART—of early ART among serodiscordant heterosexual couples. *Science* magazine hailed this finding as 2011's breakthrough of the year[10]. Mathematical models show the potential for halting the HIV epidemic through an aggressive program of universal testing and immediate ART initiation, a strategy dubbed "test and treat"[11-13]. In its 2010 National HIV/AIDS Strategy (NHAS), the White House embraced the new possibilities for accelerating HIV prevention when it listed HIV treatment among its "scientifically proven biomedical and behavioral approaches that reduce the probability of HIV transmission"[14]. The central role of prompt and consistent HIV treatment in the national strategy to curb the HIV epidemic is further underscored in NHAS by the inclusion of "Increasing Access to Care" as one of three strategic areas of national focus[15].

There is compelling evidence that prompt ART is beneficial for both individual and public health[3]. However, HIV-diagnosed persons must be linked to and retained in HIV care to initiate and maintain ART. Linkage to care is necessary for reducing transmission of HIV infection and improving health outcomes; differential access to and utilization of care helps drive health inequities. In a report discussing implementation of NHAS, the Institute of Medicine (IOM) concluded, "… the primary challenges to optimal health outcomes for [People Living With HIV/AIDS (PLWHA)] include late diagnosis, delayed linkage to care for HIV, poor retention in care, delayed initiation of ART, and poor adherence to ART."[16] In 2011, only an estimated 40% of HIV-infected persons were engaged in medical care[17].

Just as the prevention potential of ART had not been established when MMP was launched in 2004, at MMP's inception, comprehensive rosters of HIV-infected persons from which a sample could be drawn did not exist in all states because name-based HIV reporting had not been legally mandated. However, it was possible to generate HIV patient lists at the facility level, so a facility-based sampling method was employed. The facility-based multistage sampling approach employed by MMP from 2005–2014 allowed collection of interview and medical record data from a national probability sample of persons receiving HIV medical care. However, this sampling method had limitations. Construction of comprehensive lists of facilities is expensive and time-intensive. Collecting data through facilities depends upon their voluntary participation and results in lower than desired response rates. Most importantly, recruiting persons through HIV care facilities excludes those who have not been linked to or retained in HIV care, limiting MMP's capacity to monitor progress toward current linkage and retention objectives and to elucidate barriers to care for those not receiving HIV medical care.

In its review of national HIV data systems, the Institute of Medicine highlighted the exclusion of marginalized groups from existing data collection, stating, "most of the data systems are not fully representative of the population of PLWHA in the United States." Of MMP specifically, it went on further to advise that "steps might be taken either to make the population more representative of the national population of people living with HIV or to include groups… who are less apt to be represented in other data systems"[16].

Indeed, such steps to expand MMP's target population are critical for national monitoring. In an increasing number of US states (currently 33 plus the District of Columbia as of October 2014), mandatory reporting to health department HIV surveillance units of all CD4 T-lymphocyte (CD4) and HIV viral load (VL) tests—indicators routinely ordered by providers to guide treatment—allows tracking of HIV care entry and ongoing HIV care visits. However, the ability to monitor linkage to and retention in care nationally depends on the completeness and timeliness of reporting from laboratories to these states and from the states to the NHSS; patterns of ordering CD4 and VL tests by physicians, which may vary depending on reimbursement policies; and on the validity of CD4 and VL proxy measures as indicators of care visits[18].

To address the information gaps described above regarding progress with linkage and retention in care and early initiation of ART, MMP methods in 2015 will expand the MMP target population to all HIV-diagnosed persons both receiving and not receiving HIV care, which will increase MMP's capacity to monitor and guide efforts to prevent HIV infection and its clinical outcomes through available treatment and other clinical interventions.

1.2 Purpose and Scope

The primary objectives of MMP have been to 1) provide locally and nationally representative estimates of risk behaviors and clinical outcomes of persons receiving HIV care; 2) describe health-related behaviors; 3) determine accessibility and use of prevention, care, and support services; 4) increase knowledge of the care and treatment provided; and 5) examine variations of factors by respondent characteristics. The objectives of the project remain the same as

before. The expansion of the population of inference to all HIV diagnosed persons will enhance the value of the data collected.

The primary purpose of this protocol is to provide a consistent method for US state and local health departments to use in collecting data on behaviors and clinical outcomes from a probability sample of HIV diagnosed adults. The method involves the selection of HIV diagnosed adults from NHSS, in-person and telephone interviews of eligible persons, and abstraction of HIV-related medical records for persons who are interviewed and have ever received HIV medical care.

Collection of data from interviews with HIV-diagnosed persons will provide information on current behaviors that may facilitate HIV transmission; seeking of, access to, and use of HIV-related prevention services; utilization of HIV-related medical services; and adherence to medication regimens. Through abstraction of medical records and interviews with eligible persons, MMP will provide information on clinical conditions that result from HIV-infected persons' illness or the medications they take, as well as the HIV care and support services they receive and the quality of these services. Ultimately, this surveillance project will describe met and unmet needs for HIV care and prevention services, information that can be used to evaluate these services and to direct future resources for HIV-infected persons.

The design will allow for national and state or local estimates of certain characteristics and behaviors that will be generalizable to HIV-infected adults in the United States. MMP will allow direct estimation of the proportion of HIV-diagnosed persons who have not been linked to HIV care and who have not been retained in care. For those not engaged in care, it will allow description of the barriers to engagement both from the HIV-diagnosed person's own point of view and through identification of linkage and re-engagement facilitation services received as well as demographic or behavioral factors that predict linkage or retention. State and local HIV/AIDS surveillance programs, which have been operating for more than 20 years, have a history of collaboration with the medical providers and HIV-infected persons in their jurisdictions on projects involving both interview and medical record abstraction (MRA). Surveillance programs will need to build on these collaborations to ensure high participation rates required for this project.

1.3 Collaborating Agencies and Stakeholders

MMP is conducted through cooperative agreements between CDC's Division of HIV/AIDS Prevention–Surveillance and Epidemiology and the following state and local health departments:

California Department of Public Health
Chicago Department of Public Health
Delaware Health and Social Services Division of Public Health
Florida Department of Health
Georgia Department of Public Health
Houston Department of Health and Human Services

Illinois Department of Public Health
Indiana State Department of Health
Los Angeles County Department of Health
Maryland Department of Health and Mental Hygiene
Massachusetts Department of Public Health
Michigan Department of Community Health
Mississippi State Department of Health
New Jersey Department of Health and Senior Services
New York State Department of Health
New York City Department of Health & Mental Hygiene
North Carolina Department of Health and Human Services
Oregon Public Health Division
Philadelphia Department of Public Health
Pennsylvania Department of Health
Puerto Rico Department of Health
San Francisco Department of Public Health
South Carolina Department of Health and Environmental Control
Texas Department of State Health Services
Virginia Department of Health
Washington State Department of Health

In addition to CDC, stakeholders for this project include other agencies and groups such as:

- State and local health departments
- National Institutes of Health (NIH)
- Health Resources and Services Administration (HRSA)
- National Association of AIDS Education and Training Centers (AETCs)
- National Alliance of State and Territorial AIDS Directors (NASTAD)
- American Academy of HIV Medicine (AAHIVM)
- Communities Advocating Emergency AIDS Relief (CAEAR)
- Association of Nurses in AIDS Care (ANAC)
- Council of State and Territorial Epidemiologists (CSTE)
- HIV Medicine Association (HIVMA)
- National Alliance of State and Territorial AIDS Directors (NASTAD)
- National Minority AIDS Council (NMAC)
- National Alliance for HIV Education and Workforce Development (NAHEWD)
- HIV prevention planning groups
- Ryan White HIV/AIDS Program planning councils and consortia
- Providers of HIV medical care and prevention services
- HIV-infected persons

CDC established relationships with other federal stakeholders during the conception and development of MMP. Communications with these federal partners will continue for the duration of this project. CDC will maintain communication with state and local health

departments through e-mails, conference calls, site visits, and meetings with Principal Investigators, Project Coordinators and other project staff.

Participating health departments should ensure the involvement of local stakeholders in MMP, including affected communities and providers of HIV care. Community input may be sought from established groups that represent HIV-affected communities (such as community planning groups and other potential consumers of the surveillance data) or if already established groups cannot provide appropriate input, from a group of community representatives convened to consult with the health department about this project. Provider input may be obtained by presenting – at local medical society meetings or through newsletters for local providers or other networks – the project, its aims, and its effect on the providers in the project area.

Many state and local health departments have established relationships with local community planning groups and Ryan White HIV/AIDS Program planning groups. These groups should be made aware of the purpose and status of MMP, and the data it may provide to support local HIV planning activities.

At the national level, CDC has convened community and provider advisory boards for MMP, which include one community representative and one provider representative from each of the 26 project areas. These boards also include members of national organizations (e.g., National Minority AIDS Council, HIV Medical Association, American Academy of HIV Medicine, and others). These boards provide input on the data collection instruments, operational considerations, barriers to participation, the usefulness of collected data, and optimal methods for data dissemination. The community members and providers who serve on the national boards are the designated contact persons at the local level and serve as a resource to HIV-infected persons who are approached about participating but who wish input from a peer or health care provider before deciding whether to do so.

CDC has engaged a contractor to provide data management support. The scope of the work for the contract as it pertains to MMP consists of the contractor furnishing all necessary personnel, facilities, supplies, and equipment to establish and implement a Data Coordinating Center (DCC) as an integral part of MMP to achieve each of the following objectives:

1. Receiving data from the CDC designated project areas
2. Processing data for quality assurance
3. Creating and transferring cumulative and final data sets to CDC and to project areas
4. Providing ad-hoc technical assistance to MMP project areas
5. Providing formal training sessions for MMP project areas
6. Communication and reporting to CDC

CDC has engaged a contractor to develop and maintain a web-based electronic application to collect and process medical record abstraction data. The scope of the work for the contract as it pertains to MMP consists of the contractor independently, and not as an agent of the Government, furnishing all necessary personnel, facilities, supplies, and equipment to achieve each of the following objectives:

1. Creating a secure web-based application for collection of data
2. Receiving data from the CDC designated project areas
3. Processing data for quality assurance
4. Creating and transferring cumulative and final data sets to data management contractor
5. Providing ad-hoc technical assistance to MMP project areas
6. Providing formal training sessions for MMP project areas
7. Communication and reporting to CDC

1.4 Initiation, Duration, and Project Period

MMP has been funded since 2004. Thirteen project areas were funded to pilot data collection in 2004–2005: Delaware; Florida; Illinois; Los Angeles, California; Maryland; Michigan; New Jersey; New York City, New York; Philadelphia, Pennsylvania; South Carolina; Texas (including the separately funded jurisdiction of Houston), and Washington. Twenty-six project areas were funded for data collection in the 2006–2008 data collection cycles: California (including the separately funded jurisdictions of Los Angeles County and San Francisco); Delaware; Florida; Georgia; Illinois (including Chicago); Indiana; Maryland; Massachusetts; Michigan; Mississippi; New Jersey; New York (including New York City); North Carolina; Oregon; Pennsylvania (including Philadelphia); Puerto Rico; South Carolina; Texas (including Houston); Virginia; and Washington. Due to budget constraints, three project areas were randomly dropped beginning in the 2009 data collection cycle (Maryland, Massachusetts, and South Carolina); thus twenty-three project areas were funded for the 2009–2014 data collection cycles. For the 2015–2017 data collection cycles, MMP will again be conducted in up to 26 project areas if resources allow. MMP data collection cycles typically begin in June of the cycle year and end in May of the following calendar year.

2. Methods

2.1 Population of Inference

The national population of inference for MMP is all HIV-diagnosed persons aged ≥ 18 years living in the United States. For each project area, the population of inference is all HIV-diagnosed persons aged ≥ 18 years whose most recently reported address was within the project area.

2.2 Sampling Frame

MMP employs a two-stage sample design. The sampling frame at the first stage consisted of all 50 states plus the District of Columbia and Puerto Rico.

At the second stage, within each project area, the sampling frame will include persons reported to NHSS who meet the following inclusion criteria:

1. Present in the national case surveillance dataset within eHARS (the enhanced HIV/AIDS reporting system for NHSS)
2. Meet the HIV case surveillance definition
3. Diagnosed with HIV as of a reference date. We will refer to this date as the sampling date.
4. Age ≥ 18 years on the sampling date
5. Most recently reported address in NHSS is in the project area
6. No death documented in NHSS as of the sampling date

2.3 Eligibility Criteria

2.3a State and Local Health Departments

The goal of MMP is to obtain a national probability sample of HIV diagnosed adults in the United States; therefore, all 50 states plus the District of Columbia and Puerto Rico were eligible to participate. Six areas separately funded for other surveillance activities (Chicago, Houston, Los Angeles County, New York City, Philadelphia, and San Francisco) were included as part of their respective states for first-stage sampling.

2.3b HIV Diagnosed Adults

Eligibility for inclusion in the sampling frame is discussed in section 2.2. At the time of recruitment, eligibility will be verified according to the following criteria:

1. Diagnosed with HIV, regardless of stage of disease at diagnosis, at any time prior to the sampling date
2. At least 18 years of age as of the sampling date
3. Alive (persons who died before the sampling date are ineligible; persons who died after the sampling date but before recruitment are part of the population of inference and will be considered eligible nonrespondents)

As stated in section 2.1, the population of inference for MMP is all HIV-diagnosed persons aged ≥ 18 years living in the United States on the sampling date. Persons who are found to not meet these criteria at enrollment are classified as ineligible. We use the most recently recorded address in NHSS as a proxy for actual country of residence on the sampling date. Persons who were thought to reside in the US on the sampling date but who actually resided outside the United States on the sampling date are not eligible.

The most recently recorded address in NHSS is also used to allocate persons to MMP project areas to facilitate operations. However, as long as the person fulfills the inclusion criteria stated above, the person continues to be eligible regardless of whether their project area assignment was correct. Allowing persons with incorrect project area assignment based on NHSS to participate in MMP will maximize the likelihood that all HIV-diagnosed persons in the United States have a chance of being selected for participation in MMP. Otherwise, MMP

would systematically be excluding all HIV-diagnosed persons with incorrect project area information from the population of inference.

In order to define a sampling frame of current project area residents using data in eHARS, it is critical that the best available address information be included in eHARS. In particular, CD4 and viral load reports, which often include patient address information, will be useful for ascertaining current residence. As was required of all case surveillance jurisdictions in the NHSS funding opportunity announcement that took effect in January, 2013, MMP project areas must develop and implement plans to include all available CD4 and viral load data in eHARS.

Persons who have participated in MMP in a prior data collection cycle will still be eligible to participate. The interview will be offered both English and Spanish in all project areas. Interviews may be conducted in languages other than English or Spanish if a qualified interpreter is available. Persons who speak neither English nor Spanish for whom project areas are unable to obtain a qualified interpreter and all persons who are unable to provide informed consent will not be interviewed but will still be considered part of the population of inference and will therefore be considered eligible for response rate calculation purposes.

2.4 Sampling Methods

MMP uses a two-stage sampling design resulting in annual cross-sectional probability samples of HIV-diagnosed adults living in the US.

2.4a First-Stage Sampling

For the first stage of sampling, geographically stratified random sampling was used in which selection probabilities were proportional to a known measure of size. Because the goal of MMP is to obtain a series of national probability samples of HIV diagnosed adults in the United States, all 50 states plus the District of Columbia and Puerto Rico were eligible for selection. Although six cities (Chicago, Houston, Los Angeles, New York City, Philadelphia, and San Francisco) were qualified to receive separate funding for MMP, these separately funded cities were included with their respective states for the purposes of first-stage sampling. Therefore, the first-stage sampling frame consisted of 52 PSUs: the 50 states plus the District of Columbia and Puerto Rico.

First-stage sampling for MMP was conducted in early 2004. During this stage of selection, systematic PPS sampling was used in which the measure of size for each PSU was the estimated total number of persons living with AIDS, as reported to the national HIV/AIDS Reporting System (HARS) at the end of 2002. Although the target population for MMP is all persons diagnosed with HIV in the US, at that time HIV non-AIDS diagnoses were not reportable in all states, so the estimated number of persons living with AIDS was used for sampling, as it was the best available proxy. Using an indirect measure of size at any given sampling stage does not affect the validity of the statistical estimates derived from the overall sample.

On the basis of available funding, 20 PSUs were selected during the first stage of sampling. All 20 state and 6 local (for the separately funded jurisdictions within the states) health departments in areas selected for the first stage sample agreed to participate in MMP, resulting in 26 project areas. Because the first stage of MMP sampling was conducted using probabilities proportional to the measure of the number of persons living with AIDS associated with each PSU, it is estimated that this first-stage sample included more than 80% of the persons living with AIDS in the US during 2002. See Appendix A for more information regarding first stage selection.

Due to budget restrictions for the 2009–2014 data collection cycles, Massachusetts, South Carolina, and Maryland were dropped from the MMP project area sample through a random selection process. The 23 remaining project areas include over 70% of all persons living with HIV in the United States during 2011. Funding availability will determine the number of project areas funded for the 2015-2017 data collection cycles.

2.4b Second-Stage Sampling

Within each project area, adults diagnosed with HIV and reported to the project area and CDC NHSS as of the sampling date will be sampled. Persons whose death preceded the sampling date and persons not residing in the jurisdiction (according to the recorded address in eHARS that is closest to the sampling date) will be excluded from each project area sampling frame. Random samples will be selected from each project area sampling frame.

Project Area Person Sample Sizes

A combined total of 10,900 persons per year will be sampled from the project area sampling frames (see Appendix B). To determine a minimum sample size, the expected precision of estimates derived from the entire sample and from subpopulations were considered for different sample size options. A sample size of 400 persons per state or 10,900 persons overall would have both acceptable precision and feasibility.

In calculating the precision of estimates from project area samples of 400 persons and a total combined sample of 10,900, the impact of weighted data analysis on precision was taken into account. Weighted analysis is necessary because the use of two-stage sampling and adjustment for non-response bias cause unequal selection probabilities. Both unequal selection probabilities across project areas and correlation of observations within project areas produce variance estimates that are larger than they would be for a simple random sample of the same size. This variance inflation is called design effect. A design effect of 2 is used in the calculations because this level of design effect is commonly encountered in national surveys.

The following table shows the expected precision of an estimate from these data, e.g., the proportion of persons who identified insufficient financial resources as a barrier to receiving care. The confidence interval (CI) half-widths in the table are what would be expected for estimates based on sample sizes of 400 and 10,900 for project area and aggregated estimates, respectively.

The table shows the level of precision to be expected not only for estimates for the entire population (column 2), but also for subpopulations that comprise 50%, 33%, and 10% of the total population (column 3, 4, and 5 respectively).

N	CI half-width total	CI half-width subpopn = 50%	CI half-width subpopn = 33%	CI half-width subpopn = 10%
400	6.93%	9.81%	12.09%	22.06%
10,900	1.33%	1.89%	2.31%	4.20 %

As stated above, the sampling frame will be restricted to persons with presumed residence in the project area on the sampling date, according to NHSS records. During the formative research, 39% of persons sampled from NHSS could not be located or did not respond to project area attempts to contact them, which reduced the yield of analyzable data. To counteract the expected loss from nonresponse, a supplementary sample no larger than the original sample will be drawn, without replacement, at the same time as the original sample, using the same systemic random sampling scheme. The original sample will be supplemented as necessary, by no more than the number of persons who do not respond to contact attempts.

Locating and Contacting Sampled Persons

The authority of public health disease reporting systems to collect and use data on individual health relies on public trust that the information will not be used in a way that threatens the dignity or well-being of those individuals[19, 20]. Given the history of discrimination against HIV-positive persons in the US, HIV surveillance systems bear an even greater responsibility of safeguarding the confidentiality of their participants than other disease surveillance systems. MMP staff should be aware that the sharing of information between HIV case surveillance, MMP, and other partners who assist in locating or contacting sampled persons may raise concerns for sampled persons about protection of their confidentiality. Both HIV-positive persons and HIV providers tend to support electronic data sharing when it is clear that sharing is ultimately intended to benefit HIV-positive persons themselves, as it is in this case[21]. Therefore, MMP staff should be clear about the intended uses of the data when obtaining informed consent, and sensitive to the sampled persons' concerns about confidentiality.

It is also critical that MMP staff make initial contact with sampled persons in a way that safeguards the confidentiality of the sampled person's HIV status, and raises no concerns that surveillance data are being mishandled. MMP staff should anticipate the possibility that persons initially believed to be the sampled person may have been misidentified. MMP staff must respect the right of the sampled person to decline participation in the project.

Locating Sampled Persons. Project areas are expected to comply with local rules and regulations concerning permissible procedures for locating and contacting sampled persons. The most recent contact information should be used as a starting point. In some cases this information may be up to date in eHARS, but in many instances, project areas will need to

consult other sources of information. The following is a list of resources that may be useful for obtaining recent contact information for the sampled persons:

- Health provider at the time of HIV or AIDS diagnosis identified through eHARS
- Current HIV care provider identified through eHARS
- Contact information associated with laboratory data in eHARS or local surveillance databases
- Ryan White database (CareWare)
- ADAP list
- Pharmacy records
- Medicare database
- Medicaid database
- Integrated disease surveillance database
- Partner services database
- Prison or jail database
- Lexis-Nexis
- Department of Motor Vehicles (DMV) records
- Phone Directory
- Reverse Phone Directory, i.e., directory that uses phone numbers to identify addresses associated with the phone number entered

Additional resources may be available locally. Project areas will need to determine which of these sources staff will be permitted to use, and if permitted, how feasible it will be to use them. MMP staff should follow their agency guidelines for the use of these resources.

Contacting Sampled Persons. The order in which sampled persons are contacted may be influenced by logistical considerations. Local operating procedures should be used to establish and document a systematic ordering of contact attempts. In addition, project areas should document the method for recruiting certain subgroups, e.g. those with no evidence of having received HIV care or the homeless. Such documentation will aid in the interpretation of variations in response rate by subgroup.

There are two ways in which MMP staff may contact sampled persons:

1. Direct contact: MMP staff attempt to contact and recruit sampled persons
2. Indirect contact through HIV care facilities

For direct contact, sampled persons will be initially contacted using letters or E-mail and telephone-contact scripts developed using CDC templates (see Appendices C.1-C.4). Messaging features available on social media and dating websites (e.g., Facebook, Grindr) **should not be used** for contacting sampled persons.

As an adjunct to direct contact by MMP staff, staff from the sampled person's HIV care facility may introduce the project to the sampled person to maximize the likelihood of participation. HIV care facility staff may be used to encourage sampled persons to initiate contact with MMP

staff to the extent allowed by local regulations and/or IRBs. HIV care facility staff should be given contact scripts based on CDC templates for these purposes (see Appendix C.3).

When an individual who is eligible for MMP is first contacted, the staff member should:

1. Identify him or herself and his or her association with the project area health department
2. Establish the identity of the person contacted using at least two identifiers, e.g. full name and date of birth
3. Engage the person in a private conversation
4. Convey the reason for the conversation
5. Establish rapport
6. Request informed consent
7. If consent is obtained, arrange an interview time or conduct the interview immediately according to the sampled person's preference
8. If applicable, following the interview, provide referrals for linkage to or re-engagement in care and other needed services

In addition, project areas must develop and implement procedures to identify whether persons who were not previously aware of their HIV status have been inadvertently contacted and to manage the situation appropriately. Project areas may wish to consider different recruitment approaches for those for whom reported CD4 and viral load tests or other information indicates they may have received HIV care, and those for whom no confirmation of care status exists. In the latter case, project areas should directly ascertain whether or not the sampled person was previously aware of his or her HIV status. These and other recruitment issues are discussed in greater detail in Appendix C.2.

Persons known to be unaware of their HIV status should not be recruited for the MMP interview until they have been notified through customary channels. In practice, documentation that a person is unaware of his or her HIV status in eHARS is rare, and health departments should actively follow up with those persons to inform them. Practices of documenting in eHARS whether an HIV-diagnosed person has or has not been informed about their HIV status vary by health department. When possible, project areas should consult supplementary sources of information about whether the sampled person has been informed of his/her HIV status, e.g. information collected by partner services staff. However, it is possible that MMP staff may inadvertently contact sampled persons who are unaware of their status. Such instances are opportunities to assist sampled persons by letting them know their HIV diagnosis and by facilitating their entry into HIV care. However, these interactions must be approached with sensitivity because of the emotional impact of learning of one's HIV diagnosis.

If the contacted person was previously unaware of his/her HIV status, MMP staff must be prepared to immediately perform the following:

1. Directly provide post-test counseling or assist the person in obtaining those services, e.g. assistance with transportation and offering to have the person accompanied to the post-test counseling location and
2. Refer the contacted person for or directly provide help coping with the emotional consequences of learning his/her HIV status, if needed.

Persons notified of their HIV status through MMP should not be recruited as MMP participants at that time. If circumstances allow, MMP staff may provide contact information so that the person can contact MMP staff if he/she wants to participate at a later date. MMP staff should report to their CDC project officer the fact that staff contacted a person unaware of his/her HIV status and consider whether the event meets the criteria for adverse event reporting (discussed in section 5.4 below).

If through the process of conducting MMP more current address information is obtained, project areas should add this information to eHARS.

Jurisdictional issues. Sampled persons may be recruited for participation in MMP wherever they currently reside, conditional on local law and policy, and in a manner specified by a written, project-specific agreement with the HIV surveillance unit at the health department in the jurisdiction of current residence (see **Appendix** D). Formative research for case-surveillance based sampling for MMP found that at the time of recruitment; approximately 20% of persons sampled from NHSS were residing outside the project area where they were believed to be living at the time of sampling. Allowing MMP staff in the project area where a sampled person was presumed to be living, according to NHSS, to recruit the person from another MMP project area or non-participating area to which he/she has moved—if there are no local legal or policy barriers that prevent this activity—is expected to increase response rates. The HIV subcommittee of the Council of State and Territorial Epidemiologists (CSTE), working with CDC staff and HIV surveillance coordinators, has coordinated the development of a template for inter-agency agreements regarding cross-jurisdictional recruitment for MMP. The agreements will specify whether and how cross-jurisdictional recruitment of persons sampled for MMP will be done.

Linkage to Care and Re-Engagement. In the course of MMP, project area staff may identify people who have never been linked to HIV care as well as people who have previously received HIV care but have not been retained in care. Local protocols must be developed to link or re-engage these people.

Project areas will develop written linkage/re-engagement protocols that specify how persons in need of these services will be linked to/re-engaged in care. In some cases it will be most appropriate and/or feasible for MMP staff to address these issues directly, and in others MMP staff may collaborate with partners inside or outside the health department to offer engagement in care services. In either case, written procedures must be established to ensure that the required linkage and re-engagement activities take place.

Project areas must develop active referral protocols that include one or more of the following (or partner with service providers that provide the services below):

- Educating persons about the importance of regular care to treat symptoms, maintain health, and prevent HIV transmission, even if they are feeling well.
- Assessing readiness to enter care and barriers to entering care.
- Motivating the client to overcome barriers to care.
- On behalf of the unlinked person, investigating ways to pay for HIV medical care
- Making the first HIV medical care appointment with the person and transporting or accompanying the client to the appointment, whenever feasible.

Similarly, project areas must develop re-engagement protocols that include one or more of the following (or partner with service providers that provide the services below):

- Educating persons about the importance of regular care to treat symptoms, maintain health, and prevent HIV transmission, even if they are feeling well.
- Assessing barriers to care and motivate the client to overcome barriers.
- Assessing the need for ancillary and supportive services.
- Offering care navigation.
- Making the first appointment for HIV medical care appointment with the client and transporting or accompanying the client to the appointment, whenever feasible.

2.5 Data Collection

All project areas will conduct interviews of sampled persons who consent and will perform medical record abstractions for sampled persons with a completed interview who have received HIV care. Participants are free to withdraw consent to participate in the project at any time, but are not given the option to participate in only one part of the project (e.g., interview but not medical record abstraction). MDS data on all sampled persons from NHSS will be extracted using a computer program run by project staff in each project area and/or at CDC.

2.5a Personal Interview

The MMP interview is a structured interview administered face-to-face or via telephone to sampled persons who consent. Interviews may be conducted via videoconference subject to the project area's CDC project officer's approval. Interviews should not be audio- or videotaped. Interviews for a given data collection cycle should begin as soon as the project area receives their patient sample, and should be completed by the date established by CDC. All interview data should be sent to the DCC according to DCC submission schedules. Sampled persons should only be interviewed once each cycle.

Interview Instruments/Applications

The MMP interview takes approximately 45 minutes to complete and is available in English (Appendix E.1) and in Spanish (Appendix E.2). The 2015–2017 questionnaire consists of 23

modules to be administered in all project areas: Preliminary Information; Eligibility Criteria; Basic Demographics; Disability; Financial; HIV Testing Experiences; Never In Care; HIV Care; HIV Treatment and Adherence; General Medical Care; Health Literacy; Depression and Anxiety; Sexual Behavior; Prevention Activities; Intimate Partner Violence; Alcohol, Smoking, and Drug Use; Acquisition Risk Behaviors; Met and Unmet Needs; Stigma and Discrimination; Gynecological and Reproductive History; Foreign-born and Immigration Status; Health Conditions and Preventive Therapy; and Interview Completion.

It is always preferable that the interview be completed during a single encounter. However, follow-up time may be scheduled to complete an interview if it cannot be completed during a single encounter. In the latter instance, the interviewer should attempt to complete the interview as soon as possible after the encounter in which the interview is initiated.

Electronic versions of the questionnaires will be provided by CDC for administration by means of a computer-assisted personal interview (CAPI) via a laptop computer, tablet, or other device that meets project specification requirements. The CAPI interview applications were developed using Questionnaire Development System (QDS) software (NOVA Research Company, Bethesda, Maryland). PDF versions of the questionnaires will also be provided so project areas may print paper copies for administration of the interview in the event that a device malfunctions and the QDS application cannot be administered.

Local Questions

Project areas may choose to develop questions for local use. These questions are not part of CDC's MMP. However, because the addition of local questions can have an impact on MMP, CDC requires the following:

- If local questions pertain to subject matters that are sensitive or have potential legal implications (e.g. child or sexual abuse, or suicide), the project area must ensure that interviewers are properly trained to deal with adverse events, comply with all local laws, and are knowledgeable about and able to offer appropriate referrals.
- The administration time for local questions must not exceed 10 minutes.
- Local questions must be administered after all other interview questions are completed, at the conclusion of the MMP interview. Interviewers must indicate that the CDC portion of the interview has ended and the local questions were developed by the state or local health department.
- A courtesy copy of all local questions in use by a project area must be provided to the CDC Project Officer.
- Local questions and data from local questions that are presented at scientific meetings, shared with colleagues for scientific input, used for publication in abstracts or journals, or disseminated in any other format should include a disclaimer indicating that such questions were developed by the respective state/local health department and are not part of CDC's MMP.

- Obtaining approval for the use of local questions (e.g. IRB approval or any other type of required approval, as applicable) is the sole responsibility of the project area.

Interviewees

Informed Consent. All interview respondents must provide informed consent prior to interview participation, in compliance with all state and local, and when necessary, area-specific IRB guidance. See section 5.5 "Informed Content" below for more information.

Special Populations. Non-English, non-Spanish speaking persons requiring an interpreter should be administered the questionnaire through the interpreter (see section below entitled "**Interviews using an interpreter**"). Project areas should follow their state or local IRB guidance regarding any consent forms or confidentiality agreements necessary for circumstances in which translation is required.

Persons who are ill, but willing to consent and attempt to do the interview are eligible for MMP.

When interviewing a patient with hearing impairment, a sign language interpreter may be required. These instances should be treated as all other interpreted interviews (see below). Administration of the MMP interview does not pose any special risk to pregnant women. There is no reliable method of excluding incarcerated persons from a sampling frame that is based on cases reported to HIV surveillance. The feasibility of interviewing and conducting medical record abstractions for incarcerated persons will be determined by the project areas according to local regulations and requirements.

As is true for all MMP participants, persons who face challenges in completing the entire MMP interview should be allowed to discontinue participation at any time during the interview. Person who discontinue the interview should receive a token of appreciation and their interview file should be submitted to the DCC.

Interviews Using an Interpreter

Interviews should be offered via interpreters to all non-English, non-Spanish speaking sampled persons. Health department standards and state or local IRB requirements for interpreters will apply. At a minimum, the interpreter must meet all project area security and confidentiality requirements..

All project areas should create standards for interpreted interviews and adhere to them throughout the data collection cycle. Reference material may be found at the Office of Civil Rights, Title VI. Additional information about Title VI and Limited English Proficiency or LEP guidance may be found on the Department of Health and Human Services website at http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/.

Project areas should anticipate what non-English, non-Spanish languages they are likely to encounter, and what resources and arrangements they may need to make to secure an effective interpreter. The country of birth may be available for sampled persons in the project area's local NHSS data and may help these areas anticipate interpretation needs.

Below are some general guidelines for identifying appropriate interpreters:

- The interpreter needs to be proficient in both English and the other language.
- The interpreter should be culturally competent and demonstrate that he or she is capable of accurately conveying information in both languages, including information on sensitive subjects such as sexual behaviors and drug use.
- The interpreter should be provided orientation and training that includes interpretation/interviewing skills, ethical considerations, and confidentiality considerations.
- Family members or friends of the patient should not be used as interpreters for MMP.

If substantial numbers of non-English, non-Spanish speaking participants are anticipated, project areas may want to prepare written translations of the questionnaire and/or conduct training to ensure consistent interpretation.

Interview Locations

Interviews may be conducted in a variety of settings, including medical facilities; in the patient's home; in a hospital; over the telephone; and at other, mutually agreed-upon locations where security and confidentiality can be guaranteed. Interviews may be conducted via videoconference subject to the project area's CDC project officer's approval. Interviews should be conducted in private. For example, partners, friends, family members, etc. should not be present during the interview. If the interview location is not private, then the interview should be moved to a secure location or rescheduled.

Concluding the Interview

At the end of the interview, participants will receive prevention materials and referrals to local prevention and care services; they will also be given the opportunity to ask the MMP staff questions about prevention methods.

Tokens of Appreciation

After conclusion of the interview, participants will receive a token of appreciation. Participants will be given approximately $25 either in cash or a cash equivalent, in appreciation for their participation in the interview regardless of whether the interview was completed. All participants within a project area will be given the same amount, but the exact amount may differ between project areas according to local standards and cost of living. If local regulations

prohibit cash tokens of appreciation, an equivalent amount may be offered in the form of personal gifts, gift certificates, or bus or subway tokens.

Interviewer Training

CDC will provide participating state and local health departments with a manual containing detailed instructions on conducting MMP interviews. CDC will convene meetings in which lessons learned throughout the interview process are discussed by staff from all project areas. In addition, training will be provided on methods to locate and recruit sampled persons. Interviewer training at the state and local health departments is required prior to data collection. Suggested topics for the interviewer training are as follows: protocol changes, security and confidentiality, comportment, recruitment procedures, consent process, locally-specific terminology, referrals and prevention messages, adverse events, interviewer evaluation, and interviewer practice. Interviewers should conduct practice interviews to prepare for each data collection cycle. Experienced MMP interviewers should complete a minimum of three full practice interviews using mock data with mock respondents before conducting an MMP interview and new interviewers should complete a minimum of 4 practice interviews and obtain supervisory approval before conducting an MMP interview. Potential mock respondents are local health department staff, Community Advisory Board Members, or CDC staff. Mock respondents should be instructed to not provide real data. In addition, ongoing interviewer training should occur throughout the data collection period. Mid-cycle trainings should be based on monitoring and evaluation findings from field observations and data review.

Interview Quality Control and Assurance

Automated edit checks will be built into the QDS software applications used to conduct MMP interviews in order to ensure high quality data are collected. For additional quality assurance purposes, a minimum of 5% of interviews will be observed by the project coordinator or other supervisory staff to ensure data quality and completeness. Periodic review of interviews also will ensure that all interviewers use the same techniques in administering the questionnaire.

Cross-jurisdictional Interviews

Because NHSS data may not always contain updated contact information, the MMP sample is likely to include a substantial number of persons who have moved out of the jurisdiction where they are presumed to be living when they were sampled. Formative research conducted through the Case Surveillance Based Sampling (CSBS) pilot project found that approximately 20% of sampled persons with known eligibility did not reside in the project area of sampling at the time of recruitment. Recruitment of eligible persons who have relocated outside of the project area is necessary to ensure that the MMP sample represents the population of all HIV-diagnosed persons in the United States.

Cross-jurisdictional recruitment of persons sampled for MMP who have moved out of the project area where they were presumed to be residing when sampled will proceed if permitted by local laws and policies, according to inter-jurisdictional agreements. These agreements will specify one of 4 options selected by the jurisdiction of current residence of the sampled person: 1) recruitment by the project area from which the sampled person was selected, with no notification of the health department in the jurisdiction to which the person has relocated; 2) recruitment with notification to the health department in the jurisdiction where the person currently resides after contact with the sampled person; 3) recruitment with notification to the health department in the jurisdiction where the person currently resides before contact with the sampled person; and 4) cross-jurisdictional MMP recruitment activities are not permitted (see Appendix D for a copy of the agreement form).

2.5b Medical Record Abstraction (MRA)

Eligibility and Determination of Medical Record Abstraction Site

If the sampled person has never received outpatient HIV care then no medical record abstraction will be conducted. If the sampled person is currently receiving HIV care or has previously received HIV care, medical record abstractions will be conducted from the sampled person's most recent usual place of HIV care, defined as the place he or she went for the most outpatient HIV medical care visits in the year prior to the last care visit.

Sampled persons who consent to be interviewed in MMP will be interviewed first, and their medical records will be abstracted after the interview is completed. This is necessary because the surveillance period used for MRA is defined as the 2 year period prior to the date of interview. Even if the project area has authority to conduct MRA without the sampled person's consent, interviewed persons who refuse to have their medical records abstracted and thus withdraw their informed consent to participate in MMP will have no medical record abstractions performed.

Jurisdictional Issues

If a person who has been interviewed received most of their HIV care outside of the jurisdication of sampling, various strategies may be used to conduct the medical record abstraction. If the HIV care facility is in an area that is conducting MMP, the project area of sampling may contact the project area where care was received to determine whether a medical record abstraction can be conducted by the project area of sampling's MMP staff. If MMP staff in the project area where care was received conducts the medical record abstraction, they must adhere to the protocol and IRB requirements of the project area of sampling. Alternately, the medical record abstraction can also be conducted by the project area of sampling after receiving a written medical record release from the participant allowing their medical record to be mailed or securely faxed to the project area of sampling.

If the person who has been interviewed receives most of their HIV care in a jurisdiction that is not conducting MMP, medical records may be abstracted after receiving a written medical

record release from the person allowing their medical record to be mailed or securely faxed to the project area of sampling. Jurisdictions not conducting MMP should not conduct medical record abstractions for MMP.

Conducting Medical Record Abstraction

Trained staff will abstract clinical data from medical charts using the web-based electronic medical record abstraction application developed by CDC and its contractor (see Appendix F). MMP will capture clinical data documented in the medical record from the HIV care facility the participant identified as their most often visited recent usual source of care. Information abstracted will reflect the patient's clinical care. The information will be primarily related to the diagnosis of opportunistic illnesses and other HIV-related conditions, non-HIV associated comorbid conditions, provision of preventive care, prescription of antiretroviral and other medications, laboratory results, and health services utilization.

Information will be collected on one electronic form with multiple sections as follows: demographics, healthcare encounters (outpatient and inpatient), diagnoses, medications, procedures, prophylaxis, pregnancy, laboratory and screening, and resistance testing.

Medical records may be obtained through one or more of the following methods:

- Mail or secure fax from the HIV care facility
- Physically visiting the HIV care facility
- Secure remote access by internet if available

Medical record abstraction form data received by CDC will be identified only through the use of the Participant ID.

Guidelines for Secure Use of Facsimile Machines

Facsimile or fax machines have the advantage of facilitating rapid transmission of information in a manner that is familiar to healthcare providers and is routinely utilized in many healthcare settings. However, use of this method opens the possibility of communications being misdirected or intercepted. In order to minimize the risk of breaches of confidentiality, project areas should follow the guidelines described in CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf).

Medical Record Abstraction Training

CDC, in conjunction with its contractors, will provide training sessions on conducting MMP medical record abstractions using the web-based data collection application. Detailed written instructions and guidance is provided in an abstraction manual given to abstractors by CDC.

CDC will convene monthly conference calls in which lessons learned throughout the abstraction process are discussed by staff from all project areas.

Medical Record Abstraction Quality Control and Assurance

MMP medical record abstraction data must be checked for completeness and accuracy by project area supervisory staff. For quality assurance purposes, a minimum of 5% of medical records must be re-abstracted each cycle by a second, independent reviewer. Re-abstraction records will be entered in the web-based data collection application and comparison of the abstracted records will be done using a re-abstraction report produced within the application.

2.5c Minimum Dataset (MDS)

In order to provide basic descriptive information regarding the population of inference, a set of variables is exported from NHSS on every patient who was selected to participate in MMP. The resulting dataset is called the minimum dataset (MDS). Along with interview and MRA data, MDS data become a part of the final MMP datasets. This information will be used to assess potential non-participation bias for the data collected through interview and medical record abstraction. In addition, CDC will use stateno to link to the NHSS database to supplement incomplete MDS data and prospectively monitor MMP respondents' care utilization and treatment.

Although all MDS variables come from NHSS, variables may come from different times and stages in NHSS processing as data move from local jurisdictions to CDC and are merged and deduplicated. For most MDS variables the NHSS dataset is preferred because it takes into account case reports from all US jurisdictions. These variables are preferably drawn one year after the sampling date as the "delayed MDS" addresses reporting delay and allows for more complete data. In rare circumstances a sampled person drawn from the NHSS dataset prepared on the sampling date, may no longer be present in the NHSS dataset prepared one year later. This can happen due to deduplication of cases. In these instances, project area and CDC staff should make every effort to trace back which cases were combined so that the appropriate data may be pulled into the delayed MDS. If the sampled person cannot be identified in the delayed NHSS dataset, then MDS variables may be incorporated from the NHSS dataset that was used to draw the original sample.

For three variables that capture the recency of contact information, the local eHARS dataset is preferred, because these data describe what information is immediately available to the project area to contact the sampled person. The minimum datset will contain the same fields as the surveillance case report form, including HARS/eHARS ID number, and therefore these data can be collected in all project areas under their HIV surveillance authority. The data fields in the minimum dataset are provided in Appendix G.

Reporting Delay Assessment

In order to calculate estimates that are representative of all HIV diagnosed persons, estimates of the probability that diagnosed persons would be reported to surveillance and enter the sampling frame must be made. This will be accomplished through a comparison of eligible persons in NHSS at the time of the sample draw and those in NHSS approximately 1 year later, allowing models to be developed to predict reporting delay.

3. Data Management and Analysis

Five types of data will be collected for MMP: tracking data, contact data, interview data, abstraction data, and information on all sampled persons for the minimum dataset. The tracking data consist of project operational information collected in order to recruit persons for participation in MMP, and will be used to inform project staff regarding progress of data collection and provide dispositions to CDC to create statistical weights for data analysis. Contact data consist of data involving how and when project areas contact sampled persons, as well as the outcome and responses to these contact attempts. These data will be used to monitor the burden of locating sampled persons on project area staff and to determine best practices for locating and recruiting sampled persons. Interview, abstraction, and MDS data are described in prior sections. The tracking, interview, abstraction, and minimum dataset data will be used by the contractor to create analytic data files, which will be used by CDC and the project areas to describe the populations of HIV-infected persons and address project-related questions.

CDC contracts with DCC to implement a data management system (DMS) to provide MMP project areas with a secure web based data portal system through which project areas can submit data to CDC, revise submitted data sets, and receive final data from CDC. The DCC server is a secure environment that meets all of CDC's security and confidentiality guidelines and specifications. The system also allows the project areas and CDC staff to track critical respondent and MRA activities. The DCC data portal is equipped with an access control system that supports different levels of access so that the project areas can see only their own data, and unauthorized use can be prevented. The three main features of the DMS are the data portal, the tracking component, and the reporting component. The major functions of each of these features are:

1) The data portal enables data to be uploaded and downloaded, and provides project areas with a secure web-based mechanism through which they can submit interview data and data changes. MRA data will initially be submitted to the data portal by the MRA web-based data collection application contractor after preliminary data cleaning and reconciliation are performed. Project areas will either submit data changes directly into web-based application or use the data portal to submit changes to MRA data as needed.

2) The tracking component allows project areas and CDC to track the status of data submissions, provide transfer of data error reports between the DCC and project areas,

and enable project areas and CDC to download the most recent data sets. In addition, the data portal provides access to the respondent tracking component. The respondent tracking component of the data management system assists project areas in managing contacts with sampled participants, interview assignments, respondent dispositions, and MRA assignments.

3) Finally, the reporting component provides the project areas and CDC with management-level reports that include information on data collection status at each project area such as number of completed interviews and MRAs, number of refusals, number lost to follow-up, and number ineligible for participation. Reports will be available by project area and in aggregate.

3.1 Data Management

3.1a Tracking Data

Various elements of tracking information will be collected during the following phases of MMP: project area sampling, patient sampling, patient recruitment, interview, medical record abstraction, and acquiring the MDS.

Tracking data are collected and stored by each project area using a system via the DCC data portal, as described above. The data tracking component of the DCC data portal is accessed only by a limited number of users at each project area and at CDC, using a secure digital identification system. A limited number of users at CDC can view but not alter these tracking data. Information that identifies persons, such as name or patient medical record number, is not available to CDC or CDC's contractors. The DCC contractor is responsible for providing any technical assistance to project areas on how to use the tracking system.

3.1b Contact Data

Project areas will collect and store data documenting all attempts to contact sampled persons. CDC will provide a database to be used to collect and store these data; project areas may create analogous databases at their discretion to be used in lieu of this database, but all required data elements must be collected (see Appendix H). Project areas may use this database to collect personally identifying information (e.g. telephone numbers or addresses) collected as they locate sampled persons. CDC will not have access to this personally identifying information.

The contact attempt tracking database must be stored on electronically and physically secure data drives at the project area, and will be accessed by a limited number of users at each project area. Project areas will be responsible for maintaining and securing this database. Project areas will transmit a report from this database containing non-identifying information on an as-needed basis to CDC via CDC's Secure Access Mangement System (SAMS). SAMS allows field staff and public health partners to securely exchange data with CDC that are considered sensitive or critical in nature. Project areas should destroy identifying information

from the contact attempt tracking database no later than 24 months after the end of each MMP data collection cycle.

3.1c Personal Interview Data

Interview data will be collected with CAPI, using an interview application which has been developed by CDC using the QDS software. In rare instances, interview data may be collected using paper forms, such as in the event of device failure. In these cases, the data will be entered using a laptop computer as soon as is feasible and the paper forms will be destroyed no later than 12 months after the end of the data collection cycle.

Interview data will be stored in, and uploaded from, the electronic devices as two data files: the questionnaire (including completion module) and local questions (if applicable). Upload procedures have been demonstrated via CD and described in written documentation, which have been provided to each project area. Multiple interview records may be contained in each data file. The data files will correspond to two types of information which are collected and stored during the interview: core data (all questionnaire modules except the local questions) and the local question data. The local question data files will be kept only at the project area for local use – this local question data file will <u>not</u> be sent to CDC or the DCC.

The file names of the interview data files will be automatically generated by the QDS software, and will include the project area abbreviation, the data collection cycle, type of data, and the date and time the data file was created. In order to uniquely identify each file, each file name also will include the identification number of the electronic device with which the data were collected as specified below.

The project area abbreviations for state and local project areas are provided in Appendix I. The device code is a three digit code unique to the device (such as 073) used to collect the data. The date part of the file name will be the eight digit date when the file was created (e.g., 02152013 for February 15, 2013), and the time part will be the hour, minute and second the file was created (e.g., 172347 for 5:23:47 pm).

The uploaded data files will be saved onto a secure network computer drive, which will serve as the physical storage location of all interview and abstraction data files for the project area. The file folder structure used on this drive will be based on guidelines provided by CDC. Interview data will be uploaded from the electronic devices on a daily basis, or as soon as is feasible for staff who must travel long distances to collect the data. Once these data are uploaded to the project area's secure server, the data files should be immediately deleted from the devices.

In instances where the project area is using contract or regional surveillance staff to collect MMP data in certain locations, the project area will ensure that a secure data system with data encryption software is available at the contract or regional site. Interview data collected by

contract or regional staff will be encrypted and transmitted to the central project area location on a periodic basis, using protocols to verify record-specific transmission and receipt. These data then will be stored on a secure drive as described above.

Once the data are transferred to the secure drive, project area staff will perform or review quality assessment reviews of each data record, including checks for duplicate records, incomplete records, and inappropriate data values, using software applications and/or programs supplied by CDC. The applications will allow staff to review each record visually and export the data to an external file that can be accessed using standard data management and analysis software such as MS Access and SAS. Any data revisions identified will be documented and transmitted to the DCC via the DCC data portal.

Copies of recently uploaded interview data files will be sent to the DCC data portal on a periodic basis via a secure network using encryption software that has been provided to project areas (or using other approved encryption software). No facility or patient identifiers, other than MMP-specific IDs, will be transmitted to CDC or the DCC, and no data from local questions will be sent to CDC or the DCC.

Once the data files are received by the DCC, additional quality assessment programs will be implemented that will compare tracking and interview information and produce reports specifying any discrepancies found. These reports will be provided to the project area, and after project area review, any corrections to be made to the data will be entered on the interview data change list. The updated cumulative change lists will be entered in the DCC data portal and documented, and the updates will be made to the data. The change lists may also be used by the project area to update the interim interview data files maintained locally. For information on the standard naming conventions for interview data, please refer to the Medical Monitoring Project Data Management Manual.

3.1d Medical Record Abstraction (MRA) Data

Access to medical records may be secured by a number of methods including direct review of the patient's physical or electronic chart, whether in-person or remotely, or by obtaining a copy of the medical record, whether by physically visiting the HIV facility, by mail, or by fax. Copies of medical records may be provided in paper or electronic form such as CD, DVD, or flash media. Whenever possible, electronic media should be encrypted and/or secured by biometric security devices such as a fingerprint reader. When obtaining medical records by mail, project areas must develop systems to ensure that only project area staff may open and read these records. When receiving faxed medical records, project area staff should adhere to CDC guidelines on use of fax for surveillance data (http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf) including developing systems to ensure that only project area staff may receive and read the faxes. Paper and electronic copies of medical records will be destroyed as soon as they are no longer needed and no later than 12 months after the end of the data collection cycle.

Medical record abstraction (MRA) data will be collected on a web-based electronic application, using desktop, tablet or laptop computers. In certain instances such as device failure or lack of internet connectivity, data may be collected using a paper form. In these cases, the data will be entered into the web-based application as soon as is feasible and the paper forms will be destroyed no later than 12 months after the end of the data collection cycle. Data entered into the web-based application, will be automatically stored on the contractor's server each time the data are saved. The server is a secure environment which meets all of CDC's security and confidentiality guidelines and specifications.

MRA data from the web-based application will first be processed by the contractor for preliminary data cleaning and error checks. The contractor will upload all MRA data to the DCC data portal via the secure network using approved encryption software. Once at the DCC, the data will be decrypted, cleaned, and processed according to CDC guidelines. The processed data will be provided to CDC and to the project areas in a timely manner following the close of data collection.

The contractor will upload clean and processed datasets to the DCC portal on a monthly and quarterly basis. Once medical record abstractions are completed, project area staff will perform quality assessment reviews of each data record, including checks for duplicate records, incomplete records, and inappropriate data values. Through its web-based application, the contractor provides up-front tools, including validations and reflexive logic, which will allow project areas to identify many errors prior to final data entry and submission. The application generates a log for the contractor that automatically stores all changes made to the data. In addition to up-front checks, the contractor will perform monthly quality assessments on abstracted data to identify additional data errors and inconsistencies. Data-related changes that are made as a result of these quality assessments will be incorporated into the clean datasets that will be uploaded to the DCC portal on a monthly/quarterly basis. No facility or patient identifiers, other than MMP-specific IDs, will be transmitted to the contractor, CDC or the DCC.

Once the data files are received by DCC, additional quality assessment checks will be implemented that will link MRA data with patient interview data and compare overlapping data elements. DCC will produce error reports specifying any discrepancies found. These reports will be provided to the project areas on a monthly basis, and project areas will be required to address each discrepancy by making changes to MRA data in the web-based application, the interview error log, or the DCC tracking system as applicable. Each subsequent error report will reflect the changes made to the data based on the previous report. For information on the standard naming conventions for MRA data, please refer to the Medical Monitoring Project Data Management Manual.

3.1e Minimum Dataset (MDS)

The MDS will be collected for all sampled persons in order to assess non-response bias. The information collected will include basic demographics and variables related to participation,

such as clinical and laboratory information, in addition to variables that pertain to the quality and completeness of the MDS data, such as recency of contact information.

The MDS will primarily be drawn from a CDC case surveillance dataset (NHSS) using data that are one year older than the sample draw date to decrease incomplete reporting due to reporting delay. For certain sampled persons who may be missing from the mature dataset, e.g. due to deduplication of records that investigation is unable to resolve, data from the NHSS dataset used to draw the sample may also be used for the MDS. For the NHSS data used to create the MDS, there is no MMP-related transfer of data from the project areas.

For three variables that quantify the recency of contact information, the local eHARS dataset is preferred, because these data capture what information is immediately available to the project area to contact the sampled person. Local MDS variables are automatically outputted by the program used to pull local contact information at the time of the sample draw as a SAS data file.

Local MDS data files are to be securely transferred to CDC at the beginning of the data collection cycle via the Secure Access Management System (SAMS).

3.1f Analytic Data

The interview, medical record abstraction, and MDS data will be linked by the DCC using the MMP Participant ID. Both SAS and text analytic files containing each project area's data will be created by the DCC. The appropriate SAS and text analytic files will be made available to each project area via the DCC data portal after the data collection cycle has ended. The SAS and text analytic data files for all MMP project areas will be used to create MMP national analytic files. The project area files as well as the national files will contain both 'raw' and selected "calculated variables." "Raw" variable values represent the direct untransformed responses to items on the interview questionnaire, medical record abstraction forms, and the MDS elements. Calculated variable values are the result of calculations performed on 'raw' and/or other computed variables. All project areas will receive un-weighted and weighted data.

3.2 Data Analysis

Project areas will have the primary responsibility for analysis and use of data at the state and local levels, and for developing reports based on individual and/or combined project area data. CDC will be responsible for analysis of these data at the national level, as well as for developing annual reports based on data collected across all project areas.

The MMP project area and national data will be analyzed using the sample survey procedures contained in the SAS version 9.1.3 (or higher) software package (SAS Institute, Inc., Cary, NC) or using SUDAAN software (Research Triangle Institute, Research Triangle Park, NC). These or similar software packages must be used for analysis of weighted data in order to account for MMP's sampling design and to produce valid population estimates from the MMP data.

4. Security and Confidentiality of MMP Data

MMP data will be subject to the same security and confidentiality requirements as those implemented for HIV surveillance data at state and local project areas, as well as at CDC. These requirements include adherence to CDC guidelines for the security and confidentiality of HIV Surveillance data (http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf). Specifically, all MMP staff will undergo the same security and confidentiality training as that required for health department staff who conduct HIV case surveillance. While conducting MMP, protocols will be strictly followed at the project area and national level to ensure the integrity, confidentiality, and security of all MMP data.

Security and confidentiality of MMP data is within the scope of the DCC contract and the MRA web-based data collection application contract. The contractors will adhere to CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs.

HIV case surveillance data are currently collected according to the Assurance of Confidentiality under Sections 306 and 308(d) of the Public Health Service Act (42 U.S.C. Sections 242k and 242m(d)). Information collected in the surveillance system that would permit identification of any individual or establishment is collected with a guarantee that it will be held in strict confidence, will be used only for purposes stated in the assurance, and will not otherwise be disclosed or released without the consent of the individual or the establishment in accordance with Section 306 and 308(d) of the Public Health Service Act. Because data collected for MMP constitute data collected for an enhanced surveillance activity, these data will be reported to and maintained by CDC in the same manner as are current HIV surveillance data, and accordingly are covered by the existing Assurance of Confidentiality.

MMP interview and abstraction data records will not contain specific personally identifiable information (e.g., name, date of birth, address, social security number). They are linkable to eHARS only through STATENO, the eHARS surveillance numbers. When paper forms are used for interview or abstraction they will be stored under lock and key; information collected on paper will be entered into the appropriate data system at the project area and the paper forms will be destroyed no later than 12 months after the data collection cycle has ended. Any electronic or paper copies of medical records obtained by the project area will be stored under lock and key and will be destroyed no later than 12 months after the data collection cycle has ended. Paper or electronic lists that contain personally identifiable information (e.g., patient name, address), such as those that are used for locating or recruiting sampled persons or other MMP activities, will be kept under lock and key and destroyed once they are no longer needed (e.g., when all the eligible persons on the list have been dispositioned, contacted, or determined to be unlocatable) or no later than 24 months after data collection; access to them will be strictly limited. If the contact attempts tracking database is used by the project area, database records will be destroyed no later than 24 months after data collection. If signed informed consent forms for MMP are required locally, these will be securely stored separately

from the data collection instruments, preferably at the central HIV Surveillance office of the project area, under the same security procedures as those for HIV case surveillance forms. Consent forms will be retained for the duration specified by the state/local surveillance policies. Appendix J summarizes the schedule for destruction of paper data collection forms and materials containing personally identifiable information.

The QDS software that will be used to collect the interview data supports the ability to encrypt response data and password-protect interviews so that unauthorized users are unable to view, export, or modify collected data.

The web-based application that will be used to collect medical record abstraction data is similarly password protected so that unauthorized users are unable to view, export, or modify collected data.

Portable electronic data collection devices such as laptops or tablet computers used to store interview and other data related to sampled persons must be protected through use of individual passwords, which are known only to the user and to data managers at the project area and CDC. The security of the system will meet all Federal Information Systems Management Act (FISMA), OMB, HHS, and CDC IT Security requirements which ensure the confidentiality, integrity, and availability of data on federal information systems. The hard drives of all electronic data collection devices must be encrypted. Data should be uploaded frequently to office computers kept in an area behind a locked door. Portable electronic data collection devices should always be stored in a secure locked location. They should never be stored for extended periods of time, e.g. overnight, in a car.

When traveling into the field to recruit sampled persons, MMP staff may need to carry identifying and contact information for sampled persons. In doing so, staff should take care to limit the amount of information carried to the minimum necessary and to keep the data secure, e.g. in a locked briefcase or other method described in CDC's Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs (http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf). Electronic information should be maintained on a password-protected, encrypted device. Additional protections such as biometric authentication are encouraged whenever they are deemed to increase the security of the data.

The interview data warehouse and contact attempts tracking database, and MDS data for each project area will be stored on a secure server with limited access. Frequent backup of the interview records will be performed by the project area using protocols developed by CDC. Project areas upload interview data on a monthly basis to the DCC data portal. The medical record abstraction data will automatically be stored on the secure server as it is entered and saved, and the contractor will upload medical record abstraction data on a monthly and quarterly basis to the DCC portal. The DCC has 1 month from receipt of project area data to upload a cumulative project area specific data set to the data portal. Project areas will be able to download interview and medical record abstraction data from the data portal on a monthly basis. The DCC will also post project area specific reports.

5. Human Subjects Considerations

5.1 Non-research Determination

The National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), CDC, has determined that MMP is not research and that it is a routine disease surveillance activity, with data being used for disease control program or policy purposes (Appendix K). Because NCHHSTP has determined that MMP is not research, it is not subject to human subjects regulations, including federal institutional review board (IRB) review and approval. All federal, state, and local MMP staff must adhere to the ethical principles and standards by respecting and protecting the privacy, confidentiality, and autonomy of participants to the maximum extent possible.

MMP project areas should follow state and/or local procedures to determine whether the MMP protocol is subject to state and/or local human subject regulations. If MMP is determined to be research and is submitted for IRB review, the outcome of the IRB review should be kept on file locally. Project areas should report to CDC if their local MMP is considered surveillance or research and, if it is considered research, should submit to their project officer documentation of the IRB's review and decision.

5.2 Anticipated Risks and Benefits

Participation in MMP presents some risk of inadvertent disclosure of HIV status, similar to that which may arise from case reporting of HIV infection to NHSS, participating in HIV prevention activities, or seeing an HIV care provider. The project employs multiple safeguards to minimize this risk, such as providing guidance and model scripts for recruiting participants (Appendices C.1-C.4) and through requiring strict adherence to security and confidentiality guidelines (Section 4, "Security and Confidentiality of MMP Data").

Participants who are not receiving HIV care at the time of interview may benefit from learning about the advantages of HIV care, and from assistance with linkage to and re-engagement in HIV medical care. Defined protocols for linkage and re-engagement are required of project areas participating in MMP. Persons diagnosed with HIV may benefit from participating in MMP by better recognizing their own risks for transmitting HIV or transmitting or acquiring other sexually transmitted infections, talking with trained staff about how to reduce those risks, learning more about local HIV prevention efforts, and obtaining prevention materials and referrals for health care, social, and prevention services. MMP participation will benefit communities by helping HIV prevention and care planners more appropriately allocate state and local HIV prevention resources and federal, state, and local HIV care services.

MMP will sample persons whose HIV diagnosis has been reported to surveillance; however, it is possible that a small number of people who are unaware of their HIV diagnosis may be inadvertently contacted, and MMP staff may disclose HIV test results to some sampled persons for the first time. In such cases, the sampled person may benefit from the encounter by learning about his or her HIV status and being linked to care. However, such encounters are likely to involve substantial emotional stress. Procedures and staff training to maximize the benefit (education and linkage to care) and minimize the harm (emotional stress) in such encounters will be required of all project areas. For persons previously unaware of their HIV status, the MMP staff member's responsibility is to focus on the implications of this disclosure; such persons will not be recruited for participation in MMP at that time, although MMP staff may provide contact information so that the sampled person can participate at a later time if he or she so chooses.

5.3 Vulnerable Populations

Persons under the age of 18 will not be included in MMP. Pregnant women may be included in MMP if they are sampled. Persons with mental disabilities may be included in the patient sample; however, any person alive at the time of interview who cannot provide informed consent will be excluded from participation in the project. Incarcerated persons may be interviewed for MMP if they provide informed consent. As do all sampled persons, incarcerated persons have the right to refuse participation without penalty. All participants will be afforded the same human rights protections.

Local MMP staff will approach correctional facilities to determine those that are willing to allow access to inmates for interview and/or to medical records. MMP staff will meet with appropriate administrative, corrections, and health care providers to explain the surveillance activity and collaborate to determine a feasible method of conducting the activity specific to each participating facility. If persons sampled through MMP methods are determined to be incarcerated, local MMP staff will contact the correctional facility's health care providers to arrange to meet sampled persons, e.g. at a subsequent visit to a health care provider. At that subsequent visit the MMP interviewer should be on site to present the surveillance activity, obtain informed consent, and conduct the interview in a private (but secure) location in the clinic. A mechanism for providing compensation should be arranged (examples could include deposit into an inmate's commissary or employment account). Project areas must have documented permission from correctional institutions as well as any necessary IRB determination (with participation of a prisoner advocate if needed) prior to recruiting and interviewing prisoners for MMP. The participants' HIV status will not be disclosed to prison or jail guards, health care providers, and parole department staff, except as needed to obtain permission to conduct the interview. Inmates recruited for MMP will be informed that participation has no effect on his/her parole, and that all information from the interview is confidential and not communicated with anyone outside the local health department and CDC.

5.4 Adverse Events

Adverse events are expected to be rare. However, possible serious adverse events in this project may result from contacting persons unaware of their HIV status as discussed above in "Contacting Sampled Persons" and "Risks and Benefits." The emotional impact of learning one is HIV positive is significant, and project areas must develop procedures to handle this situation sensitively as described in the recruitment guidance document (Appendix C.2). Although only persons who have been diagnosed with HIV and whose diagnosis has been reported to the surveillance systems will be sampled for MMP, in rare instances persons unaware of their HIV status may be sampled. In such cases, the sampled person should be informed of his/her positive HIV test, and procedures to address the emotional impact of the information and to facilitate subsequent linkage to HIV care should be followed.

Emotional distress may also result from concerns about patient confidentiality. Although unlikely, it also is possible that participants may experience anxiety or emotional distress when responding to interview questions on sensitive topics such as health status or sexuality.

Potential adverse experiences are most likely to be identified during initial contact with sampled persons or during the consent and interview process. Sampled persons will first be contacted in person, telephone, text message, or E-mail; the wording of the contact scripts will be developed by MMP staff in local project areas and will use language that includes assurance of confidentiality. Model contact scripts are given in Appendices C.1-C.4. Local informed consent forms will incorporate the language used in the model informed consent form approved by CDC and, as appropriate, the local IRB, which also includes assurance of confidentiality and the person to contact if an adverse event occurs.

Interviews will be conducted by MMP staff trained to respond appropriately to concerns about the security and confidentiality of the information collected. Project interviewers also will be trained in interview techniques for sensitive topics. Project interviewers or the adverse-event contact (depending on the interviewer's training and expertise) will be able to refer persons to psychiatric care or a social service agency if necessary. The local MMP Principal Investigator and the participant's health care provider will supervise all referral activities performed by project staff.

Project areas should develop procedures for dealing with adverse events and protocol breaches that meet the requirements of their governing institutions and/or IRBs, which should include procedures for reporting adverse events and protocol breaches. Project areas should report all severe adverse events to CDC within 24 hours of occurrence. All adverse events and protocol breaches, regardless of severity, should be reported to CDC within two weeks. Detailed guidance on reporting of and development of procedures to address adverse events and protocol breaches are provided in Appendices L.1 and L.2.

5.5 Informed Consent

Informed consent for the interview must be obtained according to the federal Assurance of Confidentiality requirements and as required by state and local IRBs for participating project areas. Informed consent may be obtained by any of the following methods:

- The interviewer reads the form to the participant and asks the participant to sign the form.
- The interviewer reads the form to the participant and the interviewer indicates on the form that the participant provided oral consent.

Participants should be advised, when consent is obtained for interview, that information from their medical records also will be collected and analyzed along with their answers to the interview questions.

The Statement of Informed Consent (Model Consent Form) consists of two examples of consent forms, one in English and one in Spanish that can be modified for local area use (Appendices M.1 and M.2, respectively). Project areas should follow their own regulations regarding any consent forms or confidentiality agreements necessary for an interpreter.

Project areas should modify the templates of the consent forms to fulfill the requirements of their IRBs, if applicable. These consent forms should also be modified to be used by hearing and visually impaired participants.

All project areas must maintain a secure file of informed consent forms to document that informed consent was obtained for each participant.

6. Data Dissemination

6.1 Notifying Providers, HIV-infected Persons and the Community of Findings

Data from MMP are expected to improve surveillance activities, contribute to prevention programs and treatment services, provide information about unmet needs in HIV care, and increase knowledge about medical care for persons with HIV. Results are also expected to guide national surveillance efforts. Because MMP is a surveillance system that represents HIV-infected persons in the United States, it will be imperative to disseminate findings from the project as soon as they are available.

Most of the results are expected to be useful at the local level; other results will be more meaningful after the data from all project areas have been aggregated. Each project area is expected to disseminate local data. CDC will have primary responsibility for the release of data aggregated from the project areas and will provide this information. These data will be distributed to the providers, researchers, policymakers, and other interested persons through presentations at local, national, and international conferences, publications in peer-reviewed journals, and presentations at forums such as continuing medical education courses and seminars. Furthermore, CDC will regularly publish surveillance reports based on the data collected annually.

HIV-infected persons and community members will be informed of MMP findings through multiple conduits. National data results will be released on CDC's MMP Web site, through national publications and presentations at conferences, and through fact sheets. Similarly, local data results will be reported to the community through multiple channels, such as local publications, epidemiologic profiles, and presentations to local AIDS service organizations and community planning groups and at conferences and workshops.

All project areas are encouraged to provide a copy of all MMP data releases (abstracts, publications, fact sheets, etc.) to their CDC project officer prior to the date of data release.

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Appendix A
First Stage Project Area Sampling
Medical Monitoring Project

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Medical Monitoring Project

Background

The Medical Monitoring Project (MMP) uses a two-stage sampling design resulting in annual cross-sectional probability samples of HIV diagnosed adults in the United States. States, the District of Columbia and Puerto Rico were eligible for sampling in the first stage. Twenty units were sampled in this first stage, with 20 considered adequate given funding constraints.

The first stage of sampling used probability proportional to size (PPS) selection of first-stage sampling units and implicit geographic stratification. The selection method used for MMP (including the certainty selections) is the standard approach used in multistage samples. Selection of MMP project areas was conducted in early 2004.

Choice of Primary Sampling Units (PSUs)

Fifty states, the District of Columbia , Puerto Rico , and six cities separately funded for HIV/AIDS surveillance (Chicago, Houston, Los Angeles, New York City, Philadelphia, San Francisco) were eligible to receive MMP funding. The decision was made to include the separately funded cities in their respective states for the purposes of sampling. Therefore the total number of PSUs was 52: the 50 states plus the District of Columbia and Puerto Rico.

If states that have a separately funded city, or cities as in the case of California, were sampled, then those cities received their own separate but proportional funding. However, this was an implementation issue, and therefore was not considered in the sampling approach.

Number of PSUs Sampled

The decision was made to randomly sample 20 PSUs as described below. The number 20 was considered to be sufficient for face validity. No statistical argument was made to support this choice. The number 20 also was chosen based on funding availability.

Sampling Approach in General

The general sampling approach was to stratify the PSUs by geography, then within geographic areas by size (size as defined below), and then sample the PSUs with probability proportional to size (PPS) using a systematic sampling

method. The MMP sample may thus be described as a *stratified proportional to size sample*.

Measure of Size (MOS) Definition

The MOSs used in the sampling were provided by the CDC staff on January 24, 2003. These MOSs are the estimated total (including adults *and children less than 13 years-old*)* number of persons with AIDS living at the end of 2002 obtained from the HIV/AIDS reporting system (HARS). That is, these are measures of the prevalence of AIDS (and by inference, HIV) cases. We sometimes refer to the MOS below as "number of cases" or "cases." We conducted a follow-up analysis in 2013, using 2012 HIV prevalence figures and found that the distributions of the two measures, even considering that the measures as well as the time periods were different, were still fairly similar – similar enough that we saw no need to draw a new sample, since the first-stage selection probabilities wouldn't be substantively different.

PSUs Sampled with Certainty

Our goal was to sample 20 of the 52 PSUs with sampling probabilities that were proportional to the sizes of the PSUs. We chose to employ a systematic sampling approach with a random start. In essence, we created a pseudo population (i.e., a list) of patients, with patients from each PSU grouped together and the PSUs stratified as described below. Thus for example if PSU #1 has 1000 cases, then patients 1 to 1000 are labeled "PSU #1" and if PSU #2 has 2130 cases, then patients 1001 to 3130 are labeled "PSU #2." Sampling randomly from this list is akin to sampling PPS. A systematic approach to the sampling after ordering the list in a specific way ensures the sample is spread out over the PSUs in a manner similar to that achieved using stratified sampling.

In the systematic approach we noted that, with 20 PSUs, the typical PSU should contain 1/20 or 5% of patients. We took a random start in the first 5% of patients in this list, and the patient who corresponded to this random start indicates the PSU that is chosen as the first of the 20 sampled PSUs. We then took a 5% step forward through the list, and the patient that we next stepped to indicated the second PSU randomly chosen.

Since a systematic selection approach has been taken, any PSU that contains more than 5% of the total cases would be sampled with certainty, as one step must hit the patients that represent this PSU. Thus, using this process we first identified those PSUs with 5% or more of the cases as PSUs sampled with certainty. We then recalculated the total number of cases excluding these certainty PSUs, and redefined the PSUs that would be sampled with certainty in

* If the sample were redrawn using number of adult cases only and the same random start, the same sample would be obtained.

the remaining sample. Describing the particular choices made for the MMP project area sample will elucidate this approach.

The total number of cases, i.e. the sum of the MOS, across all 52 PSUs was 384,070. Five percent of this total is 19,204. Thus any PSU with at least 19,204 cases was sampled with certainty. Four PSUs had at least this many cases: California, Florida, New York, and Texas.

The total number of cases across the remaining 48 PSUs was 199,569. Sixteen PSUs remained to be sampled from among these 48 PSUs, so any PSU with at least 1/16 or 6.25% of the 199,569 cases, or 12,473 cases, was sampled with certainty. Four PSUs had at least this many cases: Georgia, Illinois, New Jersey and Pennsylvania.

Twelve PSUs remained to be sampled from the remaining 44 PSUs that had a total of 142,321 cases. A PSU from among these 44 would be sampled with certainty if it contained at least 1/12 or 8.3% of the 142,321 cases or 11,860 cases. None of the PSUs contained this many cases, so no further PSUs were sampled with certainty.

PSUs Sampled Proportional to Size (PPS)

The remaining 12 PSUs were sampled PPS from the 44 PSUs in a stratified manner. In practical terms, sampling cases from PSUs that contain very few cases would be difficult and expensive. Therefore, a sampling objective was to minimize how many PSUs with few cases were sampled. The decision was made to define a stratum of “small” PSUs in such a way that only one PSU would be sampled from that stratum. Since 12 remaining PSUs were to be sampled, a stratum that was as large as possible (both in terms of the combined number of cases and number of PSUs it contained) yet still smaller than 8.3% of the total number of cases (i.e. 11,860 cases) would both ensure that only one PSU was sampled from it and also that the largest number of small PSUs was confined to that stratum, thereby limiting the practical difficulties of fielding the sample.

To identify the largest number of small PSUs that could be confined to this small state stratum, the 44 candidate PSUs were ordered in terms of the number of cases each contained, from smallest to largest. The first (smallest) PSU was chosen from the list of 44 PSUs and its number of cases was noted. Then additional PSUs were added from the list in order (taking the next smallest and so on) and the total number of cases was updated until the total number of cases across the chosen PSUs was smaller than 11,860. In this manner, 18 PSUs were chosen to be included in the small state stratum with a total number of cases of 11,118. If the next smallest PSU had been added (Wisconsin with 1,797 cases), the total number of cases in this stratum would have been 12,915, which is larger than 11,860.

The remaining 26 PSUs constituted the middle stratum, and were divided into four geographical strata based on the Census definitions of geographic regions: New England contained Census regions New England and Middle Atlantic (states: CT, MA); Midwest contained Census region Midwest (states: WI, MN, IN, MO, MI, OH); South contained Census regions South Atlantic, West South Central and East South Central as well as Puerto Rico (states: AR, OK, KY, MS, AL, TN, SC, LA, NC, VA, DC, MD, PR); and West contained Census regions Pacific West and Mountain West (states: OR, NV, CO, AZ, WA).

The geographic strata next were ordered: New England, Midwest, South and West, and then were followed by the small PSU stratum to form the pseudo population list. Within each stratum, the PSUs were ordered by size. Within New England, the PSUs were ordered smallest to largest; within Midwest largest to smallest; within South smallest to largest; within West largest to smallest; and within the small PSU stratum smallest to largest. The overall sampling frame is shown in Table 1.

To select the remaining 12 PSUs for the sample, a random number between 0 and 1 (0.878) was drawn. Thus the random start was 10,413 (0.878 × 11,860). The remaining sample selections from the middle and small strata were chosen in the manner described above. The MMP project areas selected are shown in Table 2.

Table 1. MMP Project Area Sampling Frame

Region	Area	MOS	
NE	NEW YORK	63412	Certainty areas
S	FLORIDA	41015	
S	TEXAS	27358	
W	CALIFORNIA	52716	
NE	NEW JERSEY	15485	
NE	PENNSYLVANIA	15362	
MW	ILLINOIS	13718	
S	GEORGIA	12683	
NE	CONNECTICUT	6579	Middle stratum
NE	MASSACHUSETTS	8025	
MW	OHIO	5978	
MW	MICHIGAN	5395	
MW	MISSOURI	4838	
MW	INDIANA	3429	
MW	MINNESOTA	1818	
MW	WISCONSIN	1797	
S	ARKANSAS	1837	
S	OKLAHOMA	1908	
S	KENTUCKY	2150	
S	MISSISSIPPI	2602	
S	ALABAMA	3660	
S	TENNESSEE	5639	
S	SOUTH CAROLINA	5863	
S	LOUISIANA	6902	
S	NORTH CAROLINA	7128	
S	VIRGINIA	7443	
S	DISTRICT OF COLUMBIA	8234	
S	PUERTO RICO	10560	
S	MARYLAND	11798	
W	WASHINGTON	4889	
W	ARIZONA	4316	
W	COLORADO	3465	
W	NEVADA	2502	
W	OREGON	2448	
MV	NORTH DAKOTA	47	Small stratum
W	WYOMING	91	
MV	SOUTH DAKOTA	99	
W	MONTANA	181	
NE	VERMONT	236	
W	ALASKA	252	
W	IDAHO	262	
NE	MAINE	492	
NE	NEW HAMPSHIRE	506	
MV	NEBRASKA	567	
S	WEST VIRGINIA	599	
MV	IOWA	686	
NE	RHODE ISLAND	1058	
W	NEW MEXICO	1066	
W	UTAH	1085	
MW	KANSAS	1113	
W	HAWAII	1247	
S	DELAWARE	1531	

Table 2. MMP Project Area Sample*

Region	Area of residence	MOS	
NE	NEW YORK	63412	Certainty areas
S	FLORIDA	41015	
S	TEXAS	27358	
W	CALIFORNIA	52716	
NE	NEW JERSEY	15485	
NE	PENNSYLVANIA	15362	
MW	ILLINOIS	13718	
S	GEORGIA	12683	
NE	MASSACHUSETTS	8025	Middle stratum
MW	MICHIGAN	5395	
MW	INDIANA	3429	
S	MISSISSIPPI	2602	
S	SOUTH CAROLINA	5863	
S	NORTH CAROLINA	7128	
S	VIRGINIA	7443	
S	PUERTO RICO	10560	
S	MARYLAND	11798	
W	WASHINGTON	4889	
W	OREGON	2448	
S	DELAWARE	1531	Small stratum

*Due to budget restrictions, Massachusetts, South Carolina, and Maryland were dropped from the MMP project area sample beginning in the 2009 data collection cycle through a random selection process. If funding allows, these three states will be added back in to the MMP project area sample beginning in the 2015 data collection cycle.

Appendix B

MMP Patient Sample by Project Area

Medical Monitoring Project

MMP Patient Sample by Project Area

Project area	**Persons sampled**
New York State	200
New York City	800
California	500
Los Angeles County	400
San Francisco	400
Texas	400
Houston	400
Florida	800
New Jersey	500
Pennsylvania	200
Philadelphia	400
Georgia	500
Illinois	200
Chicago	400
Puerto Rico	400
Virginia	400
North Carolina	400
Michigan	400
Washington	400
Indiana	400
Mississippi	400
Oregon	400
Delaware	400
Maryland	400
Massachusetts	400
South Carolina	400
Total	**10900**

Appendix C.1

Model Patient Recruitment Letter

Medical Monitoring Project

[Health Department Logo or Seal]

[Date]

Dear [Name],

You are receiving this letter because you have been selected to participate in a confidential health interview. This interview is part of a project conducted by the [State or City/County Health Department]. The purpose of this project is to improve health services provided here in [state or city/county].

Participation includes a 45-minute confidential interview for which you will receive [token of appreciation amount] upon completion. Scheduled interviews will be done by project staff either by [telephone, by videoconference, at the health department office, or at a private location that is convenient for you]. During the interview, you will also be offered referrals to other health department services if needed.

For more information, please contact our project staff at **[phone number]**. If staff are unavailable, please leave a message on our secure and confidential phone line and include your name, phone number, and best time to contact you. We will follow up with a phone call if we do not hear from you within the next week.

We value your opinions, and your participation in this project will help us understand current health issues for people in [state or city/county]. We look forward to hearing from you!

Respectfully,

[General Division]
[State or City/County Health Department]

Appendix C.2

MMP Recruitment Guidance, Project Area Staff Make Initial Contact

Medical Monitoring Project

Recruitment Guidance and Model Scripts
MMP Staff Make Initial Contact

This document describes issues to consider when developing local procedures and scripts for interview recruitment. To minimize the chance of an adverse impact on sampled persons, MMP staff must confirm the sampled person's identity and address the potential for contacting a person unaware of his/her HIV status. These issues apply equally to both face-to-face and telephone recruitment. Logistical issues of particular relevance to telephone interview are also discussed.

This document specifically addresses the scenario in which MMP staff makes initial contact with the participant. The alternative scenario in which HIV facility staff makes initial contact is described in a separate document. Please note that scripts are provided as examples. Scripts and procedures should be modified according to the project area's local situation.

Participant Identification

MMP staff making initial contact with potential participants should follow their project area standard procedures when contacting potential participants and explaining MMP. Maintaining confidentiality is essential. Mention of HIV/AIDS should not occur until the sampled person's identity can be confirmed. MMP staff should be sensitive to the risk of inadvertently disclosing the sampled person's HIV status.

Before providing a thorough explanation of MMP, staff will need to verify the potential participant's identity. To confirm a participant's identity over the phone, MMP staff members should obtain the following information prior to calling the participant. When the participant is contacted, he/she will be required to provide the matching information. Two or more methods of confirming identity should be used. Examples include:

1. What is your full name (including middle name and/or suffix)?
2. What is your date of birth?
3. Do you have a regular place or person that you go to for medical care? If yes, what is the name of that place or person (persons receiving care only)?
4. I have in my records another phone number for John Doe that begins with (404) 639. Can you tell me the last four digits of that phone number?
5. I have in my records an old address for John Doe with the street number 1437. Can you tell me what street goes with that number?
6. Would you please show me an ID card or a driver's license so that I can make sure I am speaking with the right person (face-to-face recruitment only)?

The option to ask about the person's HIV care facility should only be used if the person is receiving HIV care, and the fact that he or she receives care at a given clinic has been confirmed with that facility. If the person is able to answer these questions correctly, the interviewer may move on to the recruitment portion of the interview. If the person cannot answer the questions correctly by telephone, the interviewer should schedule a face-to-face interview so that the participant's identity can be confirmed in person by asking to view an identification card. In the less common situation in which a facility staff member is the first to approach patients about MMP, project areas may choose to ask facility staff to give the patient a code number or code word at that time. This code can be later used to confirm the person's identity in place of confirmatory questions.

Sample Script

MMP Staff: *Hello, may I speak with John Doe?*

If asked to identify yourself, respond that you are conducting a health survey. If a letter introducing the survey has been sent in advance, then mention the letter at this time. If the person indicates that he is John Doe, or you are put in touch with John Doe, keep in mind that there could be a Jr. and Sr. with the same name and say:

MMP Staff:
I am getting in touch with you about a health survey for John Doe. This is a chance for Mr. Doe to help out his community, and he will receive _____ as a token of appreciation. For confidentiality reasons I need to make sure that I am talking to the right person. May I ask you a few questions to make sure I'm speaking with the right John Doe?

If yes, continue. If no, emphasize the importance of confidentiality saying something like, "For the sake of Mr. Doe's privacy, it's very important that I confirm I'm speaking with the right person. Once I've confirmed that you're the right John Doe, I'll explain more about the survey, and I'm sure you'll agree." Other options that may be useful in explaining the need for identity confirmation are: "The reasons I'm asking you to confirm that you are Mr. Doe is because he is the person we randomly chose to participate in this survey." "With your cooperation we can keep this matter confidential," or "Once I confirm I'm speaking with the right person, I will do my best to answer all of the questions that you have."

MMP Staff: *What is your full name including your middle name?*
Participant: *John Alexander Doe.*
MMP Staff: *Great! May I ask your date of birth?*
Participant: *February, 10th, 1974.*

MMP Staff: *Excellent! Just one more question to make sure I'm talking to the right person. Do you have a regular place you go for medical care? If so, what is the name of that place?*
Participant: *The Emory Clinic on Clifton Road.*
MMP Staff: *Thank you, Mr. Doe. Is there a different name that you would prefer me to call you?*

- If answers are correct, go on to introduce the project.
- If not correct, and the initial recruitment attempt was by phone, interviewers should schedule a face-to-face meeting to view an ID card. Interviewers may explain that they would like to meet in person to explain more about the survey and request that the person bring a photo ID.

Project Introduction

MMP staff should also be aware that there is a small but real possibility that a sampled person 1) is not HIV positive (e.g., the case was reported to HIV surveillance in error); or 2) is HIV positive but not aware of his or her diagnosis; or 3) has received positive HIV test results but does not believe them. If a person approached for recruitment meets the description in 1), 2), or 3) above, the recruitment is to be discontinued, because the more pressing need is to confirm or address the person's HIV status. MMP is designed as a data collection activity involving HIV-infected people who know their HIV status, so ideally, MMP staff would identify and exclude sampled persons in these categories before attempting recruitment. This is especially important given that presuming awareness of status might cause distress among individuals who are HIV-negative and or unaware and unprepared to know their HIV status. In practice, though, ascertaining awareness of status--and if unaware, whether description 1), 2), or 3) fits best-- may not be possible without talking with the individual, especially for situation 3), but also for situations 1) and 2) in the absence of additional information.

It may be possible to identify persons who are aware that they are HIV-positive before attempting to recruit them by determining whether they have had CD4 and viral load results reported to HIV surveillance and performed after the date of the HIV diagnostic test. CD4 and viral load tests may constitute evidence of care, and someone who has had a post-test care visit should have received their HIV test results, so CD4 and VL tests reported to surveillance might indicate that a sampled person is aware of his/her HIV diagnosis. (Keep in mind that a single CD4 or VL test may not be a perfect proxy for knowledge of HIV status, because it may represent a test ordered on blood drawn for diagnostic testing, rather than during a care visit). Conversely, the absence of reported CD4 or VL test result does not always indicate that a person has not had a care visit and has not received their HIV test results—results may not have been reported or may be delayed, or the person may have received care outside the jurisdiction.

CD4 and VL tests can be used to guide the recruitment approach. However, given that even CD4 and VL results are not perfect indicators of awareness of status, MMP staff should be conservative in tailoring their approach, i.e., deferring to the individuals approached.

In introducing MMP, it is important to quickly put the sampled person at ease, establish the project's legitimacy, develop rapport, and convey the reasons they might choose to participate. The script below is proposed as a model to accomplish these objectives.

Sample Script

MMP Staff: *Hi, my name is _____, and I'm getting in touch with you to see if you would be interested in participating in a project funded by the US Centers for Disease Control and Prevention and conducted by the [insert health department].*

We're collecting information to improve health services for people with your specific health care needs. If you choose to participate, you will complete a one-time 45-minute interview and your medical record will be reviewed. You will be given _____ as a token of appreciation.

- **For those with evidence of having received HIV care:**

  You and 400 other participants were randomly chosen from among people who have had a positive HIV test, because the health needs of people living with HIV are so important to our community. We take your privacy very seriously. This project is completely confidential. We will not use your name or medical record number in any of the reports from this project. Would you be interested in participating?

If yes, go on to scheduling the interview.

- **For those without evidence of having received HIV care:**

  You and 400 other participants were randomly chosen from among people who have had an HIV test, because the health needs of people living with HIV are so important to our community. According to our records, you had an HIV test on [insert date of test]. Did you receive the results of that test?

If yes, continue with recruitment script.
If no, follow local procedures that have been approved by CDC for delivering positive HIV test results, post-test counseling, and linking persons to HIV care. Do not proceed with recruitment for MMP; the focus should be on helping the person process the test results and linkage to care. Provide contact information so that the person can contact MMP staff if he/she wants to participate at a later date. Report to your CDC project officer the fact that you have contacted a person unaware of his/her HIV status and consider whether the event meets the criteria for adverse event reporting.

Only those who have had a positive HIV test are eligible for this health survey. According to our records, your HIV test on [insert date of test] was positive, meaning that it showed evidence of HIV infection. Is that the same test result that you were given?

If yes, continue with recruitment script.
If no, it is possible that either the sampled person is mistaken or that surveillance data are incorrect. Do not proceed with recruitment. Provide contact information so that the person can contact MMP staff if he/she wants to participate at a later date. Follow local procedures that have been approved by CDC for confirming HIV test results and linking persons to HIV care. If the investigation concludes that the person is HIV positive, the focus should be linkage to HIV care. Report to your CDC project officer the fact that you have contacted a person unaware of his/her HIV status and consider whether the event meets the criteria for adverse event reporting.

This project is completely confidential. We will not use your name or medical record number in any of the reports from this project. Would you be interested in participating?

If yes, go schedule the interview.

Telephone Interview Logistics

Scheduling the Interview

❖ **Scenario 1: Telephone Interview Selected**

MMP Staff: *Great! I'd like to offer you the opportunity to complete the interview either over the phone or in person. Please keep in mind that the interview may take up to 45 minutes and may cover sensitive*

information. If you choose to complete the interview over the phone, you'll need to have a phone and a private space that you can use to complete the interview. Would you like to complete the interview by phone or in person?

Participant: *Well, I work during the day. Could we do it over the phone after work?*

MMP Staff: *Yes, that's no problem. Like I said, some of the questions can be sensitive. Will you have a private place to do the interview?*

Participant: *Yes, at my sister's house.*

MMP Staff: *Do you have a landline or a cell phone?*

Participant: *I'll use my cell phone.*

MMP Staff: *Okay. The interview will take 45 minutes to complete and we won't be able to reimburse you specifically for the cell phone minutes used. We will only be able to provide you with $___ as a token of appreciation. Is that okay?*

Participant: *Yes, I have unlimited minutes.*

Interviewer can proceed to schedule the telephone interview.

❖ Scenario 2: Telephone Interview Selected: On the Spot

Participant: *Can I take the interview right now?*

MMP Staff: *During the interview, there are some questions that have multiple answers, and seeing the answers in front of you may help you pick the best one. Also, some questions ask about specific dates, so it is helpful to have a calendar. We have response cards to help with these questions. If you want to complete the interview right now, I can help you get the response cards off the internet. Do you have internet access right now?*

If yes, MMP staff will direct the respondent to a website to retrieve the response cards (4mmp.cdc.gov). If the sampled person does not have web access, the interviewer may still conduct the interview on the spot, if it is his/her judgment that delaying the interview is likely to lead to failure to interview the participant. In that case, proceed with script.

MMP Staff: *Okay, since we don't have the response cards, I'll be extra careful about reading the answer choices slowly. Please feel free to stop me at any time to ask me to repeat something you may not have heard or understood.*

If the MMP staff member feels that waiting to mail the response cards will not interfere with recruitment, he or she may say:

MMP Staff: *Okay. It's really important that you have the response cards with you when taking the interview. Let's schedule the interview for a few days from now. That will give me a chance to mail the cards to you. The cards will have HIV-related information on them. Is it okay to send them to you through the mail?*

If no, MMP staff should then follow the protocol currently used to set up face-to-face interviews.

➢ **Scenario 3: In-person Interview Selected**

MMP Staff: *Great! I'd like to offer you the opportunity to complete the interview either over the phone or in person. Please keep in mind that the interview may take up to 45 minutes and may cover sensitive information. If you choose to complete the interview over the phone, you'll need to have a phone and a private space that you can use for the interview. Would you like to complete the interview by phone or in person?*

Participant: *I'd rather do it in person.*

Interviewer should schedule a face-to-face interview. If the identity confirmation was by phone, the interviewer should reconfirm identity when meeting face-to-face.

Informed Consent

Depending on what is permitted locally, verbal or written consent for participation must be obtained before conducting the interview. To obtain verbal consent, interviewers must read the informed consent form to the participant. To obtain written consent, interviewers can either mail the consent form (for an interview by telephone or videoconference) or obtain consent in person, for example when recruiting at an HIV clinic or the person's residence. If obtaining consent through the mail, interviewers should read the consent form to the participant again prior to starting the interview.

❖ **Verbal Consent**

MMP Staff: *Before we begin the interview, I want to be sure I have your consent to participate. In order to do that, I have to read what is called an "Informed Consent" form. After I have read the form and answered your questions, you will have the chance to agree or disagree.*

Do you have any questions?

❖ **Written Consent via Mail**

MMP Staff: *Before we can schedule the interview, I need to be sure I have your consent to participate. I'll ask you to sign a form saying that you agree to participate. I will mail you the form, called an Informed Consent form, and ask you to read it over. If you have questions about the form, please call me. If you agree to participate, please send the signed form back to me in the self-addressed envelope. After I receive your signed form, I will contact you to schedule your appointment. The consent form will have HIV-related information on it. Is it okay to send it to you through the mail?*

If no, interviewer should schedule a face-to-face interview.

❖ **Written Consent in Person**

MMP staff members may obtain written consent if they recruit participants in person at an HIV clinic or at the person's residence.

Response Cards

Ideally, participants should obtain the response cards prior to participating in the interview. MMP staff will either mail the response card set to the participant prior to the interview, provide the response cards to the participant in person at the time of recruitment, or the cards may be accessed via CDC or local MMP websites. However, administering the interview without response cards is preferable to not administering it at all.

❖ **Mail**

MMP Staff: *During the interview, there are some questions that have multiple choices or options to select more than one answer. I will mail you a set of response cards before the interview that list the possible answers to these questions to make it easier for you to choose your answer. The cards will have HIV-related information on them. Is it okay to send them to you through the mail?*

If no, interviewer should schedule a face-to-face interview.

❖ **In-Person**

If MMP staff members recruit participants in person, they should provide the response cards to the participant when scheduling the interview.

❖ **Internet**

MMP staff should direct persons who agree to complete the survey during the initial contact to the local MMP external website or the CDC website, accessible at 4mmp.cdc.gov, so they can retrieve the response cards. If the respondent cannot access the cards, the interview may be rescheduled or the interview may be administered without the response cards.

Tokens of appreciation

Interviewers should explain how the participant will receive the token of appreciation for completing the interview. Measures to ensure that the participant received the token of appreciation include certified mail, in-person delivery, and self-addressed stamped reply cards. All of these methods have been used successfully by MMP sites in the past.

❖ **Mail**

MMP Staff: *As I explained earlier, you will be given $___ as a token of appreciation today. The $__will be in the form of a _____. We will send this out by mail, but will need you to sign for it so that we can be sure you received it. Can I verify your address?*

❖ **Medical Facility**

MMP Staff: *As I explained earlier, you will be given $___as a token of appreciation. The $___ will be in the form of a _____. You will be able to pick it up at your doctor's office at your next visit. When you pick it up, you will be asked to sign a receipt so that we can confirm that you received it.*

Appendix C.3
Model Patient Recruitment Script-Facility
Medical Monitoring Project

Model Patient Recruitment Script
Provider/Facility Makes First Contact

Please use this Patient Recruitment Script to contact patients for participating in the Medical Monitoring Project after receiving a list of randomly selected patients from the Health Department.

Script

Name of patient you are calling_____

Hello my name is _____with [insert facility name]. I am calling to let you know about a project called [insert local project name], in collaboration with the Health Department and the Centers for Disease Control and Prevention (CDC) and [facility name if applicable].

I am asking for your voluntary participation in this health department project. Your experiences and opinions are really important for guiding care for HIV patients both here in [insert project area name] and around the country. Hearing from patients like you will help us serve you better.

If you agree to participate, you will be asked to complete a 45 minute in-person, videoconference, or telephone interview and allow your medical records to be abstracted. Medical record abstraction is a process where selected information from your medical record will be looked over and recorded onto a form. You will receive $____ as a token of appreciation. This survey is completely confidential. **Neither your name nor any other information that identifies you will be recorded with the interview and medical record information we collect for this project.**

A representative from the Health Department will contact you to set up an appointment for you to sign the consent form, complete the in-person interview, and receive your $____.

If you have any questions regarding [insert local project name], please call [insert phone number], and ask for [MMP Project Area staff contact].

I would like to thank you in advance for your participation in this very important activity that will positively impact health care and reduce illnesses among persons living with HIV/AIDS in [insert project area name].

Appendix C.4
Text and E-mail Recruitment Scripts
Medical Monitoring Project

Text and E-mail Recruitment Scripts
Medical Monitoring Project

Before attempting to contact sampled persons via text or e-mail, MMP staff should review the privacy policy of the internet sites used for text and e-mail and ensure that, in the event that others gain access to the text or email messages, the phone numbers and email addresses used by MMP staff cannot be linked back through caller IDs, cookies, IP addresses, etc. to HIV surveillance or any other entity that might raise suspicions about a sampled person's HIV status. For example, caller IDs for phone numbers should not be linked to HIV Surveillance or other HIV-related public health activities.

Text Messages for PERSONS SAMPLED FOR MMP

The purpose of communicating with patients via text is to initiate a voice or face-to-face conversation to confirm identity and recruit the person for interview.

Before you send a text message, validate that the number you have is a cell-phone by checking on www.reversemobile.com or a similar site.

Staff must adhere to the following templates when sending text messages to sampled patients. The full name of the staff member should not be used, because of the risk that it can be traced back to HIV-related activities.

The first text message should simply identify the MMP staff member and provide a brief message and contact phone number. This text message must read:

Text 1	I am [FIRST NAME ONLY] with the [JURISDICTION] health department. You were randomly selected to participate in a confidential survey to improve health services. **You will receive [TOKEN OF APPRECIATION AMOUNT AND FORMAT (e.g., $25 check)] for your participation.** Please call me at _ _ _- _ _ _ - _ _ _ _

If the person does not respond to your initial text within 2-3 business days, a second message urging the person to call you may be sent. This text message must read:

Text 2	This is [FIRST NAME] again with the [JURISDICTION] Department of Health. I need to talk with you privately about participating in a health survey for which you will receive (token of appreciation amount). Please call me at _ _ _-_ _ _ -_ _ _ _

If the person does not respond to either of your first two messages, a final text may be sent 2-3 days after the initial text and it should read:

Text 3	I have been trying to contact you about participating in a health survey for which you will receive (token of appreciation amount). Please call me at ___-___-_____. This may be the last attempt to contact you.

If patient fails to respond to texts 1-3, STOP text contact.

If sampled patient responds with a text message, they have a working phone. If staff receives the message in real time, respond to their message with the following text message:

Text 4 (Response)	You've been chosen to take part in a private survey about your health care. I am calling you now.

E-mail or Short Message Service (SMS) Messages for Sampled Patients

The following are sample e-mail and SMS messages to sampled patients. The full name of the staff member should not be used, because of the risk that it can be traced back to HIV-related activities:

Email #1 to Patient

My name is [FIRST NAME] and I work for the JURISDICTION Department of Health. You were randomly selected to take part in a special project about health care. The project is being conducted by the JURISDICTION Department of Health and is funded by the U.S. Centers for Disease Control and Prevention (CDC).

If you agree to participate:

- You will complete a 45-minute interview that can be given via phone or in person at a place and time of your choosing.
- **You will get [TOKEN OF APPRECIATION AMOUNT AND FORMAT] for your participation.**
- You will be asked questions that include: 1) What medical services are you getting?, and 2) What services do you need that you are not getting? The interview covers a variety of health care issues. You can refuse to answer any question. All the information collected about you will be completely private and your name will not be linked to any of your answers.
- Nothing will happen if you do not take part – it will not change the services that are available to you.

Your responses may help to improve health services for your community. It is important that you call me at PHONE NUMBER so that I can speak with you privately about this project.

Thank you for your prompt response to this request.

[FIRST NAME AND CONTACT INFORMATION]

Email #2 to Patient

My name is [FIRST NAME] and I work for the JURISDICTION Department of Health. You were randomly selected to participate in a special project about health care. The project is being conducted by the JURISDICTION Department of Health and is funded by the U.S. Centers for Disease Control and Prevention (CDC).

If you agree to participate:

- You will complete a 45-minute interview that can be conducted on the phone or at a place and time of your choosing.

- **You will get [TOKEN OF APPRECIATION AMOUNT AND FORMAT] for your participation.**

- You will be asked questions that include: 1) What medical services are you getting? 2) What services do you need that you are not getting? The interview covers a variety of health care issues. You can refuse to answer any question. All the information collected about you will be completely private and your name will not be linked to any of your answers.

- Nothing will happen if you do not take part – it will not change the services that are available to you.

If you are interested in participating, please call me at [phone]. To confirm that this e-mail is authentic and legitimate, feel free to call PHONE NUMBER and ask to speak to my supervisor, [FIRST NAME]. Thank you for your prompt response.

[FIRST NAME AND CONTACT INFORMATION]

Email #3 to Patient

My name is [FIRST NAME] and I work for the [JURISDICTION] Department of Health. You were randomly selected to participate in a special project about health care. The project is being conducted by the JURISDICTION Department of Health and is funded by the U.S. Centers for Disease Control and Prevention (CDC).

If you agree to participate:

- You will complete a 45-minute interview that can be conducted via phone or at a place and time of your choosing.

- **You will receive TOKEN OF APPRECIATION AMOUNT AND FORMAT for your participation.**

- You will be asked questions that include: 1) What medical services are you getting?; 2) What services do you need that you are not getting? The interview covers a variety of health care issues. You can refuse to answer any question. All the information collected about you will be completely private and your name will not be linked to any of your answers.

- Nothing will happen if you do not take part – it will not change the services that are available to you.

Regards,

[FIRST NAME AND CONTACT INFORMATION]

Appendix D

Agreement for Cross-Jurisdictional Data Collection

Medical Monitoring Project

Agreement for Cross-Jurisdictional Data Collection by the Medical Monitoring Project

Name of State, District, or Territorial Health Department: _____

As the Overall Responsible Party (ORP) for my jurisdiction, I ask that the following guidance be observed when conducting Medical Monitoring Project (MMP) cross-jurisdictional interviews or medical record requests by remote means such as telephone, mail, or secure fax, including those for the Case-Surveillance-Based Sampling Demonstration Project, involving persons sampled from case surveillance records in another jurisdiction who currently reside in my jurisdiction:

☐ **My jurisdiction grants approval for this activity without notification.** The jurisdiction of sampling is permitted to contact, recruit, and interview persons residing in my jurisdiction at-will. We request to not be notified of CSBS activities in this jurisdiction.

☐ **My jurisdiction grants approval for this activity with prompt notification following recruitment**. The jurisdiction of sampling will notify my jurisdiction's HIV Surveillance Coordinator or designee of encounters with sampled persons residing in my jurisdiction within 3 business days. I understand that, in some uncommon instances, the jurisdiction will not be legally allowed to disclose the name of the person, and notification of the encounter without name disclosure is sufficient in these instances.

☐ **My jurisdiction grants approval for this activity with notification prior to recruitment**. Once notified of plans to recruit someone in my jurisdiction, my jurisdiction's HIV Surveillance Coordinator or designee may deny recruitment of any such persons by making this request of the jurisdiction of sampling within 5 business days of initial notification. I recognize that in some cases the jurisdiction of sampling may unintentionally contact a person residing in my jurisdiction, e.g. by dialing a telephone number. In such cases, the sampled person may immediately be given the opportunity to interview out of respect for the person's time. However, my jurisdiction will be notified of the encounter with this sampled person by name and asked for permission to contact medical facilities for access to medical records (if applicable) within 3 business days. If I select this option, jurisdictions not legally allowed to disclose the name of the contacted person to my jurisdiction will not be allowed to conduct this activity in my jurisdiction.

☐ **My jurisdiction refuses all MMP cross-jurisdictional data collection on sampled residents that have moved into my jurisdiction**.

Cross-jurisdictional medical record abstraction will only be conducted with a signed medical record release from the patient using methods that comply with all National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention security and confidentiality guidelines such as mail or secure fax. None of the options above imply permission to physically enter my jurisdiction for the purpose of cross-jurisdictional data collection without additional permission. Jurisdictions of sampling are required to assist my jurisdiction by providing any information to enhance case surveillance that they may legally provide. The point of contact for MMP cross-jurisdictional activities, including facilitation of case surveillance reporting to my jurisdiction as well as linkage and re-engagement services, is:

_____	_____	_____	_____
Name of point of contact/designee	Title	Telephone number	Email address

This agreement will be honored by the Medical Monitoring Project until amended by my jurisdiction in writing.

_____	_____	_____
Signature of ORP	Signature of Surveillance Coordinator	Third Signature (optional)
_____	_____	_____
Name of ORP	Name of Surveillance Coordinator	Name & Title of Third Signatory
_____	_____	_____
Date	Date	Date

Please return this completed agreement to the MMP team c/o Dr. Linda Beer at LBeer@cdc.gov or telephone 404-639-5268.

Appendix E.1

MMP 2015 Interview Questionnaire-English

Medical Monitoring Project

OMB No: 0920-0740
Expiration: DATE PLACEHOLDER

2015–2017 Questionnaire

Version 11.2.3

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it READs a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: CDC, Project Clearance Officer, 1600 Clifton Road, MS D–74, Atlanta, GA 30329, ATTN: PRA (0920–0740). Do not send the completed form to this address.

Department of Health and Human Services
Public Health Service
Centers for Disease Control and Prevention
Atlanta, GA 30033

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Survey documentation

MS Word document key

Grey cell	Grey shaded cells are used to indicate interviewer instructions including skip patterns. Color white, background 1, darker 15%. If "interviewer_note_", "Skip_", then shade table cell using the following color: white, background 1, darker 15%.
Aqua blue cell	Aqua blue shaded cells are used to indicate QDS programming note. Color aqua, accent 5, and lighter 80%. If "label_", "calculation_", "range_", "QDS_programming_", "hard_edit_", "soft_edit_", then shade table cell using the following color: aqua, accent 5, lighter 80%.
Dark red font	Dark red font indicates a previously used variable. Color accent 2, darker 50%.
Olive green variable	Olive green font indicates a new variable: Color olive green, accent 3, darker 50%.
Grey font	Grey font indicates that the interviewer should not read the response set to respondent.
Bold	Bold text indicates time references.
Underline	Text that is underlined indicates words that are to be emphasized.
Numbering	1st character is an alpha value indicating each module (e.g., Eligibility Criteria is **Y**) 2nd character is an alpha value indicating the question topic (e.g., Age is Y**A**) 3rd character is a numeric value indicating the question number (e.g., YA**1**) 4th character is a numeric value indicating whether the question is a stem question (e.g., YA1.**0**.) or a sub-question (e.g., YA1.**1**.). 0 denotes that the question is a stem question and 1, 2, 3… denotes that the question is a sub-question.
Table cell width	7 inches

Variable naming conventions

New variable convention	New variable name will end with the letter N and a number that corresponds to the data collection cycle. For example TESTN5 would indicate this is a new variable for the 2015 cycle. This convention was instituted in the 2013 cycle.
Revised variable convention	At the end of the variable_15 will indicate that the question was revised in some way during the 2015 cycle. Example: PIDN3_15 Note that_15 is placed after N3. In order to maintain the integrity of the stem variable, the person creating the variable may choose to abbreviate_15 to_5. The_5 denotes the 2015 data collection cycle. This convention was instituted in the 2009 cycle.
Other specify variable conventions	All other specify variables end in OS. A new variable that was changed in a later cycle with an "other specify" option will read as follows: TEN3_5OS.

QDS programming notes

Additional programming notes are located throughout the questionnaire.

Standard codes	Don't know = 8, Ref = 7, Not applicable = 6.
Intro_[INSERT VARIABLE NAME]	Use for any Introductory statements prior to a question or section.
label_[INSERT VARIABLE NAME]	Use for all variable labels.
range_[INSERT VARIABLE NAME]	Use for all range values.
Skip_[INSERT VARIABLE NAME]	Use for Skip logic instructions. Skips are notes for the interviewers, but also provide coding instructions.
soft_edit_[INSERT VARIABLE NAME]	Use for all soft edit checks where the program can advance without a corrected response.
hard_edit_[INSERT VARIABLE NAME]	Use for all hard edit checks where the program does not move forward without a corrected response.
calculation_[INSERT VARIABLE NAME]	Use for all calculated variables and explanation of how the variable will be used.
QDS_programming_[INSERT VARIABLE NAME]	Use for all other notes not described above.
Version	Use QDS 2.6.1 along with most recent patch.
Note	Every question requires a response to move forward in the application unless else noted.
Codebook	The QDS codebook should have a brief description of the variable including all calculated variables.
Codebook	Label module and topics in the codebook. Use the Table of Contents for guidance. Modules are under Heading 1 and sections are under Heading 2 in the MS Word version of the questionnaire.
Text limit	The maximum size of text values is 100 except for ADDCOM1 (additional comments), which is 200.
Screen setting	Recommended CAPI screen setting of at least 1024 by 768.

Calculations

All date variables	Create an automatic variable that is a copy of the date variable. For example, if the variable for date was called DATE, then the automatic variable would look like: a. variable name: TXFORM, b. type of date: String Expression, c. numeric calculation/string expression: DATE.
Calculation_AGEIDATE	Calculate the respondent's age at the time of the interview using DOB_13 (date of birth) and IDATE (date of interview).
Label_AGEIDATE	Respondent's age at date of interview.
Calculation_CYCYR	Calculate data collection cycle using variable name CYCYR. If the date is May 1, 2015-April 30, 2015, then CYCYR = 2015. If the date is May 1, 2016-April 30, 2016, then CYCYR = 2016. If the date is May 1, 2017-April 30, 2017, then CYCYR = 2017. Follow a similar pattern for subsequent years.

Label_CYCYR	Interview cycle year.
Calculation_IDATE-12	Calculate the date 12 months prior to IDATE (interview date). Example, if IDATE is 12/02/2016, then IDATE-12 is 12/02/2015.
Label_IDATE-12	12 months prior to interview date.
Calculation_IDATE-7D	Calculate the date 7 days prior to IDATE (interview date). Example, if IDATE is 12/08/2016, then IDATE-7D is 12/01/2016.
Label_IDATE-7D	7 days prior to interview date.
Calculation_LANGUAG	Distinguish between English (EN) and Spanish (SP) versions of the questionnaires.
Label_LANGUAG	Language of questionnaire.
Calculation_LAST YEAR	Calculate last calendar year LASTYEAR = if (YEAR = '2013', '2012', if (YEAR = '2014', '2013', '9999')).
Label_LASTYEAR	Last calendar year.
Calculation_PDP_ST	Calculate PDP start date: If the date is May 1, 2015-April 30, 2016, then the PDP start date is January 1, 2015. If the date is May 1, 2016-April 30, 2017, then the PDP start date is January 1, 2016. If the date is May 1, 2017-April 30, 2018, then the PDP start date is January, 2017. Follow a similar pattern for subsequent years.
Label_PDP_ST	Population definition period start date.
Calculation_PDP_END	If the date is May 1, 2015-April 30, 2016, then the PDP end date is April 30, 2015. If the date is May 1, 2016-April 30, 2017, then the PDP end date is April 30, 2016. If the date is May 1, 2017-April 30, 2018, then the PDP end date is April 30, 2017. Follow a similar pattern for subsequent years.
Label_PDP_END	Population definition period end date.
Calculation_ST_ELIGIB	Calculate start time of eligibility criteria.
Label_ST_ELIGIB	Administration start-time for eligibility criteria.
Calculation_QDSVERN3	Document the QDS version used to create the QAD file. QDSVERN3 = create a calculated variable for QDS version number. For the 2015-2017 cycles, the value is 2.6.1.
Label_QDSVERN3	QDS software version.
Calculation_VERSION	Calculate questionnaire version number using variable name VERSION. This must be updated every time a change is made in the application. 11.X.X.
Label_VERSION	QDS file version.

Preliminary Information (I)

Prior to interview (IP)

Interviewer_note _IP		DISPLAY: Enter the following information prior to interview.
IDATE	IP.1.0.	Interview date ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D Y Y Y Y
Label_IDATE		Interview date
Calculation_IDATE		Automatically calculate IDATE (interview date) in QDS using the date on the device
Calculation_CALCSDT		

IDATE	CALCSDT
June 1, 2015 – May 31, 2016	12/31/2014
June 1, 2016 – May 31, 2017	12/31/2015
June 1, 2017 – May 31, 2018	12/31/2016

Label_CALCSDT		Date of sample draw based on date of interview
SITEID	IP.2.1.	Site ID of jurisdiction where person was sampled ___ ___ ___ ___
Label_SITEID		Site ID of jurisdiction where person was sampled
Range_SITEID		0001–9999
QDS_programming _SITEID		4 digits with leading 0s
QDS_programming_SJUR		Name of sampling jurisdiction based on SITEID (Site ID)

SITEID	SJUR
0006	California
1600	Chicago
0010	Delaware
0012	Florida
0013	Georgia
3360	Houston
0017	Illinois
0018	Indiana
0026	Michigan
4480	Los Angeles County
0028	Mississippi
0037	North Carolina
0034	New Jersey
0036	New York
5600	New York City
0041	Oregon
0042	Pennsylvania
6160	Philadelphia
0072	Puerto Rico

		7360	San Francisco
		0048	Texas
		0051	Virginia
		0053	Washington
Label_SJUR		Name of sampling jurisdiction	

INDID	IP.2.2.	Respondent ID ___ ___ ___ ___	
Label_INDID		Respondent ID	
Range_INDID		0001-9999	
QDS_programming _INDID		4 digits with leading 0s	
Calculation_CYCYR2D		Calculated 2 digit cycle year by taking the last two digits of CYCYR (interview cycle year)	
Label_CYCYR2D		2 digit interview cycle year	
Range_CYCYR2D		15 to 99	
Calculation_PARID		Calculate PARID by combining SITEID + 09 + CYCYR2D + INDID	
Label_PARID		Participant ID	
Range_PARID		0000-0000-0001 to 9999-9999-9999	

IDCONFN3	IP.2.3.	The Participant ID is __ __ __ __—__ __ __ __—__ __ __ __. Is that correct?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_IDCONFN3		Confirmation of PARID	
QDS_programming _IDCONFN3		Program should read dashes after every 4th number for legibility (e.g., "The participant ID is 1111-2222-3333. Is that correct?")	
Hard_edit_IDCONFN3		If IDCONFN3 is 0 (no), then READ, "Interviewer: Please re-enter participant ID." Return to IDCONFN3.	

INTID	IP.3.0.	Interviewer ID ___ ___ ___	
Label_INTID		Interviewer ID	
Range_INTID		001–999	

INTSE_12	IP.4.0.	Interview setting: [SELECT ONLY ONE.]	
		Outpatient health facility	1
		Inpatient health facility	2
		Prison or jail facility	3
		Community-based organization	4
		Private home	5
		Public venue (e.g., coffee shop, library)	6
		Health department	7
		Telephone	8

		Other 9 Refused to answer 77 Don't know 88
Label_INTSE_12		Interview setting
SDTVERN5	IP.5.0.	Based on the current date of [INSERT IDATE], the sampling date for this data collection cycle is probably [INSERT CALCSDT]. Is that correct? No 0 Yes 1
Label_SDTVERF		Verify sampling date
Skip_SDATE		If SDTVERF (verify sampling date) = 1 (yes), then skip to IJURN5 (Site ID of jurisdiction completing the interview). If SDTVERF = 0 (no) then go to SDATE (date sample was drawn).
SDATEN5	IP.6.0.	Enter sampling date ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D Y Y Y Y
Label_ SDATE Calculation_COMBOSDT		Date sample was drawn If SDTVERF (verify sampling date) = 1 (yes), then COMBOSDT (combination sampling date) = CALCSDT (Date of sample draw based on date of interview). If SDTVERF (verify sampling date) = 0 (no), then COMBOSDT (combination sampling date) = SDATE (Sampling date).
IJURN5	IP.7.0	What is the site ID of the jurisdiction completing the interview? ___ ___ ___
Label_IJURN5 Range_IJURN5 QDS_programming_ IJURN5		Site ID of jurisdiction completing the interview 0001–9999 4 digits with leading 0s

Introduction (IN)

Intro_IN	"I'd like to thank you for taking part in this interview. Remember that all the information you give me will be kept confidential and your name <u>won't</u> be recorded in the survey responses. The answers to some questions may seem obvious to you, but I need to ask you all of the questions."
Skip_IN	If INTSE_12 (interview setting) is 8 (telephone interview), then go to Intro_INTEL; else skip to PARTCPT (ever participation).
Intro_INTEL	"You have chosen to complete the interview over the telephone. Before we begin, I would like to remind you that there is a set of response cards that I will ask you to refer to throughout the course of the interview. These response cards will be needed for some of the questions you will be asked during the interview. The set of cards contains a calendar, some pictures, and text to help guide you through the response options for some of the questions. Each card is labeled. Please keep this set of response cards nearby so you can use them when needed. I will let you know which questions require response cards and the label that corresponds to the

card that is needed.”

Eligibility criteria (Y)

Calculation_ST_INT	Start time of interview. ST_INT = Current time.
Label_ST_INT	Start of Interview

MMP participation (YM)

PARTCPT	YM.1.0.	Have you **ever** participated in the MMP interview?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_PARTCPT		Ever participation	
Skip_PARTCPT		If PARTCPT (ever participation) = 1 (yes), go to PARTIC (date of participation). If PARTCPT (ever participation) = 0 (no) or 8 (don't know), then skip to next topic (DOB_13, age). If PARTCPT (ever participation), is 7 (refused to answer), READ, "I'm only interviewing people who haven't already been interviewed during this data collection year. Thank you very much for your time" and skip to Calculation_ST_COMPL (end time interview).	

PARTIC	YM.1.1.	What month and year did you participate in the MMP interview? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]	
Label_PARTIC		Date participated in MMP	
QDS_programming _PARTIC		PARTIC requires a full response for month and year. If the respondent does not know the month, code the date as Don't know.	
Range_PARTIC		PARTIC cannot be <u>earlier</u> than January 2005 or <u>later</u> than IDATE (interview date).	

CURCYN5	YM.1.2.	**Interviewer question** [DON'T READ TO RESPONDENT] Was the participant interviewed for MMP during the **current** data collection cycle?	
		No	0
		Yes	1
		Don't know	8
Label_CURCYN5		Interviewed in current cycle	
Skip_CURCYN5		If CURCYN5 (interviewed in current cycle) is 1 (yes), READ, "I'm only interviewing people who haven't already been interviewed during this data collection year. Thank you very much for your time." Skip to Calculation_ST_COMPL (end time interview). If PARTCPT (ever participation) is 0 (no) or 8 (don't know), then skip to next topic (DOB_13, age).	

Residence (YS)

Residence on interview date

CURLVN5	YS.1.0.	What state do you **currently** live in? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		California	1
		Delaware	2
		Florida	3
		Georgia	4
		Illinois	5
		Indiana	6
		Maryland	7
		Massachusetts	8
		Michigan	9
		Mississippi	10
		New Jersey	11
		New York	12
		North Carolina	13
		Oregon	14
		Pennsylvania	15
		Puerto Rico	16
		South Carolina	17
		Texas	18
		Virginia	19
		Washington	20
		Any other U.S. state or D.C.	21
		Outside the United States or in another U.S. territory	22
		Refused to answer	77
		Don't know	88
Label_ CURLVN5		Current residence	
Skip_CURLVN5		If CURLVN5 (current residence), is 1 (California), 5 (Illinois), 12 (New York), 15 (Pennsylvania), or 18 (Texas), go to MMPCTYN5 (MMP city). If CURLVN5 (current residence) is 77 (refused to answer), or 88 (don't know), skip to SAMPLVN5. If CURLVN5 (current residence) is 21 (any other US state or territory), skip to NONMSTN5 (non-MMP state). If CURLVN5 (current residence) is 2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 16, 17, 19, or 20, skip to LONGLVN5 (Time in current residence).	

MMPCTYN5	YS.1.1.	What city do you **currently** live in? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		Chicago	1
		Houston	2
		Los Angeles County	3
		New York City	4
		Philadelphia	5
		San Francisco	6
		Other U.S. city	7
		Refused to answer	77
		Don't know	88
Label_ MMPCTYN5		MMP city of residence	

Hard_edit_ MMPCTYN5

Only valid combinations for MMPCTYN5 (MMP city of residence) and CURLVN5 (Current residence) are:

CURLVN5	CURLVN5 Description	MMPCTYN5	MMPCTYN5 Description
1	California	3	Los Angeles County
1	California	6	San Francisco
1	California	7	Other U.S. City
1	California	77	Refused
1	California	88	Don't Know
5	Illinois	1	Chicago
5	Illinois	7	Other U.S. City
5	Illinois	77	Refused
5	Illinois	88	Don't Know
12	New York	4	New York City
12	New York	7	Other U.S. City
12	New York	77	Refused
12	New York	88	Don't Know
15	Pennsylvania	5	Philadelphia
15	Pennsylvania	7	Other U.S. City
15	Pennsylvania	77	Refused
15	Pennsylvania	88	Don't Know
18	Texas	2	Houston
18	Texas	7	Other U.S. City
18	Texas	77	Refused
18	Texas	88	Don't Know

Else, display text "That city does not match with the state you selected. Please tell me the city again." Return to MMPCTYN5 (MMP city of residence).

Skip_MMPCTYN5

Skip to LONGLVN5 (Time live in current residence).

NONMSTN5 YS.1.2.

Interviewer instructions:
Enter the two-character state abbreviation. For reference, the remaining states are Alabama (AL), Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Connecticut (CT), District of Columbia (DC), Hawaii (HI), Idaho (ID), Iowa (IA), Kansas (KS), Kentucky (KY), Louisiana (LA), Maine (ME), Minnesota (MN), MO, Montana (MT), Nebraska (NE), Nevada (NV), New Hampshire (NH), New Mexico (NM), North Dakota (ND), Ohio (OH), Oklahoma (OK), Rhode Island (RI), South Dakota (SD), Tennessee (TN), Utah (UT), Vermont (VT), West Virginia (WV), Wisconsin (WI), Wyoming (WY).

___ ___
77 = Refused to answer, 88= Don't know

Label_ NONMSTN5

Non-MMP state abbreviation

Hard_edit _NONMSTN5

Only valid values for NONMSTN5 (non-MMP state) are:
AL, AK, AZ, AR, CO, CT, HI, ID, IA, KS, KY, LA, ME, MN, MO, MT, NE, NV, NH, NM, ND, OH, OK, RI, SD, TN, UT, VT, WV, WI, WY, 77, 88.
Else, READ "Incorrect abbreviation, consult list of remaining states." Return to

NONMSTN5.

LONGLVN5 YS.1.3. How many years and months have you lived there?
___ ___ (years) ___ ___ (months)

Label_LONGLVN5 Time in current residence

Calculation_ CURFIPS Calculate variable CURFIPS (FIPS code of current residence) as follows:

CURLVN5	Description of State Variable	MMPCTYN5	Description of City Variable	CURFIPS
1	California	7	Other U.S. City	0006
1	California	3	Los Angeles County	4480
1	California	6	San Francisco	7360
2	Delaware		Skipped	0010
3	Florida		Skipped	0012
4	Georgia		Skipped	0013
5	Illinois	7	Other U.S. City	0017
5	Illinois	1	Chicago	1600
6	Indiana		Skipped	0018
7	Maryland		Skipped	0024
8	Massachusetts		Skipped	0025
9	Michigan		Skipped	0026
10	Mississippi		Skipped	0028
11	New Jersey		Skipped	0034
12	New York	7	Other U.S. City	0036
12	New York City	4	New York City	5600
13	North Carolina		Skipped	0037
14	Oregon		Skipped	0041
15	Pennsylvania	7	Other U.S. City	0042
15	Pennsylvania	5	Philadelphia	
16	Puerto Rico		Skipped	0072
17	South Carolina		Skipped	7360
18	Texas	7	Other U.S. City	0048
18	Texas	2	Houston	3360
19	Virginia		Skipped	0051
20	Washington		Skipped	0053
Anything else	Any other code		Skipped	

Label_ CURFIPS FIPS code of current residence

Skip_edit_ LONGLVN5 If LONGLVN5 (Time in current residence) ≥ (COMBOSDT – IDATE) and CURLVN5 (current residence) is 22 (Outside the US), READ, “I’m only interviewing people who lived in the United States on [COMBOSDT]. Thank you very much for your time” and skip to Calculation_ST_COMPL (end time of interview). If CURFIPS is equal to SITEID, skip to SAMPLVN5 (residence on sampling date). Else, go to LVPASN5 (when last lived in project area of sampling).

Last residence in project area of sampling

LVPASN5	YS.1.4.	What month and year did you last live in [INSERT SJUR (project area of sampling)]? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_ LVPASN5 QDS_programming _LVPASN5		When last lived in project area of sampling Enable "not applicable" option for this question.
Skip_LVPASN5		If LONGLVN5 (Time in current residence) < (COMBOSDT – IDATE), then go to SAMPLVN5 (residence on sampling date). Else, if LONGLVN5 (LONGLVN5 (Time in current residence) < 12 months, skip to SPLV_N5 (residence at start of SP). Else, skip to next topic (Calculation_ST_BSDEM, start time basic demographics).

Residence on sampling date

SAMPLVN5	YS.2.0.	What state did you live in on [INSERT COMBOSDT]? [DON'T READ RESPONSES. SELECT ONLY ONE.] California 1 Delaware 2 Florida 3 Georgia 4 Illinois 5 Indiana 6 Maryland 7 Massachusetts 8 Michigan 9 Mississippi 10 New Jersey 11 New York 12 North Carolina 13 Oregon 14 Pennsylvania 15 Puerto Rico 16 South Carolina 17 Texas 18 Virginia 19 Washington 20 Any other U.S. state or D.C. 21 Outside the United States or in another U.S. territory 22 Refused to answer 77 Don't know 88
Label_ SAMPLVN5		Residence on sampling date
Skip_SAMPLVN5		If SAMPLVN5 (residence on sampling date), is 1 (California), 5 (Illinois), 12 (New

York), 15 (Pennsylvania), or 18 (Texas), go to SAMPCTN5 (MMP city of residence at sampling). If SAMPLVN5 (residence on sampling date) is 22 (outside the US), 77 (refused to answer), or 88 (don't know) READ, "I'm only interviewing people who lived in the United States on [COMBOSDT]. Thank you very much for your time" and Skip to Intro_EE (end of interview). If SAMPLVN5 (residence on sampling date) is 21, skip to NMSAMPN5 (non-MMP state residence at sampling abbreviation). If SAMPLVN5 (residence on sampling date) is 2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 16, 17, 19, or 20 and LONGLVN5 (Time in current residence) < 12 months, skip to SPLV_N5 (residence at start of SP). If SAMPLVN5 (residence on sampling date) is 2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 16, 17, 19, or 20 and LONGLVN5 (Time in current residence) ≥ 12 months Skip to next topic (Calculation_ST_BSDEM, start time basic demographics).

SAMPCTN5 YS.2.1. What city did you live in at that time? [DON'T READ RESPONSES. SELECT ONLY ONE.]

Chicago	1
Houston	2
Los Angeles County	3
New York City	4
Philadelphia	5
San Francisco	6
Other U.S. city	7
Refused to answer	77
Don't know	88

Label_SAMPCTN5
Hard_edit_ SAMPCTN5

MMP city of residence at sampling.
Only valid combinations for SAMPCTN5 (MMP city of residence at sampling) and SAMPLVN5 (Residence on sampling date) are:

SAMPLVN5	SAMPLVN5 Description	SAMPCTN5	SAMPCTN5 Description
1	California	3	Los Angeles County
1	California	6	San Francisco
1	California	7	Other U.S. City
1	California	77	Refused
1	California	88	Don't Know
5	Illinois	1	Chicago
5	Illinois	7	Other U.S. City
5	Illinois	77	Refused
5	Illinois	88	Don't Know
12	New York	4	New York City
12	New York	7	Other U.S. City
12	New York	77	Refused
12	New York	88	Don't Know
15	Pennsylvania	5	Philadelphia
15	Pennsylvania	7	Other U.S. City
15	Pennsylvania	77	Refused
15	Pennsylvania	88	Don't Know
18	Texas	2	Houston
18	Texas	7	Other U.S. City

		18	Texas	77	Refused
		18	Texas	88	Don't Know
		Else, display text "That city selection does not match with the state you selected. Please check the city selection." Return to [SAMPCTN5].			
NMSAMPN5	YS.2.2.	Interviewer instructions: Enter two-character state abbreviations. For reference, the remaining states are Alabama (AL), Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Connecticut (CT), District of Columbia (DC), Hawaii (HI), Idaho (ID), Iowa (IA), Kansas (KS), Kentucky (KY), Louisiana (LA), Maine (ME), Minnesota (MN), MO, Montana (MT), Nebraska (NE), Nevada (NV), New Hampshire (NH), New Mexico (NM), North Dakota (ND), Ohio (OH), Oklahoma (OK), Rhode Island (RI), South Dakota (SD), Tennessee (TN), Utah (UT), Vermont (VT), West Virginia (WV), Wisconsin (WI), Wyoming (WY). ___ ___ 77 = Refused to answer, 88= Don't know			
Label_ NMSAMPN5		Non-MMP state residence at sampling abbreviation.			
Hard_edit_ NMSAMPN5		Only valid values for NMSAMPN5 (non-MMP state) are: AL, AK, AZ, AR, CO, CT, HI, ID, IA, KS, KY, LA, ME, MN, MO, MT, NE, NV, NH, NM, ND, OH, OK, RI, SD, TN, UT, VT, WV, WI, WY, 77, 88 Else, display text "Incorrect abbreviation, consult interviewer guide."			
Skip_SAMPCTN5		If LONGLVN5 (Time in current residence) < 12 months Skip to SPLV_N5 (residence at start of SP). Else Skip to next topic (Calculation_ST_BSDEM, start time basic demographics).			
Skip_NMSAMPN5		If LONGLVN5 (Time in current residence) < 12 months, go to SPLV_N5 (residence at start of SP). Else Skip to next topic (Calculation_ST_BSDEM, start time basic demographics).			

SP start date

SPLV_N5	YS.3.0.	What state did you live in on [INSERT IDATE – 12 months]? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		California	1
		Delaware	2
		Florida	3
		Georgia	4
		Illinois	5
		Indiana	6
		Maryland	7
		Massachusetts	8
		Michigan	9
		Mississippi	10
		New Jersey	11
		New York	12
		North Carolina	13
		Oregon	14

		Pennsylvania	15
		Puerto Rico	16
		South Carolina	17
		Texas	18
		Virginia	19
		Washington	20
		Any other U.S. state or D.C.	21
		Outside the United States or in another U.S. territory	22
		Refused to answer	77
		Don't know	88
Label_ SPLV_N5		Residence at start of surveillance period (SP)	
Skip_SPLV_N5		If SPLV_N5 (residence at start of SP), is 1 (California), 5 (Illinois), 12 (New York), 15 (Pennsylvania), or 18 (Texas), go to SPCTY_N5 (MMP city of residence at start of SP). If SPLV_N5 (residence at start of SP) is 21, go to NMMPSPN5 (non-MMP state residence at start of surveillance period abbreviation). Else Skip to next topic (Calculation_ST_BSDEM, start time basic demographics).	
SPCTY_N5	YS.3.1.	What city did you live in at that time? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		Chicago	1
		Houston	2
		Los Angeles County	3
		New York City	4
		Philadelphia	5
		San Francisco	6
		Other U.S. city	7
		Refused to answer	77
		Don't know	88
Label_SPCTY_N5		MMP city of residence at start of SP	
Hard_edit_SPCITY		Only valid combinations for to SPCTY_N5 (MMP city of residence at start of SP) and SPLV_N5 (Residence at start of surveillance period) are:	

SPLV_N5	SPLV_N5 Description	SPCITY	SPCITY Description
1	California	3	Los Angeles County
1	California	6	San Francisco
1	California	7	Other U.S. City
1	California	77	Refused
1	California	88	Don't Know
5	Illinois	1	Chicago
5	Illinois	7	Other U.S. City
5	Illinois	77	Refused
5	Illinois	88	Don't Know
12	New York	4	New York City
12	New York	7	Other U.S. City

12	New York	77	Refused
12	New York	88	Don't Know
15	Pennsylvania	5	Philadelphia
15	Pennsylvania	7	Other U.S. City
15	Pennsylvania	77	Refused
15	Pennsylvania	88	Don't Know
18	Texas	2	Houston
18	Texas	7	Other U.S. City
18	Texas	77	Refused
18	Texas	88	Don't Know

Else, display text "That city selection does not match with the state you selected. Please check the city selection." Return to [SAMPCTN5].

Calculation _SPCTY_N5

Calculate FIPS codes for the three sets of residency variables as follows:

State Variable	Description of State Variable	City Variable	Description of City Variable	Value assigned to FIPS Code Variable
1	California	7	Other U.S. City	0006
1	California	3	Los Angeles County	4480
1	California	6	San Francisco	7360
2	Delaware		Skipped	0010
3	Florida		Skipped	0012
4	Georgia		Skipped	0013
5	Illinois	7	Other U.S. City	0017
5	Illinois	1	Chicago	1600
6	Indiana		Skipped	0018
7	Maryland		Skipped	0024
8	Massachusetts		Skipped	0025
9	Michigan		Skipped	0026
10	Mississippi		Skipped	0028
11	New Jersey		Skipped	0034
12	New York	7	Other U.S. City	0036
12	New York City	4	New York City	5600
13	North Carolina		Skipped	0037
14	Oregon		Skipped	0041
15	Pennsylvania	7	Other U.S. City	0042
15	Pennsylvania	5	Philadelphia	
16	Puerto Rico		Skipped	0072
17	South Carolina		Skipped	7360
18	Texas	7	Other U.S. City	0048
18	Texas	2	Houston	3360
19	Virginia		Skipped	0051
20	Washington		Skipped	0053
Anything	Any other code		Skipped	

else

The three sets of residency variables are as follows:

Description of set	State Variable	City Variable	FIPS Code Variable
Current residence	CURLVN5	MMPCTYN5	CURFIPS
Residence at sampling	SAMPLVN5	SAMPCTN5	SAMPFIPS
Residence on SP start date	SPLV_N5	SPCTY_N5	SPFIPS

Skip_SPCTY_N5		If CURFIPS not equal to SITEID and SAMPFIPS not equal to SITEID and SPFIPS not equal to SITEID, then person has never been documented to have lived in project area of SAMP, go to LVPASN5 (when last lived in project area of sampling). Else Skip to next topic (Calculation_ST_BSDEM, start time basic demographics).
NMMPSPN5	YS.3.2.	Interviewer instructions: Enter 2 character state abbreviations. For reference, the remaining states are Alabama (AL), Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Connecticut (CT), District of Columbia (DC), Hawaii (HI), Idaho (ID), Iowa (IA), Kansas (KS), Kentucky (KY), Louisiana (LA), Maine (ME), Minnesota (MN), MO, Montana (MT), Nebraska (NE), Nevada (NV), New Hampshire (NH), New Mexico (NM), North Dakota (ND), Ohio (OH), Oklahoma (OK), Rhode Island (RI), South Dakota (SD), Tennessee (TN), Utah (UT), Vermont (VT), West Virginia (WV), Wisconsin (WI), Wyoming (WY). ___ ___ 77 = Refused to answer, 88= Don't know
Label_ NMMPSPN5 Hard_edit _NMSAMPN5		Non-MMP state residence at start of surveillance period abbreviation Only valid values for NMSAMPN5 (non-MMP state) are: AL, AK, AZ, AR, CO, CT, HI, ID, IA, KS, KY, LA, ME, MN, MO, MT, NE, NV, NH, NM, ND, OH, OK, RI, SD, TN, UT, VT, WV, WI, WY, 77, 88. Else, display text "Incorrect abbreviation, consult interviewer guide."
Skip_NMMPSPN5		If never lived in project area of samp, go to LVPASN5 (when last lived in project area of sampling). Else Skip to next topic (Calculation_ST_BSDEM, start time basic demographics).

Age (YA)

DOB_13	YA.1.0.	Please tell me the month and year of your date of birth? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_DOB_13 Hard_edit_DOB_13		Date of birth DOB_13 (date of birth) requires a response for both the month and year. Partial date is not accepted.
Skip_DOB_13		If respondent is less than 18 years of age (IDATE-DOB_13 < 18*365.25, skip to AGE_VER1 (age verification). If DOB_13 (date of birth) is 7 (refused to answer) or 8 (don't know), or if DOB_13 (date of birth) is 18 years and 0–11 months prior to IDATE (interview date), go to AGE_VER1 (age verification); Else, skip to POS1S_9 (diagnosis date).
Hard_edit_DOB_13		DOB_13 (date of birth) cannot be earlier than January 1, 1900. If date is earlier than January 1, 1900, then return to DOB_13 (date of birth). DOB_13 (date of birth) cannot be later than the IDATE (interview date). If date is later than the IDATE (interview date), then return to DOB_13 (date of birth).
Calculation_DOB_13		Calculate age of respondent using DOB_13 (date of birth). Use the 1st of the month to calculate age.

AGE_VER1	YA.1.1.	Are you at least 18 years old **today**?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_AGE_VER1		age verification	
Skip_AGE_VER1		If AGE_VER1 (age verification) is 0 (no), 7 (refused to answer), or 8 (don't know), then say, "I am only interviewing people who are 18 years or older. Thank you very much for your time." Then Skip to Intro_EE (end of interview). Else go to POS1S_9 (diagnosis date).	

Diagnosis date (YD)

POS1S_9	YD.1.0.	What month and year did you **first** test positive for HIV? Tell me when you got your result, not when you got your test. ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_POS1S_9		Date first tested positive for HIV
Hard_edit _POS1S_9		POS1S_9 (date first tested positive for HIV) cannot be earlier than DOB_13 (date of birth).
Soft_edit _POS1S_9		If POS1S_9 (date first tested positive) is earlier than March 1985, confirm response. If POS1S_9 is earlier than 03/1985, READ, "The date entered is earlier than 03/1985, the date of the first FDA-approved HIV test. Confirm date of HIV test." Program should move forward regardless of date.
QDS_programming_ POS1S_9		Allow a blank response for month.

Basic demographics (D)

Calculation_ST_BSDEM	Start time of basic demographics module ST_BSDEM = Current time
Label_ST_BSDEM	Start basic demographics

Education (DE)

EDUC	DE.1.0.	What is the highest level of education you completed? [READ RESPONSES. SELECT ONLY ONE.]	
		Never attended school	1
		Grades 1 through 8	2
		Grades 9 through 11	3
		Grade 12 or GED	4
		Some college, associate's degree, or technical degree	5
		Bachelor's degree	6
		Any post–graduate studies	7
		Refused to answer	77
		Don't know	88
Label_EDUC		Education	

Race-ethnicity (DR)

HISPA_13	DR.1.0.	Do you consider yourself to be of Hispanic, Latino/a, or Spanish origin?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HISPA_13		Hispanic-Latino origin	
HISN3 series		Which of the following describes your Hispanic, Latino/a, or Spanish origin? You can choose more than one. [READ RESPONSES. SELECT ALL THAT APPLY.]	
HISN3A	DR.1.1.	Mexican, Mexican American, or Chicano/a	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HISN3A		Mexican, Mexican American, or Chicano/a origin	
HISN3B	DR.1.2.	Puerto Rican	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HISN3B		Puerto Rican origin	

HISN3C	DR.1.3.	Cuban	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HISN3C		Cuban origin	
HISN3D	DR.1.4.	Another Hispanic, Latino/a, or Spanish origin	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HISN3D		Another Hispanic, Latino/a, or Spanish origin	
RACE_9 series		Which racial group or groups do you consider yourself to be in? You may choose more than one option. [READ RESPONSES. SELECT ALL THAT APPLY.]	
RACE_9A	DR.2.1.	American Indian or Alaska Native	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_RACE_9A		American Indian or Alaska Native race	
RACE_9B	DR.2.2.	Asian	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_RACE_9B		Asian race	
RACE_9C	DR.2.3.	Black or African American	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_RACE_9C		Black or African American race	
RACE_9D	DR.2.4.	Native Hawaiian or Other Pacific Islander	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_RACE_9D		Native Hawaiian or Other Pacific Islander race	
RACE_9E	DR.2.5.	White	
		No	0
		Yes	1

		Refused to answer	7
		Don't know	8
Label_RACE_9E		White race	

Gender and sexual orientation (DG)

BIRTGEN	DG.1.0.	What was your sex at birth? [READ RESPONSES EXCEPT "Intersex/ambiguous." SELECT ONLY ONE.]	
		Male	1
		Female	2
		Intersex/ambiguous	3
		Refused to answer	7
		Don't know	8
Label_BIRTGEN		Sex at birth	

GENDER	DG.2.0.	Do you consider yourself to be male, female, or transgender? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		Male	1
		Female	2
		Transgender	3
		Refused to answer	7
		Don't know	8
Label_GENDER		Gender	

SEXOR_N5	DG.3.0.	Do you think of yourself as [READ RESPONSES; SELECT ONLY ONE.]:	
		Lesbian or gay	1
		Straight, that is, not gay	2
		Bisexual	3
		Something else	4
		Refused to answer	7
		Don't know	8
Label_SEXOR_N5		Sexual orientation	

Marriage status (DM)

MAR_N5	DM.1.0.	The next question is about your current legal marriage status. Are you **currently**…? [READ RESPONSES. SELECT ONLY ONE.]	
		Married	1
		In a civil union or domestic partnership	2
		Divorced	3
		Widowed	4
		Separated	5
		Never married	6
		Refused to answer	7
		Don't know	8
Label_ MAR_N5		Marital status	

CLV_N5	DM.1.1.	Are you currently living with your husband, wife, boyfriend, girlfriend, or partner?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CLV_N5		Living with partner	

Language ability (DL)

LANWL1N3	DL.1.0.	How well do you speak English? [READ RESPONSES. SELECT ONLY ONE.]	
		Very well	1
		Well	2
		Not well	3
		Not at all	4
		Refused to answer	7
		Don't know	8
Label_LANWL1N3		How well do you speak English?	
LANWL2N3	DL.2.0.	Do you speak a language other than English at home?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_LANWL2N3		Speak a language other than English at home	
Skip_LANWL2N3		If LANWL2N3 0 (no), 7 (refused to answer), or 8 (don't know), then skip to next topic (Intro_1HOMEL_9A, lived on the street).	
LANWL3N3	DL.2.1.	What is this language? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		Spanish	1
		French	2
		Chinese	3
		German	4
		Tagalog	5
		Vietnamese	6
		Italian	7
		Korean	8
		Russian	9
		Polish	10
		Other	11
		Refused to answer	77
		Don't know	88
Label_LANWL3N3		What is this language?	
Skip_LANWL3N3		If LANWL3N3 is 11 (other), then go to LANN3_OS. Else skip to next topic (Intro_1HOMEL_9A).	
LANN3_OS		Specify language _____	

Label_LANN3_OS:		Specify other language

Homeless (DH)

Intro_1HOMEL_9A		"Next I'll ask about the **past 12 months**. That is from last year [INSERT IDATE-12] to now [INSERT IDATE]."	
QDS_programming_ Intro_HOMEL_9A		The QDS program should enter the appropriate dates. EXAMPLE: If IDATE is 11/11/2015, then the program should READ "That is from last year, 11/11/2014 to now 11/11/2015."	
HOMEL_9 series		During the **past 12 months**, have you done any of the following:	
HOMEL_9A	DH.1.1.	…lived on the street?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HOMEL_9A		lived on the street	
HOMEL_9B	DH.1.2.	…lived in a shelter?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HOMEL_9B		lived in a shelter	
HOMEL_9C	DH.1.3.	…lived in a Single Room Occupancy (SRO) hotel?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HOMEL_9C		lived in a Single Room Occupancy (SRO) hotel	
HOMEL_9D	DH.1.4.	…lived in a car?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HOMEL_9D		lived in a car	

Incarceration (DJ)

JAIL_N5	DJ.1.0.	During the **past 12 months,** how many different times were you in jail, detention, or prison for longer than 24 hours? ___ ___ [77 = Refused to answer, 88 = Don't know]
Label_ JAIL_N5		Number of times incarcerated

Range_ JAIL_N5		0–76
Skip_ JAIL_N5		If JAIL_N5 (number of times incarcerated) = 0, then skip to next topic (Calculation_ST_DISAB, start time disability); else go to DYINCN5 (number of days incarcerated)
DYINCN5	DJ.1.1.	The last time you were in jail, detention, or prison for longer than 24 hours, how many days did you spend in jail, detention, or prison? ___ ___ ___ ___ [7777 = Refused to answer, 8888 = Don't know]
Label_ DYINCN5 Range_ DYINCN5		Number of times incarcerated 1–7776
DTINCN5	DJ.1.2.	The last time you were in jail, detention, or prison for longer than 24 hours, what month and year were you released? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_ DTINCN5 Hard_edit_ DTINCN5		Date of last release DTINCN5 (date of last release) cannot be earlier than [IDATE (interview date) – 12 months]. If DTINCN5 (date of last release) is earlier than [IDATE (interview date) – 12 months].then READ, "The release date has to be within the past 12 months because we are asking about incarcerations that took place in the past 12 months. Please re-enter date." Do not allow the program to advance.

Disability (A)

Calculation_ST_DISAB		Start time of disability module ST_DISAB = Current time	
Label_ST_DISAB		Start disability	
Intro_DISDEFN3		"Now, I'm going to ask about different conditions you may or may not have. Some of these things may seem obvious to you, but please answer the questions."	
DISDEFN3	A.1.0.	Are you deaf or do you have serious difficulty hearing?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DISDEFN3		deaf or serious difficulty hearing	
DISBLNN3	A.2.0.	Are you blind or do you have serious difficulty seeing, even when wearing glasses?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DISBLNN3		blind or serious difficulty seeing	
DISCONN3	A.3.0.	Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DISCONN3		serious difficulty concentrating, remembering, or making decisions	
DISWLKN3	A.4.0.	Do you have serious difficulty walking or climbing stairs?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DISWLKN3		serious difficulty walking or climbing stairs	
DISDRSN3	A.5.0.	Do you have difficulty dressing or bathing?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DISDRSN3		difficulty dressing or bathing	

DISERRN3	A.6.0.	Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DISERRN3		difficulty doing errands alone	

Financial (F)

Calculation_ST _FINAN Label_ST_FINAN	Start time of financial module ST_FINAN = Current time Start financial

Employment (FE)

Intro_WORK_N3		For the next question, please choose the answer that best describes your current employment status. Tell me **after** I've read all the choices."	
WORK_N3	FE.1.0.	Are you currently…? [READ RESPONSES. SELECT ONLY ONE.]	
		Employed for wages	1
		Self-employed	2
		Out of work for more than 1 year	3
		Out of work for less than 1 year	4
		A homemaker	5
		A student	6
		Retired	7
		Or unable to work	8
		Refused to answer	77
		Don't know	88
Label_WORK_N3			

Income (FI)

Intro_INCOME_5		"Now I'd like to ask you some questions about [INSERT LAST YEAR]. That is from January 1st, [INSERT LAST YEAR] to December 31st, [INSERT LAST YEAR]. For this next question, we will use Response Card A as well as the calendar."	
INCOME_5	FI.1.0.	In [INSERT LAST YEAR], what was your combined monthly or yearly household income from all sources before taxes? When I say "combined household income," I mean the total amount of money from all people living in the household. [DON'T READ RESPONSES.]	

	Household Monthly Income		**Household Yearly Income**
a.	$0 to $416 per month	or	$0 to $4,999 per year
b.	$417 to $833 per month	or	$5,000 to $9,999 per year
c.	$834 to $1041 per month	or	$10,000 to $12,499 per year
d.	$1042 to $1249 per month	or	$12,500 to $14,999 per year
e.	$1250 to $1666 per month	or	$15,000 to $19,999 per year
f.	$1667 to $2083 per month	or	$20,000 to $24,999 per year
g.	$2084 to $2499 per month	or	$25,000 to $29,999 per year
h.	$2500 to $2916 per month	or	$30,000 to $34,999 per year
i.	$2917 to $3333 per month	or	$35,000 to $39,999 per year
j.	$3334 to $4166 per month	or	$40,000 to $49,999 per year
k.	$4167 to $4999 per month	or	$50,000 to $59,999 per year
l.	$5000 to $6249 per month	or	$60,000 to $74,999 per year
m.	$6250 or more per month	or	$75,000 or more per year

		77 Refused to answer	or	Refused to answer
		88 Don't know	or	Don't know
Label_INCOME_5		Income-monthly and yearly		
DEPND_IN	FI.2.0.	Including you, how many people depended on this income in [INSERT LAST YEAR]? ___ ___ ___ Refused to answer 77 Don't know 88		
Label_DEPND_IN Range_DEPND_IN		Number of dependents 1–49		
Skip_DEPND_IN		If DEPND_IN is >1, go to DEPND_N3; else, skip to next topic (FOOD3_N5, food security-hungry).		
DEPND_N3	FI.2.1.	Of the people who depended on this income in [INSERT LAST YEAR], how many were less than 18 years old? ___ ___ Refused to answer 77 Don't know 88		
Label_DEPND_N3 Hard_edit_DEPND_N3		Number of dependents over 18 years of age DEPND_N3 must be < DEPND_IN (unless DEPND_N3 is Skipped). If DEPND_N3 ≥ DEPND_IN, READ, "The number of people under 18 who depended on your income in [INSERT LAST YEAR] must be < the total number of people who depended on your income in [INSERT LAST YEAR]." Do not allow the program to advance.		

Food security (FS)

FOOD3_N5	FS.1.0.	During the **past 12 months**, were you ever hungry, but didn't eat because there wasn't enough money for food? No 0 Yes 1 Refused to answer 7 Don't know 8	
Label_FOOD3_N5		Food security-hungry.	

Productivity loss (FL)

Skip_PRLS1_N5		If LWORKN3 (employment) is "employed for wages," or "self-employed," then go to Intro_PRLS1_N5 (work hours scheduled); else Skip to the Intro_PRL20_N5.
Intro_PRLS1_N5		"Now I'm going to ask you some questions about your work during the **past 7 days**. That is in the last week from [INSERT IDATE-7D (7 days prior to interview date)] to now [INSERT IDATE (interview date)]."
PRLS1_N5	FL.1.0.	During the **past 7 days**, how many hours were you <u>scheduled</u> to work? ___ ___ ___

		[777 = Refused to answer, 888 = Don't know]
Label_PRLS1_N5 Range_PRLS1_N5		Work hours scheduled. 0–168
PRLS2_N5	FL.1.1.	During the **past 7 days,** how many hours did you actually work? ___ ___ ___ [777 = Refused to answer, 888 = Don't know]
Label_PRLS2_N5 Range_PRLS2_N5 Calculation_PRLS1_N5+PRLS2_N5		Work hours actually worked. 0–168 To estimate absenteeism by comparing how many hours someone was scheduled to work (PRLS1_N5) to how many they actually worked (PRLS2_N5) during the past 7 days. Calculating absenteeism in terms of hours lost per 4-week: Monthly absenteeism due to illness $= 4 * (\text{PRLS3_N5})$ Percent absenteeism due to illness $= (\frac{\text{PRLS3_N5}}{\text{PRLS1_N5}}) \times 100\%$.
PRLS3_N5	FL.1.2.	During the **past 7 days**, how many hours of work did you miss because of problems with your physical or mental health? ___ ___ ___ [777 = Refused to answer, 888 = Don't know]
Label_PRLS3_N5 Range_PRLS3_N5 Hard_edit_PRLS3_N5		Missed work-physical/mental health. 0–168 PRLS3_N5 (missed work-physical/mental health) cannot be > PRLS1_N5 (work hours scheduled). If PRLS3_N5 (missed work-physical/mental health) > PRLS1_N5 (work hours scheduled), then READ, "The number of hours missed cannot be > the number of hours scheduled." Loop back to PRLS1_N5 (work hours scheduled).
Intro_PRL20_N5		"Now I'm going to ask you about household activities. Household activities are things you do to take care of your house, yourself, or your family such as cooking, cleaning, lawn care, pet care, or childcare. Don't include activities that you're paid for or you do in your free time."
PRL20_N5	FL.2.0.	During the **past 7 days**, about how many fewer hours did you spend on household activities because of problems with your physical or mental health? ___ ___ ___ [777 = Refused to answer, 888 = Don't know]
Label_PRL20_N5 Range_PRL20_N5 Calculation_PRL20_N5		Fewer hours spent on household activity. 0–168. To estimate household productivity during the past 7 days. Calculation (Assume 4-week=1 month): Productivity loss related to household activities per month = (12.46* PRL20_N5)*4 Reference: http://www.ncbi.nlm.nih.gov/pubmed/19536021
Skip_1PRLS7_N5		If WORK_N3 (employment) is "out of work for more than one year," "out of work for < one year," or "unable to work," then go to PRLS7_N5 (ever employed). Else Skip to Intro_PRLS9_N5 (yearly individual income).

PRLS7_N5	FL.3.0.	Have you **ever** been employed for wages or self-employed? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_PRLS7_N5		Ever employed.
Skip_2PRLS7_N5		If PRLS7_N5 (ever employed) = 0 (no), 7 (refused to answer), or 8 (don't know), then skip to Intro_KINDA_3 (insurance-private health insurance). Else, go to PRLS8_N5.
PRLS8_N5	FL.3.1.	What month and year did you stop working at your **most recent** job? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_PRLS8_N5		Date of most recent job.
Hard_edit_PRLS8_N5		PRLS8_N5 (date of the most recent job) cannot be <u>earlier</u> than DOB_13 (respondent's date of birth). If PRLS8_N5 (date of the most recent job) is <u>earlier</u> than DOB_13 (respondent's date of birth), then READ, "The date of your most recent job cannot be earlier than your date of birth." Loop back to PRLS8_N5 (date of most recent job). PRLS8_N5 (date of the most recent job) cannot be <u>later</u> than IDATE (interview date). If PRLS8_N5 (date of the most recent job) is <u>later</u> than IDATE (interview date), then READ, "The date of your most recent job cannot be later than today." Loop back to PRLS8_N5 (date of most recent job).
Calculation_PRLS8_N5		To estimate the period of unemployment (months) by comparing PRLS8_N5 (date of the most recent job) to IDATE (interview date).
Intro_PRLS9_N5		"Next I'm going to ask you about individual income. This is different than household income, which I asked you about earlier. When I say "individual income," I mean the amount of money you earned as a paid employee or from your own business. Don't include money earned by another member of your household or from Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). If you aren't currently employed or self-employed, tell me your individual income from the **most recent year** that you were employed."
PRLS9_N5	FL.4.0.	Please take a look at Response Card B and tell me the letter that corresponds to your individual yearly or monthly income before taxes?

	Individual Monthly Income		**Individual Yearly Income**
a.	$0 to $416 per month	or	$0 to $4,999 per year
b.	$417 to $833 per month	or	$5,000 to $9,999 per year
c.	$834 to $1041 per month	or	$10,000 to $12,499 per year
d.	$1042 to $1249 per month	or	$12,500 to $14,999 per year
e.	$1250 to $1666 per month	or	$15,000 to $19,999 per year
f.	$1667 to $2083 per month	or	$20,000 to $24,999 per year
g.	$2084 to $2499 per month	or	$25,000 to $29,999 per year

	h.	$2500 to $2916 per month	or	$30,000 to $34,999 per year
	i.	$2917 to $3333 per month	or	$35,000 to $39,999 per year
	j.	$3334 to $4166 per month	or	$40,000 to $49,999 per year
	k.	$4167 to $4999 per month	or	$50,000 to $59,999 per year
	l.	$5000 to $6249 per month	or	$60,000 to $74,999 per year
	m.	$6250 to $8332 per month	or	$75,000 to $99,999 per year
	n.	$8333 or $12499 per month	or	$100,000 to $149,999 per year
	o.	$12500 or $16666 per month	or	$150,000 to $199,999 per year
	p.	$16667 or $20832 per month	or	$200,000 to $249,999 per year
	q.	$20833 or more per month	or	$250,000 or more per year
Label_PRLS9_N5	Variable label is individual income			
Calculation_PRLS9_N5	To estimate approximate monetary value of productivity loss due to absenteeism and unemployment. Calculation: *Assume 4-week=1 month; *Use mid-point of PRLS8_N5 (date of the most recent job) for the $ mount and plug with $250,000 if the response falls in the category "$250,000 or more." Productivity loss due to absenteeism per month = $(\frac{\text{PRLS9_N5}}{12}) \times (\frac{\text{PRLS3_N5}}{\text{PRLS1_N5}})$ Productivity loss due to unemployment per month = $(\frac{\text{PRLS9_N5}}{12}) \times (\frac{\text{interview date} - \text{PRLS8_N5}}{30})$			

Healthcare coverage (FH)

Intro_KINDA_5		"I'd like to ask you about all of the types of insurance and other coverage you have to help you pay for healthcare, medicines prescribed to treat your HIV, medicines for other conditions, and supportive services like case management."	
KIND_5 series		During the **past 12 months**, have you had any of the following types of insurance or other coverage for any type of healthcare? Please answer "yes" or "no" to each type. You may answer "yes" to more than one type.	
KINDA_5	FH.1.1.	Did you have private health insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDA_5		Insurance-private health insurance	
Skip_KINDA_5		If KINDA_5 is 1 (yes), go to INSEMP_N5, else skip to KINDB_5.	
INSEMP_N5	FH.1.1.a.	Was your private health insurance obtained through your employer or a family member's employer?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_INSEMP_N5		Insurance-private-employer	
INSMKT_N5	FH.1.1.b.	Did you purchase private health insurance through Healthcare.gov, or the Health Insurance Marketplace?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_INSMKT_N5		Insurance-private-marketplace	
KINDB_5	FH.1.2.	Did you have Medicaid?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDB_5		Insurance-Medicaid	
KINDC_5	FH.1.3.	Did you have Medicare?	
		No	0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDC_5		Insurance-Medicare	
KINDD_15	FH.1.4.	Did you have coverage through Ryan White HIV/AIDS Program or AIDS Drug Assistance Program, also called ADAP?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDD_5		Insurance-Ryan White or ADAP	
KINDE_5	FH.1.5.	Did you have Tricare or CHAMPUS/CHAMPVA?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDE_5		Insurance-Tricare or CHAMPUS	
KINDF_5	FH.1.6.	Did you have Veterans Administration coverage?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDF_5		Insurance-Veterans Administration coverage	
KINDG_5	FH.1.7.	Did you have city, county, state or other publicly funded insurance, not including Medicaid?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDG_N3		Insurance-city, county, state or other publicly funded insurance	
KINDH_N15	FH.1.8.	Did you have free medication or help with payment for medication through your doctor's office or clinic, or a compassionate care program. Don't include assistance paid for by ADAP or Ryan White.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDH_N15		Insurance-clinic or compassionate care	
KINDI_N15	FH.1.9.	Did you have free medication or help with payment for medication through a	

		drug company?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDI_N15		Insurance-drug company	
KINDJ_5	FH.1.10.	Did you have any other insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDJ_5		Insurance-other insurance	
Skip_KINDJ_5		If KINDJ_5 is 1 (yes), then go to KINDJ_5OS; else, skip to INS12_9.	
KINDJ_5OS	FH.1.11.	Please tell me the other type of insurance that you had. _____	
		Refused to answer	7
		Don't know	8
Label_KINDJ_5OS		Insurance-other specify	
QDS_programming_KIND_5 series		If HTHINS_9 is 1 (yes) at least one of KIND series must be 1 (yes). If HTHINS_9 is 1 (yes), and none of KIND series is 1 (yes), READ, "You said that you had health insurance or coverage during the past 12 months, but you did not answer 1 (Yes) to any type. Interviewer: confirm response to HTHINS_9. Return to KINDA_5.	
Skip_KIND_series		If none of KINDA_5 through KINDJ_5 is 1(yes), then go to KINDZ_N5. Else, skip to INS12_9.	
KINDZ_N5	FH.1.12.	So, during the **past 12 months**, you had no insurance and no other coverage for any type of healthcare including medications. Is that correct?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_KINDZ_N5		Insurance-no coverage confirmation	
Skip_KINDZ_N5		If KINDZ_N5 is 0 (no), then repeat KINDA_5 through KINDJ_5. If KINDZ_N5 is 1(yes), then skip to next topic (ACACHNG_N5). If KINDZ_N5 is 7 (refused to answer) or 8 (don't know), then go to INS12_9.	
INS12_9	FH.2.0.	During the **past 12 months,** was there a time that you didn't have any health insurance or health coverage?	
		No	0
		Yes	1
		Refused to answer	7

		Don't know	8
Label_INS12_9		Gap in insurance or coverage	
Skip_INS12_9		If INS12_9 is 1 (yes), then ask INSMTH_N5. Else, go back to KINDA_5.	
INSMTH_N5	FH.2.1.	During the **past 12 months**, about how many months were you without insurance or other healthcare coverage? ___ ___	
Interviewer_note_INSMTH_N5		DISPLAY: If INSMTH_N5 is less than one month, round up to "1 month."	
Label_INSMTH_N5		Insurance-months without coverage	
Range_INSMTH_N5		0-12	

Affordable Care Act (FC)

ACACHNG_N5	FC.1.0.	During the **past 12 months**, has there been any change in the type of health insurance or coverage that you have?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ACACHNG_N5		ACA – change in type	
Skip_ACACHNG_N5		If ACACHNG_N5 is 1 (yes), then go to ACAAMT_N5 (ACA – change in amount spent) Else, skip to ACAPAY_N5 (ACA – problems paying).	
ACAAMT_N5	FC.1.1.	Because of this change in health insurance or coverage, is the amount you spend on your medical care less, more, or about the same? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		Less	0
		More	1
		About the same	2
		Refused to answer	7
		Don't know	8
Label_ACAAMT_N5		ACA – change in amount spent	
ACAACS_N5	FC.1.2.	Because of this change in health insurance or coverage, is your access to supportive services? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		Better	0
		Worse	1
		About the same	2
		Refused to answer	7
		Don't know	8
Label_ACAACS_N5		ACA – change in access	

Intro_ACAHCARE_N5		"Next I'm going to ask you about outpatient HIV medical care. By that I mean care from a doctor or other healthcare provider to treat your HIV, not care when you stay in a hospital overnight, in an emergency room, or urgent care center."	
ACAHCARE_N5	FC.1.3.	Because of this change in health insurance or coverage, would you say your outpatient HIV medical care is better, worse, or about the same? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		Better	0
		Worse	1
		About the same	2
		Refused to answer	7
		Don't know	8
Label_ACAHCARE_N5		ACA – outpatient HIV medical care	
ACAUSUAL_N5	FC.1.4.	Because of this change in health insurance or coverage, did your usual source of outpatient HIV medical care change? [DON'T READ RESPONSES. SELECT ONLY ONE.]	
		No	0
		Yes	1
		Don't have usual source of outpatient HIV medical care	2
		Refused to answer	7
		Don't know	8
Label_ACAUSUAL_N5		ACA – Usual HIV care change	
ACAPAY_N5	FC.2.0.	During the **past 12 months** did you have problems paying or were you unable to pay any medical bills for your own care?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ACAPAY_N5		ACA – problems paying	
ACADEBT_N5	FC.3.0.	Do you **currently** have any medical bills for your own care that are being paid off over time? This could include medical bills being paid off with a credit card, through personal loans, or bill paying arrangements with hospitals or other providers. The bills can be from earlier years as well as this year.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ACADEBT_		ACA – paying off medical bills over time	

N5

HIV testing experiences (X)

Calculation_ST_TEST		Start time of HIV testing experiences module ST_TEST = Current time
Label_ST_TEST		Start HIV testing experiences
Intro_TESSETN5		"Now I'm going to ask you some questions about getting tested for HIV."
TESSETN5	X.1.0.	When you tested positive in __ __ /__ __ __ __ [INSERT POS1S_9 (DATE FROM FIRST POSITIVE HIV TEST)], in what type of facility were you tested? [DON'T READ RESPONSES. SELECT ONLY ONE.] Primary care, non-emergency setting 1 Emergency room or urgent care setting 2 STD clinic 3 Inpatient hospital setting 4 Other clinical setting 5 Dedicated HIV testing, including non-clinical community outreach setting 6 Self-testing setting 7 Other non-medical setting 8 Refused to answer 77 Don't know 88
Label_TESSETN5		Where were you tested
MRTESTN5	X.2.0.	When you tested positive in __ __ /__ __ __ __ [INSERT POS1S_9 (DATE FROM FIRST POSITIVE HIV TEST)], what was the main reason you were tested? [READ RESPONSES. SELECT ONLY ONE.] You felt sick 1 It was recommended by your provider, but not because you felt sick 2 It was your own choice, but not because you felt sick 3 You had to, for example, it was a job requirement, part of blood donation, etc. 4 Because the health department told you one of your partners was infected 5 Some other reason 6 Refused to answer 7 Don't know 8
Label_MRTESTN5		Main reason tested
Skip_MRTESTN5		If MRTESTN5 is 8 (other), then go to MRTN5_OS. Else, skip to next topic (Calculation_ST_NIC).
MRTN5_OS		Please tell me the other reason that you were tested. _____
Label_MRTN5_OS		Other specify reason tested

Never in care (K)

Calculation_ST_NIC		Start time of Never in Care module ST_NIC = Current time
Label_ST_NIC		Start Never in Care
EVERCRN5	K.1.0.	Since testing positive for HIV in __ __/__ __ __ __ [INSERT POS1S_9 (date first tested positive)], have you **ever** seen a doctor, nurse, or other healthcare worker for outpatient HIV medical care? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_EVERCRN5		Ever received outpatient HIV medical care
Skip_EVERCRN5		If EVERCRN5 (ever received care) = 1 (yes), 7 (refused to answer), or 8 (don't know), then skip to Linkage to Care section.
Soft_edit_EVERCRN5		If EVERCRN5 (ever received care) = 0 (no), then display message: "The respondent reported NEVER receiving outpatient HIV care and will skip the entire HIV care and HIV treatment sections. If you feel the respondent misunderstood, please clarify and correct the response."
Label_ECVERFN5		Interviewer verification that respondent has NEVER received outpatient HIV medical care.
LNKCRN5	K.1.1.	Are you sure that you've never seen a doctor, nurse, or other healthcare worker—not even once—for any sort of outpatient HIV medical care? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_LNKCRN5		Confirm never received outpatient HIV medical care
Soft_edit_LNKCRN5		If LNKCRN5 (confirm never in care) = 0 (no), 7 (refused to answer), or 8 (don't know), then display message: "The respondent did not confirm never receiving outpatient HIV medical care. Please clarify and correct the response."
Intro_NICBN5		"I'm going to read you a list of possible reasons people with HIV may not have gotten outpatient HIV medical care. Please tell me whether or not each reason applies to you. Is one of the reasons…"
NICBN1N5	K.1.2.	…because you have a scheduled appointment that hasn't happened yet? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NICBN1N5		Never in care: Because you have a scheduled appointment that hasn't happened yet
NICBP1N5	K.1.3.	…because you or your healthcare provider didn't think you needed to?

		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBP1N5		Never in care: Because you or your healthcare provider didn't think you needed to	
NICBP2N5	K.1.4.	…because you've been afraid or in denial about being HIV positive?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBP2N5		Never in care: Because you've been afraid or in denial about being HIV positive?	
NICBP3N5	K.1.5.	…because you haven't wanted anyone to know that you have HIV?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBP3N5		Never in care: Because you haven't wanted anyone to know that you have HIV?	
NICBP4N5	K.1.6.	…because you haven't liked or trusted healthcare providers?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBP4N5		Never in care: Because you haven't liked or trusted healthcare providers?	
NICBF1N5	K.1.7.	…because of problems with money or health insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBF1N5		Never in care: Because of problems with money or health insurance?	
NICBC1N5	K.1.8.	…because you've had other things going on in your life that have made it difficult?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBC1N5		Never in care: Because you've had other things going on in your life that have made it difficult?	
NICBS1N5	K.1.9.	…because you couldn't find an HIV clinic or doctor or you couldn't find one	

		that met your needs?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBS1N5		Never in care: Because you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs?	
NICBS2N5	K.1.10.	…because you've had trouble getting transportation to a clinic or doctor?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBS2N5		Never in care: Because you've had trouble getting transportation to a clinic or doctor	
NICBOTN5	K.1.11.	…because of some other reason?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBOTN5		Never in care: Because of some other reason?	
Skip_NICBOTN5		If NICBOTN5 is 1 (yes), then go to NICBN5OS. Else skip to Intro_NICNN1N5.	
NICBN5OS		Please tell me the other reason that you may not have gotten outpatient HIV medical care. _____	
Label_NICBN5OS		Never in care: Other specify reason	
Skip_NICBP1N5		If NICBP1N5 (Never in care: Because you or your healthcare provider didn't think you needed to) = 0 (no), 7 (refused to answer), or 8 (don't know) then skip to Skip_NICBD1N5 (reasons it was difficult to get outpatient HIV medical care). Else go to NICNN1N5 (reasons for not seeing a provider series).	
Intro_NICNN1N5		"You mentioned you haven't received outpatient HIV medical care because you or your healthcare provider didn't think you needed to. Is that…"	
NICNN1N5	K.2.0.	…because your doctor or other healthcare provider told you that you didn't need to?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICNN1N5		Never in care: Because your doctor or other healthcare provider told you that you didn't need to?	
NICNN2N5	K.2.1.	…because you haven't felt sick?	

		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICNN2N5		Never in care: Because you haven't felt sick?	
NICNN3N5	K.2.2.	…because you haven't believed that HIV medicine will improve your health?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICNN3N5		Never in care: Because you haven't believed that HIV medicine will improve your health?	
NICNN5OS	K.2.3.	Have you thought you didn't need to go to a doctor or other healthcare provider for some other reason?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICNOTN5		Never in care: Other reason you thought you didn't need to go to a doctor or other healthcare provider?	
Skip_NICNOTN5		If NICNOTN5 is 1 (yes), then go to NICNN5OS. Else skip to Skip_NICBD1N5.	
NICNN5OS		Please tell me the other reason you thought you didn't need to go to a doctor or other healthcare provider. _____	
Label_NICNN5OS		Never in care: Other specify reason you thought you didn't need to go to a doctor or other healthcare provider	
Soft_edit_NICNOTN5		If the respondent selected "Never in care: Because you or your healthcare provider didn't think you needed to", then the respondent should endorse one response choice in the NICNNN5 series (reasons for not seeing a provider series).	
Hard_edit_NICNOTN5		If NICNOTN5 (Never in care: Other reason you thought you didn't need to go to a doctor or other healthcare provider) = 0 (no) and the reasons for not seeing a provider series: NICNNIN5 (doctor or other provider told you that you didn't need to), NICNN2N5 (you haven't feel sick), and NICNN3N5 (you haven't believed that HIV medicine will improve your health) is 'No' then READ, "You said you haven't received outpatient HIV medical care because your provider didn't think it was necessary, but didn't report a reason. Please confirm." Return to question NICNOTN5.	
Skip_NICBD1N5		If NICBC1N5 (Never in care: Because you've had other things going on in your life that have made it difficult) = 0 (no), 7 (refused to answer), or 8 (don't know) then skip to Skip_NICM1N5 (Never in care: Because you couldn't find any HIV clinic or doctor). Else go to NICBDN5 (Other things going on in your life series).	

Intro_NICBDN5		"Earlier you said you've had other things going on in your life that have made it difficult to get outpatient HIV medical care. Is it difficult…?"	
NICBD1N5	K.2.4.	…because you've been drinking or using drugs?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBD1N5		Never in care: Because you've been drinking or using drugs?	
NICBD2N5	K.2.5.	…because of depression or mental health problems?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBD2N5		Never in care: Because of depression or mental health problems?	
NICBD3N5	K.2.6.	…because you've been physically sick or hospitalized?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBD3N5		Never in care: Because you've been physically sick or hospitalized?	
NICBD4N5	K.2.7.	…because you've been in prison or jail?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICBD4N5		Never in care: Because you've been in prison or jail?	
NICDOTN5	K.2.8.	Have you found it difficult to get outpatient HIV medical care because of something else going on in your life?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NICDOTN5		Never in care: Have you found it difficult to get outpatient HIV medical care because of something else going on in your life?	
Skip_NICDOTN5		If NICDOTN5 is 1 (yes), then go to NICDN5OS. Else skip to Skip_NICBS1N5.	
NICDN5OS		Please tell me what else has been going on in your life that has made it difficult for you to get outpatient HIV medical care. _____	
Label_NICDN5OS		Never in care: Other specify reason for something else going on in your life	
Soft_edit_NICDOTN5		If the participant selected "Never in care: Because you've had other things	

		going on in your life that have made it difficult", then the respondent should endorse one response choice in the NICBDN5 series (other things going on in your life series).
Hard_edit_NICDOTN5		If NICDOTN5 (other thing going on that made it difficult to get outpatient HIV medical care) is 'No' and the reasons for not getting outpatient HIV medical care: NICBD1N5 (drinking or using drugs), NICBD2N5 (depression or mental health problems), NICBD3N5 (physically sick or hospitalized), and NICBD4N5 (prison or jail) are 'No' then READ, "You said you had other things going on that made it difficult to get outpatient HIV medical care, but you didn't report a reason." Return to question.
Skip_NICBS1N5		If NICBS1N5 (Never in care: Because you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs?) = 0 (no), 7 (refused to answer), or 8 (don't know) then skip to Skip_NICNM1N5 (Never in care: Because you couldn't find any HIV clinic or doctor). Else go to NICBMRN5 (main reason never in care).
Intro_ NICNM1N5		"You mentioned you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs. Is that…"
NICNM1N5	K.3.1.	…because you couldn't find any HIV clinic or doctor? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NICNM1N5		Never in care: Because you couldn't find any HIV clinic or doctor
Skip_NICNM1N5		If NICNM1N5 (Never in care: Because you couldn't find any HIV clinic or doctor) = 1 (yes), then skip to Skip_NICBMRN5 Else, go to NICNMN5 (Reason couldn't find a clinic to meet needs series
NICNM2N5	K.3.2.	…because the clinic or doctor is too far away? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NICM2N5		Never in care: Because the clinic or doctor is too far away?
NICNM3N5	K.3.3.	…because you haven't found a clinic or doctor that spoke your language? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NICM3N5		Never in care: Because you haven't found a clinic or doctor that spoke your language
NICBM4N5	K.3.4.	…because you haven't been able to get an appointment? No 0 Yes 1

		Refused to answer 7 Don't know 8
Label_NICM4N5		Never in care: Because you haven't been able to get an appointment
NICNMTN5	K.3.5.	Have you not found a clinic or doctor that met your needs because of some other reason? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NICNMTN5		Never in care: Other reason you have not found a clinic or doctor that met your needs
Skip_NICNMTN5		If NICNMTN5 is 1 (yes), then go to NICNM5OS. Else, skip to Skip_NICNMTN5.
NICNM5OS		Please tell me the other reason you have not found a clinic or doctor that met your needs. _____
Label_NICMN5OS		Never in care: Other specify reason you have not found a clinic or doctor that met your needs
Hard_edit_NICNMTN5		If the respondent selected "Never in care: Because you couldn't find any HIV clinic or doctor", then the participant should endorse one response choice. If NICNMTN5 (Never received care: Other reason you have not found a clinic or doctor that met your needs) = 0 (no) and the reasons for not finding an HIV clinic or doctor series: NICNM1N5 (couldn't find any HIV clinic or doctor), NICNM2N5 (the clinic or doctor is too far away), NICNM3N5 (you haven't found a clinic that spoke your language), and NICBM4N5 (you haven't been able to get an appointment) = 0 (no) then READ, "You said you haven't received outpatient HIV medical care because you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs, but you didn't report a reason." Return to question NICNMTN5.
Skip_NICNMTN5		If the respondent indicated only 1 reason for not receiving outpatient HIV medical care (NICBN1N5, NICBP2N5, NICBP3N5, NICBP4N5, NICBF1N5, NICBS2N5, NICBOTN5), then skip to SEENMDN5 (have you ever seen a doctor in any setting for medical care).
QDS_programming_NICBMRN5		Show a list of the options selected in NICBN5 (reasons for not receiving outpatient HIV medical care), NICNNN5 (reasons for not seeing a provider series), NICBDN5 (Other things going on in your life series), or NICNMN5 (Reason couldn't find a clinic to meet needs series) where the selection was 1 (yes). Please exclude NICBP1N5 (you or your healthcare provider didn't think you needed to), NICBC1N5 (you've had other things going on in your life that have made it difficult), and NICBS1N5 (you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs) as a main reason because we want people to select a sub-reason when possible know the sub-reason.

NICBMRN5	K.4.0.	Of all the reasons you just gave, what is the most important one? [READ PREVIOUSLY SELECTED RESPONSES. SELECT ONLY ONE.]	
		Because you have a scheduled appointment that hasn't happened yet?	1
		Because you've been afraid or in denial about being HIV positive?	2
		Because you haven't wanted anyone to know that you have HIV?	3
		Because you haven't liked or trusted healthcare providers?	4
		Because of problems with money or health insurance?	5
		Because you've had trouble getting transportation to a clinic or doctor?	6
		Because of [INSERT RESPONSE FROM NICBN5OS (other specify reason)]?	7
		Because your doctor or other healthcare provider told you that you didn't need to?	8
		Because you haven't felt sick?	9
		Because you haven't believed that HIV medicine will improve your health?	10
		Because of [INSERT RESPONSE FROM NICNN5OS (other specify—reason you thought you didn't need to go to a doctor or other healthcare provider)]?	11
		Because you've been drinking or using drugs?	12
		Because of depression or mental health problems?	13
		Because you've been physically sick or hospitalized?	14
		Because you've been in prison or jail	15
		Because of [INSERT RESPONSE FROM NICDN5OS (Other specify—reason for something else going on in your life)]?	16
		Because you couldn't find any HIV clinic or doctor?	17
		Because the clinic or doctor is too far away?	18
		Because you haven't found a clinic or doctor that spoke your language?	19
		Because you haven't been able to get an appointment?	20
		Because of [INSERT RESPONSE FROM NICMN5OS (other specify—reason you have not found a clinic or doctor that met your needs)]?	21
		Refused to answer	77
		Don't know	88

Label_NICBMRN5		Most important barrier-never in care	
SEENMDN5	K.5.0.	Since testing positive for HIV in [INSERT POS1S_9 (date of first positive test)], have you seen a doctor, nurse, or other healthcare provider in any setting for any kind of medical care?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SEENMDN5		Seen a healthcare provider in any setting for any kind of medical care	
Skip_SEENMDN5		If SEENMDN5 = 1 (yes), 7 (refused to answer), or 8 (don't know) then skip to Intro_HOSPERN5. Else, go to next topic (Calculation_ST_HIV, calculation start time HIV care).	

HIV Care (V)

Calculation_ST_HIVCA		Start time of HIV care module ST_ HIVCA = Current time
Label_ST_HIVCA		Start HIV care

Linkage to care (VL)

Intro_PREFN5		"For these next questions, I'll be asking about the 30 days after you tested positive for HIV so that is from [INSERT POSIS_9 (date of first positive test)] to [INSERT ONE MONTH AFTER POSIS_9]"
PREFN5	VL.1.0.	Within 30 days after you got your first positive HIV test, did someone ask if you needed help finding a place to go for outpatient HIV medical care or let you know where you could go for outpatient HIV medical care? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_PREFN5		help finding outpatient HIV medical care
Intro_AREF4N5		"For the next few questions, I'll be asking about whether you got help getting connected to outpatient HIV medical care from a professional. A professional could be someone like a doctor, nurse, social worker, or receptionist."
AREF4N5	VL.2.0.	Within 30 days after you got your first positive HIV test, did a professional help you figure out if you qualified for free or low-cost outpatient HIV medical care? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_AREF4N5		Did a professional help you figure out if you qualified for free or low-cost outpatient HIV medical care?
Skip_AREF4N5		If AREF4N5 (did a professional help you figure out if you qualified for free or low-cost outpatient HIV medical care?) = 1 (yes), then skip to AREF1N5 (did a professional help you make an appointment for outpatient HIV medical care?) If AREF4N5 (did a professional help you figure out if you qualified for free or low-cost outpatient HIV medical care?) = 7 (refused to answer) or 8 (don't know), then skip to KNOWFRN5 (Did you know that free or low-cost outpatient HIV medical care may be available to those who qualify) Else, go to AREF4NN5 (Did you want a professional to help you figure out if you qualified for free or low-cost outpatient HIV medical care).
AREF4NN5	VL.2.1.	Did you want a professional to help you figure out if you qualified for free

		or low-cost outpatient HIV medical care? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_AREF4NN5		Did you want a professional to help you figure out if you qualified for free or low-cost outpatient HIV medical care
KNOWFRN5	VL.2.2.	Did you know that free or low-cost outpatient HIV medical care may be available to those who qualify? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_KNOWFRN5		Did you know that free or low-cost outpatient HIV medical care may be available to those who qualify
Calculation_KNWCON5		A variable should be calculated that combines AREF4N5 (did a professional help you figure out if you qualified for free or low-cost care) and KNOWFRN5 (did you know that free or low-cost outpatient HIV medical care may be available to those who qualify). Combination variable: KNWCON5 (Calculated: did you know that free or low-cost outpatient HIV medical care may be available to those who qualify).

AREF4N5	KNOWFRN5	KNWCON5
No		Value from KNOWFRN5
Yes	[Skipped]	Yes
Refused		Value from KNOWFRN5
Don't Know		Value from KNOWFRN5

Label_KNWCON5		did you know that free or low-cost outpatient HIV medical care may be available to those who qualify
AREF1N5	VL.3.0.	Within 30 days after you got your first positive HIV test, did a professional help you make an appointment for outpatient HIV medical care? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_AREF1N5		Did a professional help you make an appointment for outpatient HIV medical care
Skip_AREF1N5		If AREF1N5 (did a professional help you make an appointment for outpatient HIV medical care) = 1 (yes), 7 (refused to answer), or 8 (don't know) then skip to AREF2N5 (did a professional help you arrange transportation to an outpatient HIV medical care appointment).

AREF1NN5	VL.3.1.	Did you want a professional to help you make an appointment?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_AREF1NN5		Did you want a professional to help you make an appointment for outpatient HIV medical care	
AREF2N5	VL.4.0.	Within 30 days after you got your first positive HIV test, did a professional help you arrange transportation to an outpatient HIV medical care appointment?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_AREF2N5		Did a professional help you arrange transportation to an outpatient HIV medical care appointment	
Skip_AREF2N5		If AREF2N5 (did a professional help you arrange transportation to an outpatient HIV medical care appointment) = 1 (yes), 7 (refused to answer), or 8 (don't know) then skip to AREF3N5 (did a professional go with you to your first outpatient HIV medical care appointment?)	
AREF2NN5	VL.4.1.	Did you want a professional to help you arrange transportation?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_AREF2NN5		Did you want a professional to help you arrange transportation	
AREF3N5	VL.5.0.	Within 30 days after you got your first positive HIV test, did a professional go with you to your first outpatient HIV medical care appointment?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_AREF3N5		professional go with you to your first appointment	
Skip_AREF3N5		If AREF3N5 (did a professional go with you to your first outpatient HIV medical care appointment) = 1 (yes), 7 (refused to answer), or 8 (don't know) then skip to CARE_9 (date of first outpatient HIV medical care visit).	
AREF3NN5	VL.5.1.	Did you want a professional to go with you?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Skip_AREF3NN5		If EVERCRCN5 (ever received outpatient HIV medical care) = 0 (no), 7 (refused to answer), or 8 (don't know) then skip to General Medical Care.	

		Else, go to CARE_9 (Date of first care visit).
Label_AREF3NN5		Did you want a professional to go with you to your first outpatient HIV medical care appointment
CARE_9	VL.6.0.	Since testing positive for HIV in [INSERT POS1S_9 (date of first positive test)], what month and year did you **first** visit a doctor, nurse, or other healthcare worker for outpatient HIV medical care? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_care_9 Soft_edit_CARE_9		date of first outpatient HIV medical care visit If CARE_9 (date of first outpatient HIV medical care visit) is earlier than POS1S_9 (date first tested positive for HIV), then READ, "The date entered is earlier than the date first tested positive for HIV care. Please confirm the date." Return to CARE_9. If CARE_9 (date of first outpatient HIV medical care visit) is earlier than DOB_13 (date of birth), then READ, "The date entered is earlier than your date of birth. Please confirm the date." Return to CARE_9.

Retention (VR)

LASCA_9	VR.1.0.	When was your **most recent** visit to a doctor, nurse, or other healthcare worker for outpatient HIV medical care? Please tell me the month and year. ☐ ☐/ ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_LASCA_9 Hard_edit_ LASCA_9 QDS_Programming_ LASCA_9		Date of most recent outpatient HIV medical care visit LASCA_9 (date of most recent outpatient HIV medical care visit) cannot be earlier than CARE_9 (date of first outpatient HIV medical care visit) or later than IDATE (interview date). Allow a blank response for month.
USOCN5	VR.2.0.	What is the name of the place you went for most of your outpatie HIV medical care from ([LASCA_9]-365) to [LASCA_9]?
QDS_programming_USOCN 5		Interviewer instructions: The name of the usual place of outpatient care is not recorded in QDS, but will be used in later questions. This is the name of the location where the medical record abstraction should be performed.
NYMLTFN5	VR.3.0.	During the **past 2 years**, that is between [INSERT TWO YEARS PRIOR TO IDATE (interview date)] and [INSERT IDATE], have you seen an HIV care provider for outpatient HIV medical care at any

		facility besides [INSERT NAME OF USUAL SOURCE OF OUTPATIENT CARE]? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NYMLTFN5		Seen any other outpatient HIV medical care providers past two years
Skip_NYMLTFN5		If NYMLTFN5 (seen any other outpatient HIV medical care provide past two years) = 0 (no), 7 (refused to answer), or 8 (don't know) then skip to MSAPPTN5 (Missed any scheduled outpatient HIV medical care appointments).
MLTFA1N5	VR.3.1.	During the **past 2 years**, at how many total facilities have you received outpatient HIV medical care? Please include [INSERT NAME OF USUAL SOURCE OF OUTPATIENT CARE] in the total. ___ ___ [777 = Refused to answer, 888= Don't know]
Interviewer Instructions		A different clinic in the same hospital would be considered a different facility if different on the sampling frame.
Label_MLTFA2N5 Range_MLTFA2N5		number of outpatient HIV facilities past 2 years 2–99
MLTFA1N5	VR.3.2.	During the **past 12 months**, that is, between [INSERT IDATE-12 months] to [IDATE], at how many total facilities have you received outpatient HIV medical care? Please include [INSERT NAME OF USUAL SOURCE OF OUTPATIENT CARE] in the total. ___ ___ [777 = Refused to answer, 888= Don't know]
Interviewer Instructions		A different clinic in the same hospital would be considered a different facility if different on the sampling frame.
Hard_edit_MLTFA1N5 Label_MLTFA1N5		The number of facilities in MLTFA1N5 (past year) must be ≤ the number of facilities in MLTFA2N5 (past 2 years). The number of facilities in [MLTFA1N5] must be between 2 and 99. number of outpatient HIV facilities past year
MSAPPTN5	VR.4.0.	During the **past 12 months**, have you missed ANY scheduled appointments for outpatient HIV medical care that you didn't cancel? This doesn't include appointments that were cancelled by the clinic. No 0 Yes 1 Refused to answer 7 Don't know 8
Label_MSAPPTN5		Missed any scheduled outpatient HIV medical care appointments

NOVSTSN5	VR.5.0.	During the **past 12 months,** how many visits have you had with <u>any</u> outpatient HIV medical care provider? ___ ___ [777 = Refused to answer, 888= Don't know]
Label_NOVSTSN5 Range_NOVSTSN5		number of visits with an outpatient HIV medical care provider 0–365
SEEOFTN5	VR.6.0.	Do you think the number of times you saw an outpatient HIV medical care provider in the **past 12 months** was… [READ CHOICES. SELECT ONLY ONE.] More than you needed 1 About the right number of times 2 Less than you needed 3 Refused to answer 7 Don't know 8
Label_SEEOFTN5		number of times you saw an outpatient HIV medical care provider
Skip_SEEOFTN5		If SEEOFTN5 (Number of times you saw an outpatient HIV medical care provider) = 1 (More than you needed to), 2 (About the right number of times), 7 (refused to answer), or 8 (don't know) then skip to REEN5 (Has a provider tried to help you get more frequent outpatient HIV medical care). Else, go to NOCBN5 Series (Reasons not in care).
Intro_NOCBN5		"I'm going to read you a list of things that can get in the way of outpatient HIV medical care. Please tell me whether or not each applies to you. Was one of the reasons that you didn't see a provider more often…"
Label_NOCBN5		Not in care series
NOCBN1N5	VR.6.1.	...because your doctor or other healthcare provider didn't ask you to come in more often? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCBN1N5		Not in care: Because doctor or other healthcare provider didn't ask
NOCBN2N5	VR.6.2.	...because you didn't feel sick? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCBN2N5		Not in care: Because you didn't feel sick

NOCBN3N5	VR.6.3.	...because you didn't believe that HIV medicine would improve your health?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBN3N5		Not in care: Because you didn't believe that HIV medicine would improve your health	
NOCBP1N5	VR.6.4.	...because you were afraid or in denial about being HIV positive?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBP1N5		Not in care: Because you were afraid or in denial about being HIV positive	
NOCBP2N5	VR.6.5.	...because you didn't want anyone to know that you have HIV?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBP2N5		Not in care: Because you didn't want anyone to know that you ha HIV	
NOCBP3N5	VR.6.6.	...because you didn't like or trust healthcare providers?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBP3N5		Not in care: Because you didn't like or trust healthcare providers	
NOCBF1N5	VR.6.7.	...because of problems with money or health insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBF1N5		Not in care: Because of problems with money or health insurance	
NOCBC1N5	VR.6.8.	...because you had other things going on in your life that made it difficult?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBC1N5		Not in care: Because you had other things going on in your life tha	

		made it difficult?
NOCBS1N5	VR.6.9.	...because you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCBS1N5		Not in care: Because you couldn't find an HIV clinic or doctor or yo couldn't find one that met your needs
NOCBS2N5	VR.6.10.	...because you had trouble getting transportation to a clinic? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCBS2N5		Not in care: Because you had trouble getting transportation to a clinic
NOCBOTN5	VR.6.11.	…because of some other reason? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCBOTN5		Not in care: Because of some other reason?
Skip_NOCBOTN5		If NOCBOTN5 is 1 (yes), then go to NICBN5OS. Else, skip to Skip_NOCBDN5.
NICBN5OS		Please tell me the other reason didn't see a provider more often. _____
Label_NOCBN5OS		Not in care: Other specify reason didn't see a provider more often
Skip_NOCBDN5		If NOCBC1N5 (because you had other things going on in your life that made it difficult) = 0 (no), 7 (refused to answer), or 8 (don't know) then go to Skip_NOCNM1N5. Else go to NOCBDN5 series (reasons for other things going on that made it difficult).
Intro_NOCBDN5		"Earlier you said you had other things going on that made it difficult to see an HIV outpatient provider more often. Was it difficult…?"
NOCBD1N5	VR.7.0.	...because you were drinking or using drugs? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCBD1N5		Not in care: Because you were drinking or using drugs

NOCBD2N5	VR.7.1.	...because of depression or mental health problems?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBD2N5		Not in care: Because of depression or mental health problems?	
NOCBD3N5	VR.7.2.	…because you were physically sick or hospitalized?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBD3N5		Not in care: Because you were physically sick or hospitalized?	
NOCBD4N5	VR.7.3.	…because you were in prison or jail?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCBD4N5		Not in care: Because you were in prison or jail	
NOCDOTN5	VR.7.4.	Was it difficult to get outpatient HIV medical care more often because of something else going on in your life?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NOCDOTN5		Not in care: Something else going in your life that made it difficult to get care	
Skip_NOCDOTN5		If NOCDOTN5 is 1 (yes), then go to NOCDN5OS. Else skip to Skip_NOCNM1N5.	
NOCDN5OS		Please tell me what else has been going on in your life that has made it difficult for you to get outpatient HIV medical care. _____	
Label_NOCDN5OS		Not in care: Other specify reason for something else going on in your life that made it difficult to get care	
Hard_edit_NOCDOTN5		Participant must endorse one sub-reason. If NOCDOTN5 (Something else going on in your life that made it difficult to get care) is 0 (no) and the reasons for not getting outpatient HIV medical care: NOCBD1N5 (you were drinking or using drugs), NOCBD2N5 (depression or mental health problems), NOCBD3N5 (you were physically sick or hospitalized), and NOCBD4N5 (you were in prison) are 0 (no), then READ, "You said you had other things going on that made it difficult to get more outpatient HIV medical care, but you	

		didn't report a reason. Please confirm." Return to NOCDOTN5 (Something else going on in your life that made it difficult to get care).
Skip_NOCNM1N5		If NOCBS1N5 (Because you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs) = 0 (no), 7 (refused to answer), or 8 (don't know) then skip to instructions before NOCBMRN5 (main reason not in care as often as needed). Else go to NOCNM1N5 (because you couldn't find any HIV clinic or doctor).
NOCNM1N5	VR.8.0.	You mentioned you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs. Was it because you couldn't find <u>any</u> HIV clinic or doctor? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCNM1N5		Not in care: Because you couldn't find any HIV clinic or doctor
Skip_NOCM1N5		If NOCM1N5 (because you couldn't find any HIV clinic or doctor) = 1 (yes), then skip to NOCBMRN5 (main reason not in care as often as needed). Else go to NOCNMN5 series (reason couldn't find a doctor or clinic).
Intro_NOCNMN5		"Was it…"
NOCNM2N5	VR.8.1.	...because the clinic was too far away? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCNM2N5		Not in care: Because the clinic was too far away
NOCNM3N5	VR.8.2.	...because you couldn't find a clinic that spoke your language? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCNM3N5		Not in care: Because you couldn't find a clinic that spoke your language
NOCNM4N5	VR.8.3.	...because you couldn't get an appointment? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCNM4N5		Not in care: Because you couldn't get an appointment

NOCNMTN5	VR.8.4.	Have you not found a clinic or doctor that met your needs because of some other reason? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_NOCNMTN5		Not in care: Other reason you have not found a clinic or doctor
Skip_ NOCNMTN5		If NOCNMTN5 is 1 (yes), then go to NOCMN5OS. Else, skip to NOCBMRN5.
NOCMN5OS		Please tell me the other reason you have not found a clinic or doctor. _____
Label_NOCMN5OS		Not in care: Other specify reason you have not found a clinic or doctor
Hard_edit_NOCNMTN5		Participant must endorse a sub-reason. If NOCNMTN5 (other reason you couldn't find a clinic) is 0 (no) and the reasons you couldn't find a clinic that met your needs: NOCNM1N5 (you couldn't find any HIV clinic or doctor), NOCNM2N5 (the clinic was too far away), NOCNM3N5 (you couldn't find a clinic that spoke your language), and NOCBM4N5 (you couldn't get an appointment) are 0 (no), then READ, "You said you couldn't find any HIV clinic or you couldn't find one that met your needs, but you didn't report a reason. Please confirm." Return to question NOCNMTN5 (other reason you couldn't find a clinic).
Skip_NOCBMRN5		If the respondent indicated only 1 reason in the NOCBN5 series (Reasons not in care: NOCB1N1N5, NOCBN2N5, NOCBN3N5, NOCBP1N5, NOCBP2N5, NOCBP3N5, NOCBF1N5, NOCBS2N5) then skip to Intro_REEN5. Else go to NOCBMRN5 (main reason not in care as often as needed).
QDS_programming_NOCBMRN5		Show a list of the options selected in NOCBN5 (reasons not in care), NOCBDN5 (reasons you had other things going on that made it difficult to get outpatient HIV medical care), or NOCNMN5 (reasons you couldn't find any clinic or a clinic that met your needs) where the selection = 1 (yes). Please exclude NOCBC1N5 (you had other things going on in your life that have made it difficult), and NOCBS1N5 (you couldn't find an HIV clinic or doctor or you couldn't find one that met your needs) as a main reason because we want people to select a sub-reason when possible.
NOCBMRN5	VR.9.0.	Of all the reasons you just gave, what is the most important one? [READ PREVIOUSLY SELECTED CHOICES. SELECT ONLY ONE.] Because your doctor or other healthcare 1

		provider didn't ask you to come in more often?	
		Because you didn't feel sick?	2
		Because you didn't believe that HIV medicine would improve your health?	3
		Because you were afraid or in denial about being HIV positive?	4
		Because you didn't want anyone to know that you have HIV?	5
		Because you didn't like or trust healthcare providers?	6
		Because of problems with money or health insurance?	7
		Because you had trouble getting transportation to a clinic?	8
		Because of [response from NOCBN5OS (other specify reason)]?	9
		Because you were drinking or using drugs?	10
		Because of depression or mental health problems?	11
		Because you were physically sick or hospitalized?	12
		Because you were in prison or jail?	13
		Because of [response from NOCDN5OS (other thing going on that made it difficult to get outpatient HIV medical care more often)]?	14
		Because you couldn't find any HIV clinic or doctor?	15
		Because the clinic was too far away?	16
		Because you couldn't find a clinic that spoke your language?	17
		Because you couldn't get an appointment?	18
		Because of [response from NOCMN5OS (other reason you couldn't find a clinic)]?	19
		Refused to answer	77
		Don't know	88
Label_NOCBMRN5		Most important barrier-not in care	
Intro_REEN5		"For the next question, I'll be asking about whether you got help getting connected to outpatient HIV medical care from a professional. A professional could be someone like a doctor, nurse, social worker, or receptionist."	
REEN5	VR.10.0.	During the **past 12 months**, has a professional tried to help you get outpatient HIV medical care more often than you are getting now?	

		No 0 Yes 1 Refused to answer 7 Don't know 8
Label_REEN5		Has a provider tried to help you get more frequent outpatient HIV medical care
Skip_YRGAPN5		If the date given in CARE_9 (date of first visit to a provider for HIV care) is <= 12 months prior to the date given in [LASCA_9] (date of most recent visit to a provider for HIV care), skip to HIV care quality. If the date given in [LASCA_9] (date of most recent visit to a provider for HIV care) >= 12 months prior to IDATE, skip to HIV care quality.
YRGAPN5	VR.10.1.	Since your first visit to an outpatient HIV medical care provider in [INSERT DATE FROM CARE_N5], has there **ever** been a time that you went more than a year without seeing any outpatient HIV medical care provider? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_YRGAPN5		Ever had a year gap in care
Calculation_ANYGAPN5		A variable should be calculated by QDS to combine gaps suggested by [LASCA_N5] and [YRGAPN5]. If YRGAPN5 (Ever had a year gap in care) = 1 (yes) OR LASCA_9 (date of most recent visit to a provider for HIV care) >= 12 months prior to IDATE (date of interview) then ANYGAPN5 = 1. ELSE ANYGAPN5 = 0
Label_ANYGAPN5		Calculated QDS variable: any gap more than a year
Skip_ENDGP_N5		If YRGAPN5 (ever had a year gap in care) = 0 (no), 7 (refused to answer), or 8 (don't know), then skip to the next topic (Skip_GESATN5). Else, go to ENDGP_N5 (date returned to a provider for HIV care).
ENDGP_N5	VR.10.2.	After the last time you went without care for more than a year, when did you start seeing an outpatient HIV medical care provider again? Please tell me the month and year. ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know
Label_ENDGP_N5		date returned to a provider for HIV care after one year gap
Hard_edit_1ENDGP_N5		If ENDGP_N5 (date returned to a provider for HIV care) is earlier than CARE_9 (date first visit to a provider for HIV care), then READ, "The date entered is earlier than the date first received HIV care. Please confirm date."
Hard_edit_2ENDGP_N5		If ENDGP_N5 is later than LASCA_9 (date of most recent visit to

		a provider for HIV care), then READ, "The date entered is after the most recent visit to an HIV provider. Please confirm date".
Hard_edit_3ENDGP_N5		If ENDGP_N5 is within 12 months of date given in CARE_9 (date of first visit to a provider for HIV care), then READ, "The date entered is within 12 months of the first care date. Go back to previous question to confirm date."
QDS_programming_ENDGP_N5		Allow a blank response for month.

HIV care quality (VQ)

Skip_GESATN5		If LASCA_9 (date of most recent visit to a provider for HIV care) is more than 12 months prior to the IDATE (date of interview), then skip to next topic (Calculation_ST_GENMD, start time general medical care). Else go to GESATN5 (General satisfaction with outpatient HIV medical care).
GESATN5	VQ.1.0.	In general, how satisfied are you with the outpatient HIV medical care you received in the **past 12 months**? [READ RESPONSES. SELECT ONLY ONE.] Very satisfied 1 Somewhat satisfied 2 Somewhat dissatisfied 3 Very dissatisfied 4
Skip_1GESATN5		People who have been out of care for exactly 12 months should be asked 5 (You haven't had healthcare in the past 12 months.) Else, skip to next topic (Calculation_ST_GENMD, start time general medical care).
		You haven't had healthcare in the past 12 months 5 Refused to answer 7 Don't know 8
Label_GESATN5		General satisfaction with outpatient HIV medical care

HIV treatment and adherence (T)

Calculation_ ST_ADHER Label_ST_ADHER		Start time of HIV treatment and adherence module ST_ADHER = Current time. Start HIV treatment and adherence.	
Intro_ EART_N5		"Now I'm going to ask some questions about medicines that you may be taking for your HIV. These medicines are called HIV medicines, and are also known as antiretroviral medicines, ART, or HAART. The questions I am going to ask you are about HIV medicines taken **after you tested HIV positive**."	
EART_N5	T.1.0.	Have you ever taken any HIV medicines?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ EART_N5		Ever taken ART	
Skip_ EART_N5		If EART_N5 (ever taken ART) is 1 (yes), skip to FART_N5 (Date first took ART). If EART_N5 (ever taken ART) is 7 (refused to answer) or 8 (don't know), skip to P12_N5 (Took prescriptions meds in past 12 months). Else go to next question.	
Intro_ NART1_N5		"I'm going to read you a list of reasons why some people have not taken HIV medicines after testing HIV positive. For each reason, please tell me "yes" or "no" if it applies to your situation. [READ RESPONSES. SELECT ALL THAT APPLY.]"	
NART1_N5	T.1.1.	No doctor has ever talked to you about taking HIV medicines.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ NART1_N5		Never ART: No one talked about it	
NART2_N5	T.1.2.	Your doctor said you should not start taking HIV medicines.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ NART2_N5		Never ART: Dr said not to start	
NART3_N5	T.1.3.	You have problems paying for or getting insurance or coverage for HIV medicines.	
		No	0
		Yes	1

		Refused to answer	7
		Don't know	8
Label_ NART3_N5		Never ART: Problems with money or insurance	
NART4_N5	T.1.4.	You decided not to take HIV medicines because you don't think you need them.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ NART4_N5		Never ART: Don't think you need them	
NART5_N5	T.1.5.	You decided not to take HIV medicines because you think they would make you feel sick or harm you.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ NART5_N5		Never ART: Think would feel sick or may harm	
NART6_N5	T.1.6.	You decided not to take HIV medicines for some other reason.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ NART6_N5		Never ART: Other reason	
Skip_ NART6_N5		Skip to P12_N5 (Took prescriptions meds in past 12 months).	
FART_N5	T.2.0.	When was the first time you ever took any HIV medicines? Please tell me the month and year. ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]	
Label_ FART_N5 QDS_programming_ FART_N5		FART_N5 (Date first took ART) Allow a blank response for month. If month is blank for FART_N5 (date first took ART), use the year values for the validation.	
Hard_edit_ FART_N5		FART_N5 (date first took ART) cannot be earlier than POS1S_9 (date first tested positive). If FART_N5 (date first took ART) < POS1S_9 (date of first positive test) then READ, "The date first took HIV medications cannot be earlier than the HIV diagnosis date. Please re-enter date." Do not allow the program to advance. FART_N5 (date first took ART) cannot be later than IDATE (interview date). If FART_N5 (date first took ART) > IDATE (interview date) then READ, "The date	

		first took HIV medications cannot be later than interview date. Please re-enter date." Do not allow the program to advance. FART_N5 (date first took ART) cannot be earlier than CARE_9 (date first went to a provider for HIV care). If FART_N5 (date first took ART) < CARE_9 (date first went to a provider for HIV care) then READ, "The date first took HIV medications should not be earlier than the date first went to a provider for HIV care. Please confirm date." Allow the program to advance.	
CART_N5	T.3.0.	Are you **currently** taking any HIV medicines?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CART_N5		Currently taking ART	
Skip_ CART_N5		If CART_N5 (currently taking ART) is 1 (yes), skip to ADH1_N5 (days missed taking ART). If EART_N5 (ever taken ART) is 7 (refused to answer) or 8 (don't know), skip to ATMD12_9 (Took ART in past 12 months). Else go to next question.	
Intro_ CART1_N5		"I'm going to read you a list of reasons why some people are not taking HIV medicines. For each reason, please tell me "yes" or "no" if it applies to your situation."	
CART1_N5	T.3.1.	No one has talked to you about taking HIV medicines **again**.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CART1_N5		Stopped ART: No one talked about it	
CART2_N5	T.3.2.	Your doctor said you should not take HIV medicines.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CART2_N5		Stopped ART: Dr said not to start	
CART3_N5	T.3.3.	You have problems paying for or getting insurance or coverage for HIV medicines.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CART3_N5		Stopped ART: Problems with money or insurance	

CART4_N5	T.3.4.	You decided not to take HIV medicines because you don't think you need them.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CART4_N5		Stopped ART: Don't think you need them	
CART5_N5	T.3.5.	You decided not to take HIV medicines because you think they would make you feel sick or harm you.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CART5_N5		Stopped ART: Think would feel sick or may harm	
CART6_N5	T.3.6.	You decided not to take HIV medicines for some other reason.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CART6_N5		Stopped ART: Other reason	
Skip_ CART6_N5		Skip to P12_N5 (Took prescriptions meds in past 12 months).	
Intro_ ADH1_N5		"Now I am going to ask you about the HIV medicines you are currently taking. We realize it can be hard for people to take all their medications exactly as they are supposed to. I'm going to ask you about the **past 30 days**. That is from [INSERT IDATE (interview date) - 30 DAYS] to now [INSERT IDATE]. If you have been taking HIV medicines for less than 30 days, please think about the time since you started taking them [SHOW RESPONDENT CALENDAR]"	
ADH1_N5	T.4.0.	In the **past 30 days**, on how many days did you miss at least one dose of any of your HIV medicines?	
		___ ___	
		[77 = Refused to answer, 88 = Don't know]	
Label_ ADH1_N5		Days missed taking ART	
Range_ ADH1_N5		0–30	
ADH2_N5	T.4.1.	In the **past 30 days**, how good a job did you do at taking your HIV medicines in the way you were supposed to? [READ RESPONSES. SELECT ONLY ONE.]	
		Very poor	1
		Poor	2
		Fair	3
		Good	4
		Very good	5

		Excellent	6
		Refused to answer	7
		Don't know	8
Label_ ADH1_N5		How good a job taking ART	
ADH3_N5	T.4.2.	During the **past 30 days**, how often did you take your HIV medicines in the way you were supposed to? [READ RESPONSES. SELECT ONLY ONE.]	
		Never	1
		Rarely	2
		Sometimes	3
		Usually	4
		Almost always	5
		Always	6
		Refused to answer	7
		Don't know	8
Label_ ADH3_N5		How often took ART	
TRBL_EFT	T.5.0.	For the next question we will use Response Card C. During the **past 30 days**, how often were you troubled by side effects from any of your HIV medicines? [READ RESPONSES. SELECT ONLY ONE.]	
		Never	1
		Rarely	2
		About half of the time	3
		Most of the time	4
		Always	5
		Refused to answer	7
		Don't know	8
Label_ TRBL_EFT		How often side effects	
OFT_N5	T.6.0.	How often are you supposed to take your HIV medicines? If you take more than one pill at the same time, count this as one time. [READ RESPONSES. SELECT ONLY ONE]	
		Three times or more a day	1
		Twice a day	2
		Once a day	3
		Less often than once a day—for example, every other day or weekly	4
		Refused to answer	7
		Don't know	8
Label_ OFT_N5		How often take ART	
Intro_ MIS1_N5		"The **last** time you missed taking your HIV medicines, which of the following were reasons you missed?"	
MIS1_N5	T.7.0.	You had a problem getting a prescription, a refill, insurance coverage, or paying for your HIV medicines.	
		No	0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS1_N5		Missed ART: Problem with prescription, insurance, or money	
MIS2_N5	T.7.1.	You were in the hospital or too sick to take your HIV medicines.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS2_N5		Missed ART: Hospitalized or sick	
MIS3_N5	T.7.2.	You fell asleep early or overslept.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS3_N5		Missed ART: Asleep or overslept	
MIS4_N5	T.7.3.	You had a change in your daily routine or were out of town.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS4_N5		Missed ART: Change in routine or out of town	
MIS5_N5	T.7.4.	You had side effects from your HIV medicines.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS5_N5		Missed ART: Side effects	
MIS6_N5	T.7.5.	You felt depressed or overwhelmed.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS6_N5		Missed ART: Depressed or overwhelmed	
MIS7_N5	T.7.6.	You were drinking or using drugs.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS7_N5		Missed ART: Drinking or using drugs	

MIS8_N5	T.7.7.	You forgot to take your HIV medicines.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS8_N5		Missed ART: Forgot	
MIS9_N5	T.7.8.	You did not feel like taking your HIV medicines.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MIS9_N5		Missed ART: Didn't feel like taking	
Skip_ MIS9_N5		Skip to DASK_N5 (doctor asked if missed).	
ATMD12_9	T.8.0.	During the **past 12 months**, have you taken HIV medicines?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ ATMD12_9		Took ART in past 12 months	
Skip_ ATMD12_9		If ATMD12_9 (Took ART in past 12 months) is 0 (no), 7 (refused to answer), or 8 (don't know), skip to P12_N5 (Took prescriptions meds in past 12 months). Else go to next question (DASK_N5).	
DASK_N5	T.9.0.	During the **past 12 months**, did your doctor or other clinic staff ask you whether you missed taking any doses of your HIV medicines?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ DASK_N5		Dr asked if missed ART doses	
PROB_N5	T.9.1.	During the **past 12 months**, did your doctor or other clinic staff ask you whether you had problems taking your HIV medicines?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ PROB_N5		Dr asked if problems taking ART doses	
Skip_ PROB_N5		Skip to PRMD1_N5 (Problems with meds: Skipped doses to save money).	
P12_N5	T.10.0.	During the **past 12 months**, have you taken any prescription medicines?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8

Label_ P12_N5		Took prescriptions meds in past 12 months	
Skip_ P12_N5		If P12_N5 (Took prescriptions meds in past 12 months) is 0 (no), 7 (refused to answer), or 8 (don't know), skip to next topic (Calculation_ST_GENMD, calculation general medical care start time). Else go to Intro_ PRMD1_N5.	
Intro_ PRMD1_N5		"The next questions are about all prescription medicines you have taken in the **past 12 months**. Include HIV medicines as well as medicines prescribed for other conditions. During the **past 12 months**, are any of the following true for you?"	
PRMD1_N5	T.11.0.	You skipped medication doses to save money.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ PRMD1_N5		Problems with meds: skipped doses to save money	
PRMD2_N5	T.11.1.	You took less medicine to save money.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ PRMD2_N5		Problems with meds: took less to save money	
PRMD3_N5	T.11.2.	You delayed filling a prescription to save money.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ PRMD3_N5		Problems with meds: delayed filling to save money	
PRMD4_N5	T.11.3.	You asked your doctor for a lower-cost medication to save money.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ PRMD4_N5		Problems with meds: lower cost med to save money	
PRMD5_N5	T.11.4.	You bought prescription drugs from another country to save money.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ PRMD5_N5		Problems with meds: bought from another country to save money	
PRMD6_N5	T.11.5.	You used alternative therapies to save money.	
		No	0

	Yes	1
	Refused to answer	7
	Don't know	8
Label_ PRMD6_N5	Problems with meds: alternative therapies to save money	
Skip_ PRMD6_N5	Skip to next topic (Calculation_ST_GENMD, calculation general medical care start time).	

General medical care (J)

Calculation_ST_GENMD		Start time of General Medical Care module ST_GENMD = Current time.
Label_ST_GENMD		Start of General Medical Care

ER and hospitalizations (JH)

Intro_HOSPERN5		"Now I'm going to ask you about visits to the emergency room or hospitalizations and general medical care."
HOSPERN5	JH.1.0.	During the **past 12 months**, how many times have you gone to a hospital emergency room about your own health? This includes emergency room visits that resulted in a hospital admission. ___ ___ ___ [777 = Refused to answer, 888= Don't know]
Label_HOSPERN5 Range_HOSPERN5		Number of times gone to a hospital emergency room 0–776
HOSPONN5	JH.2.0.	During the **past 12 months**, were you a patient in a hospital **overnight**? Don't include an overnight stay in the emergency room. No 0 Yes 1 Refused to answer 7 Don't know 8
Label_HOSPONN5		Ever in a hospital overnight
Skip_HOSPONN5		If HOSPONN5 (ever in a hospital overnight) = 0 (no), 7 (refused to answer), or 8 (don't know) then skip to other care Else go to NUMONN5 (number of times stayed in hospital overnight).
NUMONN5	JH.2.1.0.	During the **past 12 months**, how many different times did you stay in any hospital overnight or longer? ___ ___ ___ [777 = Refused to answer, 888= Don't know]
Label_NUMONN5 Range_ NUMMONN5		Number of time stayed in hospital overnight 1– 365

Other care (JO)

CLTREC_9	JO.1.0.	During the **past 12** months, have you participated in an HIV clinical trial? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_CLTREC_9		Ever participated in an HIV clinical trial

Health literacy (HL)

Calculation_ST_ HLLIT		Start time of Health Literacy module ST_ HLLIT = Current time.	
Label_ST_ HLLIT		Start of health literacy	
Intro_HLMF_12		"For the next question, we will use Response Card C."	
HLMF_12	HL.1.0.	How confident are you filling out medical forms by yourself? [READ RESPONSES. SELECT ONLY ONE.]	
		Extremely	1
		Quite a bit	2
		Somewhat	3
		A little bit	4
		Not at all	5
		Refused to answer	7
		Don't know	8
Label_HLMF_12		Health literacy-filling out medical forms by yourself.	

Depression and Anxiety (M)

Calculation_ST_MENHL		Start time of mental health module ST_MENHL = Current time
Label_ST_MENHL		Start mental health
Intro_ANX_DEPA		"Now I'm going to ask you some questions about your mood. When answering, please think about how often the following has occurred during the **past 2 weeks**. We will use Response Card D for these questions. We will also use the calendar to refer to the past 2 weeks."

PHQ-4 screening questions (MD)

Intro_ANX_DEPA		"Over the **past 2 weeks**, how often have you been bothered by any of the following problems?"	
ANX_DEPA	MD.1.0.	Little interest or pleasure in doing things? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANX_DEPA		PHQ little interest	
ANX_DEPB	MD.2.0.	Feeling down, depressed, or hopeless? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
ANX_DEPB		PHQ feeling down	
ANXNR_N5	MD.3.0.	Feeling nervous, anxious or on edge? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANXNERN5		GAD anxious	
ANXSW_N5	MD.4.0.	Not being able to stop or control worrying? [SELECT ONLY ONE. USE RESPONSE CARD.]	

		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANXWR_N5		GAD not stop worrying	
Skip_ANXWR_N5		If ANX_DEPA (PHQ little interest) = 3 or 4 or ANX_DEPB = 3 or 4, go to ANX_DEPC (PHQ sleep trouble); else, skip to the next topic (Calculation_ST_SEX, start time sexual behavior).	

PHQ-8 depression (MA)

Intro_ANX_DEPC		"Over the **past 2 weeks**, how often have you been bothered by any of the following problems?"	
ANX_DEPC	MA.1.0.	Trouble falling or staying asleep, or sleeping too much? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANX_DEPC		PHQ sleep trouble	
ANX_DEPD	MA.2.0.	Feeling tired or having little energy? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANX_DEPD		PHQ feeling tired	
ANX_DEPE	MA.3.0.	Poor appetite or overeating? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANX_DEPE		PHQ poor appetite	
ANX_DEPF	MA.4.0.	Feeling bad about yourself—or that you are a failure or have let yourself or your family down? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2

		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANX_DEPF		PHQ feeling bad about self	
ANX_DEPG	MA.5.0.	Trouble concentrating on things, such as reading the newspaper or watching television? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANX_DEPG		PHQ trouble concentrating	
ANX_DEPH	MA.6.0.	Moving or speaking so slowly that other people could have noticed, or the opposite—being so fidgety or restless that you have been moving around a lot more than usual? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANX_DEPH		PHQ moving slowly or being fidgety	

GAD-7 anxiety (MG)

Skip_ANXWR_N5		If ANXNR_N5 (GAD anxious) = 3 or 4 or ANXSW_N5 (GAD not stop worrying) = 3 or 4, go to ANXWR_N5 (GAD worrying too much); else, skip to the next topic (Calculation_ST_SEX, start time sexual behavior).	
Intro_ANXWR_N5		"Over the **past 2 weeks**, how often have you been bothered by any of the following problems?"	
ANXWR_N5	MG.1.0.	Worrying too much about different things? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANXWR_N5		GAD worrying too much	
ANXRX_N5	MG.2.0.	Trouble relaxing? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2

		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANXRX_N5		GAD trouble relaxing	
ANXRS_N5	MG.3.0.	Being so restless that it's hard to sit still? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANXRS_N5		GAD restless	
ANXIR_N5	MG.4.0.	Becoming easily annoyed or irritable? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANXIR_N5		GAD irritable	
ANXAF_N5	MG.5.0.	Feeling afraid as if something awful might happen? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Not at all	1
		Several days	2
		More than half the days	3
		Nearly every day	4
		Refused to answer	7
		Don't know	8
Label_ANXAF_N5		GAD feeling afraid	

Sexual behavior (S)

Calculation_ST_SEX	Start time of sexual behavior module ST_SEX = Current time
Label_ST_SEX	Start sexual behavior

Total sex partners (ST)

Intro_SX_TFPN4	"Next, I'm going to ask you some questions about sex. Please remember that your answers will be kept confidential and that you don't have to answer any questions that you don't want to. I'll ask you about the number of people you had sex with during the **past 12 months**. When I say "sex," I mean vaginal or anal sex. Vaginal sex means penis in the vagina and anal sex means penis in the anus. When thinking about your answers, please include anyone whom you had vaginal or anal sex with during the **past 12 months**. The number of people could range anywhere from 0 to over a hundred."

Calculation_SX_GEN	If GENDER=Male and BIRTGEN=Male then SX_GEN=1 (Male).
	If GENDER=Female and BIRTGEN=Female then SX_GEN=2 (Female).
	If (GENDER=Male and BIRTGEN=Female) or (GENDER=Female and BIRTGEN=Male) or (GENDER=Transgender and [BIRTGEN=Male, Female, don't know, or refused to answer]) then SX_GEN=3 (Transgender).
	If BIRTGEN is intersex, then SX_GEN=4 (Indeterminate).
	If ([GENDER= refused to answer or don't know] and [BIRTGEN = Male, Female, refused to answer, or don't know], then SX_GEN=4 (Indeterminate).
	If BIRTGEN is refused to answer or don't know, and GENDER is male, female, refused to answer, or don't know, then SX_GEN=4 (Indeterminate).

Label_SX_GEN	sex gender

		BIRTGEN				
		Male	Female	Intersex	Refused to answer	Don't know
Gender	Male	SX_GEN = 1 male	SX_GEN = 3 transgender	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate
	Female	SX_GEN = 3 transgender	SX_GEN = 2 female	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate
	Transgender	SX_GEN = 3 transgender	SX_GEN = 3 transgender	SX_GEN = 4 Indeterminate	SX_GEN = 3 transgender	SX_GEN = 3 transgender
	Refused	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate
	Don't know	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate

Skip_SX_TFPN4	If SX_GEN=2 (Female), skip to SX_TMPN4 (number of male partners). Else, go to SX_TFPN4 (number of female partners).

SX_TFPN4	ST.1.0.	During the **past 12 months**, how many females have you had sex with?

		___ ___ ___ [7777 = Refused to answer, 8888 = Don't know]
Label_SX_TFPN4 Range_SX_TFPN4		Number of female partners. 0–999
SX_TMPN4	ST.2.0.	During the **past 12 months,** how many males have you had sex with? ___ ___ ___ [7777 = Refused to answer, 8888 = Don't know]
Label_SX_TMPN4 Range_SX_TMPN4		Number of male partners. 0–999
SX_TTPN4	ST.3.0.	During the **past 12 months,** how many transgender persons have you had sex with? ___ ___ ___ [7777 = Refused to answer, 8888 = Don't know]
Label_SX_TTPN4 Range_SX_TTPN4 Calculation_SX _TOTN4		Number of transgender partners. 0–999 Create a calculated variable where the sum of SX_TFPN4 + SX_TMPN4 + SX_TTPN4 = SX_TOTN4. If the response to SX_TFPN4 (number of female partners), SX_TMPN4 (number of male partners), or SX_TTPN4 (number of transgender partners) is 7 (refused to answer) or 8 (don't know), then calculate the response as "0." EXAMPLE: if SX_TFPN4 = 8 (don't know) AND SX_TMPN4 = 8 (don't know), AND SX_TTPN4 = 7 (refused to answer), THEN SX_TOTN4 = 0. If any of the values are Skipped (.S), then do not include the value in the calculation. EXAMPLE: if SX_TFPN4 = 2 AND SX_TMPN4 = 8 (don't know), AND SX_TTPN4 = Skipped, then SX_TOTN4 = 2.
Label_SX_TOTN4 Calculation_ SXFMONN4		Variable label for SX_TOTN4 is total number of vaginal and anal sex partners. Female only partners: create a calculated variable SXFMONN4 (female only partners) if SX_TMPN4 (number of male partners) = 0, 8 (don't know), or 7 (refused to answer) AND SX_TTPN4 (number of transgender partners) = 0, 8 (don't know), or 7 (refused to answer) AND SX_TFPN4 (number of female partners) ≥ 1, then SXFMONN4 (female only partners) = 1; else SXFMONN4 = 0.
Label_SXFMONN4 Calculation _SXMLONN4		Female only partners. Male only partners: create a calculated variable SXMLONN4 (male only partners) if SX_TFPN4 (number of female partners) = 0, 8 (don't know), or 7 (refused to answer) or .S (skipped) AND SX_TTPN4 (number of transgender partners) = 0, 8 (don't know), or 7 (refused to answer) AND SX_TMPN4 (number of male partners) ≥ 1, then SXMLONN4 (male only partners) = 1; else SXMLONN4 = 0.
Label_SXMLONN4 Calculation_ SXTGONN4		Male only partners. Transgender only partners: create a calculated variable SXTGONN4 (transgender only partners) if SX_TFPN4 (number of female partners) = 0, 8 (don't know), or 7 (refused to answer) AND SX_TMPN4 (number of male partners) = 0, 8 (don't know), or 7 (refused to answer) AND SX_TTPN4 (number of transgender partners) ≥ 1, then SXTGONN4 (transgender only partners) = 1; else SXTGONN4 = 0.

Label_ SXTGONN4		Transgender only partners.
Skip_SX_TWPN4		If SX_GEN=2 (Female), go to Intro_SX_TWPN4 (number of female-female partners). If SX_GEN is not 2 (Female) and SX_TOTN4 (total number of sex partners) = 0, skip to Intro_SEROSRT1 (serosorting). Else, if SX_GEN is not 2 (Female) and SX_TOTN4 (total number of sex partners) ≥ 1 skip to skip_SX_EXCN4 (exchange sex).
Intro_SX_TWPN4		"Now, I'm going to ask you about sex with women."
SX_TWPN4	ST.4.0.	During the **past 12 months**, how many women did you have sex with? ___ ___ ___ [7777 = Refused to answer, 8888 = Don't know]
Label_SX_TWPN4 Range_SX_TWPN4 Calculation _SXFFONN4 Label_SXFFONN4		Number of female-female partners 0–999 Female-female only partners: create a calculated variable SXFFONN4 (female-female only partners) if SX_TMPN4 (number of male partners) = 0, 8 (don't know), or 7 (refused to answer) AND SX_TTPN4 (number of transgender partners) =0, 8 (don't know), 7 (refused to answer) AND SX_TWPN4 (number of female-female partners) ≥ 1, THEN SXFFONN4 (female-female only partners) = 1; ELSE SXFFONN4 = 0. Female-female only partners
Skip_SX_EXCN4		Women who only had sex with women: If SX_GEN=2 AND SX_TMPN4 (number of male partners) = 0, 7 (refused to answer) or 8 (don't know), AND SX_TTPN4 (number of transgender partners) = 0, 7 (refused to answer) or 8 (don't know), skip to the serosorting section (Intro_SEROSRT1). No vaginal or anal sex partners: If SX_TFPN4 (number of female partners), SX_TMPN4 (number of male partners), and SX_TTPN4 (number of transgender partners) are all some combination of 0, 7 (refused to answer) or 8 (don't know), then skip to the serosorting section (Intro_SEROSRT1). Else: Go to SX_EXCN4 (exchange sex).

Exchange sex (SE)

SX_EXCN4	SE.1.0.	During the **past 12 months**, did you have sex in exchange for things like food, shelter, transportation, money, or drugs?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SX_EXCN4		Exchange sex.	

Names of partners (SN)

Skip_1SX_NM1_5	If SX_TOTN4 (total number of sex partners) = 1, go to Intro_1 SX_NM1_5

	(name of partner 1). If SX_TOTN4 ≥ 2, skip to Intro_2SX_NM1_5 (name of partner 1). If SX_GEN = 2 and SX_TWPN4 (number of female-female sex partners) ≥ 1 and SX_TMPN4 (number of male sex partners) = 1 then go to Intro_3SX_NM1N4. If SX_GEN = 2 and SX_TWPN4 (number of female-female sex partners) ≥ 1 and SX_TMPN4 (number of male sex partners) > 1 then go to Intro_4SX_NM1N4.
Intro_1 SX_NM1_5	"Now I'm going to ask you some questions about the person that you recently had sex with during the **past 12 months**, such as his or her age and race. Please answer to the best of your knowledge, but it's okay to tell me that you don't know or that you're unsure. Since I'll be asking questions about this person, I need some way to refer to him or her. You may refer to him or her in any way you want—initials, nickname, or where you met. However, please don't provide a last name or any other identifying information."
Skip_2SX_NM1_5	Skip to SX_NM1_5 (name of partner 1).
Intro_2SX_NM1_ 5	"Now I'm going to ask you some questions about the [IF SX_TOTN4 (total number of sex partners) is 2, 3, or 4, THEN INSERT RESPONSE FROM SX_TOTN4 (total number of sex partners). IF SX_TOTN4 (total number of sex partners) ≥5, THEN INSERT "5"] people you recently had sex with during the **past 12 months**, such as their age and race. Please answer to the best of your knowledge, but it's okay to tell me that you don't know or that you're unsure. Since I'll be asking questions about each person, I need some way to refer to them, so that when I ask you follow-up questions, we both know we're talking about the same person. You may refer to them in any way you want—initials, nicknames, or where you met. However, please don't provide last names or any other identifying information."
Skip_3SX_NM1_5	Skip to SX_NM1_5 (name of partner 1).
Intro_3SX_NM1_ 5	"Now I'm going to ask you some questions about the male partner that you recently had sex with during the **past 12 months,** such as his age and race. Please answer to the best of your knowledge, but it is okay to tell me that you don't know or that you're unsure. Since I'll be asking questions about this person, I need some way to refer to him. You may refer to him in any way you want—initials, nickname, or where you met. However, please don't provide a last name or any other identifying information."
Skip_4SX_NM1_5	Skip to SX_NM1_5 (name of partner 1).
Intro_4SX_NM1_ 5	"Now I'm going to ask you some questions about the male partners that you recently had sex with during the **past 12 months,** such as their age and race. Please answer to the best of your knowledge, but it is okay to tell me that you don't know or that you're unsure. Since I'll be asking questions about each person, I need some way to refer to them. You may refer to them in any way you want—initials, nickname, or where you met. However, please don't

		provide a last name or any other identifying information."
SX_NM1_5	SN.1.0.	What shall we call the person with whom you most recently had sex during the **past 12 months**? _____ [7 = Refused to answer]
Label_SX_NM1_5		Name of partner 1
Skip_SX_NM1_5		If SX_TOTN4 (total number of sex partners) = 1 AND SX_NM1_5 (name of partner 1), is 7 (refused to answer), READ the message "Interviewer: remind the respondent that he or she can provide initials, nicknames, or another name to identify the partner." Go back to SX_NM1_5 (name of partner 1). If SX_NM1_5 (name of partner 1), is still 7 (refused to answer), skip to the serosorting section (Intro_SEROSRT1).
Range_SX_NM1_5		Character limit = 50.
QDS_programming_SX_NM1_5		Open-ended response. Do not allow an 8 (don't know) response option.
SX_NM2N4	SN.1.1.	What shall we call the 2nd person with whom you had sex during the **past 12 months**? _____ [7 = Refused to answer]
Label_SX_NM2N4		Name of partner 2.
Skip_SX_NM2N4		If SX_TOTN4 (total number of sex partners) = 2 AND SX_NM1_5 (name of partner 1) and SX_NM2N4 (name of partner 2) are 7 (refused to answer), skip to the serosorting section (Intro_SEROSRT1). If SX_TOTN4 (total number of sex partners) ≥3, go to SX_NM3N4 (name of partner 3). Else, go to SXTOVRN4 (verification of total sex partners). EXAMPLE: SX_NM1_5 (name of partner 1) is 7 (refused to answer) AND SX_NM2N4 (name of partner 2) is "John," then go to SX_NM3N4 (name of partner 3).
Range_SX_NM2N4		Character limit = 50
Hard_edit_SX_NM2N4		If SX_NM1_5 (name of partner 1) and SX_NM2N4 (name of partner 2) are identical, then READ, "You gave me the same name for another partner. Can you please give me another name?" The program should return to SX_NM2N4 (name of partner 2).
QDS_programming_SX_NM2N4		Use open-ended response. Do not allow an 8 (don't know) response option.
SX_NM3N4	SN.1.2.	What shall we call the 3rd person with whom you had sex during the **past 12 months**? _____ [7 = Refused to answer]
Skip_SX_NM3N4		If SX_TOTN4 (total number of sex partners) = 3 and SX_NM1_5 (name of partner 1) and SX_NM2N4 (name of partner 2) and SX_NM3N4 (name of partner 3) are 7 (refused to answer), skip to the serosorting question

		(Intro_SEROSRT1). If SX_TOTN4 (total number of sex partners) ≥4, go to SX_NM4N4 (name of partner 4). Else Skip to SXTOVRN4 (verification of total sex partners). EXAMPLE: SX_NM1_5 (name of partner 1) is 7 (refused to answer) AND SX_NM2N4 (name of partner 2) is "John" and SX_NM3N4 (name of partner 3) is "Jane," then go to SX_NM4N4 (name of partner 4).
Label_SX_NM3N4 Range_SX_NM3N4 Hard_edit_SX_NM3N4 QDS_programming_SX_NM3N4		Variable label is name of partner 3. Character limit = 50. If either SX_NM1_5 (name of partner 1), SX_NM2N4 (name of partner 2), or SX_NM3N4 (name of partner 3) are identical, then READ, "You gave me the same name for another partner. Can you please give me another name?" The program should return to SX_NM3N4 (name of partner 3). Use open-ended response. Do not allow an 8 (don't know) response option.
SX_NM4N4	SN.1.3.	What shall we call the 4th person with whom you had sex during the **past 12 months** _____ [7=Refused to answer]
Skip_SX_NM4N4		If SX_TOTN4 (total number of sex partners) = 4 and SX_NM1_5 (name of partner 1) and SX_NM2N4 (name of partner 2) and SX_NM3N4 (name of partner 3) and SX_NM4N4 (name of partner 4) are 7 (refused to answer), skip to the serosorting section (Intro_SEROSRT1). If SX_TOTN4 (total number of sex partners) ≥5, go to SX_NM5N4 (name of partner 5). Else, skip to SXTOVRN4 (verification of total sex partners). EXAMPLE: SX_NM1_5 (name of partner 1) is 7 (refused to answer) AND SX_NM2N4 (name of partner 2) is "John" and SX_NM3N4 (name of partner 3) is "Jane" and SX_NM4N4 (name of partner 4) is "JB," then go to SX_NM5N4 (name of partner 5).
Label_SX_NMN4 Range_SX_NMN4 QDS_programming_SX_NMN4 Hard_edit_SX_NMN4		Variable label is name of partner 4. Character limit = 50. Use open-ended response. Do not allow for an 8 (don't know) response option. If either SX_NM1_5 (name of partner 1), SX_NM2N4 (name of partner 2), SX_NM3N4 (name of partner 3), or SX_NM4N4 (name of partner 4) are identical, then READ, "You gave me the same name for another partner. Can you please give me another name?" The program should return to SX_NM4N4 (name of partner 4).
SX_NM5N4	SN.1.4.	What shall we call the 5th person with whom you had sex during the **past 12 months**? _____ [7=Refused to answer]
Skip_SX_NM5N4		If SX_TOTN4 (total number of sex partners) = 5 AND SX_NM1_5 (name of partner 1), SX_NM2N4 (name of partner 2), SX_NM3N4 (name of partner 3), SX_NM4N4 (name of partner 4), SX_NM5N4 (name of partner 5) are all 7

		(refused to answer), skip to the serosorting section (Intro_SEROSRT1). Else go to SXTOVRN4 (verification of total sex partners).
Label_SX_NM5N4 Range_SX_NM5N4 QDS_programming_SX_NM5N4 Hard_edit_SX_NM5N4		Variable label is name of partner 5. Character limit = 50. Use open-ended response. Do not allow an 8 (don't know) response option. If either SX_NM1_5 (name of partner 1), SX_NM2N4 (name of partner 2), SX_NM3N4 (name of partner 3), SX_NM4N4 (name of partner 4), or SX_NM5N4 (name of partner 5) are identical, then READ, "You gave me the same name for another partner. Can you please give me another name?" The program should return to SX_NM5N4 (name of partner 5).
Skip_SX_NM1N4-SX_NM2N4-SX_NM3N4-SX_NM4N4-SX_NM5N4		If SX_TOTN4 (total number of sex partners) > 5 and SX_NM1_5 (name of partner 1), SX_NM2N4 (name of partner 2), SX_NM3N4 (name of partner 3), SX_NM4N4 (name of partner 4), and SX_NM5N4 (name of partner 5) are all 8 (don't know) or 7 (refused to answer), then skip to the aggregate information section (Intro_SXAGC1N4).
SXTOVRN4	SN.1.5.	So, the total number of people you had vaginal or anal sex with during the **past 12 months** was [INSERT SX_TOTN4]? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_SXTOVRN4		Variable label for SXTOVRN4 is verification of total sex partners
Skip_SXTOVRN4		If SXTOVRN4 = 0 (no) or 8 (don't know), return to Skip_SX_TFPN4 (number of female partners). If SXTOVRN4 = 1 (yes), go to instructions for partner demographics partner-by-partner series table. If SXTOVRN4 = 7 (refused to answer), skip to the Serosorting section (Intro_SEROSRT1).

Partner demographics (SP)

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Instructions for partner demographics partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell.					
		QDS_programming_partner-by-partner-series-table1: When question instructions say "insert partner name," and the variable is in the Partner 1 column, then insert response from SX_NM1_5(name of partner 1).	QDS_programming_partner-by-partner-series-table2: When question instructions say "insert partner name," and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2).	QDS_programming_partner-by-partner-series-table3: When question instructions say "insert partner name," and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3).	QDS_programming_partner-by-partner-series-table4: When question instructions say "insert partner name," and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4).	QDS_programming_partner-by-partner-series-table5: When question instructions say "insert partner name," and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5).
		Skip partner gender questions if the respondent had sex with only one gender: If SXTGONN4	Skip_SXPGN2N4 If SX_TOTN4 = 2 AND respondent provided name for partner 2 (SX_NM2N4 not	Skip_SXPGN3N4 If SX_TOTN4 = 3 AND respondent provided name for partner 3 (SX_NM3N4 not	Skip_SXPGN4N4 If SX_TOTN4 = 4 AND respondent provided name for partner 4 (SX_NM4N4 not	Skip_SXPGN5N4 If SX_TOTN4 = 5 AND respondent provided name for partner 5 (SX_NM5N4 not

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		(transgender only partners) = 1, OR SXFMONN4 (female only partners) = 1 OR SXMLONN4 (male only partners) = 1 then skip SXPGN1N4 (partner's gender-partner 1) and go to Intro_SXPAG1N4 (partner age-partner 1). Else, go to SXPGN1N4 (partner gender-partner 1.	equal to 7 [refused to answer]), skip to skip_SXPGN2N4 (partner's gender-partner 2). If respondent refused to provide name for partner 2 (SX_NM2N4 = 7), skip to serosorting section (Intro_SEROSRT1. Skip partner gender questions if the respondent had sex with only one gender: If SXTGONN4 (transgender only partners) = 1, OR SXFMONN4 (female only partners) = 1 OR SXMLONN4 (male only partners) = 1	equal to 7 [refused to answer]), skip to skip_SXPGN3N4 (partner's gender-partner 3). If respondent refused to provide name for partner 3 (SX_NM3N4 = 7), skip to serosorting section (Intro_SEROSRT1. Skip partner gender questions if the respondent had sex with only one gender: If SXTGONN4 (transgender only partners) = 1, OR SXFMONN4 (female only partners) = 1 OR SXMLONN4 (male only partners) = 1	equal to 7), skip to skip_SXPGN4N4 (partner's gender-partner 4). If respondent refused to provide name for partner4 (SX_NM4N4 = 7), skip to serosorting section (Intro_SEROSRT1. Skip partner gender questions if the respondent had sex with only one gender: If SXTGONN4 (transgender only partners) = 1, OR SXFMONN4 (female only partners) = 1 OR SXMLONN4 (male only partners) = 1 then skip	equal to 7), skip to skip_SXPGN5N4 (partner's gender-partner 5). If respondent refused to provide name for partner 5 (SX_NM5N4 = 7), skip to serosorting section (Intro_SEROSRT1. Skip partner gender questions if the respondent had sex with only one gender: If SXTGONN4 (transgender only partners) = 1, OR SXFMONN4 (female only partners) = 1 OR SXMLONN4 (male only partners) = 1 then skip

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
			then skip SXPGN2N4 (partner's gender-partner 2) and go to SXPAG2N4 (partner age-partner 2). Else, go to SXPGN2N4 (partner gender-partner 2).	then skip SXPGN3N4 (partner's gender-partner 3) and go to SXPAG3N4 (partner age-partner 3). Else, go to SXPGN3N4 (partner gender-partner 3).	SXPGN4N4 (partner's gender-partner 4) and go to SXPAG4N4 (partner age-partner 4). Else, go to SXPGN4N4 (partner gender-partner 4.	SXPGN5N4 (partner's gender-partner 5) and go to SXPAG5N4 (partner age-partner 5). Else, go to SXPGN5N4 (partner gender-partner 5).
		SXPGN1N4	SXPGN2N4	SXPGN3N4	SXPGN4N4	SXPGN5N4
SP.1.0.	Is [INSERT PARTNER NAME] male, female, or transgender? [READ RESPONSES. SELECT ONLY ONE.]					
	Male	1	1	1	1	1
	Female	2	2	2	2	2
	Transgender	3	3	3	3	3
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		Label_SXPGN1N4	Label_ SXPGN2N4	Label_ SXPGN3N4	Label_ SXPGN4N4	Label_ SXPGN5N4
		Partner gender-partner 1.	Partner gender-partner 2.	Partner gender-partner 3.	Partner gender-partner 4.	Partner gender-partner 5.
		Soft_edit_SXPGN	Soft_edit_	Soft_edit_	Soft_edit_	Soft_edit_

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		1N4	SXPGN2N4	SXPGN3N4	SXPGN4N4	SXPGN5N4
		If SX_GEN = 2 (female) and SXPGN1N4 is female, READ, "Only include partners with whom you had vaginal or anal sex. Remember, for these questions, vaginal sex means penis in the vagina and anal sex means penis in the anus. Interviewer instructions: Return to previous question if necessary." Allow survey to move forward. Else, go to Intro_SXPAG1N4.	If SX_GEN = 2 (female) and SXPGN2N4 is female, READ, "Only include partners with whom you had vaginal or anal sex. Remember, for these questions, vaginal sex means penis in the vagina and anal sex means penis in the anus. Interviewer instructions: Return to previous question if necessary." Allow survey to move forward. Else, go to SXPAG2N4.	If SX_GEN = 2 (female) and SXPGN3N4 is female, READ, "Only include partners with whom you had vaginal or anal sex. Remember, for these questions, vaginal sex means penis in the vagina and anal sex means penis in the anus. Interviewer instructions: Return to previous question if necessary." Allow survey to move forward. Else, go to SXPAG3N4.	If SX_GEN = 2 (female) and SXPGN4N4 is female, READ, "Only include partners with whom you had vaginal or anal sex. Remember, for these questions, vaginal sex means penis in the vagina and anal sex means penis in the anus. Interviewer instructions: Return to previous question if necessary." Allow survey to move forward. Else, go to SXPAG4N4.	If SX_GEN = 2 (female) and SXPGN5N4 is female, READ, "Only include partners with whom you had vaginal or anal sex. Remember, for these questions, vaginal sex means penis in the vagina and anal sex means penis in the anus. Interviewer instructions: Return to previous question if necessary." Allow survey to move forward. Else, go to SXPAG5N4.
		Skip_SXPGN1N4	Skip_SXPGN2N4	Skip_SXPGN3N4	Skip_SXPGN4N4	Skip_SXPGN5N4

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		If response is 1, 2, 3, 7, or 8, go to SXPAG1N4 (partner age-partner 1).	If response is 1, 2, 3, 7, or 8, go to SXPAG2N4 (partner age-partner 2).	If response is 1, 2, 3, 7, or 8, go to SXPAG3N4 (partner age-partner 3).	If response is 1, 2, 3, 7, or 8, go to SXPAG4N4 (partner age-partner 4).	If response is 1, 2, 3, 7, or 8, go to SXPAG5N4 (partner age-partner 5).
		Intro_SXPAG1N4				
		"For the next question we will use Response Card E."				
SP.2.0.	Which of the following age groups best describes [INSERT PARTNER NAME]? [READ RESPONSES. SELECT ONLY ONE.]	SXPAG1N4	SXPAG2N4	SXPAG3N4	SXPAG4N4	SXPAG5N4
	≤24 years old	1	1	1	1	1
	25-29 years old	2	2	2	2	2
	30-34 years old	3	3	3	3	3
	35-39 years old	4	4	4	4	4
	40-44 years old	5	5	5	5	5
	45-49 years old	6	6	6	6	6
	>=50 years old	7	7	7	7	7
	Refused to answer	77	77	77	77	77
	Don't know	88	88	88	88	88
		Label_SXPAG1N4	Label_SXPAG2N4	Label_SXPAG3N4	Label_SXPAG4N4	Label_SXPAG5N4
		Partner age-partner 1.	partner age-partner 2	partner age-partner 3	partner age-partner 4	partner age-partner 5

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Skip_SXPAG1N4	Skip_SXPAG2N4	Skip_SXPAG3N4	Skip_SXPAG4N4	Skip_SXPAG5N4
		For all responses, go to Intro_SXPEN1N4 (partner ethnicity-partner 1).	For all responses, go to SXPEN2N4 (partner ethnicity-partner 2).	For all responses, go to SXPEN3N4 (partner ethnicity-partner 3).	For all responses, go to SXPEN4N4 (partner ethnicity-partner 4).	For all responses, go to SXPEN5N4 (partner ethnicity-partner 5).
Intro_SXPEN1N4		"The next two questions ask about partners' race and ethnicity. We're asking them to better understand the health of all groups."				
SP.3.0.	Is [INSERT PARTNER NAME] Hispanic, Latino/a, or of Spanish origin? If you're not sure, give me your best guess.	SXPEN1N4	SXPEN2N4	SXPEN3N4	SXPEN4N4	SXPEN5N4
	No	0	0	0	0	0
	Yes	1	1	1	1	1
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		Label_SXPEN1N4	Label_SXPEN2N4	Label_SXPEN3N4	Label_SXPEN4N4	Label_SXPEN5N4

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		partner ethnicity-partner 1	partner ethnicity-partner 2	partner ethnicity-partner 3	partner ethnicity-partner 4	partner ethnicity-partner 5
		Skip_SXPEN1N4	Skip_SXPEN2N4	Skip_SXPEN3N4	Skip_SXPEN4N4	Skip_SXPEN5N4
		For all responses go to SXPR1N4 (partner race-partner 1).	For all responses go to SXPR2N4 (partner race-partner 2).	For all responses go to SXPR3N4 (partner race-partner 3).	For all responses go to SXPR4N4 (partner race-partner 4).	For all responses go to SXPR5N4 (partner race-partner 5).
SP.4.0.	Which of the following racial group or groups best describes [INSERT PARTNER NAME]? Select all that apply. If you're not sure, give me your best guess. [READ RESPONSES. SELECT ALL THAT APPLY.]	SXPR1N4	SXPR2N4	SXPR3N4	SXPR4N4	SXPR5N4
	American Indian or Alaskan Native	1 SXPR1N4A	1 SXPR2N4A	1 SXPR3N4A	1 SXPR4N4A	1 SXPR5N4A
	Asian	2 SXPR1N4B	2 SXPR2N4B	2 SXPR3N4B	2 SXPR4N4B	2 SXPR5N4B
	Black or African American	3 SXPR1N4C	3 SXPR2N4C	3 SXPR3N4C	3 SXPR4N4C	3 SXPR5N4C
	Native Hawaiian or Other Pacific Islander	4 SXPR1N4D	4 SXPR2N4D	4 SXPR3N4D	4 SXPR4N4D	4 SXPR5N4D
	White	5 SXPR1N4E	5 SXPR2N4E	5 SXPR3N4E	5 SXPR4N4E	5 SXPR5N4E
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Skip_SXPR1N4	Skip_SXPR2N4	Skip_SXPR3N4	Skip_SXPR4N4	Skip_SXPR5N4
		For all responses, go to SXPCM1N4 (commitment-partner 1).	For all responses, go to SXPCM2N4 (commitment-partner 2).	For all responses, go to SXPCM3N4 (commitment-partner 3).	For all responses, go to SXPCM4N4 (commitment-partner 4).	For all responses, go to SXPCM5N4 (commitment-partner 5).
		Label_ SXPR1N4	Label_ SXPR2N4	Label_ SXPR3N4	Label_ SXPR4N4	Label_ SXPR5N4
		race-partner 1	race-partner 2	race-partner 3	race-partner 4	race-partner 5
SP.5.0.	How would you describe your level of commitment to [INSERT PARTNER NAME]? Are you… [READ RESPONSES. SELECT ONLY ONE.]	SXPCM1N4	SXPCM2N4	SXPCM3N4	SXPCM4N4	SXPCM5N4
	Not at all committed	1	1	1	1	1
	Somewhat committed	2	2	2	2	2
	Very committed	3	3	3	3	3
	Committed to above and beyond anyone else	4	4	4	4	4
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		Label_SXPCM1N4	Label_SXPCM2N4	Label_SXPCM3N4	Label_SXPCM4N4	Label_SXPCM5N4
		commitment-partner 1	commitment-partner 2	commitment-partner 3	commitment-partner 4	commitment-partner 5
		Skip_SXPCM1N4	Skip_SXPCM2N4	Skip_SXPCM3N4	Skip_SXPCM4N4	Skip_SXPCM5N4
		For all responses, go to skip_SX_VS1N4 (vaginal sex-	For all responses, go to skip_SX_VS2N4 (vaginal sex-	For all responses, go to skip_SX_VS3N4 (vaginal sex-	For all responses, go to skip_SX_VS4N4 (vaginal sex-	For all responses, go to skip_SX_VS5N4 (vaginal sex-

	Questions	**Sexual Partners**				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		partner 1).	partner 2).	partner 3).	partner 4).	partner 5).

Vaginal sex (SV)

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Instructions for partner demographics partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell.					
		QDS_programming_partnerdemo1	QDS_programming_partnerdemo2	QDS_programming_partnerdemo3	QDS_programming_partnerdemo4	QDS_programming_partnerdemo5
		When question instructions say “insert partner name,” and the variable is in the Partner 1 column, then insert response from SX_NM1_5(name of partner 1).	When question instructions say “insert partner name,” and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2).	When question instructions say “insert partner name,” and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3).	When question instructions say “insert partner name,” and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4).	When question instructions say “insert partner name,” and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5).
	Skip_SX_VS1N4-SX_VS2N4-SX_VS3N4-SX_VS4N4-SX_VS5N4 <u>Transgender/unknown gender respondent</u>: If the respondent is transgender (SX_GEN=3) or unknown gender (SX_GEN=4), then skip to transgender and unknown gender partner-by-partner series table (SX_TG1N4 [transgender partner 1], SX_TG2N4 [transgender partner 2], SX_TG3N4 [transgender partner 3], SX_TG4N4 [transgender partner 4], or SX_TG5N4 [transgender partner 5]). Transgender/unknown gender partner: If the respondents’ partner(s) is(are) transgender[If SXTGONN4 = 1 (transgender only partner) OR (SXPGN1N4 (partner 1 gender), SXPGN2N4 (partner 2 gender), SXPGN3N4 (partner 3 gender), SXPGN4N4 (partner 4 gender), SXPGN5N4 (partner 5 gender) = 3, don’t know, or refused to answer], then skip to transgender and unknown gender partner-by-partner series table (SX_TG1N4 [transgender partner 1], SX_TG2N4 [transgender partner 2], SX_TG3N4 [transgender partner 3],					

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	SX_TG4N4 [transgender partner 4], or SX_TG5N4 [transgender partner 5]). Male-male partners: If the respondent is male (SX_GEN=1), and he reports only male partners (SXMLONN4 = 1), then skip to anal sex partner-by-partner series table (SXANL1N4 [anal sex-partner1], SXANL2N4 [anal sex-partner 2], SXANL3N4 [anal sex-partner 3], SXANL4N4 [anal sex-partner 4], or SXANL5N4 [anal sex-partner 5]). Female respondent female partner: If the respondent is female (SX_GEN=2) and SX_TOTN4 = 1, skip to serosorting section (Intro_SEROSRT1). If 2 ≤ SX_TOTN4 ≤ 5, skip to skip_SXPGN2N4 (partner's gender-partner 2), SXPGN3N4 (partner's gender-partner 3, SXPGN4N4 (partner's gender-partner 4), or SXPGN5N4 (partner's gender-partner 5). If SX_TOTN4 ≥ 6, skip to serosorting section (Intro_SEROSRT1). Else: go to vaginal sex partner-by-partner series table (SX_VS1N4 [vaginal-partner 1], SX_VS2N4 [vaginal-partner 2], SX_VS3N4 [vaginal-partner 3], SX_VS4N4 [vaginal-partner 4], or SX_VS5N4 [vaginal-partner 5]).					
SV.1.0.	During the **past 12 months**, did you have vaginal sex with [INSERT PARTNER NAME]?	SX_VS1N4	SX_VS2N4	SX_VS3N4	SX_VS4N4	SX_VS5N4
	No	0	0	0	0	0
		Skip to SXANL1N4 (anal sex-partner 1)	Skip to SXANL2N4 (anal sex-partner 2)	Skip to SXANL3N4 (anal sex-partner 3)	Skip to SXANL4N4 (anal sex-partner 4)	Skip to SXANL5N4 (anal sex-partner 5)
	Yes	1	1	1	1	1
		Go to SV10_1N4 (vaginal10-partner 1)	Go to SV10_2N4 (vaginal10-partner 2)	Go to SV10_3N4 (vaginal10-partner 3)	Go to SV10_4N4 (vaginal10-partner 4)	Go to SV10_5N4 (vaginal10-partner 5)
	Refused to answer	7	7	7	7	7
		Skip to SXANL1N4	Skip to SXANL2N4	Skip to SXANL3N4	Skip to SXANL4N4	Skip to SXANL5N4

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		(anal sex-partner 1)	(anal sex-partner 2)	(anal sex-partner 3)	(anal sex-partner 4)	(anal sex-partner 5)
	Don't know	8	8	8	8	8
		Skip to SXANL1N4 (anal sex-partner 1)	Skip to SXANL2N4 (anal sex-partner 2)	Skip to SXANL3N4 (anal sex-partner 3)	Skip to SXANL4N4 (anal sex-partner 4)	Skip to SXANL5N4 (anal sex-partner 5)
		Label_SX_VS1N4	Label_SX_VS2N4	Label_SX_VS3N4	Label_SX_VS4N4	Label_SX_VS5N4
		Vaginal sex-partner 1.	Vaginal sex-partner 2.	Vaginal sex-partner 3.	Vaginal sex-partner 4.	SX_VS5N4 is vaginal sex-partner 5.
SV.1.1.	During the **past 12 months**, did you have vaginal sex with [INSERT PARTNER NAME] more than 10 times? [READ RESPONSES. SELECT ONLY ONE.]	SV10_1N4	SV10_2N4	SV10_3N4	SV10_4N4	SV10__5N4
	No	0	0	0	0	0
		Go to SXVEN1N4 (time vaginal sex-partner 1).	Go to SXVEN2N4 (time vaginal sex-partner 2).	Go to SXVEN3N4 (time vaginal sex-partner 3).	Go to SXVEN4N4 (time vaginal sex-partner 4).	Go to SXVEN5N4 (time vaginal sex-partner 5).
	Yes	1	1	1	1	1
		Skip to SXANV1N4 (average number vaginal-partner 1).	Skip to SXANV2N4 (average number vaginal-partner 2).	Skip to SXANV3N4 (average number vaginal-partner 3).	Skip to SXANV4N4 (average number vaginal-partner 4).	Skip to SXANV5N4 (average number vaginal-partner 5).
	Refused to answer	7	7	7	7	7

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Skip to SXANL1N4 (anal sex-partner 1)	Skip to SXANL2N4 (anal sex-partner 2)	Skip to SXANL3N4 (anal sex-partner 3)	Skip to SXANL4N4 (anal sex-partner 4)	Skip to SXANL5N4 (anal sex-partner 5)
	Don't know	8	8	8	8	8
		Skip to SXANL1N4 (anal sex-partner 1)	Skip to SXANL2N4 (anal sex-partner 2).	Skip to SXANL3N4 (anal sex-partner 3).	Skip to SXANL4N4 (anal sex-partner 4).	Skip to SXANL5N4 (anal sex-partner 5).
		Label_SV10_1N4	Label_SV10_2N4	Label_SV10_3N4	Label_SV10_4N4	Label_SV10_5N4
		Vaginal 10-partner 1.	Vaginal 10-partner 2.	Vaginal 10-partner 3.	Vaginal 10-partner 4.	Vaginal 10-partner 5.
SV.1.2.	During the **past 12 months**, please tell me the exact number of times that you had vaginal sex with [INSERT PARTNER NAME]?	SXVEN1N4	SXVEN2N4	SXVEN3N4	SXVEN4N4	SXVEN5N4
		__ __	__ __	__ __	__ __	__ __
		Skip to Say box before SXVC1AN4 (condom vaginal-partner 1a)	Skip to instructions before SXVC2AN4 (condom vaginal-partner 2a)	Skip to instructions before SXVC3AN4 (condom vaginal-partner 3a)	Skip to instructions before SXVC4AN4 (condom vaginal-partner 4a)	Skip to instructions before SXVC5AN4 (condom vaginal-partner 5a)
		77	77	77	77	77
		Skip to SXANL1N4 (anal sex-partner 1)	Skip to SXANL2N4 (anal sex-partner 2)	Skip to SXANL3N4 (anal sex-partner 3)	Skip to SXANL4N4 (anal sex-partner 4)	Skip to SXANL5N4 (anal sex-partner 5)
		88	88	88	88	88
		Skip to SXANL1N4	Skip to SXANL2N4	Skip to SXANL3N4	Skip to SXANL4N4	Skip to SXANL5N4

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		(anal sex-partner 1)	(anal sex-partner 2)	(anal sex-partner 3)	(anal sex-partner 4)	(anal sex-partner 5)
		Label_SXVEN1N4	Label_SXVEN2N4	Label_SXVEN3N4	Label_SXVEN4N4	Label_SXVEN5N4
		Times vaginal sex-partner 1.	Times vaginal sex-partner 2.	Times vaginal sex-partner 3.	Times vaginal sex-partner 4.	Times vaginal sex-partner 5.
		Range_SXVEN1N4	Range_SXVEN2N4	Range_SXVEN3N4	Range_SXVEN4N4	Range_SXVEN5N4
		1–10	1–10	1–10	1–10	1–10
		Hard_edit_SXVEN1N4	Hard_edit_SXVEN2N4	Hard_edit_SXVEN3N4	Hard_edit_SXVEN4N4	Hard_edit_SXVEN5N4
		If SXVEN1N4is out of range, READ, “Number too big (if >10) or too small (if = 0)” Confirm response and if necessary return to previous question.”	If SXVEN2N4is out of range, READ, “Number too big (if >10) or too small (if = 0)” Confirm response and if necessary return to previous question.”	If SXVEN3N4is out of range, READ, “Number too big (if >10) or too small (if = 0)” Confirm response and if necessary return to previous question.”	If SXVEN4N4is out of range, READ, “Number too big (if >10) or too small (if = 0)” Confirm response and if necessary return to previous question.”	If SXVEN5N4 is out of range, READ, “Number too big (if >10) or too small (if = 0)” Confirm response and if necessary return to previous question.”
SV.1.3.	On average, how many times did you have vaginal sex with [INSERT PARTNER NAME] per month?	SXANV1N4	SXANV2N4	SXANV3N4	SXANV4N4	SXANV5N4
		___ ___	___ ___	___ ___	___ ___	___ ___
		Go to SXMVG1N4 (months vaginal	Go to SXMVG2N4 (months vaginal	Go to SXMVG3N4 (months vaginal	Go to SXMVG4N4 (months vaginal	Go to SXMVG5N4 (months vaginal

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		sex-partner 1).	sex-partner 2).	sex-partner 3).	sex-partner 4).	sex-partner 5).
	Refused to answer	777	777	777	777	777
		Go to SXMVG1N4 (months vaginal sex-partner 1)	Go to SXMVG2N4 (months vaginal sex-partner 2)	Go to SXMVG3N4 (months vaginal sex-partner 3)	Go to SXMVG4N4 (months vaginal sex-partner 4)	Go to SXMVG5N4 (months vaginal sex-partner 5)
	Don't know	888	888	888	888	888
		Go to SXMVG1N4 (months vaginal sex-partner 1).	Go to SXMVG2N4 (months vaginal sex-partner 2).	Go to SXMVG3N4 (months vaginal sex-partner 3).	Go to SXMVG4N4 (months vaginal sex-partner 4).	Go to SXMVG5N4 (months vaginal sex-partner 5).
		Label_SXANV1N:	Label_SXANV2N:	Label_SXANV3N:	Label_SXANV4N:	Label_SXANV5N:
		average number vaginal-partner 1	average number vaginal-partner 2	average number vaginal-partner 3	average number vaginal-partner 4	average number vaginal-partner 5
		Range_SXANV1N 4	Range_SXANV2N 4	Range_SXANV3N 4	Range_SXANV4N 4	Range_SXANV5N 4
		1–90	1–90	1–90	1–90	1–90
SV.1.4.	During the **past 12 months**, how many months did you have vaginal sex with [INSERT PARTNER NAME]?	SXMVG1N4	SXMVG2N4	SXMVG3N4	SXMVG4N4	SXMVG5N4
	Refused to answer	777	777	777	777	777
	Don't know	888	888	888	888	888
		For all responses, go to Say box before SXVC1AN4 (condom vaginal-partner 1a)	For all responses, skip to instructions before SXVC2AN4 (condom vaginal-partner 2a)	For all responses, skip to instructions before SXVC3AN4 (condom vaginal-partner 3a)	For all responses, skip to instructions before SXVC4AN4 (condom vaginal-partner 3a)	For all responses, skip to instructions before SXVC5AN4 (condom vaginal-partner 3a)

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Label_SXMVG1N4	Label_SXMVG2N4	Label_SXMVG3N4	Label_SXMVG4N4	Label_SXMVG5N4
		months vaginal sex-partner 1	months vaginal sex-partner 2	months vaginal sex-partner 3	months vaginal sex-partner 4	months vaginal sex-partner 5
		Range_SXMVG1N4	Range_SXMVG2N4	Range_SXMVG3N4	Range_SXMVG4N4	Range_SXMVG5N4
		1–12	1–12	1–12	1–12	1–12
		Intro_SXVC1AN4				
		"The next question is about condom use. Please include when a condom was used the entire time, not only part of the time during sex."				
		Skip_ SXVC1AN4	Skip_ SXVC2AN4	Skip _ SXVC3AN4	Skip _ SXVC4AN4	Skip_ SXVC5AN4
		If SXVEN1N4 (times vaginal sex-partner 1) = 1, then go to SXVC1AN4 (condom vaginal-partner 1a); else Skip to SXVC1BN4 (condom vaginal-partner 1b).	If SXVEN2N4 (times vaginal sex-partner 2) = 1, then go to SXVC2AN4 (condom vaginal-partner 2a); else Skip to SXVC2BN4 (condom vaginal-partner 2b).	If SXVEN3N4 (times vaginal sex-partner 3) =1, then go to SXVC3AN4 (condom vaginal-partner 3a); else Skip to SXVC3BN4 (condom vaginal-partner 3b).	If SXVEN4N4 (times vaginal sex-partner 4) = 1, then go to SXVC4AN4 (condom vaginal-partner 4a); else Skip to SXVC4BN4 (condom vaginal-partner 4b).	If SXVEN5N4 (times vaginal sex-partner 5) = 1, then go to SXVC4AN4 (condom vaginal-partner 5a); else Skip to SXVC5BN4 (condom vaginal-partner 5b).

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
SV.1.5.a.	During the **past 12 months**, when you had vaginal sex with [INSERT PARTNER NAME] was a condom used?	SXVC1AN4	SXVC2AN4	SXVC3AN4	SXVC4AN4	SXVC5AN4
	No	0	0	0	0	0
	Yes	1	1	1	1	1
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		Skip_ SXVC1AN4	Skip_ SXVC2AN4	Skip_ SXVC3AN4	Skip_ SXVC4AN4	Skip_ SXVC5AN4
		For all responses, skip to SXANL1N4 (anal sex-partner 1).	For all responses, skip to SXANL2N4 (anal sex-partner 2).	For all responses, skip to SXANL3N4 (anal sex-partner 3).	For all responses, skip to SXANL4N4 (anal sex-partner 4).	For all responses, skip to SXANL5N4 (anal sex-partner 5).
		Label_SXVC1AN4	Label_SXVC2AN4	Label_SXVC3AN4	Label_SXVC4AN4	Label_SXVC5AN4
		condom vaginal-partner 1a	condom vaginal-partner 2a	condom vaginal-partner 3a	condom vaginal-partner 4a	condom vaginal-partner 5a
SV.1.5.b.	During the **past 12 months**, when you had vaginal sex with [INSERT PARTNER NAME] was a condom used... [READ RESPONSES. SELECT ONLY ONE.]	SXVC1BN4	SXVC2BN4	SXVC3BN4	SXVC4BN4	SXVC5BN4
	Never- not even once	1	1	1	1	1
	One or more times	2	2	2	2	2
	Absolutely every time	3	3	3	3	3
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Label_SXVC1BN4	Label_SXVC2BN4	Label_SXVC3BN4	Label_SXVC4BN4	Label_SXVC5BN4
		condom vaginal-partner 1b	condom vaginal-partner 2b	condom vaginal-partner 3b	condom vaginal-partner 4b	condom vaginal-partner 5b
		Skip_SXVC1BN4	Skip_SXVC2BN4	Skip_SXVC3BN4	Skip_SXVC4BN4	Skip_SXVC5BN4
		For all responses, go to SXANL1N4 (anal sex-partner 1)	For all responses, go to SXANL2N4 (anal sex-partner 2)	For all responses, go to SXANL3N4 (anal sex-partner 3)	For all responses, go to SXANL4N4 (anal sex-partner 4)	For all responses, go to SXANL5N4 (anal sex-partner 5)

Anal sex (SL)

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Instructions for anal partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell. When question instructions say "insert partner name," and the variable is in the Partner 1 column, then insert response from SX_NM1_5(name of partner 1). When question instructions say "insert partner name," and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2). When question instructions say "insert partner name," and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3). When question instructions say "insert partner name," and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4). When question instructions say "insert partner name," and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5).					
SL.1.0.	During the **past 12 months**, did you have anal sex with [INSERT PARTNER NAME?	SXANL1N4	SXANL2N4	SXANL3N4	SXANL4N4	SXANL5N4
	No	0	0	0	0	0
		Skip to STATS1N4 (aware status-partner 1).	Skip to STATS2N4 (aware status-partner 2).	Skip to STATS3N4 (aware status-partner 3).	Skip to STATS4N4 (aware status-partner 4).	Skip to STATS5N4 (aware status-partner 5).

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Yes	1	1	1	1	1
		Go to SA10_1N4 (anal 10-partner 1)	Go to SA10_2N4 (anal 10-partner 2)	Go to SA10_3N4 (anal 10-partner 3)	Go to SA10_4N4 (anal 10-partner 4)	Go to SA10_5N4 (anal 10-partner 5)
	Refused to answer	7	7	7	7	7
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Don't know	8	8	8	8	8
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
		Label_SXANL1N4	Label_SXANL2N4	Label_SXANL3N4	Label_SXANL4N4	Label_SXANL5N4
		anal sex-partner 1	anal sex-partner 2	anal sex-partner 3	anal sex-partner 4	anal sex-partner 5
	QDS_programming_SXANL1N4 (anal sex-partner 1), SXANL2N4 (anal sex-partner 2), SXANL3N4 (anal sex-partner 3), SXANL4N4 (anal sex-partner 4), SXANL5N4 (anal sex-partner 5) continued: No anal sex partners reported among male respondents who previously said they had only male partners: If SX_GEN (sex gender) = 1 (male) and (If SXPGN1N4 = 1 OR SXMLONN4 (male only partners) = 1) and SXANL1N4 (anal sex-partner 1) is 0 (no), then READ, "Earlier you told me that you had vaginal or anal sex with [INSERT partner name SX_NM1N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward. If SX_GEN (sex gender) = 1 (male) and (If SXPGN2N4 = 1 OR SXMLONN4 (male only partners) = 1) and SXANL2N4 (anal sex-partner 2) is 0 (no), then READ, "Earlier you told me that you had vaginal or anal sex with [INSERT partner name SX_NM2N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward. If SX_GEN (sex gender) = 1 (male) and (If SXPGN3N4 = 1 OR SXMLONN4 (male only partners) = 1) and SXANL3N4 (anal sex-partner 3) is 0 (no), then READ, "Earlier you told me that you had vaginal or anal sex with [INSERT partner name SX_NM3N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward.					

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	If SX_GEN (sex gender) = 1 (male) and (If SXPGN4N4 = 1 OR SXMLONN4 (male only partners) = 1) and SXANL4N4 (anal sex-partner 4) is 0 (no), then READ, "Earlier you told me that you had vaginal or anal sex with [INSERT partner name SX_NM4N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward. If SX_GEN (sex gender) = 1 (male) and (If SXPGN5N4 = 1 OR SXMLONN4 (male only partners) = 1) and SXANL5N4 (anal sex-partner 1) is 0 (no), then READ, "Earlier you told me that you had vaginal or anal sex with [INSERT partner name SX_NM5N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward.					
SL.1.1.	During the **past 12 months**, did you have anal sex with [INSERT PARTNER NAME] more than 10 times? [READ RESPONSES. SELECT ONLY ONE.]	SA10_1N4	SA10_2N4	SA10_3N4	SA10_4N4	SA10_5N4
	No	0	0	0	0	0
		Go to SXAEN1N4 (times anal sex-partner 1)	Go to SXAEN2N4 (times anal sex-partner 2)	Go to SXAEN3N4 (times anal sex-partner 3)	Go to SXAEN4N4 (times anal sex-partner 4)	Go to SXAEN5N4 (times anal sex-partner 5)
	Yes	1	1	1	1	1
		Skip to SXANA1N4 (average number anal-partner 1)	Skip to SXANA2N4 (average number anal-partner 2)	Skip to SXANA3N4 (average number anal-partner 3)	Skip to SXANA4N4 (average number anal-partner 4)	Skip to SXANA5N4 (average number anal-partner 5)

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Refused to answer	7	7	7	7	7
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Don't know	8	8	8	8	8
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
		Label_SA10_1N4	Label_SA10_2N4	Label_SA10_3N4	Label_SA10_4N4	Label_SA10_5N4
		anal 10-partner 1	anal 10-partner 2	anal 10-partner 3	anal 10-partner 4	anal 10-partner 5
SL.1.2.	During the **past 12 months**, please tell me the exact number of times that you had anal sex with [INSER PARTNER NAME]?	SXAEN1N4	SXAEN2N4	SXAEN3N4	SXAEN4N4	SXAEN5N4
		__ __	__ __	__ __	__ __	__ __
		Skip to skip_SXAC1AN4 (condom anal-partner 1a)	Skip to _skipSXAC2AN4 (condom anal-partner 2a)	Skip to _skipSXAC3AN4 (condom anal-partner 3a)	Skip to _skipSXAC4AN4 (condom anal-partner 4a)	Skip to _skipSXAC5AN4 (condom anal-partner 5a)
	Refused to answer	77	77	77	77	77

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Don't know	88	88	88	88	88
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
		Label_SXAEN1N4	Label_SXAEN2N4	Label_SXAEN3N4	Label_SXAEN4N4	Label_SXAEN5N4
		times anal sex-partner 1	times anal sex-partner 2	times anal sex-partner 3	times anal sex-partner 4	times anal sex-partner 5
		Range_SXAEN1N4	Range_SXAEN2N4	Range_SXAEN3N4	Range_SXAEN4N4	Range_SXAEN5N4
		1–10	1–10	1–10	1–10	1–10
SL.1.3.	On average, how many times did you have anal sex with [INSERT PARTNER NAME] per month?	SXANA1N4	SXANA2N4	SXANA3N4	SXANA4N4	SXANA5N4
		___ ___	___ ___	___ ___	___ ___	___ ___
	Refused to answer	777	777	777	777	777
	Don't know	888	888	888	888	888
		For all responses, go to SXMAN1N4 (months anal sex-partner 1)	For all responses, go to SXMAN2N4 (months anal sex-partner 2)	For all responses, go to SXMAN3N4 (months anal sex-partner 3)	For all responses, go to SXMAN4N4 (months anal sex-partner 4)	For all responses, go to SXMAN5N4 (months anal sex-partner 5)

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Label_SXANA1N4	Label_SXANA2N4	Label_SXANA3N4	Label_SXANA4N4	Label_SXANA5N4
		average number anal-partner 1	average number anal-partner 2	average number anal-partner 3	average number anal-partner 4	average number anal-partner 5
		Range_SXANA1N4	Range_SXANA2N4	Range_SXANA3N4	Range_SXANA4N4	Range_SXANA5N4
		1–90	1–90	1–90	1–90	1–90
SL.1.4.	During the **past 12 months**, how many months did you have anal sex with [INSERT PARTNER NAME]?	SXMAN1N4	SXMAN2N4	SXMAN3N4	SXMAN4N4	SXMAN5N4
		___ ___	___ ___	___ ___	___ ___	___ ___
	Refused to answer	77	77	77	77	77
	Don't know	88	88	88	88	88
		For all responses, go to skip_SXAC1AN4 (condom anal-partner 1a).	For all responses, go to skip_SXAC2AN4 (condom anal-partner 2a).	For all responses, go to skip_SXAC3AN4 (condom anal-partner 3a).	For all responses, go to skip_SXAC4AN4 (condom anal-partner 4a).	For all responses, go to skip_SXAC5AN4 (condom anal-partner 5a).
		Label_SXMAN1N4	Label_SXMAN2N4	Label_SXMAN3N4	Label_SXMAN4N4	Label_SXMAN5N4
		months anal sex-partner 1	months anal sex-partner 2	months anal sex-partner 3	months anal sex-partner 4	months anal sex-partner 5
		Range_SXMAN1N4	Range_SXMAN2N4	Range_SXMAN3N4	Range_SXMAN4N4	Range_SXMAN5N4
		1–12	1–12	1–12	1–12	1–12

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Interviewer instructions before SXAC1AN4 (condom anal-partner 1a), SXAC2AN4 (condom anal-partner 2a), SXAC2AN4 (condom anal-partner 3a), SXAC2AN4 (condom anal-partner 4a), SXAC2AN4 (condom anal-partner 5a): Female-male partner #1-anal sex once: If the respondent is female (SX_GEN=2) AND partner 1 is male (SXPGN1N4 [partner's gender-partner 1] = 1 [male] or SMLONN4 [male only partners] = 1) AND the respondent had anal sex with partner 1 only one time (SXAEN1N4 [times anal sex-partner 1] = 1), then go to Say box before SXAC1AN4 (condom anal-partner 1a). Female-male partner #1-anal sex more than once: If the respondent is female (SX_GEN=2) AND partner 1 is male (SXPGN1N4 [partner's gender-partner 1] = 1 [male] or SMLONN4 [male only partners]=1) AND the respondent had anal sex with partner 1 more than once (SXAEN1N4 [times anal sex-partner 1] ≥ 2) OR SA10_1N4 (anal 10-partner 1) = "yes," then go to Say box before SXAC1BN4 (condom anal-partner 1b). Female-male partners #2, 3, 4, 5-anal sex once: If the respondent is female (SEX_GEN=2) AND partners 2, 3, 4, or 5 are male (SXPGN2N4 [partner's gender-partner 2] = 1 [male], SXPGN3N4 [partner's gender-partner 3] = 1 [male], SXPGN4N4 [partner's gender-partner 4] = 1 [male], SXPGN5N4 [partner's gender-partner 5] = 1 [male] OR SXMLONN4 [male only partners] = 1) AND the respondent had anal sex with partners 2, 3, 4, or 5 only one time (SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1), then go to SXAC2AN4 (condom anal-partner 2a), SXAC3AN4 (condom anal-partner 3a), SXAC4AN4 (condom anal-partner 4a), or SXAC5AN4 (condom anal-partner 5a). Female-male partners #2, 3, 4, 5-anal sex more than once: If the respondent is female (SX_GEN=2) AND partners 2, 3, 4, or 5 are male (SXPGN2N4 [partner's gender-partner 2] = 1 [male], SXPGN3N4 [partner's gender-partner 3] = 1 [male], SXPGN4N4 [partner's gender-partner 4] = 1 [male], SXPGN5N4 [partner's gender-partner 5] = 1 [male]) OR SXMLONN4 [male only partners] = 1) AND the respondent had anal sex with partners 2, 3, 4, or 5 more than once (SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2 OR SA10_2N4 (anal 10-partner 2) = "yes,", SA10_3N4 (anal 10-partner 3) = "yes,", SA10_4N4 (anal 10-partner 4) = "yes,", SA10_5N4 (anal 10-partner 5) = "yes,", then go to SXAC2BN4 (condom anal-partner 2b), SXAC3BN4 (condom anal-partner 3b), SXAC4BN4 (condom anal-partner 4b), SXAC5BN4 (condom anal-partner 5b).					

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Male-female partner #1-anal sex once: If the respondent is male (SX_GEN=1) and partner 1 is female (SXPGN1N4 [partner's gender-partner 1] = 2 [female] OR SXFMONN4 [female only partners] =1), AND the respondent had anal sex with partner 1 only one time (SXAEN1N4 [times anal sex-partner 1] = 1), then go to Say box before SXAC1AN4 (condom anal-partner 1a). Male-female partner #1-anal sex more than once: If the respondent is male (SX_GEN=1) AND partner 1 is female (SXPGN1N4 [partner's gender-partner 1] = 2 [female] OR SXFMONN4 [female only partners] =1), AND the respondent had anal sex with partner 1 more than once (SXAEN1N4 [times anal sex-partner 1] ≥ 2) OR SA10_1N4 (anal 10-partner 1) = "yes," then go to Say box before SXAC1BN4 (condom anal-partner 1b). Male-female partners # 2, 3, 4, 5-anal sex once: If the respondent is male (SEX_GEN=1) AND partners 2, 3, 4, or 5 are female (SXPGN2N4 [partner's gender-partner 2] = 2 [female], SXPGN3N4 [partner's gender-partner 3] = 2 [female], SXPGN4N4 [partner's gender-partner 4] = 2 [female], SXPGN5N4 [partner's gender-partner 5] = 2 [female] OR SXFMONN4 [female only partners] = 1) AND the respondent had anal sex with partners 2, 3, 4, or 5 only one time (SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1, then go to SXAC2AN4 (condom anal-partner 2a), SXAC3AN4 (condom anal-partner 3a), SXAC4AN4 (condom anal-partner 4a), SXAC5AN4 (condom anal-partner 5a). Male-female partners # 2, 3, 4, 5-anal sex more than once: If the respondent is male (SX_GEN=1) AND partners 2, 3, 4, or 5 are female (SXPGN2N4 [partner's gender-partner 2] = 2 [female], SXPGN3N4 [partner's gender-partner 3] = 2 [female], SXPGN4N4 [partner's gender-partner 4] = 2 [female], SXPGN5N4 [partner's gender-partner 5] = 2 [female]) OR SXFMONN4 [female only partners] = 1) AND the respondent had anal sex with partners 2, 3, 4, or 5 more than once (SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2 OR SA10_2N4 (anal 10-partner 2) = "yes,", SA10_3N4 (anal 10-partner 3) = "yes,", SA10_4N4 (anal 10-partner 4) = "yes,", SA10_5N4 (anal 10-partner 5) = "yes,", then go to SXAC2BN4 (condom anal-partner 2b), SXAC3BN4 (condom anal-partner 3b), SXAC4BN4 (condom anal-partner 4b), SXAC5BN4 (condom anal-partner 5b). Male-male partner(s): If the respondent is male (SX_GEN=1) and partner is male (SXPGN1N4 [partner's gender-partner 1] = 1, SXPGN2N4 [partner's gender-partner 2] = 1, SXPGN3N4 [partner's gender-partner 3] = 1, SXPGN4N4 [partner's gender-partner 4] = 1, SXPGN5N4 [partner's gender-partner 5] = 1 OR SXMLONN4 [male					

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	only partners] = 1), then skip to skip_ABTM1AN4 (receptive anal-partner 1a), skip_ABTM2AN4 (receptive anal-partner 2a), skip_ABTM3AN4 (receptive anal-partner 3a), skip_ABTM4AN4 (receptive anal-partner 4a), skip_ABTM5AN4 (receptive anal-partner 5a). If SA10_1N4 (anal 10-partner 1) = Refused to answer or don't know, SA10_2N4 (anal 10-partner 2) = Refused to answer or don't know, SA10_3N4 (anal 10-partner 3) = Refused to answer or don't know, SA10_4N4 (anal 10-partner 4) = Refused to answer or don't know, SA10_5N4 (anal 10-partner 5) = Refused to answer or don't know OR if SXAEN1N4 (times anal sex-partner 1) = 0, SXAEN2N4 (times anal sex-partner 2) =0, SXAEN3N4 (times anal sex-partner 3) =0, SXAEN4N4 (times anal sex-partner 4) =0, SXAEN5N4 (times anal sex-partner 5) =0, skip to instructions for partner-by-partner status series table: STATS1N4 (aware status-partner 1) when answering partner 1 series, STATS2N4 (aware status-partner 2) when answering partner 2 series, STATS3N4 (aware status-partner 3) when answering partner 3 series, STATS4N4 (aware status-partner 4) when answering partner 4 series, STATS5N4 (aware status-partner 5) when answering partner 5 series.				
		Intro_SXAC1AN4				
		"The next question is about condom use. Please include when a condom was used the entire time, not only part of the time."				
SL.1.5.a.	During the **past 12 months**, when you had anal sex with INSERT PARTNER NAME] was a condom used?	SXAC1AN4	SXAC2AN4	SXAC3AN4	SXAC4AN4	SXAC5AN4

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	No	0	0	0	0	0
	Yes	1	1	1	1	1
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		For all responses, skip to STATS1N4 (aware status-partner 1).	For all responses, skip to STATS2N4 (aware status-partner 2).	For all responses, skip to STATS3N4 (aware status-partner 3).	For all responses, skip to STATS4N4 (aware status-partner 4).	For all responses, skip to STATS5N4 (aware status-partner 5).
		Label_SXAC1AN4	Label_SXAC2AN4	Label_SXAC3AN4	Label_SXAC4AN4	Label_SXAC5AN4
		condom anal-partner 1a	condom anal-partner 2a	condom anal-partner 3a	condom anal-partner 4a	condom anal-partner 5a
		Intro_SXAC1BN4	Intro_SXAC2BN4	Intro_SXAC3BN4	Intro_SXAC4BN4	Intro_SXAC5BN4
		"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time."	"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time."	"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time."	"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time."	"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time."
SL.1.5.b.	During the **past 12 months**, when you had anal sex with [PARTNER NAME] was a condom	SXAC1BN4	SXAC2BN4	SXAC3BN4	SXAC4BN4	SXAC5BN4

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	used… [READ RESPONSES. SELECT ONLY ONE.]					
	Never – not even once	1	1	1	1	1
	One or more times	2	2	2	2	2
	Absolutely every time	3	3	3	3	3
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		For all responses, skip to STATS1N4 (aware status-partner 1).	For all responses, skip to STATS2N4 (aware status-partner 2).	For all responses, skip to STATS3N4 (aware status-partner 3).	For all responses, skip to STATS4N4 (aware status-partner 4).	For all responses, skip to STATS5N4 (aware status-partner 5).
		Label_SXAC1BN4	Label_SXAC2BN4	Label_SXAC3BN4	Label_SXAC4BN4	Label_SXAC5BN4
		Condom anal-partner 1b.	Condom anal-partner 2b.	Condom anal-partner 3b.	Condom anal-partner 4b.	Condom anal-partner 5b.
	Interviewer instructions for ABTM1AN4 (receptive anal-partner 1a), ABTM2AN4 (receptive anal-partner 2a), ABTM3AN4 (receptive anal-partner 3a), ABTM4AN4, (receptive anal-partner 4a), ABTM5AN4 (receptive anal-partner 5a): Male-male partner-anal sex once: If the respondent is male (SX_GEN=1) and partner is male (SXPGN1N4 [partner's gender-partner 1] = 1, SXPGN2N4 [partner's gender-partner 2] = 1, SXPGN3N4 [partner's gender-partner 3] = 1, SXPGN4N4 [partner's gender-partner 4] = 1, SXPGN5N4 [partner's gender-partner 5] = 1 OR SXMLONN4 [male only partners] = 1), AND the respondent had anal sex with partners 1, 2, 3, 4, or 5 only one time (SXAEN1N4 [times anal sex-partner 1] = 1, SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1, THEN go to ABTM1AN4 (receptive anal-partner 1a), ABTM2AN4 (receptive anal-partner 2a),					

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	ABTM3AN4 (receptive anal-partner 3a), ABTM4AN4, (receptive anal-partner 4a), ABTM5AN4 (receptive anal-partner 5a). Male-male partner-anal sex more than once: If the respondent is male (SX_GEN=1) and partner is male (SXPGN1N4 [partner's gender-partner 1] = 1, SXPGN2N4 [partner's gender-partner 2] = 1, SXPGN3N4 [partner's gender-partner 3] = 1, SXPGN4N4 [partner's gender-partner 4] = 1, SXPGN5N4 [partner's gender-partner 5] = 1 OR SXMLONN4 [male only partners] = 1), AND the respondent had anal sex with partners 1, 2, 3, 4, or 5 more than one time (SXAEN1N4 [times anal sex-partner 1] ≥ 2, SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2 OR SA10_1N4 (anal 10-partner 1) =1, , SA10_2N4 (anal 10-partner 2) =1, SA10_3N4 (anal 10-partner 3) =1, SA10_4N4 (anal 10-partner 4) =1, SA10_5N4 (anal 10-partner 5) =1 THEN Skip to ABTM1BN4 (receptive anal-partner 1b), ABTM2BN4 (receptive anal-partner 2b), ABTM3BN4 (receptive anal-partner 3b), ABTM4BN4, (receptive anal-partner 4b), ABTM5BN4 (receptive anal-partner 5b).					
SL.1.6.a	During the **past 12 months**, when you had anal sex with INSERT PARTNER NAME], did you have anal sex where you were a bottom?	ABTM1AN4	ABTM2AN4	ABTM3AN4	ABTM4AN4	ABTM5AN4
	No	0	0	0	0	0
		Skip to ATP1AN4 (insertive anal-partner 1a).	Skip to ATP2AN4 (insertive anal-partner 2a).	Skip to ATP3AN4 (insertive anal-partner 3a).	Skip to ATP4AN4 (insertive anal-partner 4a).	Skip to ATP5AN4 (insertive anal-partner 5a).
	Yes	1	1	1	1	1
		Go to	Go to	Go to	Go to	Go to

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		skip_ABTC1AN4 (condom receptive anal-partner 1a).	skip_ABTC2AN4 (condom receptive anal-partner 2a).	skip_ABTC3AN4 (condom receptive anal-partner 3a).	skip_ABTC4AN4 (condom receptive anal-partner 4a).	skip_ABTC5AN4 (condom receptive anal-partner 5a).
	Refused to answer	7	7	7	7	7
		Skip to ATP1AN4 (insertive anal-partner 1a).	Skip to ATP2AN4 (insertive anal-partner 2a).	Skip to ATP3AN4 (insertive anal-partner 3a).	Skip to ATP4AN4 (insertive anal-partner 4a).	Skip to ATP5AN4 (insertive anal-partner 5a).
	Don't know	8	8	8	8	8
		Skip to ATP1AN4 (insertive anal-partner 1a).	Skip to ATP2AN4 (insertive anal-partner 2a).	Skip to ATP3AN4 (insertive anal-partner 3a).	Skip to ATP4AN4 (insertive anal-partner 4a).	Skip to ATP5AN4 (insertive anal-partner 5a).
		Label_ABTM1AN4	Label_ABTM2AN4	Label_ABTM3AN4	Label_ABTM4AN4	Label_ABTM5AN4
		receptive anal-partner 1a	receptive anal-partner 2a	receptive anal-partner 3a	receptive anal-partner 4a	receptive anal-partner 5a
SL.1.6.b.	During the **past 12 months**, when you had anal sex with [INSERT PARTNER NAME], how often did you have anal sex where you were a bottom? [READ	ABTM1BN4	ABTM2BN4	ABTM3BN4	ABTM4BN4	ABTM5BN4

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	RESPONSES. SELECT ONLY ONE.]					
	Never	1	1	1	1	1
		Skip to ATP1BN4 (insertive anal-partner 1b).	Skip to ATP2BN4 (insertive anal-partner 2b).	Skip to ATP3BN4 (insertive anal-partner 3b).	Skip to ATP4BN4 (insertive anal-partner 4b).	Skip to ATP5BN4 (insertive anal-partner 5b).
	Sometimes	2	2	2	2	2
		Go to skip_ABTC1AN4 condom receptive anal-partner 1a.	Go to skip_ABTC2AN4 condom receptive anal-partner 2a.	Go to skip_ABTC3AN4 condom receptive anal-partner 3a.	Go to skip_ABTC4AN4 condom receptive anal-partner 4a.	Go to skip_ABTC5AN4 condom receptive anal-partner 5a.
	Always	3	3	3	3	3
		Go to skip_ABTC1AN4 condom receptive anal-partner 1a.	Go to skip_ABTC2AN4 condom receptive anal-partner 2a.	Go to skip_ABTC3AN4 condom receptive anal-partner 3a.	Go to skip_ABTC4AN4 condom receptive anal-partner 4a.	Go to skip_ABTC5AN4 condom receptive anal-partner 5a.
	Refused to answer	7	7	7	7	7
		Skip to ATP1BN4 (insertive anal-partner 1b).	Skip to ATP2BN4 (insertive anal-partner 2b).	Skip to ATP3BN4 (insertive anal-partner 3b).	Skip to ATP4BN4 (insertive anal-partner 4b).	Skip to ATP5BN4 (insertive anal-partner 5b).
	Don't know	8	8	8	8	8
		Skip to ATP1BN4 (insertive anal-partner 1b).	Skip to ATP2BN4 (insertive anal-partner 2b).	Skip to ATP3BN4 (insertive anal-partner 3b).	Skip to ATP4BN4 (insertive anal-partner 4b).	Skip to ATP5BN4 (insertive anal-partner 5b).
		Label_ABTM1BN4	Label_ABTM2BN4	Label_ABTM3BN4	Label_ABTM4BN4	Label_ABTM5BN4
		receptive anal-	receptive anal-	receptive anal-	receptive anal-	receptive anal-

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		partner 1b	partner 2b	partner 3b	partner 4b	partner 5b
	Interviewer instructions for ABTC1AN4 (condom receptive anal-partner 1a), ABTC2AN4 (condom receptive anal-partner 2a), ABTC3AN4 (condom receptive anal-partner 3a), ABTC4AN4 (condom receptive anal-partner 4a), ABTC5AN4 (condom receptive anal-partner 5a): Male-partner #1 male-anal sex once: If the respondent is male (SX_GEN=1) AND partner is male (SXPGN1N4 [partner's gender-partner 1] = 1 OR SXMLONN4 [male only partners] = 1) AND the respondent had anal sex with partner #1 only one time (SXAEN1N4 [times anal sex-partner 1] = 1, THEN go to Say box before ABTC1AN4 (condom receptive anal-partner 1a). Male-partners #2, 3, 4, 5 male-anal sex once :If the respondent is male (SX_GEN=1) AND the respondent's partners # 2, 3, 4, or 5 are male (SXPGN2N4 [partner's gender-partner 2] = 1, SXPGN3N4 [partner's gender-partner 3] = 1, SXPGN4N4 [partner's gender-partner 4] = 1, SXPGN5N4 [partner's gender-partner 5] = 1) OR SXMLONN4 [male only partners] = 1), AND the respondent had anal sex with partners #2, 3, 4, or 5 only one time (SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1, THEN go to ABTC2AN4 (condom receptive anal-partner 2a), ABTC3AN4 (condom receptive anal-partner 3a), ABTC4AN4 (condom receptive anal-partner 4a), ABTC5AN4 (condom receptive anal-partner 5a). Male-partner #1 male-anal sex more than once: if the respondent is male (SX_GEN=1) AND partner is male (SXPGN1N4 [partner's gender-partner 1] OR SXMLONN4 [male only partners] = 1) AND the respondent had anal sex with partner #1more than once (SXAEN1N4 [times anal sex-partner 1] ≥ 2 or SA10_1N4 [anal 10-partner 1]) =1, THEN go to Say box before ABTC1BN4 (condom receptive anal-partner 1b). Male-partner #2, 3, 4, 5, male-anal sex more than once: If the respondent is male (SX_GEN=1) AND partner is male (SXPGN2N4 [partner's gender-partner 2] = 1, SXPGN3N4 [partner's gender-partner 3] = 1, SXPGN4N4 [partner's gender-partner 4] = 1, SXPGN5N4 [partner's gender-partner 5] = 1 OR SXMLONN4 [male only partners] = 1), AND the respondent had anal sex with partners 2, 3, 4, or 5 more than one time (SXAEN1N4 [times anal sex-partner 1] ≥ 2, SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2, OR SA10_1N4 (anal 10-partner 1) =1, SA10_2N4 (anal 10-partner 2) =1, SA10_3N4					

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	(anal 10-partner 3) =1, SA10_4N4 (anal 10-partner 4) =1, SA10_5N4 (anal 10-partner 5) =1, THEN go to ABTC2BN4 (condom receptive anal-partner 2b), ABTC3BN4 (condom receptive anal-partner 2b), ABTC4BN4 (condom receptive anal-partner 4b), ABTC5BN4 (condom receptive anal-partner 5b).					
		Intro_ABTC1AN4				
		"The next question is about condom use. Please include when a condom was used the entire time, not only part of the time during sex."				
SL.1.7.a.	During the **past 12 months**, when you had anal sex with [INSERT PARTNER NAME] where you were a bottom, was a condom used?	ABTC1AN4	ABTC2AN4	ABTC3AN4	ABTC4AN4	ABTC5AN4
	No	0	0	0	0	0
	Yes	1	1	1	1	1
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		For all responses, skip to skip_ATP1AN4 (insertive anal-partner 1a).	For all responses, skip to skip_ATP2AN4 (insertive anal-partner 2a).	For all responses, skip to skip_ATP3AN4 (insertive anal-partner 3a).	For all responses, skip to skip_ATP4AN4 (insertive anal-partner 4a).	For all responses, skip to skip_ATP5AN4 (insertive anal-partner 5a).
		Label_ABTC1AN4	Label_ABTC2AN4	Label_ABTC3AN4	Label_ABTC4AN4	Label_ABTC5AN4
		receptive anal-partner 1a	receptive anal-partner 2a	receptive anal-partner 3a	receptive anal-partner 4a	receptive anal-partner 5a
Intro_ABTC1 BN4		Intro_ABTC1BN4 (condom receptive anal-partner 1b): "The next question is about condom use. Please include when a condom was used the entire time, not only part of the time during sex."				
SL.1.7.b.	During the **past 12 months**, when you had anal sex with [INSERT PARTNER NAME] where you were a bottom, was a	ABTC1BN4	ABTC2BN4	ABTC3BN4	ABTC4BN4	ABTC5BN4

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	condom used … [READ RESPONSES. SELECT ONLY ONE.]					
	Never – not even once	1	1	1	1	1
	One or more times	2	2	2	2	2
	Absolutely every time	3	3	3	3	3
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		For all responses, go to ATP1BN4 (insertive anal-partner 1b).	For all responses, go to ATP2BN4 (insertive anal-partner 2b).	For all responses, go to ATP3BN4 (insertive anal-partner 3b).	For all responses, go to ATP4BN4 (insertive anal-partner 4b).	For all responses, go to ATP5BN4 (insertive anal-partner 5b).
		Label_ABTC1BN4	Label_ABTC2BN4	Label_ABTC3BN4	Label_ABTC4BN4	Label_ABTC5BN4
		condom receptive anal-partner 1b	condom receptive anal-partner 2b	condom receptive anal-partner 3b	condom receptive anal-partner 4b	condom receptive anal-partner 5b
SL.1.8.a.	During the **past 12 months**, when you had anal sex with [INSERT PARTNER NAME], did	ATP1AN4	ATP2AN4	ATP3AN4	ATP4AN4	ATP5AN4

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	you have anal sex where you were a top?					
	No	0	0	0	0	0
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Yes	1	1	1	1	1
		Skip to skip_ATPC1AN4 condom insertive anal-partner 1a	Skip to skip_ATPC2AN4 condom insertive anal-partner 2a	Skip to skip_ATPC3AN4 condom insertive anal-partner 3a	Skip to skip_ATPC4AN4 condom insertive anal-partner 4a	Skip to skip_ATPC5AN4 condom insertive anal-partner 5a
	Refused to answer	7	7	7	7	7
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Don't know	8	8	8	8	8
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
		Label_ATP1AN4	Label_ATP2AN4	Label_ATP3AN4	Label_ATP4AN4	Label_ATP5AN4
		insertive anal-partner 1a	insertive anal-partner 2a	insertive anal-partner 3a	insertive anal-partner 4a	insertive anal-partner 5a
SL.1.8.b.	During the **past 12 months** when you had anal	ATP1BN4	ATP2BN4	ATP3BN4	ATP4BN4	ATP5BN4

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	sex with [INSERT PARTNER NAME], how often did you have anal sex where you were a top? [READ RESPONSES. SELECT ONLY ONE.]					
	Never	1	1	1	1	1
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Sometimes	2	2	2	2	2
		Go to skip_ATPC1AN4 (condom insertive anal-partner 1a)	Go to skip_ATPC2AN4 (condom insertive anal-partner 2a)	Go to skip_ATPC3AN4 (condom insertive anal-partner 3a)	Go to skip_ATPC4AN4 (condom insertive anal-partner 4a)	Go to skip_ATPC5AN4 (condom insertive anal-partner 5a)
	Always	3	3	3	3	3
		Go to skip_ATPC1AN4 (condom insertive anal-partner 1a)	Go to skip_ATPC2AN4 (condom insertive anal-partner 2a)	Go to skip_ATPC3AN4 (condom insertive anal-partner 3a)	Go to skip_ATPC4AN4 (condom insertive anal-partner 4a)	Go to skip_ATPC5AN4 (condom insertive anal-partner 5a)
	Refused to answer	7	7	7	7	7

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Don't know	8	8	8	8	8
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
		Label_ATP1BN4	Label_ATP2BN4	Label_ATP3BN4	Label_ATP4BN4	Label_ATP5BN4
		insertive anal-partner 1b	insertive anal-partner 2b	insertive anal-partner 3b	insertive anal-partner 4b	insertive anal-partner 5b
		Soft-edit_ATPC1BN4	Soft-edit_ATPC2BN4	Soft-edit_ATPC3BN4	Soft-edit_ATPC4BN4	Soft-edit_programming_ATPC5BN4
		If SXANL2N4 (anal sex partner 2) = 1 (yes) and ABTM2AN4 (receptive anal sex partner 2) = 0 (no) and ATP2AN4 (insertive anal sex partner 2) = 0 (no), READ the following: "Earlier you told me that you had anal sex with [INSERT partner name	If SXANL2N4 (anal sex partner 2) = 1 (yes) and ABTM2BN4 (receptive anal sex partner 2) = 1 (Never) and ATP2BN4 (insertive anal sex partner 2) = 1 (Never), READ the following: "Earlier you told me that you had anal sex with [INSERT partner	If SXANL3N4 (anal sex partner 3) = 1 (yes) and ABTM3BN4 (receptive anal sex partner 3) = 1 (Never) and ATP3BN4 (insertive anal sex partner 3) = 1 (Never), READ the following: "Earlier you told me that you had anal sex with [INSERT partner	If SXANL4N4 (anal sex partner 4) = 1 (yes) and ABTM4BN4 (receptive anal sex partner 4) = 1 (Never) and ATP4BN4 (insertive anal sex partner 4) = 1 (Never), READ the following: "Earlier you told me that you had anal sex with [INSERT partner	If SXANL5N4 (anal sex partner 5) = 1 (yes) and ABTM5BN4 (receptive anal sex partner 5) = 1 (Never) and ATP5BN4 (insertive anal sex partner 5) = 1 (Never), READ the following: "Earlier you told me that you had anal sex with [INSERT partner

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		SX_NM2N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward.	name SX_NM2N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward.	name SX_NM3N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward.	name SX_NM4N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward.	name SX_NM5N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward.
	Interviewer instructions for ATPC1AN4 (condom insertive anal-partner 1a), ATPC2AN4 (condom insertive anal-partner 2a), ATPC3AN4 (condom insertive anal-partner 3a), ATPC4AN4 (condom insertive anal-partner 4a), ATPC5AN4 (condom insertive anal-partner 5a): <u>Male-partner #1 male-anal sex once</u>: If the respondent is male (SX_GEN=1) AND partner is male (SXPGN1N4 [partner's gender-partner 1] = 1 OR SXMLONN4 [male only partners] = 1) AND the respondent had anal sex with partner #1 only one time (SXAEN1N4 [times anal sex-partner 1] = 1, THEN go to Say box before ATPC1AN4 (condom insertive anal-partner 1a). <u>Male-partners #2, 3, 4, 5 male-anal sex once</u> :If the respondent is male (SX_GEN=1) AND partner is male (SXPGN2N4 [partner's gender-partner 2] = 1, SXPGN3N4 [partner's gender-partner 3] = 1, SXPGN4N4 [partner's gender-partner 4] = 1, SXPGN5N4 [partner's gender-partner 5] = 1 OR SXMLONN4 [male only partners] = 1), AND the respondent had anal sex with partners #2, 3, 4, or 5 only one time (SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1, THEN go to ATPC2AN4 (condom insertive anal-partner 2a), ATPC3AN4 (condom insertive anal-partner 3a), ATPC4AN4 (condom insertive anal-partner 4a), ATPC5AN4 (condom insertive anal-partner 5a). <u>Male-partner #1 male-anal sex more than once:</u> If the respondent is male (SX_GEN=1) AND partner is male (SXPGN1N4 [partner's gender-partner 1 OR SXMLONN4 [male only partners] = 1) AND the respondent had anal sex with partner #1 more than once (SXAEN1N4 [times anal sex-partner 1] ≥ 2 OR SA10_1N4 = 1), THEN go to Say					

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	box before ATPC1BN4 (condom insertive anal-partner 1b). <u>Male-partner #2, 3, 4, 5, male-anal sex more than once</u>: If the respondent is male (SX_GEN=1) AND partner is male (SXMLONN4 [male only partners] = 1 OR SXPGN2N4 [partner's gender-partner 2] = 1, SXPGN3N4 [partner's gender-partner 3] = 1, SXPGN4N4 [partner's gender-partner 4] = 1, SXPGN5N4 [partner's gender-partner 5] = 1 OR SXMLONN4 [male only partners] = 1), AND the respondent had anal sex with partners 2, 3, 4, or 5 more than one time (SXAEN1N4 [times anal sex-partner 1] ≥ 2, SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2, SXAEN2N4 [times anal sex-partner 2] ≥ 2), OR SA10_1N4 (anal 10-partner 1) =1, SA10_2N4 (anal 10-partner 2) =1, SA10_3N4 (anal 10-partner 3) =1, SA10_4N4 (anal 10-partner 4) =1, SA10_5N4 (anal 10-partner 5) =1, THEN go to ATPC2BN4 (condom insertive anal-partner 2b), ATPC3BN4 (condom insertive anal-partner 2b), ATPC4BN4 (condom insertive anal-partner 4b), ATPC5BN4 (condom insertive anal-partner 5b).				
		Intro_ATPC1AN4				
		"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time during sex."				
SL.1.9.a.	During the **past 12 months**, when you had anal sex with [INSERT PARTNER NAME], was a	ATPC1AN4	ATPC2AN4	ATPC3AN4	ATPC4AN4	ATPC5AN4

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	condom used when you were a top?					
	No	0	0	0	0	0
	Yes	1	1	1	1	1
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		For all responses, skip to STATS1N4 (aware status-partner 1)	For all responses, skip to STATS2N4 (aware status-partner 2)	For all responses, skip to STATS3N4 (aware status-partner 3)	For all responses, skip to STATS4N4 (aware status-partner 4)	For all responses, skip to STATS5N4 (aware status-partner 5)
		Label_ATPC1AN4	Label_ATPC2AN4	Label_ATPC3AN4	Label_ATPC4AN4	Label_ATPC5AN4
		insertive anal-partner 1a	insertive anal-partner 2a	insertive anal-partner 3a	insertive anal-partner 4a	insertive anal-partner 5a
		Intro_ATPC1BN4				
		"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time during sex."				
SL.1.9.b.	During the **past 12 months**, when you had anal	ATPC1BN4	ATPC2BN4	ATPC3BN4	ATPC4BN4	ATPC5BN4

	Question	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	sex with [INSERT PARTNER NAME] where you were a top, was a condom used… [READ RESPONSES. SELECT ONLY ONE.]					
	Never – not even once	1	1	1	1	1
	One or more times	2	2	2	2	2
	Absolutely every time	3	3	3	3	3
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		For all responses, go to STATS1N4 (aware status-partner 1)	For all responses, go to STATS2N4 (aware status-partner 2)	For all responses, go to STATS3N4 (aware status-partner 3)	For all responses, go to STATS4N4 (aware status-partner 4)	For all responses, go to STATS5N4 (aware status-partner 5)
		Label_ATPC1BN4	Label_ATPC2BN4	Label_ATPC3BN4	Label_ATPC4BN4	Label_ATPC5BN4
		insertive anal-partner 1b	insertive anal-partner 2b	insertive anal-partner 3b	insertive anal-partner 4b	insertive anal-partner 5b

Transgender and unknown gender sex (SG)

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Instructions for transgender sex partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell.					
		QDS_programming _transgen1	QDS_programming _transgen2	QDS_programming _transgen3	QDS_programming _transgen4	QDS_programming _transgen5
		When question instructions say "insert partner name," and the variable is in the Partner 1 column, then insert response from SX_NM1_5(name of partner 1)	When question instructions say "insert partner name," and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2)	When question instructions say "insert partner name," and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3	When question instructions say "insert partner name," and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4)	When question instructions say "insert partner name," and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5)
SG.1.0.	During the **past 12 months**, did you have <u>vaginal or anal</u> sex with [INSERT PARTNER NAME]?	SX_TG1N4	SX_TG2N4	SX_TG3N4	SX_TG4N4	SX_TG5N4
	No	0	0	0	0	0

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Yes	1	1	1	1	1
		Go to TG10_1N4 (transgender 10-partner 1)	Go to TG10_2N4 (transgender 10-partner 2)	Go to TG10_3N4 (transgender 10-partner 3)	Go to TG10_4N4 (transgender 10-partner 4)	Go to TG10_5N4 (transgender 10-partner 5)
	Refused to answer	7	7	7	7	7
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Don't know	8	8	8	8	8
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
		Label_SX_TG1N4	Label_SX_TG2N4	Label_SX_TG3N4	Label_SX_TG4N4	Label_SX_TG5N4
		transgender-partner 1	transgender-partner 2	transgender-partner 3	transgender-partner 4	transgender-partner 5
		QDS_programming _SX_TGS1N4	QDS_programming _SX_TGS2N4	QDS_programming _SX_TGS3N4	QDS_programming _SX_TGS4N4	QDS_programming _SX_TGS5N4
		If SX_TG1N4 (transgender-partner 1) is 0 (no), then READ, "Earlier you told me that	If SX_TG2N4 (transgender-partner 2) is 0 (no), then READ, "Earlier you told me that	If SX_TG3N4 (transgender-partner 3) is 0 (no), then READ, "Earlier you told me that	If SX_TG4N4 (transgender-partner 4) is 0 (no), then READ, "Earlier you told me that	If SX_TG5N4 (transgender-partner 5) is 0 (no), then READ, "Earlier you told me that

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		you had vaginal or anal sex with [INSERT partner name SX_NM1N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward	you had vaginal or anal sex with [INSERT partner name SX_NM2N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward	you had vaginal or anal sex with [INSERT partner name SX_NM3N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward	you had vaginal or anal sex with [INSERT partner name SX_NM4N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward	you had vaginal or anal sex with [INSERT partner name SX_NM5N4]. Is this correct? Interviewer instructions: return to previous questions to correct error." Allow program to move forward
SG.1.1.	During the **past 12 months**, did you have vaginal or anal sex with [INSERT PARTNER NAME] more than 10 times? [READ RESPONSES. SELECT ONLY ONE.]	TG10_1N4	TG10_2N4	TG10_3N4	TG10_4N4	TG10_5N4
	Yes	1	1	1	1	1
		Skip to TGAN1N4 (average number	Skip to TGAN2N4 (average number	Skip to TGAN3N4 (average number	Skip to TGAN4N4 (average number	Skip to TGAN5N4 (average number

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		transgender - partner 1)	transgender - partner 2)	transgender - partner 3)	transgender - partner 4)	transgender - partner 5)
	No	0	0	0	0	0
		Go to TGEN1N4 (times transgender -partner 1)	Go to TGEN2N4 (times transgender -partner 2)	Go to TGEN3N4 (times transgender -partner 3)	Go to TGEN4N4 (times transgender -partner 4)	Go to TGEN5N4 (times transgender -partner 5)
	Refused to answer	7	7	7	7	7
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
	Don't know	8	8	8	8	8
		Skip to STATS1N4 (aware status-partner 1)	Skip to STATS2N4 (aware status-partner 2)	Skip to STATS3N4 (aware status-partner 3)	Skip to STATS4N4 (aware status-partner 4)	Skip to STATS5N4 (aware status-partner 5)
		Label_TG10_1N4	Label_TG10_2N4	Label_TG10_3N4	Label_TG10_4N4	Label_TG10_5N4
		transgender 10-partner 1	transgender 10-partner 2	transgender 10-partner 3	transgender 10-partner 4	transgender 10-partner 5
SG.1.2.	During the **past 12 months**, please tell me the exact number of times that you had vaginal or anal sex with [INSERT PARTNER	TGEN1N4	TGEN2N4	TGEN3N4	TGEN4N4	TGEN5N4

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	NAME]?					
		__ __	__ __	__ __	__ __	__ __
		Skip to Say box before TGC1AN4 (condom transgender - partner 1a)	Skip to instructions before TGC2AN4 (condom transgender - partner 2a)	Skip to instructions before TGC3AN4 (condom transgender - partner 3a)	Skip to instructions before TGC4AN4 (condom transgender - partner 4a)	Skip to instructions before TGC5AN4 (condom transgender - partner 5a)
	Refused to answer	77	77	77	77	77
		Skip STATS1N4 (aware status-partner 1)	Skip STATS2N4 (aware status-partner 2)	Skip STATS3N4 (aware status-partner 3)	Skip STATS4N4 (aware status-partner 4)	Skip STATS5N4 (aware status-partner 5)
	Don't know	88	88	88	88	88
		Skip STATS1N4 (aware status-partner 1)	Skip STATS2N4 (aware status-partner 2)	Skip STATS3N4 (aware status-partner 3)	Skip STATS4N4 (aware status-partner 4)	Skip STATS5N4 (aware status-partner 5)
		Label_TGEN1N4	Label_TGEN2N4	Label_TGEN3N4	Label_TGEN4N4	Label_TGEN5N4
		times transgender - partner 1	times transgender - partner 2	times transgender - partner 3	times transgender - partner 4	times transgender -partner 5
		Range_TGEN1N4	Range_TGEN2N4	Range_TGEN3N4	Range_TGEN4N4	Range_TGEN5N4
		1–10	1–10	1–10	1–10	1–10
SG.1.3.	On average, how many times did you have vaginal or anal sex with [INSERT PARTNER	TGAN1N4	TGAN2N4	TGAN3N4	TGAN4N4	TGAN5N4

	Questions	**Sexual Partners**				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	NAME] per month?					
		___ ___	___ ___	___ ___	___ ___	___ ___
	Refused to answer	777	777	777	777	777
		Go to TGM1N4 (months transgender - partner 1).	Go to TGM2N4 (months transgender - partner 2).	Go to TGM3N4 (months transgender - partner 3).	Go to TGM4N4 (months transgender - partner 4).	Go to TGM5N4 (months transgender - partner 5).
	Don't know	888	888	888	888	888
		Go to TGM1N4 (months transgender partner 1).	Go to TGM2N4 (months transgender - partner 2).	Go to TGM3N4 (months transgender - partner 3).	Go to TGM4N4 (months transgender - partner 4).	Go to TGM5N4 (months transgender - partner 5).
		Label_TGAN1N4	Label_TGAN2N4	Label_TGAN3N4	Label_TGAN4N4	Label_TGAN5N4
		average number transgender - partner 1	average number transgender - partner 2	average number transgender - partner 3	average number transgender - partner 4	average number transgender - partner 5
		Range_TGAN1N4	Range_TGAN2N4	Range_TGAN3N4	Range_TGAN4N4	Range_TGAN5N4
		1-90	1-90	1-90	1-90	1-90
		Hard_edit_TGAN1N4	Hard_edit_TGAN2N4	Hard_edit_TGAN3N4	Hard_edit_TGAN4N4	Hard_edit_TGAN5N4
		If TGAN1N4 (average number transgender - partner 1) is > 90,	If TGAN2N4 (average number transgender - partner 2) is > 90,	If TGAN3N4 (average number transgender - partner 3) is > 90,	If TGAN4N4 (average number transgender - partner 4) is > 90,	If TGAN5N4 (average number transgender - partner 5) is > 90,

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		then READ, "Number too large. Interviewer instructions: confirm response."	then READ, "Out of range. Interviewer instructions: confirm response."	then READ, "Number too large. Interviewer instructions: confirm response."	then READ, "Number too large. Interviewer instructions: confirm response."	then READ, "Number too large. Interviewer instructions: confirm response."
SG.1.4.	During the **past 12 months**, how many months did you have vaginal or anal sex with [INSERT PARTNER NAME]?	TGM1N4	TGM2N4	TGM3N4	TGM4N4	TGM5N4
		___ ___	___ ___	___ ___	___ ___	___ ___
	Refused to answer	77	77	77	77	77
	Don't know	88	88	88	88	88
		For all responses, go to instructions before TGC1AN4 (condom transgender - partner 1a)	For all responses, skip to instructions before TGC2AN4 (condom transgender - partner 2a)	For all responses, skip to instructions before TGC3AN4 (condom transgender - partner 3a)	For all responses, skip to instructions before TGC4AN4 (condom transgender - partner 4a)	For all responses, skip to instructions before TGC5AN4 (condom transgender - partner 5a)
		Label_TGM1N4	Label_TGM2N4	Label_TGM3N4	Label_TGM4N4	Label_TGM5N4
		months transgender-partner 1	months transgender-partner 2	months transgender-partner 3	months transgender-partner 4	months transgender-partner 5

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Range_TGM1N4	Range_TGM2N4	Range_TGM3N4	Range_TGM4N4	Range_TGM5N4
		1-12	1-12	1-12	1-12	1-12
		Hard_edit_TGM1N4	Hard_edit_TGM2N4	Hard_edit_TGM3N4	Hard_edit_TGM4N4	Hard_edit_TGM5N4
		If TGM1N4 (months transgender-partner 1) is "0," then READ, "You told me that you had vaginal or anal sex with this partner during the past 12 months. Interviewer instructions: confirm. If the response to TGM1N4 (months transgender-partner 1) is >12, then READ, "Number too large. Interviewer instructions: confirm response."	If TGM2N4 (months transgender-partner 2) is >12, then READ, "Number too large. Interviewer instructions: confirm response."	If TGM3N4 (months transgender-partner 3) is >12, then READ, "Number too large. Interviewer instructions: confirm response."	If TGM4N4 (months transgender-partner 4) is >12, then READ, "Number too large. Interviewer instructions: confirm response."	If TGM5N4 (months transgender-partner 5) is >12, then READ, "Number too large. Interviewer instructions: confirm response."
	Interviewer instructions before TGC1AN4 (condom transgender-partner 1a), TGC2AN4 (condom transgender-partner 2a), TGC3AN4 (condom transgender-partner 3a), TGC4AN4 (condom transgender-partner 4a), TGC5AN4 (condom transgender-partner 5a):					

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	Transgender/Unknown gender sex-any partner #1 vaginal-anal sex once: If the respondent had vaginal or anal sex with partner #1 only one time (TGEN1N4 [times transgender-partner 1] = 1), THEN go to Say box before TGC1AN4 (condom transgender-partner 1a). Transgender/Unknown gender sex-any partner #2, 3, 4, 5 vaginal-anal sex once :If the respondent had vaginal or anal sex with partners #2, 3, 4, or 5 only one time (TGEN2N4 [times transgender-partner 2]) = 1, (TGEN3N4 [times transgender-partner 3]) = 1, (TGEN4N4 [times transgender-partner 4]) = 1, (TGEN5N4 [times transgender-partner 5]) = 1, THEN go to TGC2AN4 (condom transgender-partner 2a), TGC3AN4 (condom transgender-partner 3a), TGC4AN4 (condom transgender-partner 4a), TGC5AN4 (condom transgender-partner 5a). Else, go to Interviewer instructions before TGC1BN4 (condom transgender-partner 1b), TGC2BN4 (condom transgender-partner 2b), TGC3BN4 (condom transgender-partner 3b), TGC4BN4 (condom transgender-partner 4b), TGC5BN4 (condom transgender-partner 5b).					
		Intro_TGC1AN4				
		"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time during sex."				
SG.1.5.a.	During the **past 12 months**, when you had vaginal or anal sex with [INSERT	TGC1AN4	TGC2AN4	TGC3AN4	TGC4AN4	TGC5AN4

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	PARTNER NAME] was a condom used?					
	No	0	0	0	0	0
	Yes	1	1	1	1	1
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		For all responses, skip to STATS1N4 (aware status-partner 1)	For all responses, skip to STATS2N4 (aware status-partner 2)	For all responses, skip to STATS3N4 (aware status-partner 3)	For all responses, skip to STATS4N4 (aware status-partner 4)	For all responses, skip to STATS5N4 (aware status-partner 5)
		Label_TGC1AN4	Label_TGC2AN4	Label_TGC3AN4	Label_TGC4AN4	Label_TGC5AN4
		condom transgender-partner 1a	condom transgender-partner 2a	condom transgender-partner 3a	condom transgender-partner 4a	condom transgender-partner 5a
	Interviewer instructions before TGC1BN4 (condom transgender-partner 1b), TGC2BN4 (condom transgender-partner 2b), TGC3BN4 (condom transgender-partner 3b), TGC4BN4 (condom transgender-partner 4b), TGC5BN4 (condom transgender-partner 5b): Transgender/Unknown gender sex-any partner #1 vaginal-anal sex more than once: If the respondent had vaginal or anal sex with partner #1 more than once (TGEN1N4 [times transgender-partner 1]) ≥ 2, OR TG10_1N4 (transgender 10-partner 1) =1 THEN go to Say box before TGC1BN4 (condom transgender-partner 1b). Transgender/Unknown gender sex-any partner #2, 3, 4, 5, vaginal-anal sex more than once: If the respondent had vaginal or anal sex with partners #2, 3, 4, or 5 more than one time (TGEN2N4 [times transgender sex-partner 2]) ≥ 2, (TGEN3N4 [times transgender sex-partner 3]) ≥ 2, (TGEN3N4 [times transgender sex-partner 3]) ≥ 2, (TGEN5N4 [times transgender sex-partner 5]) ≥ 2, OR TG10_2N4 (transgender 10-partner 2) =1, TG10_3N4 (transgender 10-partner 3) =1, TG10_4N4 (transgender 10-partner 4) =1, TG10_5N4 (transgender 10-partner 5) =1, THEN go to TGC2BN4 (condom transgender-partner 2b), TGC3BN4 (condom transgender-partner 3c), TGC4BN4 (condom transgender-partner 4b), TGC5BN4 (condom transgender-partner 5b).					

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
		Intro_TGC1BN4				
		"The next question is about condom use. Please include times when a condom was used the entire time, not only part of the time during sex."				
SG.1.5.b.	During the **past 12 months**, when you had vaginal or anal sex with [INSERT PARTNER NAME] was a condom used... [READ RESPONSES. SELECT ONLY ONE.]	TGC1BN4	TGC2BN4	TGC3BN4	TGC4BN4	TGC5BN4
	Never- not even once	1	1	1	1	1
	One or more times	2	2	2	2	2
	Absolutely	3	3	3	3	3

	Questions	Sexual Partners				
		Partner 1 [Insert partner name SX_NM1N4]	Partner 2 [Insert partner name SX_NM2N4]	Partner 3 [Insert partner name SX_NM3N4]	Partner 4 [Insert partner name SX_NM4N4]	Partner 5 [Insert partner name SX_NM5N4]
	every time					
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		For all responses, go to STATS1N4 (aware status-partner 1)	For all responses, go to STATS1N4 (aware status-partner 1)	For all responses, go to STATS1N4 (aware status-partner 1)	For all responses, go to STATS1N4 (aware status-partner 1)	For all responses, go to STATS1N4 (aware status-partner 1)
		Label_TGC1BN4	Label_TGC2BN4	Label_TGC3BN4	Label_TGC4BN4	Label_TGC5BN4
		condom transgender-partner 1b	condom transgender-partner 2b	condom transgender-partner 3b	condom transgender-partner 4b	condom transgender-partner 5b

Status (SS)

	Questions	Sexual partners				
		Partner 1 [INSERT partner name SX_NM1N4]	Partner 2 [INSERT partner name SX_NM2N4]	Partner 3 [INSERT partner name SX_NM3N4]	Partner 4 [INSERT partner name SX_NM4N4]	Partner 5 [INSERT partner name SX_NM5N4]
	Instructions for status partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell. When question instructions say "insert partner name," and the variable is in the Partner 1 column, then insert response from SX_NM1_5(name of partner 1). When question instructions say "insert partner name," and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2). When question instructions say "insert partner name," and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3). When question instructions say "insert partner name," and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4). When question instructions say "insert partner name," and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5).					
SS.1.0.	Does [INSERT PARTNER NAME] know your HIV status?	STATS1N4	STATS2N4	STATS3N4	STATS4N4	STATS5N4
	No	0	0	0	0	0
		Skip to STPRT1N4 (partner status-partner 1).	Skip to STPRT2N4 (partner status-partner 2).	Skip to STPRT3N4 (partner status-partner 3).	Skip to STPRT4N4 (partner status-partner 4).	Skip to STPRT5N4 (partner status-partner 5).
	Yes	1	1	1	1	1
		Go to AWRST1N4 (aware status every	Go to AWRST2N4 (aware status every	Go to AWRST3N4 (aware status every	Go to AWRST4N4 (aware status every	Go to AWRST5N4 (aware status every

	Questions	Sexual partners				
		sex-partner 1).	sex-partner 2).	sex-partner 3).	sex-partner 4).	sex-partner 5).
	Refused to answer	7	7	7	7	7
		Skip to STPRT1N4 (partner status-partner 1).	Skip to STPRT2N4 (partner status-partner 2).	Skip to STPRT3N4 (partner status-partner 3).	Skip to STPRT4N4 (partner status-partner 4).	Skip to STPRT5N4 (partner status-partner 5).
	Don't know	8	8	8	8	8
		Skip to STPRT1N4 (partner status-partner 1).	Skip to STPRT2N4 (partner status-partner 2).	Skip to STPRT3N4 (partner status-partner 3).	Skip to STPRT4N4 (partner status-partner 4).	Skip to STPRT5N4 (partner status-partner 5).
		Label_STATS1N4	Label_STATS2N4	Label_STATS3N4	Label_STATS4N4	Label_STATS5N4
		aware status-partner 1	aware status-partner 2	aware status-partner 3	aware status-partner 4	aware status-partner 5
SS.1.1.	During the **past 12 months**, was [INSERT PARTNER NAME] aware of your status every time you had sex?	AWRST1N4	AWRST2N4	AWRST3N4	AWRS41N4	AWRST5N4
	No	0	0	0	0	0
	Yes	1	1	1	1	1
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		For all responses, go to STPRT1N4 (Partner status-	For all responses, go to STPRT2N4 (Partner status-	For all responses, go to STPRT3N4 (Partner status-	For all responses, go to STPRT4N4 (Partner status-	For all responses, go to STPRT5N4 (Partner status-

	Questions	Sexual partners				
		partner 1).	partner 2).	partner 3).	partner 4).	partner 5).
		Label_AWRST1N4	Label_AWRST2N4	Label_AWRST3N4	Label_AWRST4N4	Label_AWRST5N4
		Aware status every sex -partner 1	Aware status every sex -partner 2	Aware status every sex -partner 3	Aware status every sex -partner 4	Aware status every sex -partner 5
SS.2.0.	Do you know [INSERT PARTNER NAME]'s HIV status?	STPRT1N4	STPRT2N4	STPRT3N4	STPRT4N4	STPRT5N4
	No	0	0	0	0	0
		If SX_TOTN4 = 1, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 2, skip to skip_SXPGN2N4 (partner's gender-partner 2).	If SX_TOTN4 = 2, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 3, skip to skip_SXPGN3N4 (partner's gender-partner 3).	If SX_TOTN4 = 3, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN4N4 (partner's gender-partner 4).	If SX_TOTN4 = 4, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN5N4 (partner's gender-partner 5).	If SX_TOTN4 = 5, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 5, skip to aggregate information section.
	Yes	1	1	1	1	1
		Go to PRTST1N4 (Partner status first sex-partner 1).	Go to PRTST2N4 (Partner status first sex-partner 2).	Go to PRTST3N4 (Partner status first sex-partner 3).	Go to PRTST4N4 (Partner status first sex-partner 4).	Go to PRTST5N4 (Partner status first sex-partner 5).
	Refused to answer	7	7	7	7	7
		If SX_TOTN4 = 1, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 2,	If SX_TOTN4 = 2, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 3,	If SX_TOTN4 = 3, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4,	If SX_TOTN4 = 4, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4,	If SX_TOTN4 = 5, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 5,

	Questions	Sexual partners				
		skip to skip_SXPGN2N4 (partner's gender-partner 2).	skip to skip_SXPGN3N4 (partner's gender-partner 3).	skip to skip_SXPGN4N4 (partner's gender-partner 4).	skip to skip_SXPGN5N4 (partner's gender-partner 5).	skip to aggregate information section.
	Don't know	8	8	8	8	8
		If SX_TOTN4 = 1, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 2, skip to skip_SXPGN2N4 (partner's gender-partner 2).	If SX_TOTN4 = 2, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 3, skip to skip_SXPGN3N4 (partner's gender-partner 3).	If SX_TOTN4 = 3, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN4N4 (partner's gender-partner 4).	If SX_TOTN4 = 4, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN5N4 (partner's gender-partner 5).	If SX_TOTN4 = 5, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 5, skip to aggregate information section.
		Label_STPRT1N4	Label_STPRT2N4	Label_STPRT3N4	Label_STPRT4N4	Label_STPRT5N4
		Partner status-partner 1	Partner status-partner 2	Partner status-partner 3	Partner status-partner 4	Partner status-partner 5
SS.2.1.	During the **past 12 months**, what was [INSERT PARTNERS' NAME]'s HIV status the first time that you had sex? [DON'T READ RESPONSES. SELECT ONLY	PRTST1N4	PRTST2N4	PRTS31N4	PRTST4N4	PRTST5N4

	Questions	Sexual partners				
	ONE.]					
	HIV Positive	1	1	1	1	1
		If SX_TOTN4 = 1, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 2, skip to skip_SXPGN2N4 (partner's gender-partner 2).	If SX_TOTN4 = 2, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 3, skip to skip_SXPGN3N4 (partner's gender-partner 3).	If SX_TOTN4 = 3, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN4N4 (partner's gender-partner 4).	If SX_TOTN4 = 4, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN5N4 (partner's gender-partner 5).	If SX_TOTN4 = 5, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 5, skip to aggregate information section.
	HIV Negative	2	2	2	2	2
		Go to PREP1N4 (PrEP-partner 1).	Go to PREP2N4 (PrEP-partner 2).	Go to PREP3N4 (PrEP-partner 3).	Go to PREP4N4 (PrEP-partner 4).	Go to PREP5N4 (PrEP-partner 5).
	Refused to answer	7	7	7	7	7
		If SX_TOTN4 = 1, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 2, skip to skip_SXPGN2N4 (partner's gender-partner 2).	If SX_TOTN4 = 2, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 3, skip to skip_SXPGN3N4 (partner's gender-partner 3).	If SX_TOTN4 = 3, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN4N4 (partner's gender-partner 4).	If SX_TOTN4 = 4, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN5N4 (partner's gender-partner 5).	If SX_TOTN4 = 5, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 5, skip to aggregate information section.
	Don't know	8	8	8	8	8
		If SX_TOTN4 = 1, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 2, skip to	If SX_TOTN4 = 2, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 3, skip to	If SX_TOTN4 = 3, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to	If SX_TOTN4 = 4, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to	If SX_TOTN4 = 5, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 5, skip to aggregate

	Questions	**Sexual partners**				
		skip_SXPGN2N4 (partner's gender-partner 2).	skip_SXPGN3N4 (partner's gender-partner 3).	skip_SXPGN4N4 (partner's gender-partner 4).	skip_SXPGN5N4 (partner's gender-partner 5).	information section.
		Label_PRTST1N4	Label_PRTST2N4	Label_PRTST3N4	Label_PRTST4N4	Label_PRTST5N4
		Partner status first sex-partner 1	Partner status first sex-partner 2	Partner status first sex-partner 3	Partner status first sex-partner 4	Partner status first sex-partner 5

Pre-exposure prophylaxis (SR)

	Questions	**Sexual partners**				
		Partner 1 **[INSERT partner name SX_NM1N4]**	Partner 2 **[INSERT partner name SX_NM2N4]**	Partner 3 **[INSERT partner name SX_NM3N4]**	Partner 4 **[INSERT partner name SX_NM4N4]**	Partner 5 **[INSERT partner name SX_NM5N4]**
SR.1.0.	Sometimes people who are HIV negative take antiretroviral medicine, such as Truvada, to prevent them from getting HIV. Was **[INSERT PARTNER NAME]** taking antiretroviral medicine to prevent them from getting HIV when you last had sex? If you aren't sure, that's okay.	PREP1N4	PREP2N4	PREP3N4	PREP4N4	PREP5N4
	No	0	0	0	0	0
	Yes	1	1	1	1	1
	Refused to answer	7	7	7	7	7
	Don't know	8	8	8	8	8
		If SX_TOTN4 = 1, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 2, skip to skip_SXPGN2N4 (partner's gender-partner 2).	If SX_TOTN4 = 2, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 3, skip to skip_SXPGN3N4 (partner's gender-partner 3).	If SX_TOTN4 = 3, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN4N4 (partner's gender-partner 4).	If SX_TOTN4 = 4, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 4, skip to skip_SXPGN5N4 (partner's gender-partner 5).	If SX_TOTN4 = 5, skip to serosorting section (Intro_SEROSRT1). If SX_TOTN4 ≥ 6, skip to aggregate information section.

	Questions	**Sexual partners**				
		Label_PREP1N4	Label_PREP2N4	Label_PREP3N4	Label_PREP4N4	Label_PREP5N4
		PrEP-partner 1	PrEP-partner 2	PrEP-partner 3	PrEP-partner 4	PrEP-partner 5

Aggregate information (SA)

Skip_SXAGC1N4	If respondent reported 6 partners (SX_TOTN4=6), go to SXAGC1N4 (aggregate condom use- 6 partners).		
Skip_SXAGC2N4	If respondent reported 7 or more sex partners (SX_TOTN4 ≥ 7), then skip to SXAGC2N4 (aggregate condom use-more than 6 partners).		
Intro_SXAGC1N4	"We just talked about the five people you most recently had sex with. Now I'd like to ask you about the other partner(s) with whom you had sex with during the **past 12 months**. For these next questions, please don't include partners you have already discussed."		
SXAGC1N4	SA.1.0.	During the **past 12 months**, was a condom always used when you had vaginal or anal sex with your other partner?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SXAGC1N4		aggregate condom use-6 partners	
SXAGP1N4	SA.1.1.	Was your other partner HIV positive?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SXAGP1N4		aggregate partner status-6 partners	
Skip_ SXAGP1N4		Skip to the serosorting section (Intro_SEROSRT1).	
SXAGC2N4	SA.1.2.	During the **past 12 months,** with how many of these [INSERT SX_TOTN4-5] other partners was a condom always used when you had vaginal or anal sex?	
		__ __ __	
		Refused to answer	7777
		Don't know	8888
Label_ SXAGC2N4		aggregate condom use-more than 6 partners	
Range_ SXAGC1N4		0-999	
Hard_edit_SXAGC2N4		If SXAGC2N4 (aggregate condom use-more than 6 partners) is > SX_TOTN4-5 then READ the following: "The number of additional partners with whom you used a condom cannot be greater than [insert value from SX_TOTN4-5]. Confirm Answer." Go back to SXAGC2N4 (aggregate condom use-more than 6 partners.	
Calculation_SXAGUPN4		Create a calculated variable to indicate the aggregate number of partners with whom the respondent had unprotected sex. If SX_TOTN4 is > 5, then create SXAGUPN4 where (SX_TOTN4-5)-SXAGC2N4. (If SXAGC2N4 is don't know or refuse, assign it a 7777 if refused or 8888 if don't know.)	
Label_SXAGUPN4		aggregate number of condomless sex partners	
Skip_SXAGC2N4		If SXAGC2N4 (aggregate condom use more than 6 partners) = SX_TOTN4	

		(total number of partners), 7 (refused to answer) or 8 (don't know), then skip to the serosorting section (Intro_SEROSRT1). Else, go to SXAGC3N4 (aggregate condom use-more than 6 partners).
SXAGC3N4	SA.1.3.	So, you had unprotected sex with [INSERT RESPONSE FROM SXAGUPN4] of these other partners? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_SXAGC3N4		aggregate condomless sex-more than 6 partners
Skip_SXAGC3N4		If SXAGC3N4 (aggregate unprotected sex-more than 6 partners is 0 (no), 7 (refused to answer) or 8 (don't know), then return to SXAGC2N4 (aggregate condom use-more than 6 partners).
SXAGP2N4	SA.1.4.	How many of those [INSERT RESPONSE FROM SXAGUPN4] other partners were HIV positive? — — — Refused to answer 7777 Don't know 8888
Label_SXAGC3N4		aggregate concordant partners-more than 6 partners
Range_SXAGC3N4		0-999
Hard_edit_SXAGC3N4		SXAGP2N4 cannot be greater than SXAGUPN4. If SXAGP2N4 > SXAGUPN4, then READ, "The response is out of range" and return to SXAGP2N4 (aggregate concordant partners-more than 6 partners).

Serosorting (SO)

Intro_SEROSRT1		"For these next questions, I will read you a statement and then I'll ask you to tell me how strongly you disagree or agree with the statement. Some of the statements may not apply to your situation; however, tell me whether you think you would disagree or agree. When I say unprotected sex, I mean anal or vaginal sex where a condom was not used at all or was only used part of the time. We'll use Response Card F for these four questions."
SEROSRT1	SO.1.0.	If my partner tells me he or she is HIV positive, I'm more likely to have unprotected sex with him or her. [READ RESPONSES. SELECT ONLY ONE.] Strongly disagree 1 Somewhat disagree 2 Neutral 3 Somewhat agree 4 Strongly agree 5 Refused to answer 7 Don't know 8
Label_SEROSRT1		If partner is positive I'm more likely to have unprotected sex

SEROSRT2	SO.2.0.	If my partner tells me he or she is HIV positive, we don't have to worry about using condoms. [READ RESPONSES. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_SEROSRT2		If partner is positive we don't have to worry about using condoms	

SEROSRT3	SO.3.0.	If I have an undetectable HIV viral load, I am more likely to have unprotected sex. [READ RESPONSES. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_SEROSRT3		If I have an undetectable VL, I'm more likely to have unprotected sex	

SEROSRT4	SO.4.0.	Having an undetectable HIV viral load means I can worry less about having to use condoms. [READ RESPONSES. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_SEROSRT3		If I have an undetectable VL, I worry less about using condoms	

MSM Sex Ever (ME)

Skip_MSMEVRN5		If SX_GEN (sex gender) is 1 (male) and SXMLONN4 (male only partners) is 0 (no), then go to MSMEVRN5 (ever had sex with a male). Else, skip to Calculation_ST_PREVN (start time prevention activities).	
MSMEVRN5	ME.1.0.	Have you ever had sex with a male?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MSMEVRN5		ever had sex with a male	

Disclosure of same sex attraction (RC)

Skip_Intro_ OUTMAN5		If MSMEVRN5 (ever had sex with a male) is 1 (yes), then go to Intro_OUTMAN5. If SX_GEN (sex gender) is 1 (Male) and SEXOR_N5 (sexual orientation) is 1 (Lesbian or gay) or 2 (bisexual) and SX_TOTN4 (total number of vaginal and anal sex partners) is 0, then go to Intro_OUTMAN5. Else Skip to next topic (Calculation_EN_SEXN5, end of sexual behavior).	
Intro_OUTMAN 5		"For the next questions, tell me whether the answer is yes, no, or doesn't apply to your situation."	
OUTMN5 series		Do any of the following people know that you've had sex with men:	
OUTMAN5	RC.1.1.	Family members?	
		No	0
		Yes	1
		Not applicable	6
		Refused to answer	7
		Don't know	8
Label_OUTMAN 5		Disclose male-male sex to family members	
OUTMBN5	RC.1.2.	Friends?	
		No	0
		Yes	1
		Not applicable	6
		Refused to answer	7
		Don't know	8
Label_OUTMBN 5		Disclose male-male sex to friends	
OUTMCN5	RC.1.3.	Work associates?	
		No	0
		Yes	1
		Not applicable	6
		Refused to answer	7
		Don't know	8
Label_OUTMCN 5		Disclose male-male sex to work associates	
OUTMDN5	RC.1.4.	Doctors, nurses, or other healthcare workers?	
		No	0
		Yes	1
		Not applicable	6
		Refused to answer	7
		Don't know	8
Label_OUTMDN 5		Disclose male-male sex to healthcare workers	

Skip_OUTMEN5		If SX_TFPN4 (number of female partners) is ≥1, go to OUTMEN5 (disclose male-male sex to female sex partner); else Skip to OUTMFN5 (disclose male-male sex to religious leaders).	
OUTMEN5	RC.1.5.	Female sex partners?	
		No	0
		Yes	1
		Not applicable	6
		Refused to answer	7
		Don't know	8
Label_OUTMEN5		Disclose male-male sex to female sex partners	
OUTMFN5	RC.1.6.	Religious leaders?	
		No	0
		Yes	1
		Not applicable	6
		Refused to answer	7
		Don't know	8
Label_OUTMFN5		Disclose male-male sex to religious leaders	

Prevention activities (PA)

Calculation_ST_PREVN		Start time of prevention activities module ST_PREVEN = Current time	
Label_ST_PREVEN		Start prevention activities	
Intro_COND12_9		"Next I'd like to ask you some questions about HIV prevention."	
COND12_9	PA.1.0.	During the **past 12 months**, have you gotten any free condoms, not counting those given to you by a friend, relative, or sex partner?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_COND12_9		Gotten any free condoms.	
HIVINFN3	PA.2.0.	During the **past 12** months, have you seen or received any informational/educational materials such as posters, leaflets, pamphlets, or videos that tell you how to protect you or your partners from HIV or other STDs?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_HIVINFN3		Received informational/educational materials.	
Intro_CNTLK		"During the **past 12 months**, not including when you may have been tested for HIV, have you had a one-on-one conversation with any of the following people about ways to protect yourself or your partners from getting HIV or other STDs…"	
CNTLK_N5	PA.3.1.	An outreach worker, counselor, or prevention program worker?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CNTLK_N5		One-on-one conversation with an outreach worker, counselor, or prevention program worker.	
PRTLK_N5	PA.3.2.	A doctor, nurse, or other healthcare worker	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_PRTLK_N5		One-on-one conversation with a doctor, nurse, or other healthcare worker.	

GROU1_12	PA.3.3.	During the **past 12 months**, not including when you may have been tested for HIV, have you participated in an organized session involving a small group of people to discuss ways to protect yourself or your partners from getting HIV or other sexually transmitted diseases?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GROU1_12		Participated in an organized session involving a small group of people to discuss ways to protect yourself or your partners.	

Intimate partner violence (P)

Physical violence (PV)

Intro_IPVPH1N5		"Next I'll ask about experiences you may have had with romantic or sexual partners. When I ask about romantic or sexual partners, I want you to think about anybody you've been involved with romantically or sexually, which might include spouses, boyfriends, girlfriends, people you've dated, people you were seeing, or people you hooked up with."
IPVPH1N5	PV.1.0.	How many of your romantic or sexual partners have **ever** slapped, punched, shoved, kicked, choked or otherwise physically hurt you? ___ ___ ___ [Don't know=7777; Refused to answer=8888]
Label_ IPVPH1N5 Range_ IPVPH1N5		Ever IPV physical violence 0-999
Skip_IPVPH1N5		If IPVPH1N5= 1-999, then go to IPVPH2N5; else Skip to next topic (Calculation_ST_DRUG, start time alcohol, smoking, and drug use).
IPVPH2N5	PV.1.1.	During the **past 12 months**, has a partner slapped, punched, shoved, kicked, choked, or otherwise physically hurt you? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_ IPVPH2N5		Last year IPV physical violence

Sexual violence (PS)

Intro_IPVSX1N5		"Some people may experience unwanted and uninvited sexual situations by strangers or people they know well, such as a romantic or sexual partner, friend, teacher, coworker, supervisor, or family member."
IPVSX1N5	PS.1.0.	Some people are threatened with harm or physically forced to have sex when they don't want to, for example, by being pinned or held down, or by the use of violence. How many people have **ever** threatened or forced you to have vaginal, anal, or oral sex when you did not want to? ___ ___ ___ [Don't know=7777; Refused to answer=8888]
Label_ IPVSX1N5		Ever IPV sexual violence.
Range_ IPVSX1N5		0-999
Skip_IPVSX1N5		If IPVSX1N5 = 1-999, then go to IPVSX2N5; else Skip to IPVPH1N5.
IPVSX2N5	PS.1.1.	During the **past 12 months**, have you been threatened or forced to have vaginal, anal, or oral sex when you did not want to? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_ IPVSX2N5		Last year IPV sexual violence.

Alcohol, smoking, and drug use (U)

Calculation_ST_DRUG	Start time of alcohol, smoking, and drug use module ST_DRUG = Current time
Label_ST_DRUG	Start alcohol, smoking, and drug use

Alcohol use (UA)

Intro_ALCOHO_9		"Now I'm going to ask you about any alcohol that you may have had. We will use Response Card G."
ALCOHO_9	UA.1.0.	During the **past 12 months**, how often did you drink alcohol? [SELECT ONLY ONE. USE RESPONSE CARD.] Daily 1 Weekly 2 Less than monthly 3 Never 4 Refused to answer 7 Don't know 8
Label_ALCOHO_9		How often drank alcohol in past 12 months
Skip_ALCOHO_9		If ALCOHO_9 (how often drank alcohol in past 12 months) is 5 (Never), 7 (refused to answer), 8 (don't know), then skip to next topic (Intro_CIGEVRN5).
Skip_ALCOHOL1		If SX_TOTN4 (total number of sex partners) ≥1 OR if SXFFONN4 (female-female partners only) =1, go to ALCOHOL1. Else, skip to Intro_DRINK_9.
ALCOHOL1	UA.2.0.	During the **past 12 months**, did you drink alcohol <u>before or during sex</u>? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_ALCOHOL1		Drank alcohol before or during sex
Intro_DRINK_9		"Now I'm going to ask you some questions about your alcohol use. We'll use the calendar to refer to the past 30 days."
DRINK_9	UA.3.0.	During the **past 30 days**, on how many days did you have an alcoholic drink? ___ ___ [Refused to answer = 77, Don't know = 88]
Label_DRINK_9 Range_DRINK_9		Number of days drank past 30 days 0–30
Skip_DRINK_9		If DRINK_9 (number of days consumed alcohol during the past 30 days) is "0," Refused to answer (77), or Don't know (88), skip to next topic (Intro_CIGEVRN5).
Intro_NDRINK_9		"We'll use the Alcohol Response Card for the next questions. For these

		questions a drink of alcohol is a 12 oz. beer, a 5 oz. glass of wine, or a 1.5 oz. shot of liquor."
NDRINK_9	UA.4.0.	During the **past 30 days**, how many alcoholic drinks did you have on a typical day when you were drinking? ___ ___ [Refused to answer = 77, Don't know = 88]
Label_NDRINK_9 Range_NDRINK_9		Number of drinks in typical day past 30 days 1–30
Skip_NDRINK_9		If BIRTGEN (gender at birth) is 2 (Female) or 3 (Intersex/ambiguous), skip to DRINK4_9 (number of days had 4 or more drinks in past 30 days)
DRINK5_9	UA.5.0.	During the **past 30 days**, on how many days did you have 5 or more alcoholic drinks in one sitting? ___ ___ [Refused to answer = 77, Don't know = 88]
Label_DRINK5_9 Hard_edit_1DRINK5_9		Number of days had 5 or more drinks in past 30 days. If DRINK5_9 (number of days had 5 or more drinks in past 30 days) > DRINK_9 (number of days drank in past 30 days) then READ, "The number of days during the past 30 days that you had 5 or more drinks cannot be > the number of days you had a drink in the last 30 days." Return to DRINK_9.
Hard_edit_2DRINK5_9		DRINK5_9 (number of days had 5 or more drinks during the past 30 days) must be ≤ 30 and ≤ DRINK_9 (number of days had a drink during the past 30 days).
Skip_DRINK5_9		Skip to next topic (Intro_CIGEVRN5).
DRINK4_9	UA.6.0.	During the **past 30 days**, on how many days did you have 4 or more alcoholic drinks in one sitting? ___ ___ [Refused to answer = 77, Don't know = 88]
Label_DRINK4_9 Hard_edit_DRINK4_9		Number of days had 4 or more drinks in past 30 days DRINK4_9 (number of days had 4 or more drinks during the past 30 days) must be ≤ 30 and ≤ DRINK_9 (number of days had a drink during the past 30 days).
Hard_edit _DRINK4_9		If DRINK4_9 (number of days had 4 or more drinks in past 30 days) > DRINK_9 (number of days drank in past 30 days) then READ, "The number of days during the past30 days that you had 4 or more drinks cannot be > the number of days you had a drink in the last 30 days." Return to DRINK_9.

Cigarette and tobacco use (US)

Intro_CIGEVRN5		"The next questions are about smoking cigarettes."
CIGEVRN5	US.1.0.	Have you smoked at least 100 cigarettes, equal to 5 packs of cigarettes, in your entire life? No 0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_CIGEVRN5		Ever smoked cigarettes	
Skip_CIGEVRN5		If CIGEVRN5 (ever smoked cigarettes) is 0 (no), 7 (refused to answer), or 8 (don't know), then skip to Intro_CIGARN5.	
Intro_CIG_OFT		"Now we will use Response Card G."	
CIG_OFT	US.1.1.	How often do you smoke cigarettes now? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label_CIG_OFT		Current use cigarettes	
Intro_CIGARN5		"The next questions ask about tobacco products you might smoke other than cigarettes, specifically cigars, cigarillos and little filtered cigars. Cigarillos are medium cigars that sometimes are sold with plastic or wooden tips. Some common brands are *Black and Mild's, Swisher Sweets, Dutch Masters* and *Phillies Blunts*. Cigarillos are usually sold individually or in packs of 5 or 8. In contrast, little filtered cigars look like cigarettes and are usually brown in color. Like cigarettes, little filtered cigars have a spongy filter and are sold in packs of 20. Some common brands are *Prime Time* and *Winchester*."	
CIGARN5	US.2.0.	Have you smoked cigars, cigarillos, or little filtered cigars at least 50 times in your entire life?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CIGARN5		Ever smoked cigars, cigarillos, or little filtered cigars	
Skip_CIGARN5		If CIGARN5 (ever smoked cigars, cigarillos, or little filtered cigars) is 0 (no), 7 (refused to answer), or 8 (don't know), then skip to Intro_CIGELCN5.	
CIGARFN5	US.2.1.	Do you now smoke cigars, cigarillos, or little filtered cigars every day, some days, rarely, or not at all? [SELECT ONE RESPONSE.]	
		Every day	1
		Some days	2
		Rarely	3
		Not at all	4
		Refused to answer	7
		Don't know	8
Label_CIGARFN5		Current use cigars, cigarillos, or little filtered cigars	

Skip_ CIG_QTN5		If CIGARFN5 is 4 (not at all) and CIG_OFT is 5 (never), then skip to Intro_CIGELCN5. Else, go to Intro_CIG_QTN5.	
Intro_CIG_QTN5		"The next questions ask about quitting smoking. By smoking, I mean smoking cigarettes, cigars, cigarillos, or little filtered cigars."	
CIG_QTN5	US.3.0.	During the **past 12 months**, have you stopped smoking for one day or longer because you were trying to quit?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CIG_QTN5		Stopped smoking one day or longer	
CIG_DQN5	US.4.0.	During the **past 12 months**, has a doctor, nurse, or other healthcare professional advised you to quit smoking?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CIG_DQN5		Doctor advised to quit smoking	
Intro_CIGELCN5		"The next set of questions is about electronic cigarettes. Electronic cigarettes, or e-cigarettes, are battery-operated devices that simulate smoking a cigarette, but don't involve the burning of tobacco. The heated vapor produced by an e-cigarette often contains nicotine."	
CIGELCN5	US.5.0.	Have you **ever** used an e-cigarette, even just one time in your entire life?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CIGELCN5		Ever used electronic cigarettes	
Skip_CIGELCN5		If CIGELCN5 (ever used electronic cigarettes) is 0 (no), 7 (refused to answer), or 8 (don't know), then skip to next topic (Intro_ANID12_9).	
CIGELFN5	US.5.1.	Have you used e-cigarettes during the **past 30 days**?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CIGELFN5		Used electronic cigarettes past 30 days	

Non-injection drug use (UN)

Intro_ANID12_9	**"**Now I'm going to ask you about times when you may have used drugs, but did

		not inject them. This includes times when you may have smoked, snorted, inhaled or ingested drugs like marijuana, methamphetamine, cocaine, or crack. I will refer to these as non-injection drugs."
ANID12_9	UN.1.0.	During the **past 12 months**, did you use any non-injection drugs? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_ANID12_9		Used non-injection drugs in past 12 months
Skip_ANID12_9		If ANID12_9 (used non-injection drugs in past 12 months) is 1 (yes), then go to Intro_MARIJU_9; else Skip to next topic (Intro_EVRINJN5).
Intro_MARIJU_9		"I'm going to read you a list of non-injection drugs. For each drug I mention, please tell me how often you used it during the past 12 months. Don't include drugs you injected or drugs that were used for medical purposes. We'll use Response Card G for these questions."
Interviewer_note_MARIJU_9		DISPLAY: If the respondent's drug use was sporadic during the past 12 months, ask the respondent to choose the response option that best characterizes his or her use.
MARIJU_9	UN.1.1.	During the **past 12 months**, how often did you use marijuana? [SELECT ONLY ONE. USE RESPONSE CARD.] Daily 1 Weekly 2 Monthly 3 Less than monthly 4 Never 5 Refused to answer 7 Don't know 8
Label_MARIJU_9		Used marijuana
Skip_MARIJU_9		If MARIJU_9 (used marijuana) is 1, 2, 3, 4 (Daily, Weekly, Monthly, Less than monthly) and [SX_TOTN4 (total number of sex partners) ≥1 OR if SXFFONN4 (female-female partners only) =1] then go to MARI_SN5 (marijuana before sex); else go to CRACK1_9 (used crack).
MARI_SN5	UN.1.2.	Did you use marijuana before or during sex? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_MARI_SN5		Use marijuana before sex.
CRACK1_9	UN.2.0.	During the **past 12 months**, how often did you use crack? [SELECT ONLY ONE. USE RESPONSE CARD.]

		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label_CRACK1_9		Used crack	
Skip_CRACK1_9		If CRACK1_9 (used crack) is 1, 2, 3, 4 (Daily, Weekly, Monthly, Less than monthly) and [SX_TOTN4 (total number of sex partners) ≥1 OR if SXFFONN4 (female-female partners only) =1] then go to CRACKSN5 (used crack before sex); else go to COCSMO_9 (used cocaine).	
CRACKSN5	UN.2.1.	Did you use crack <u>before or during sex</u>?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CRACKSN5		Used crack before sex	
COCSMO_9	UN.3.0.	During the **past 12 months**, how often did you use cocaine that is smoked or snorted? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label_COCSMO_9		Used cocaine	
Skip_COCSMO_9		If COCSMO_9 (used cocaine) is 1, 2, 3, 4 (Daily, Weekly, Monthly, Less than monthly) and [SX_TOTN4 (total number of sex partners) ≥1 OR if SXFFONN4 (female-female partners only) =1] then go to COCSMO_SN5 (used cocaine before sex); else go to METHN5 (used methamphetamines).	
COC_SN5	UN.3.1.	Did you use cocaine <u>before or during sex</u>?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_COC_SN5		Cocaine before or during sex	
METHN5	UN.4.0.	During the **past 12 months**, how often did you use any methamphetamines, such as crystal meth, tina, crank, or ice? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1

		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label_METHN5		Used methamphetamines	
Skip_METHN5		If METHN5 (used methamphetamines) is 1, 2, 3, 4 (Daily, Weekly, Monthly, Less than monthly) and [SX_TOTN4 (total number of sex partners) ≥1 OR if SXFFONN4 (female-female partners only) =1] then go to METH_SN5 (used methamphetamines before sex); else go to AMPHEN5 (used amphetamines).	
METH_SN5	UN.4.1.	Did you use methamphetamines before or during sex?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_METH_SN5		Used methamphetamines before sex	
AMPHEN5	UN.5.0.	During the **past 12 months**, how often did you use amphetamines, such as speed, bennies, or uppers? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label AMPHEN5		Used amphetamines	
Skip_AMPHEN5		If AMPHEN5 (used amphetamines) is 1,2,3,4 (Daily, Weekly, Monthly, Less than monthly) and [SX_TOTN4 (total number of sex partners) ≥1 or if SXFFONN4 (female-female partners only) =1] then go to AMPH_SN5 (used amphetamines before sex); else go to CLUBN5 (used club drugs).	
AMPH_SN5	UN.5.1.	Did you use amphetamines before or during sex?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label AMPH_SN5		Used amphetamines before sex	
CLUBN5	UN.6.0.	During the **past 12 months**, how often did you use club drugs such as Ecstasy (also called X), ketamine (also called Special K) or GHB? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2

		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label_CLUBN5		Used club drugs	
Skip_CLUBN5		If CLUBN5 (used club drugs) is 1, 2, 3, 4 (Daily, Weekly, Monthly, Less than monthly) and [SX_TOTN4 (total number of sex partners) ≥1 OR if SXFFONN4 (female-female partners only) =1] then go to CLUB_SN5 (used club drugs before sex); else go to POPPER_9 (used poppers).	
CLUB_SN5	UN.6.1.	Did you use any club drugs before or during sex?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CLUB_SN5		Used club drugs before sex	
POPPER_9	UN.7.0.	During the **past 12 months**, how often did you use poppers, also called amyl nitrite? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label_POPPER_9		Used poppers	
Skip_POPPER_9		If POPPER_9 (used poppers) is 1, 2, 3, 4 (Daily, Weekly, Monthly, Less than monthly) and SX_TOTN4 (total number of sex partners) ≥1 or if SXFFONN4 (female-female partners only) =1, then go to POPP_SN5 (used poppers before sex); else go to PAINKN5 (used painkillers).	
POPP_SN5	UN.7.1.	Did you use poppers <u>before or during sex</u>?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label POPP_SN5		Used poppers before sex	
Intro_PAINKN5		"The next few questions are about medications that require a prescription. I'll first ask you about prescription pain relievers."	
PAINKN5	UN.8.0.	During **the past 12 months**, how often did you take a prescription pain reliever, such as oxycodone, hydrocodone, Percocet, or Vicodin that was not prescribed to you, or was prescribed to you but you took more than directed? [SELECT	

		ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label_PAINKN5		Used painkillers	
Skip_PAINKN5		If PAINKN5 (used painkillers) is 1, 2, 3, 4 (Daily, Weekly, Monthly, Less than monthly) and [SX_TOTN4 (total number of sex partners) ≥1 or if SXFFONN4 (female-female partners only) =1] then go to PAIN_SN5 (used painkillers before sex); else go to Skip_DOWNER_9.	
PAIN_SN5	UN.8.1.	Did you use painkillers before or during sex?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_PAIN_SN5		Used painkillers before sex	
TRANQN5	UN.9.0.	During the **past 12 months**, how often did you take a prescription tranquilizer, su as Valium, Ativan, Xanax, downers, or nerve pills, that was not prescribed to you, or was prescribed to you but you took more than directed? [SELECT ONLY ONE. U RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
		Don't know	8
Label_TRANQ5		Used tranquilizers	
Skip_TRANQN5		If TRANQN5 (used tranquilizers) is 1, 2, 3, 4 (Daily, Weekly, Monthly, Less than monthly) and [SX_TOTN4 (total number of sex partners) ≥1 OR if SXFFONN4 (female-female partners only) =1] then go to TRAQ_SN5 (used tranquilizers befor sex); else go to Skip_EDMD_SN5.	
TRAQ_SN5	UN.9.1.	Did you use tranquilizers before or during sex?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TRAQ_SN 5		Used tranquilizers before sex	
Skip_EDMEDN5		If SX_GEN (sex gender) = 1 (Male) and SX_TOTN4 (total number of sex partners) ≥1, then go to EDMD_SN5 (used erectile dysfunction drugs before sex); else Skip to next topic (Intro_EVRINJN5).	

EDMD_SN5	UN.10.0.	During the **past 12 months,** did you use erectile dysfunction drugs, such as Viagra, Levitra, or Cialis?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_EDMD_SN5		Used erectile dysfunction drugs	
Hard_edit_ANID12_9		If ANID12_9 (used non-injection drugs) is 1 (yes) and [MARIJU_9, CRACK1_9, COCSMO_9, METHN5, AMPHEN5, CLUBN5, POPPER_9, PAINKN5, TRANQN5 and EDMD_SN5] are all 0 (no), and then READ, "You said that you used non-injection drugs during the past 12 months. Please tell me the name of the drug you used during the past 12 months." Return to Intro_MARIJU_9.	

Injection drug use (UI)

Intro_EVRINJN5		"The next questions are about injection drug use. This means injecting drugs yourself or having someone else inject you."	
EVRINJN5	UI.1.0.	Have you **ever** shot up or injected any drugs that weren't used for medical purposes? By shooting up, I mean anytime a needle was used to inject drugs in your veins, under the skin or in the muscle.	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_EVRINJN5		Ever used injection drugs	
Skip_EVRINJN5		If EVRINJN5 (ever used injection drugs) is 1 (yes), then go to INJECTN5 (used injection drugs past 12 months); else Skip to next topic (QDS_Programming_ST_ACQU, start time acquisition risk).	
INJECTN5	UI.1.1.	During the **past 12 months**, have you shot up or injected any drugs that weren't used for medical purposes?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_INJECTN5		Used injection drugs past 12 months	
Skip_INJECTN5		If INJECTN5 (used injection drugs past 12 months) is 1 (yes) then go to Intro_COCINJN5; else Skip to next topic (QDS_Programming_ST_ACQU, start time acquisition risk).	
Intro_COCINJN5		"Now I'm going to read you a list of drugs. For each drug I mention, please tell me how often you <u>injected</u> it during the **past 12 months**. We'll use Response Card G for these questions."	

Interviewer_note _COCINJN5		DISPLAY: If the respondent's drug use was sporadic during the past 12 months, ask the respondent to choose the response option that best characterizes his or her use.	
COCINJN5	UI.2.0.	During the **past 12 months**, how often did you inject powder cocaine? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
Label_COCINJN5		Injected powder cocaine	
HERINJN5	UI.3.0.	During the **past 12 months**, how often did you inject heroin? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
Label_HERINJN5		Injected heroin	
SPDBALN5	UI.4.0.	During the **past 12 months**, how often did you inject heroin and cocaine together, also called speedballs? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
Label SPDBALN5		Injected speedballs	
METINJN5	UI.5.0.	During the **past 12 months**, how often did you inject methamphetamines, such as crystal meth, tina, crank or ice? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
Label_METINJN5		Injected methamphetamines	

AMPINJN5	UI.6.0.	During the **past 12 months**, how often did you inject amphetamines, such as speed, bennies, or uppers? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
Label_AMPINJN5		Injected amphetamines	
PKINJN5	UI.7.0	During the **past 12 months**, how often did you inject painkillers, such as Oxycontin, oxycodone, or hydrocodone? [SELECT ONLY ONE. USE RESPONSE CARD.]	
		Daily	1
		Weekly	2
		Monthly	3
		Less than monthly	4
		Never	5
		Refused to answer	7
Label_PKINJN5		Injected painkillers	
Hard_edit_INJECTN5		If INJECTN5 (injected drugs past 12 months) is 1 (yes) and [COCINJN5, HERINJN5, SPDBALN5, METINJN5, AMPNINJ5, or PKINJN5] are all 5 (Never), then READ, "You said that you injected drugs during the past 12 months. Please tell me the name of the drug you injected during the past 12 months." Return to Intro_ COCINJN5.	
Skip_INJSEXN5		If COCINJN5, HERINJN5, SPDBALN5, METINJN5, AMPINJN5 or PKINJN5 is 1, 2, 3, or 4 (daily, weekly, monthly, less than monthly), then go to INJSEXN5 (injected any drugs before or during sex); else go to next topic (QDS_Programming_ST_ACQU, start time acquisition risk).	
INJSEXN5	UI.8.0.	During the **past 12 months**, did you inject drugs before or during sex?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label INJSEXN5		Injected any drug before sex	
Intro_SHRNDLN5		"Now I am going to ask you some questions about sharing needles and other injection equipment. When I ask you about needles, I'm talking about needles and syringes."	
SHRNDLN5	UI.9.0.	When you injected during the **past 12 months**, did someone use the same needle after you used it to either inject drugs or divide drugs?	
		No	0
		Yes	1
		Refused to answer	7

		Don't know	8
Label_SHRNDLN5		Shared needles	
Skip_SHRNDLN5		If SHRNDLN5 (shared needles) is 1 (yes) then skip to SHRNUMN5 (number of people who shared needles with); else go to SHR_WRKS (shared injection works).	
SHRNUMN5	UI.9.1.	During the **past 12 months**, how many different people used the same needle after you used it to either inject drugs or divide drugs? — — — Refused to answer Don't know	 777 888
Label_SHRNUMN5 Range_SHRNUMN5		Number of people who shared needles with 0-300	
Skip_SHR1SXN5		If SHRNUMN5 (number of people who shared needles with) = 0, go to SHR_WRKS (shared injection works); if SHRNUMN5 = 1 (number of people who shared needles with), = 1, go to SHR1SXN5 (had sex with shared needle partner); if SHRNUMN5 (number of people who shared needles with) > 1, go to SHRSEXN5 (number of needle partners had sex with.	
SHR1SXN5	UI.9.2.	During the **past 12 months**, did you have also have sex with this person who used the same needle after you? No Yes Refused to answer Don't know	 0 1 7 8
Label_SHR1SXN5		Had sex with shared needle partner	
SHRSEXN5	UI.9.3.	During the **past 12 months**, with how many of these [insert number from SHRNUMN5 (number of people who shared needles with)] people did you also have sex? — — — Refused to answer Don't know	 777 888
Label_SHRSEXN5 Range_SHRSEXN5		Number of needle partners had sex with 0-300	
Skip_SHR1PON5		If SHRNUMN5 (number of people who shared needle with) = 0, go to Intro_GETNDAN5; if SHRNUMN5 (number of people who shared needle with) = 1, go to SHR1PON5 (needle partner was HIV positive); if SHRNUMN5 (number of people who shared needle with) >1, go to SHRPOSN5 (number of needle partners who were HIV positive)	
SHR1PON5	UI.9.4.	During the **past 12 months**, was this person who used the same needle after you HIV positive? No	 0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_SHR1PON5		Needle partner was HIV positive	
SHRPOSN5	UI.9.5.	During the **past 12 months**, how many of these people [insert number from SHRNUMN5 (number of people who shared needles with)] were HIV positive?	
		Refused to answer	777
		Don't know	888
Label_SHRPOSN5		Number of needle partners who were HIV positive	
Range_SHRPOSN5		1-300	
SHR_WRKS	UI.10.0.	When you injected during the **past 12 months**, did someone use the same cookers, cotton, or rinse water after you used it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SHR_WRKS		Shared injection works	
Intro_GETNDAN5		"During the **past 12 months** when you injected, did you get your needles at any of the following places?"	
GETNDAN5	UI.10.1.	A needle exchange program?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GETNDAN5		Get needles at needle exchange	
GETNDBN5	UI.10.2.	A pharmacy or drug store?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GETNDBN5		Get needles at pharmacy	
GETNDCN5	UI.10.3.	A doctor's office, clinic, or hospital?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GETNDCN5		Get needles at doctor's office, clinic, hospital	
GETNDDN5	UI.10.4.	A friend, relative, or sex partner?	
		No	0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_GETNDDN5		A friend, relative, or sex partner?	
GETNDEN5	UI.10.5.	A needle or drug dealer, shooting gallery, or off the street?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GETNDEN5		Get needles from needle or drug dealer, shooting gallery, off the street	
Intro_USENDAN5	U.11. series	"During the **past 12 months** after you injected, what did you do with the used needles?"	
USENDBN5	UI.11.1.	Threw it away, for example in the trash, on the street, or in a container that is not a medical waste disposal container?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_USENDBN5		Put in trash, street, other container	
USENDCN5	UI.11.2.	Kept it to re-use it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_USENDCN5		Kept it to re-use	
USENDDN5	UI.11.3.	Gave it or sold it to someone else to use it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_USENDDN5		Gave or sold to someone else	
USENDAN5	UI.11.4.	Put it in a medical waste disposal container – a Red Box?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_USENDAN5		Put in a red box	

USENDEN5	UI.11.5.	Took it to a needle exchange program?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_USENDEN5		Took to needle exchange	

DRUGTXN5	UI.12.0.	During the **past 12 months**, were you enrolled in an opiate replacement program such as a methadone clinic?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DRUGTXN5		Enrolled in opiate replacement program	

Acquisition risk behaviors (B)

Calculation_ST_ACQU	Start time of Acquisition risk behaviors module ST_ACQU = Current time.
Label_ST_ACQU	Start of acquisition risk behaviors

Core acquisition risk questions (BC)

QDS_Programming_ST_ACQU		The intent of this section is to classify people by HIV acquisition risk behaviors into "transmission categories." This calculation will be performed in SAS in post-processing, and does not need to be addressed in QDS programming. Notes on transmission category are for information only and don't affect QDS programming.	
Intro_IPERINN3		"Next I'd like to ask you some questions about how you might have gotten HIV. Some questions may ask you to remember things that happened a long time ago or ask for information about your past partners' behaviors."	
IPERINN3	BC.1.0.	Were you born with HIV?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_IPERINN3		Were you born with HIV?	
QDS_programming_IPERINN3		For your information only, if IPERINN3 = 1 (yes), then transmission category is perinatal.	
Calculate_AGEDX		Create a calculated variable for age at HIV diagnosis called AGEX and = POS1S_9-DOB_13.	
Soft_edit_AGEX		If IPERINN3=1 (yes) and AGEDX>=13 years then show alert. "This person's calculated age at diagnosis was [AGEDX] years old, but you indicated that the person was born with HIV. Please verify the response."	
Skip_IPERINN3		If IPERINN3 = 1 (yes), then skip to next topic (Intro_CSMNA_15). Else, go to Intro_IIDUN3_5.	
Intro_IIDUN3_5		"Now I'm going to ask you about things you did between 1977—around when HIV was recognized in the United States—and when you tested positive for HIV on [INSERT POS1S_9 (date of first positive test)]."	
Skip1_IIDUN3_5		If EVERINJ (ever took injection drugs) is 1 (yes) then person may have injected drugs prior to HIV diagnosis. Go to IIDUN3_5. Else if BIRTGEN (gender at birth) is 3 (Intersex/ambiguous), 8 (don't know) or 7 (refused to answer) and DOB_13 (date of birth) is later than March 1985, then none of the other acquisition risk questions apply and person has no identified risk and. Skip to next topic (Intro_CSMNA_15). Else, skip to ICLOTN3.	
IIDUN3_5	BC.2.0.	Before you first tested positive for HIV, did you ever use needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor?	
		No	0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_IIDUN3_5		Since testing positive for HIV, ever use needles to inject	
Skip2_IIDUN3_5		If BIRTGEN (gender at birth) is 2 (Female), 3 (Intersex/ambiguous), 8 (don't know) or 7 (refused to answer) and IIDUN3_5 is 1 (yes) then transmission category is IDU. Skip to next topic (Intro_CSMNA_15). Else if BIRTGEN (gender at birth) is 1 (Male) and MSMEVRN5 is 0 (no) and IIDUN3_5 is 1 (yes) then transmission category is IDU. Skip to next topic (Intro_CSMNA_15). Else if BIRTGEN (gender at birth) is 1 (Male) and MSMEVRN5 is 0 (no), go to Intro_ICLOTN3. Else if BIRTGEN (gender at birth) is 1 (Male) or BIRTGEN (gender at birth) is 2 (Female), then go to ISEXMA_5. Else if DOB_13 (date of birth) is later than March 1985, then respondent has no identified risk. Skip to next topic (Intro_CSMNA_15).	
ISEXMA_5	BC.3.0.	Before you first tested positive for HIV, did you ever have sex with a male?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ISEXMA_5		Since testing positive for HIV, ever have sex with a male	
Skip_ISEXMA_5		If BIRTGEN (gender at birth) = 1 (Male) and ISEXMA_5= 1 (yes) then transmission category is either MSM or MSM-IDU. Skip to next topic (Intro_CSMNA_15). Else if IIDUN3_5 = 1 (yes) then transmission category is IDU. Skip to next topic (Intro_CSMNA_15). Else if the DOB_13 (Date of Birth) is later than March 1985 AND the person was female at birth (BIRTGEN=2) AND had sex with a man ISEXMA_5=1 then clotting factor question does not apply, but person could be heterosexual risk. Go to IFSXHIN3. Else if the Date of Birth [DOB_13] is later than March 1985 AND the person was female at birth (BIRTGEN=2) and did not have sex with a man (ISEXMAN3 ≠ 1) then none of the other risk questions apply and person has no identified risk. Skip to next topic (Intro_CSMNA_15). Else if the Date of Birth [DOB_13] is later than March 1985 AND the person was male at birth (BIRTGEN=1), then clotting factor question does not apply, but person could be heterosexual risk. Skip to ISEXFEN3. Else, go to Intro_CLOTN3.	
Intro_ICLOTN3		"People who have blood clotting problems like hemophilia sometimes need to get treated with something to prevent bleeding called clotting factor."	
ICLOTN3	BC.4.0.	Before you first tested positive for HIV, did you ever receive clotting factor?	
		No	0
		Yes	1

		Refused to answer	7
		Don't know	8
Label_ICLOTN3		Since testing positive for HIV, ever receive clotting factor	
ICLO85N3	BC.4.1.	Did you ever receive clotting factor before March, 1985?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ICLO85N3		Did you ever receive clotting factor before March, 1985	
Skip_ ICLO85N3		If ICLO85N3= 1 (yes) then person's transmission risk category is other (adult receipt of clotting factor). Skip to next topic (Intro_CSMNA_15). Else if the person was female at birth (BIRTGEN =2) and had sex with a man (ISEXMA_5=1) then person may be female heterosexual risk. Go to IFSXHIN3. Else if the person was male at birth (BIRTGEN=1), then person may be male heterosexual risk. Go to ISEXFEN3. Else if the Date of Birth (DOB_13) is later than March 1985, then none of the other risk questions apply and person is no identified risk. Skip to next topic (Intro_CSMNA_15). Else go to ITRANN3.	
ISEXFEN3	BC.5.0.	Before you first tested positive for HIV, did you have sex with a female?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ISEXFEN3		Before you first tested positive for HIV, did you have sex with a female	
Skip_ ISEXFEN3		If ISEXFEN3 = 1 (yes) then person may have male heterosexual risk. Go to IMSXHIN3. Else if the Date of Birth (DOB_13) is later than March 1985, then none of the other risk questions apply and person is no identified risk. Skip to next topic (Intro_CSMNA_15). Else, skip to ITRANN3.	

Female heterosexual series (BF)

IFSXHIN3	BF.1.0.	Before you first tested positive for HIV, did any of your male sex partners have HIV or AIDS?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Skip_ IFSXHIN3		If IFSXHIN3 = 1 (yes) then transmission category is heterosexual. Skip to next topic (Intro_CSMNA_15).	
IFSXID_5	BF.2.0.	Before you first tested positive for HIV, did any of your male sex partners use needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor?	
		No	0
		Yes	1
		Refused to answer	7

		Don't know	8
Skip_ IFSXID_5		If IFSXID_5= 1 (yes) then transmission category is heterosexual. Skip to next topic (Intro_CSMNA_15).	
IFSXHE_5	BF.3.0.	Before you first tested positive for HIV, did any of your male sex partners have hemophilia or another blood clotting problem?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Skip_IFSXHE_5		If IFSXHE_5= 1 (yes) then transmission category is heterosexual. Skip to next topic (Intro_CSMNA_15).	
IFSXBIN3	BF.4.0.	Before you first tested positive for HIV, did any of your male sex partners have sex with other men?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Skip_ IFSXBIN3		If [IFSXBIN3] = 1 (yes) then transmission category is heterosexual. Skip to next topic (Intro_CSMNA_15). Else if person was born later than March 1985 (Date of Birth [DOB_13] is later than March 1985) then none of the other risk questions apply and person has no identified risk. Skip to next topic (Intro_CSMNA_15). Else Skip to. ITRANN3.	

Male heterosexual series (BM)

IMSXHIN3	BM.1.0.	Before you first tested positive for HIV, did any of your female sex partners have HIV or AIDS?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Skip_ IMSXHIN3		If [IMSXHIN3] = 1 (yes) then transmission category is heterosexual. Skip to next topic (Intro_CSMNA_15).	
IMSXIDN3	BM.2.0.	Before you first tested positive for HIV, did any of your female sex partners use needles to inject heroin, cocaine, steroids, or any other drug that was not prescribed by a doctor?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Skip_ IMSXIDN3		If IMSXIDN3= 1 (yes) then transmission category is heterosexual. Skip to next topic (Intro_CSMNA_15).	
IMSXHEN5	BM.3.0.	Before you first tested positive for HIV, did any of your female sex partners	

		have hemophilia or another blood clotting problem? No 0 Yes 1 Refused to answer 7 Don't know 8
Skip_ IMSXHEN5		If IMSXHEN5= 1 (yes) then transmission category is heterosexual. Skip to next topic (Intro_CSMNA_15).

Additional Acquisition Risk Questions for Persons Born Prior to March, 1985 (BA)

Intro_ ITRANN3		"The next question asks about whether you have ever had a transfusion of blood products. By this I mean something made from someone else's blood—such as blood, red blood cells, plasma, or platelets—that was given to you by IV."
ITRANN3	BA.1.0.	Before you first tested positive for HIV, did you ever receive a transfusion of blood products besides clotting factor? No 0 Yes 1 Refused to answer 7 Don't know 8
Skip_ ITRANN3		If ITRANN3= 1 (yes) then go to ITRA85N3. Else, skip to ITRPLTN3.
ITRA85N3	BA.1.1.	Did you ever receive a transfusion of blood products before March, 1985? No 0 Yes 1 Refused to answer 7 Don't know 8
Skip_ ITRA85N3		If ITRA85N3=1 (yes) then transmission category is other (transfusion). Skip to next topic (Intro_CSMNA_15).
ITRPLTN3	BA.2.0.	Before you first tested positive for HIV, did you receive an organ or tissue transplant or artificial insemination? No 0 Yes 1 Refused to answer 7 Don't know 8
Skip_ ITRPLTN3		If ITRPLTN3 = 1 (yes) then go to ITRP85N5. Else, skip to next topic (Intro_CSMNA_15).
ITRP85N5	BA.2.1.	Did you receive an organ or tissue transplant or artificial insemination before March, 1985? No 0 Yes 1 Refused to answer 7 Don't know 8
Skip_ ITRP85N5		If ITRP85N5=1 (yes) then transmission category is other (transplant). Skip to next topic (Intro_CSMNA_15).

Met and unmet needs (N)

Calculation_ ST_NEED:	Start time of met and unmet need module ST_NEED = Current time
Label_ST_NEED	Start met and unmet need

Services and assistance programs (ND)

HIV case management

Intro_CSMNA_15		"For these next questions, I'm going to ask about services you used or needed during the **past 12 months**. First I'll ask whether you got the service and then if you didn't, I'll ask whether you needed it. These questions might sound similar, but I need to ask you all of them."
CSMNA_15	ND.1.0.	The first question is about HIV case management services. A case manager is a professional who helps you to get care and other services that you or your family may need. During the **past 12 months**, did you get HIV case management services? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_CSMNA_15		Get HIV case management services
Skip_CSMNA_15		If CSMNA_15 is 0 (no), 7 (refused to answer), or 8 (don't know), go to CSMNB_15 (needed case management services); else, skip to TKMDA_15 (adherence counseling).
CSMNB_15	ND.1.1.	During the **past 12 months**, have you needed HIV case management services? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_CSMNB_15		Needed HIV case management services
Skip_CSMNB_15		If CSMNA_15 is 1 (yes), go to CSMNC_15; else, skip to TKMDA_15 (adherence counseling).
Intro_CSMNC_15		"Were you not able to get this service for any of the following reasons"
CSMNC_15	ND.1.2.	...because you didn't have enough money or insurance? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_CSMNC_15		Barrier-financial-HIV case management

CSMNE_15	ND.1.3.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CSMNE_15		Barrier-structural 1--HIV case management	
CSMNF_15	ND.1.4.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CSMNF_15		Barrier-structural 2--HIV case management	
CSMND_15	ND.1.5.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_CSMND_15		Barrier-personal-HIV case management	

Adherence counseling

TKMDA_15	ND.3.0.	During the **past 12 months**, did you get professional help on how to take your HIV medicines on time or correctly?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TKMDA_15		Get professional help on how to take your HIV medicines on time or correctly	
Skip_TKMDA_15		If TKMDA_15 is 0 (no), 7 (refused to answer), or 8 (don't know), go to TKMDB_15; else, skip to Skip_NEDADA_5 (ADAP).	
TKMDB_15	ND.3.1.	During the **past 12 months**, have you needed professional help on how to take your HIV medicines on time or correctly?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TKMDB_15		Needed professional help on how to take your HIV medicines on time or correctly	
Skip_TKMDB_15		If TKMDB_15 is 1 (yes), go to TKMDC_N5; else, skip to Skip_NEDADA_5 (ADAP).	
Intro_TKMDC_N5		"Were you not able to get this service for any of the following reasons"	

TKMDC_N5	ND.3.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TKMDC_N5		Barrier-financial- professional help on how to take your HIV medicines on time or correctly	
TKMDE_N5	ND.3.3.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TKMDE_N5		Barrier-structural 1-- professional help on how to take your HIV medicines on time or correctly	
TKMDF_N5	ND.3.4.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TKMDF_N5		Barrier-structural 2--professional help on how to take your HIV medicines on time or correctly	
TKMDD_N5	ND.3.5.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TKMDD_N5		Barrier-personal- professional help on how to take your HIV medicines on time or correctly	

ADAP

Skip_NEDAD_5		If KINDD_15 (Insurance-Ryan White or ADAP) is 0 (no), go to NEDADA_5. Else, skip to Intro_PATNAVN5 (patient navigation).	
NEDADA_5	ND.4.1.	Earlier you told me that during the past 12 months, you did not have Ryan White or ADAP coverage. During the **past 12 months**, have you needed to get medicine through ADAP?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8

Label_ NEDADA_5		Needed ADAP	
Skip_NEDADA_5		If NEDADA_5 is 1 (yes), go to ADAPA_N5; else, skip to Intro_PATNAVN5 (patient navigation).	
Intro_ADAPA_N5		"Were you not able to get this service for any of the following reasons"	
ADAPC_N5	ND.4.2.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ADAPC_N5		Barrier-structural 1-- ADAP	
ADAPD_N5	ND.4.3.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ADAPD_N5		Barrier-structural 2-- ADAP	
ADAPB_N5	ND.4.4.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ADAPB_N5		Barrier-personal- ADAP.	

Patient navigation

Intro_PATNAVN5		"The next question is about patient navigation services. This is someone whose job it is to help you get the best medical care for you. For example, a patient navigator might help you talk to your doctor about your care or go with you to your medical appointments."	
PATNAVN5	ND.5.0.	During the **past 12 months**, did you get patient navigation services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_PATNAVN5		Get patient navigation services.	
Skip_PATNAVN5		If PATNAVN5 is 0 (no), 7 (refused to answer), or 8 (don't know), go to PATNABN5; else, skip to GET_GRP (peer group support).	
PATNABN5	ND.5.1.	During the **past 12 months**, have you needed patient navigation services?	
		No	0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_PATNABN5		Needed patient navigation services	
Skip_PATNABN5		If PATNABN5 is 1 (yes), go to PATNACN5; else, skip to GET_GRP (peer group support).	
Intro_PATNACN5		"Were you not able to get this service for any of the following reasons"	
PATNACN5	ND.5.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_PATNACN5		Barrier-financial- patient navigation services	
PATNAEN5	ND.5.3.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_PATNAEN5		Barrier-structural 1-- patient navigation services	
PATNAFN5	ND.5.4.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_PATNAFN5		Barrier-structural 2-- patient navigation services	
PATNADN5	ND.5.5.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_PATNADN5		Barrier-personal- patient navigation services	

Peer group support

GET_GRP	ND.6.0.	During the **past 12 months**, did you get HIV peer group support?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GET_GRP		Get HIV peer group support	
Skip_GET_GRP		If GET_GRP is 0 (no), 7 (refused to answer), or 8 (don't know), go to	

		NED_GRP; else, skip to DENS12_9 (dental care).	
NED_GRP	ND.6.1.	During the **past 12 months**, have you needed HIV peer group support?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NED_GRP		Needed HIV peer group support	
Skip_NED_GRP		If NED_GRP is 1 (yes), go to RSGRPAN5; else, skip to DENS12_9 (dental care).	
Intro_RSGRPAN5		"Were you not able to get this service for any of the following reasons"	
RSGRPCN5	ND.6.2.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_RSGRPCN5		Barrier-structural 1--HIV peer group support	
RSGRPDN5	ND.6.3.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_RSGRPDN5		Barrier-structural 2--HIV peer group support	
RSGRPBN5	ND.6.4.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_RSGRPBN5		Barrier-personal- HIV peer group support	

Dental care

DENS12_9	ND.7.0.	During the **past 12 months**, did you get dental care?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DENS12_9		Get dental care	
Skip_DENS12_9		If DENS12_9 is 0 (no), 7 (refused to answer), or 8 (don't know), go to DENSER_9; else, skip to GET_SUBU (drug and alcohol).	
DENSER_9	ND.7.1.	During the **past 12 months**, have you needed dental care?	
		No	0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_DENSER_9		Needed dental care	
Skip_DENSER_9		If DENSER_9 is 1 (yes), go to DENSA_N5; else, skip to GET_SUBU (drug and alcohol).	
Intro_DENSA_N5		"Were you not able to get this service for any of the following reasons"	
DENSA_N5	ND.7.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DENSA_N5		Barrier-financial-dental care	
DENSC_N5	ND.7.3.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DENSC_N5		Barrier-structural 1-- dental care	
DENSD_N5	ND.7.4.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DENSD_N5		Barrier-structural 2-- dental care	
DENSB_N5	ND.7.5.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DENSB_N5		Barrier-personal- dental care.	

Drug and alcohol

GET_SUBU	ND.8.0.	During the **past 12 months**, did you get drug or alcohol counseling or treatment?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8

Label_GET_SUBU		Get drug or alcohol counseling or treatment	
Skip_GET_SUBU		If GET_SUBU is 0 (no), 7 (refused to answer), or 8 (don't know), go to NED_SUBU; else, skip to MENTA_15 (mental health).	
NED_SUBU	ND.8.1.	During the **past 12 months**, have you needed drug or alcohol counseling or treatment?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NED_SUBU		Needed drug or alcohol counseling or treatment	
Skip_NED_SUBU		If NED_SUBU is 1 (yes), go to SUBUA_N5; else, skip to MENTA_15 (mental health).	
Intro_SUBUA_N5		"Were you not able to get this service for any of the following reasons"	
SUBUA_N5	ND.8.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SUBUA_N5		Barrier-financial- drug or alcohol counseling or treatment	
SUBUB_N5	ND.8.3.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SUBUB_N5		Barrier-personal- drug or alcohol counseling or treatment	
SUBUC_N5	ND.8.4.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SUBUC_N5		Barrier-structural 1-- drug or alcohol counseling or treatment	
SUBUD_N5	ND.8.5.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SUBUD_N5		Barrier-structural 2-- drug or alcohol counseling or treatment	

Mental health

MENTA_15	ND.9.0.	During the **past 12 months**, have you seen or talked to a mental health professional such as a psychologist, psychiatrist, psychiatric nurse, or clinical social worker about your health?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MENTA_15		Get mental health counseling or treatment	
Skip_MENTA_15		If MENTA_15 is 0 (no), 7 (refused to answer), or 8 (don't know), go to MENTB_15; else, skip to TRAS12_9 (transportation).	
MENTB_15	ND.9.1.	During the **past 12 months**, have you needed to see or talk to a mental health professional about your health?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MENTB_15		Needed mental health counseling or treatment	
Skip_MENTB_15		If MENTB_15 is 1 (yes), go to MENTC_15; else, skip to TRAS12_9 (transportation).	
Intro_MENTC_15		"Were you not able to get this service for any of the following reasons"	
MENTC_15	ND.9.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MENTC_15		Barrier-financial- mental health counseling or treatment	
MENTE_15	ND.9.4.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MENTE_15		Barrier-structural 1- mental health counseling or treatment	
MENTF_15	ND.9.5.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MENTF_15		Barrier-structural 2- mental health counseling or treatment	

MENTD_15	ND.9.3.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MENTD_15		Barrier-personal- mental health counseling or treatment	

Transportation

TRAS12_9	ND.10.0.	During the **past 12 months**, did you get transportation assistance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TRAS12_9		Get transportation assistance	
Skip_TRAS12_9		If TRAS12_9 is 0 (no), 7 (refused to answer), or 8 (don't know), go to TRASAS_9; else, skip to SHLTA_15.	
TRASAS_9	ND.10.1.	During the **past 12 months**, have you needed transportation assistance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TRASAS_9		Needed transportation assistance	
Skip_TRASAS_9		If TRASAS_9 is 1 (yes), go to TRANA_N5; else, skip to SHLTA_15.	
Intro_TRANA_N5		"Were you not able to get this service for any of the following reasons"	
TRANC_N5	ND.10.2.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TRANC_N5		Barrier-structural 1-- transportation assistance	
TRAND_N5	ND.10.3.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TRAND_N5		Barrier-structural 2-- transportation assistance	
TRANB_N5	ND.10.4.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	

		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_TRANB_N5		Barrier-personal- transportation assistance	

Shelter or housing

SHLTA_15	ND.11.0.	During the **past 12 months**, did you get shelter or housing services where you got help with temporary or long-term housing including section 8 vouchers?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SHLTA_15		Get shelter or housing services	
Skip_SHLTA_15		If SHLTA_15 is 0 (no), 7 (refused to answer), or 8 (don't know), go to SHLTB_15; else, skip to SSIA_N5.	
SHLTB_15	ND.11.1.	During the **past 12 months**, have you needed shelter or housing services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SHLTB_15		Needed shelter or housing services	
Skip_SHLTB_15		If SHLTB_15 is 1 (yes), go to SHLTA_N5; else, skip to SSIA_N5.	
Intro_SHLTA_N5		"Were you not able to get this service for any of the following reasons"	
SHLTC_N5	ND.11.2.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SHLTC_N5		Barrier-structural 1-- shelter or housing services	
SHLTD_N5	ND.11.3.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SHLTD_N5		Barrier-structural 2-- shelter or housing services	
SHLTB_N5	ND.11.4.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1

		Refused to answer	7
		Don't know	8
Label_SHLTB_N5		Barrier-personal- shelter or housing services.	

SSI

SSIA_N5	ND.12.0.	During the **past 12 months**, did you get Supplemental Security Income or SSI?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSIA_N5		Get SSI	
Skip_SSIA_N5		If SSIA_N5 is 0 (no), 7 (refused to answer), or 8 (don't know), go to SSIB_N5; else, skip to SSDIA_N5.	
SSIB_N5	ND.12.1.	During the **past 12 months**, have you needed SSI?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSIB_N5		Needed SSI	
Skip_SSIB_N5		If SSIB_N5 is 1 (yes), go to SSIC_N5; else, skip to SSDIA_N5.	
Intro_SSIC_N5		"Were you not able to get this service for any of the following reasons"	
SSIC_N5	ND.12.2.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSIC_N5		Barrier-structural 1--SSI	
SSID_N5	ND.12.3.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSID_N5		Barrier-structural 2-- SSID_N5	
SSID_N5	ND.12.4.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSIC_N5		Barrier-personal-SSI	

SSDI

SSDIA_N5	ND.13.0.	During the **past 12 months**, did you get Social Security Disability Insurance or SSDI?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSDIA_N5		Get SSDI	
Skip_SSDIA_N5		If SSDIA_N5 is 0 (no), 7 (refused to answer), or 8 (don't know), go to SSDIB_N5; else, skip to FOODA_N5.	
SSDIB_N5	ND.13.1.	During the **past 12 months**, have you needed SSDI?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSDIB_N5		Needed SSDI	
Skip_SSDIB_N5		If SSDIB_N5 is 1 (yes), go to SSDIC_N5; else, skip to FOODA_N5.	
Intro_SSDIC_N5		"Were you not able to get this service for any of the following reasons"	
SSDIE_N5	ND.13.2.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSDID_N5		Barrier-structural 1--SSDI	
SSDIF_N5	ND.13.3.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSDIF_N5		Barrier-structural 2--SSDI	
SSDID_N5	ND.13.4.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_SSDID_N5		Barrier-personal-SSDI	

Food assistance

FOODA_N5	ND.14.0.	During the **past 12 months**, did you get food assistance or food stamps from SNAP—Supplemental Nutrition Assistance Program or WIC—The Special Supplemental Nutrition Program for Women, Infants, and Children?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_FOODA_N5		Get food assistance	
Skip_FOODA_N5		If FOODA_N5 is 0 (no), 7 (refused to answer), or 8 (don't know), go to FOODB_N5; else, skip to Intro_MLSF12_9.	
FOODB_N5	ND.14.1.	During the **past 12 months**, have you needed food assistance or food stamps?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_FOODB_N5		Needed food assistance	
Skip_FOODB_N5		If FOODB_N5 is 1 (yes), go to FOODC_N5; else, skip to Intro_MLSF12_9.	
Intro_FOODC_N5		"Were you not able to get this service for any of the following reasons"	
FOODE_N5	ND.14.2.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_FOODE_N5		Barrier-structural 1—food assistance	
FOODF_N5	ND.14.3.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_FOODF_N5		Barrier-structural 2—food assistance	
FOODD_N5	ND.14.4.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_FOODD_N5		Barrier-personal-food assistance	

Meal of food services

Intro_MLSF12_9		"Next I'm going to ask about meal or food services. This is different from food assistance, which I just asked you about. Meal or food services include services such as soup kitchens, food pantries, food banks, church dinners, or food delivery services."	
MLSF12_9	ND.15.0.	During the **past 12 months**, did you get meal or food services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MLSF12_9		Get meal or food services	
Skip_MLSF12_9		If MLSF12_9 is 0 (no), 7 (refused to answer), or 8 (don't know), go to MLSFOD_9; else, skip to NUTRA_15.	
MLSFOD_9	ND.15.1.	During the **past 12 months**, have you needed meal or food services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MLSFOD_9		Needed meal or food services	
Skip_MLSFOD_9		If MLSFOD_9 is 1 (yes), go to MEALA_N5; else, skip to NUTRA_15.	
Intro_MEALA_N5		"Were you not able to get this service for any of the following reasons"	
MEALA_N5	ND.15.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MEALA_N5		Barrier-financial- meal or food services	
MEALC_N5	ND.15.3.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MEALC_N5		Barrier-structural 1-- meal or food services	
MEALD_N5	ND.15.4.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_MEALD_N5		Barrier-structural 2-- meal or food services	

MEALB_N5	ND.15.5.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ MEALB_N5		Barrier-personal- meal or food services	

Domestic violence

GET_DOMS	ND.16.0.	During the **past 12 months**, did you get domestic violence services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GET_DOMS		Get domestic violence services	
Skip_GET_DOMS		If GET_DOMS is 0 (no), 7 (refused to answer), or 8 (don't know), go to NED_DOMS; else, skip to GET_INTS (interpreter).	
NED_DOMS	ND.16.1.	During the **past 12 months**, have you needed domestic violence services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NED_DOMS		Needed domestic violence services	
Skip_NED_DOMS		If NED_DOMS is 1 (yes), go to DOMSA_N5; else, skip to GET_INTS (interpreter).	
Intro_DOMSA_N5		"Were you not able to get this service for any of the following reasons"	
DOMSA_N5	ND.16.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DOMSA_N5		Barrier-financial- domestic violence services	
DOMSC_N5	ND.16.3.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DOMSC_N5		Barrier-structural 1-domestic violence services	
DOMSD_N5	ND.16.4.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_DOMSD_N5		Barrier-structural 2- domestic violence services	
DOMSB_N5	ND.16.5.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_DOMSB_N5		Barrier-personal- domestic violence services	

Interpreter

Skip_1GET_INTS		If LANWL1N3 = 1 (Very well), then go to GET_INTS; else, skip to GET_LAN3.	
GET_INTS	ND.17.0.	During the **past 12 months**, did you get interpreter services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GET_INTS		Get interpreter services	
Skip_2GET_INTS		If GET_INTS is 0 (no), 7 (refused to answer), or 8 (don't know), go to NED_INTS; else, skip to GET_LAN3 (legal).	
NED_INTS	ND.17.1.	During the **past 12 months**, have you needed interpreter services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NED_INTS		Needed interpreter services	
Skip_NED_INTS		If NED_INTS is 1 (yes), go to INTEA_N5; else, skip to GET_LAN3 (legal).	
Intro_INTEA_N5		"Were you not able to get this service for any of the following reasons"	
INTEA_N5	ND.17.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_INTEA_N5		Barrier-financial-interpreter services	
INTEC_N5	ND.17.3.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1

		Refused to answer	7
		Don't know	8
Label_INTEC_N5		Barrier-structural 1- interpreter services.	
INTED_N5	ND.17.4.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ INTED_N5		Barrier-structural 2—interpreter services.	
INTEB_N5	ND.17.5.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_INTEB_N5		Barrier-personal- interpreter services.	

Legal

GET_LAN3	ND.18.0.	During the **past 12 months**, did you get a lawyer or legal services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_GET_LAN3		Get a lawyer or legal services.	
Skip_GET_LAN3		If GET_LAN3 is 0 (no), 7 (refused to answer), or 8 (don't know), go to NED_LAN3; else, skip to MENTA_15.	
NED_LAN3	ND.18.1.	During the **past 12 months**, have you needed a lawyer or legal services?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_NED_LAN3		Needed a lawyer or legal services.	
Skip_NED_LAN3		If NED_LAN3 is 1 (yes), go to LAWYA_N5; else, skip to MENTA_15.	
Intro_ LAWYA_N5		"Were you not able to get this service for any of the following reasons"	
LAWYA_N5	ND.18.2.	...because you didn't have enough money or insurance?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_LAWYA_N5		Barrier-financial- lawyer or legal services.	

LAWYC_N5	ND.18.3.	…because you couldn't find the information you needed to get the service or didn't know it existed?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_LAWYB_N5		Barrier-structural 1- lawyer or legal services.	
LAWYC_N5	ND.18.4.	…because the service didn't meet your needs or you weren't eligible for it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_LAWYC_N5		Barrier-structural 2- lawyer or legal services.	
LAWYB_N5	ND.18.5.	…because of personal reasons such as you were afraid or embarrassed to get the service or you had other things going on in your life that made it difficult to get it?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_LAWYB_N5		Barrier-personal- lawyer or legal services.	

Other disability (NS)

Skip_ DISSSIN5		If SSIA_N5 (Social Security Income) = 1 (yes), then go to DISSSIN5; else Skip to Skip_DISSDIN5.	
DISSSIN5	NS.1.0.	Earlier you told me that during the **past 12 months** you got Supplemental Security Income or SSI. When did you **first** get SSI? Please tell me the month and year.	
		____ ____ / ____ ____ ____ ____ M M / Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]	
Label_DISSSIN5 QDS_programming _DISSSIN5		Date received Supplemental Security Income (SSI). Allow an unknown month value.	
Skip_DISSDIN5		If SSDIA_N5 (Social Security Disability Insurance [SSDI]) = 1 (yes), then go to DISSDIN5; else Skip to next topic (Intro_STIGMAN5).	
DISSDIN5	NS.2.0.	Earlier you told me that during the **past 12 months** you got Social Security Disability Insurance or SSDI. When did you **first** get SSDI? Please tell me the month and year.	
		____ ____ / ____ ____ ____ ____ M M / Y Y Y Y	

	[Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_DISBENN5 QDS_programming _DISBENN5	Date received Social Security Disability Insurance (SSDI). Allow an unknown month value.

Stigma and discrimination (R)

Calculation_ST_STIG	Start time of stigma and discrimination module ST_STIG = Current time
Label_ST_STIG	Start stigma and discrimination.

Stigma (RS)

Intro_STIGMAN5		"Next, I'd like to read you a few statements that some people living with HIV have said they sometimes feel. We're asking you these questions to better understand how often people living with HIV experience these negative feelings. These statements are not things that I or anyone in this project thinks about people with HIV. These statements may be uncomfortable for you to answer. Please remember that you don't have to answer any question you don't want to. For each statement that I read, please tell me how strongly you disagree or agree. We will use Response Card F for these questions."	
STIGMAN5	RS.1.0.	I have been hurt by how people reacted to learning I have HIV. [USE RESPONSE CARD. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMAN5		Hurt by people reacting to my HIV	
STIGMBN5	RS.2.0.	I have stopped socializing with some people because of their reactions to my HIV status. [USE RESPONSE CARD. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMBN5		Stopped socializing with some people because of my HIV	
STIGMCN5	RS.3.0.	I have lost friends by telling them I have HIV. [USE RESPONSE CARD. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7

		Don't know	8
Label_STIGMCN5		Lost friends telling of my HIV	
STIGMDN5	RS.4.0.	I am very careful who I tell that I have HIV. [USE RESPONSE CARD. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMDN5		Careful who I tell I have HIV	
STIGMEN5	RS.5.0.	I worry that people who know I have HIV will tell others. [USE RESPONSE CARD. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMEN5		Worry people will tell others	
STIGMFN5	RS.6.0.	I feel that I am not as good a person as others because I have HIV. [USE RESPONSE CARD. SELECT ONLY ONE.]	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMFN5		Not as good a person as others	
STIGMGN5	RS.7.0.	Having HIV makes me feel unclean. [USE RESPONSE CARD. SELECT ONLY ONE].	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMGN5		Having HIV makes me feel unclean	
STIGMHN5	RS.8.0.	Having HIV makes me feel that I'm a bad person. [USE RESPONSE CARD.	

		SELECT ONLY ONE].	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMHN5		Feel I'm a bad person	
STIGMIN5	RS.9.0.	Most people think that a person with HIV is disgusting. [USE RESPONSE CARD. SELECT ONLY ONE].	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMIN5		HIV is disgusting	
STIGMJN5	RS.10.0.	Most people with HIV are rejected when others find out. [USE RESPONSE CARD. SELECT ONLY ONE].	
		Strongly disagree	1
		Somewhat disagree	2
		Neutral	3
		Somewhat agree	4
		Strongly agree	5
		Refused to answer	7
		Don't know	8
Label_STIGMJN5		Most people with HIV are rejected	

Discrimination (RD)

Intro_STIGMAN5		"People with HIV sometimes sense discrimination from healthcare providers in different ways. Has anyone in the healthcare system done any of the following to you **since testing positive for HIV**?	
STIGMA2A	RD.1.0.	Exhibited hostility or a lack of respect toward you?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_STIGMA2A:		Exhibited hostility or lack of respect.	
STIGMA2B	RD.2.0.	Given you less attention than other patients?	
		No	0
		Yes	1

		Refused to answer	7
		Don't know	8
Label_STIGMA2B:		Given you less attention.	
STIGMA2C	RD.3.0.	Refused you service?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_STIGMA2C:		Refused you service.	
Skip_STIGMA2A, 2B, 2C:		If STIGMA2A (exhibited hostility or lack of respect), STIGMA2B (given you less attention), or STIGMA2C (refused you service) are 1 (yes), then go to STIGMA3A (your HIV infection). Else, skip to next topic (Skip_PLV_EX_9).	
STIGMA3A	RD.4.0.	Did the discrimination occur because of your HIV infection?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_STIGMA3A:		Your HIV infection.	
STIGMA3B	RD.5.0.	Did the discrimination occur because of your gender?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_STIGMA3B:		Your gender.	
STIGMC_5	RD.6.0.	Did the discrimination occur because of your sexual orientation or sexual practices?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_STIGMA3C:		Your sexual orientation and practices.	
STIGMA3D	RD.7.0.	Did the discrimination occur because of your race or ethnicity?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_STIGMA3D:		Your race or ethnicity.	
Skip_STIGMA3E:		If EVERINJ (ever used injection drugs) is 1 (yes), then go to STIGMA3E. Else, skip to next topic (Skip_PLV_EX_9).	
STIGMA3E	RD.8.0.	Did the discrimination occur because of your drug injecting habit?	
		No	0
		Yes	1

	Refused to answer	7
	Don’t know	8
Label_STIGMA3E:	Your drug injecting habit.	

Gynecological and reproductive history (G)

Skip_PLV_EX_9		If BIRTGEN (sex at birth) and GENDER (gender) = 2 (Female), then go to Calculation_ST_OBGYN; else, skip to next topic (CO_BORN).
Calculation_ST_OBGYN		Start time of gynecological and reproductive history module ST_OBGYN = current time.
Label_ST_OBGYN		Start gynecological and reproductive history

Gynecological care (GH)

Intro_PLV_EX_9		"I'm now going to ask some questions about pelvic exams and Pap smears. A pelvic exam is a vaginal examination. A Pap smear, also called a cervical cancer test or Pap test, is a test used to check for cancer of the cervix. Often a pelvic exam and Pap smear are performed at the same time."
PLV_EX_9	GH.1.0.	During the **past 12 months**, have you had a pelvic examination? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_PLV_EX_9		Pelvic exam
PAP_EX_9	GH.2.0.	During the **past 12 months**, have you had a Pap smear? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_PAP_EX_9		Pap smear

Contraception (GC)

Skip_GC.1.0.series		If SX_TMPN4 (number of male partners) is ≥ 1, then go to BIRCOAN3; else, skip to next topic (CO_BORN).
Intro1_BIRCOAN3		"I'm going to read a list of ways that people prevent pregnancy. As I read each one, tell me if you've used it during the **past 12 months**. Answer "Yes" even if you've only used it once."
Intro2_BIRCOAN3	GC.1. series	"Have you used this method to prevent pregnancy during the **past 12 months**?"
BIRCOAN3	GC.1.1.	Male condom, also called a "rubber" No 0 Yes 1 Refused to answer 7 Don't know 8
Label_BIRCOAN3		Male condom, also called a "rubber"

BIRCOBN3	GC.1.2.	Female condom	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOBN3		Female condom	
BIRCOCN3	GC.1.3.	Diaphragm, cervical cap, or cervical sponge	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOCN3		Diaphragm, cervical cap, or cervical sponge	
BIRCODN3	GC.1.4.	Spermicidal foam or jelly	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCODN3		Spermicidal foam or jelly	
BIRCOEN3	GC.1.5.	Depo-Provera,® which is an injection	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOEN3		Depo-Provera,® which is an injection	
BIRCOFN3	GC.1.6.	Hormonal implants such as Implanon® or Nexplanon®	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOFN3		Hormonal implants such as Implanon® or Nexplanon®	
BIRCOGN3	GC.1.7.	Birth control pills	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOGN3		Birth control pills	
BIRCOHN3	GC.1.8.	Contraceptive patch, for example, Ortho Evra®)	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOHN3		Contraceptive patch, for example, Ortho Evra®	

BIRCOIN3	GC.1.9.	Contraceptive ring, for example NuvaRing®	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOIN3		Contraceptive ring, for example NuvaRing®	
BIRCOJN3	GC.1.10.	Intrauterine device or IUD, which comes as a coil or loop, for example, Mirena® or Paraguard®	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOJN3		Intrauterine device or IUD, which comes as a coil or loop, for example, Mirena® or Paraguard®	
BIRCOKN3	GC.1.11	Emergency contraception or "morning after pill"	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOKN3		Emergency contraception or "morning after pill"	
BIRCOLN3	GC.1.12.	Withdrawal, also called "pulling out"	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOLN3		Withdrawal, also called "pulling out"	
BIRCOMN3	GC.1.13.	Abstinence, which is not having sex	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOMN3		Abstinence, which is not having sex	
BIRCONN3	GC.1.14.	Post-menopausal, meaning that you don't have periods anymore	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCONN3		Post-menopausal, meaning that you don't have periods anymore	
BIRCOON3	GC.1.15.	Tubal sterilization, which is having your "tubes tied," or a hysterectomy, which is having your uterus removed	
		No	0

		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOON3		Tubal sterilization, which is having your "tubes tied," or a hysterectomy, which is having your uterus removed	
BIRCOPN3	GC.1.16.	Partner's vasectomy	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_BIRCOPN3		Partner's vasectomy	

Reproductive history (GR)

Number of pregnancies

Skip_PREG_9		If POS1S_9 (date first tested positive) is 7 (refused to answer) or 8 (don't know), then skip Intro_PREG_9 (number of times pregnant) AND PREG_9 (number of times pregnant) READ, "Since testing positive for HIV, how many times have you been pregnant?"	
PREG_9	GR.1.0.	Since testing positive for HIV in __ __/__ __ __ __ [INSERT POS1S_9 (date of first positive test)], how many times have you been pregnant? ___ ___ ___ [777 = Refused to answer, 888 = Don't know]	
Label_PREG_9 Range_PREG_9		Number of times pregnant 0–100	
Skip_INTT1N3		If PREG_9 (number of times pregnant) = 0, 777 (refused to answer), or 888 (don't know), then skip to next topic (Calculation_ST_FRBRN); else go to Intro_1INTNT1N3.	

First pregnancy

Skip_Intro_1INTNT1N3		If PREG_9 (number of times pregnant) = 1, then skip to INTNT1N3. If PREG_9 (number of times pregnant) = 2–5, then go to Intro_1INTNT1N3. Else, skip toIntro_2INTNT1N3.	
Intro_1INTNT1N3		"Now I'd like to ask you about all of your pregnancies since testing positive for HIV, starting with your first one."	
Intro_2INTNT1N3		"Now I'd like to ask you about your first 5 pregnancies since testing positive for HIV, starting with your first one."	
INTNT1N3	GR.2.0.	For your **1st** pregnancy since testing positive for HIV, were you trying to get pregnant?	
		No	0
		Yes	1

		Refused to answer	7
		Don't know	8
Label_INTNT1N3		1st pregnancy trying to get pregnant.	
OUTCM1N3	GR.2.1.	What was the outcome of this pregnancy? [READ RESPONSES. SELECT ONLY ONE.]	
		Currently pregnant	1
		Live birth	2
		Stillbirth	3
		Miscarriage	4
		Abortion	5
		Refused to answer	7
		Don't know	8
Label_OUTCM1N3 Hard_edit_OUTCM1N3		First pregnancy outcome. If PREG_9 (number of times pregnant) > 1, then OUTCM1N3 cannot be 1 (currently pregnant). If PREG_9 > 1 and OUTCM1N3 is 1 (currently pregnant), then READ "I am asking about the outcome of the very first pregnancy you had." Return to OUTCM1N3.	
Skip_OUTCM1N3		If OUTCM1N3 (first pregnancy outcome) = 1 (Currently pregnant), then skip to DUDT1N3 (first pregnancy due date). Else, go to PDTE1N3 (date of first pregnancy outcome).	
PDTE1N3	GR.2.2.	In what month and year did this outcome occur? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]	
Label_PDTE1N3 QDS_programming_PDTE1N3 Hard_edit_PDTE1N3		Date of first pregnancy outcome. Allow a blank response for month. If month is blank for PDTE1N3 (date of first pregnancy outcome), use the year values for the validation. PDTE1N3 (date of first pregnancy outcome) cannot be earlier than POS1S_9 (date first tested positive). If PDTE1N3 (date of first pregnancy outcome) < POS1S_9 (date of first positive test) then READ, "The outcome date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance.	
Skip_PDTE1N3		If OUTCM1N3 (first pregnancy outcome) = 2 (Live birth), then go to KID1HVN3 (first pregnancy vertical transmission); else Skip to INTNT2N3 (second pregnancy trying to get pregnant).	
KID1HVN3	GR.2.3.	Was the child diagnosed with HIV?	
		No	0
		Yes	1
		Indeterminate	2
		Refused to answer	7
		Don't know	8
Label_KID1HVN3		First pregnancy vertical transmission.	
Skip_KID1HVN3		If PREG_9 (number of times pregnant) >1 Skip to INTNT2N3 (2nd pregnancy	

		trying to get pregnant); else, skip to next topic (CO_BORN).
DUDT1N3	GR.2.4.	What is your due date? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Day: 777 = Refused to answer, 888= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_DUDT1N3 Hard_edit_DUDT1N3		First pregnancy due date DUDT1N3 cannot be earlier than DOB_13 (date of birth) or earlier than POS1S_9 (date first tested positive) or > 10 months after IDATE (interview date). If DUDT1N3 < POS1S_9 (date first tested positive) then READ, "The due date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance. If DUDT1N3 > 10 months after IDATE then READ, "The due date cannot be more than 10 months after IDATE (interview date). Please re-enter date." Do not allow the program to advance.
Skip_INTNT2N3		If PREG_9 (number of times pregnant) >1 Skip to INTNT2N3 (2nd pregnancy trying to get pregnant), else Skip to next topic (CO_BORN).

Second pregnancy

INTNT2N3	GR.3.0.	For the **2nd pregnancy** since testing positive for HIV, were you trying to get pregnant? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_INTNT2N3		2nd pregnancy trying to get pregnant.
OUTCM2N3	GR.3.1.	What was the outcome of this pregnancy? [READ RESPONSES. SELECT ONLY ONE.] Currently pregnant 1 Live birth 2 Stillbirth 3 Miscarriage 4 Abortion 5 Refused to answer 7 Don't know 8
Label_OUTCM2N3 Hard_edit_OUTCM2N3		2nd pregnancy outcome. If PREG_9 (number of times pregnant) > 2, then OUTCM2N3 cannot be 1 (currently pregnant). If PREG_9 > 2 and OUTCM2N3 is 1 (currently pregnant), then READ "I am asking about the outcome of the second pregnancy that you had." Return to OUTCM2N3.
Skip_1PDTE2N3		If OUTCM2N3 is 1 (Currently pregnant), then skip to DUDT2N3 (first pregnancy due date); else go to PDTE2N3 (date of second pregnancy outcome).

PDTE2N3	GR.3.2.	In what month and year did this outcome occur? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_PDTE2N3		Date of second pregnancy outcome.
Skip_2PDTE2N3		If OUTCM2N3 (2nd pregnancy outcome) is 2 (Live birth), then go to KID2HVN3 (2nd pregnancy vertical transmission); else Skip to DUDT2N3 (2nd pregnancy due date).
QDS_prorgamming_KID2HVN3		Allow a blank response for month. If month is blank for PDTE2N3 (date of second pregnancy outcome), use the year values for the validation.
Hard_edit_KID2HVN3		PDTE2N3 (date of second pregnancy outcome) cannot be earlier than DOB_13 (date of birth) or earlier than POS1S_9 (date first tested positive). If PDTE2N3 (date of second pregnancy outcome) < DOB_13 (date of birth) then READ, "The outcome date cannot be earlier than respondent's date of birth. Please re-enter date." Do not allow the program to advance. If PDTE2N3 (date of second pregnancy outcome) < POS1S_9 (date first tested positive) then READ, "The outcome date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance.

KID2HVN3	GR.3.3.	Was the child diagnosed with HIV? [READ RESPONSES. SELECT ONLY ONE.]	
		No	0
		Yes	1
		Indeterminate	2
		Refused to answer	7
		Don't know	8
Label_KID2HVN3		Second pregnancy vertical transmission.	
Skip_KID2HVN3		If PREG_9 (number of times pregnant) >2 Skip to INTNT3N3 (3rd pregnancy trying to get pregnant), else Skip to next topic (CO_BORN).	

DUDT2N3	GR.3.4.	What is your due date? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Day: 777 = Refused to answer, 888= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_DUDT2N3		2nd pregnancy due date
Skip_DUDT2N3		If PREG_9 (number of times pregnant) > 2 go to INTNT3N3 (3rd pregnancy trying to get pregnant), else Skip to next topic (CO_BORN).
Hard_edit_DUDT2N3		DUDT2N3 cannot be earlier than DOB_13 or earlier than POS1S_9 (date first tested positive) or > 10 months after IDATE (interview date). If DUDT2N3 < DOB_13 then READ, "The due date cannot be earlier than respondent's date of birth. Please re-enter date." Do not allow the program to advance. If DUDT2N3 < POS1S_9 then READ, "The due date cannot be earlier than the

		date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance. If DUDT2N3 > 10 months after IDATE then READ, “The due date cannot be more than 10 months after the interview date. Please re-enter date." Do not allow the program to advance.

Third pregnancy

INTNT3N3	GR.4.0.	For the 3rd pregnancy since testing positive for HIV, were you trying to get pregnant? No 0 Yes 1 Refused to answer 7 Don’t know 8
Label_INTNT3N3		3rd pregnancy trying to get pregnant.
OUTCM3N3	GR.4.1.	What was the outcome of this pregnancy? [READ RESPONSES. SELECT ONLY ONE.] Currently pregnant 1 Live birth 2 Stillbirth 3 Miscarriage 4 Abortion 5 Refused to answer 7 Don’t know 8
Label_OUTCM3N3 Hard_edit_OUTCM3N3		3rd pregnancy outcome. If PREG_9 (number of times pregnant) > 3, then OUTCM3N3 cannot be 1 (currently pregnant). If PREG_9 > 3 and OUTCM3N3 is 1 (currently pregnant), then READ “I am asking about the outcome of the third pregnancy that you had.” Return to OUTCM3N3.
Skip_OUTCM3N3		If OUTCM3N3 = 1 (Currently pregnant), then skip to DUDT3N3.
PDTE3N3	GR.4.2.	In what month and year did this outcome occur? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don’t know; Year: 7777 = Refused to answer, 8888 = Don’t know]
Label_PDTE3N3 QDS_programming_PDTE3N3 Hard_edit_PDTE3N3		Date of third pregnancy outcome. Allow a blank response for month. If month is blank for PDTE3N3 (date of third pregnancy outcome), use the year values for the validation. PDTE3N3 (date of third pregnancy outcome) cannot be earlier than DOB_13 (date of birth) or earlier than POS1S_9 (date first tested positive). If PDTE3N3 (date of third pregnancy outcome) < DOB_13 (date of birth) then READ, “The outcome date cannot be earlier than respondent's date of birth. Please re-enter date.” Do not allow the program to advance. If PDTE3N3 (date of third pregnancy outcome) < POS1S_9 (date of first positive

		test) then READ, "The outcome date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance.
Skip_PDTE3N3		If OUTCM1N = 2 (Live birth), then go to KID3HVN3; else Skip to INTNT4N3 (4th pregnancy trying to get pregnant). If PREG_9 (number of times pregnant) > 3, then skip to next topic (CO_BORN). If PREG_9 (number of times pregnant) = 3, then skip to INTNT4N3.
KID3HVN3	GR.4.3.	Was the child diagnosed with HIV? [READ RESPONSES. SELECT ONLY ONE.] No 0 Yes 1 Indeterminate 2 Refused to answer 7 Don't know 8
Label_KID3HVN3		Third pregnancy vertical transmission.
Skip_KID3HVN3		If PREG_9 (number of times pregnant) > 3, go to INTNT4N3 (4th pregnancy trying to get pregnant), else Skip to next topic (CO_BORN).
DUDT3N3	GR.4.4.	What is your due date? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Day: 777 = Refused to answer, 888= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_DUDT3N3 Hard_edit_DUDT3N3		3rd pregnancy due date DUDT3N3 cannot be earlier than DOB_13 (date of birth) or earlier than POS1S_9 (date first tested positive) or > 10 months after IDATE (interview date). If DUDT3N3 < DOB_13 then READ, "The due date cannot be earlier than respondent's date of birth. Please re-enter date." Do not allow the program to advance. If DUDT3N3 < POS1S_9 (date first tested positive) then READ, "The due date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance. If DUDT3N3 > 10 months after IDATE then READ, "The due date cannot be more than 10 months after the interview date. Please re-enter date." Do not allow the program to advance.
Skip_DUDT3N3		If PREG_9 (number of times pregnant) > 3, go to INTNT4N3 (4th pregnancy trying to get pregnant), else Skip to next topic (CO_BORN).

Fourth pregnancy

INTNT4N3	GR.5.0.	For the **4th pregnancy** since testing positive for HIV, were you trying to get pregnant? No 0 Yes 1 Refused to answer 7 Don't know 8

Label_INTNT4N3		4th pregnancy trying to get pregnant.
OUTCM4N3	GR.5.1.	What was the outcome of this pregnancy? [READ RESPONSES. SELECT ONLY ONE.] Currently pregnant 1 Live birth 2 Stillbirth 3 Miscarriage 4 Abortion 5 Refused to answer 7 Don't know 8
Label_OUTCM4N3 Hard_edit_OUTCM4N3		4th pregnancy outcome If PREG_9 (number of times pregnant) > 4, then OUTCM4N3 cannot be 1 (currently pregnant). If PREG_9 > 4 and OUTCM4N3 is 1 (currently pregnant), then READ "I am asking about the outcome of the fourth pregnancy that you had." Return to OUTCM4N3.
Skip_OUTCM4N3		If OUTCM4N3 is 1 (Currently pregnant), then skip to DUDT4N3. Else, go to PDTE4N3 (date of fourth pregnancy outcome).
PDTE4N3	GR.5.2.	In what month and year did this outcome occur? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_PDTE4N3 QDS_programming_PDTE4N3 Hard_edit_PDTE4N3		Date of fourth pregnancy outcome Allow a blank response for month. If month is blank for PDTE4N3 (date of fourth pregnancy outcome), use the year values for the validation. PDTE4N3 (date of fourth pregnancy outcome) cannot be earlier than DOB_13 (date of birth) or earlier than POS1S_9 (date first tested positive). If PDTE4N3 (date of fourth pregnancy outcome) < DOB_13 (date of birth), then READ, "The outcome date cannot be earlier than respondent's date of birth. Please re-enter date." Do not allow the program to advance. If PDTE4N3 (date of fourth pregnancy outcome) < POS1S_9 (date first tested positive) then READ, "The outcome date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance.
Skip_PDTE4N3		If OUTCM4N3] was 2 (Live birth), then go to KID4HVN3; else Skip to INTNT5N3 (5th pregnancy trying to get pregnant). If Preg_9 (number of times pregnant) > 3, skip to next topic (CO_BORN).
KID4HVN3	GR.5.3.	Was the child diagnosed with HIV? [READ RESPONSES. SELECT ONLY ONE.] No 0 Yes 1 Indeterminate 2 Refused to answer 7 Don't know 8

Label_KID4HVN3		4th pregnancy vertical transmission.
Skip_KID4HVN3		If Preg_9 (number of times pregnant)>3 go to INTNT5N3 (5th pregnancy trying to get pregnant), else Skip to next topic (CO_BORN).
DUDT4N3	GR.5.4.	What is your due date? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Day: 777 = Refused to answer, 888= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_DUDT4N3 Hard_edit_DUDT4N3		4th pregnancy due date DUDT4N3 cannot be earlier than DOB_13 (date of birth) or earlier than POS1S_9 (date first tested positive) or > 10 months after IDATE (interview date). If DUDT4N3 < DOB_13 then READ, "The due date cannot be earlier than respondent's date of birth. Please re-enter date." Do not allow the program to advance. If DUDT4N3 < POS1S_9 (date first tested positive) then READ, "The due date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance. If DUDT4N3 > 10 months after IDATE then READ, "The due date cannot be more than 10 months after the interview date. Please re-enter date." Do not allow the program to advance.
Skip_DUDT4N3		If Preg_9 (number of times pregnant)>3 go to INTNT5N3 (5th pregnancy trying to get pregnant), else Skip to next topic (CO_BORN).

Fifth pregnancy

INTNT5N3	GR.6.0.	For the **5th pregnancy** since testing positive for HIV, were you trying to get pregnant? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_INTNT5N3		5th pregnancy trying to get pregnant
OUTCM5N3	GR.6.1.	What was the outcome of this pregnancy? Currently pregnant 1 Live birth 2 Stillbirth 3 Miscarriage 4 Abortion 5 Refused to answer 7 Don't know 8
Label_OUTCM5N3 Hard_edit_OUTCM5N3		5th pregnancy outcome If PREG_9 (number of times pregnant) > 5, then OUTCM5N3 cannot be 1 (currently pregnant). If PREG_9 > 5 and OUTCM5N3 is 1 (currently pregnant), then READ "I am asking about the outcome of the fifth pregnancy that you

		had." Return to OUTCM5N3.
Skip_OUTCM4N3		If OUTCM5N3 is 1 (Currently pregnant), then skip to next topic (CO_BORN). Else, go to PDTE5N3 (date of fifth pregnancy outcome).
PDTE5N3	GR.6.2.	In what month and year did this outcome occur? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_PDTE5N3 QDS_programming_PDTE5N3 Hard_edit_PDTE5N3		Date of fifth pregnancy outcome Allow a blank response for month. PDTE5N3 (date of fifth pregnancy outcome) cannot be earlier than DOB_13 (date of birth) or earlier than POS1S_9 (date first tested positive). If PDTE5N3 (date of fifth pregnancy outcome) < DOB_13 (date of birth) then READ, "The outcome date cannot be earlier than respondent's date of birth. Please re-enter date." Do not allow the program to advance. If PDTE5N3 (date of fifth pregnancy outcome) < POS1S_9 (date first tested positive) then READ, "The outcome date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date." Do not allow the program to advance. If month is blank for PDT53N3 (date of fifth pregnancy outcome), use the year values for the validation.
Skip_PDTE5N3		If OUTCM5N3] was 2 (Live birth), then go to KID5HVN3; else Skip to next topic (CO_BORN). If Preg_9 (number of times pregnant)>3 or Skip to next topic (CO_BORN) if Preg_9 (number of times pregnant) = 3.
KID5HVN3	GR.6.3.	Was the child diagnosed with HIV? No 0 Yes 1 Indeterminate 2 Refused to answer 7 Don't know 8
Label_KID5HVN3		5th pregnancy vertical transmission.
Skip_KID5HVN3		If Preg_9 (number of times pregnant)>3 go to next topic (CO_BORN), else Skip to next topic (CO_BORN).
DUDT5N3	GR.6.4.	What is your due date? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Day: 777 = Refused to answer, 888= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_DUDT5N3 Hard_edit_DUDT5N3		5th pregnancy due date DUDT5N3 cannot be earlier than DOB_13 (date of birth) or earlier than POS1S_9 (date first tested positive) or > 10 months after IDATE (interview date). If DUDT5N3 < DOB_13 then READ, "The due date cannot be earlier than respondent's date of birth. Please re-enter date." Do not allow the program to

	advance. If DUDT5N3 < POS1S_9 (date first tested positive) then READ, “The due date cannot be earlier than the date of respondent's first positive HIV test. Please re-enter date.” Do not allow the program to advance. If DUDT5N3 > 10 months after IDATE then READ, “The due date cannot be more than 10 months after the interview date. Please re-enter date.” Do not allow the program to advance.

Foreign-born and immigration (L)

Calculation_ST_FRBRN		Start time of foreign-born and language ability module ST_FRBRN = Current time
Label_ST_FRBRN		Start foreign-born and language ability.

Foreign born (LF)

Intro_CO_BORN		"Now I'm going to ask you about where you were born."
CO_BORN	LF.1.0.	In what country or territory were you born? [DON'T READ RESPONSES. SELECT ONLY ONE.] United States 1 Puerto Rico 2 Mexico 3 Cuba 4 Other 5 Refused to answer 7 Don't know 8
Label_CO_BORN		Country or territory of birth
Skip_1CO_BORN		If CO_BORN is 5 (other), then go to OTCTRY. Else, skip to Skip_2CO_BORN
OTCTRY		Specify other country _____
Label_OTCTRY		Other specify-country or territory of birth
Skip_2CO_BORN		If CO_BORN is 1 (United States), 7 (refused to answer), or 8 (don't know), then skip to Health conditions and preventive therapy (Calculation_ST_HLTCN). Else go to US_YRS.
US_YRS	F.1.1.	How many years have you been living in the United States? ___ ___ ___ [Years: 777 = Refused to answer, 888 = Don't know]
Label_US_YRS		Years living in the US
Interviewer_note_US_YRS		DISPLAY: If years living in the U.S. are less than 1 year, enter 0.
Range_US_YRS Hard_edit_US_YRS		0–110. US_YRS must be ≤ AGEIDATE (respondent's age at the date of the interview). If US_YRS is > than AGEIDATE, then READ, "The number of years you have been living in the United States cannot be greater than your age." The program should return to US_YRS.

Immigration status (LI)

Intro_CIT_N5		"The next questions are about United States citizenship and permanent residency status. These questions don't determine if someone is in the country legally. Your personal information will not be shared with anyone."

CIT_N5	LI.1.0.	Are you currently a United States citizen?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ CIT_N5		US citizenship.	
Skip_ CIT_N5		If CIT_N5= 1 (yes), then skip to next topic (Intro_HPV_EVR).	

GC_N5	LI.1.1.	Are you a permanent resident, that is, do you have a green card?	
		No	0
		Yes	1
		Refused to answer	7
		Don't know	8
Label_ GC_N5		Permanent resident	

Health conditions and preventive therapy (C)

Calculation_ST_ HLTCN		Start time of health conditions and preventive therapy module ST_ HLTCN = Current time
Label_ST_ HLTCN		Start health conditions and preventive therapy.

HPV (CP)

Intro_HPV_EVR		"Now I'm going to ask about vaccinations. To begin, I'm going to ask about the human papillomavirus or HPV vaccine. Other names for this vaccine are Gardasil and Cervarix."
HPV_EVR	CP.1.0.	Have you **ever** had a vaccine for HPV? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_HPV_EVR		Ever had vaccine for HPV.

Tuberculosis (CT)

Intro_TESTPN13		"Now I am going to ask you about tuberculosis, also called TB."
TESTPN13	CT.1.0.	Have you **ever** had a skin test for TB, sometimes called a PPD, or a blood test for TB? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_TESTPN13		Ever had TB skin or blood test.
Skip_TESTPN13		If TESTPN13 = 0 (no), 7 (refused to answer), or 8 (don't know), then skip to next topic (VACFL_10). Else, go to PPDMYN3.
PPDMYN3	CT.1.1.	What month and year did you have your **most recent** TB skin or blood test? ☐ ☐ / ☐ ☐ ☐ ☐ M M Y Y Y Y [Month: 77 = Refused to answer, 88= Don't know; Year: 7777 = Refused to answer, 8888 = Don't know]
Label_PPDMYN3		Date of most recent TB test.
QDS_programming_PPDMYN3		Allow a blank response for month.
Hard_edit_PPDMYN3		PPDMYN3 (date of most recent TB test) cannot be **earlier** than DOB_13 (date of birth) or **later** than the IDATE (date of interview). If PPDMYN3 (date of most recent TB test) is **earlier** than DOB_13 (date of birth), then READ, "Your most recent TB test cannot be earlier than your date of

		birth." Return to PPDMYN3. If PPDMYN3 (date of most recent TB test) is **later** than the IDATE (date of interview), then READ, "Your most recent TB test cannot be later than today." Return to PPDMYN3.
PP_PSN13	CT.1.2.	Have you **ever** had a positive skin test or blood test for TB? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_PP_PSN13		Ever had a positive TB skin or blood test.
Intro_ACTVTBN3		"TB can live in the body for a long time without making a person sick, and the only way we might know about it is through a skin or blood test. When TB does make a person sick, we call it active TB."
ACTVTBN3	CT.1.3.	Have you **ever** been diagnosed with active TB? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_ACTVTBN3		Diagnosed with active TB.

Influenza (CF)

VACFL_10	CF.1.0.	During the **past 12 months**, did you get a vaccine or shot to protect you from seasonal flu? No 0 Yes 1 Refused to answer 7 Don't know 8
Label_VACFL_10		Influenza vaccination past 12 months.
Skip_VACFL_10		If VACFL_10 = 0 (no), 7 (refused to answer) or 8 (don't know), then skip to next topic (Intro_EE). Else, go to LOCVA_10.
LOCVA_10	CF.1.1.	Where did you get your **most recent** seasonal flu vaccine? [READ RESPONSES. SELECT ONLY ONE.] Doctor's office 1 Health department clinic 2 Drugstore or store (i.e. CVS, Walgreens, Target) 3 Employer 4 Other 5 Refused to answer 7 Don't know 8
Label_LOCVA_10		Type of place influenza vaccination received.

Skip_LOCVA_10	If LOCVA_10 is 5 (other), then go to LOC_10OS. Else, skip to next topic (Calculation_ST_COMPL).
LOC_10OS	Please tell me the type of place where you got your influenza vaccination. _____
Label_LOC_10OS	Other specify-type of place influenza vaccination received.

Interview completion (E)

Calculation_ST_COMPL	End time of interview ST_COMP = Current time
Label_ST_COMP	End interview

End of Interview (EE)

Intro_EE	"Thank you again for taking part in this interview. Please remember that all the information you have given me will be kept confidential."
Interviewer_note_EE	DISPLAY: Offer assistance with information and resources, according to local protocol, but please be sure to record this information below. Don't pay the respondent if the respondent already participated in an MMP interview during the [INSERT CYCLE YEAR] data collection cycle OR the respondent is ≤ 18 years old. Pay the respondent if the interview was partially or fully completed.

Data Validity (EV)

CONF	EV.1.0.	How confident are you of the validity of the respondent's answers?	
		Confident	1
		Some doubts	2
		Not confident at all	3
		Refused to answer	7
		Don't know	8
Label_CONF		Validity confidence	
ADDCOM1	EV.2.0.	Record any additional comments, including disruptions that might have taken place during the interview, reason the interview might have been stopped, or why the respondent's answers may not have been reliable. _____	
Label_ADDCOM1		Additional comments	
QDS_programming_ADDCOM1		Include a 6 (not applicable) response option.	

Referrals and follow-up (EO)

RFLNK_N5	EO.1.0.	Which of the following resources were or will be offered to the respondent to facilitate linkage or re-engagement in care?	
		Give written information about HIV care providers	1
		Make appointment for respondent	2
		Arrange transportation to appointment for respondent	3
		Arrange for someone to accompany respondent to care appointment	4
		Refer to case manager	5
		Refer to patient navigator	6
		Refer to other partner	7
		Other	8
		No intervention offered	9
Label_RFLNK_N5		Referrals for care linkage or re-engagement	
Skip_RFLNK_N5		If RFLNK_N5 is 8 (other), then go to RFLNOSN5. Else, skip to RFANS_N5 (referrals for ancillary services).	
RFLNOSN5		Specify referrals for care linkage or re-engagement _____	
RFANS_N5	EO.2.0.	Which of the following additional resources were or will be offered to the respondent? [SELECT ALL THAT APPLY.]	
		HIV case management services	1
		Adherence counseling	2
		ADAP	3
		Patient navigation	4
		HIV peer group support	5
		Dental care	6
		Drug or alcohol counseling or treatment	7
		Mental health services	8
		Transportation	9
		Shelter or housing services	10
		SSI	11
		SSDI	12
		Food assistance	13
		Meal or food services	14
		Domestic violence services	15
		Interpreter services	16
		A lawyer or legal services	17
		Tobacco cessation services	18
		No referrals provided	19
Label_RFANS_N5		referrals for ancillary services	

2014 Calendar

January

S	M	T	W	R	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

February

S	M	T	W	R	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	

March

S	M	T	W	R	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April

S	M	T	W	R	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

May

S	M	T	W	R	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

June

S	M	T	W	R	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

July

S	M	T	W	R	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

August

S	M	T	W	R	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September

S	M	T	W	R	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October

S	M	T	W	R	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November

S	M	T	W	R	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December

S	M	T	W	R	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
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2015 Calendar

January

S	M	T	W	R	F	S
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4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February

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March

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May

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June

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July

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August

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September

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November

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December

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2016 Calendar

January

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February

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May

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June

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July

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August

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September

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October

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November

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27	28	29	30			

December

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11	12	13	14	15	16	17
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2017 Calendar

January

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1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
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February

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March

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April

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May

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28	29	30	31			

June

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18	19	20	21	22	23	24
25	26	27	28	29	30	

July

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9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
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August

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3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November

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December

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					1	2
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10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Response cards

Response Cards

Response Card A

	Monthly Household Income		Yearly Household Income
a.	$0 to $416 per month	or	$0 to $4,999 per year
b.	$417 to $833 per month	or	$5,000 to $9,999 per year
c.	$834 to $1041 per month	or	$10,000 to $12,499 per year
d.	$1042 to $1249 per month	or	$12,500 to $14,999 per year
e.	$1250 to $1666 per month	or	$15,000 to $19,999 per year
f.	$1667 to $2083 per month	or	$20,000 to $24,999 per year
g.	$2084 to $2499 per month	or	$25,000 to $29,999 per year
h.	$2500 to $2916 per month	or	$30,000 to $34,999 per year
i.	$2917 to $3333 per month	or	$35,000 to $39,999 per year
j.	$3334 to $4166 per month	or	$40,000 to $49,999 per year
k.	$4167 to $4999 per month	or	$50,000 to $59,999 per year
l.	$5000 to $6249 per month	or	$60,000 to $74,999 per year
m.	$6250 or more per month	or	$75,000 or more per year

Response Card B

	Individual Monthly Income		Individual Yearly Income
a.	$0 to $416 per month	or	$0 to $4,999 per year
b.	$417 to $833 per month	or	$5,000 to $9,999 per year
c.	$834 to $1041 per month	or	$10,000 to $12,499 per year

d.	$1042 to $1249 per month	or	$12,500 to $14,999 per year
e.	$1250 to $1666 per month	or	$15,000 to $19,999 per year
f.	$1667 to $2083 per month	or	$20,000 to $24,999 per year
g.	$2084 to $2499 per month	or	$25,000 to $29,999 per year
h.	$2500 to $2916 per month	or	$30,000 to $34,999 per year
i.	$2917 to $3333 per month	or	$35,000 to $39,999 per year
j.	$3334 to $4166 per month	or	$40,000 to $49,999 per year
k.	$4167 to $4999 per month	or	$50,000 to $59,999 per year
l.	$5000 to $6249 per month	or	$60,000 to $74,999 per year
m.	$6250 to $8332 per month	or	$75,000 to $99,999 per year
n.	$8333 or $12499 per month	or	$100,000 to $149,999 per year
o.	$12500 or $16666 per month	or	$150,000 to $199,999 per year
p.	$16667 or $20832 per month	or	$200,000 to $249,999 per year
q.	$20833 or more per month	or	$250,000 or more per year

Response Card C

Never

Rarely

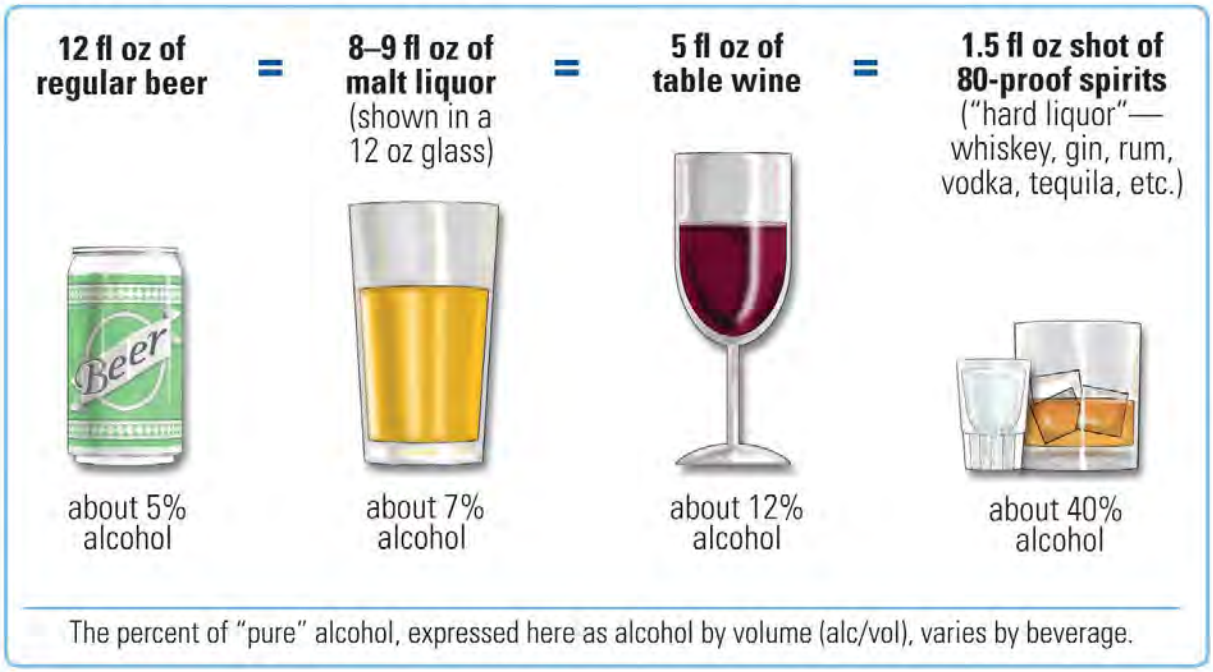
About half the time

Most of the time

Always

Response Card D
Not at all Several days More than half the days Nearly every day
Response Card E
≤24 years old 25-29 years old 30-34 years old 35-39 years old 40-44 years old 45-49 years old >=50 years old
Response Card F
Strongly disagree Somewhat disagree Neutral Somewhat agree Strongly agree
Response Card G
Daily Weekly Monthly Less than monthly

Never
Alcohol Response Card



Appendix E.2
MMP 2015 Interview Questionnaire-Spanish
Medical Monitoring Project

Número OMB: 0920-0740
Fecha de vencimiento: PLACEHOLDER

Cuestionario estándar del Proyecto de monitoreo médico (MMP) del 2015-2017

VERSIÓN 11.4.1

Se calcula que la carga pública reportada para recopilar esta información es un promedio de 45 minutos por respuesta, e incluye el tiempo invertido en revisar las instrucciones, buscar las fuentes de información existentes, recopilar y mantener los datos necesarios, y concluir y revisar el proceso de recolección de la información. Ninguna agencia puede realizar ni patrocinar la recopilación de información y no se le pedirá a ninguna persona que responda las preguntas en los formularios de solicitud de información, a menos que estos contengan un número de control OMB válido y vigente. Envíe sus comentarios con respecto a la forma en que se calcula este tiempo dedicado por el gobierno o sobre cualquier otro aspecto de esta recopilación de información, incluidas sus sugerencias para reducir la cantidad de tiempo dedicado, a: CDC, Project Clearance Officer, 1600 Clifton Road, MS D-74, Atlanta, GA 30329, ATTN: PRA (0920-0740). No envíe el formulario lleno a esta dirección.

DEPARTAMENTO DE SALUD Y SERVICIOS HUMANOS
Servicio de Salud Pública
Centros para el Control y la Prevención de Enfermedades
Atlanta, GA 30033

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Survey documentation

MS Word document key

Grey cell	Grey shaded cells are used to indicate interviewer instructions including skip patterns. Color white, background 1, darker 15%. If "interviewer_note_," "Skip_," then shade table cell using the following color: white, background 1, darker 15%.
Aqua blue cell	Aqua blue shaded cells are used to indicate QDS programming note. Color aqua, accent 5, and lighter 80%. If "label_", "calculation_", "range_", "QDS_programming_," "hard_edit_," "soft_edit_," then shade table cell using the following color: aqua, accent 5, lighter 80%.
Dark red font	Dark red font indicates a previously used variable. Color accent 2, darker 50%.
Olive green font	Olive green font indicates a new variable: Color olive green, accent 3, darker 50%.
Grey font	Grey font indicates that the interviewer should not read the response set to respondent.
Bold	Bold text indicates time references.
Underline	Text that is underlined indicates words that are to be emphasized.
Numbering	1st character is an alpha value indicating each module (e.g., Eligibility Criteria is **Y**) 2nd character is an alpha value indicating the question topic (e.g., Age is Y**A**) 3rd character is a numeric value indicating the question number (e.g., YA**1**) 4th character is a numeric value indicating whether the question is a stem question (e.g., YA1.**0**.) or a sub-question (e.g., YA1.**1**.). 0 denotes that the question is a stem question and 1, 2, 3… denotes that the question is a sub-question.
Table cell width	7 inches

Variable naming conventions

New variable convention	New variable name will end with the letter N and a number that corresponds to the data collection cycle. For example ABCN5 would indicate this is a new variable for the 2015 cycle. This convention was instituted in the 2013 cycle.
Revised variable convention	At the end of the variable_5 will indicate that the question was revised in some way during the 2015 cycle. Example: ABCN3_5 Note that_5 is placed after N3. The_5 denotes the 2015 data collection cycle. This convention was instituted in the 2009 cycle.
Other specify variable conventions	All other specify variables end in OS. A new variable that was changed in a later cycle with an "other specify" option will read as follows: ABC3_5OS.
New specifications convention	New specifications name will begin with the letter N and a number that corresponds to the data collection cycle. For example Intro_N5_ABCN4 would indicate this is a new specification for the 2015 cycle, but the variable was

	created in 2014 and remained unchanged in 2015. This convention was instituted in the 2015 cycle.
Revised specifications convention	At the beginning of the specifications an_5 will indicate that the specification was revised in some way during the 2015 cycle. Example: Intro_5_ABCN3 where the intro was changed in the 2015 cycle, but the variable was created in the 2013 cycle and remains the same. Note that_5 is placed before the variable. The_5 denotes the 2015 data collection cycle. This convention was instituted in the 2015 cycle.

QDS programming notes

Additional programming notes are located throughout the questionnaire.

Standard codes	No sabe = 8, Ref = 7, No aplica = 6.
Intro_[INSERT VARIABLE NAME]	Use for any Introductory statements prior to a question or section. These are coded as separate boxes before the question.
Label_[INSERT VARIABLE NAME]	Use for all variable labels.
Range_[INSERT VARIABLE NAME]	Use for all range values.
Skip_[INSERT VARIABLE NAME]	Use for skip logic instructions. Skips are notes for the interviewers, but also provide coding instructions.
Soft_edit_[INSERT VARIABLE NAME]	Use for all soft edit checks where the program can advance without a corrected response.
Hard_edit_[INSERT VARIABLE NAME]	Use for all hard edit checks where the program does not move forward without a corrected response.
Calculation_[INSERT VARIABLE NAME]	Use for all calculated variables and explanation of how the variable will be used.
Analysis_[INSERT VARIABLE NAME]	Use for analysis. These calculations will not be made in the survey software application.
Interviewer_note_[INSERT VARIABLE NAME]	Use for all instructions for the interviewer that are not read aloud to the respondent
QDS_programming_[INSERT VARIABLE NAME]	Use for all other notes not described above.
Version	Use Questionnaire Development System 2.6.1 along with most recent patch.
Advancing	Every question requires a response to move forward in the application unless noted otherwise.
Dates	All data values should use a similar format as the following: 01/30/2015.
Codebook	The QDS codebook should have a brief description of the variable including all calculated variables. Label module and topics in the codebook. Use the Table of Contents for guidance. Modules are under Heading 1 and sections are under Heading 2 in the MS Word version of the questionnaire.
Text limit	The maximum size of text values is 100 unless noted otherwise.
Screen setting	Recommended CAPI screen setting of at least 1024 by 768.

Calculations

All date variables	Create an automatic variable that is a copy of the date variable. For example, if the variable for date was called DATE, then the automatic variable would look like: a. variable name: TXFORM, b. type of data: String Expression, c. numeric calculation/string expression: DATE.
Calculation_AGEIDATE	Calculate the respondent's age at the time of the interview using DOB_13 (date of birth) and IDATE (interview date).
Label_AGEIDATE	Respondent's age at date of interview.
Calculation_IDATE-12	Calculate the date 12 months prior to IDATE (interview date). Example, if IDATE is 12/02/2016, then IDATE-12 is 12/02/2015.
Label_IDATE-12	12 months prior to interview date.
Calculation_IDATE-7D	Calculate the date 7 days prior to IDATE (interview date). Example, if IDATE is 12/08/2016, then IDATE-7D is 12/01/2016.
Label_IDATE-7D	7 days prior to interview date.
Calculation_LANGUAG	If the English version of the questionnaire is used, then LANGUAG=EN. If the Spanish version of the questionnaire is used, then LANGUAG=SP.
Label_LANGUAG	Language of questionnaire.
Calculation_LAST YEAR	Calculate last calendar year LASTYEAR= (Current year) - 1.
Label_LASTYEAR	Last calendar year.
Calculation_ST_ELIGIB	Calculate start time of eligibility criteria.
Label_ST_ELIGIB	Administration start-time for eligibility criteria.
Calculation_QDSVERN3	Document the QDS version used to create the QAD file. QDSVERN3 = create a calculated variable for QDS version number. For the 2015-2017 cycles, the value is 2.6.1.
Label_QDSVERN3	QDS software version.
Calculation_VERSION	Calculate questionnaire version number using variable name VERSION. This must be updated every time a change is made in the application. 11.X.X.
Label_VERSION	QDS file version.

Información preliminar (I)

Antes de la entrevista (IP)

Intro_IDATE		"Nota para el entrevistador: Ingrese la siguiente información antes de la entrevista".
IDATE	IP.1.0.	Fecha de la entrevista: ☐ ☐/ ☐ ☐ / ☐☐ ☐☐ M M D D A A A A
Label_IDATE		Interview date
QDS_programming_IDATE		Automatically calculate IDATE (interview date) in QDS using the date on the device
Calculation_CLCSDTN5		IDATE — CLCSDTN5 June 1, 2015 – May 31, 2016 — 12/31/2014 June 1, 2016 – May 31, 2017 — 12/31/2015 June 1, 2017 – May 31, 2018 — 12/31/2016 June 1, 2018 – May 31, 2019 — 12/31/2017 June 1, 2019 – May 31, 2020 — 12/31/2018
Label_CLCSDTN5		Date of sample draw based on date of interview
SITEID	IP.2.1.	Núm. de ID de la jurisdicción del muestreo de la persona: ___ ___ ___ ___
Label_SITEID		Site ID where person sampled
Range_SITEID		0001–9999
QDS_programming_SITEID		4 digits with leading 0s
Hard_edit_SITEID		Valid numbers are as follows: 0006, 1600, 0010, 0012, 0013, 3360, 0017, 0018, 4480, 0026, 0028, 0034, 0036, 5600, 0037, 0041, 0042, 6160, 0072, 7360, 0048, 0051, 0053, 0024, 0025, and 0045. Else, LEA: "Núm. de ID del sitio no es válido". Return to SITEID (site ID where person sampled).
Calculation_SJURN5		Name of sampling jurisdiction based on SITEID (site ID where person sampled). SITEID — SJURN5 0006 — California 1600 — Chicago 0010 — Delaware 0012 — Florida 0013 — Georgia 3360 — Houston 0017 — Illinois 0018 — Indiana 0026 — Michigan 4480 — Condado de Los Ángeles 0028 — Misisipi 0037 — Carolina del Norte 0034 — Nueva Jersey

	0036	Nueva York
	5600	Ciudad de Nueva York
	0041	Oregón
	0042	Pensilvania
	6160	Filadelfia
	0072	Puerto Rico
	7360	San Francisco
	0048	Texas
	0051	Virginia
	0053	Washington
Label_SJURN5	Name of sampling jurisdiction	
Calculation_CYGSN5	Calculate guess of cycle using CYGSN5 (cycle year based on date of interview) If the date is June 1, 2015-May 31, 2016, then CYGSN5= 2015. If the date is June 1, 2016-May 31, 2017, then CYGSN5= 2016. If the date is June 1, 2017-May 31, 2018, then CYGSN5= 2017 If the date is June 1, 2018-May 31, 2019, then CYGSN5= 2018. If the date is June 1, 2019-May 31, 2020, then CYGSN5= 2019.	
Label_ CYGSN5	Cycle year based on date of interview	
CYGSVN5	IP.2.2.	Según la fecha actual de [INSERTE IDATE], el año actual de recolección de datos es probablemente [INSERTE CYGSN5]. ¿Correcto? No Sí
Label_CYGSVN5	Verify cycle year guess	
Skip_CYGSVN5	Si CYGSVN5 (verify sampling date) = 1 (Sí), entonces pase a Calculation_5_CYCYR (calculation of cycle year). Si CYGSVN5 (verify cycle year guess) = 0 (no), entonces vaya a CYENTN5 (entered cycle year).	
CYENTN5	IP.2.3.	Introduzca año del ciclo de 4 dígitos: ___ ___ ___ ___
Hard_edit_CYENTN5	The cycle year should be between 2015 and 2030.	
Label_CYENTN5	Entered cycle year	
Calculation_5_CYCYR	If CYGSVN5 (verify cycle year guess) = 1 (Sí), then CYCYR (verified cycle year) = CYGSN5 (cycle year based on date of interview). If CYGSVN5 (verify cycle year guess) = 0 (no), then CYCYR (verified cycle year) = CYENTN5 (entered cycle year).	
Label_CYCYR	Verified cycle year.	
INDID	IP.2.4.	Número de identificación del entrevistado: ___ ___ ___ ___
Label_INDID	Respondent ID	
Range_INDID	0001-9999	
QDS_programming _INDID	4 digits with leading 0s	
Hard_edit_INDID	If number if less than 4 digits, then LEA “El número debe tener	

		cuatro dígitos". Return to INDID (respondent ID).
Calculation_5_PARID		Calculate PARID (participant ID) by combining SITEID (site ID where person sampled) and 09 and last two digits of CYCYR (verified cycle year) and INDID (respondent ID).
Label_PARID		Participant ID
Range_PARID		0000-0000-0001 to 9999-9999-9999
IDCONFN3	IP.2.5.	El número de identificación del participante es__ __ __ __ __-__ __ __ __-__ __ __ __. ¿Correcto? No 0 Sí 1
Label_IDCONFN3		Confirmation of PARID
QDS_programming_IDCONFN3		Program should read dashes after every 4th number for legibility (e.g., "The participant ID is 1111-2222-3333. Is that correct?")
Hard_edit_IDCONFN3		If IDCONFN3 (confirmation of PARID) is 0 (no), then LEA: "Entrevistador: vuelva a ingresar el número de identificación del participante". Return to SITEID (site ID where person sampled).
INTID	IP.3.0.	Número de identificación del entrevistador: ___ ___ ___
Label_INTID		Interviewer ID
Range_INTID		001–999
Hard_edit_INTID		If number if less than 3 digits, then LEA: "El número debe tener tres dígitos". Return to INTID (interviewer ID).
INTSE_12	IP.4.0.	Lugar de la entrevista: [SELECCIONE SOLO UNO] Establecimiento médico ambulatorio 1 Establecimiento médico de internación 2 Prisión o centro carcelario 3 Organización comunitaria 4 Casa privada 5 Lugar público (por ejemplo, cafetería, biblioteca) 6 Departamento de salud 7 Teléfono 8 Otro 9
Label_INTSE_12		Interview setting
SDTVERN5	IP.5.0.	Según la fecha actual de [INSERTE IDATE], la fecha de muestreo para este ciclo de recolección de datos es probablemente [INSERTE CLCSDTN5]. ¿Correcto? No 0 Sí 1
Label_SDTVERN5		Verify sampling date
Skip_SDATEN5		Si SDTVERN5 (verify sampling date) = 1 (Sí), entonces salte a Calculation_CMBOSDN5 (combination sampling date variable). Si

		SDTVERN5 (verify sampling date) = 0 (no), entonces pase a SDATEN5 (date sample was drawn).
SDATEN5	IP.5.1.	Introduzca la fecha de muestreo: ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D A A A A
Range_SDATEN5 Label_SDATEN5 Calculation_CMBOSDN5 Label_CMBOSDN5		1/1/2012 and 12/31/2020 Date sample was drawn If SDTVERN5 (verify sampling date) = 1 (Sí), then CMBOSDN5 (combination sampling date) = CLCSDTN5 (date of sample draw based on date of interview). If SDTVERN5 (verify sampling date) = 0 (no), then CMBOSDN5 (combination sampling date) = SDATEN5 (sampling date). Combination sampling date
IJURN5	IP.6.0	¿Cuál es el núm. de identificación del sitio, de la jurisdicción que completa la entrevista? ___ ___ ___ ___
Label_IJURN5 Range_IJURN5 QDS_programming_IJURN5 Hard_edit_IJURN5		Site ID of jurisd. completing interview 0001–9999 4 digits with leading 0s Valid numbers are as follows: 0006, 1600, 0010, 0012, 0013, 3360, 0017, 0018, 4480, 0026, 0028, 0034, 0036, 5600, 0037, 0041, 0042, 6160, 0072, 7360, 0048, 0051, 0053, 0024, 0025, and 0045. Else, LEA “El núm. de identificación del sitio, de la jurisdicción que completa la entrevista no es válido”. Return to IJURN5 (Site ID of jurisd. completing interview).

Introducción (IN)

Intro_5_SURVEYIN	“Quiero agradecerle por participar en esta entrevista. Recuerde que toda la información que me dé será confidencial y su nombre no aparecerá en las respuestas de la encuesta. Aunque algunas respuestas puedan parecerle obvias, aun así, necesito hacerle todas las preguntas".
Skip_5_SURVEYIN	Si INTSE_12 (interview setting) es 8 (telephone interview), entonces pase a Intro_5_INTROTEL; de lo contrario, salte al siguiente tema (Calculation_ST_INTN5).
Intro_5_INTROTEL	“Usted ha decidido completar esta entrevista por teléfono. Antes de comenzar me gustaría recordarle que hay una serie de tarjetas de respuestas que le voy a pedir que use durante la entrevista. Va a necesitar estas tarjetas para algunas de las preguntas que le voy a hacer durante la entrevista. La serie de tarjetas contiene un calendario, algunas fotos y texto que le ayudará a contestar las preguntas con opciones de respuesta. Cada tarjeta está titulada con una letra. Por favor, tenga a mano estas tarjetas de respuestas para utilizarlas cuando sea necesario. Le diré cuáles preguntas necesitan las tarjetas y la letra de la tarjeta que necesita”.

Criterios de elegibilidad (Y)

Calculation_ST_INTN5	ST_INTN5 = Current time.
Label_ST_INTN5	Start of Interview

Edad (YA)

DOB_13	YA.1.0.	¿Por favor dígame el mes y año de la fecha de su nacimiento?	
		☐ ☐ / ☐ ☐ ☐ ☐	
		M M A A A A	
		[Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]	
Label_DOB_13		Date of birth	
QDS_programming_ DOB_13		DOB_13 (date of birth) requires a response for both the month and year. Partial date is not accepted.	
Skip_DOB_13		Haz las preguntas de verificación de edad para personas con una edad estimada de 18+ años/ -2 meses. Si el encuestado tiene una edad estimada de menos de 18 años menos 2 meses durante la fecha de muestreo (CMBOSDN5 [combination sampling date] menos DOB_13 [date of birth] < 18*365.25-31*2), entonces LEA, "Sólo estoy entrevistando a personas de 18 años o más en [INSERTAR CMBOSDN5 (combination sampling date)] Muchas gracias por su tiempo". Luego salte a Calculation_EN_INTN5 (end of interview). Si DOB_13 (date of birth) es 7 (refused to answer) u 8 (don't know), o si la edad estimada es menos de 18 más 2 meses en la fecha de muestreo (CMBOSDN5 [combination sampling date] menos DOB_13 < 18*365.25+31*2, vaya a AGE_VER1 (age verification). De lo contrario, entonces salte al siguiente tema (PARTCPT, ever participation).	
Hard_edit_DOB_13		DOB_13 (date of birth) cannot be earlier than January 1, 1900. If date is earlier than January 1, 1900, then LEA, "La fecha de nacimiento no puede ser antes que el 1.º de enero de 1900". Return to DOB_13 (date of birth). DOB_13 (date of birth) cannot be later than the IDATE (interview date). If date is later than the IDATE (interview date), then LEA, "La fecha de nacimiento no puede ser después que la fecha de hoy". Return to DOB_13 (date of birth).	
Calculation_DOBAG_13		Calculate age of respondent using DOB_13 (date of birth). Use the 1st of the month to calculate age.	
Label_DOBAG_13		Age of respondent	
AGE_VER1	YA.1.1.	**¿Hoy** tiene usted al menos 18 años de edad?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_AGE_VER1		Age verification	
Skip_AGE_VER1		Si AGE_VER1 (age verification) es 0 (no), 7 (Se negó a contestar), u 8 (no	

		sabe), entonces señale: “Solo estoy entrevistando a personas de 18 años o más. Muchas gracias por su tiempo”. Luego salte a Calculation_EN_INTN5 (end of interview). De lo contrario, pase al siguiente tema (PARTCPT, ever participation).

Participación en el MMP (Proyecto de monitoreo médico) (YM)

PARTCPT	YM.1.0.	¿**Alguna vez** ha participado en una entrevista MMP?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PARTCPT		Ever participation	
Skip_PARTCPT		Si PARTCPT (ever participation) = 1 (Sí), entonces pase a PARTIC (date of participation). Si PARTCPT (ever participation) = 0 (no) u 8 (no sabe), entonces salte al siguiente tema (CURLVN5, current residence). Si PARTCPT (ever participation), es 7 (Se negó a contestar), LEA: "Sólo estoy entrevistando a personas que no han sido entrevistadas durante este año de recolección de datos. Muchas gracias por su tiempo". Salte a Calculation_EN_INTN5 (end time interview).	
PARTIC	YM.1.1.	¿En qué mes y año participó en la entrevista MMP?	
		☐ ☐ / ☐ ☐ ☐ ☐	
		M M A A A A	
		[Month: 77 = Se negó a contestar, 88= No sabe; Year: 7777 = Se negó a contestar, 8888 = No sabe]	
Label_PARTIC		Date participated in MMP	
QDS_programming_PARTIC		Month is not required. Year is required.	
Range_PARTIC		PARTIC (date participated in MMP) cannot be <u>earlier</u> than January 2005 or <u>later</u> than IDATE (interview date).	
CURCYN5	YM.1.2.	Pregunta del entrevistador [NO LEA AL ENTREVISTADO]: ¿Fue entrevistado el participante para MMP durante este año de recolección de datos?	
		No	0
		Sí	1
		No sabe	8
Label_CURCYN5		Interviewed in current cycle	
Skip_CURCYN5		Si CURCYN5 (interviewed in current cycle) es 1 (Sí), LEA, "Sólo estamos entrevistando a personas que no hayan sido entrevistadas durante este año de recolección de datos. Muchas gracias por su tiempo". Salte a Calculation_EN_INTN5 (end time interview). Si PARTCPT (ever participation) es 0 (no) u 8 (no sabe), entonces salte al siguiente tema (CURLVN5, current residence).	

Residencia (YS)

Residencia actual

CURLVN5	YS.1.0.	¿En qué estado vive **actualmente**? [NO LEA LAS OPCIONES. SELECCIONE

		SOLO UNA.]	
		California	1
		Delaware	2
		Florida	3
		Georgia	4
		Illinois	5
		Indiana	6
		Maryland	7
		Massachusetts	8
		Michigan	9
		Misisipi	10
		Nueva Jersey	11
		Nueva York	12
		Carolina del Norte	13
		Oregón	14
		Pensilvania	15
		Puerto Rico	16
		Carolina del Sur	17
		Texas	18
		Virginia	19
		Washington	20
		Cualquier otro estado de los EE. UU. o el D.C.	21
		Fuera de los Estados Unidos o en otro territorio de los EE. UU.	22
		Se negó a contestar	77
		No sabe	88
Label_CURLVN5		Current residence	
Skip_CURLVN5		Si CURLVN5 (current residence) es 1 (California), 5 (Illinois), 12 (Nueva York), 15 (Pensilvania) o 18 (Texas), entonces pase a MMPCTYN5 (MMP city). Si CURLVN5 (current residence) es 77 (se negó a contestar) u 88 (no sabe), entonces salte a SAMPLVN5 (residence on sampling date). Si CURLVN5 (current residence) es 21 (algún otro estado o territorio de los EE. UU.), entonces pase a NONMSTN5 (non-MMP state). Si CURLVN5 (current residence) es 2 (Delaware), 3 (Florida), 4 (Georgia), 6 (Indiana), 7 (Maryland), 8 (Massachusetts), 9 (Michigan), 10 (Misisipi), 11 (Nueva Jersey), 13 (Carolina del Norte), 14 (Oregón), 16 (Puerto Rico), 17 (Carolina del Sur), 19 (Virginia) o 20 (Washington), entonces pase a Intro_LNGLYVN5 (years lived in current residence). Si CURLVN5 (current residence) es 22 (fuera de los Estados Unidos o en otro territorio de los EE. UU.), entonces salte a Intro_LNGLVYN5 (intro to how many years and months have you lived there).	
MMPCTYN5	YS.1.1.	¿En qué ciudad vive **actualmente**? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		Chicago	1
		Houston	2

		Condado de Los Ángeles			3
		Ciudad de Nueva York			4
		Filadelfia			5
		San Francisco			6
		Otra ciudad de los Estados Unidos			7
		Se negó a contestar			77
		No sabe			88
Label_MMPCTYN5		MMP current city of residence			
Hard_edit_MMPCTYN5		Only valid combinations for MMPCTYN5 (MMP city of residence) and CURLVN5 (current residence) are:			
		CURLVN5	**CURLVN5 Description**	**MMPCTYN5**	**MMPCTYN5 Description**
		1	California	3	Los Angeles County
		1	California	6	San Francisco
		1	California	7	Other U.S. City
		1	California	77	Refused
		1	California	88	Don't Know
		5	Illinois	1	Chicago
		5	Illinois	7	Other U.S. City
		5	Illinois	77	Refused
		5	Illinois	88	Don't Know
		12	New York	4	New York City
		12	New York	7	Other U.S. City
		12	New York	77	Refused
		12	New York	88	Don't Know
		15	Pennsylvania	5	Philadelphia
		15	Pennsylvania	7	Other U.S. City
		15	Pennsylvania	77	Refused
		15	Pennsylvania	88	Don't Know
		18	Texas	2	Houston
		18	Texas	7	Other U.S. City
		18	Texas	77	Refused
		18	Texas	88	Don't Know
		Else, LEA: "Esa ciudad no coincide con el estado que usted ha seleccionado. Por favor, repita la ciudad". Return to MMPCTYN5 (MMP city of residence).			
Skip_MMPCTYN5		Salte a Intro_LNGLVYN5 (years lived in current residence).			
NONMSTN5	YS.1.2.	Instrucciones para el entrevistador [NO LEA]: Introduzca la abreviatura del estado de dos caracteres. Como referencia, los demás estados son: Alabama (AL), Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Connecticut (CT), Distrito de Columbia (DC), Hawái (HI), Idaho (ID), Iowa (IA), Kansas (KS), Kentucky (KY), Luisiana (LA), Maine (ME), Minnesota (MN), Misuri (MO), Montana (MT), Nebraska (NE), Nevada (NV), Nuevo Hampshire (NH), Nuevo México (NM), Dakota del Norte (ND), Ohio (OH), Oklahoma (OK), Rhode			

		Island (RI), Dakota del Sur (SD), Tennessee (TN), Utah (UT), Vermont (VT), Virginia Occidental (WV), Wisconsin (WI), Wyoming (WY).
		___ ___
		77 = Se negó a contestar 88= No sabe
Label_NONMSTN5		Non-MMP state abbreviation
Hard_edit_NONMSTN5		Only valid values for NONMSTN5 (non-MMP state) are: AL, AK, AZ, AR, CO, CT, HI, ID, IA, KS, KY, LA, ME, MN, MO, MT, NE, NV, NH, NM, ND, OH, OK, RI, SD, TN, UT, VT, WV, WI, WY, 77, 88. Else, LEA: "Abreviatura incorrecta, consulte la lista de estados". Return to NONMSTN5 (non-MMP state abbreviation).
Intro_LNGLVYN5		"¿Cuántos años y meses ha vivido allí?"
LNGLVYN5	YS.1.3.	Instrucciones para el entrevistador [NO LEA]: Introduzca el número de años.
		___ ___ (años)
		77 = Se negó a contestar, 88= No sabe
Label_LNGLVYN5		Years lived in current residence
Range_LNGLVYN5		0–110
Hard_edit_LNGLVYN5		LNGLVYN5 (years lived in current residence) cannot be greater than Calculation_DOBAG_13 (age of respondent). If LNGLVYN5 (years lived in current residence) > Calculation_DOBAG_13 (age of respondent), then LEA: "El número de años que ha vivido en su actual residencia no puede ser mayor que su edad". Return to LNGLVYN5 (years lived in current residence).
Skip_edit_LNGLVYN5		Si LNGLVYN5 (years lived in current residence) es 77 (refused) u 88 (no sabe), entonces salte a LVPASN5 (when last lived in project area of sampling). De lo contrario, pase a LNGLVMN5.
LNGLVMN5	YS.1.4.	Instrucciones para el entrevistador [NO LEA]: introduzca la cantidad de meses.
		___ ___ (meses)
		77 = Se negó a contestar, 88= No sabe
Label_LNGLVMN5		Months lived in current residence
Range_LNGLVMN5		0–12
Skip_edit_LNGLVMN5		Si LNGLVMN5 (months lived in current residence) es 77 (no sabe) u 88 (Se negó a contestar), entonces salte a LVPASN5 (when last lived in project area of sampling). De lo contrario, pase a Calculation_LONGLVN5.
Calculation_LONGLVN5		Calculate time lived in current residence in days. This can be calculated as LNGLVYN5*365.25+ LNGLVMN5*30.45. Then go to Calculation_N5_CURFIPS.
Label_LONGLVN5		Time in current residence
Calculation_N5_CURFIPS		Calculate variable CURFIPS (FIPS code of current residence) as follows (e.g., If CURLVN5 = 1 and MMPCTYN5 = 7, then CURFIPS = 0006):

		CURL	**Description of**	**MMPCTY**	**Description of City**	**CURFIPS**

		VN5	State Variable	N5	Variable	
		1	California	7	Other U.S. City	0006
		1	California	3	Los Angeles County	4480
		1	California	6	San Francisco	7360
		2	Delaware	NA	Skipped	0010
		3	Florida	NA	Skipped	0012
		4	Georgia	NA	Skipped	0013
		5	Illinois	7	Other U.S. City	0017
		5	Illinois	1	Chicago	1600
		6	Indiana	NA	Skipped	0018
		7	Maryland	NA	Skipped	0024
		8	Massachusetts	NA	Skipped	0025
		9	Michigan	NA	Skipped	0026
		10	Mississippi	NA	Skipped	0028
		11	New Jersey	NA	Skipped	0034
		12	New York	7	Other U.S. City	0036
		12	New York City	4	New York City	5600
		13	North Carolina	NA	Skipped	0037
		14	Oregon	NA	Skipped	0041
		15	Pennsylvania	7	Other U.S. City	0042
		15	Pennsylvania	5	Philadelphia	6160
		16	Puerto Rico	NA	Skipped	0072
		17	South Carolina	NA	Skipped	7360
		18	Texas	7	Other U.S. City	0048
		18	Texas	2	Houston	3360
		19	Virginia	NA	Skipped	0051
		20	Washington	NA	Skipped	0053
		Anything else	Any other code	NA		
Label_CURFIPS		FIPS code of current residence				
Skip_LONGLVN5		Si LONGLVN5 (time in current residence) está en blanco y CURLVN5 (current residence) es 22 (fuera de los EE.UU), entonces pase a LVPASN5 (when last lived in project area of sampling). Si LONGLVN5 (time in current residence) ≥ (CMBOSDN5 [combination sampling date] – IDATE [interview date]) y CURLVN5 (current residence es 22 (fuera de los EE.UU), entonces LEA, “Sólo estoy entrevistando a personas que vivieron en los Estados Unidos en [Insertar CMBOSDN5]. Muchas gracias por su tiempo.” Entonces salte a Calculation_EN_INTN5 (end time of interview). Si CURFIPS (FIPS code of current residence) es igual a SITEID (site ID where person sampled y no está en blanco, salte a SAMPLVN5 (residence on sampling date). Si CURFIPS (FIPS code of current residence) está en blanco vaya a LVPASN5 (when last lived in project area of sampling). Si CURFIPS (FIPS code of current residence) no es igual a SITEID (site ID where person sampled), vaya a LVPASN5 (when last lived in project area of sampling).					

Última residencia en el área de muestreo del proyecto

LVPASN5	YS.1.5.	¿En qué mes y año vivió por **última** vez en [INSERTE SJURN5]?
		☐ ☐ / ☐ ☐ ☐ ☐
		M M A A A A
		[Month: 77 = Se negó a contestar, 88= No sabe, 66=No aplica; Year: 7777 = Se negó a contestar, 8888 = No sabe, 6666=No aplica.]
Label_LVPASN5		When last lived in PA of sampling
QDS_programming_LVPASN5		Enable "not applicable" option for this question.
Skip_LVPASN5		Si LONGLVN5 (time in current residence) está en blanco, entonces pase a SAMPLVN5 (residence on sampling date). De lo contrario, si LONGLVN5 (time in current residence) < (IDATE [interview date] *menos* CMBOSDN5 [combination sampling date]), entonces pase a SAMPLVN5 (residence on sampling date). De lo contrario, si LONGLVN5 (time in current residence) < 12 months, skip to SPLV_N5 (residence at start of SP). De lo contrario, salte al siguiente tema (POS1S_9, date first tested positive for HIV).

Residencia en la fecha de muestreo

SAMPLVN5	YS.2.0.	¿En qué estado vivía en [INSERTE CMBOSDN5]? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		California	1
		Delaware	2
		Florida	3
		Georgia	4
		Illinois	5
		Indiana	6
		Maryland	7
		Massachusetts	8
		Michigan	9
		Misisipi	10
		Nueva Jersey	11
		Nueva York	12
		Carolina del Norte	13
		Oregón	14
		Pensilvania	15
		Puerto Rico	16
		Carolina del Sur	17
		Texas	18
		Virginia	19
		Washington	20
		Cualquier otro estado de los EE. UU. o el D.C.	21
		Fuera de los Estados Unidos o en otro territorio de los EE. UU.	22
		Se negó a contestar	77
		No sabe	88

Label_SAMPLVN5		Residence on sampling date	
Skip_SAMPLVN5		Si SAMPLVN5 (residence on sampling date) es 1 (California), 5 (Illinois), 12 (Nueva York), 15 (Pensilvania) o 18 (Texas), entonces pase a SAMPCTN5 (MMP city of residence at sampling). Si SAMPLVN5 (residence on sampling date) es 22 (fuera de los Estados Unidos), 77 (se negó a contestar) u 88 (no sabe), entonces LEA: "Solo estoy entrevistando a personas que vivían en los Estados Unidos en [INSERTE CMBOSDN5]. Muchas gracias por su tiempo" y salte a Calculation_EN_INTN5 (end of interview). Si SAMPLVN5 (residence on sampling date) es 21, entonces salte a NMSAMPN5 (non-MMP state residence at sampling abbreviation). Si SAMPLVN5 (residence on sampling date) es 2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 16, 17, 19 o 20 y LONGLVN5 (time in current residence) está en blanco, entonces salte a SPLV_N5 (residence at start of SP). Si SAMPLVN5 (residence on sampling date) es 2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 16, 17, 19 o 20 y LONGLVN5 (time in current residence) es <12 meses desde IDATE (interview date), entonces salte a SPLV_N5 (residence at start of SP). Si SAMPLVN5 (residence on sampling date) es 2, 3, 4, 6, 7, 8, 9, 10, 11, 13, 14, 16, 17, 19 o 20 y LONGLVN5 (time in current residence) ≥12 meses desde IDATE (interview date), entonces salte al siguiente tema (POS1S_9, date first tested positive for HIV).	
SAMPCTN5	YS.2.1.	¿En qué ciudad vivía usted en ese momento? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		Chicago	1
		Houston	2
		Condado de Los Ángeles	3
		Ciudad de Nueva York	4
		Filadelfia	5
		San Francisco	6
		Otra ciudad de los Estados Unidos	7
		Se negó a contestar	77
		No sabe	88
Label_SAMPCTN5		MMP city of residence at sampling	
Hard_edit_SAMPCTN5		Only valid combinations for SAMPCTN5 (MMP city of residence at sampling) and SAMPLVN5 (residence on sampling date) are:	

SAMPLVN5	SAMPLVN5 Description	SAMPCTN5	SAMPCTN5 Description
1	California	3	Los Angeles County
1	California	6	San Francisco
1	California	7	Other U.S. City
1	California	77	Refused
1	California	88	Don't Know
5	Illinois	1	Chicago
5	Illinois	7	Other U.S. City
5	Illinois	77	Refused
5	Illinois	88	Don't Know
12	New York	4	New York City

		12 New York 7 Other U.S. City 12 New York 77 Refused 12 New York 88 Don't Know 15 Pennsylvania 5 Philadelphia 15 Pennsylvania 7 Other U.S. City 15 Pennsylvania 77 Refused 15 Pennsylvania 88 Don't Know 18 Texas 2 Houston 18 Texas 7 Other U.S. City 18 Texas 77 Refused 18 Texas 88 Don't Know If it is a valid combination, go to Skip_SAMPCTN5 (MMP city of residence at sampling). If it is not a valid combination, LEA: "Esa ciudad no coincide con el estado que ha seleccionado. Por favor, repita la ciudad". Return to SAMPCTN5 (MMP city of residence at sampling).
Skip_SAMPCTN5		Si LONGLVN5 (time in current residence) está en blanco, entonces salte a SPLV_N5 (residence at start of SP). Si LONGLVN5 (time in current residence) <12 meses desde IDATE (interview date), entonces pase a SPLV_N5 (residence at start of SP). De lo contrario, pase al siguiente tema (POS1S_9, date first tested positive for HIV).
NMSAMPN5	YS.2.2.	Instrucciones para el entrevistador [NO LEA]: Introduzca la abreviatura del estado de dos caracteres. Como referencia, los demás estados son: Alabama (AL), Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Connecticut (CT), Distrito de Columbia (DC), Hawái (HI), Idaho (ID), Iowa (IA), Kansas (KS), Kentucky (KY), Luisiana (LA), Maine (ME), Minnesota (MN), Misuri (MO), Montana (MT), Nebraska (NE), Nevada (NV), Nuevo Hampshire (NH), Nuevo México (NM), Dakota del Norte (ND), Ohio (OH), Oklahoma (OK), Rhode Island (RI), Dakota del Sur (SD), Tennessee (TN), Utah (UT), Vermont (VT), Virginia Occidental (WV), Wisconsin (WI), Wyoming (WY).
		___ ___
		77 = Se negó a contestar, 88= No sabe
Label_NMSAMPN5		Resided in non-MMP state at sampling
Hard_edit_NMSAMPN5		Only valid values for NMSAMPN5 (non-MMP state) are: AL, AK, AZ, AR, CO, CT, HI, ID, IA, KS, KY, LA, ME, MN, MO, MT, NE, NV, NH, NM, ND, OH, OK, RI, SD, TN, UT, VT, WV, WI, WY, 77, 88 Else, LEA: "Abreviatura incorrecta, consulte la lista de estados". Return to NMSAMPN5 (resided in non-MMP state at sampling).
Skip_NMSAMPN5		Si LONGLVN5 (time in current residence) está en blanco, entonces pase a SPLV_N5 (residence at start of SP). Si LONGLVN5 (time in current residence) <12 meses desde IDATE (interview date), entonces pase a SPLV_N5 (residence at start of SP). De lo contrario, salte al siguiente tema (POS1S_9, date first tested positive for HIV).

Fecha de inicio del SP (período de vigilancia)

SPLV_N5	YS.3.0.	¿En qué estado vivía en [INSERTE IDATE – 12 meses]? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		California	1
		Delaware	2
		Florida	3
		Georgia	4
		Illinois	5
		Indiana	6
		Maryland	7
		Massachusetts	8
		Michigan	9
		Misisipi	10
		Nueva Jersey	11
		Nueva York	12
		Carolina del Norte	13
		Oregón	14
		Pensilvania	15
		Puerto Rico	16
		Carolina del Sur	17
		Texas	18
		Virginia	19
		Washington	20
		Cualquier otro estado de los EE. UU. o el D.C.	21
		Fuera de los Estados Unidos o en otro territorio de los EE. UU.	22
		Se negó a contestar	77
		No sabe	88
Label_SPLV_N5		Residence at start of SP	
Skip_SPLV_N5		Si SPLV_N5 (residence at start of SP) es 1 (California), 5 (Illinois), 12 (Nueva York), 15 (Pensilvania) o 18 (Texas), entonces pase a SPCTY_N5 (MMP city of residence at start of SP). Si SPLV_N5 (residence at start of SP) es 21, entonces pase a NMMPSPN5 (non-MMP state residence at start of surveillance period abbreviation). De lo contrario, salte al siguiente tema (POS1S_9, date of diagnosis).	

SPCTY_N5	YS.3.1.	¿En qué ciudad vivía usted en ese momento? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		Chicago	1
		Houston	2
		Condado de Los Ángeles	3
		Ciudad de Nueva York	4
		Filadelfia	5
		San Francisco	6
		Otra ciudad de los Estados Unidos	7
		Se negó a contestar	77
		No sabe	88

Label_SPCTY_N5

MMP city of residence at start of SP

Hard_edit_SPCITY

Only valid combinations for to SPCTY_N5 (MMP city of residence at start of SP) and SPLV_N5 (residence at start of surveillance period) are:

SPLV_N5	SPLV_N5 Description	SPCTY_N5
1	California	3
1	California	6
1	California	7
1	California	77
1	California	88
5	Illinois	1
5	Illinois	7
5	Illinois	77
5	Illinois	88
12	New York	4
12	New York	7
12	New York	77
12	New York	88
15	Pennsylvania	5
15	Pennsylvania	7
15	Pennsylvania	77
15	Pennsylvania	88
18	Texas	2
18	Texas	7
18	Texas	77
18	Texas	88

Else, LEA: “Esa ciudad no coincide con el estado que ha seleccionado. Por favor, repita la ciudad”. Return to SPCTY_N5 (MMP city of residence at start of SP).

Calculation_SPFIPSN5

Calculate SPFIPSN5 as follows (e.g., if SPLV_N5 = 1 and SPCTY_N5 = 5, then SPFIPSN5 = 0006.)

SPLV_N5	Description of State Variable	SPCTY_N5	Description of City Variable	SPFIPSN5 Calculation
1	California	7	Other U.S. City	0006
1	California	3	Los Angeles County	4480
1	California	6	San Francisco	7360
2	Delaware		Skipped	0010
3	Florida		Skipped	0012
4	Georgia		Skipped	0013
5	Illinois	7	Other U.S. City	0017
5	Illinois	1	Chicago	1600
6	Indiana		Skipped	0018
7	Maryland		Skipped	0024
8	Massachusetts		Skipped	0025
9	Michigan		Skipped	0026
10	Mississippi		Skipped	0028
11	New Jersey		Skipped	0034

12	New York	7	Other U.S. City	0036
12	New York City	4	New York City	5600
13	North Carolina		Skipped	0037
14	Oregon		Skipped	0041
15	Pennsylvania	7	Other U.S. City	0042
15	Pennsylvania	5	Philadelphia	6160
16	Puerto Rico		Skipped	0072
17	South Carolina		Skipped	7360
18	Texas	7	Other U.S. City	0048
18	Texas	2	Houston	3360
19	Virginia		Skipped	0051
20	Washington		Skipped	0053
Anything else	Any other code		Skipped	

Label_SPFIPSN5 Residence on SP start date

Calculation_SAMPFIPS Calculate SAMPFIPS as follows (e.g., if SAMPLVN5 = 1 and SAMPCTN5 = 5, then SAMPFIPS = 0006.)

SAMPLVN5	**Description of State Variable**	**SAMPCTN5**	**Description of City Variable**	**SAMPFIPS Calculation**
1	California	7	Other U.S. City	0006
1	California	3	Los Angeles County	4480
1	California	6	San Francisco	7360
2	Delaware		Skipped	0010
3	Florida		Skipped	0012
4	Georgia		Skipped	0013
5	Illinois	7	Other U.S. City	0017
5	Illinois	1	Chicago	1600
6	Indiana		Skipped	0018
7	Maryland		Skipped	0024
8	Massachusetts		Skipped	0025
9	Michigan		Skipped	0026
10	Mississippi		Skipped	0028
11	New Jersey		Skipped	0034
12	New York	7	Other U.S. City	0036
12	New York City	4	New York City	5600
13	North Carolina		Skipped	0037
14	Oregon		Skipped	0041
15	Pennsylvania	7	Other U.S. City	0042
15	Pennsylvania	5	Philadelphia	6160
16	Puerto Rico		Skipped	0072
17	South Carolina		Skipped	7360
18	Texas	7	Other U.S. City	0048
18	Texas	2	Houston	3360
19	Virginia		Skipped	0051
20	Washington		Skipped	0053
Anything else	Any other code		Skipped	

Label_SAMPFIPS		Residence at sampling
Skip_SPCTY_N5		Si CURFIPS (FIPS code of current residence) no es igual a SITEID (site ID where person sampled) y SAMPFIPS (residence at sampling) no es igual a SITEID (site ID where person sampled) y SPFIPSN5 no es igual a SITEID (site ID where person sampled), entonces nunca se ha documentado que la persona haya vivido en el área de muestreo del proyecto. En este caso, pase a LVPASN5 (when last lived in project area of sampling). De lo contrario, salte al siguiente tema (POS1S_9, date first tested positive for HIV).
NMMPSPN5	YS.3.2.	Instrucciones para el entrevistador [NO LEA]: Introduzca la abreviatura del estado de dos caracteres. Como referencia, los demás estados son: Alabama (AL), Alaska (AK), Arizona (AZ), Arkansas (AR), Colorado (CO), Connecticut (CT), Distrito de Columbia (DC), Hawái (HI), Idaho (ID), Iowa (IA), Kansas (KS), Kentucky (KY), Luisiana (LA), Maine (ME), Minnesota (MN), Misuri (MO), Montana (MT), Nebraska (NE), Nevada (NV), Nuevo Hampshire (NH), Nuevo México (NM), Dakota del Norte (ND), Ohio (OH), Oklahoma (OK), Rhode Island (RI), Dakota del Sur (SD), Tennessee (TN), Utah (UT), Vermont (VT), Virginia Occidental (WV), Wisconsin (WI), Wyoming (WY). ___ ___ 77 = Se negó a contestar, 88= No sabe
Label_NMMPSPN5		Resided in non-MMP state at start of SP
Hard_edit_NMMPSPN5		Only valid values for NMMSPN5 (non-MMP state) are: AL, AK, AZ, AR, CO, CT, HI, ID, IA, KS, KY, LA, ME, MN, MO, MT, NE, NV, NH, NM, ND, OH, OK, RI, SD, TN, UT, VT, WV, WI, WY, 77, 88. Else, LEA: “Abreviatura incorrecta, consulte la lista de estados”. Return to NMMPSPN5.

Fecha de diagnóstico (YD)

POS1S_9	YD.1.0.	¿En qué mes y año resultó usted positivo al VIH por **primera vez**? Dígame cuándo recibió el resultado, no cuándo se hizo la prueba.
		☐ ☐ / ☐ ☐ ☐ ☐
		M M A A A A
		[Month: 77 = Se negó a contestar, 88= No sabe; Year: 7777 = Se negó a contestar, 8888 = No sabe]
Label_POS1S_9		Date first tested positive for HIV
Hard_edit_POS1S_9		POS1S_9 (date first tested positive for HIV) cannot be earlier than DOB_13 (date of birth). If POS1S_9 (date first tested positive for HIV) is earlier than DOB_13 (date of birth), then LEA: "La fecha del primer resultado positivo del VIH no puede ser antes que la fecha de nacimiento".
Soft_edit_POS1S_9		If POS1S_9 (date first tested positive for HIV) is earlier than March 1985, confirm response. If POS1S_9 (date first tested positive for HIV) is earlier than 03/1985, LEA: "La fecha ingresada es anterior a 03/1985, la fecha del primer análisis de VIH aprobado por la FDA. Confirme la fecha de la prueba del VIH". Program should move forward regardless of date.
QDS_programming_ POS1S_9		Allow a blank response for month.
Calculation_EN_ELG N5		EN_ELGN5= Current time.
Label_EN_ELGN5		End of eligibility section
Calculation_TL_ELG N5		Calculate elapsed time between ST_INTN5 and EN_ELGN5 = TL_ELGN5
Label_EN_ELGN5		Total time for eligibility section
Skip_POS1S_9		Si POS1S_9 (date first tested positive for HIV) > CMBOSDN5 (combination sampling date), entonces LEA: "Solo entrevisto a personas con resultado VIH positivo antes de [INSERTE CMBOSDN5]. Muchas gracias por su tiempo". Luego salte a Calculation_EN_INTN5 (end of interview).

Información demográfica (D)

Calculation_STBSDMN5	STBSDMN5 = Current time
Label_STBSDMN5	Start of basic demographics

Educación (DE)

EDUC	DE.1.0.	¿Cuál es el nivel más alto de estudios que ha alcanzado? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA].	
		Nunca asistió a la escuela	1
		De 1.º a 8.º grado	2
		De 9.º a 11.º grado	3
		12.° grado o GED (examen de equivalencia de la escuela superior)	4
		Algunos años de universidad, título universitario de dos años o diploma técnico	5
		Título universitario	6
		Algún estudio de posgrado	7
		Se negó a contestar	77
		No sabe	88
Label_EDUC		Education	

Raza/etnia (DR)

HISPA_13	DR.1.0.	¿Se considera usted de origen hispano, latino o español?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_HISPA_13		Hispanic-Latino origin	
Skip_HISPA_13		Si HISPA_13 es 1 (sí), entonces pase a la serie HISN3. De lo contrario, salte a la serie RACE_9.	
HISN3 series		¿Cuáles de las siguientes categorías describen su origen hispano, latino o español? Puede seleccionar más de una respuesta. [LEA LAS OPCIONES.]”	
HISN3A	DR.1.1.	Mexicano, estadounidense de origen mexicano o chicano	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_HISN3A		Mexican, Mexican American, or Chicano/a	
HISN3B	DR.1.2.	Puertorriqueño	
		No	0

		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_HISN3B		Puerto Rican origin	
HISN3C	DR.1.3.	Cubano	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_HISN3C		Cuban origin	
HISN3D	DR.1.4.	Otro origen hispano, latino o español	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_HISN3D		Another Hispanic, Latino/a, or Spanish	
RACE_9 series		¿A qué grupo o grupos raciales se considera que pertenece? Puede elegir más de una opción. [LEA LAS OPCIONES.]”	
RACE_9A	DR.2.1.	Indoamericano o nativo de Alaska	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_RACE_9A		American Indian or Alaska Native race	
RACE_9B	DR.2.2.	Asiático	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_RACE_9B		Asian race	
RACE_9C	DR.2.3.	Negro o afroamericano	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8

Label_RACE_9C		Black or African American race	
RACE_9D	DR.2.4.	Nativos de Hawái o de otras islas del Pacífico	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_RACE_9D		Native Hawaiian/Other Pacific Islander	
RACE_9E	DR.2.5.	Blanco	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_RACE_9E		White race	

Sexo y orientación sexual (DG)

BIRTGEN	DG.1.0.	¿Cuál era su sexo al nacer? [LEA LAS OPCIONES, A EXCEPCIÓN DE "Intersexo/ambiguo". SELECCIONE SOLO UNA].	
		Masculino	1
		Femenino	2
		Intersexo/ambiguo	3
		Se negó a contestar	7
		No sabe	8
Label_BIRTGEN		Sex at birth	

GENDER	DG.2.0.	¿Se considera de sexo masculino, femenino o transgénero? [SELECCIONE SOLO UNA].	
		Masculino	1
		Femenino	2
		Transgénero	3
		Se negó a contestar	7
		No sabe	8
Label_GENDER		Gender	

SEXOR_N5	DG.3.0.	¿Se considera...? [LEA LAS OPCIONES; SELECCIONE SOLO UNA.]	
		Lesbiana o gay	1
		Heterosexual (no homosexual)	2
		Bisexual	3
		Otro	4
		Se negó a contestar	7

		No sabe	8
Label_SEXOR_N5		Sexual orientation	

Estado civil (DM)

MARRI_N5	DM.1.0.	La próxima pregunta es acerca de su actual estado civil legal. **Actualmente**, ¿está usted ...? [LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		Casado	1
		En una unión civil o pareja de hecho	2
		Divorciado	3
		Viudo	4
		Separado	5
		Nunca se ha casado	6
		Se negó a contestar	7
		No sabe	8
Label_MARRI_N5		Marital status	

CRNLV_N5	DM.1.1.	¿Actualmente vive con su esposo, esposa, novio, novia o pareja?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CRNLV_N5		Living with partner	

Capacidad de lenguaje (DL)

LANWL1N3	DL.1.0.	¿Habla bien el inglés? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	
		Muy bien	1
		Bien	2
		Mal	3
		Nada	4
		Se negó a contestar	7
		No sabe	8
Label_LANWL1N3		How well do you speak English?	

LANWL2N3	DL.2.0.	¿Habla otro idioma que no sea inglés en casa?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_LANWL2N3		Speak a language other than English	
Skip_LANWL2N		Si LANWL2N3 (speak a language other than English) es 0 (no), 7 (Se negó a	

3		contestar), u 8 (no sabe), salte al siguiente tema (Intro_5_1HOMEL_9A).	
LANWL3N3	DL.2.1.	¿Cuál es este idioma? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA].	
		Español	1
		Francés	2
		Chino	3
		Alemán	4
		Tagalo	5
		Vietnamita	6
		Italiano	7
		Corean	8
		Ruso	9
		Polaco	10
		Otro	11
		Se negó a contestar	77
		No sabe	88
Label_LANWL3N3		What is this language?	
Skip_LANWL3N3		Si LANWL3N3 (what is this language?) es 11 (other), entonces pase a LANN3_OS (specify other language). De lo contrario, salte al siguiente tema (Intro_5_1HOMEL_9A).	
LANN3_OS	DL.2.2.	Especifique el idioma: _____	
Label_LANN3_OS:		Specify other language	

Sin hogar (DH)

Intro_5_1HOMEL_9A		"Ahora le preguntaré acerca de los **últimos 12 meses**. Este período va desde [INSERTE IDATE-12 MONTHS] hasta el presente [INSERTE IDATE]".	
QDS_programming_Intro_HOMEL_9A		The QDS program should enter the appropriate dates. EXAMPLE: If IDATE (interview date) is 11/11/2015, then the program should READ "Es decir, desde el año pasado, 11/11/2014 hasta ahora 11/11/2015".	
HOMEL_9 series		En los **últimos 12 meses**, usted:	
HOMEL_9A	DH.1.1.	…¿Ha vivido en la calle?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_HOMEL_9A		Lived on the street	
HOMEL_9B	DH.1.2.	…¿Ha vivido en un refugio?	
		No	0
		Sí	1

		Se negó a contestar	7
		No sabe	8
Label_HOMEL_9B		Lived in a shelter	
HOMEL_9C	DH.1.3.	…¿Ha vivido en una habitación individual de hotel o Single Room Occupancy Hotel – SRO (como se conoce en inglés)?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_HOMEL_9C		Lived in a SRO hotel	
HOMEL_9D	DH.1.4.	…¿Ha vivido en un automóvil?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_HOMEL_9D		Lived in a car	

Encarcelamiento (DJ)

JAIL_N5	DJ.1.0.	En los **últimos 12 meses**, ¿cuántas veces fue arrestado y encarcelado, detenido o enviado a prisión por más de 24 horas? ___ ___ [77 = Se negó a contestar, 88 = No sabe]
Label_JAIL_N5 Range_JAIL_N5		Number of times incarcerated 0–76
Skip_JAIL_N5		Si JAIL_N5 (number of times incarcerated) = 0, 77 (Se negó a contestar), u 88 (no sabe), entonces salte al siguiente tema (Calculation_ENBSDMN5, end time basic demographics); de lo contrario, pase a DYINCN5 (number of days when last incarcerated).
DYINCN5	DJ.1.1.	**La última vez** que fue arrestado y detenido o llevado a la cárcel o prisión por más de 24 horas, ¿cuántos días estuvo detenido, encarcelado o puesto en prisión? ___ ___ ___ ___ [7777 = Se negó a contestar, 8888 = No sabe]
Label_DYINCN5 Range_DYINCN5		Number of days when last incarcerated 1–7776
DTINCN5	DJ.1.2.	**La última vez** que fue arrestado y detenido o llevado a la cárcel o a prisión por más de 24 horas, ¿en qué mes y año fue liberado? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A

	[Month: 77 = Se negó a contestar, 88= No sabe, 66=No aplica; Year: 7777 = Se negó a contestar, 8888 = No sabe, 6666=No aplica]
Label_DTINCN5	Date of last release
Hard_edit1_DTINCN5	DTINCN5 (date of last release) cannot be earlier than IDATE (interview date) – 12 months. If DTINCN5 (date of last release) is earlier than IDATE (interview date) – 12 months, then LEA: "La fecha de liberación debe ser dentro de los **últimos 12 meses**. Por favor, vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit2_DTINCN5	DTINCN5 (date of last release) cannot be later than IDATE (interview date). If DTINCN5 (date of last release) is later than IDATE (interview date), then LEA: "Su fecha de liberación debe ser antes que la fecha de hoy. Por favor, vuelva a ingresar la fecha". Do not allow the program to advance.

Calculation_ENBSDMN5	ENBSDMN5 = Current time
Label_ENBSDMN5	End of basic demographics
Calculation_TLBSDMN5	Calculate elapsed time between STBSDMN5 and ENBSDMN5 = TLBSDMN5
Label_ENBSDMN5	Total time for basic demographics

Discapacidad (A)

Calculation_STDSABN5		STDSABN5 = Current time	
Label_STDSABN5		Start time of disability	
Intro_5_DISDEFN3		"Ahora le preguntaré sobre distintas afecciones que puede que tenga o que no tenga. Algunas preguntas le parecerán obvias, pero, por favor, respóndalas".	
DISDEFN3	A.1.0.	¿Es sordo o tiene gran dificultad para escuchar?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DISDEFN3		Deaf or serious difficulty hearing	
DISBLNN3	A.2.0.	¿Es ciego o tiene alguna dificultad para ver, aun cuando usa lentes?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DISBLNN3		Blind or serious difficulty seeing	
DISCONN3	A.3.0.	Debido a una afección física, mental o emocional, ¿tiene problemas graves para concentrarse, recordar o tomar decisiones?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DISCONN3		Difficulty concentrating, remembering…	
DISWLKN3	A.4.0.	¿Tiene mucha dificultad para caminar o subir las escaleras?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DISWLKN3		Difficulty walking or climbing stairs	
DISDRSN3	A.5.0.	¿Tiene dificultad para vestirse o bañarse?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DISDRSN3		Difficulty dressing or bathing	
DISERRN3	A.6.0.	Debido a una condición física, mental o emocional, ¿tiene dificultad para hacer	

	trámites solo, como ir al médico o de compras?	
	No	0
	Sí	1
	Se negó a contestar	7
	No sabe	8
Label_DISERRN3	Difficulty doing errands alone	

Calculation_ENDSABN5	ENDSABN5 = Current time
Label_ENDSABN5	End of disability section
Calculation_TLDSABN5	Calculate elapsed time between STDSABN5 (start time of disability) and ENDSABN5 (end of disability section) = TLDSABN5
Label_TLDSABN5	Total time for disability section

Financiero (F)

Calculation_STFINAN5	STFINAN5 = Current time
Label_STFINAN5	Start time of financial section

Empleo (FE)

Intro_5_WORK_N3		"Para la siguiente pregunta, elija la respuesta que mejor describa su situación laboral actual. Dígamelo **después** de que haya leído todas las respuestas".
WORK_N3	FE.1.0.	**Actualmente**, ¿usted es...? [READ RESPONSES. SELECT ONLY ONE.]
		Empleado asalariado 1
		Trabajador independiente 2
		Desempleado por más de 1 año 3
		Desempleado por menos de 1 año 4
		Encargado de las tareas del hogar 5
		Estudiante 6
		Jubilado 7
		O no puede trabajar 8
		Se negó a contestar 77
		No sabe 88
Label_WORK_N3		Current employment status

Ingresos (FI)

Intro_INCOME_5		"Ahora me gustaría hacerle algunas preguntas referentes al [INSERT LASTYEAR]. Este período va desde el 1.º de enero de [INSERTE LAST YEAR] hasta el 31 de diciembre de [INSERTE LAST YEAR]. Para la próxima pregunta, utilizaremos la Tarjeta de respuestas A y el calendario".
INCOME_5	FI.1.0.	En [INSERTE LAST YEAR], ¿cuáles fueron sus ingresos familiares combinados mensuales o anuales contando todas las fuentes, antes de impuestos? Por "total de ingresos familiares", me refiero al monto total de dinero de todas las personas que viven en su hogar. [NO LEA LAS RESPUESTAS.]

	Ingresos familiares mensuales		**Ingresos familiares anuales**
a.	De $0 a $416 al mes	o	De $0 a $4,999 al año
b.	De $417 a $833 al mes	o	De $5,000 a $9,999 al año
c.	De $834 a $1041 al mes	o	De $10,000 a $12,499 al año
d.	De $1042 a $1249 al mes	o	De $12,500 a $14,999 al año
e.	De $1250 a $1666 al mes	o	De $15,000 a $19,999 al año
f.	De $1667 a $2083 al mes	o	De $20,000 a $24,999 al año
g.	De $2084 a $2499 al mes	o	De $25,000 a $29,999 al año
h.	De $2500 a $2916 al mes	o	De $30,000 a $34,999 al año
i.	De $2917 a $3333 al mes	o	De $35,000 a $39,999 al año
j.	De $3334 a $4166 al mes	o	De $40,000 a $49,999 al año
k.	De $4167 a $4999 al mes	o	De $50,000 a $59,999 al año
l.	De $5000 a $6249 al mes	o	De $60,000 a $74,999 al año
m.	De $6250 o más al mes	o	$75,000 o más al año

		77	Se negó a contestar	or	Se negó a contestar
		88	No sabe	or	No sabe
Label_INCOME_5		Income-monthly and yearly			
DEPND_IN	FI.2.0.	Incluido usted, ¿cuántas personas dependían de este ingreso en el [INSERT LAST YEAR]? ___ ___ ___ Se negó a contestar 77 No sabe 88			
Label_DEPND_IN Range_DEPND_IN		Number of dependents 1–49			
Skip_DEPND_IN		Si DEPND_IN (Number of dependents) es >1, entonces vaya a DEPND_N3 (number of dependents <18 years old); De lo contrario, salte al siguiente tema (FOOD3_N5, food security-hungry).			
DEPND_N3	FI.2.1.	De las personas que dependían de este ingreso en el [INSERT LAST YEAR], ¿cuántas tenían menos de 18 años de edad? ___ ___ Se negó a contestar 77 No sabe 88			
Label_DEPND_N3 Range_DEPND_N3 Hard_edit_DEPND_N3		Number of dependents <18 years old 0-48 DEPND_N3 (number of dependents <18 years old) must be < DEPND_IN (number of dependents) unless DEPND_N3 is skipped. If DEPND_N3 (number of dependents <18 years old) ≥ DEPND_IN (number of dependents), LEA: "La cantidad de personas de menos de 18 años que dependían de sus ingresos en el [INSERT LAST YEAR] debe ser menor al total de personas que dependen de sus ingresos en [INSERT LAST YEAR]". Do not allow the program to advance.			

Seguridad alimentaria (FS)

FOOD3_N5	FS.1.0.	En los **últimos 12 meses**, ¿alguna vez ha sentido hambre, pero no ha comido, porque no tenía suficiente dinero para comprar comida?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_FOOD3_N5		Food security-hungry	

Pérdida de productividad (FL)

Skip_PRLS1_N5	Si WORK_N3 (employment) es 1 (employed for wages) o 2 (self-employed), entonces pase a Intro_PRLS1_N5 (work hours scheduled); de lo contrario, salte a

		Intro_PRL20_N5.
Intro_PRLS1_N5		"Ahora le haré algunas preguntas acerca de su trabajo en los últimos 7 días. O sea, la semana pasada desde [INSERTE IDATE-7D (7 days prior to interview date)] hasta ahora [INSERTE IDATE (interview date)]".
PRLS1_N5	FL.1.0.	En los **últimos 7 días**, ¿cuántas horas de trabajo tenía programadas? ___ ___ ___ [777 = Se negó a contestar, 888 = No sabe]
Label_PRLS1_N5 Range_PRLS1_N5		Work hours scheduled 0–168
PRLS2_N5	FL.1.1.	En los **últimos 7 días**, ¿cuántas horas ha trabajado? ___ ___ ___ [777 = Se negó a contestar, 888 = No sabe]
Label_PRLS2_N5 Range_PRLS2_N5		Work hours actually worked 0–168
Analysis_PRLS_N5		To estimate absenteeism by comparing how many hours someone was scheduled to work (PRLS1_N5) to how many they actually worked (PRLS2_N5) during the past 7 days. Calculating absenteeism in terms of hours lost per 4-week: Monthly absenteeism due to illness $= 4 * (\text{PRLS3_N5})$ Percent absenteeism due to illness $= (\frac{\text{PRLS3_N5}}{\text{PRLS1_N5}}) \times 100\%$.
PRLS3_N5	FL.1.2.	En los **últimos 7 días**, ¿cuántas horas de trabajo ha perdido por problemas de salud física o mental? ___ ___ ___ [777 = Se negó a contestar, 888 = No sabe]
Label_PRLS3_N5 Range_PRLS3_N5 Hard_edit_PRLS3_N5		Missed work-physical/mental health 0–168 PRLS3_N5 (missed work-physical/mental health) cannot be > PRLS1_N5 (work hours scheduled). If PRLS3_N5 (missed work-physical/mental health) > PRLS1_N5 (work hours scheduled), then LEA: "La cantidad de horas perdidas no puede ser > a la cantidad de horas programadas". Return to PRLS1_N5 (work hours scheduled).
Intro_PRL20_N5		"Ahora le haré algunas preguntas acerca de las actividades del hogar. Las actividades del hogar son las tareas que realiza para cuidar su casa, cuidarse a usted mismo o a su familia, como cocinar, limpiar, arreglar el jardín, cuidar a las mascotas o a los niños. No incluya las actividades remuneradas ni las que realiza

		en su tiempo libre”.
PRL20_N5	FL.2.0.	En los **últimos 7 días**, ¿aproximadamente cuántas horas menos de actividades del hogar ha realizado debido a problemas de salud física o mental? ___ ___ ___ [777 = Se negó a contestar, 888 = No sabe]
Label_PRL20_N5		Fewer hours spent on household activity
Range_PRL20_N5		0–168.
Analysis_PRL20_N5		To estimate household productivity during the past 7 days. Calculation (Assume 4-week=1 month): Productivity loss related to household activities al mes = (12.46* PRL20_N5)*4 Reference: http://www.ncbi.nlm.nih.gov/pubmed/19536021
Skip_PRLS7_N5		Si WORK_N3 (employment) es 3 (sin trabajo por más de un año), 4 (sin trabajo por < de un año) u 8 (incapacitado para trabajar), entonces pase a PRLS7_N5 (ever employed). De lo contrario, salte a Intro_PRLS9_N5 (yearly individual income).
PRLS7_N5	FL.3.0.	¿**Alguna vez** ha tenido un trabajo remunerado o independiente? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_PRLS7_N5		Ever employed
Skip2_PRLS7_N5		Si PRLS7_N5 (ever employed) = 0 (no), 7 (se negó a contestar) u 8 (no sabe), entonces salte a Intro_KINDA_5 (insurance-private health insurance). De lo contrario, pase a PRLS8_N5 (date of most recent job).
PRLS8N5	FL.3.1.	¿En qué mes y año dejó de trabajar en su empleo **más reciente**? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_PRLS8N5		Date of most recent job
Hard_edit1_PRLS8N5		PRLS8N5 (date of the most recent job) cannot be earlier than DOB_13 (respondent’s date of birth). If PRLS8N5 (date of the most recent job) is earlier than DOB_13 (respondent’s date of birth), then LEA: “La fecha de su empleo más reciente no puede ser antes que su fecha de nacimiento”.Return to PRLS8N5 (date of most recent job).
Hard_edit2_PRLS8N5		PRLS8N5 (date of the most recent job) cannot be later than IDATE (interview date). If PRLS8N5 (date of the most recent job) is later than IDATE (interview date), then LEA: “La fecha de su empleo más reciente no puede ser después que la fecha de hoy”. Return to PRLS8N5 (date of most recent job).

Intro_PRLS9_N5		"A continuación, le haré algunas preguntas acerca de su ingreso individual. Es diferente de los ingresos domésticos sobre los cuales le pregunté antes. Por 'ingreso individual', se entiende el monto de dinero que ha ganado como empleado remunerado o en su propio negocio. No incluya el dinero ganado por otro miembro de su hogar ni proveniente de la Seguridad de Ingreso Suplementario (SSI) o del Seguro por Discapacidad de Seguridad Social (SSDI). Si en la actualidad tiene un empleo o trabaja por su cuenta, informe su ingreso individual para el **año más reciente** en que estuvo empleado".
PRLS9_N5	FL.4.0.	Por favor, mire la Tarjeta de respuestas B e indique la letra que corresponda a su ingreso individual anual o mensual antes de impuestos.

Ingreso mensual individual			**Ingreso anual individual**
a.	De $0 a $416 al mes	o	De $0 a $4,999 al año
b.	De $417 a $833 al mes	o	De $5,000 a $9,999 al año
c.	De $834 a $1041 al mes	o	De $10,000 a $12,499 al año
d.	De $1042 a $1249 al mes	o	De $12,500 a $14,999 al año
e.	De $1250 a $1666 al mes	o	De $15,000 a $19,999 al año
f.	De $1667 a $2083 al mes	o	De $20,000 a $24,999 al año
g.	De $2084 a $2499 al mes	o	De $25,000 a $29,999 al año
h.	De $2500 a $2916 al mes	o	De $30,000 a $34,999 al año
i.	De $2917 a $3333 al mes	o	De $35,000 a $39,999 al año
j.	De $3334 a $4166 al mes	o	De $40,000 a $49,999 al año
k.	De $4167 a $4999 al mes	o	De $50,000 a $59,999 al año
l.	De $5000 a $6249 al mes	o	De $60,000 a $74,999 al año
m.	De $6250 a $8332 al mes	o	De $75,000 a $99,999 al año
n.	De $8333 a $12499 al mes	o	De $100,000 a $149,999 al año
o.	De $12500 a $16666 al mes	o	De $150,000 a $199,999 al año
p.	De $16667 a $20832 al mes	o	De $200,000 a $249,999 al año
q.	De $20833 o más al mes	o	De $250,000 o más al año
Se negó a contestar			7
No sabe			8

Label_PRLS9_N5	Individual income
Analysis_PRLS9_N5	To estimate approximate monetary value of productivity loss due to absenteeism and unemployment. Calculation: *Assume 4-week=1 month; *Use mid-point of PRLS8N5 (date of the most recent job) for the $ mount and plug with $250,000 if the response falls in the category "$250,000 or more". Productivity loss due to absenteeism al mes = $(\frac{\text{PRLS9_N5}}{12}) \times (\frac{\text{PRLS3_N5}}{\text{PRLS1_N5}})$ Productivity loss due to unemployment al mes = $(\frac{\text{PRLS9_N5}}{12}) \times (\frac{\text{interview date} - \text{PRLS8N5}}{30})$

Cobertura de atención médica (FH)

Intro_KINDA_5		"Me gustaría preguntarle acerca de todos los tipos de seguro y demás coberturas que deba pagar para recibir atención médica, medicamentos y servicios de apoyo, como administración de casos, transporte o servicios de salud mental".	
KIND_5 series		En los **últimos 12 meses**, ¿ha tenido alguno de los siguientes tipos de seguro u otra cobertura para cualquier tipo de atención médica? Responda "sí" o "no" para cada tipo. Puede contestar "sí" a más de uno de los tipos.	
KINDA_5	FH.1.1.	¿Tenía un seguro médico privado?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_KINDA_5		Insurance-private health insurance	
Skip_KINDA_5		Si KINDA_5 (insurance-private health insurance) es 1 (Sí), entonces pase a INSEMPN5 (insurance-private-employer). De lo contrario, salte a KINDB_5 (insurance-Medicaid).	
INSEMPN5	FH.1.1.a.	Su seguro médico privado, ¿fue obtenido por medio de su empleador o el empleador de un miembro de su familia?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_INSEMPN5		Insurance-private-employer	
INSMKTN5	FH.1.1.b.	¿Adquirió seguro médico privado por medio de Healthcare.gov o el Mercado de Seguros Médicos?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_INSMKTN5		Insurance-private-marketplace	
KINDB_5	FH.1.2.	¿Tuvo Medicaid?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_KINDB_5		Insurance-Medicaid	

KINDC_5	FH.1.3.	¿Tuvo Medicare?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_KINDC_5		Insurance-Medicare	
KINDD_5	FH.1.4.	¿Tuvo cobertura por medio del Programa del VIH/SIDA de Ryan White o del ADAP (Programa de Asistencia de Medicamentos contra el SIDA)?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_KINDD_5		Insurance-Ryan White or ADAP	
KINDE_5	FH.1.5.	¿Tuvo Tricare o CHAMPUS/CHAMPVA?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_KINDE_5		Insurance-Tricare or CHAMPUS	
KINDF_5	FH.1.6.	¿Tuvo cobertura del Departamento de Asuntos de Veteranos (VA)?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_KINDF_5		Insurance-VA coverage	
KINDG_5	FH.1.7.	¿Tuvo algún otro seguro del estado, la ciudad o el condado u otro seguro de fondos públicos, sin contar Medicaid?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_KINDG_5		Insurance-city/county/ST/other public	
KINDH_N5	FH.1.8.	¿Tuvo medicamentos gratuitos o recibió asistencia para pagar los medicamentos a través del consultorio de su médico o la clínica, o por un programa de atención humanitaria? No incluya la asistencia que pagó ADAP o Ryan White.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_KINDH_N5		Insurance-clinic or compassionate care	

KINDI_N5	FH.1.9.	¿Tuvo medicamentos gratuitos o recibió asistencia para pagar los medicamentos a través de una empresa farmacéutica? No Sí Se negó a contestar No sabe	 0 1 7 8
Label_KINDI_N5		Insurance-drug company	
KINDJ_5	FH.1.10.	¿Tuvo algún otro seguro? No Sí Se negó a contestar No sabe	 0 1 7 8
Label_KINDJ_5		Insurance-other insurance	
Skip_KINDJ_5		Si KINDJ_5 (insurance-other insurance) es 1 (Sí), entonces vaya a KINDOSN5 (insurance-other specify); De lo contrario, salte a Skip_KIND_series.	
KINDOSN5	FH.1.11.	Por favor, indique los otros tipos de seguro que tuvo. _____ Se negó a contestar No sabe	 7 8
Label_KINDOSN5		Insurance-other specify	
Skip_KIND_series		Si ninguna respuesta desde KINDA_5 hasta KINDJ_5 es 1 (sí), entonces pase a KINDZ_N5. De lo contrario, salte a INS12_9.	
KINDZ_N5	FH.1.12.	Entonces, en los **últimos 12 meses**, no tuvo ningún seguro ni otra cobertura para ningún tipo de atención médica ni medicamentos. ¿Correcto? No Sí Se negó a contestar No sabe	 0 1 7 8
Label_KINDZ_N5		Insurance-no coverage confirmation	
Skip_KINDZ_N5		Si KINDZ_N5 es 0 (no), entonces repita desde KINDA_5 hasta KINDJ_5. Si KINDZ_N5 es 1 (sí), entonces salte al siguiente tema (TYPE_N5, ACA change in type). Si KINDZ_N5 es 7 (se negó a contestar) u 8 (no sabe), entonces vaya a TYPE_N5.	
INS12_9	FH.2.0.	En los **últimos 12 meses**, ¿estuvo en algún momento sin ningún tipo de seguro médico o cobertura de salud? No Sí Se negó a contestar No sabe	 0 1 7 8
Label_INS12_9		Gap in insurance or coverage	

Skip_INS12_9		Si INS12_9 (gap in insurance or coverage) es 1 (Sí), entonces pase a INSMTHN5 (Insurance-months without coverage). De lo contrario, salte a TYPE_N5 (ACA – change in type).	
INSMTHN5	FH.2.1.	En los **últimos 12 meses**, ¿aproximadamente cuántos meses estuvo sin seguro u otra cobertura de atención médica? Si INSMTHN5 es menos de un mes, entonces redondee a "1 mes". ___ ___ Se negó a contestar No sabe	 77 88
Label_INSMTHN5		Insurance-months without coverage	
Range_INSMTHN5		0-12	

Ley del Cuidado de Salud a Bajo Precio (FC)

TYPE_N5	FC.1.0.	Durante los **últimos 12 meses**, ¿ha habido algún cambio en el tipo de seguro de salud o cobertura que usted tiene? No Sí Se negó a contestar No sabe	 0 1 7 8
Label_TYPE_N5		ACA – change in type	
Skip_TYPE_N5		Si TYPE_N5 es 1 (Sí), pase a AMOUNTN5 (ACA – change in amount spent). De lo contrario, salte a PAY_N5 (ACA – problems paying).	
AMOUNTN5	FC.1.1.	Debido a este cambio en el seguro de salud o la cobertura, ¿la cantidad que usted gasta en su atención médica es ahora menos, más o casi igual? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.] Menos Más Casi igual Se negó a contestar No sabe	 0 1 2 7 8
Label_AMOUNTN5		ACA – change in amount spent	
ACCESSN5	FC.1.2.	Debido a este cambio en el seguro de salud o la cobertura, ¿su acceso a servicios de apoyo como manejo del caso, transporte o servicios de salud mental es ahora mejor, peor o casi igual? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.] Mejor Peor Casi igual Se negó a contestar	 0 1 2 7

		No sabe	8
Label_ACCESSN5		ACA – change in access	
Intro_HCARE_N5		"Ahora le voy a hacer algunas preguntas sobre la atención médica ambulatoria para el VIH. Me refiero a la atención de un médico u otro proveedor de atención médica para el tratamiento del VIH, no a la atención que usted recibe cuando pasa la noche en un hospital, en una sala de emergencia o en un centro de atención de urgencia".	
HCARE_N5	FC.1.3.	Debido a este cambio en el seguro de salud o la cobertura, ¿diría usted que su atención médica ambulatoria para el VIH es ahora mejor, peor o casi igual? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		Mejor	0
		Peor	1
		Casi igual	2
		Se negó a contestar	7
		No sabe	8
Label_HCARE_N5		ACA – outpatient HIV medical care	
USUAL_N5	FC.1.4.	Debido a este cambio en el seguro de salud o la cobertura, ¿cambió la fuente habitual de su atención médica ambulatoria para el VIH? [LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		No	0
		Sí	1
		No tiene fuente habitual de atención médica ambulatoria para el VIH	2
		Se negó a contestar	7
		No sabe	8
Label_USUAL_N5		ACA – Usual HIV care change	
PAY_N5	FC.2.0.	Durante los **últimos 12 meses**, ¿tuvo problemas para pagar o no pudo pagar alguna cuenta de atención médica suya?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PAY_N5		ACA – problems paying	
BILLS_N5	FC.3.0.	En la **actualidad**, ¿tiene alguna cuenta de atención médica suya que esté pagando poco a poco? Esto puede incluir cuentas médicas que esté pagando con una tarjeta de crédito, mediante préstamos personales o en cuotas de pago acordadas con el hospital u otros proveedores. Las cuentas pueden ser tanto de este año como de años anteriores.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8

Label_BILLS_N5	ACA – paying off medical bills over time
Calculation_ENFINAN5	ENFINAN5= Current time
Label_ENFINAN5	End of financial section
Calculation_TLFINAN5	Calculate elapsed time between STFINAN5 and ENFINAN5 = TLFINAN5
Label_TLFINAN5	Total time for financial section

Experiencias con las pruebas del VIH (X)

Calculation_STTESTN5		STTESTN5 = Current time
Label_STTESTN5		Start time of HIV testing experiences
Intro_TESSETN5		"Ahora le haré algunas preguntas acerca de hacerse las pruebas del VIH".
TESSETN5	X.1.0.	Cuando resultó positivo a la prueba en __ __ /__ __ __ __ [INSERTE POS1S_9 (date from first positive HIV test)], ¿en qué tipo de establecimiento se hizo la prueba? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA.] Centro de atención primaria, no de emergencia 1 Sala de emergencias o centro de atención de urgencia 2 Clínica de enfermedades de transmisión sexual 3 Hospital de internaciones 4 Otro entorno clínico 5 Centro de pruebas de VIH, incluidos centros comunitarios no clínicos 6 Autoexamen 7 Otro contexto no médico 8 Se negó a contestar 77 No sabe 88
Label_TESSETN5		Where were you tested
MRTESTN5	X.2.0.	Cuando resultó positivo a la prueba en __ __ /__ __ __ __ [INSERTE POS1S_9 (date from first positive HIV test)], ¿cuál fue la razón principal por la cual se hizo la prueba? [LEA LAS OPCIONES. SELECCIONE SOLO UNA.] Se sentía enfermo 1 Se lo recomendó un profesional, pero no porque usted se sintiera enfermo 2 Fue su decisión, pero no porque se sintiera enfermo 3 Debía hacerlo. Por ejemplo, era un requisito de empleo, parte de una donación de sangre, etc. 4 Porque el departamento de salud le informó que uno de sus compañeros sexuales estaba infectado 5 Algún otro motivo 6 Se negó a contestar 7 No sabe 8
Label_MRTESTN5		Main reason tested
Skip_MRTESTN5		Si MRTESTN5 (main reason tested) es 6 (other), entonces vaya a MRTN5_OS (other specify reason tested). De lo contrario, salte al siguiente tema (Calculation_ENTESTN5, end of HIV testing experiences section).
MRTN5_OS	X.2.1.	Por favor, indique el otro motivo por el cual realizó las pruebas.

	_____
Label_MRTN5_OS	Other specify reason tested

Calculation_ENTESTN5	ENTESTN5 = Current time
Label_ENTESTN5	End of HIV testing experiences section
Calculation_TLTESTN5	Calculate elapsed time between STTESTN5 and ENTESTN5 = TLTESTN5
Label_TLTESTN5	Total time for HIV testing experiences

Nunca ha recibido atención (K)

Calculation_ST_NICN5		ST_NICN5 = Current time
Label_ST_NICN5		Start time of Never in Care section
EVERCRN5	K.1.0.	Desde que resultó positivo al VIH en __ __/__ __ __ __ [INSERTE POS1S_9 (date first tested positive)], ¿ha consultado a un médico, enfermero u otro profesional de la salud para recibir atención médica ambulatoria para el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_EVERCRN5		Ever rcvd. Outpatient HIV care
Skip_EVERCRN5		Si EVERCRN5 (ever received care) = 1 (Sí), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a Calculation_STHVCAN5 (start time linkage to care section). De lo contrario, pase a LNKCRN5 (confirm never received outpatient HIV medical care).
LNKCRN5	K.1.1.	¿Está seguro de que nunca ha consultado a un médico, enfermero u otro profesional de la salud (ni siquiera una vez) para recibir algún tipo de atención médica ambulatoria para el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_LNKCRN5		Confirm never received care
Soft_edit_LNKCRN5		If LNKCRN5 (confirm never in care) = 0 (no), 7 (Se negó a contestar), or 8 (no sabe), return to EVERCRN5 (ever received outpatient HIV medical care). If LNKCRN5 (confirm never in care) = 1 (Sí), then LEA: “Entrevistador: El entrevistado ha indicado que NUNCA ha recibido atención ambulatoria para el VIH. Por ello, saltará las secciones de atención y tratamiento para el VIH. Si considera que el entrevistado no ha entendido bien, por favor, explique y corrija la respuesta”.
Intro_NICBN5		“Leeré una lista de posibles motivos por los cuales las personas que tienen el VIH pueden no haber recibido atención médica ambulatoria. Por favor, indique si cada razón puede aplicarse o no a su caso. Uno de los motivos es que..”.
NICBN1N5	K.1.2.	...tiene una cita programada , pero no ha ido todavía? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_NICBN1N5		NIC: upcoming appt

NICBP1N5	K.1.3.	...usted o su proveedor de atención médica creían que no era necesario?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBP1N5		NIC: didn't need care	
NICBP2N5	K.1.4.	...ha tenido miedo o se niega a aceptar que es VIH positivo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBP2N5		NIC: afraid or in denial	
NICBP3N5	K.1.5.	...no ha querido que nadie se enterara de que tiene el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBP3N5		NIC: don't want anyone to know	
NICBP4N5	K.1.6.	... los proveedores de salud no le agradaron o no le inspiraron confianza?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBP4N5		NIC: don't like or trust providers	
NICBF1N5	K.1.7.	...ha tenido problemas de dinero o con el seguro médico?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBF1N5		NIC: money or health insurance problems	
NICBC1N5	K.1.8.	...ha tenido otros quehaceres de la vida que se lo han dificultado?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBC1N5		NIC: other things going on	
NICBS1N5	K.1.9.	...no pudo encontrar una clínica o médico para el VIH o no pudo encontrar a uno que pudiera satisfacer sus necesidades?	
		No	0
		Sí	1
		Se negó a contestar	7

		No sabe	8
Label_NICBS1N5		NIC: couldn't find clinic or doctor	
NICBS2N5	K.1.10.	...ha tenido problemas para conseguir transporte para ir a una clínica o al médico?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBS2N5		NIC: transportation issues	
NICBOTN5	K.1.11.	...algún otro motivo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBOTN5		NIC: other reason	
Skip_NICBOTN5		Si NICBOTN5 (NIC: other reason) es 1 (Sí), entonces pase a NICBN5OS (Never in care: Other specify reason). De lo contrario, salte a Skip_NICBN5OS.	
NICBN5OS	K.1.12.	Por favor, indique el otro motivo por el cual no ha recibido atención médica ambulatoria para el VIH. _____	
Label_NICBN5OS		Never in care: Other specify reason	
Skip_NICBN5OS		Si NICBP1N5 (NIC: didn't need care) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a Skip_NICBD1N5 (reasons it was difficult to get outpatient HIV medical care). De lo contrario, pase a Intro_NICNN1N5 (reasons for not seeing a provider series).	
Intro_NICNN1N5		“Usted ha mencionado que no recibió atención médica ambulatoria para el VIH, porque usted o su proveedor de atención médica no creyeron que fuera necesario. ¿Esto se debe a que..”.	
NICNN1N5	K.2.0.	...su médico u otro proveedor de atención médica le dijo que no era necesario?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICNN1N5		NIC: didn't need care - doctor	
NICNN2N5	K.2.1.	...usted no se ha sentido enfermo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8

Label_NICNN2N5		NIC: didn't need care - didn't feel sick	
NICNN3N5	K.2.2.	...no ha creído que los medicamentos contra el VIH mejorarían su salud?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICNN3N5		NIC: didn't need care - HIV meds	
NICNOTN5	K.2.3.	¿Pensó que no necesitaba ir al médico ni a otro proveedor de atención médica por algún otro motivo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICNOTN5		NIC: didn't need care - other	
Hard_edit_NICNOTN5		If NICBP1N5 (NIC: didn't need care) = 1 (Sí), then NICNN1N5, NICNN2N5, NICNN3N5, and NICNOTN5 cannot = 0 (no). If NICNN1N5, NICNN2N5, NICNN3N5, and NICNOTN5 = 0 (no), then LEA: "Ha respondido 'no' a todas las razones por las cuales usted o su proveedor de atención médica podrían pensar que no necesitaba atención médica ambulatoria para el VIH. Revisemos las razones para que pueda decirme cuál de ellas corresponde. También puede decir que no sabe o negarse a responder". Return to Intro_NICNN1N5. Else, go to Skip_NICNOTN5.	
Skip_NICNOTN5		Si NICNOTN5 (NIC: didn't need care – other) es 1 (Sí), entonces pase a NICNN5OS (NIC: didn't need care - other specify). De lo contrario, salte a Skip_NICBD1N5 (NIC: other things - drinking or drugs).	
NICNN5OS	K.2.4.	Indique la otra razón por la cual creyó que no necesitaba ir al médico ni a otro proveedor de atención médica. _____	
Label_NICNN5OS		NIC: didn't need care - other specify	
Skip_NICBD1N5		Si NICBC1N5 (NIC: other things going on) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a Skip_NICBS1N5 (NIC: couldn't find clinic or doctor). De lo contrario, pase a Intro_NICBDN5 (Other things going on in your life series).	
Intro_NICBDN5		"Ha señalado que ha tenido otros quehaceres de la vida que le han dificultado recibir atención médica ambulatoria para el VIH. ¿Le ha resultado difícil porque...?"	
NICBD1N5	K.2.5.	...ha estado bebiendo o consumiendo drogas?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBD1N5		NIC: other things - drinking or drugs	

NICBD2N5	K.2.6.	...ha tenido problemas de depresión u otros problemas de salud mental?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBD2N5		NIC: other things - depression or MH	
NICBD3N5	K.2.7.	…ha estado físicamente enfermo u hospitalizado?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBD3N5		NIC: other things - sick or hospitalized	
NICBD4N5	K.2.8.	…ha estado en prisión o en la cárcel?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICBD4N5		NIC: other things - prison or jail	
NICDOTN5	K.2.9.	¿Le ha resultado difícil obtener atención médica ambulatoria para el VIH por alguna otra cosa que le esté pasando en la vida?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICDOTN5		NIC: other things - something else	
Hard_edit_NICDOTN5		If NICDOTN5 (other things going on in your life that made it difficult to get outpatient HIV medical care) is 0 (no) and the reasons for not getting outpatient HIV medical care: NICBD1N5 (drinking or using drugs), NICBD2N5 (depression or mental health problems), NICBD3N5 (physically sick or hospitalized), and NICBD4N5 (prison or jail) are all 0 (no), then LEA: "Usted ha señalado que había otras cosas en la vida que le dificultaban recibir atención médica ambulatoria para el VIH, pero no ha informado la razón". Return to Intro_NICBDN5.	
Skip_NICDOTN5		Si NICDOTN5 (NIC: other things - something else) es 1 (Sí), entonces pase a NICDN5OS (NIC: other things - other specify). De lo contrario, salte a Skip_NICBS1N5 (NIC: couldn't find clinic or doctor).	
NICDN5OS	K.2.10.	Por favor, indique qué más ha sucedido en su vida que le ha dificultado recibir atención médica ambulatoria para el VIH. _____	
Label_NICDN5OS		NIC: other things - other specify	
Skip_NICBS1N5		Si NICBS1N5 (NIC: couldn't find clinic or doctor) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), salte a Skip2_NICNMTN5 (skip before main reason never in care). De lo contrario, salte a Intro_NICNM1N5 (Never in	

		care: Because you couldn't find an HIV clinic that met your needs series).	
Intro_NICNM1N5		"Usted ha mencionado que no encontró una clínica o un médico especializado en el VIH o que no encontró a uno que pudiera satisfacer sus necesidades. ¿Esto se debe a que..".	
NICNM1N5	K.3.1.	...no encontró ninguna clínica o médico especializado en el tratamiento para el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICNM1N5		NIC: no doc - couldn't find clinic or dr	
Skip_NICNM1N5		Si NICNM1N5 (Never in care: Because you couldn't find any HIV clinic or doctor) = 1 (Sí), salte a Skip2_NICNMTN5. De lo contrario, pase a NICNM2N5 (reason couldn't find a clinic to meet needs series).	
NICNM2N5	K.3.2.	...la clínica o el médico quedan muy lejos?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_NICNM2N5		NIC: no doc - too far away	
NICNM3N5	K.3.3.	...no ha encontrado una clínica o médico que hablara su idioma?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_NICNM3N5		NIC: no doc - language barrier	
NICBM4N5	K.3.4.	...no ha podido conseguir una cita?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_NICBM4N5		NIC: no doc - couldn't get appointment	
NICNMTN5	K.3.5.	¿Hay otra razón por la cual no ha encontrado una clínica o médico que cubriera sus necesidades?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NICNMTN5		NIC: no doc - other reason	
Hard_edit_NICNMTN5		If NICNM1N5 (NIC: no doc - couldn't find clinic or dr) is 1 (Sí), then NICNM1N5 (couldn't find any HIV clinic or doctor) or NICNM2N5 (the clinic	

		or doctor is too far away) or NICNM3N5 (you haven't found a clinic that spoke your language) or NICBM4N5 (you haven't been able to get an appointment) or NICNMTN5 (NIC: no doc - other reason) must all be 1 (Sí), 7 (no sabe), or 8 (refused). If NICNM1N5 (couldn't find any HIV clinic or doctor) or NICNM2N5 (the clinic or doctor is too far away) or NICNM3N5 (you haven't found a clinic that spoke your language) or NICBM4N5 (you haven't been able to get an appointment) or NICNMTN5 (NIC: no doc - other reason) are all 0 (no), then LEA: "Usted ha señalado que no recibió atención médica ambulatoria para el VIH, porque no encontró una clínica o un médico especializado en el VIH o que no encontró uno que cubriera sus necesidades, pero no ha indicado una razón". Return to question Intro_NICNM1N5.
Skip1_NICNMTN5		Si NICNMTN5 (NIC: no doc - other reason) es 1 (Sí), entonces pase a NICNM5OS (NIC: no doc - other specify). De lo contrario, salte a Skip2_NICNMTN5.
NICNM5OS	K.3.6.	Indique la otra razón por la cual no ha encontrado una clínica o un médico que cubriera sus necesidades. _____
Label_NICMN5OS		NIC: no doc - other specify
Skip2_NICNMTN5		Si el entrevistado ha indicado solo 1 razón por la cual no ha recibido atención médica ambulatoria para el VIH (NICBN1N5 = 1 (sí), NICBP2N5 = 1 (sí), NICBP3N5 = 1 (sí), NICBP4N5 = 1 (sí), NICBF1N5 = 1 (sí), NICBS2N5 = 1 (sí) O NICBOTN5) = 1 (sí), entonces salte a SEENMDN5 (have you ever seen a doctor in any setting for medical care).
QDS_programming _NICBMRN5		Show a list of the reasons outpatient care was not received that were endorsed by the respondent. These are the options selected in NICBN5 series (reasons for not receiving outpatient HIV medical care), NICBN1N5 NICBP2N5 NICBP3N5 NICBP4N5 NICBF1N5 NICBS2N5 the NICNNN5 series (reasons for not seeing a provider), NICNN1N5 NICNN2N5 NICNN3N5 NICBDN5 series (Other things going on in your life), NICBD1N5 NICBD2N5 NICBD3N5 NICBD4N5 or the NICNMN5 series (Reason couldn't find a clinic to meet needs), i.e. NICNM1N5 NICNM2N5 NICNM3N5

		NICBM4N5 Where the selection was 1 (Sí). Also include data from these other specify variables if they are populated: NICBN5OS NICNN5OS NICDN5OS NICNM5OS Three selections are intentionally excluded: NICBP1N5 (NIC: didn't need care), NICBC1N5 (NIC: other things going on), and NICBS1N5 (NIC: couldn't find clinic or doctor) as a main reason because we want people to select a sub-reason when possible know the sub-reason.
NICBMRN5	K.4.0.	De todas las razones que acaba de mencionar, ¿cuál es la más importante? [LEA LAS RESPUESTAS YA SELECCIONADAS. SELECCIONE SOLO UNA.]

tiene una cita programada que todavía no ha realizado?	1
...ha tenido miedo o se niega a aceptar que es VIH positivo?	2
...no ha querido que nadie se enterara de que tiene el VIH?	3
…los proveedores de salud no le agradaron o no le inspiraron confianza?	4
...ha tenido problemas de dinero o con el seguro médico?	5
...ha tenido problemas para conseguir transporte para ir a una clínica o al médico?	6
Debido a [INSERTE LA RESPUESTA DE NICBN5OS (other specify reason)]?	7
...su médico u otro proveedor de atención médica le dijeron que no era necesario?	8
...usted no se ha sentido enfermo?	9
...no ha creído que los medicamentos contra el VIH mejorarían su salud?	10
...porque [INSERTE LA RESPUESTA DE NICNN5OS (otro motivo por el cual creyó que no tenía que ir al médico u otro proveedor de atención médica)]?	11
...ha estado bebiendo alcohol o consumiendo drogas?	12
...ha tenido problemas de depresión u otros problemas de salud mental?	13
…ha estado físicamente enfermo u hospitalizado?	14
...ha estado en prisión o en la cárcel?	15
...porque [INSERTE LA RESPUESTA DE NICDN5OS (Other specify - razón por la cual tiene otros quehaceres de la vida)]?	16
...no encontró ninguna clínica o médico	17

		especializado en el tratamiento para el VIH?	
		...porque la clínica o el médico están muy lejos?	18
		...no ha encontrado una clínica o médico que hablara su idioma?	19
		...no ha podido conseguir una cita?	20
		...porque [INSERTE RESPUESTA DE NICMN5OS (other specify - motivo por el cual no ha encontrado una clínica o un médico que cubriera sus necesidades)]?	21
		Se negó a contestar	77
		No sabe	88
Label_NICBMRN5		Most important barrier-never in care	
SEENMDN5	K.5.0.	Desde que tuvo el resultado positivo al VIH el [INSERTE POS1S_9 (date of first positive test)], ¿ha consultado a un médico, enfermero u otro profesional de la salud en algún centro por algún tipo de atención médica?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SEENMDN5		Any medical care after HIV diagnosis	
Calculation_EN_NICN5		EN_NICN5 = Current time	
Label_EN_NICN5		End of Never in Care section	
Calculation_TL_NICN5		Calculate elapsed time between ST_NICN5 and EN_NICN5 = TL_NICN5	
Label_TL_NICN5		Total time for Never in Care	

Atención para el VIH (V)

Calculation_STHVCAN5	STHVCAN = Current time
Label_STHVCAN5	Start time of HIV care

Conexión con la atención (VL)

Skip_Intro1_PREFN5		Si POS1S_9 (date first tested positive for HIV) es 77/7777 (Se negó a contestar) u 88/8888 (no sabe) o un mes desconocido, entonces pase a Intro1_PREFN5. De lo contrario, salte a Intro2_PREFN5.
Intro1_PREFN5		"En las siguientes preguntas, le preguntaré acerca de los 30 días después de que tuvo los resultados positivos al VIH".
Intro2_PREFN5		"En las siguientes preguntas, le preguntaré acerca de los 30 días después de que tuvo los resultados positivos al VIH, o sea, desde [INSERTE P POS1S_9 (date of first positive test)] hasta [INSERTE ONE MONTH AFTER POS1S_9]".
PREFN5	VL.1.0.	Dentro de los 30 días después de tener sus primeros resultados positivos al VIH, ¿alguien le preguntó si necesitaba ayuda para encontrar un lugar donde recibir atención médica ambulatoria para el VIH o le hicieron saber adónde podía acudir para recibir atención médica ambulatoria? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_PREFN5		Help finding outpatient HIV care
Intro_AREF4N5		"En las siguientes preguntas, responderá si recibió ayuda de un profesional para comunicarse con un centro médico de atención médica ambulatoria para el VIH. Un profesional puede ser un médico, enfermero, trabajador social o recepcionista".
AREF4N5	VL.2.0.	Dentro de los 30 días después de que tuvo sus primeros resultados positivos al VIH, ¿lo ayudó algún profesional a determinar si usted calificaba para recibir atención médica ambulatoria gratuita o de bajo costo para el VIH ? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_AREF4N5		Help figure out free/low-cost HIV care?
Skip_AREF4N5		Si AREF4N5 (Help figure out free/low-cost HIV care?) = 1 (Sí), entonces salte a Calculation_KNWCON5. Si AREF4N5 (Help figure out free/low-cost HIV care?) = 7 (Se negó a contestar) u 8 (no sabe), entonces salte a KNOWFRN5 (Do you know: free/low cost HIV care?). De lo contrario, pase a AREF4NN5 (Help figure out free/low-cost HIV care?).

AREF4NN5	VL.2.1.	¿Quería que un profesional lo ayudara a determinar si calificaba para recibir atención médica ambulatoria gratuita o de bajo costo para el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8	
Label_AREF4NN5		Want help: free/low-cost HIV care?	
KNOWFRN5	VL.2.2.	¿Sabía usted que hay atención médica ambulatoria gratuita o de bajo costo para la atención del VIH para aquellos que califiquen? No 0 Sí 1 Se negó a contestar 7 No sabe 8	
Label_KNOWFRN5		Do you know: free/low cost HIV care?	
Calculation_KNWCON5		A variable should be calculated that combines AREF4N5 (Help figure out free/low-cost HIV care?) and KNOWFRN5 (Do you know: free/low cost HIV care?). Combination variable: KNWCON5 (Calculation free/low cost HIV care).	
		AREF4N5	**KNOWFRN5**	**KNWCON5**
		No		Value from KNOWFRN5
		Sí	Skipped	Sí
		Se negó a contestar		Value from KNOWFRN5
		No sabe		Value from KNOWFRN5
Label_KNWCON5		Calculation free/low cost HIV care	
AREF1N5	VL.3.0.	Dentro de los 30 días después de que tuvo sus primeros resultados positivos al VIH, ¿lo ayudó algún profesional a programar una cita de atención médica ambulatoria para el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8	
Label_AREF1N5		Help make appt for HIV care?	
Skip_AREF1N5		Si AREF1N5 (did a professional help you make an appointment for outpatient HIV medical care) = 1 (Sí), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a AREF2N5 (did a professional help you arrange transportation to an outpatient HIV medical care appointment).	
AREF1NN5	VL.3.1.	¿Quería que un profesional lo ayudara a programar una cita? No 0 Sí 1 Se negó a contestar 7	

		No sabe	8
Label_AREF1NN5		Want help: make appt for HIV care?	
AREF2N5	VL.4.0.	Dentro de los 30 días después de que tuvo sus primeros resultados positivos al VIH, ¿lo ayudó algún profesional a coordinar el transporte para ir a una cita de atención médica ambulatoria para el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_AREF2N5		Help arrange transportation to HIV care?	
Skip_AREF2N5		Si AREF2N5 (did a professional help you arrange transportation to an outpatient HIV medical care appointment) = 1 (Sí), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a AREF3N5 (did a professional go with you to your first outpatient HIV medical care appointment?)	
AREF2NN5	VL.4.1.	¿Quería que un profesional lo ayudara a coordinar el transporte?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_AREF2NN5		Want help: arranging transportation?	
AREF3N5	VL.5.0.	Dentro de los 30 días después de que tuvo sus primeros resultados positivos al VIH, ¿algún profesional lo acompañó a su primer cita de atención médica ambulatoria para el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_AREF3N5		Professional go with you to 1st appt?	
Skip_AREF3N5		Si AREF3N5 (did a professional go with you to your first outpatient HIV medical care appointment) = 1 (Sí), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a Skip_CARE1_N5 (1-date of first outpatient HIV medical care visit).	
AREF3NN5	VL.5.1.	¿Quería que un profesional lo acompañara?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_AREF3NN5		Want professional to go with to 1st appt	
Skip_AREF3NN5		Si EVERCRN5 (ever received outpatient HIV medical care) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a Calculation_STGNMDN5	

		(start time of general medical care). De lo contrario, pase a Skip_CARE1_N5 (1-Date of first care visit).
Skip_CARE1_N5		Si POS1S_9 (date of first positive test) = 77/7777 (Se negó a contestar) u 88/8888 (No sabe) o un mes desconocido, pase a CARE1_N5. De lo contrario, salte a CARE_9 (2-Date of first outpatient HIV care visit).
CARE1_N5	VL.6.0.	Desde que tuvo los resultados positivos al VIH, ¿en qué mes y año consultó a un médico, enfermero u otro profesional de la salud por **primera** vez para recibir atención médica ambulatoria para el VIH? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_CARE1_N5 Hard_edit_CARE1_N5		1-Date of 1st outpatient HIV care visit If CARE1_N5 (1-date of first outpatient HIV medical care visit) is earlier than DOB_13 (date of birth), then LEA: "La fecha ingresada es anterior a su fecha de nacimiento. Por favor, confirme la fecha". Return to CARE1_N5.
CARE_9	VL.6.1.	Desde que usted resultó positivo a la prueba del VIH en [INSERT POS1S_9 (date of first positive test)], ¿en qué mes y año visitó por **primera vez** a un médico, una enfermera o a otro profesional de la salud en busca de atención médica para el VIH? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_CARE_9 Soft_edit_CARE_9 Hard_edit_CARE_9		2-Date of first outpatient HIV care visit If CARE_9 (2-date of first outpatient HIV medical care visit) is earlier than POS1S_9 (date first tested positive for HIV), then LEA: "La fecha introducida es antes que la fecha en que obtuvo resultados positivos del VIH por primera vez. Por favor, confirme la fecha". Allow the program to advance. If CARE_9 (2-date of first outpatient HIV medical care visit) is earlier than DOB_13 (date of birth), then LEA: "La fecha ingresada es antes que su fecha de nacimiento. Por favor, confirme la fecha". Return to CARE_9.

Retención (VR)

LASCA_9	VR.1.0.	¿Cuándo fue su visita **más reciente** a un médico, enfermera o a otro profesional de la salud para recibir atención médica para el VIH? Por favor dígame el mes y el año. ☐ ☐/ ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_LASCA_9		Date most recent outpt. HIV care visit

Hard_edit1_ LASCA_9		LASCA_9 (date of most recent outpatient HIV medical care visit) cannot be earlier than CARE_9 (2-date of first outpatient HIV medical care visit). If LASCA_9 is earlier than CARE_9, then LEA: "Su visita médica más reciente no puede ser antes que su primera visita médica". Return to LASCA_9 (date of most recent outpatient HIV medical care visit).
Hard_edit2_ LASCA_9		LASCA_9 (date of most recent outpatient HIV medical care visit) cannot be later than IDATE (interview date). If LASCA_9 is later than IDATE (interview date), then LEA: "Su visita médica más reciente no puede ser después que el día de hoy". Return to LASCA_9 (date of most recent outpatient HIV medical care visit).
QDS_Program ming_LASCA_9		Allow a blank response for month.
USOCN5	VR.2.0.	¿Cuál es el nombre del lugar donde fue para recibir la mayor parte de su atención médica ambulatoria para el VIH desde ([LASCA_9]-365) hasta [LASCA_9]?
Label_USOCN5 QDS_program ming_USOCN5		Name of outpatient HIV medical care fac. Interviewer instructions: The name of the usual place of outpatient care is not recorded in QDS, but will be used in later questions. This is the name of the location where the medical record abstraction should be performed. If LASCA_9 is 77/7777 (no sabe) u 88/8888 (Se negó a contestar), then LEA: "¿Cuál es el nombre del lugar donde fue para la mayor parte de su atención medica ambulatoria para el VIH [en el año antes de su última visita médica ambulatoria para el VIH]?"
NYMLTFN5	VR.3.0.	En los **últimos 2 años**, es decir, entre [INSERTE DOS AÑOS ANTES DE LA IDATE (interview date)] y [INSERTE IDATE], ¿ha consultado a algún proveedor de atención médica ambulatoria para el VIH en algún centro además de [INSERTE I NOMBRE DEL CENTRO USUAL DE ATENCIÓN AMBULATORIA]? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_NYMLTF N5		Seen any other providers past 2yrs
Skip_NYMLTFN 5		Si NYMLTFN5 (seen any other outpatient HIV medical care providers past two years) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a MSAPPTN5 (missed any scheduled outpatient HIV medical care appointments). De lo contrario, pase a MLTFA2N.
MLTFA2N5	VR.3.1.	En los **últimos 2 años**, es decir, entre [INSERTE DOS AÑOS ANTES DE LA IDATE (interview date)] y [INSERTE IDATE], ¿ha consultado a algún proveedor de atención médica ambulatoria para el VIH en algún centro además de [INSERTE EL NOMBRE DEL CENTRO USUAL DE ATENCIÓN AMBULATORIA]? ___ ___ [777 = Se negó a contestar, 888= No sabe]

Interviewer_note_MLTFA2N5		**Nota para el entrevistador**: Las diferentes unidades dentro de un mismo hospital se considerarán centros diferentes si también están diferenciadas en el marco del muestreo
Label_MLTFA2N5 Range_MLTFA2N5		Number outpatient HIV fac. in past 2yrs 2–99
MLTFA1N5	VR.3.2.	En los **últimos 12 meses**, es decir, entre [INSERTE IDATE-12meses] y [IDATE], ¿en cuántos centros médicos ha recibido atención médica ambulatoria para el VIH en total? Por favor, incluya [INSERTE EL NOMBRE DEL CENTRO USUAL DE ATENCIÓN AMBULATORIA] en el total. ___ ___ [777 = Se negó a contestar, 888= No sabe]
Interviewer_note_MLTFA1N5		**Nota para el entrevistador**: Las diferentes unidades dentro de un mismo hospital se considerarán centros diferentes si también están diferenciadas en el marco del muestreo".
Label_MLTFA1N5 Range_MLTFA1N5 Hard_edit_MLTFA1N5		Number outpatient HIV fac. in past yr 2–99 MLTFA1N5 (number outpatient HIV fac. in past yr) must be ≤ MLTFA2N5 (number outpatient HIV fac. in past 2yrs). If MLTFA1N5 ≥ MLTFA2N5, then LEA: "El número de centros ambulatorios de atención médica para el VIH en el último año debe ser menor o igual que el número de centros ambulatorios de atención médica para el VIH en los últimos dos años. Por favor, confirme". Return to MLTFA1N5 (number outpatient HIV fac. in past yr).
MSAPPTN5	VR.4.0.	En los **últimos 12 meses**, ¿ha faltado a alguna cita programada en un centro médico ambulatorio para el VIH sin cancelar? Esto no incluye las citas que fueron canceladas por la clínica. No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_MSAPPTN5		Miss any scheduled HIV care appts
NOVSTSN5	VR.5.0.	En los **últimos 12 meses**, ¿cuántas visitas ha tenido con un proveedor de atención médica ambulatoria para el VIH? ___ ___ [777 = Se negó a contestar, 888= No sabe]
Label_NOVSTSN5 Range_NOVSTSN5		Num visits outpatient care provider 0–365

SEEOFTN5	VR.6.0.	Cree que la cantidad de veces que ha visitado a un proveedor de atención médica ambulatoria para el VIH en los **últimos 12 meses** ha sido... [LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		Más de lo necesario	1
		La cantidad adecuada	2
		Menos de lo necesario	3
		Se negó a contestar	7
		No sabe	8
Label_SEEOFTN5		Num. times you saw outpatient HIV care	
Skip_SEEOFTN5		Si SEEOFTN5 (number of times you saw an outpatient HIV medical care provider) = 1 (more than you needed to), 2 (about the right number of times), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a INTRO_REEN5 (has a provider tried to help you get more frequent outpatient HIV medical care). De lo contrario, pase a Intro_NOCBN5 series (reasons not in care).	
Intro_NOCBN5		"Leeré un listado de razones que pueden interferir con la atención médica ambulatoria para el VIH. Por favor, indique si cada uno de ellas se aplica o no a su caso. ¿Fue una de las razones por las cuales no vio a proveedor con más frecuencia que..".	
NOCBN1N5	VR.6.1.	...porque su médico u otro proveedor de atención médica no lo solicitaron?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBN1N5		OOC: doctor or provider didn't ask	
NOCBN2N5	VR.6.2.	…no se sentía enfermo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBN2N5		OOC: didn't feel sick	
NOCBN3N5	VR.6.3.	...no creyó que los medicamentos contra el VIH mejorarían su salud?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBN3N5		OOC: HIV meds	
NOCBP1N5	VR.6.4.	...tenía miedo o se negaba a aceptar que era VIH positivo?	
		No	0

		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBP1N5		OOC: afraid or in denial	
NOCBP2N5	VR.6.5.	...no quería que nadie se enterara de que tiene el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBP2N5		OOC: didn't want anyone to know	
NOCBP3N5	VR.6.6.	… no confiaba o no le gustaban los proveedores de atención médica?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBP3N5		OOC: didn't like/trust providers	
NOCBF1N5	VR.6.7.	...ha tenido problemas de dinero o con el seguro médico?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBF1N5		OOC: problems with money or health	
NOCBC1N5	VR.6.8.	...ha tenido otros quehaceres de la vida que se lo han dificultado?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBC1N5		OOC: other things going on in life	
NOCBS1N5	VR.6.9.	...no pudo encontrar una clínica o médico para el VIH o no pudo encontrar a uno que pudiera satisfacer sus necesidades?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBS1N5		OOC: couldn't find clinic or dr	

NOCBS2N5	VR.6.10.	...ha tenido problemas para conseguir transporte para ir a una clínica o al médico?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBS2N5		OOC: transportation issues	
NOCBOTN5	VR.6.11.	...alguna otra razón?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBOTN5		OOC: other reason	
Skip_NOCBOTN5		Si NOCBOTN5 es 1 (Sí), entonces pase a NOCBN5OS (OOC: other specify). De lo contrario, salte a Intro_NOCBDN5 (OOC: other things - drinking or drugs).	
NOCBN5OS	VR.6.12.	Por favor, indique la otra razón por la cual no vio a un proveedor con más frecuencia. _____	
Label_NOCBN5OS		OOC: other specify	
Skip_NOCBN5OS		Si NOCBC1N5 (because you had other things going on in your life that made it difficult) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe) pase a Skip_NOCNM1N5. De lo contrario, pase a Intro_NOCBD1N5.	
Intro_NOCBD1N5		"Ha dicho que tenía otros quehaceres que le dificultaron ver a un proveedor de atención médica ambulatorio para el VIH con más frecuencia. ¿Le resultaba difícil..".	
NOCBD1N5	VR.7.0.	...estaba bebiendo alcohol o consumiendo drogas?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBD1N5		OOC: other things - drinking or drugs	
NOCBD2N5	VR.7.1.	...por tener problemas de depresión u otros problemas de salud mental?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCBD2N5		OOC: other things - depression or MH	

NOCBD3N5	VR.7.2.	… estaba enfermo físicamente u hospitalizado? No Sí Se negó a contestar No sabe	 0 1 7 8
Label_NOCBD3N5		OOC: other things - sick or hospitalized	
NOCBD4N5	VR.7.3.	… estaba en prisión o en la cárcel? No Sí Se negó a contestar No sabe	 0 1 7 8
Label_NOCBD4N5		OOC: other things - prison or jail	
NOCDOTN5	VR.7.4.	¿Le ha resultado difícil obtener atención médica ambulatoria para el VIH más frecuente debido a alguna otra cosa que le está pasando en la vida? No Sí Se negó a contestar No sabe	 0 1 7 8
Label_NOCDOTN5		OOC: other things - something else	
Skip_NOCDOTN5		Si NOCDOTN5 (OOC: other things - something else) es 1 (Sí), pase a NOCDN5OS (OOC: other things - other specify). De lo contrario, salte a Hard_edit_NOCDOTN5.	
NOCDN5OS	VR.7.5.	Por favor, indique qué más ha sucedido en su vida que le ha dificultado recibir atención médica ambulatoria para el VIH. _____	
Label_NOCDN5OS Hard_edit_NOCDOTN5		OOC: other things - other specify Participant must endorse one sub-reason. If NOCDOTN5 (Something else going on in your life that made it difficult to get care) is 0 (no) and the reasons for not getting outpatient HIV medical care: NOCBD1N5 (you were drinking or using drugs), NOCBD2N5 (depression or mental health problems), NOCBD3N5 (you were physically sick or hospitalized), and NOCBD4N5 (you were in prison) are 0 (no), then LEA: “Ha señalado que tenía otras cosas en su vida que le dificultaban recibir más atención médica ambulatoria para el VIH, pero no ha informado la razón”. Por favor, confirme”. Return to NOCBD1N5 (OOC: other things - drinking or drugs).	
Skip_NOCNM1N5		Si NOCBS1N5 (because you couldn’t find an HIV clinic or doctor or you couldn’t find one that met your needs) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), salte a las instrucciones antes de NOCBMRN5 (most important barrier-not in care). De lo contrario, pase a NOCNM1N5 (because you	

		couldn't find any HIV clinic or doctor).	
NOCNM1N5	VR.8.0.	Usted ha mencionado que no encontró una clínica o un médico especializado en el VIH o que no encontró a uno que pudiera satisfacer sus necesidades. ¿Esto se debe a que no pudo encontrar ninguna clínica o médico que tratara el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCNM1N5		OOC: no doc - couldn't find any	
Skip2_NOCNM1N5		Si NOCNM1N5 (because you couldn't find any HIV clinic or doctor) = 1 (Sí), entonces salte a Skip_NOCBMRN5 (most important barrier-not in care). De lo contrario, pase a Intro_NOCNMN5 (reason couldn't find a doctor or clinic).	
Intro_NOCNMN5		"¿Fue porque..".	
NOCNM2N5	VR.8.1.	...la clínica quedaba muy lejos?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCNM2N5		OOC: no doc - clinic too far away	
NOCNM3N5	VR.8.2.	...no pudo encontrar una clínica donde se hablara su idioma?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCNM3N5		OOC: no doc - language barrier	
NOCNM4N5	VR.8.3.	...no pudo conseguir una cita?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NOCNM4N5		OOC: no doc - couldn't get appointment	
NOCNMTN5	VR.8.4.	¿Hay otra razón por la cual no ha encontrado una clínica o médico que cubriera sus necesidades?	
		No	0
		Sí	1

		Se negó a contestar 7 No sabe 8
Label_NOCNMTN5		OOC: no doc - other reason
Skip_NOCNMTN5		Si NOCNMTN5 (OOC: no doc - other reason) es 1 (Sí), entonces pase a NOCMN5OS (OOC: no doc - other specify). De lo contrario, salte a Skip_NOCBMRN5 (most important barrier-not in care).
NOCMN5OS	VR.8.5.	Indique la otra razón por la cual no ha encontrado una clínica o un médico. _____
Label_NOCMN5OS		OOC: no doc - other specify
Hard_edit_NOCNMTN5		Participant must endorse a sub-reason. If NOCNMTN5 (other reason you couldn't find a clinic) is 0 (no) and the reasons you couldn't find a clinic that met your needs: NOCNM1N5 (you couldn't find any HIV clinic or doctor), NOCNM2N5 (the clinic was too far away), NOCNM3N5 (you couldn't find a clinic that spoke your language), and NOCNM4N5 (you couldn't get an appointment) are all 0 (no), then LEA: "Usted ha señalado que no encontró una clínica o médico que tratara el VIH o que no encontró uno que cubriera sus necesidades, pero no ha indicado una razón". Por favor, confirme".Return to question NOCNM2N5 (other reason you couldn't find a clinic).
Skip_NOCBMRN5		Si el entrevistado ha seleccionado "sí" para 1 solo motivo en la serie NOCBN5 (Reasons not in care: NOCBN1N5, NOCBN2N5, NOCBN3N5, NOCBP1N5, NOCBP2N5, NOCBP3N5, NOCBF1N5, NOCBS2N5, NOCBOTN5), entonces salte a Intro_REEN5 (provider tried more freq. HIV care). Si el entrevistado ha seleccionado más de 1 razón, salte a QDS_programming_NOCBMRN5 (most important barrier-not in care). De lo contrario, pase a NOCBMRN5 (most important barrier-not in care).
QDS_programming_NOCBMRN5		Show a list of the options selected in NOCBN5 (reasons not in care, i.e. NOCBN1N5, NOCBN2N5, NOCBN3N5, NOCBP1N5, NOCBP2N5, NOCBP3N5, NOCBF1N5, NOCBS2N5, NOCBOTN5), NOCBDN5 (reasons you had other things going on that made it difficult to get outpatient HIV medical care, i.e., NOCBD1N5, NOCBD2N5, NOCBD3N5, NOCBD4N5, NOCDOTN5, NOCDN5OS), or NOCNMN5 (reasons you couldn't find any clinic or a clinic that met your needs, i.e. NOCNM1N5, NOCNM2N5, NOCNM3N5, NOCNM4N5, NOCNMTN5) where the selection = 1 (Sí)
NOCBMRN5	VR.9.0.	De todas las razones que acaba de mencionar, ¿cuál es la más importante? [LEA LAS OPCIONES SELECCIONADAS PREVIAMENTE. SELECCIONE SOLO UNA.] Porque su médico u otro proveedor de atención médica no le pidieron que fuera con más frecuencia. 1 Porque usted no se sentía enfermo. 2 Porque no creyó que los medicamentos contra el VIH mejorarían su salud. 3 Porque tenía miedo o se negaba a aceptar que era VIH 4

		positivo.	
		Porque no quería que nadie se enterara de que tiene el VIH.	5
		Porque los proveedores de atención médica no le agradaban o no le inspiraban confianza.	6
		...Porque ha tenido problemas de dinero o con el seguro médico.	7
		Porque ha tenido problemas para conseguir transporte para ir a la clínica.	8
		Porque [respuesta de NOCBN5OS (otro motivo específico)]	9
		Porque estaba bebiendo alcohol o consumiendo drogas.	10
		Porque ha tenido problemas de depresión u otros problemas de salud mental.	11
		Porque había sufrido una enfermedad física o estaba hospitalizado.	12
		Porque estaba en la cárcel o en prisión.	13
		Porque [respuesta de NOCDN5OS (other thing going on that made it difficult to get outpatient HIV medical care more often).	14
		Porque no encontró ninguna clínica o médico especializado en el tratamiento para el VIH.	15
		Porque la clínica quedaba muy lejos.	16
		Porque no encontró una clínica que hablara su idioma.	17
		Porque no pudo conseguir una cita.	18
		Porque [respuesta de NOCMN5OS (other reason you couldn't find a clinic)].	19
		Se negó a contestar	77
		No sabe	88
Label_NOCBMRN5		Most important barrier-not in care	
Intro_REEN5		"En la siguiente pregunta, le preguntaré sobre si recibió ayuda de un profesional para comunicarse con un centro médico de atención médica ambulatoria para el VIH. Un profesional puede ser un médico, enfermero, trabajador social o recepcionista".	
REEN5	VR.10.0.	En los **últimos 12 meses**, ¿ha intentado un profesional ayudarlo a recibir atención médica ambulatoria para el VIH con más frecuencia de la que recibe ahora?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_REEN5		Provider tried more freq. HIV care	
Skip_YRGAPN5		Si la fecha indicada en CARE1_N5 (2-date of first visit to a provider for HIV care) o en CARE_9 (2-date of first visit to a provider for HIV care) es ≤12	

		meses antes de la IDATE, salte a Skip_GESATN5. Si la fecha indicada en LASCA_9 (date of most recent visit to a provider for HIV care ≥12 meses antes de IDATE, entonces salte a Skip_GESATN5. Si CARE_9 is DK/REF, entonces no debe aplicarse la primera condición (CARE1_N5 o CARE_9 es ≤12 meses antes de la fecha proporcionada en LASCA_9). Si LASCA_9 es DK/REF, entonces no debe aplicarse ninguna de las condiciones. Si no se aplica ninguna de las condiciones, el entrevistador debe pasar a la siguiente pregunta (preguntas sobre la brecha en la atención).
YRGAPN5	VR.10.1.	Desde su primera consulta a un proveedor de atención médica ambulatoria para el VIH el [INSERTE FECHA DESDE CARE_N5], ¿**alguna vez** transcurrió más de un año sin que visitara a un proveedor de atención médica ambulatoria para el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_YRGAPN5		Ever had a year gap in care
Skip_ENDGP_N5		Si YRGAPN5 (ever had a year gap in care) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte al siguiente tema (Skip_GESATN5, satisfaction with outpatient HIV care). De lo contrario, vaya a ENDGP_N5 (date returned to a provider for HIV care).
ENDGP_N5	VR.10.2.	Después de la última vez que transcurrió más de un año sin recibir atención, ¿cuándo comenzó a visitar nuevamente a un proveedor de atención médica ambulatoria para el VIH? Indique el mes y el año. ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe
Label_ENDGP_N5		Date returned to HIV care after 1yr gap
Soft_edit_1ENDGP_N5		If ENDGP_N5 (date returned to a provider for HIV care) is earlier than CARE_9 (2-date first visit to a provider for HIV care), then LEA: “La fecha introducida es anterior a la fecha en que recibió atención para el VIH por primera vez. Por favor, confirme la fecha”. Permita que el programa avance.
Soft_edit_2ENDGP_N5		If ENDGP_N5 is later than LASCA_9 (date of most recent visit to a provider for HIV care), then LEA, “La fecha introducida es después de la visita más reciente a un proveedor de atención médica para el VIH. Por favor confirme la fecha”. Allow the program to advance.
Hard_edit_3ENDGP_N5		If ENDGP_N5 (date returned to HIV care after 1yr gap) is within 12 months of date given in CARE_9 (2-date of first visit to a provider for HIV care), then LEA: “La fecha introducida se encuentra dentro de los 12 meses desde la

QDS_programming_ENDGP_N5	primera fecha de atención. Regrese a la pregunta anterior para confirmar la fecha". Return to ENDGP_N5 (date returned to HIV care after 1yr gap). Allow a blank response for month.

Calidad de la atención para el VIH (VQ)

Skip_GESATN5		Si LASCA_9 (date of most recent visit to a provider for HIV care) es más de 12 meses antes que la IDATE (date of interview), entonces salte al siguiente tema (Calculation_STGNMDN5, start time general medical care). De lo contrario, pase a GESATN5 (General satisfaction with outpatient HIV medical care).
GESATN5	VQ.1.0.	En general, ¿qué tan satisfecho se siente con la atención médica ambulatoria para el VIH que ha recibido en los **últimos 12 meses**? [LEA LAS OPCIONES. SELECCIONE SOLO UNA.] Muy satisfecho 1 Algo satisfecho 2 Algo insatisfecho 3 Muy insatisfecho 4
Skip_1GESATN5		A las personas que no han recibido atención durante exactamente 12 meses, se les debe preguntar 5 (you haven't had healthcare in the past 12 months.) De lo contrario, salte al siguiente tema (Calculation_ENHVCAN5, End of HIV in care section).
		No ha recibido atención médica en los **últimos 12 meses** 5 Se negó a contestar 7 No sabe 8
Label_GESATN5		Satisfaction with outpatient HIV care

Calculation_ENHVCAN5	ENHVCAN5 = Current time
Label_ENHVCAN5	End of HIV in care section
Calculation_TLHVCAN5	Calculate elapsed time between STHVCAN5 and ENHVCAN5 = TLHVCAN5
Label_TLHVCAN5	Total time for HIV Care

Tratamiento para el VIH y cumplimiento del mismo (T)

Calculation_STADHRN5		STADHRN5 = Current time.
Label_STADHRN5		Start HIV treatment and adherence
Intro_EART_N5		"Ahora le preguntaré acerca de los medicamentos que tome contra el VIH. Estos medicamentos se llaman medicamentos contra el VIH, y también se los conoce como antirretrovirales, ART o HAART. Las siguientes preguntas se refieren a los medicamentos contra el VIH que ha tomado **después de que tuvo resultados positivos a la prueba del VIH**".
EART_N5	T.1.0.	¿**Alguna vez** ha tomado algún medicamento contra el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_EART_N5		Ever taken ART
Skip_EART_N5		Si EART_N5 (ever taken ART) es 1 (Sí), entonces salte a FART_N5 (date first took ART). Si EART_N5 (ever taken ART) es 7 (Se negó a contestar) u 8 (no sabe), entonces salte a P12_N5 (took prescriptions meds in past 12 months). De lo contrario, pase a Intro_NART1_N5 (Never ART: No one talked about it).
Intro_NART1_N5		"Leeré una lista de razones por las cuales algunas personas no han tomado medicamentos contra el VIH después de tener resultados positivos al VIH. Para cada razón, responda 'sí' o 'no' según corresponda". [LEA LAS OPCIONES. SELECCIONE TODAS LAS QUE CORRESPONDAN.]"
NART1_N5	T.1.1.	Ningún proveedor de atención médica le ha hablado jamás acerca de tomar medicamentos contra el VIH. No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_NART1_N5		Never ART: No one talked about it
NART2_N5	T.1.2.	Su médico le dijo que no debía comenzar a tomar medicamentos contra el VIH. No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_NART2_N5		Never ART: Dr said not to start
NART3_N5	T.1.3.	Tiene problemas para pagar los medicamentos contra el VIH o, para obtener seguro o cobertura para los medicamentos. No 0 Sí 1 Se negó a contestar 7 No sabe 8

Label_NART3_N5		Never ART: Prob. with money/insurance
NART4_N5	T.1.4.	Decidió no tomar medicamentos contra el VIH, porque no cree necesitarlos. No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_NART4_N5		Never ART: Don't think you need them
NART5_N5	T.1.5.	Decidió no tomar medicamentos contra el VIH, porque cree que lo harán sentir enfermo o le provocarán daños. No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_NART5_N5		Never ART: Think would feel sick or harm
NART6_N5	T.1.6.	Decidió no tomar medicamentos contra el VIH por algún otro motivo. No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_NART6_N5		Never ART: Other reason
Skip_NART6_N5		Salte a P12_N5 (took prescriptions meds in past 12 months).
Soft_edit_NART_series		If NART1_N5 through NART6_N5 are all "no," then LEA: "El entrevistado indicó anteriormente que no tomó medicamentos contra el VIH después de tener resultados positivos al VIH. Por favor, confirme que el entrevistado no tiene razones para no tomar medicamentos contra el VIH". Allow the program to advance.
FART_N5	T.2.0.	¿Cuándo fue la primera vez que tomó medicamentos contra el VIH? Indique el mes y el año. ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_FART_N5 QDS_programming_FART_N5 Hard_edit1_FART_N5		Date first took ART Allow a blank response for month. If month is blank for FART_N5 (date first took ART), use the year values for the validation. FART_N5 (date first took ART) cannot be earlier than POS1S_9 (date first tested positive). If FART_N5 (date first took ART) was before POS1S_9 (date of first positive test), then LEA: "La fecha en la que tomó por primera vez medicamentos contra el VIH no puede ser antes que la fecha de diagnóstico del VIH. Por favor vuelva a ingresar la fecha". Do not allow the program to advance. FART_N5 (date first took ART) cannot be later than IDATE (interview date). If FART_N5 (date first took ART) > IDATE (interview date), then LEA: "La fecha en la que tomó por primera vez medicamentos contra el VIH no puede ser

		después que la fecha de la entrevista. Por favor vuelva a ingresar la fecha".Do not allow the program to advance.
		FART_N5 (date first took ART) cannot be earlier than CARE_9 (2-date first went to a provider for HIV care).
Hard_edit2_FART_N5		FART_N5 (date first took ART) cannot be later than IDATE (interview date).
		If FART_N5 (date first took ART) > IDATE (interview date), then LEA: "La fecha en la que tomó por primera vez medicamentos contra el VIH no puede ser después que la fecha de la entrevista. Por favor vuelva a ingresar la fecha".Do not allow the program to advance.
Soft_edit_FART_N5		If FART_N5 (date first took ART) < CARE_9 (2-date first went to a provider for HIV care), then LEA: "La primera vez que tomó medicamentos contra el VIH no puede ser antes que la fecha en que consultó por primera vez a un proveedor de atención médica para el VIH. Por favor, confirme la fecha". Allow the program to advance.
CART_N5	T.3.0.	¿**Actualmente** toma algún medicamento contra el VIH?
		No 0
		Sí 1
		Se negó a contestar 7
		No sabe 8
Label_CART_N5		Currently taking ART
Skip_CART_N5		Si CART_N5 (currently taking ART) es 1 (Sí), entonces salte a intro_ADH1_N5 (days missed taking ART). Si CART_N5 (currently taking ART) es 7 (Se negó a contestar) u 8 (no sabe), salte a ATMD12_9 (took ART in past 12 months). De lo contrario, pase a Intro_CART1_N5 (stopped ART: No one talked about it).
Intro_CART1_N5		"Leeré una lista de razones por las cuales algunas personas no toman medicamentos contra el VIH. Para cada razón, responda 'sí' o 'no' según corresponda".
CART1_N5	T.3.1.	Ningún proveedor de atención médica le ha hablado acerca de volver a tomar medicamentos contra el VIH.
		No 0
		Sí 1
		Se negó a contestar 7
		No sabe 8
Label_CART1_N5		Stopped ART: No one talked about it
CART2_N5	T.3.2.	Su médico le dijo que no debía tomar medicamentos contra el VIH.
		No 0
		Sí 1
		Se negó a contestar 7
		No sabe 8
Label_CART2_N5		Stopped ART: Dr said not to start
CART3_N5	T.3.3.	Tiene problemas para pagar los medicamentos contra el VIH o, para obtener seguro o cobertura para los medicamentos.
		No 0

		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CART3_N5		Stop ART: Prob. with money or insurance	
CART4_N5	T.3.4.	Decidió no tomar medicamentos contra el VIH, porque no cree necesitarlos.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CART4_N5		Stopped ART: Don't think you need them	
CART5_N5	T.3.5.	Decidió no tomar medicamentos contra el VIH, porque cree que lo harán sentir enfermo o le provocarán daños.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CART5_N5		Stop ART: Think would feel sick or harm	
CART6_N5	T.3.6.	Decidió no tomar medicamentos contra el VIH por alguna otra razón.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CART6_N5		Stopped ART: Other reason	
Skip_CART6_N5		Salte a ATMD12_9 (took ART in past 12 months).	
Soft_edit_CART_series		If CART1_N5 through CART6_N5 are all "no," then LEA: "El entrevistado dijo anteriormente que no está tomando medicamentos contra el VIH actualmente. Por favor, confirme que el entrevistado no tiene razones para no tomar medicamentos contra el VIH". Allow the program to advance.	
Intro_ADH1_N5		"Ahora le preguntaré acerca de los medicamentos contra el VIH que está tomando actualmente. Sabemos que puede ser difícil para las personas tomar todos los medicamentos tal como de lo indicaron. Le preguntaré acerca de los **últimos 30 días**. Esto es desde [INSERTE IDATE (interview date) - 30 DÍAS] hasta ahora [INSERTE IDATE]. Si ha estado tomando medicamentos contra el VIH por menos de 30 días, piense en el tiempo desde que comenzó a tomarlos [MUESTRE CALENDARIO AL ENTREVISTADO]".	
ADH1_N5	T.4.0.	En los **últimos 30 días**, ¿qué tan bien cumplió con la toma de medicamentos contra el VIH según lo indicado? [LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		___ ___	
		[77 = Se negó a contestar, 88 = No sabe]	
Label_ADH1_N5		Days missed taking ART	
Range_ADH1_N5		0–30	
ADH2_N5	T.4.1.	En los **últimos 30 días**, ¿qué tan bien cumplió con la toma de medicamentos	

		contra el VIH según lo indicado? [LEA LAS OPCIONES. SELECCIONE SOLO UNA.] [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	
		Muy mal	1
		Mal	2
		Regular	3
		Bien	4
		Muy bien	5
		Excelente	6
		Se negó a contestar	7
		No sabe	8
Label_ADH2_N5		How good a job taking ART	
ADH3_N5	T.4.2.	En los **últimos 30 días**, ¿con qué frecuencia ha tomado sus medicamentos contra el VIH según lo indicado? [LEA LAS OPCIONES. SELECCIONE SOLO UNA.]	
		Nunca	1
		Casi nunca	2
		A veces	3
		Generalmente	4
		Casi siempre	5
		Siempre	6
		Se negó a contestar	7
		No sabe	8
Label_ADH3_N5		How often took ART	
TRBL_EFT	T.5.0.	En los **últimos 30 días**, ¿qué tanto lo afectaron los efectos secundarios de los medicamentos antirretrovirales? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	
		Nunca	1
		Rara vez	2
		Más o menos la mitad de las veces	3
		La mayoría de las veces	4
		Siempre	5
		Se negó a contestar	7
		No sabe	8
Label_TRBL_EFT		How often side effects	
OFT_N5	T.6.0.	¿Con qué frecuencia debe tomar sus medicamentos contra el VIH? Si toma más de una píldora al mismo tiempo, considere esto como una sola vez. [LEA LAS OPCIONES. SELECCIONE UNA SOLA.]	
		Tres veces al día o más	1
		Dos veces al día	2
		Una vez al día	3
		Menos de una vez al día, por ejemplo, cada dos días o una vez a la semana	4
		Se negó a contestar	7
		No sabe	8
Label_OFT_N5		How often take ART	
Intro_MIS1_N5		"La **última** vez que no tomó los medicamentos contra el VIH, ¿cuáles de las	

		siguientes fueron las razones por las cuales no los tomó?”	
MIS1_N5	T.7.0.	Tuvo problemas para obtener una receta para los medicamentos contra el VIH, para volver a surtirlos, para pagarlos o con el seguro para cubrirlos.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS1_N5		Miss ART: Prob. prescription/ins/money	
MIS2_N5	T.7.1.	Se encontraba en el hospital o demasiado enfermo para tomar sus medicamentos contra el VIH.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS2_N5		Missed ART: Hospitalized or sick	
MIS3_N5	T.7.2.	Se fue a dormir temprano o se quedó dormido.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS3_N5		Missed ART: Asleep or overslept	
MIS4_N5	T.7.3.	Hubo un cambio en su rutina cotidiana o estuvo fuera de la ciudad.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS4_N5		Miss ART: Change routine or out of town	
MIS5_N5	T.7.4.	Sus medicamentos contra el VIH le provocaron efectos secundarios.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS5_N5		Missed ART: Side effects	
MIS6_N5	T.7.5.	Se sintió deprimido o abrumado.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS6_N5		Missed ART: Depressed or overwhelmed	
MIS7_N5	T.7.6.	Estuvo bebiendo alcohol o consumiendo drogas.	
		No	0

		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS7_N5		Missed ART: Drinking or using drugs	
MIS8_N5	T.7.7.	Se olvidó de tomar los medicamentos contra el VIH.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS8_N5		Missed ART: Forgot	
MIS9_N5	T.7.8.	No tenía ganas de tomar los medicamentos contra el VIH.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MIS9_N5		Missed ART: Didn't feel like taking	
Skip_MIS9_N5		Salte a DASK_N5 (doctor asked if missed).	
ATMD12_9	T.8.0.	En los **últimos 12 meses**, ¿ha tomado medicamentos antirretrovirales?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_ATMD12_9		Took ART in past 12 months	
Skip_ATMD12_9		Si ATMD12_9 (took ART in past 12 months) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), salte a P12_N5 (took prescriptions meds in past 12 months). De lo contrario, pase a DASK_N5 (Dr asked if missed ART doses).	
DASK_N5	T.9.0.	En los **últimos 12 meses**, ¿su médico u otro profesional clínico le han preguntado si omitió alguna dosis de sus medicamentos contra el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DASK_N5		Dr asked if missed ART doses	
PROB_N5	T.9.1.	En los **últimos 12 meses**, ¿su médico u otro profesional clínico le han preguntado si ha tenido problemas para tomar sus medicamentos contra el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PROB_N5		Dr asked if problems taking ART doses	
Skip_PROB_N5		Salte a PRMD1_N5 (problems with meds: Skipped doses to save money).	

P12_N5	T.10.0.	En los **últimos 12 meses**, ¿ha tomado algún medicamento recetado?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_P12_N5		Took prescriptions meds past 12 months	
Skip_P12_N5		Si P12_N5 (took prescriptions meds in past 12 months) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte al siguiente tema (Calculation_ENADHRN5, End of HIV adherence section). De lo contrario, pase a Intro_PRMD1_N5.	
Intro_PRMD1_N5		"Las siguientes preguntas tienen que ver con los medicamentos recetados que ha tomado en los **últimos 12 meses**. Incluya los medicamentos contra el VIH y los medicamentos recetados para otras afecciones. Para los **últimos 12 meses**, ¿es alguna de las siguientes afirmaciones verdadera para usted?"	
PRMD1_N5	T.11.0.	Se ha saltado dosis de medicamentos para ahorrar dinero.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PRMD1_N5		Prob. with meds: skipped to save money	
PRMD2_N5	T.11.1.	Ha tomado menos medicamentos para ahorrar dinero.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PRMD2_N5		Prob. with meds: took less to save money	
PRMD3_N5	T.11.2.	Se ha demorado en volver a surtir la receta para ahorrar dinero.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PRMD3_N5		Prob. with meds: delayed filling	
PRMD4_N5	T.11.3.	Le ha pedido a su médico un medicamento de menor costo para ahorrar dinero.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PRMD4_N5		Prob. with meds: lower cost med	
PRMD5_N5	T.11.4.	Ha comprado medicamentos con receta en otro país para ahorrar dinero.	
		No	0
		Sí	1

		Se negó a contestar	7
		No sabe	8
Label_PRMD5_N5		Prob. w/meds: bought from oth. country	
PRMD6_N5	T.11.5.	Ha utilizado terapias alternativas para ahorrar dinero.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PRMD6_N5		Prob. with meds: alternative therapies	
Skip_PRMD6_N5		Salte al siguiente tema (Calculation_ENADHRN5, End of HIV treatment and adherence).	

Calculation_ENADHRN5	ENADHRN5 = Current time
Label_ENADHRN5	End of HIV treatment and adherence
Calculation_TLADHRN5	Calculate elapsed time between STADHRN5 and ENADHRN5 = TLADHRN5
Label_TLADHRN5	Total time for HIV treatment and adherence

Atención médica general (J)

Calculation_STGNMDN5		STGNMDN5 = Current time.
Label_STGNMDN5		Start time of General Medical Care

Urgencias y hospitalizaciones (JH)

Intro_HOSPERN5		"Ahora le preguntaré acerca de visitas a la sala de emergencias u hospitalizaciones y la atención médica general".
HOSPERN5	JH.1.0.	En los **últimos 12 meses**, ¿cuántas veces ha ido a la sala de emergencias de un hospital por su propia salud? Esto incluye las visitas a la sala de emergencias que hayan resultado en admisiones al hospital. ___ ___ ___ [777 = Se negó a contestar, 888= No sabe]
Label_HOSPERN5		Number of times gone to hospital ER
Range_HOSPERN5		0–776
HOSPONN5	JH.2.0.	En los **últimos 12 meses**, ¿ha **pasado la noche** como paciente en un hospital? No incluya si se ha quedado en una sala de emergencias durante la noche. No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_HOSPONN5		Ever in a hospital overnight
Skip_HOSPONN5		Si HOSPONN5 (ever in a hospital overnight) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a CLTREC_9 (ever participated in HIV clinical trial). De lo contrario, pase a NUMONN5 (number of times stayed in hospital overnight).
NUMONN5	JH.2.1.0.	En los **últimos 12 meses**, ¿cuántas veces se ha quedado en un hospital durante una noche o más de una noche? ___ ___ ___ [777 = Se negó a contestar, 888= No sabe]
Label_NUMONN5		Num times stayed in hospital overnight
Range_NUMMONN5		1– 365

Otra atención médica (JO)

CLTREC_9	JO.1.0.	En los **últimos 12 meses**, ¿ha participado en un estudio clínico sobre el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_CLTREC_9		Ever participated in HIV clinical trial

Calculation_ENGNMDN5	ENGNMDN5 = Current time

Label_ENGNMDN5	End of General medical care
Calculation_TLGNMDN5	Calculate elapsed time between STGNMDN5 and ENGNMDN5 = TLGNMDN5
Label_TLGNMDN5	Total time for General medical care

Conocimientos sobre salud (HL)

Calculation_STHLLN5		STHLLN5= Current time.	
Label_STHLLN5		Start time of health literacy	
Intro_5_HLMF_12		"Para la siguiente pregunta usaremos la **Tarjeta de respuesta H**".	
HLMF_12	HL.1.0.	¿Qué tan cómodo se siente llenando usted mismo los formularios médicos? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	
		Extremadamente	1
		Bastante	2
		Algo	3
		Un poco	4
		Para nada	5
		Se negó a contestar	7
		No sabe	8
Label_HLMF_12		Health lit: filling out medical forms	

Calculation_ENHLLN5	ENHLLN5 = Current time
Label_ENHLLN5	End of health literacy
Calculation_TLHLLN5	Calculate elapsed time between STHLLN5 and ENHLLN5 = TLHLLN5
Label_TLHLLN5	Total time for health literacy

Depresión y ansiedad (M)

Calculation_STMNHLN5	STMNHLN5 = Current time
Label_STMNHLN5	Start time mental health

Intro_5_ANX_DEPA	"Ahora le voy a hacer algunas preguntas sobre su estado de ánimo. Al contestar, por favor piense con qué frecuencia ha ocurrido lo siguiente en las **últimas 2 semanas**. Usaremos la **Tarjeta de respuesta D** para estas preguntas. También usaremos el calendario para referirnos a las 2 semanas pasadas".

PHQ-4 preguntas de evaluación (MD)

Intro_1ANX_DEPA	"Durante las últimas 2 semanas, ¿con qué frecuencia se ha visto afectado por alguno de los siguientes problemas?"

ANX_DEPA	MD.1.0.	Poco interés o placer en las cosas que hace [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANX_DEPA		PHQ little interest	
ANX_DEPB	MD.2.0.	Tristeza, depresión o desesperanza [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANX_DEPB		PHQ feeling down	
ANXNR_N5	MD.3.0.	¿Se siente nervioso, ansioso o inquieto? [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
label_ANXNR_N5		GAD anxious	

ANXSW_N5	MD.4.0.	¿No puede detener ni controlar las preocupaciones? [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANXSW_N5		GAD not stop worrying	
Skip_ANXSW_N5		Si (ANX_DEPA [PHQ little interest] = 3 or 4) o (ANX_DEPB [PHQ feeling tired] = 3 or 4), pase a Intro_N5_ANX_DEPC (PHQ sleep trouble); De lo contrario, salte al siguiente tema (Calculation_ENMNHLN5, End of mental health).	

PH-Q depresión (MA)

Intro_N5_ANX_DEPC		"En las **últimas 2 semanas**, ¿con qué frecuencia se ha visto afectado por alguno de los siguientes problemas?"	
ANX_DEPC	MA.1.0.	Dificultad para dormir o mantener el sueño, o dormir en exceso [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANX_DEPC		PHQ sleep trouble	
ANX_DEPD	MA.2.0.	Sensación de cansancio o de tener poca energía. [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANX_DEPD		PHQ feeling tired	
ANX_DEPE	MA.3.0.	Poco apetito o comer en exceso [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANX_DEPE		PHQ poor appetite	

ANX_DEPF	MA.4.0.	Sentirse mal acerca de usted mismo o sentir que era un fracaso o que había defraudado a su familia o a sí mismo [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANX_DEPF		PHQ feeling bad about self	
ANX_DEPG	MA.5.0.	Dificultad para concentrarse en actividades, como leer el periódico o ver la televisión [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANX_DEPG		PHQ trouble concentrating	
ANX_DEPH	MA.6.0.	Caminar o hablar en forma tan lenta que la gente pudo haberlo notado; o lo contrario: estar tan inquieto o agitado que se la pasaba yendo de un lado para otro más de lo normal [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANX_DEPH		PHQ moving slowly or being fidgety	

GAD-7 ansiedad (MG)

Skip_ANXWR_N5		Si ANXNR_N5 (GAD anxious) = 3 o 4 o ANXSW_N5 (GAD not stop worrying) = 3 o 4, pase a Intro_ANXWR_N5 (GAD worrying too much); De lo contrario, salte al siguiente tema (Calculation_ENMNHLN5, End of mental health).	
Intro_ANXWR_N5		"En las **últimas 2 semanas**, ¿con qué frecuencia se ha visto afectado por alguno de los siguientes problemas?"	
ANXWR_N5	MG.1.0.	¿Se preocupa mucho por diferentes temas? [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3

		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANXWR_N5		GAD worrying too much	
ANXRX_N5	MG.2.0.	Tener dificultad para relajarse. [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANXRX_N5		GAD trouble relaxing	
ANXRS_N5	MG.3.0.	Estar tan inquieto que resulta difícil quedarse quieto. [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANXRS_N5		GAD restless	
ANXIR_N5	MG.4.0.	Enfadarse o irritarse fácilmente. [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANXIR_N5		GAD irritable	
ANXAF_N5	MG.5.0.	Sentir temor de que algo horrible podría a pasar. [USE LA TARJETA DE RESPUESTAS D SELECCIONE SOLO UNA.]	
		Nunca	1
		Varios días	2
		Más de la mitad de los días	3
		Casi todos los días	4
		Se negó a contestar	7
		No sabe	8
Label_ANXAF_N5		GAD feeling afraid	
Calculation_ENMNHLN5		ENMNHLN5 = Current time	
Label_ENMNHLN5		End of mental health	

Calculation_TLMNHLN5	Calculate elapsed time between STMNHLN5 and ENMNHLN5 = TLMNHLN5
Label_TLMNHLN5	Total time for mental health

Conducta sexual (S)

Calculation_ST_SEXN5	ST_SEXN5 = Current time
Label_ST_SEXN5	Start time of sexual behavior

Cantidad total de parejas sexuales (ST)

Intro_SX_TFPN4	"Ahora, le voy a hacer algunas preguntas sobre las relaciones sexuales. Por favor, recuerde que sus respuestas se mantendrán confidenciales y que no necesita contestar cualquier pregunta que no desee. Le voy a hacer preguntas sobre la cantidad de personas con las que ha tenido relaciones sexuales durante los **últimos 12 meses**. Cuando digo "relaciones sexuales", me refiero a relaciones sexuales vaginales o anales. Relaciones sexuales vaginales quiere decir el pene en la vagina y relaciones sexuales anales quiere decir el pene en el ano. Al pensar en sus respuestas, por favor incluya a todas las personas con quienes tuvo relaciones sexuales vaginales o anales durante los **últimos 12 meses**. La cantidad de personas puede variar entre 0 a más de cien".

Calculation_SX_GEN	If GENDER=Male and BIRTGEN=Male, then SX_GEN=1 (Male).
	If GENDER=Female and BIRTGEN=Female, then SX_GEN=2 (Female).
	If (GENDER=Male and BIRTGEN=Female) or (GENDER=Female and BIRTGEN=Male) or (GENDER=Transgender and [BIRTGEN=1 (Male), 2 (Female), 7 (Se negó a contestar), or 8 (no sabe)]), then SX_GEN=3 (Transgender).
	If BIRTGEN=intersex, then SX_GEN=4 (Indeterminate).
	If ([GENDER=7 (Se negó a contestar) or 8 (no sabe)] and [BIRTGEN = 1 (Male), 2 (Female), 7 (Se negó a contestar), or 8 (no sabe)], then SX_GEN=4 (Indeterminate).
	If BIRTGEN=7 (Se negó a contestar) or 8 (no sabe), and GENDER is 1 (male), 2 (female), 7 (Se negó a contestar), or 8 (no sabe), then SX_GEN=4 (Indeterminate).

Label_SX_GEN	Sex gender

		BIRTGEN				
		Male	Female	Intersex	Se negó a contestar	No sabe
Gender	Male	SX_GEN = 1 male	SX_GEN = 3 transgender	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate
	Female	SX_GEN = 3 transgender	SX_GEN = 2 female	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate
	Transgender	SX_GEN = 3 transgender	SX_GEN = 3 transgender	SX_GEN = 4 Indeterminate	SX_GEN = 3 transgender	SX_GEN = 3 transgender
	Refused	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate
	No sabe	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate	SX_GEN = 4 Indeterminate

Skip_SX_TFPN4		Si SX_GEN=2 (Female), salte a SX_TMPN4 (number of male partners). De lo contrario, pase a SX_TFPN4 (number of female partners).
SX_TFPN4	ST.1.0.	En los **últimos 12 meses**, ¿con cuántas mujeres ha tenido relaciones sexuales? ___ ___ ___ [7777 = Se negó a contestar, 8888 = No sabe]
Label_SX_TFPN4 Range_SX_TFPN4		Number of female partners 0–999
SX_TMPN4	ST.2.0.	En los **últimos 12 meses**, ¿con cuántos hombres ha tenido relaciones sexuales? ___ ___ ___ [7777 = Se negó a contestar, 8888 = No sabe]
Label_SX_TMPN4 Range_SX_TMPN4		Number of male partners 0–999
SX_TTPN4	ST.3.0.	En los **últimos 12 meses**, ¿con cuántas personas transgénero ha tenido relaciones sexuales? ___ ___ ___ [7777 = Se negó a contestar, 8888 = No sabe]
Label_SX_TTPN4 Range_SX_TTPN4		Number of transgender partners 0–999
Calculation_SX_TOTN4		Create a calculated variable where the sum of SX_TFPN4 + SX_TMPN4 + SX_TTPN4 = SX_TOTN4 (total number of sex partners). If the response to SX_TFPN4 (number of female partners), SX_TMPN4 (number of male partners), or SX_TTPN4 (number of transgender partners) is 7 (Se negó a contestar) or 8 (no sabe), then calculate the response as “0”. EXAMPLE: if SX_TFPN4 = 8 (no sabe) AND SX_TMPN4 = 8 (no sabe), AND SX_TTPN4 = 7 (Se negó a contestar), THEN SX_TOTN4 = 0. If any of the values are Skipped (.S), then do not include the value in the calculation. EXAMPLE: if SX_TFPN4 = 2 AND SX_TMPN4 = 8 (no sabe), AND SX_TTPN4 = Skipped, then SX_TOTN4 (total number of sex partners) = 2.
Label_SX_TOTN4		Total number of vaginal and anal sex partners
Calculation_SXFMONN4		Female only partners: create a calculated variable SXFMONN4 (female only partners) if SX_TMPN4 (number of male partners) = 0, 8 (no sabe), or 7 (Se negó a contestar) AND SX_TTPN4 (number of transgender partners) = 0, 8 (no sabe), or 7 (Se negó a contestar) AND SX_TFPN4 (number of female partners) ≥ 1, then SXFMONN4 (female only partners) = 1; else SXFMONN4 = 0.
Label_SXFMONN4		Female only partners
Calculation_SXMLONN4		Male only partners: create a calculated variable SXMLONN4 (male only partners) if SX_TFPN4 (number of female partners) = 0, 8 (no sabe), or 7 (Se

		negó a contestar) or .S (skipped) AND SX_TTPN4 (number of transgender partners) = 0, 8 (no sabe), or 7 (Se negó a contestar) AND SX_TMPN4 (number of male partners) ≥ 1, then SXMLONN4 (male only partners) = 1; else SXMLONN4 = 0.
Label_SXMLONN4		Male only partners
Calculation_SXTGONN4		Transgender only partners: create a calculated variable SXTGONN4 (transgender only partners) if SX_TFPN4 (number of female partners) = 0, 8 (no sabe), or 7 (Se negó a contestar) AND SX_TMPN4 (number of male partners) = 0, 8 (no sabe), or 7 (Se negó a contestar) AND SX_TTPN4 (number of transgender partners) ≥ 1, then SXTGONN4 (transgender only partners) = 1; else SXTGONN4 = 0.
Label_SXTGONN4		Transgender only partners
Skip_SX_TWPN4		Si SX_GEN=2 (Female), pase a Intro_SX_TWPN4 (number of female-female partners). Si SX_GEN no es 2 (Female) y SX_TOTN4 (total number of sex partners) = 0, salte a Intro_SEROSRT1 (Partner +, more likely unprotected sex). De lo contrario, si SX_GEN no es 2 (Female) y SX_TOTN4 (total number of sex partners) ≥ 1, salte a skip_SX_EXCN4 (exchange sex).
Intro_SX_TWPN4		"Ahora le voy a hacer preguntas acerca de las relaciones sexuales con mujeres".
SX_TWPN4	ST.4.0.	En los **últimos 12 meses**, ¿con cuántas mujeres ha tenido relaciones sexuales? ___ ___ ___ [7777 = Se negó a contestar, 8888 = No sabe]
Label_SX_TWPN4		Number of female-female partners
Range_SX_TWPN4		0–999
Calculation _SXFFONN4		Female-female only partners: create a calculated variable SXFFONN4 (female-female only partners) if SX_TMPN4 (number of male partners) = 0, 8 (no sabe), or 7 (Se negó a contestar) AND SX_TTPN4 (number of transgender partners) =0, 8 (no sabe), 7 (Se negó a contestar) AND SX_TWPN4 (number of female-female partners) ≥ 1, THEN SXFFONN4 (female-female only partners) = 1; ELSE SXFFONN4 = 0.
Label_SXFFONN4		Female-female only partners
Skip_SX_EXCN4		<u>Mujeres que solo tenían relaciones sexuales con mujeres</u>: Si SX_GEN=2 Y SX_TMPN4 (number of male partners) = "0", "no sabe" o "se negó a contestar" Y SX_TTPN4 (number of transgender partners) = "0", "no sabe" o "se negó a contestar", salte a la sección de seroselección (Intro_SEROSRT1). <u>No tiene parejas con quienes tenga relaciones sexuales vaginales o anales</u>: Si SX_TFPN4 (number of female partners), SX_TMPN4 (number of male partners) y SX_TTPN4 (number of transgender partners) son todas alguna combinación de "0", "no sabe" o "se negó a contestar", salte a la sección de seroselección (Intro_SEROSRT1).

De lo contrario, pase a SX_EXCN4 (exchange sex).

Intercambio por sexo (SE)

SX_EXCN4	SE.1.0.	En los **últimos 12 meses**, ¿tuvo relaciones sexuales a cambio de cosas como alimentos, vivienda, transporte, dinero o drogas?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SX_EXCN4		Exchange sex	

Nombres de las parejas (SN)

Skip_5_1SX_NM1N4	Si SX_TOTN4 (total number of sex partners) = 1, pase a Intro_5_1SX_NM1N4 (name of partner 1). Si SX_TOTN4 ≥ 2, entonces salte a Intro_5_2SX_NM1N4 (name of partner 1). Si SX_GEN = 2 (female) y SX_TMPN4 (number of male sex partners) = 1, entonces vaya a Intro_5_3SX_NM1N4. If SX_GEN = 2 (female) y SX_TMPN4 (number of male sex partners) > 1, entonces vaya a Intro_5_4SX_NM1N4.
Intro_5_1SX_NM1N4	"Ahora, le voy a hacer algunas preguntas sobre la persona con quien usted tuvo relaciones sexuales recientemente durante los **últimos 12 meses,** como por ejemplo la edad y raza de esa persona. Responda como mejor pueda. No es un problema que me diga que no sabe o no está seguro de algo. Como voy a hacer preguntas acerca de esta persona, necesito referirme a él o ella de alguna manera. Usted se puede referir a él o ella de la manera que quiera, por sus iniciales, su apodo o donde se conocieron. Sin embargo, no proporcione su apellido ni ningún otro dato que permita identificarla".
Skip_5_2SX_NM1N4	Salte a SX_NM1N4 (name of partner 1).
Intro_5_2SX_NM1N4	"Ahora, le voy a hacer algunas preguntas acerca de las [SI SX_TOTN4 (cantidad total de parejas sexuales) es 2, 3 o 4, INSERTE LA RESPUESTA DE SX_TOTN4 (cantidad total de parejas sexuales). SI SX_TOTN4 (total number of sex partners) ≥5 INSERTE "5"] las personas con las que ha tenido relaciones sexuales recientemente en los **últimos 12 meses**, como edad y raza. Responda como mejor pueda. No es un problema que me diga que no sabe o no está seguro de algo. Como le haré preguntas acerca de cada persona, necesito referirme a ellas de alguna manera para que cuando le haga las preguntas de seguimiento, ambos sepamos que estamos hablando de la misma persona. Usted se puede referir a ellas de la manera que quiera, por sus iniciales, su apodo o donde se conocieron. Sin embargo, no proporcione apellidos ni ningún otro dato que permita identificarlas".

Skip_5_3SX_NM1N4		Salte a SX_NM1N4 (name of partner 1).
Intro_5_3SX_NM1N4		"Ahora, le voy a hacer algunas preguntas sobre la persona de sexo masculino con quien usted tuvo relaciones sexuales recientemente en los **últimos 12 meses,** como por ejemplo la edad y raza de esa persona. Responda como mejor pueda. No es un problema que me diga que no sabe o no está seguro de algo. Como le haré preguntas acerca de esta persona, necesito alguna manera de referirme a él para que cuando le haga las preguntas de seguimiento, ambos sepamos que estamos hablando de la misma persona. Usted puede referirse a esta persona de la manera en que prefiera: iniciales, sobrenombre o lugar donde la conoció. Sin embargo, no proporcione su apellido ni ningún otro dato que permita identificarlo".
Skip_5_4SX_NM1N4		Salte a SX_NM1N4 (name of partner 1).
Intro_5_4SX_NM1N4		"Ahora, le voy a hacer algunas preguntas sobre las personas de sexo masculino con quien usted tuvo relaciones sexuales recientemente en los **últimos 12 meses,** como por ejemplo la edad y raza de esas personas. Responda como mejor pueda. No es un problema que me diga que no sabe o no está seguro de algo. Dado que le haré preguntas acerca de cada persona, necesito alguna manera de referirme a ellas para que cuando le haga las preguntas de seguimiento, ambos sepamos que estamos hablando de la misma persona. Usted puede referirse a ellos de la manera en que prefiera: iniciales, sobrenombres o lugares donde los conoció. Sin embargo, no proporcione su apellido ni ningún otro dato que permita identificarlos".
SX_NM1N4	SN.1.0.	¿Cómo debemos llamar a la persona con la que usted tuvo relaciones sexuales más recientemente durante los **últimos 12 meses**? _____ [7 = Se negó a contestar]
Label_SX_NM1N4		Name of partner 1
Skip_SX_NM1N4		If SX_TOTN4 (total number of sex partners) = 1 Y SX_NM1N4 (name of partner 1), is 7 (Se negó a contestar), LEA el mensaje "Entrevistador: recuérdele al entrevistado que puede dar iniciales, apodos y otro nombre para identificar a la pareja". Regrese a SX_NM1N4 (name of partner 1). Si SX_NM1N4 (name of partner 1), sigue siendo 7 (Se negó a contestar), entonces salte a Intro_SEROSRT1 (Partner +, more likely unprotected sex).
Range_SX_NM1N4		Character limit = 50.
QDS_programming_SX_NM1N4		Open-ended response. Do not allow an 8 (no sabe) response option.
SX_NM2N4	SN.1.1.	¿Cómo debemos llamar a la segunda persona con la que usted tuvo relaciones sexuales durante los **últimos 12 meses**?

		_____ [7 = Se negó a contestar]
Label_SX_NM2N4		Name of partner 2
Skip_SX_NM2N4		Si SX_TOTN4 (total number of sex partners) = 2 Y SX_NM1N4 (name of partner 1) Y SX_NM2N4 (name of partner 2) son "se negó a contestar", salte a Intro_SEROSRT1 (Partner +, more likely unprotected sex). Si SX_TOTN4 (total number of sex partners) ≥ 3, pase a SX_NM3N4 (name of partner 3). De lo contrario, pase a SXTOVRN4 (verification of total sex partners). **EJEMPLO:** SX_NM1N4 (name of partner 1) es "se negó a contestar" Y SX_NM2N4 (name of partner 2) es "John" pase a SX_NM3N4 (name of partner 3).
Range_SX_NM2N4		Character limit = 50
Hard_edit_SX_NM2N4		If SX_NM1N4 (name of partner 1) and SX_NM2N4 (name of partner 2) are identical, then READ, "Usted me dio el mismo nombre para otra pareja. Por favor, ¿me puede dar otro nombre?" The program should return to SX_NM2N4 (name of partner 2).
QDS_programming_SX_NM2N4		Use open-ended response. Do not allow an 8 (no sabe) response option.
SX_NM3N4	SN.1.2.	¿Cómo debemos llamar a la tercera persona con la que usted tuvo relaciones sexuales durante los **últimos 12 meses**? _____ [7 = Se negó a contestar]
Skip_SX_NM3N4		Si SX_TOTN4 (total number of sex partners) =3 Y SX_NM1N4 (name of partner 1), SX_NM2N4 (name of partner 2) Y SX_NM3N4 (name of partner 3) son 7 (se negó a contester), salte a Intro_SEROSRT1 (Partner +, more likely unprotected sex). Si SX_TOTN4 (total number of sex partners) ≥ 4, pase a SX_NM4N4 (name of partner 4). De lo contrario, salte a SXTOVRN4 (verification of total sex partners). **EJEMPLO**: SX_NM1N4 (name of partner 1) es 7 (Se negó a contestar) Y SX_NM2N4 (name of partner 2) es "John" Y SX_NM3N4 (name of partner 3) es "Jane," pase a SX_NM4N4 (name of partner 4).
Label_SX_NM3N4		Name of partner 3
Range_SX_NM3N4		Character limit = 50.
Hard_edit_SX_NM3N4		If either SX_NM1N4 (name of partner 1), SX_NM2N4 (name of partner 2), or SX_NM3N4 (name of partner 3) are identical, then READ, "Usted me dio el mismo nombre para otra pareja. Por favor, ¿me puede dar otro nombre?" The program should return to SX_NM3N4 (name of partner 3).
QDS_programming_SX_NM3N4		Use open-ended response. Do not allow an 8 (no sabe) response option.
SX_NM4N4	SN.1.3.	¿Cómo debemos llamar a la cuarta persona con la que usted tuvo relaciones

		sexuales durante los **últimos 12 meses**? _____ [7=Se negó a contestar]
Skip_SX_NM4N4		Si SX_TOTN4 (total number of sex partners) = 4 Y SX_NM1N4 (name of partner 1) Y SX_NM2N4 (name of partner 2) Y SX_NM3N4 (name of partner 3) Y SX_NM4N4 (name of partner 4) son 7 (Se negó a contestar), salte a Intro_SEROSRT1 (Partner +, more likely unprotected sex). Si SX_TOTN4 (total number of sex partners) ≥5, pase a SX_NM5N4 (name of partner 5). De lo contrario, salte a SXTOVRN4 (verification of total sex partners). **EJEMPLO**: SX_NM1N4 (name of partner 1) es 7 (Se negó a contestar) Y SX_NM2N4 (name of partner 2) es "John" Y SX_NM3N4 (name of partner 3) is "Jane" Y SX_NM4N4 (name of partner 4) es "JB," pase a SX_NM5N4 (name of partner 5).
Label_SX_NM4N4 Range_SX_NM4N4 QDS_programming_SX_NM4N4 Hard_edit_SX_NM4N4		Name of partner 4 Character limit = 50. Use open-ended response. Do not allow for an 8 (no sabe) response option. If either SX_NM1N4 (name of partner 1), SX_NM2N4 (name of partner 2), SX_NM3N4 (name of partner 3), or SX_NM4N4 (name of partner 4) are identical, then READ, "Usted me dio el mismo nombre para otra pareja. Por favor, ¿me puede dar otro nombre?" The program should return to SX_NM4N4 (name of partner 4).
SX_NM5N4	SN.1.4.	¿Cómo debemos llamar a la quinta persona con la que usted tuvo relaciones sexuales durante los **últimos 12 meses**? _____ [7=Se negó a contestar]
Skip_SX_NM5N4		Si SX_TOTN4 (total number of sex partners) = 5 Y SX_NM1N4 (name of partner 1), SX_NM2N4 (name of partner 2), SX_NM3N4 (name of partner 3), SX_NM4N4 (name of partner 4), SX_NM5N4 (name of partner 5) son todos 7 (Se negó a contestar), salte a Intro_SEROSRT1 (Partner +, more likely unprotected sex). De lo contrario, pase a SXTOVRN4 (verification of total sex partners).
Label_SX_NM5N4 Range_SX_NM5N4 QDS_programming_SX_NM5N4 Hard_edit_SX_NM5N4		Name of partner 5 Character limit = 50. Use open-ended response. Do not allow an 8 (no sabe) response option. If either SX_NM1N4 (name of partner 1), SX_NM2N4 (name of partner 2), SX_NM3N4 (name of partner 3), SX_NM4N4 (name of partner 4), or SX_NM5N4 (name of partner 5) are identical, then READ, "Usted me dio el mismo nombre para otra pareja. Por favor, ¿me puede dar otro nombre?" The program should return to SX_NM5N4 (name of partner 5).

Skip_SX_NM1N4 - SX_NM2N4- SX_NM3N4- SX_NM4N4- SX_NM5N4		Si SX_TOTN4 (total number of sex partners) > 5 Y SX_NM1N4 (name of partner 1), SX_NM2N4 (name of partner 2), SX_NM3N4 (name of partner 3), SX_NM4N4 (name of partner 4), Y SX_NM5N4 (name of partner 5) son todos 8 (no sabe) o 7 (Se negó a contestar), salte a la sección de información agregada. (Intro_SXAGC1N4).
SXTOVRN4	SN.1.5.	Entonces, ¿la cantidad total de personas con las que usted tuvo relaciones sexuales vaginales o anales durante los **últimos 12 meses** fue [INSERTE SX_TOTN4]? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_SXTOVRN4		Verification of total sex partners
Skip_SXTOVRN4		Si SXTOVRN4 = 0 (no) u 8 (no sabe), regrese a Skip_SX_TFPN4 (number of female partners). Si SXTOVRN4 = 1 (sí), pase a las instrucciones para el entrevistador al comienzo de la sección de información demográfica de la pareja. Si SXTOVRN4 = 7 (Se negó a contestar), salte a Intro_SEROSRT1 (Partner +, more likely unprotected sex).

Información demográfica de las parejas (SP)

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Instructions for partner demographics partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell.					
		QDS_programming_partner-by-partner-series-table1: When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and the variable is in the Partner 1 column, then insert response from SX_NM1N4(name of partner 1).	QDS_programming_partner-by-partner-series-table2: When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2).	QDS_programming_partner-by-partner-series-table3: When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3).	QDS_programming_partner-by-partner-series-table4: When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4).	QDS_programming_partner-by-partner-series-table5: When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5).
		Skip_SXPGN1N4: Sáltese las preguntas del sexo de la pareja si el	Skip_SXPGN2N4: Si SX_TOTN4 = 2 Y el entrevistado proporcionó el	Skip_SXPGN3N4: Si SX_TOTN4 = 3 Y el entrevistado proporcionó el	Skip_SXPGN4N4: Si SX_TOTN4 = 4 Y el entrevistado proporcionó el	Skip_SXPGN5N4: Si SX_TOTN4 = 5 Y el entrevistado proporcionó el

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		entrevistado solo tuvo relaciones sexuales con personas de un sexo: Si SXTGONN4 (transgender only partners) = 1, O SXFMONN4 (female only partners) = 1 O SXMLONN4 (male only partners) = 1, entonces salte a SXPGN1N4 (partner's gender-partner 1) y vaya a Intro_SXPAG1N4 (partner age-partner 1). De lo contrario, vaya a SXPGN1N4 (partner gender-partner 1.	nombre de la pareja 2 (SX_NM2N4 no es igual a 7 [se negó a contestar]), entonces salte a skip_SXPGN2N4 (partner's gender-partner 2 Si el entrevistado se negó a proporcionar el nombre de la pareja 2 (SX_NM2N4 = 7), entonces salte a la sección de seroselección (Intro_SEROSRT1) . Omita las preguntas relativas al sexo de la pareja si el entrevistado ha tenido relaciones sexuales con	nombre de la pareja 3 (SX_NM3N4 no es igual a 7 [se negó a contestar]), entonces salte a skip_SXPGN3N4 (partner's gender-partner 3). Si el entrevistado se negó a proporcionar el nombre de la pareja 3 (SX_NM3N4 = 7), entonces salte a la sección de seroselección (Intro_SEROSRT1) . Salte las preguntas del sexo de la pareja si el entrevistado solo tuvo relaciones sexuales con	nombre de la pareja 4 (SX_NM4N4 no es igual a 7), salte a skip_SXPGN3N4 (partner's gender-partner 4). Si el entrevistado se negó a proporcionar el nombre de la pareja 4 (SX_NM4N4 = 7), entonces salte a la sección de seroselección (Intro_SEROSRT1). Salte las preguntas del sexo de la pareja si el entrevistado solo tuvo relaciones sexuales con personas de un	nombre de la pareja 5 (SX_NM5N4 no es igual a 7), salte a skip_SXPGN5N4 (partner's gender-partner 5). Si el entrevistado se negó a proporcionar el nombre de la pareja 5 (SX_NM5N4 = 7), entonces salte a la sección de seroselección (Intro_SEROSRT1). Salte las preguntas del sexo de la pareja si el entrevistado solo tuvo relaciones sexuales con personas de un sexo: Si SXTGONN4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
			personas de un sexo solamente: Si SXTGONN4 (transgender only partners) = 1, O SXFMONN4 (female only partners) = 1 O SXMLONN4 (male only partners) = 1, entonces salte SXPGN2N4 (partner's gender-partner 2) y vaya a SXPAG2N4 (partner age-partner 2). De lo contrario, vaya a SXPGN2N4 (partner gender-partner 2).	personas de un sexo: Si SXTGONN4 (transgender only partners) = 1, O SXFMONN4 (female only partners) = 1 O SXMLONN4 (male only partners) = 1, entonces salte SXPGN3N4 (partner's gender-partner 3) y vaya a SXPAG3N4 (partner age-partner 3). De lo contrario, vaya a SXPGN3N4 (partner gender-partner 3).	sexo: Si SXTGONN4 (transgender only partners) = 1, O SXFMONN4 (female only partners) = 1 O SXMLONN4 (male only partners) = 1, entonces salte SXPGN4N4 (partner's gender-partner 4) y vaya a SXPAG4N4 (partner age-partner 4). De lo contrario, vaya a SXPGN4N4 (partner gender-partner 4).	(transgender only partners) = 1, O SXFMONN4 (female only partners) = 1 O SXMLONN4 (male only partners) = 1, entonces salte SXPGN5N4 (partner's gender-partner 5) y vaya a SXPAG5N4 (partner age-partner 5). De lo contrario, vaya a SXPGN5N4 (partner gender-partner 5).
		SXPGN1N4	SXPGN2N4	SXPGN3N4	SXPGN4N4	SXPGN5N4

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
SP.1.0.	¿Es [INSERTE NOMBRE DE LA PAREJA] hombre, mujer o transgénero? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].					
	Hombre	1	1	1	1	1
	Mujer	2	2	2	2	2
	Transgénero	3	3	3	3	3
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Label_SXPGN1N4	Label_SXPGN2N4	Label_SXPGN3N4	Label_SXPGN4N4	Label_SXPGN5N4
		Partner gender-partner 1	Partner gender-partner 2	Partner gender-partner 3	Partner gender-partner 4	Partner gender-partner 5
		Soft_edit_SXPGN1N4	Soft_edit_SXPGN2N4	Soft_edit_SXPGN3N4	Soft_edit_SXPGN4N4	Soft_edit_SXPGN5N4
		If SX_GEN = 2 (female) and SXPGN1N4 is female, READ, “Solo incluya parejas con quienes usted haya tenido relaciones sexuales vaginales o anales. Al responder estas	If SX_GEN = 2 (female) and SXPGN2N4 is female, READ, “Solo incluya parejas con quienes usted haya tenido relaciones sexuales vaginales o	If SX_GEN = 2 (female) and SXPGN3N4 is female, READ, “Solo incluya parejas con quienes usted haya tenido relaciones sexuales vaginales o	If SX_GEN = 2 (female) and SXPGN4N4 is female, READ, “Solo incluya parejas con quienes usted haya tenido relaciones sexuales vaginales o	If SX_GEN = 2 (female) and SXPGN5N4 is female, READ, “Solo incluya parejas con quienes usted haya tenido relaciones sexuales vaginales o anales. Al

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		preguntas, recuerde que relaciones sexuales vaginales quiere decir el pene en la vagina y relaciones sexuales anales quiere decir el pene en el ano. Instrucciones para el entrevistador: Regrese a la pregunta anterior si fuera necesario". Allow survey to move forward. Else, go to Intro_SXPAG1N4 (partner age-partner 1).	anales. Al responder estas preguntas, recuerde que relaciones sexuales vaginales quiere decir el pene en la vagina y relaciones sexuales anales quiere decir el pene en el ano. Instrucciones para el entrevistador: Regrese a la pregunta anterior si fuera necesario". Allow survey to move forward. Else, go to SXPAG2N4.	anales. Al responder estas preguntas, recuerde que relaciones sexuales vaginales quiere decir el pene en la vagina y relaciones sexuales anales quiere decir el pene en el ano. Instrucciones para el entrevistador: Regrese a la pregunta anterior si fuera necesario". Allow survey to move forward. Else, go to SXPAG3N4.	anales. Al responder estas preguntas, recuerde que relaciones sexuales vaginales quiere decir el pene en la vagina y relaciones sexuales anales quiere decir el pene en el ano. Instrucciones para el entrevistador: Regrese a la pregunta anterior si fuera necesario". Allow survey to move forward. Else, go to SXPAG4N4.	responder estas preguntas, recuerde que relaciones sexuales vaginales quiere decir el pene en la vagina y relaciones sexuales anales quiere decir el pene en el ano. Instrucciones para el entrevistador: Regrese a la pregunta anterior si fuera necesario". Allow survey to move forward. Else, go to SXPAG5N4.
		Skip_SXPGN1N4	Skip_SXPGN2N4	Skip_SXPGN3N4	Skip_SXPGN4N4	Skip_SXPGN5N4
		Si la respuesta es 1, 2, 3, 7 u 8, pase a	Si la respuesta es 1, 2, 3, 7 u 8, pase	Si la respuesta es 1, 2, 3, 7 u 8, pase	Si la respuesta es 1, 2, 3, 7 u 8,	Si la respuesta es 1, 2, 3, 7 u 8, pase

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		SXPAG1N4 (partner age-partner 1).	a SXPAG2N4 (partner age-partner 2).	a SXPAG3N4 (partner age-partner 3).	pase a SXPAG4N4 (partner age-partner 4).	a SXPAG5N4 (partner age-partner 5).
		Intro_SXPAG1N4				
		"Para la siguiente pregunta usaremos la **Tarjeta de respuesta E**".				
SP.2.0.	¿Cuál de los siguientes grupos de edad describe mejor a [INSERTE EL NOMBRE DE LA PAREJA]? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	SXPAG1N4	SXPAG2N4	SXPAG3N4	SXPAG4N4	SXPAG5N4
	≤24 años de edad	1	1	1	1	1
	25-29 años de edad	2	2	2	2	2
	30-34 años de edad	3	3	3	3	3
	35-39 años de edad	4	4	4	4	4
	40-44 años de edad	5	5	5	5	5
	45-49 años de edad	6	6	6	6	6
	≥50 años de edad	7	7	7	7	7
	Se negó a contestar	77	77	77	77	77
	No sabe	88	88	88	88	88
		Label_SXPAG1N4	Label_SXPAG2N4	Label_SXPAG3N4	Label_SXPAG4N4	Label_SXPAG5N4
		Partner age-partner 1	partner age-partner 2	partner age-partner 3	partner age-partner 4	partner age-partner 5

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Skip_SXPAG1N4	Skip_SXPAG2N4	Skip_SXPAG3N4	Skip_SXPAG4N4	Skip_SXPAG5N4
		Para todas las respuestas, pase a Intro_SXPEN1N4 (partner ethnicity-partner 1).	Para todas las respuestas, pase a SXPEN2N4 (partner ethnicity-partner 2).	Para todas las respuestas, pase a SXPEN3N4 (partner ethnicity-partner 3).	Para todas las respuestas, pase a SXPEN4N4 (partner ethnicity-partner 4).	Para todas las respuestas, pase a SXPEN5N4 (partner ethnicity-partner 5).
Intro_SXPEN1N4		"Las dos preguntas siguientes son acerca de la raza y el grupo étnico de la pareja. Las hacemos para saber más sobre la salud de todos los grupos".				
SP.3.0.	¿Es [INSERTE EL NOMBRE DE LA PAREJA] de origen hispano, latino o español? Si no está seguro, dígame lo que más le parezca.	SXPEN1N4	SXPEN2N4	SXPEN3N4	SXPEN4N4	SXPEN5N4
	No	0	0	0	0	0
	Sí	1	1	1	1	1
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Label_SXPEN1N4	Label_SXPEN2N4	Label_SXPEN3N4	Label_SXPEN4N4	Label_SXPEN5N4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		partner ethnicity-partner 1	partner ethnicity-partner 2	partner ethnicity-partner 3	partner ethnicity-partner 4	partner ethnicity-partner 5
		Skip_SXPEN1N4	Skip_SXPEN2N4	Skip_SXPEN3N4	Skip_SXPEN4N4	Skip_SXPEN5N4
		Para todas las respuestas, pase a SXPR1N4 (race-partner 1).	Para todas las respuestas, pase a SXPR2N4 (race-partner 2).	Para todas las respuestas, pase a SXPR3N4 (race-partner 3).	Para todas las respuestas, pase a SXPR4N4 (race-partner 4).	Para todas las respuestas, pase a SXPR5N4 (race-partner 5).
SP.4.0.	¿Cuál de los siguientes grupos raciales describe mejor a [INSERTE EL NOMBRE DE LA PAREJA]? Por favor marque todas las respuestas que correspondan. Si no está seguro, dígame lo que más le parezca. [LEA LAS OPCIONES. MARQUE TODAS LAS QUE CORRESPONDAN].	SXPR1N4	SXPR2N4	SXPR3N4	SXPR4N4	SXPR5N4
	Indoamericano o nativo de Alaska	1 SXPR1N4A	1 SXPR2N4A	1 SXPR3N4A	1 SXPR4N4A	1 SXPR5N4A
	Asiático	2 SXPR1N4B	2 SXPR2N4B	2 SXPR3N4B	2 SXPR4N4B	2 SXPR5N4B
	Negro o afroamericano	3 SXPR1N4C	3 SXPR2N4C	3 SXPR3N4C	3 SXPR4N4C	3 SXPR5N4C
	Nativo de Hawái o de otras islas del Pacífico	4 SXPR1N4D	4 SXPR2N4D	4 SXPR3N4D	4 SXPR4N4D	4 SXPR5N4D

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Blanco	5 SXPR1N4E	5 SXPR2N4E	5 SXPR3N4E	5 SXPR4N4E	5 SXPR5N4E
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Skip_SXPR1N4	Skip_SXPR2N4	Skip_SXPR3N4	Skip_SXPR4N4	Skip_SXPR5N4
		Para todas las respuestas, pase a SXPCM1N4 (commitment-partner 1).	Para todas las respuestas, pase a SXPCM2N4 (commitment-partner 2).	Para todas las respuestas, pase a SXPCM3N4 (commitment-partner 3).	Para todas las respuestas, pase a SXPCM4N4 (commitment-partner 4).	Para todas las respuestas, pase a SXPCM5N4 (commitment-partner 5).
		Label_SXPR1N4	Label_SXPR2N4	Label_SXPR3N4	Label_SXPR4N4	Label_SXPR5N4
		Race-partner 1	Race-partner 2	Race-partner 3	Race-partner 4	Race-partner 5
SP.5.0.	¿Cómo describiría usted el grado de seriedad de su relación con [INSERTE EL NOMBRE DE LA PAREJA]? Usted… [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	SXPCM1N4	SXPCM2N4	SXPCM3N4	SXPCM4N4	SXPCM5N4
	No es seria en lo absoluto	1	1	1	1	1
	Es algo seria	2	2	2	2	2
	Es muy seria	3	3	3	3	3
	Es muy seria solo con esta persona	4	4	4	4	4
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Label_SXPCM1N4	Label_SXPCM2N4	Label_SXPCM3N4	Label_SXPCM4N4	Label_SXPCM5N4
		Commitment-partner 1	Commitment-partner 2	Commitment-partner 3	Commitment-partner 4	Commitment-partner 5
		Skip_SXPCM1N4	Skip_SXPCM2N4	Skip_SXPCM3N4	Skip_SXPCM4N4	Skip_SXPCM5N4
		Para todas las respuestas, pase a las instrucciones para el entrevistador antes de SX_VS1N4 (vaginal sex-partner 1).	Para todas las respuestas, pase a las instrucciones para el entrevistador antes de SX_VS2N4 (vaginal sex-partner 2).	Para todas las respuestas, pase a las instrucciones para el entrevistador antes de SX_VS3N4 (vaginal sex-partner 3).	Para todas las respuestas, pase a las instrucciones para el entrevistador antes de SX_VS4N4 (vaginal sex-partner 4).	Para todas las respuestas, pase a las instrucciones para el entrevistador antes de SX_VS5N4 (vaginal sex-partner 5).

Relaciones sexuales Vaginales (SV)

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Instructions for vaginal sex partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell.					
		QDS_programming_partnerdemo1	QDS_programming_partnerdemo2	QDS_programming_partnerdemo3	QDS_programming_partnerdemo4	QDS_programming_partnerdemo5
		When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and the variable is in the Partner 1 column, then insert response from SX_NM1N4(name of partner 1).	When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2).	When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3).	When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4).	When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5).
	Instrucciones para el entrevistador antes de SX_VS1N4 (vaginal-partner 1), SX_VS2N4 (vaginal-partner 2), SX_VS3N4 (vaginal-partner 3), SX_VS4N4 (vaginal-partner 4) y SX_VS5N4 (vaginal-partner 5): **<u>Entrevistado transgénero/de sexo desconocido</u>**: Si el entrevistado es transgénero (SX_GEN=3) o se desconoce el sexo (SX_GEN=4), salte a la tabla de series de preguntas y respuestas sobre el entrevistado trangénero y de sexo desconocido y sus parejas, pareja por pareja (SX_TG1N4 [transgender partner 1], SX_TG2N4 [transgender partner 2], SX_TG3N4 [transgender partner 3], SX_TG4N4 [transgender partner 4], or SX_TG5N4 [transgender partner 5]). **Pareja transgénero/de sexo desconocido:** Si la pareja o parejas del					

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	entrevistado son transgénero [Si SXTGONN4 = 1 (transgender only partner) O (SXPGN1N4 (partner gender-partner 1), SXPGN2N4 (partner gender-partner 2), SXPGN3N4 (partner gender-partner 3), SXPGN4N4 (partner gende-partner 4r), SXPGN5N4 (partner gender-partner 5) = 3, no sabe o se negó a contestar], entonces salte a la tabla de series de preguntas y respuestas sobre el entrevistado transgénero y de sexo desconocido y sus parejas, pareja por pareja (SX_TG1N4 [transgender partner 1], SX_TG2N4 [transgender partner 2], SX_TG3N4 [transgender partner 3], SX_TG4N4 [transgender partner 4], o SX_TG5N4 [transgender partner 5]). **Entrevistado hombre con parejas masculinas**: Si el entrevistado es hombre (SX_GEN=1) y dice que solo tiene parejas masculinas (SXMLONN4 = 1), salte a la tabla de series de preguntas y respuestas sobre relaciones sexuales anales con parejas, pareja por pareja (SXANL1N4 [anal sex-partner 1], SXANL2N4 [anal sex-partner 2], SXANL3N4 [anal sex-partner 3], SXANL4N4 [anal sex-partner 4] o SXANL5N4 [anal sex-partner 5]). **Entrevistada mujer con pareja femenina:** Si la entrevistada es mujer (SX_GEN=2) y SX_TOTN4 = 1, salte a la sección de seroselección (Intro_SEROSRT1). Si 2 ≤ SX_TOTN4 ≤ 5, salte a instrucciones para el entrevistador antes de SXPGN2N4 (partner gender-partner 2), SXPGN3N4 (partner gender-partner 3), SXPGN4N4 (partner gender-partner 4), o SXPGN5N4 (partner gender-partner 5). Si SX_TOTN4 ≥ 6, salte a Intro_SEROSRT1 (Partner +, more likely unprotected sex). **De lo contrario**, pase a la tabla de series de preguntas y respuestas sobre relaciones sexuales vaginales con parejas, pareja por pareja (SX_VS1N4 [vaginal sex-partner 1], SX_VS2N4 [vaginal sex-partner 2], SX_VS3N4 [vaginal sex-partner 3], SX_VS4N4 [vaginal sex-partner 4], o SX_VS5N4 [vaginal sex-partner 5]).					
SV.1.0.	En los **últimos 12 meses**, ¿usted tuvo relaciones sexuales vaginales con [INSERTE EL NOMBRE DE LA PAREJA]?	SX_VS1N4	SX_VS2N4	SX_VS3N4	SX_VS4N4	SX_VS5N4
	No	0	0	0	0	0
		Salte a SXANL1N4 (anal sex-partner 1)	Salte a SXANL2N4 (anal sex-partner 2)	Salte a SXANL3N4 (anal sex-partner 3)	Salte a SXANL4N4 (anal sex-partner 4)	Salte a SXANL5N4 (anal sex-partner 5)

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Sí	1	1	1	1	1
		Pase a SV10_1N4 (vaginal10-partner 1)	Pase a SV10_2N4 (vaginal10-partner 2)	Pase a SV10_3N4 (vaginal10-partner 3)	Pase a SV10_4N4 (vaginal10-partner 4)	Pase a SV10_5N4 (vaginal10-partner 5)
	Se negó a contestar	7	7	7	7	7
		Salte a SXANL1N4 (anal sex-partner 1)	Salte a SXANL2N4 (anal sex-partner 2)	Salte a SXANL3N4 (anal sex-partner 3)	Salte a SXANL4N4 (anal sex-partner 4)	Salte a SXANL5N4 (anal sex-partner 5)
	No sabe	8	8	8	8	8
		Salte a SXANL1N4 (anal sex-partner 1)	Salte a SXANL2N4 (anal sex-partner 2)	Salte a SXANL3N4 (anal sex-partner 3)	Salte a SXANL4N4 (anal sex-partner 4)	Salte a SXANL5N4 (anal sex-partner 5)
		Label_SX_VS1N4	Label_SX_VS2N4	Label_SX_VS3N4	Label_SX_VS4N4	Label_SX_VS5N4
		Vaginal sex-partner 1	Vaginal sex-partner 2	Vaginal sex-partner 3	Vaginal sex-partner 4	Vaginal sex-partner 5
SV.1.1.	En los **últimos 12 meses**, ¿usted tuvo relaciones sexuales vaginales con [INSERTE EL NOMBRE DE LA PAREJA] más de 10 veces? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	SV10_1N4	SV10_2N4	SV10_3N4	SV10_4N4	SV10__5N4
	No	0	0	0	0	0
		Pase a SXVEN1N4 (times vaginal sex-partner 1).	Pase a SXVEN2N4 (times vaginal sex-partner 2).	Pase a SXVEN3N4 (times vaginal sex-partner 3).	Pase a SXVEN4N4 (times vaginal sex-partner 4).	Pase a SXVEN5N4 (times vaginal sex-partner 5).

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Sí	1	1	1	1	1
		Salte a SXANV1N4 (average number vaginal-partner 1).	Salte a SXANV2N4 (average number vaginal-partner 2).	Salte a SXANV3N4 (average number vaginal-partner 3).	Salte a SXANV4N4 (average number vaginal-partner 4).	Salte a SXANV5N4 (average number vaginal-partner 5).
	Se negó a contestar	7	7	7	7	7
		Salte a SXANL1N4 (anal sex-partner 1)	Salte a SXANL2N4 (anal sex-partner 2)	Salte a SXANL3N4 (anal sex-partner 3)	Salte a SXANL4N4 (anal sex-partner 4)	Salte a SXANL5N4 (anal sex-partner 5)
	No sabe	8	8	8	8	8
		Salte a SXANL1N4 (anal sex-partner 1)	Salte a SXANL2N4 (anal sex-partner 2)	Salte a SXANL3N4 (anal sex-partner 3)	Salte a SXANL4N4 (anal sex-partner 4)	Salte a SXANL5N4 (anal sex-partner 5)
		Label_SV10_1N4	Label_SV10_2N4	Label_SV10_3N4	Label_SV10_4N4	Label_SV10_5N4
		Vaginal 10-partner 1	Vaginal 10-partner 2	Vaginal 10-partner 3	Vaginal 10-partner 4	Vaginal 10-partner 5
SV.1.2.	En los **últimos 12 meses**, por favor dígame el número exacto de veces que tuvo relaciones sexuales <u>vaginales</u> con [INSERTE EL NOMBRE DE LA PAREJA]?	SXVEN1N4	SXVEN2N4	SXVEN3N4	SXVEN4N4	SXVEN5N4
		__ __	__ __	__ __	__ __	__ __
		Salte a Intro_SXVC1AN4 (condom vaginal-	Salte a instrucciones antes de	Salte a instrucciones antes de	Salte a instrucciones antes de	Salte a instrucciones antes de

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		partner 1a)	SXVC2AN4 (condom vaginal-partner 2a).	SXVC3AN4 (condom vaginal-partner 3a).	SXVC4AN4 (condom vaginal-partner 4a).	SXVC5AN4 condom vaginal-partner 5a).
	Se negó a contestar	77	77	77	77	77
		Salte a SXANL1N4 (anal sex-partner 1)	Salte a SXANL2N4 (anal sex-partner 2)	Salte a SXANL3N4 (anal sex-partner 3)	Salte a SXANL4N4 (anal sex-partner 4)	Salte a SXANL5N4 (anal sex-partner 5)
	No sabe	88	88	88	88	88
		Salte a SXANL1N4 (anal sex-partner 1)	Salte a SXANL2N4 (anal sex-partner 2)	Salte a SXANL3N4 (anal sex-partner 3)	Salte a SXANL4N4 (anal sex-partner 4)	Salte a SXANL5N4 (anal sex-partner 5)
		Label_SXVEN1N4	Label_SXVEN2N4	Label_SXVEN3N4	Label_SXVEN4N4	Label_SXVEN5N4
		Times vaginal sex-partner 1	Times vaginal sex-partner 2	Times vaginal sex-partner 3	Times vaginal sex-partner 4	Times vaginal sex-partner 5
		Range_SXVEN1N4	Range_SXVEN2N4	Range_SXVEN3N4	Range_SXVEN4N4	Range_SXVEN5N4
		1–10	1–10	1–10	1–10	1–10
		Hard_edit_SXVEN1N4	Hard_edit_SXVEN2N4	Hard_edit_SXVEN3N4	Hard_edit_SXVEN4N4	Hard_edit_SXVEN5N4
		If SXVEN1N4 is out of range, READ, “El número es muy alto (si	If SXVEN2N4 is out of range, READ, “El número es muy alto (si	If SXVEN3N4 is out of range, READ, “El número es muy alto (si	If SXVEN4N4 is out of range, READ, “El número es muy alto (si	If SXVEN5N4 is out of range, READ, “El número es muy alto (si

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		>10) o muy bajo (si = 0)" Confirme la respuesta y si es necesario regrese a la pregunta anterior".	>10) o muy bajo (si = 0)" Confirme la respuesta y si es necesario regrese a la pregunta anterior".	>10) o muy bajo (si = 0)" Confirme la respuesta y si es necesario regrese a la pregunta anterior".	>10) o muy bajo (si = 0)" Confirme la respuesta y si es necesario regrese a la pregunta anterior".	>10) o muy bajo (si = 0)" Confirme la respuesta y si es necesario regrese a la pregunta anterior".
SV.1.3.	En promedio, ¿cuántas veces tuvo relaciones sexuales vaginales con [INSERTE EL NOMBRE DE LA PAREJA] **al mes**?	SXANV1N4	SXANV2N4	SXANV3N4	SXANV4N4	SXANV5N4
		___ ___	___ ___	___ ___	___ ___	___ ___
		Pase a SXMVG1N4 (months vaginal sex-partner 1).	Pase a SXMVG2N4 (months vaginal sex-partner 2).	Pase a SXMVG3N4 (months vaginal sex-partner 3).	Pase a SXMVG4N4 (months vaginal sex-partner 4).	Pase a SXMVG5N4 (months vaginal sex-partner 5).
	Se negó a contestar	777	777	777	777	777
		Pase a SXMVG1N4 (months vaginal sex-partner 1).	Pase a SXMVG2N4 (months vaginal sex-partner 2).	Pase a SXMVG3N4 (months vaginal sex-partner 3).	Pase a SXMVG4N4 (months vaginal sex-partner 4).	Pase a SXMVG5N4 (months vaginal sex-partner 5).
	No sabe	888	888	888	888	888
		Pase a SXMVG1N4 (months vaginal sex-partner 1).	Pase a SXMVG2N4 (months vaginal sex-partner 2).	Pase a SXMVG3N4 (months vaginal sex-partner 3).	Pase a SXMVG4N4 (months vaginal sex-partner 4).	Pase a SXMVG5N4 (months vaginal sex-partner 5).
		Label_SXANV1N4	Label_SXANV2N4	Label_SXANV3N4	Label_SXANV4N4	Label_SXANV5N4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Average number vaginal-partner 1	Average number vaginal-partner 2	Average number vaginal-partner 3	Average number vaginal-partner 4	Average number vaginal-partner 5
		Range_SXANV1N4	Range_SXANV2N4	Range_SXANV3N4	Range_SXANV4N4	Range_SXANV5N4
		1–90	1–90	1–90	1–90	1–90
SV.1.4.	En los **últimos 12 meses**, ¿por cuántos meses usted tuvo relaciones sexuales vaginales con [INSERTE EL NOMBRE DE LA PAREJA]?	SXMVG1N4	SXMVG2N4	SXMVG3N4	SXMVG4N4	SXMVG5N4
	Se negó a contestar	777	777	777	777	777
	No sabe	888	888	888	888	888
		Para todas las respuestas, salte a Intro_SXVC1AN4 (condom vaginal-partner 1a)	Para todas las respuestas, salte a instrucciones antes de SXVC2AN4 (condom vaginal-partner 2a).	Para todas las respuestas, salte a instrucciones antes de SXVC3AN4 (condom vaginal-partner 3a).	Para todas las respuestas, salte a instrucciones antes de SXVC4AN4 (condom vaginal-partner 4a).	Para todas las respuestas, salte a instrucciones antes de SXVC5AN4 (condom vaginal-partner 5a).
		Label_SXMVG1N4	Label_SXMVG2N4	Label_SXMVG3N4	Label_SXMVG4N4	Label_SXMVG5N4
		Months vaginal sex-partner 1	Months vaginal sex-partner 2	Months vaginal sex-partner 3	Months vaginal sex-partner 4	Months vaginal sex-partner 5
		Range_SXMVG1N4	Range_SXMVG2N4	Range_SXMVG3N4	Range_SXMVG4N4	Range_SXMVG5N4
		1–12	1–12	1–12	1–12	1–12

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Hard_edit_SV10_1N4	Hard_edit_SV10_2N4	Hard_edit_SV10_3N4	Hard_edit_SV10_4N4	Hard_edit_SV10_5N4
		[IF SV10_1N4 (vaginal 10-partner 1) = 1 and the product of SXANV1N4*SXMVG1N4 (average number vaginal-partner 1*months vaginal sex-partner 1) is ≤10], then READ, "Ha señalado que tuvo relaciones sexuales vaginales con [INSERT SX_NM1N4 (name of partner 1)] más de 10 veces". Instrucciones para el entrevistador: regrese a SV10_1N4 (vaginal sex more than 10 times-partner 1). The	[IF SV10_2N4 (vaginal 10-partner 2) = 1 and the product of SXANV2N4*SXMVG2N4 (average number vaginal-partner 2*months vaginal sex-partner 2) is ≤10], then READ, "Ha señalado que tuvo relaciones sexuales vaginales con [INSERT SX_NM2N4 (name of partner 2)] más de 10 veces". Instrucciones para el entrevistador: regrese a SV10_2N4	[IF SV10_3N4 (vaginal 10-partner 3) = 1 and the product of SXANV3N4*SXMVG3N4 (average number vaginal-partner 3*months vaginal sex-partner 3) is ≤10], then READ, "Ha señalado que tuvo relaciones sexuales vaginales con [INSERT SX_NM3N4 (name of partner 3)] más de 10 veces". Instrucciones para el entrevistador: regrese a SV10_3N4	[IF SV10_4N4 (vaginal 10-partner 4) = 1 and the product of SXANV4N4*SXMVG4N4 (average number vaginal-partner 4*months vaginal sex-partner 4) is ≤10], then READ, "Ha señalado que tuvo relaciones sexuales vaginales con [INSERT SX_NM4N4 (name of partner 4)] más de 10 veces". Instrucciones para el entrevistador: regrese a SV10_4N4	[IF SV10_5N4 (vaginal 10-partner 5) = 1 and the product of SXANV5N4*SXMVG5N4 (average number vaginal-partner 5*months vaginal sex-partner 5) is ≤10], then READ, "Ha señalado que tuvo relaciones sexuales vaginales con [INSERT SX_NM5N4 (name of partner 5)] más de 10 veces". Instrucciones para el entrevistador: regrese a SV10_5N4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		program should go back to SV10_1N4 (vaginal 10-partner 1).	(vaginal sex more than 10 times-partner 2). The program should go back to SV10_2N4 (vaginal 10-partner 2).	(vaginal sex more than 10 times-partner 3). The program should go back to SV10_3N4 (vaginal 10-partner 3).	(vaginal sex more than 10 times-partner 4). The program should go back to SV10_4N4 (vaginal 10-partner 1).	(vaginal sex more than 10 times-partner 5). The program should go back to SV10_5N4 (vaginal 10-partner 5).
		Intro_SXVC1AN4				
		"La siguiente pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo parte del tiempo durante las relaciones sexuales".				
		Skip_SXVC1AN4	Skip_SXVC2AN4	Skip _SXVC3AN4	Skip _SXVC4AN4	Skip_SXVC5AN4
		Si SXVEN1N4 (times vaginal sex-partner 1) = 1, pase a SXVC1AN4 (condom vaginal-	Si SXVEN2N4 (times vaginal sex-partner 2) = 1, pase a SXVC2AN4	Si SXVEN3N4 (times vaginal sex-partner 3) = 1, pase a SXVC3AN4	Si SXVEN4N4 (times vaginal sex-partner 4) = 1, pase a SXVC4AN4	Si SXVEN5N4 (times vaginal sex-partner 5) = 1, pase a SXVC5AN4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		partner 1a); de lo contrario, salte a SXVC1BN4 (condom vaginal-partner 1b).	(condom vaginal-partner 2a); de lo contrario, salte a SXVC2BN4 (condom vaginal-partner 2b).	(condom vaginal-partner 3a); de lo contrario, salte a SXVC3BN4 (condom vaginal-partner 3b).	(condom vaginal-partner 4a); de lo contrario, salte a SXVC4BN4 (condom vaginal-partner 4b).	(condom vaginal-partner 5a); de lo contrario, salte a SXVC5BN4 (condom vaginal-partner 5b).
SV.1.5.a.	En los **últimos 12 meses**, cuando usted tuvo relaciones sexuales vaginales con [INSERTE EL NOMBRE DE LA PAREJA] ¿se usó un condón?	SXVC1AN4	SXVC2AN4	SXVC3AN4	SXVC4AN4	SXVC5AN4
	No	0	0	0	0	0
	Sí	1	1	1	1	1
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Skip2_SXVC1AN4	Skip2_SXVC2AN4	Skip2_SXVC3AN4	Skip2_SXVC4AN4	Skip2_SXVC5AN4
		Para todas las respuestas, salte a SXANL1N4 (anal sex-partner 1).	Para todas las respuestas, salte a SXANL2N4 (anal sex-partner 2).	Para todas las respuestas, salte a SXANL3N4 (anal sex-partner 3).	Para todas las respuestas, salte a SXANL4N4 (anal sex-partner 4).	Para todas las respuestas, salte a SXANL5N4 (anal sex-partner 5).
		Label_SXVC1AN4	Label_SXVC2AN4	Label_SXVC3AN4	Label_SXVC4AN4	Label_SXVC5AN4
		Condom vaginal-partner 1a	Condom vaginal-partner 2a	Condom vaginal-partner 3a	Condom vaginal-partner 4a	Condom vaginal-partner 5a
SV.1.5.b.	En los **últimos 12 meses**, cuando usted tuvo relaciones sexuales	SXVC1BN4	SXVC2BN4	SXVC3BN4	SXVC4BN4	SXVC5BN4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	vaginales con [INSERTE EL NOMBRE DE LA PAREJA] ¿se usó un condón? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].					
	Nunca, ni una vez	1	1	1	1	1
	Una o más veces	2	2	2	2	2
	Absolutamente todas las veces	3	3	3	3	3
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Label_SXVC1BN4	Label_SXVC2BN4	Label_SXVC3BN4	Label_SXVC4BN4	Label_SXVC5BN4
		Condom vaginal-partner 1b	Condom vaginal-partner 2b	Condom vaginal-partner 3b	Condom vaginal-partner 4b	Condom vaginal-partner 5b
		Skip_SXVC1BN4	Skip_SXVC2BN4	Skip_SXVC3BN4	Skip_SXVC4BN4	Skip_SXVC5BN4
		Para todas las respuestas, salte a SXANL1N4 (anal sex-partner 1).	Para todas las respuestas, pase a SXANL2N4 (anal sex-partner 2).	Para todas las respuestas, pase a SXANL3N4 (anal sex-partner 3).	Para todas las respuestas, pase a SXANL4N4 (anal sex-partner 4).	Para todas las respuestas, pase a SXANL5N4 (anal sex-partner 5).

Relaciones sexuales anales (SL)

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Instructions for anal sex partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell.					
SL.1.0.	En los **últimos 12 meses**, ¿usted tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA]?	SXANL1N4	SXANL2N4	SXANL3N4	SXANL4N4	SXANL5N4
	No	0	0	0	0	0
		Salte a STATS1N4 (aware status-partner 1).	Salte a STATS2N4 (aware status-partner 2).	Salte a STATS3N4 (aware status-partner 3).	Salte a STATS4N4 (aware status-partner 4).	Salte a STATS5N4 (aware status-partner 5).
	Sí	1	1	1	1	1
		Pase a SA10_1N4 (anal 10-partner 1)	Pase a SA10_2N4 (anal 10-partner 2)	Pase a SA10_3N4 (anal 10-partner 3)	Pase a SA10_4N4 (anal 10-partner 4)	Pase a SA10_5N4 (anal 10-partner 5)
	Se negó a contestar	7	7	7	7	7
		Salte a STATS1N4 (aware status-partner 1).	Salte a STATS2N4 (aware status-partner 2).	Salte a STATS3N4 (aware status-partner 3).	Salte a STATS4N4 (aware status-partner 4).	Salte a STATS5N4 (aware status-partner 5).
	No sabe	8	8	8	8	8

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Salte a STATS1N4 (aware status-partner 1).	Salte a STATS2N4 (aware status-partner 2).	Salte a STATS3N4 (aware status-partner 3).	Salte a STATS4N4 (aware status-partner 4).	Salte a STATS5N4 (aware status-partner 5).
		Label_SXANL1N4	Label_SXANL2N4	Label_SXANL3N4	Label_SXANL4N4	Label_SXANL5N4
		Anal sex-partner 1	Anal sex-partner 2	Anal sex-partner 3	Anal sex-partner 4	Anal sex-partner 5
	QDS_programming_SXANL1N4 (anal sex-partner 1), SXANL2N4 (anal sex-partner 2), SXANL3N4 (anal sex-partner 3), SXANL4N4 (anal sex-partner 4), SXANL5N4 (anal sex-partner 5) continued: <u>No anal sex partners reported among male respondents who previously said they had only male partners:</u> If SX_GEN (sex gender) = 1 (male) and (If SXPGN1N4 (partner gender-partner 1) = 1 OR SXMLONN4 (male only partners) = 1) and SXANL1N4 (anal sex-partner 1) is 0 (no), then READ, “Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM1N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error”. Allow program to move forward. If SX_GEN (sex gender) = 1 (male) and (If SXPGN2N4 (partner gender-partner 2)= 1 OR SXMLONN4 (male only partners) = 1) and SXANL2N4 (anal sex-partner 2) is 0 (no), then READ, “Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM2N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error”. Allow program to move forward. If SX_GEN (sex gender) = 1 (male) and (If SXPGN3N4 (partner gender-partner 3)= 1 OR SXMLONN4 (male only partners) = 1) and SXANL3N4 (anal sex-partner 3) is 0 (no), then READ, “Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM3N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error”. Allow program to move forward. If SX_GEN (sex gender) = 1 (male) and (If SXPGN4N4 (partner gender-partner 4) = 1 OR SXMLONN4 (male only partners) = 1) and SXANL4N4 (anal sex-partner 4) is 0 (no), then READ, “Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM4N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error”. Allow program to move forward.				

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	If SX_GEN (sex gender) = 1 (male) and (If SXPGN5N4 (partner gender-partner 5)= 1 OR SXMLONN4 (male only partners) = 1) and SXANL5N4 (anal sex-partner 1) is 0 (no), then READ, "Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM5N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward.					
SL.1.1.	En los **últimos 12 meses**, ¿usted tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA] más de 10 veces? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	SA10_1N4	SA10_2N4	SA10_3N4	SA10_4N4	SA10_5N4
	No	0	0	0	0	0
		Pase a SXAEN1N4 (times anal sex-partner 1)	Pase a SXAEN2N4 (times anal sex-partner 2)	Pase a SXAEN3N4 (times anal sex-partner 3)	Pase a SXAEN4N4 (times anal sex-partner 4)	Pase a SXAEN5N4 (times anal sex-partner 5)
	Sí	1	1	1	1	1
		Salte a SXANA1N4 (average number anal-partner 1)	Salte a SXANA2N4 (average number anal-partner 2)	Salte a SXANA3N4 (average number anal-partner 3)	Salte a SXANA4N4 (average number anal-partner 4)	Salte a SXANA5N4 (average number anal-partner 5)
	Se negó a contestar	7	7	7	7	7
		Salte a STATS1N4	Salte a STATS2N4	Salte a STATS3N4	Salte a STATS4N4	Salte a STATS5N4

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		(aware status-partner 1)	(aware status-partner 2)	(aware status-partner 3)	(aware status-partner 4)	(aware status-partner 5)
	No sabe	8	8	8	8	8
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
		Label_SA10_1N4	Label_SA10_2N4	Label_SA10_3N4	Label_SA10_4N4	Label_SA10_5N4
		Anal 10-partner 1	Anal 10-partner 2	Anal 10-partner 3	Anal 10-partner 4	Anal 10-partner 5
SL.1.2.	En los **últimos 12 meses**, ¿por favor dígame el número exacto de veces que tuvo relaciones sexuales <u>anales</u> con [INSERTE EL NOMBRE DE LA PAREJA]?	SXAEN1N4	SXAEN2N4	SXAEN3N4	SXAEN4N4	SXAEN5N4
		__ __	__ __	__ __	__ __	__ __
		Para todas las respuestas, salte a Skip_SXAC1AN4 (condom anal-partner 1a).	Para todas las respuestas, salte a Skip_SXAC2AN4 (condom anal-partner 2a).	Para todas las respuestas, salte a Skip_SXAC3AN4 (condom anal-partner 3a).	Para todas las respuestas, salte a Skip_SXAC4AN4 (condom anal-partner 4a).	Para todas las respuestas, salte a Skip_SXAC5AN4 (condom anal-partner 5a).
	Se negó a contestar	77	77	77	77	77
		Salte a STATS1N4 (aware status-	Salte a STATS2N4 (aware status-	Salte a STATS3N4 (aware status-	Salte a STATS4N4 (aware status-	Salte a STATS5N4 (aware status-

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		partner 1).	partner 2).	partner 3).	partner 4).	partner 5).
	No sabe	88	88	88	88	88
		Salte a STATS1N4 (aware status-partner 1).	Salte a STATS2N4 (aware status-partner 2).	Salte a STATS3N4 (aware status-partner 3).	Salte a STATS4N4 (aware status-partner 4).	Salte a STATS5N4 (aware status-partner 5).
		Label_SXAEN1N4	Label_SXAEN2N4	Label_SXAEN3N4	Label_SXAEN4N4	Label_SXAEN5N4
		Times anal sex-partner 1	Times anal sex-partner 2	Times anal sex-partner 3	Times anal sex-partner 4	Times anal sex-partner 5
		Range_SXAEN1N4	Range_SXAEN2N4	Range_SXAEN3N4	Range_SXAEN4N4	Range_SXAEN5N4
		1–10	1–10	1–10	1–10	1–10
SL.1.3.	En promedio, ¿cuántas veces tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA] al mes?	SXANA1N4	SXANA2N4	SXANA3N4	SXANA4N4	SXANA5N4
		___ ___	___ ___	___ ___	___ ___	___ ___
	Se negó a contestar	777	777	777	777	777
	No sabe	888	888	888	888	888
		Para todas las respuestas, pase a SXMAN1N4 (months anal sex-partner 1)	Para todas las respuestas, pase a SXMAN2N4 (months anal sex-partner 2)	Para todas las respuestas, pase a SXMAN3N4 (months anal sex-partner 3)	Para todas las respuestas, pase a SXMAN4N4 (months anal sex-partner 4)	Para todas las respuestas, pase a SXMAN5N4 (months anal sex-partner 5)
		Label_SXANA1N4	Label_SXANA2N4	Label_SXANA3N4	Label_SXANA4N4	Label_SXANA5N4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Average number anal-partner 1	Average number anal-partner 2	Average number anal-partner 3	Average number anal-partner 4	Average number anal-partner 5
		Range_SXANA1N4	Range_SXANA2N4	Range_SXANA3N4	Range_SXANA4N4	Range_SXANA5N4
		1–90	1–90	1–90	1–90	1–90
SL.1.4.	En los **últimos 12 meses**, ¿por cuántos meses usted tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA]?	SXMAN1N4	SXMAN2N4	SXMAN3N4	SXMAN4N4	SXMAN5N4
	__ __ meses	___ ___	___ ___	___ ___	___ ___	___ ___
	Se negó a contestar	77	77	77	77	77
	No sabe	88	88	88	88	88
		Para todas las respuestas, pase a Skip_SXAC1AN4 (condom anal-partner 1a).	Para todas las respuestas, pase a Skip_SXAC2AN4 (condom anal-partner 2a).	Para todas las respuestas, pase a Skip_SXAC3AN4 (condom anal-partner 3a).	Para todas las respuestas, pase a Skip_SXAC4AN4 (condom anal-partner 4a).	Para todas las respuestas, pase a Skip_SXAC5AN4 (condom anal-partner 5a).
		Label_SXMAN1N4	Label_SXMAN2N4	Label_SXMAN3N4	Label_SXMAN4N4	Label_SXMAN5N4
		Months anal sex-partner 1	Months anal sex partner 2	Months anal sex-partner 3	Months anal sex-partner 4	Months anal sex-partner 5
		Range_SXMAN1N4	Range_SXMAN2N4	Range_SXMAN3N4	Range_SXMAN4N4	Range_SXMAN5N4
		1–12	1–12	1–12	1–12	1–12

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Hard_edit_SA10_1 N4	Hard_edit_SA10_2 N4	Hard_edit_SA10_3 N4	Hard_edit_SA10_4 N4	Hard_edit_SA10_5 N4
		[IF SA10_1N4 (anal 10-partner 1) = 1 (Sí) and the product of SXANA1N4*SXMAN 1N4 (average number anal-partner 1*months anal sex-partner 1) is ≤ 10], then READ, “Ha señalado que tuvo relaciones sexuales anales con [INSERTE SX_NM1N4 (name of partner 1)] más de 10 veces”. Instrucciones para el entrevistador: regrese a SA10_1N4 (anal sex more than 10 times-partner 1). The program should go back to SA10_1N4 (anal 10-	[IF SA10_2N4 (anal 10-partner 2) = 1 (Sí) and the product of SXANA2N4*SXMAN 2N4 (average number anal-partner 2*months anal sex-partner 2) is ≤ 10], then READ, “Ha señalado que tuvo relaciones sexuales anales con [INSERTE SX_NM2N4 (name of partner 2)] más de 10 veces”. Instrucciones para el entrevistador: regrese a SA10_2N4 (anal sex more than 10 times-partner 2). The program should go back to SA10_1N4 (anal 10-	[IF SA10_3N4 (anal 10-partner 3) = 1 (Sí) and the product of SXANA3N4*SXMAN 3N4 (average number anal-partner 3*months anal sex-partner 3) is ≤ 10], then READ, “Ha señalado que tuvo relaciones sexuales anales con [INSERTE SX_NM3N4 (name of partner 3)] más de 10 veces”. Instrucciones para el entrevistador: regrese a SA10_3N4 (anal sex more than 10 times-partner 3). The program should go back to SA10_3N4 (anal 10-	[IF SA10_4N4 (anal 10-partner 4) = 1 (Sí) and the product of SXANA4N4*SXMAN 4N4 (average number anal-partner 4*months anal sex-partner 4) is ≤ 10], then READ, “Ha señalado que tuvo relaciones sexuales anales con [INSERTE SX_NM4N4 (name of partner 4)] más de 10 veces”. Instrucciones para el entrevistador: regrese a SA10_4N4 (anal sex more than 10 times-partner 4). The program should go back to SA10_4N4 (anal 10-	[IF SA10_5N4 (anal 10-partner 5) = 1 (Sí) and the product of SXANA5N4*SXMAN 5N4 (average number anal-partner 5*months anal sex-partner 5) is ≤ 10], then READ, “Ha señalado que tuvo relaciones sexuales anales con [INSERTE SX_NM5N4 (name of partner 5)] más de 10 veces”. Instrucciones para el entrevistador: regrese a SA10_5N4 (anal sex more than 10 times-partner 5). The program should go back to SA10_5N4 (anal 10-

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		partner 1).	partner 2).	partner 3).	partner 4).	partner 5).
	Instrucciones para el entrevistador antes de SXAC1AN4 (condom anal-partner 1a), SXAC2AN4 (condom anal-partner 2a), SXAC3AN4 (condom anal-partner 3a), SXAC4AN4 (condom anal-partner 4a), SXAC5AN4 (condom anal-partner 5a): <u>Mujer con pareja masculina #1-relaciones sexuales anales una vez</u>: Si la entrevistada es mujer (SX_GEN=2) Y la pareja 1 es masculina (SXPGN1N4 [partner gender-partner 1] = 1 [male] o SMLONN4 [male only partners] = 1) Y la entrevistada tuvo relaciones sexuales anales con la pareja 1 solo una vez (SXAEN1N4 [times anal sex-partner 1] = 1), pase a Intro_SXAC1AN4 (condom anal-partner 1a). <u>Mujer con pareja masculina #1-relaciones sexuales anales más de una vez</u>: Si la entrevistada es mujer (SX_GEN=2) Y la pareja 1 es masculina (SXPGN1N4 [partner gender-partner 1] = 1 [male] o SMLONN4 [male only partners] = 1) Y la entrevistada tuvo relaciones sexuales anales con la pareja 1 más de una vez (SXAEN1N4 [times anal sex-partner 1] ≥ 2) O SA10_1N4 (anal 10-partner 1) = “sí”, pase a Intro_SXAC1BN4 (condom anal-partner 1b). <u>Mujer con parejas masculinas #2, 3, 4, 5-relaciones sexuales anales una vez</u>: Si la entrevistada es mujer (SX_GEN=2) Y las parejas 2, 3, 4 o 5 son masculinas (SXPGN2N4 [partner gender-partner 2] = 1 [male], SXPGN3N4 [partner gender-partner 3] = 1 [male], SXPGN4N4 [partner gender-partner 4] = 1 [male], SXPGN5N4 [partner gender-partner 5] = 1 [male] O SXMLONN4 [male only partners] = 1) Y la entrevistada tuvo relaciones sexuales anales con las parejas 2, 3, 4 o 5 solo una vez (SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1), pase a SXAC2AN4 (condom anal-partner 2a), SXAC3AN4 (condom anal-partner 3a), SXAC4AN4 (condom anal-partner 4a) o SXAC5AN4 (condom anal-partner 5a). <u>Mujer con parejas masculinas #2, 3, 4, 5-relaciones sexuales anales más de una vez</u>: Si la entrevistada es mujer (SX_GEN=2) Y las parejas 2, 3, 4 o 5 son masculinas (SXPGN2N4 [partner gender-partner 2] = 1 [male], SXPGN3N4 [partner gender-partner 3] = 1 [male], SXPGN4N4 [partner gender-partner 4] = 1 [male], SXPGN5N4 [partner gender-partner 5] = 1 [male] O SXMLONN4 [male only partners] = 1) Y la entrevistada tuvo relaciones sexuales anales con las parejas 2, 3, 4 o 5 más de una vez (SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2 O SA10_2N4 (anal 10-partner 2) = “sí”, SA10_3N4 (anal 10-partner 3) = “sí”, SA10_4N4 (anal 10-					

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	partner 4) = "sí", SA10_5N4 (anal 10-partner 5) = "sí", pase a SXAC2BN4 (condom anal-partner 2b), SXAC3BN4 (condom anal-partner 3b), SXAC4BN4 (condom anal-partner 4b), SXAC5BN4 (condom anal-partner 5b). <u>Hombre con pareja femenina #1-relaciones sexuales anales una vez</u>: Si el entrevistado es hombre (SX_GEN=1) y la pareja 1 es femenina (SXPGN1N4 [partner gender-partner 1] = 2 [female] o SXFMONN4 [female only partners] = 1) Y el entrevistado tuvo relaciones sexuales anales con la pareja 1 solo una vez (SXAEN1N4 [times anal sex-partner 1] = 1), pase a Intro_SXAC1AN4 (condom anal-partner 1a). <u>Hombre con pareja femenina #1-relaciones sexuales anales más de una vez</u>: Si el entrevistado es hombre (SX_GEN=1) Y la pareja 1 es femenina (SXPGN1N4 [partner gender-partner 1] = 2 [female] o SXFMONN4 [female only partners] = 1) Y el entrevistado tuvo relaciones sexuales anales con la pareja 1 más de una vez (SXAEN1N4 [times anal sex-partner 1] ≥ 2) O SA10_1N4 (anal 10-partner 1) = "sí", pase a Intro_SXAC1BN4 (condom anal-partner 1b). <u>Hombre con parejas femeninas #2, 3, 4, 5-relaciones sexuales anales una vez</u>: Si el entrevistado es hombre (SX_GEN=1) Y las parejas 2, 3, 4 o 5 son femeninas (SXPGN2N4 [partner gender-partner 2] = 2 [female], SXPGN3N4 [partner gender-partner 3] = 2 [female], SXPGN4N4 [partner gender-partner 4] = 2 [female], SXPGN5N4 [partner gender-partner 5] = 2 [female] O SXFMONN4 [female only partners] = 1) Y el entrevistado tuvo relaciones sexuales anales con las parejas 2, 3, 4 o 5 solo una vez (SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1), pase a SXAC2AN4 (condom anal-partner 2a), SXAC3AN4 (condom anal-partner 3a), SXAC4AN4 (condom anal-partner 4a), SXAC5AN4 (condom anal-partner 5a). <u>Hombre con parejas femeninas #2, 3, 4, 5-relaciones sexuales anales más de una vez</u>: Si el entrevistado es hombre (SX_GEN=1) Y las parejas 2, 3, 4 o 5 son femeninas (SXPGN2N4 [partner gender-partner 2] = 2 [female], SXPGN3N4 [partner gender-partner 3] = 2 [female], SXPGN4N4 [partner gender-partner 4] = 2 [female], SXPGN5N4 [partner gender-partner 5] = 2 [female] O SXFMONN4 [female only partners] = 1) Y el entrevistado tuvo relaciones sexuales anales con las parejas 2, 3, 4 o 5 más de una vez (SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2 O SA10_2N4 (anal 10-partner 2) = "sí", SA10_3N4 (anal 10-partner 3) = "sí", SA10_4N4 (anal 10-partner 4) = "sí", SA10_5N4 (anal 10-partner 5) = "sí", pase a SXAC2BN4 (condom anal-partner 2b),					

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	SXAC3BN4 (condom anal-partner 3b), SXAC4BN4 (condom anal-partner 4b), SXAC5BN4 (condom anal-partner 5b). <u>Hombre con pareja o parejas masculinas</u>: Si el entrevistado es hombre (SX_GEN=1) y la pareja es masculina (SXPGN1N4 [partner gender-partner 1] = 1, SXPGN2N4 [partner gender-partner 2] = 1, SXPGN3N4 [partner gender-partner 3] = 1, SXPGN4N4 [partner gender-partner 4] = 1, SXPGN5N4 [partner gender-partner 5] = 1 O SXMLONN4 [male only partners] = 1), **salte a instrucciones para el entrevistador** antes de ABTM1AN4 (receptive anal-partner 1a), instrucciones para el entrevistador antes de ABTM2AN4 (receptive anal-partner 2a), instrucciones para el entrevistador antes de ABTM3AN4 (receptive anal-partner 3a), instrucciones para el entrevistador antes de ABTM4AN4 (receptive anal-partner 4a) , instrucciones para el entrevistador antes de ABTM5AN4 (receptive anal-partner 5a). Si SA10_1N4 (anal 10-partner 1) = Se negó a contestar o no sabe, SA10_2N4 (anal 10-partner 2) = Se negó a contestar o no sabe, SA10_3N4 (anal 10-partner 3) = Se negó a contestar o no sabe, SA10_4N4 (anal 10-partner 4) = Se negó a contestar o no sabe, SA10_5N4 (anal 10-partner 5) = Se negó a contestar o no sabe O si SXAEN1N4 (times anal sex-partner 1) = 0, SXAEN2N4 (times anal sex-partner 2) =0, SXAEN3N4 (times anal sex-partner 3) =0, SXAEN4N4 (times anal sex-partner 4) =0, SXAEN5N4 (times anal sex-partner 5) =0, salte a instrucciones para la tabla de series de preguntas y respuestas sobre el estado del VIH pareja por pareja: STATS1N4 (aware status-partner 1) al responder la serie de preguntas sobre la pareja 1, STATS2N4 (aware status-partner 2) al responder la serie de preguntas sobre la pareja 2, STATS3N4 (aware status-partner 3) al responder la serie de preguntas sobre la pareja 3, STATS4N4 (aware status-partner 4) al responder la serie de preguntas sobre la pareja 4, STATS5N4 (aware status-partner 5) al responder la serie de preguntas sobre la pareja 5.					
		Intro_SXAC1AN4				
		"La siguiente pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo				

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		parte del tiempo durante las relaciones sexuales".				
SL.1.5.a.	En los **últimos 12 meses**, cuando usted tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA] ¿se usó un condón?	SXAC1AN4	SXAC2AN4	SXAC3AN4	SXAC4AN4	SXAC5AN4
	No	0	0	0	0	0
	Sí	1	1	1	1	1
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Para todas las respuestas, salte a STATS1N4 (aware status-partner 1).	Para todas las respuestas, salte a STATS2N4 (aware status-partner 2).	Para todas las respuestas, salte a STATS3N4 (aware status-partner 3).	Para todas las respuestas, salte a STATS4N4 (aware status-partner 4).	Para todas las respuestas, salte a STATS5N4 (aware status-partner 5).
		Label_SXAC1AN4	Label_SXAC2AN4	Label_SXAC3AN4	Label_SXAC4AN4	Label_SXAC5AN4
		Condom anal-partner 1a	Condom anal-partner 2a	Condom anal-partner 3a	Condom anal-partner 4a	Condom anal-partner 5a
		Intro_SXAC1BN4				
		"La siguiente				

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo parte del tiempo durante las relaciones sexuales".				
SL.1.5.b.	En los **últimos 12 meses**, cuando usted tuvo relaciones sexuales anales con [NOMBRE DE LA PAREJA] ¿se usó un condón?… [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	SXAC1BN4	SXAC2BN4	SXAC3BN4	SXAC4BN4	SXAC5BN4
	Nunca, ni una vez	1	1	1	1	1
	Una o más veces	2	2	2	2	2

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Absolutamente todas las veces	3	3	3	3	3
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Para todas las respuestas, salte a STATS1N4 (aware status-partner 1).	Para todas las respuestas, salte a STATS2N4 (aware status-partner 2).	Para todas las respuestas, salte a STATS3N4 (aware status-partner 3).	Para todas las respuestas, salte a STATS4N4 (aware status-partner 4).	Para todas las respuestas, salte a STATS5N4 (aware status-partner 5).
		Label_SXAC1BN4	Label_SXAC2BN4	Label_SXAC3BN4	Label_SXAC4BN4	Label_SXAC5BN4
		Condom anal-partner 1b	Condom anal-partner 2b	Condom anal-partner 3b	Condom anal-partner 4b	Condom anal-partner 5b
	Instrucciones para el entrevistador antes de ABTM1AN4 (receptive anal-partner 1a), ABTM2AN4 (receptive anal-partner 2a), ABTM3AN4 (receptive anal-partner 3a), ABTM4AN4, (receptive anal-partner 4a), ABTM5AN4 (receptive anal-partner 5a): <u>Hombre con pareja masculina - relaciones sexuales anales una vez</u>: Si el entrevistado es hombre (SX_GEN=1) y la pareja es masculina (SXPGN1N4 [partner gender-partner 1] = 1, SXPGN2N4 [partner gender-partner 2] = 1, SXPGN3N4 [partner gender-partner 3] = 1, SXPGN4N4 [partner gender-partner 4] = 1, SXPGN5N4 [partner gender-partner 5] = 1 O SXMLONN4 [male only partners] = 1), Y el entrevistado tuvo relaciones sexuales anales con las parejas 1, 2, 3, 4, or 5 solo una vez (SXAEN1N4 [times anal sex-partner 1] = 1, SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1, pase a ABTM1AN4 (receptive anal-partner 1a), ABTM2AN4 (receptive anal-partner 2a), ABTM3AN4 (receptive anal-partner 3a), ABTM4AN4, (receptive anal-partner 4a), ABTM5AN4 (receptive anal-partner 5a). <u>Hombre con pareja masculina - relaciones sexuales anales más de una vez</u>: Si el entrevistado es hombre (SX_GEN=1) y la pareja es masculina (SXPGN1N4 [partner gender-partner 1] = 1, SXPGN2N4 [partner gender-partner 2] = 1, SXPGN3N4 [partner gender-partner 3] = 1, SXPGN4N4 [partner gender-partner 4] = 1, SXPGN5N4 [partner gender-partner 5] = 1 O SXMLONN4 [male only partners] = 1), Y el entrevistado tuvo relaciones sexuales anales con las parejas 1, 2, 3, 4, or 5 más de una vez					

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	(SXAEN1N4 [times anal sex-partner 1] ≥ 2, SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2 O SA10_1N4 (anal 10-partner 1) =1, SA10_2N4 (anal 10-partner 2) =1, SA10_3N4 (anal 10-partner 3) =1, SA10_4N4 (anal 10-partner 4) =1, SA10_5N4 (anal 10-partner 5) =1 pase a ABTM1BN4 (receptive anal-partner 1b), ABTM2BN4 (receptive anal-partner 2b), ABTM3BN4 (receptive anal-partner 3b), ABTM4BN4, (receptive anal-partner 4b), ABTM5BN4 (receptive anal-partner 5b).					
SL.1.6.a	En los **últimos 12 meses**, cuando usted tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA], ¿tuvo relaciones anales siendo usted la pareja receptora?	ABTM1AN4	ABTM2AN4	ABTM3AN4	ABTM4AN4	ABTM5AN4
	No	0	0	0	0	0
		Salte a ATP1AN4 (insertive anal-partner 1a).	Salte a ATP2AN4 (insertive anal-partner 2a).	Salte a ATP3AN4 (insertive anal-partner 3a).	Salte a ATP4AN4 (insertive anal-partner 4a).	Salte a ATP5AN4 (insertive anal-partner 5a).
	Sí	1	1	1	1	1
		Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Se negó a contestar	7	7	7	7	7
		Salte a ATP1AN4 (insertive anal-partner 1a).	Salte a ATP2AN4 (insertive anal-partner 2a).	Salte a ATP3AN4 (insertive anal-partner 3a).	Salte a ATP4AN4 (insertive anal-partner 4a).	Salte a ATP5AN4 (insertive anal-partner 5a).
	No sabe	8	8	8	8	8
		Salte a ATP1AN4 (insertive anal-partner 1a).	Salte a ATP2AN4 (insertive anal-partner 2a).	Salte a ATP3AN4 (insertive anal-partner 3a).	Salte a ATP4AN4 (insertive anal-partner 4a).	Salte a ATP5AN4 (insertive anal-partner 5a).
		Label_ABTM1AN4	Label_ABTM2AN4	Label_ABTM3AN4	Label_ABTM4AN4	Label_ABTM5AN4
		Receptive anal-partner 1a	Receptive anal-partner 2a	Receptive anal-partner 3a	Receptive anal-partner 4a	Receptive anal-partner 5a
SL.1.6.b.	En los **últimos 12 meses**, cuando usted tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA], ¿con qué frecuencia tuvo relaciones anales siendo usted la pareja receptora? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	ABTM1BN4	ABTM2BN4	ABTM3BN4	ABTM4BN4	ABTM5BN4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Nunca	1	1	1	1	1
		Salte a ATP1BN4 (insertive anal-partner 1b).	Salte a ATP2BN4 (insertive anal-partner 2b).	Salte a ATP3BN4 (insertive anal-partner 3b).	Salte a ATP4BN4 (insertive anal-partner 4b).	Salte a ATP5BN4 (insertive anal-partner 5b).
	Algunas veces	2	2	2	2	2
		Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.
	Siempre	3	3	3	3	3
		Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.	Pase a instrucciones para el entrevistador antes de Intro_ABTC1AN4.
	Se negó a contestar	7	7	7	7	7
		Salte a ATP1BN4 (insertive anal-partner 1b).	Salte a ATP2BN4 (insertive anal-partner 2b).	Salte a ATP3BN4 (insertive anal-partner 3b).	Salte a ATP4BN4 (insertive anal-partner 4b).	Salte a ATP5BN4 (insertive anal-partner 5b).
	No sabe	8	8	8	8	8
		Salte a ATP1BN4 (insertive anal-partner 1b).	Salte a ATP2BN4 (insertive anal-partner 2b).	Salte a ATP3BN4 (insertive anal-partner 3b).	Salte a ATP4BN4 (insertive anal-partner 4b).	Salte a ATP5BN4 (insertive anal-partner 5b).
		Label_ABTM1BN4	Label_ABTM2BN4	Label_ABTM3BN4	Label_ABTM4BN4	Label_ABTM5BN4
		Receptive anal-	Receptive anal-	Receptive anal-	Receptive anal-	Receptive anal-

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		partner 1b	partner 2b	partner 3b	partner 4b	partner 5b
	Instrucciones para el entrevistador antes de ABTC1AN4 (condom receptive anal-partner 1a), ABTC2AN4 (condom receptive anal-partner 2a), ABTC3AN4 (condom receptive anal-partner 3a), ABTC4AN4 (condom receptive anal-partner 4a), ABTC5AN4 (condom receptive anal-partner 5a): <u>Hombre con pareja masculina #1-relaciones sexuales anales con pareja masculina una vez</u>: Si el entrevistado es hombre (SX_GEN=1) Y la pareja es masculina (SXPGN1N4 [partner gender-partner 1] = 1 OR SXMLONN4 [male only partners] = 1) Y el entrevistado tuvo relaciones sexuales anales con la pareja #1 solo una vez (SXAEN1N4 [times anal sex-partner 1] = 1, ENTONCES pase a Intro_ABTC1AN4 (condom receptive anal-partner 1a). <u>Hombre con parejas masculinas #2, 3, 4, 5 relaciones sexuales anales con pareja masculina una vez</u>: Si el entrevistado es hombre (SX_GEN=1) Y las parejas # 2, 3, 4 o 5 son masculinas (SXPGN2N4 [partner gender-partner 2] = 1, SXPGN3N4 [partner gender-partner 3] = 1, SXPGN4N4 [partner gender-partner 4] = 1, SXPGN5N4 [partner gender-partner 5] = 1) O SXMLONN4 [male only partners] = 1) Y el entrevistado tuvo relaciones sexuales anales con las parejas #2, 3, 4 o 5 solo una vez (SXAEN2N4 [times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1, ENTONCES pase a ABTC2AN4 (condom receptive anal-partner 2a), ABTC3AN4 (condom receptive anal-partner 3a), ABTC4AN4 (condom receptive anal-partner 4a), ABTC5AN4 (condom receptive anal-partner 5a). <u>Hombre con pareja masculina #1-relaciones sexuales anales con pareja masculina más de una vez</u>: Si el entrevistado es hombre (SX_GEN=1) Y la pareja es masculina (SXPGN1N4 partner gender-partner 1] O SXMLONN4 [male only partners] = 1) Y el entrevistado tuvo relaciones sexuales anales con la pareja #1 más de una vez (SXAEN1N4 [times anal sex-partner 1] ≥ 2 O SA10_1N4 (anal 10-partner 1) =1, ENTONCES pase a Intro_ABTC1BN4 (condom receptive anal-partner 1b). <u>Hombre con parejas masculinas #2, 3, 4, 5, relaciones sexuales anales con pareja masculina más de una vez</u>: Si el entrevistado es hombre (SX_GEN=1) Y la pareja es masculina (SXPGN2N4 [partner gender-partner 2] = 1, SXPGN3N4 [partner gender-partner 3] = 1, SXPGN4N4 [partner gender-partner 4] = 1, SXPGN5N4 [partner gender-partner 5] = 1 O SXMLONN4 [male only partners] = 1), Y el entrevistado tuvo relaciones sexuales anales con las parejas 2, 3, 4 o 5 más de una vez (SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times					

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	anal sex-partner 5] ≥ 2, O SA10_2N4 (anal 10-partner 2) =1, SA10_3N4 (anal 10-partner 3) =1, SA10_4N4 (anal 10-partner 4) =1, SA10_5N4 (anal 10-partner 5) =1, ENTONCES pase a ABTC2BN4 (condom receptive anal-partner 2b), ABTC3BN4 (condom receptive anal-partner 3b), ABTC4BN4 (condom receptive anal-partner 4b), ABTC5BN4 (condom receptive anal-partner 5b).					
		Intro_ABTC1AN4				
		"La siguiente pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo parte del tiempo durante las relaciones sexuales".				
SL.1.7.a.	En los **últimos 12 meses,** cuando tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA] siendo usted la pareja receptora, ¿se usó un condón?	ABTC1AN4	ABTC2AN4	ABTC3AN4	ABTC4AN4	ABTC5AN4
	No	0	0	0	0	0

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Sí	1	1	1	1	1
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Para todas las respuestas, salte a ATP1AN4 (insertive anal-partner 1a).	Para todas las respuestas, salte a ATP2AN4 (insertive anal-partner 2a).	Para todas las respuestas, salte a ATP3AN4 (insertive anal-partner 3a).	Para todas las respuestas, salte a ATP4AN4 (insertive anal-partner 4a).	Para todas las respuestas, salte a ATP5AN4 (insertive anal-partner 5a).
		Label_ABTC1AN4	Label_ABTC2AN4	Label_ABTC3AN4	Label_ABTC4AN4	Label_ABTC5AN4
		Condom receptive anal-partner 1a	Condom receptive anal-partner 2a	Condom receptive anal-partner 3a	Condom receptive anal-partner 4a	Condom receptive anal-partner 5a
Intro_ABTC 1BN4		Intro_ABTC1BN4 (condom receptive anal-partner 1b): “La siguiente pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo parte del tiempo durante las relaciones sexuales”.				
SL.1.7.b.	En los **últimos 12 meses,**	ABTC1BN4	ABTC2BN4	ABTC3BN4	ABTC4BN4	ABTC5BN4

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	cuando tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA] siendo usted la pareja receptora, ¿se usó un condón? … [LEA LAS OPCIONES. SELECCIONE SOLO UNA].					
	Nunca, ni una vez	1	1	1	1	1
	Una o más veces	2	2	2	2	2
	Absolutamente todas las veces	3	3	3	3	3
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Para todas las respuestas, pase a ATP1BN4 (insertive anal-partner 1b).	Para todas las respuestas, pase a ATP2BN4 (insertive anal-partner 2b).	Para todas las respuestas, pase a ATP3BN4 (insertive anal-partner 3b).	Para todas las respuestas, pase a ATP4BN4 (insertive anal-partner 4b).	Para todas las respuestas, pase a ATP5BN4 (insertive anal-partner 5b).
		Label_ABTC1BN4	Label_ABTC2BN4	Label_ABTC3BN4	Label_ABTC4BN4	Label_ABTC5BN4
		Condom receptive anal-partner 1b	Condom receptive anal-partner 2b	Condom receptive anal-partner 3b	Condom receptive anal-partner 4b	Condom receptive anal-partner 5b

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
SL.1.8.a.	En los **últimos 12 meses**, cuando tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA], ¿tuvo relaciones sexuales anales siendo usted la pareja insertiva?	ATP1AN4	ATP2AN4	ATP3AN4	ATP4AN4	ATP5AN4
	No	0	0	0	0	0
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
	Sí	1	1	1	1	1
		Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4.	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4.	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4.	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4.	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4.
	Se negó a contestar	7	7	7	7	7
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
	No sabe	8	8	8	8	8

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
		Label_ATP1AN4	Label_ATP2AN4	Label_ATP3AN4	Label_ATP4AN4	Label_ATP5AN4
		Insertive anal-partner 1a	Insertive anal-partner 2a	Insertive anal-partner 3a	Insertive anal-partner 4a	Insertive anal-partner 5a
SL.1.8.b.	En los **últimos 12 meses**, cuando tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA], ¿con qué frecuencia tuvo relaciones sexuales anales siendo usted la pareja insertiva? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	ATP1BN4	ATP2BN4	ATP3BN4	ATP4BN4	ATP5BN4
	Nunca	1	1	1	1	1
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
	Algunas veces	2	2	2	2	2

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4
	Siempre	3	3	3	3	3
		Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4	Salte a las instrucciones para el entrevistador para ATPC1AN4 a ATPC5AN4
	Se negó a contestar	7	7	7	7	7
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
	No sabe	8	8	8	8	8
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
		Label_ATP1BN4	Label_ATP2BN4	Label_ATP3BN4	Label_ATP4BN4	Label_ATP5BN4
		Insertive anal-partner 1b	Insertive anal-partner 2b	Insertive anal-partner 3b	Insertive anal-partner 4b	Insertive anal-partner 5b
		Soft_edit_ATPC1BN4	Soft_edit_ATPC2BN4	Soft_edit_ATPC3BN4	Soft_edit_ATPC4BN4	Soft_edit_ATPC5BN4

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		If SXANL1N4 (anal sex partner 1) = 1 (Sí) and ABTM1AN4 (receptive anal sex partner 1) = 0 (no) and ATP1AN4 (insertive anal sex partner 1) = 0 (no), READ the following: "Ha señalado antes que tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA SX_NM1N4 ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward.	If SXANL2N4 (anal sex partner 2) = 1 (Sí) and ABTM2BN4 (receptive anal sex partner 2) = 1 (Never) and ATP2BN4 (insertive anal sex partner 2) = 1 (Never), READ the following: "Ha señalado antes que tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA SX_NM2N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward.	If SXANL3N4 (anal sex partner 3) = 1 (Sí) and ABTM3BN4 (receptive anal sex partner 3) = 1 (Never) and ATP3BN4 (insertive anal sex partner 3) = 1 (Never), READ the following: "Ha señalado antes que tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA SX_NM3N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward.	If SXANL4N4 (anal sex partner 4) = 1 (Sí) and ABTM4BN4 (receptive anal sex partner 4) = 1 (Never) and ATP4BN4 (insertive anal sex partner 4) = 1 (Never), READ the following: "Ha señalado antes que tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA SX_NM4N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward.	If SXANL5N4 (anal sex partner 5) = 1 (Sí) and ABTM5BN4 (receptive anal sex partner 5) = 1 (Never) and ATP5BN4 (insertive anal sex partner 5) = 1 (Never), READ the following: "Ha señalado antes que tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA SX_NM5N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward.
	Instrucciones para el entrevistador para ATPC1AN4 (condom insertive anal-partner 1a), ATPC2AN4 (condom insertive anal-partner 2a), ATPC3AN4 (condom insertive anal-partner 3a), ATPC4AN4 (condom insertive anal-partner 4a), ATPC5AN4					

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	(condom insertive anal-partner 5a): <u>Hombre con pareja masculina #1-relaciones sexuales anales con pareja masculina una vez</u>: Si el entrevistado es masculino (SX_GEN=1) Y la pareja es masculina (SXPGN1N4 [partner gender-partner 1] = 1 O SXMLONN4 [male only partners] = 1) Y el entrevistado tuvo relaciones sexuales anales con la pareja #1 solo una vez (SXAEN1N4 [times anal sex-partner 1] = 1, ENTONCES pase a Intro_ATPC1AN4 (condom insertive anal-partner 1a). <u>Hombre con parejas masculinas #2, 3, 4, 5 relaciones sexuales anales con pareja masculina una vez</u>: Si el entrevistado es masculino (SX_GEN=1) Y la pareja es masculina (SXPGN2N4 [partner gender-partner 2] = 1, SXPGN3N4 [partner gender-partner 3] = 1, SXPGN4N4 [partner gender-partner 4] = 1, SXPGN5N4 [partner gender-partner 5] = 1 O SXMLONN4 [male only partners] = 1), Y el entrevistado tuvo relaciones sexuales anales con las parejas #2, 3, 4 o 5 solo una vez (SXAEN2N4 times anal sex-partner 2] = 1, SXAEN3N4 [times anal sex-partner 3] = 1, SXAEN4N4 [times anal sex-partner 4] = 1, SXAEN5N4 [times anal sex-partner 5] = 1, ENTONCES pase a ATPC2AN4 (condom insertive anal-partner 2a), ATPC3AN4 (condom insertive anal-partner 3a), ATPC4AN4 (condom insertive anal-partner 4a), ATPC5AN4 (condom insertive anal-partner 5a). <u>Hombre con pareja masculina #1 relaciones sexuales anales con pareja masculina más de una vez:</u> Si el entrevistado es masculino (SX_GEN=1) Y la pareja es masculina (SXPGN1N4 [partner gender-partner 1] = 1 O SXMLONN4 [solo parejas masculinas] = 1) Y el entrevistado tuvo relaciones sexuales anales con la pareja #1 más de una vez (SXAEN1N4 [times anal sex-partner 1] ≥ 2 O SA10_1N4 =1), ENTONCES pase a Intro_ATPC1BN4 (condom insertive anal-partner 1b). <u>Hombre con parejas masculinas #2, 3, 4, 5, relaciones sexuales anales con pareja masculina más de una vez</u>: Si el entrevistado es masculino (SX_GEN=1) Y la pareja es masculina (SXPGN2N4 [partner gender-partner 2] = 1, SXPGN3N4 [partner gender-partner 3] = 1, SXPGN4N4 [partner gender-partner 4] = 1, SXPGN5N4 [partner gender-partner 5] = 1) O SXMLONN4 [male only partners] = 1), Y el entrevistado tuvo relaciones sexuales anales con las parejas 2, 3, 4 o 5 más de una vez (SXAEN2N4 [times anal sex-partner 2] ≥ 2, SXAEN3N4 [times anal sex-partner 3] ≥ 2, SXAEN4N4 [times anal sex-partner 4] ≥ 2, SXAEN5N4 [times anal sex-partner 5] ≥ 2, O SA10_2N4 (anal 10-partner 2) =1, SA10_3N4 (anal 10-partner 3) =1, SA10_4N4 (anal 10-partner 4) =1, SA10_5N4 anal 10-partner 5) =1, ENTONCES pase a ATPC2BN4 (condom insertive anal-partner 2b), ATPC3BN4 (condom insertive anal-partner 3b), ATPC4BN4 (condom insertive anal-partner 4b), ATPC5BN4 (condom insertive anal-partner 5b).					

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Intro_ATPC1AN4				
		"La siguiente pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo parte del tiempo durante las relaciones sexuales".				
SL.1.9.a.	En los **últimos 12 meses**, cuando tuvo relaciones sexuales anales con [INSERTE EL NOMBRE DE LA PAREJA], ¿se usó un condón cuando usted era la pareja insertiva?	ATPC1AN4	ATPC2AN4	ATPC3AN4	ATPC4AN4	ATPC5AN4
	No	0	0	0	0	0
	Sí	1	1	1	1	1
	Se negó a	7	7	7	7	7

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	contestar					
	No sabe	8	8	8	8	8
		Para todas las respuestas, salte a STATS1N4 (aware status-partner 1)	Para todas las respuestas, salte a STATS2N4 (aware status-partner 2)	Para todas las respuestas, salte a STATS3N4 (aware status-partner 3)	Para todas las respuestas, salte a STATS4N4 (aware status-partner 4)	Para todas las respuestas, salte a STATS5N4 (aware status-partner 5)
		Label_ATPC1AN4	Label_ATPC2AN4	Label_ATPC3AN4	Label_ATPC4AN4	Label_ATPC5AN4
		Condom insertive anal-partner 1a	Condom insertive anal-partner 2a	Condom insertive anal-partner 3a	Condom insertive anal-partner 4a	Condom insertive anal-partner 5a
		Intro_ATPC1BN4				
		"La siguiente pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo parte del tiempo durante las relaciones sexuales".				
SL.1.9.b.	En los **últimos 12 meses,** cuando tuvo relaciones sexuales anales con [INSERTE EL	ATPC1BN4	ATPC2BN4	ATPC3BN4	ATPC4BN4	ATPC5BN4

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	NOMBRE DE LA PAREJA] siendo usted la pareja insertiva, ¿se usó un condón? … [LEA LAS OPCIONES. SELECCIONE SOLO UNA].					
	Nunca, ni una vez	1	1	1	1	1
	Una o más veces	2	2	2	2	2
	Absolutamente todas las veces	3	3	3	3	3
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Para todas las respuestas, pase a STATS1N4 (aware status-partner 1)	Para todas las respuestas, pase a STATS2N4 (aware status-partner 2)	Para todas las respuestas, pase a STATS3N4 (aware status-partner 3)	Para todas las respuestas, pase a STATS4N4 (aware status-partner 4)	Para todas las respuestas, pase a STATS5N4 (aware status-partner 5)
		Label_ATPC1BN4	Label_ATPC2BN4	Label_ATPC3BN4	Label_ATPC4BN4	Label_ATPC5BN4
		Insertive anal-partner 1b	Insertive anal-partner 2b	Insertive anal-partner 3b	Insertive anal-partner 4b	Insertive anal-partner 5b

Relaciones sexuales con personas transgénero o de sexo desconocido (SG)

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Instructions for transgender sex partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell.					
		QDS_programming _transgen1	QDS_programming _transgen2	QDS_programming _transgen3	QDS_programming _transgen4	QDS_programming _transgen5
		When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and the variable is in the Partner 1 column, then insert response from SX_NM1N4(name of partner 1)	When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2)	When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3	When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4)	When question instructions say "INSERTE EL NOMBRE DE LA PAREJA," and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5)
SG.1.0.	En los **últimos 12 meses**, ¿usted tuvo relaciones sexuales vaginales o anales con [INSERTE EL NOMBRE DE	SX_TG1N4	SX_TG2N4	SX_TG3N4	SX_TG4N4	SX_TG5N4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	LA PAREJA]?					
	No	0	0	0	0	0
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
	Sí	1	1	1	1	1
		Pase a TG10_1N4 (transgender 10-partner 1)	Pase a TG10_2N4 (transgender 10-partner 2)	Pase a TG10_3N4 (transgender 10-partner 3)	Pase a TG10_4N4 (transgender 10-partner 4)	Pase a TG10_5N4 (transgender 10-partner 5)
	Se negó a contestar	7	7	7	7	7
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
	No sabe	8	8	8	8	8
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
		Label_SX_TG1N4	Label_SX_TG2N4	Label_SX_TG3N4	Label_SX_TG4N4	Label_SX_TG5N4
		Transgender-partner 1	Transgender-partner 2	Transgender-partner 3	Transgender-partner 4	Transgender-partner 5
		QDS_programming_SX_TGS1N4	QDS_programming_SX_TGS2N4	QDS_programming_SX_TGS3N4	QDS_programming_SX_TGS4N4	QDS_programming_SX_TGS5N4

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		If SX_TG1N4 (transgender-partner 1) is 0 (no), then READ, "Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM1N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward	If SX_TG2N4 (transgender-partner 2) is 0 (no), then READ, "Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM1N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward	If SX_TG3N4 (transgender-partner 3) is 0 (no), then READ, "Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM1N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward	If SX_TG4N4 (transgender-partner 4) is 0 (no), then READ, "Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM1N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward	If SX_TG5N4 (transgender-partner 5) is 0 (no), then READ, "Antes usted me dijo que tuvo relaciones sexuales vaginales o anales con [INSERTE el nombre de la pareja SX_NM1N4]. ¿Correcto? Instrucciones para el entrevistador: regrese a las preguntas anteriores para corregir el error". Allow program to move forward
SG.1.1.	En los **últimos 12 meses**, ¿usted tuvo relaciones sexuales vaginales o anales con	TG10_1N4	TG10_2N4	TG10_3N4	TG10_4N4	TG10_5N4

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	[INSERTE EL NOMBRE DE LA PAREJA] más de 10 veces? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].					
	Sí	1	1	1	1	1
		Salte a TGAN1N4 (average number transgender - partner 1)	Salte a TGAN2N4 (average number transgender - partner 2)	Salte a TGAN3N4 (average number transgender - partner 3)	Salte a TGAN4N4 (average number transgender - partner 4)	Salte a TGAN5N4 (average number transgender - partner 5)
	No	0	0	0	0	0
		Pase a TGEN1N4 (times transgender -partner 1)	Pase a TGEN2N4 (times transgender -partner 2)	Pase a TGEN3N4 (times transgender -partner 3)	Pase a TGEN4N4 (times transgender -partner 4)	Pase a TGEN5N4 (times transgender -partner 5)
	Se negó a contestar	7	7	7	7	7
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
	No sabe	8	8	8	8	8
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
		Label_TG10_1N4	Label_TG10_2N4	Label_TG10_3N4	Label_TG10_4N4	Label_TG10_5N4

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Transgender 10-partner 1	Transgender 10-partner 2	Transgender 10-partner 3	Transgender 10-partner 4	Transgender 10-partner 5
SG.1.2.	En los **últimos 12 meses**, ¿por favor dígame el número exacto de veces que tuvo relaciones sexuales vaginales o anales con [INSERTE EL NOMBRE DE LA PAREJA]?	TGEN1N4	TGEN2N4	TGEN3N4	TGEN4N4	TGEN5N4
		__ __	__ __	__ __	__ __	__ __
		Salte a instrucciones antes de TGC1AN4 (condom transgender - partner 1a)	Salte a instrucciones antes de TGC2AN4 (condom transgender - partner 2a)	Salte a instrucciones antes de TGC3AN4 (condom transgender - partner 3a)	Salte a instrucciones antes de TGC4AN4 (condom transgender - partner 4a)	Salte a instrucciones antes de TGC5AN4 (condom transgender - partner 5a)
	Se negó a contestar	77	77	77	77	77
		Salte a STATS1N4 (aware status-	Salte a STATS2N4 (aware status-	Salte a STATS3N4 (aware status-	Salte a STATS4N4 (aware status-	Salte a STATS5N4 (aware status-

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		partner 1)	partner 2)	partner 3)	partner 4)	partner 5)
	No sabe	88	88	88	88	88
		Salte a STATS1N4 (aware status-partner 1)	Salte a STATS2N4 (aware status-partner 2)	Salte a STATS3N4 (aware status-partner 3)	Salte a STATS4N4 (aware status-partner 4)	Salte a STATS5N4 (aware status-partner 5)
		Label_TGEN1N4	Label_TGEN2N4	Label_TGEN3N4	Label_TGEN4N4	Label_TGEN5N4
		Times transgender -partner 1	Times transgender -partner 2	Times transgender -partner 3	Times transgender - partner 4	Times transgender -partner 5
		Range_TGEN1N4	Range_TGEN2N4	Range_TGEN3N4	Range_TGEN4N4	Range_TGEN5N4
		1–10	1–10	1–10	1–10	1–10
SG.1.3.	En promedio, ¿cuántas veces tuvo relaciones sexuales vaginales o anales con [INSERTE EL NOMBRE DE LA PAREJA] al mes?	TGAN1N4	TGAN2N4	TGAN3N4	TGAN4N4	TGAN5N4
		___ ___	___ ___	___ ___	___ ___	___ ___
	Se negó a contestar	777	777	777	777	777
		Pase a TGM1N4 (months transgender -	Pase a TGM2N4 (months transgender -	Pase a TGM3N4 (months transgender -	Pase a TGM4N4 (months transgender -	Pase a TGM5N4 (months transgender -

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		partner 1).	partner 2).	partner 3).	partner 4).	partner 5).
	No sabe	888	888	888	888	888
		Pase a TGM1N4 (months transgender partner 1).	Pase a TGM2N4 (months transgender - partner 2).	Pase a TGM3N4 (months transgender - partner 3).	Pase a TGM4N4 (months transgender - partner 4).	Pase a TGM5N4 (months transgender - partner 5).
		Label_TGAN1N4	Label_TGAN2N4	Label_TGAN3N4	Label_TGAN4N4	Label_TGAN5N4
		Average number transgender - partner 1	Average number transgender - partner 2	Average number transgender - partner 3	Average number transgender - partner 4	Average number transgender - partner 5
		Range_TGAN1N4	Range_TGAN2N4	Range_TGAN3N4	Range_TGAN4N4	Range_TGAN5N4
		1-90	1-90	1-90	1-90	1-90
SG.1.4.	En los **últimos 12 meses**, ¿por cuántos meses usted tuvo relaciones sexuales <u>vaginales o anales</u> con [INSERTE EL NOMBRE DE LA PAREJA]?	TGM1N4	TGM2N4	TGM3N4	TGM4N4	TGM5N4
		___ ___	___ ___	___ ___	___ ___	___ ___
	Se negó a	77	77	77	77	77

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	contestar					
	No sabe	88	88	88	88	88
		Para todas las respuestas, pase a instrucciones antes de TGC1AN4 (condom transgender - partner 1a)	Para todas las respuestas, pase a instrucciones antes de TGC2AN4 (condom transgender - partner 2a)	Para todas las respuestas, pase a instrucciones antes de TGC3AN4 (condom transgender - partner 3a)	Para todas las respuestas, pase a instrucciones antes de TGC4AN4 (condom transgender - partner 4a)	Para todas las respuestas, pase a instrucciones antes de TGC5AN4 (condom transgender - partner 5a)
		Label_TGM1N4	Label_TGM2N4	Label_TGM3N4	Label_TGM4N4	Label_TGM5N4
		Months transgender-partner 1	Months transgender-partner 2	Months transgender-partner 3	Months transgender-partner 4	Months transgender-partner 5
		Range_TGM1N4	Range_TGM2N4	Range_TGM3N4	Range_TGM4N4	Range_TGM5N4
		1-12	1-12	1-12	1-12	1-12
		Hard_edit_TG10_1 N4	Hard_edit_TG10_2 N4	Hard_edit_TG10_3 N4	Hard_edit_TG10_4 N4	Hard_edit_TG10_5 N4
		[IF TG10_1N4 (transgender 10-partner 1) = 1 and the product of TGAN1N4*TGM1N 4 (average number transgender-partner 1*months transgender-partner 1) is ≤10], then READ, “Ha	[IF TG10_2N4 (transgender 10-partner 2) = 1 and the product of TGAN2N4*TGM2N 4 (average number transgender-partner 2*months transgender-partner 2) is ≤10], then READ“Ha	[IF TG10_3N4 (transgender 10-partner 3) = 1 and the product of TGAN3N4*TGM3N 4 (average number transgender-partner 3*months transgender-partner 3) is ≤10], then READ, “Ha	[IF TG10_4N4 (transgender 10-partner 4) = 1 and the product of TGAN4N4*TGM4N 4 (average number transgender-partner 4*months transgender-partner 4) is ≤10], then READ, “Ha	[IF TG10_5N4 (transgender 10-partner 5) = 1 and the product of TGAN5N4*TGM5N 4 (average number transgender-partner 5*months transgender-partner 5) is ≤10], then READ, “Ha

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		señalado que tuvo relaciones sexuales vaginales o anales con [INSERT SX_NM1N4 (name of partner 1)] más de 10 veces". Instrucciones para el entrevistador: Repita la pregunta TG10_1N4 (transgender 10-partner 1). The program should go back to TG10_1N4 (transgender 10-partner 1).	señalado que tuvo relaciones sexuales vaginales o anales con [INSERT SX_NM2N4 (name of partner 2)] más de 10 veces". Instrucciones para el entrevistador: Repita la pregunta TG10_2N4 (transgender 10-partner 2). The program should go back to TG10_2N4 (transgender 10-partner 2).	señalado que tuvo relaciones sexuales vaginales o anales con [INSERT SX_NM3N4 (name of partner 3)] más de 10 veces". Instrucciones para el entrevistador: Repita la pregunta TG10_3N4 (transgender 10-partner 3). The program should go back to TG10_3N4 (transgender 10-partner 3).	señalado que tuvo relaciones sexuales vaginales o anales con [INSERT SX_NM4N4 (name of partner 4)] más de 10 veces". Instrucciones para el entrevistador: Repita la pregunta TG10_4N4 (transgender 10-partner 4). The program should go back to TG10_4N4 (transgender 10-partner 4).	señalado que tuvo relaciones sexuales vaginales o anales con [INSERT SX_NM5N4 (name of partner 5)] más de 10 veces". Instrucciones para el entrevistador: Repita la pregunta TG10_5N4 (transgender 10-partner 5). The program should go back to TG10_5N4 (transgender 10-partner 5).
	Instrucciones para el entrevistador antes de TGC1AN4 (condom transgender-partner 1a), TGC2AN4 (condom transgender-partner 2a), TGC3AN4 (condom transgender-partner 3a), TGC4AN4 (condom transgender-partner 4a), TGC5AN4 (condom transgender-partner 5a): <u>Transgénero/de sexo desconocido o de cualquier sexo y pareja #1-relaciones sexuales vaginales o anales una vez</u>: Si el entrevistado tuvo relaciones sexuales vaginales o anales con la pareja #1 solo una vez (TGEN1N4 [times transgender-partner 1] = 1), ENTONCES pase a Intro_TGC1AN4 (condom transgender-partner 1a). <u>Transgénero/de sexo desconocido o de cualquier sexo y parejas #2, 3, 4, 5-relaciones sexuales vaginales o anales una vez</u> : Si el entrevistado tuvo relaciones sexuales vaginales o anales con las parejas #2, 3, 4 o 5 solo una vez (TGEN2N4 [times transgender-partner 2]) = 1, (TGEN3N4 [times transgender-partner 3]) = 1, (TGEN4N4 [times transgender-partner 4]) = 1,					

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	(TGEN5N4 [times transgender-partner 5]) = 1, ENTONCES pase a TGC2AN4 (condom transgender-partner 2a), TGC3AN4 (condom transgender-partner 3a), TGC4AN4 (condom transgender-partner 4a), TGC5AN4 (condom transgender-partner 5a). De lo contrario, salte a Instrucciones para el entrevistador antes TGC1BN4 (condom transgender-partner 1b), TGC2BN4 (condom transgender-partner 2b), TGC3BN4 (condom transgender-partner 3b), TGC4BN4 (condom transgender-partner 4b), TGC5BN4 (condom transgender-partner 5b).					
		Intro_TGC1AN4				
		"La siguiente pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo parte del tiempo durante las relaciones sexuales".				
SG.1.5.a.	En los **últimos 12 meses**, cuando usted tuvo relaciones sexuales <u>vaginales o anales</u> con [INSERTE EL	TGC1AN4	TGC2AN4	TGC3AN4	TGC4AN4	TGC5AN4

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	NOMBRE DE LA PAREJA] ¿se usó un condón?					
	No	0	0	0	0	0
	Sí	1	1	1	1	1
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Para todas las respuestas, salte a STATS1N4 (aware status-partner 1)	Para todas las respuestas, salte a STATS2N4 (aware status-partner 2)	Para todas las respuestas, salte a STATS3N4 (aware status-partner 3)	Para todas las respuestas, salte a STATS4N4 (aware status-partner 4)	Para todas las respuestas, salte a STATS5N4 (aware status-partner 5)
		Label_TGC1AN4	Label_TGC2AN4	Label_TGC3AN4	Label_TGC4AN4	Label_TGC5AN4
		Condom transgender-partner 1a	Condom transgender-partner 2a	Condom transgender-partner 3a	Condom transgender-partner 4a	Condom transgender-partner 5a

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Instrucciones para el entrevistador antes de TGC1BN4 (condom transgender-partner 1b), TGC2BN4 (condom transgender-partner 2b), TGC3BN4 (condom transgender-partner 3b), TGC4BN4 (condom transgender-partner 4b), TGC5BN4 (condom transgender-partner 5b): <u>Transgénero/de sexo desconocido o de cualquier sexo y pareja #1-relaciones sexuales vaginales o anales más de una vez:</u> Si el entrevistado tuvo relaciones sexuales vaginales o anales con la pareja #1 más de una vez (TGEN1N4 [times transgender-partner 1]) ≥ 2, O TG10_1N4 (transgender 10-partner 1) =1, ENTONCES pase a Intro_TGC1BN4 (condom transgender-partner 1b). <u>Transgénero/de sexo desconocido o de cualquier sexo y parejas #2, 3, 4, 5-relaciones sexuales vaginales o anales más de una vez</u>: Si el entrevistado tuvo relaciones sexuales vaginales o anales con parejas #2, 3, 4 o 5 más de una vez (TGEN2N4 [times transgender sex-partner 2]) ≥ 2, (TGEN3N4 times transgender sex-partner 3]) ≥ 2, (TGEN4N4 [times transgender sex-partner 4]) ≥ 2, (TGEN5N4 [times transgender sex-partner 5]) ≥ 2 O TG10_2N4 (transgender 10-partner 2) =1, TG10_3N4 (transgender 10-partner 3) =1, TG10_4N4 (transgender 10-partner 4) =1, TG10_5N4 (transgender 10-partner 5) =1, ENTONCES pase a TGC2BN4 (condom transgender-partner 2b), TGC3BN4 (condom transgender-partner 3b), TGC4BN4 (condom transgender-partner 4b), TGC5BN4 (condom transgender-partner 5b).				
		Intro_TGC1BN4				
		“La siguiente pregunta tiene que ver con el uso del condón. Por favor incluya las veces en que se usó un condón todo el tiempo, no solo parte del tiempo durante las relaciones sexuales”.				

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
SG.1.5.b.	En los **últimos 12 meses**, cuando usted tuvo relaciones sexuales vaginales o anales con [INSERTE EL NOMBRE DE LA PAREJA] ¿se usó un condón…? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	TGC1BN4	TGC2BN4	TGC3BN4	TGC4BN4	TGC5BN4
	Nunca, ni una vez	1	1	1	1	1
	Una o más veces	2	2	2	2	2
	Absolutamente todas las veces	3	3	3	3	3
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
		Para todas las respuestas, pase a STATS1N4 (aware status-partner 1)	Para todas las respuestas, pase a STATS2N4 (aware status-partner 2)	Para todas las respuestas, pase a STATS3N4 (aware status-partner 3)	Para todas las respuestas, pase a STATS4N4 (aware status-partner 4)	Para todas las respuestas, pase a STATS5N4 (aware status-partner 5)
		Label_TGC1BN4	Label_TGC2BN4	Label_TGC3BN4	Label_TGC4BN4	Label_TGC5BN4
		Condom transgender-partner 1b	Condom transgender-partner 2b	Condom transgender-partner 3b	Condom transgender-partner 4b	Condom transgender-partner 5b

Estado del VIH (SS)

	Preguntas	Parejas sexuales				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
	Instructions for status partner-by-partner series table: The questions and response options are in the far left column of the table. Each question is asked for partners 1–5. Partners 1-5 are labeled in columns Partner 1, Partner 2, Partner 3, Partner 4, and Partner 5. All Partner 1 questions are asked before moving to Partner 2 questions. Detailed instructions are provided in each table cell. When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and the variable is in the Partner 1 column, then insert response from SX_NM1N4(name of partner 1). When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and variable is in the Partner 2 column, insert response to SX_NM2N4 (name of partner 2). When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and variable is in the same column as Partner 3, insert response to SX_NM3N4 (name of partner 3). When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and variable is in the same column as Partner 4, insert response to SX_NM4N4 (name of partner 4). When question instructions say “INSERTE EL NOMBRE DE LA PAREJA,” and variable is in the same column as Partner 5, insert response to SX_NM5N4 (name of partner 5).					
SS.1.0.	¿[INSERTE EL NOMBRE DE LA PAREJA] conoce su estado del VIH?	STATS1N4	STATS2N4	STATS3N4	STATS4N4	STATS5N4
	No	0	0	0	0	0
		Salte a STPRT1N4 (partner status-partner 1).	Salte a STPRT2N4 (partner status-partner 2).	Salte a STPRT3N4 (partner status-partner 3).	Salte a STPRT4N4 (partner status-partner 4).	Salte a STPRT5N4 (partner status-partner 5).
	Sí	1	1	1	1	1

	Preguntas	Parejas sexuales				
		Pase a AWRST1N4 (aware status every sex-partner 1).	Pase a AWRST2N4 (aware status every sex-partner 2).	Pase a AWRST3N4 (aware status every sex-partner 3).	Pase a AWRST4N4 (aware status every sex-partner 4).	Pase a AWRST5N4 (aware status every sex-partner 5).
	Se negó a contestar	7	7	7	7	7
		Salte a STPRT1N4 (partner status-partner 1).	Salte a STPRT2N4 (partner status-partner 2).	Salte a STPRT3N4 (partner status-partner 3).	Salte a STPRT4N4 (partner status-partner 4).	Salte a STPRT5N4 (partner status-partner 5).
	No sabe	8	8	8	8	8
		Salte a STPRT1N4 (partner status-partner 1).	Salte a STPRT2N4 (partner status-partner 2).	Salte a STPRT3N4 (partner status-partner 3).	Salte a STPRT4N4 (partner status-partner 4).	Salte a STPRT5N4 (partner status-partner 5).
		Label_STATS1N4	Label_STATS2N4	Label_STATS3N4	Label_STATS4N4	Label_STATS5N4
		Aware status-partner 1	Aware status-partner 2	Aware status-partner 3	Aware status-partner 4	Aware status-partner 5
SS.1.1.	En los **últimos 12 meses**, ¿[INSERTE EL NOMBRE DE LA PAREJA] conocía su estado del VIH cada vez que tuvieron relaciones sexuales?	AWRST1N4	AWRST2N4	AWRST3N4	AWRS41N4	AWRST5N4
	No	0	0	0	0	0
	Sí	1	1	1	1	1
	Se negó a contestar	7	7	7	7	7

	Preguntas	Parejas sexuales				
	No sabe	8	8	8	8	8
		Para todas las respuestas, pase a STPRT1N4 (Partner status-partner 1).	Para todas las respuestas, pase a STPRT2N4 (Partner status-partner 2).	Para todas las respuestas, pase a STPRT3N4 (Partner status-partner 3).	Para todas las respuestas, pase a STPRT4N4 (Partner status-partner 4).	Para todas las respuestas, pase a STPRT5N4 (Partner status-partner 5).
		Label_AWRST1N4	Label_AWRST2N4	Label_AWRST3N4	Label_AWRST4N4	Label_AWRST5N4
		Aware status every sex -partner 1	Aware status every sex -partner 2	Aware status every sex -partner 3	Aware status every sex -partner 4	Aware status every sex -partner 5
SS.2.0.	¿Conoce el estado del VIH de [INSERTE EL NOMBRE DE LA PAREJA]?	STPRT1N4	STPRT2N4	STPRT3N4	STPRT4N4	STPRT5N4
	No	0	0	0	0	0
		Si SX_TOTN4 (total number of vaginal and anal sex partners) = 1, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 2, salte a skip_SXPGN2N4 (partner gender-partner 2).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 2 salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 3, salte a skip_SXPGN3N4 (partner gender-partner 3).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 3, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 4, salte a skip_SXPGN4N4 (partner gender-partner 4).	Si SX_TOTN4 (total number of vaginal and anal sex partners)= 4, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 5 salte a skip_SXPGN5N4 (partner gender-partner 5).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 5, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 6, salte a la sección de información agregada.
	Sí	1	1	1	1	1

	Preguntas	Parejas sexuales				
		Pase a PRTST1N4 (Partner status first sex-partner 1).	Pase a PRTST2N4 (Partner status first sex-partner 2).	Pase a PRTST3N4 (Partner status first sex-partner 3).	Pase a PRTST4N4 (Partner status first sex-partner 4).	Pase a PRTST5N4 (Partner status first sex-partner 5).
	Se negó a contestar	7	7	7	7	7
		Si SX_TOTN4 (total number of vaginal and anal sex partners) = 1, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 2, salte a skip_SXPGN2N4 (partner gender-partner 2).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 2 salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 3, salte a skip_SXPGN3N4 (partner gender-partner 3).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 3, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 4, salte a skip_SXPGN4N4 (partner gender-partner 4).	Si SX_TOTN4 (total number of vaginal and anal sex partners)= 4, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 5 salte a skip_SXPGN5N4 (partner gender-partner 5).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 5, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 6, salte a la sección de información agregada.
	No sabe	8	8	8	8	8
		Si SX_TOTN4 (total number of vaginal and anal sex partners) = 1, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 2, salte	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 2 salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 3, salte	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 3, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 4, salte	Si SX_TOTN4 (total number of vaginal and anal sex partners)= 4, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 5 salte	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 5, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 6, salte

	Preguntas	Parejas sexuales				
		a skip_SXPGN2N4 (partner gender-partner 2).	a skip_SXPGN3N4 (partner gender-partner 3).	a skip_SXPGN4N4 (partner gender-partner 4).	a skip_SXPGN5N4 (partner gender-partner 5).	a la sección de información agregada.
		Label_STPRT1N4	Label_STPRT2N4	Label_STPRT3N4	Label_STPRT4N4	Label_STPRT5N4
		Partner status-partner 1	Partner status-partner 2	Partner status-partner 3	Partner status-partner 4	Partner status-partner 5
SS.2.1.	En los **últimos 12 meses,** ¿cuál fue el estado del VIH de [INSERTE EL NOMBRE DE LA PAREJA] la primera vez que tuvieron relaciones sexuales? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA].	PRTST1N4	PRTST2N4	PRTST3N4	PRTST4N4	PRTST5N4
	VIH positivo	1	1	1	1	1
		Si SX_TOTN4 (total number of vaginal and anal sex partners) = 1, salte a la sección de seroselección	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 2, salte a la sección de seroselección	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 3, salte a la sección de seroselección	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 4, salte a la sección de seroselección	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 5, salte a la sección de seroselección

	Preguntas	Parejas sexuales				
		(Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 2, salte a skip_SXPGN2N4 (partner gender-partner 2).	(Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 3, salte a skip_SXPGN3N4 (partner gender-partner 3).	(Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 4, salte a skip_SXPGN4N4 (partner gender-partner 4).	(Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 5, salte a skip_SXPGN5N4 (partner gender-partner 5).	(Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 6, salte a la sección de información agregada.
	VIH negativo	2	2	2	2	2
		Pase a PREP1N4 (PrEP-partner 1).	Pase a PREP2N4 (PrEP-partner 2).	Pase a PREP3N4 (PrEP-partner 3).	Pase a PREP4N4 (PrEP-partner 4).	Pase a PREP5N4 (PrEP-partner 5).
	Se negó a contestar	7	7	7	7	7
		Si SX_TOTN4 (total number of vaginal and anal sex partners) = 1, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 2, salte a skip_SXPGN2N4 (partner gender-partner 2).	Si SX_TOTN4 (total number of vaginal and anal sex partners)= 2, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 3, salte a skip_SXPGN3N4 (partner gender-partner 3).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 3, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 4, salte a skip_SXPGN4N4 (partner gender-partner 4).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 4, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 5, salte a skip_SXPGN5N4 (partner gender-partner 5).	Si SX_TOTN4 (total number of vaginal and anal sex partners) = 5, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 6, salte a la sección de información agregada.
	No sabe	8	8	8	8	8
		Si SX_TOTN4 (total number of vaginal	Si SX_TOTN4 (total number of vaginal	Si SX_TOTN4 (total number of vaginal	Si SX_TOTN4 (total number of vaginal	Si SX_TOTN4 (total number of vaginal

	Preguntas	Parejas sexuales				
		and anal sex partners) = 1, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 2, salte a skip_SXPGN2N4 (partner gender-partner 2).	and anal sex partners) = 2, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 3, salte a skip_SXPGN3N4 (partner gender-partner 3).	and anal sex partners) = 3, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 4, salte a skip_SXPGN4N4 (partner gender-partner 4).	and anal sex partners) = 4, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 5, salte a skip_SXPGN5N4 (partner gender-partner 5).	and anal sex partners) = 5, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 6, salte a la sección de información agregada.
		Label_PRTST1N4	Label_PRTST2N4	Label_PRTST3N4	Label_PRTST4N4	Label_PRTST5N4
		Partner status first sex-partner 1	Partner status first sex-partner 2	Partner status first sex-partner 3	Partner status first sex-partner 4	Partner status first sex-partner 5

Profilaxis de prexposición (SR)

	Preguntas	**Parejas sexuales**				
		Pareja 1 [Inserte el nombre de la pareja SX_NM1N4]	Pareja 2 [Inserte el nombre de la pareja SX_NM2N4]	Pareja 3 [Inserte el nombre de la pareja SX_NM3N4]	Pareja 4 [Inserte el nombre de la pareja SX_NM4N4]	Pareja 5 [Inserte el nombre de la pareja SX_NM5N4]
SR.1.0.	A veces las personas que son VIH negativas toman medicamentos antirretrovirales, tales como Truvada, para evitar contraer el VIH. ¿[INSERTE EL NOMBRE DE LA PAREJA] estaba tomando medicamentos antirretrovirales para evitar contraer el VIH la última vez que tuvieron relaciones sexuales? Si no está seguro, no hay problema.	PREP1N4	PREP2N4	PREP3N4	PREP4N4	PREP5N4
	No	0	0	0	0	0
	Sí	1	1	1	1	1
	Se negó a contestar	7	7	7	7	7
	No sabe	8	8	8	8	8
		Si SX_TOTN4 (total number of vaginal and anal sex	Si SX_TOTN4 (total number of vaginal and anal sex	Si SX_TOTN4 (total number of vaginal and anal sex	Si SX_TOTN4 (total number of vaginal and anal sex	Si SX_TOTN4 (total number of vaginal and anal sex

	Preguntas	**Parejas sexuales**				
		partners) = 1, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 2, salte a skip_SXPGN2N4 (partner gender-partner 2).	partners) = 2, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 3, salte a skip_SXPGN3N4 (partner gender-partner 3).	partners) = 3, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 4, salte a skip_SXPGN4N4 (partner gender-partner 4).	partners) = 4, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥5, salte a skip_SXPGN5N4 (partner gender-partner 5).	partners) = 5, salte a la sección de seroselección (Intro_SEROSRT1). Si SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 6, salte a la sección de información agregada.
		Label_PREP1N4	Label_PREP2N4	Label_PREP3N4	Label_PREP4N4	Label_PREP5N4
		PrEP-partner 1	PrEP-partner 2	PrEP-partner 3	PrEP-partner 4	PrEP-partner 5

Información agregada (SA)

Skip_SXAGC1N4 Skip_SXAGC2N4	Si el entrevistado reportó 6 parejas (SX_TOTN4 (total number of vaginal and anal sex partners) = 6), pase a SXAGC1N4 (aggregate condom use- 6 partners). Si el entrevistado reportó 7 o más parejas sexuales (SX_TOTN4 (total number of vaginal and anal sex partners) ≥ 7), salte a SXAGC2N4 (Aggregate: # partners condom always used).		
Intro_SXAGC1N4	"Acabamos de hablar acerca de las cinco personas con las que usted tuvo relaciones sexuales más recientemente. Ahora quisiera hacerle algunas preguntas acerca de la otra pareja o las otras parejas con quienes usted tuvo relaciones sexuales en los **últimos 12 meses**. Para responder estas preguntas, por favor no incluya las parejas sobre las que ya habló".		
SXAGC1N4	SA.1.0.	En los **últimos 12 meses**, ¿se usó siempre un condón cuando usted tuvo relaciones sexuales <u>vaginales o anales</u> con su otra pareja?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SXAGC1N4		Aggregate condom use-6 partners	
SXAGP1N4	SA.1.1.	¿Su otra pareja era VIH positiva?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SXAGP1N4		Aggregate partner status-6 partners	
Skip_SXAGP1N4		Para todas las respuestas, salte a la sección de seroselección (Intro_SEROSRT1).	
SXAGC2N4	SA.1.2.	En los **últimos 12 meses**, ¿con cuántas de estas [INSERTE SX_TOTN4-5] otras parejas se usó siempre un condón cuando ustedes tuvieron relaciones sexuales <u>vaginales o anales</u>?	
		__ __ __	
		Se negó a contestar	7777
		No sabe	8888
Label_SXAGC2N4 Range_SXAGC2N4 Hard_edit_SXAGC2N4		Aggregate: # partners condom always used 0-999 If SXAGC2N4 (Aggregate: # partners condom always used) is > [SX_TOTN4 (total number of vaginal and anal sex partners)] - (minus) 5], then READ the following: "La cantidad de parejas adicionales con quienes usted usó un condón no puede ser mayor que [inserte el valor de (SX_TOTN4 (total number of vaginal and anal sex partners)) - (menos) 5]. Confirme la respuesta". Go back to SXAGC2N4 (Aggregate: # partners condom always used).	

Calculation_SXAGUPN4		Create a calculated variable to indicate the aggregate number of partners with whom the respondent had unprotected sex. If SX_TOTN4 is > 5, then create SXAGUPN4 where ([SX_TOTN4 (total number of vaginal and anal sex partners)] - (minus) 5] - SXAGC2N4). (If SXAGC2N4 is don't know or refuse, assign it a 7777 if refused or 8888 if don't know.)
Label_SXAGUPN4		Aggregate # condomless sex partners
Skip_SXAGC2N4		Si SXAGC2N4 (Aggregate: # partners condom always used) = SX_TOTN4 (total number of vaginal and anal sex partners), 7 (Se negó a contestar) u 8 (no sabe), salte a la sección de seroselección (Intro_SEROSRT1). De lo contrario, pase a SXAGC3N4 (aggregate: confirm # of unprt partners).
SXAGC3N4	SA.1.3.	Entonces, ¿usted tuvo relaciones sexuales sin protección con [INSERTE LA RESPUESTA DE SXAGUPN4] de estas otras parejas? No 0 Sí 1 Se negó a contestar 7 No sabe 8
label_SXAGC3N4		Aggregate: confirm # of unprt partners
Skip_SXAGC3N4		Si SXAGC3N4 (aggregate: confirm # of unprt partners) es 0 (no), 7 (Se negó a contestar) u 8 (no sabe), regrese a SXAGC2N4 (Aggregate: # partners condom always used).
SXAGP2N4	SA.1.4.	¿Cuántas de esas [INSERTE RESPUESTA DE SXAGUPN4] otras parejas eran VIH positivas? — — — Se negó a contestar 7777 No sabe 8888
Label_SXAGP2N4		Aggregate: # of concordant partners
Range_SXAGP2N4		0-999
Hard_edit_SXAGP2N4		SXAGP2N4 (Aggregate: # of concordant partners) cannot be greater than SXAGUPN4 (Aggregate # condomless sex partners). If SXAGP2N4 (Aggregate: # of concordant partners) > SXAGUPN4 (Aggregate # condomless sex partners), then READ, "La respuesta está por fuera del intervalo" and return to SXAGP2N4 (Aggregate: # of concordant partners).

Seroselección (escoger pareja sexual con base en el estado del VIH) (SO)

Intro_SEROSRT1		"En las siguientes preguntas, le leeré una frase y le preguntaré si usted está completamente en desacuerdo, algo en desacuerdo, le es indiferente, un poco de acuerdo o completamente de acuerdo. Algunas de las declaraciones puede que no tengan que ver con su situación; sin embargo, dígame si cree que estaría de acuerdo o en desacuerdo. Usaremos la **Tarjeta de respuesta F** para las siguientes cuatro preguntas".
SEROSRT1	SO.1.0.	Si mi pareja me dice que es VIH positiva, es más probable que tenga relaciones

		sexuales con él o ella sin condón. [SELECCIONE SOLO UNA].	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_SEROSRT1		Partner +, more likely unprotected sex	
SEROSRT2	SO.2.0.	Si mi pareja me dice que es VIH positiva, no tenemos que preocuparnos por usar condón. [SELECCIONE SOLO UNA].	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_SEROSRT2		If partner is +, don't worry condoms	
SEROSRT3	SO.3.0.	Si mi carga viral de VIH es indetectable, es más probable que no use condón durante las relaciones sexuales. [SELECCIONE SOLO UNA].	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_SEROSRT3		Undet VL, more likely have unprotect sex	
SEROSRT4	SO.4.0.	Tener una carga viral de VIH indetectable significa que no me tengo que preocupar tanto de usar condón. [SELECCIONE SOLO UNA].	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_SEROSRT4		Undet VL, worry less about condoms	

Relaciones sexuales con MSM (ME)

Skip_MSMEVRN5	Si SX_GEN (sex gender) is 1 (male) y SX_TMPN4 (number of male partners) es 0 (no), entonces pase a MSMEVRN5 (ever had sex with a male). De lo

		contrario, salte al siguiente tema (Calculation_ENSEXN5, end of sexual behavior).	
MSMEVRN5	ME.1.0.	¿Alguna vez ha tenido relaciones sexuales con un hombre?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MSMEVRN5		Ever had sex with a male	

Revelación de atracción por el mismo sexo (RC)

Skip_Intro_OUTMAN5		Si MSMEVRN5 (ever had sex with a male) es 1 (sí), entonces pase a Intro_OUTMAN5. Si SX_GEN (sex gender) es 1 (masculino) y SEXOR_N5 (sexual orientation) es 1 (lesbiana o gay) o 3 (bisexual), entonces pase a Intro_OUTMAN5. Si SX_GEN (sex gender) = 1 (masculino) y SX_TMPN4 (number of male partners) es ≥1, entonces pase a Intro_outman5. De lo contrario, salte al siguiente tema (Calculation_EN_SEXN5, end of sexual behavior).	
Intro_OUTMAN5		¿Alguna de las siguientes personas sabe que usted ha tenido relaciones sexuales con hombres?	
OUTMAN5	RC.1.1.	¿Algún miembro de su familia?	
		No	0
		Sí	1
		No aplica	6
		Se negó a contestar	7
		No sabe	8
Label_OUTMAN5		Disclose male-male sex to family members	
OUTMBN5	RC.1.2.	¿Amigos?	
		No	0
		Sí	1
		No aplica	6
		Se negó a contestar	7
		No sabe	8
Label_OUTMBN5		Disclose male-male sex to friends	
OUTMCN5	RC.1.3.	¿Compañeros de trabajo?	
		No	0
		Sí	1
		No aplica	6
		Se negó a contestar	7
		No sabe	8
Label_OUTMCN5		Disclose M-M sex to coworkers	

OUTMDN5	RC.1.4.	¿Médicos, enfermeros u otros profesionales de atención médica?	
		No	0
		Sí	1
		No aplica	6
		Se negó a contestar	7
		No sabe	8
Label_OUTMDN5		Disclose M-M sex to health workers	
Skip_OUTMEN5		Si SX_TFPN4 (number of female partners) es ≥1, entonces pase a OUTMEN5 (Disclose M-M sex to female partners); de lo contrario, salte a OUTMFN5 (Disclose M-M sex to religious leaders).	
OUTMEN5	RC.1.5.	¿Parejas sexuales de sexo femenino?	
		No	0
		Sí	1
		No aplica	6
		Se negó a contestar	7
		No sabe	8
Label_OUTMEN5		Disclose M-M sex to female partners	
OUTMFN5	RC.1.6.	¿Líderes religiosos?	
		No	0
		Sí	1
		No aplica	6
		Se negó a contestar	7
		No sabe	8
Label_OUTMFN5		Disclose M-M sex to religious leaders	

Calculation_EN_SEXN5	EN_SEXN5 = Current time
Label_EN_SEXN5	End of sexual behavior
Calculation_TL_SEXN5	Calculate elapsed time between ST_SEXN5 and EN_SEXN5 = TL_SEXN5
Label_TL_SEXN5	Total time for sexual behavior

Actividades de prevención (PA)

Calculation_STPREVN5		STPREVN5 = Current time
Label_STPREVN5		Start prevention activities
Intro_5_COND12_9		"A continuación, me gustaría hacerle algunas preguntas sobre la prevención del VIH".
COND12_9	PA.1.0.	En los últimos **12 meses**, ¿le han dado condones gratis, sin contar los que le haya dado un amigo, un familiar o una pareja sexual? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_COND12_9		Gotten any free condoms
HIVINFN3	PA.2.0.	En los **últimos 12 meses**, ¿ha visto o recibido algún material de información o educativo como afiches, folletos, volantes o videos que le indiquen cómo protegerse, y proteger a sus parejas del VIH u otras ETS? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_HIVINFN3		Received informational/educat materials
TALK_5_SERIES		"Durante los últimos 12 meses, sin incluir cuando le hicieron la prueba del VIH, ¿ha tenido una conversación cara a cara con cualquiera de las siguientes personas para hablar sobre las formas de protegerse y de proteger a sus parejas contra el VIH u otras enfermedades de transmisión sexual?"
TALK_5A	PA.3.1.	¿Un trabajador social, un consejero, o un trabajador de un programa de prevención? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_TALK_5A		Conversation with an outreach worker…
TALK_5B	PA.3.2.	¿Un médico, una enfermera, u otro profesional de la salud? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_TALK_5B		Conversation with a doctor, nurse…

GROU1_12	PA.3.3.	En los **últimos 12 meses**, sin incluir cuando le hicieron la prueba del VIH, ¿ha participado en una reunión organizada con un grupo pequeño de personas para hablar sobre las formas de protegerse y de proteger a sus parejas contra el VIH u otras enfermedades de transmisión sexual?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GROU1_12		Organized group session to discuss HIV	

Calculation_ENPREVN5	ENPREVN5 = Current time
Label_ENPREVN5	End of prevention activities
Calculation_TLPREVN5	Calculate elapsed time between STPREVN5 and ENPREVN5 = TLPREVN5
Label_TLPREVN5	Total time for prevention activities

Violencia en la pareja íntima (P)

Calculation_STIPVN5	STIPVN5 = Current time
Label_STIPVN5	Start time intimate partner violence

Violencia física (PV)

Intro_IPVPH1N5		"A continuación, le haré algunas preguntas acerca de experiencias que puede haber tenido con parejas románticas o sexuales. Cuando le pregunto acerca de parejas románticas o sexuales, piense en cualquier persona con la que haya tenido un acercamiento romántico o sexual: cónyuge, novio, novia, personas con las que salió, personas que ha estado viendo o personas con las que tuvo relaciones una sola noche".
IPVPH1N5	PV.1.0.	¿Cuántas de sus parejas románticas o sexuales **alguna vez** le han abofeteado, golpeado, empujado, pateado, sofocado, lastimado físicamente o de algún otro modo? ___ ___ ___ [Se negó a contestar =7777; No sabe=8888]
Label_IPVPH1N5 Range_IPVPH1N5		Ever IPV physical violence 0-999
Skip_IPVPH1N5		Si IPVPH1N5 (ever IPV physical violence) = 1-999, entonces pase a IPVPH2N5 (last year IPV physical violence); de lo contrario, salte a Intro_IPVSX1N5 (Intro ever IPV sexual violence).
IPVPH2N5	PV.1.1.	En los **últimos 12 meses**, ¿ha sido abofeteado, golpeado, empujado, pateado, sofocado, lastimado físicamente o de otro modo por una pareja? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_IPVPH2N5		Last year IPV physical violence

Violencia sexual (PS)

Intro_IPVSX1N5		"Algunas personas pueden sufrir experiencias sexuales no deseadas y no solicitadas, por parte de un extraño o una persona que conocen bien, como una pareja romántica o sexual, amigos, profesores, compañeros de trabajo, supervisores o familiares".
IPVSX1N5	PS.1.0.	Algunas personas son amenazadas o forzadas físicamente a tener relaciones sexuales cuando no lo desean, por ejemplo, al ser acorraladas o sostenidas físicamente o mediante el uso de la violencia. ¿Cuántas personas le han amenazado o forzado a tener relaciones sexuales vaginales, anales u orales cuando no quería hacerlo?

		___ ___ ___ [Se negó a contestar =7777; No sabe=8888]
Label_IPVSX1N5 Range_ IPVSX1N5		Ever IPV sexual violence 0-999
Skip_IPVSX1N5		Si IPVSX1N5 (ever IPV sexual violence) = 1-999, entonces pase a IPVSX2N5 (last year IPV sexual violence); de lo contrario, salte al siguiente tema (Calculation_ENIPVN5, End of intimate partner violence).
IPVSX2N5	PS.1.1.	En los **últimos 12 meses**, ¿le han amenazado o forzado a tener relaciones sexuales vaginales, anales u orales cuando no quería hacerlo? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_IPVSX2N5		Last year IPV sexual violence

Calculation_ENIPVN5	ENIPVN5 = Current time
Label_ENIPVN5	End of intimate partner violence
Calculation_TLIPVN5	Calculate elapsed time between STIPVN5 and ENIPVN5 = TLIPVN5
Label_TLIPVN5	Total time for intimate partner violence

Consumo de alcohol, tabaco y drogas (U)

Calculation_STDRUGN5	STDRUGN5 = Current time
Label_STDRUGN5	Start time of alcohol, smoking, and drug use

Consumo de alcohol (UA)

Intro_ALCOHO_9		"Ahora, le voy a hacer preguntas sobre cualquier tipo de bebida alcohólica que pudo haber tomado. Utilizaremos la Tarjeta de respuestas G".
ALCOHO_9	UA.1.0.	En los **últimos 12 meses**, ¿con qué frecuencia tomó bebidas alcohólicas? [LEA LAS OPCIONES. SELECCIONE SOLO UNA]. Diariamente 1 Semanalmente 2 Mensualmente 3 Menos que mensualmente 4 Nunca 5 Se negó a contestar 7 No sabe 8
Label_ALCOHO_9		How often drank alcohol in past 12 mos
Skip_ALCOHO_9		Si ALCOHO_9 (how often drank alcohol in past 12 mos) es 5 (never), 7 (Se negó a contestar), u 8 (no sabe), entonces salte al siguiente tema (Intro_CIGEVRN5).
Skip_ALCOHOL1		Si SX_TOTN4 (total number of vaginal or anal sex partners) ≥1, entonces pase a Interviewer_note_ALCOHOL1. De lo contrario, salte a Intro_DRINK_9 (number of days drank past 30 days).
Interviewer_note_ALCOHOL1		**"Instrucciones para el entrevistador:** Cuando le pregunte al entrevistado acerca de su consumo de alcohol antes o durante las relaciones sexuales, recuérdele que relaciones sexuales se define como relaciones sexuales vaginales (el pene en la vagina) o relaciones sexuales anales (el pene en el ano). Si la entrevistada es una mujer que tuvo relaciones sexuales tanto con hombres como con mujeres, recuérdele que estas preguntas se refieren solo a las relaciones sexuales vaginales o anales con parejas de sexo masculino".
ALCOHOL1	UA.2.0.	En los **últimos 12 meses**, ¿tomó bebidas alcohólicas antes de o durante las relaciones sexuales? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_ALCOHOL1		Drank alcohol before or during sex
Intro_DRINK_9		"Ahora le voy a hacer algunas preguntas sobre bebidas alcohólicas en los últimos 30 días. Usaremos el calendario para referirnos a los 30 días pasados".

DRINK_9	UA.3.0.	En los **últimos 30 días**, ¿cuántos días tomó alguna bebida alcohólica? ___ ___ [Se negó a contestar = 77, No sabe = 88]
Label_DRINK_9 Range_DRINK_9		Number of days drank past 30 days 0–30
Skip_DRINK_9		Si DRINK_9 (number of days drank past 30 days) es 0, 77 (Se negó a contestar), u 88 (no sabe), entonces salte al siguiente tema (Intro_CIGEVRN5).
Intro_NDRINK_9		"Usaremos la **Tarjeta de respuesta sobre consumo de alcohol** para las siguientes preguntas. Para estas preguntas, un trago de alcohol significa una cerveza de 12 oz, una copa de vino de 5 oz o un trago de licor de 1.5 oz".
NDRINK_9	UA.4.0.	En los **últimos 30 días**, ¿cuántos tragos de bebida alcohólica tomó durante un día típico en el que estaba bebiendo? ___ ___ [Se negó a contestar = 77, No sabe = 88]
Label_NDRINK_9 Range_NDRINK_9		# drinks/day typical day past 30 days 1–30
Skip_NDRINK_9		Si BIRTGEN (gender at birth) es 2 (Female) o 3 (Intersex/ambiguous), salte a DRINK4_9 (# days had 4 or more drinks past 30d.)
DRINK5_9	UA.5.0.	En los **últimos 30 días**, ¿cuántos días tomó <u>5 o más</u> tragos en una ocasión? ___ ___ [Se negó a contestar = 77, No sabe = 88]
Label_DRINK5_9 Range_DRINK5_9 Hard_edit_DRINK5_9		# of days had 5 or more drinks past 30 d. NDRINK_9 (# drinks/day typical day past 30 days) must be ≤ 30 and ≤ DRINK_9 (number of days drank past 30 days). If DRINK5_9 (# of days had 5 or more drinks past 30 d) > DRINK_9 (number of days drank in past 30 days), then READ, "El número de días en los últimos 30 días que tomó 5 o más tragos no puede ser mayor al número de días en que tomó un trago en los últimos 30 días ". Return to DRINK_9 (number of days drank past 30 days).
Skip_DRINK5_9		Salte al siguiente tema (Intro_CIGEVRN5).
DRINK4_9	UA.6.0.	En los **últimos 30 días**, ¿cuántos días tomó <u>4 o más</u> tragos en una ocasión? ___ ___ [Se negó a contestar = 77, No sabe = 88]
Label_DRINK4_9 Range_DRINK4_9		# days had 4 or more drinks past 30 d. DRINK4_9 (# days had 4 or more drinks past 30 d) must be ≤ 30 and ≤ DRINK_9 (number of days had a drink during the past 30 days).

Hard_edit_DRINK4_9		If DRINK4_9 (# days had 4 or more drinks past 30 d)> DRINK_9 (number of days drank past 30 days), then READ, "El número de días en los últimos 30 días que tomó 4 o más tragos no puede ser mayor al número de días en que tomó un trago en los últimos 30 días". Return to DRINK_9 (number of days drank past 30 days).

Consumo de cigarrillos y tabaco (US)

Intro_CIGEVRN5		"Las siguientes preguntas son acerca de fumar cigarrillos".	
CIGEVRN5	US.1.0.	¿Ha fumado, al menos, 100 cigarrillos (el equivalente a 5 paquetes) en toda su vida?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CIGEVRN5		Ever smoked cigarettes	
Skip_CIGEVRN5		Si CIGEVRN5 (ever smoked cigarettes) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte a Intro_CIGARN5 (ever smoked cigars, etc.).	
Intro_CIG_OFT		"Ahora usaremos la **Tarjeta de respuesta G".**	
CIG_OFT	US.1.1.	¿Con qué frecuencia fuma cigarrillos en la actualidad? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_CIG_OFT		Current use cigarettes	
Intro_CIGARN5		"Las siguientes preguntas son acerca de productos del tabaco que no son cigarrillos, por ejemplo, cigarros, cigarros puros y cigarros pequeños con filtro. Los cigarros puros son cigarros de tamaño mediano que, a veces, se venden con filtros de plástico o de madera. Algunas marcas comunes son *Black and Mild*, *Swisher Sweets, Dutch Masters* y *Phillies Blunts*. Por lo general, los cigarros puros se venden en unidades individuales o en paquetes de 5 u 8. En cambio, los cigarros pequeños con filtro se parecen a los cigarrillos y, por lo general, son de color marrón. Al igual que los cigarrillos, los cigarros pequeños con filtro tienen un filtro esponjoso y se venden en paquetes de 20. Algunas marcas comunes son *Prime Time* y *Winchester*".	
CIGARN5	US.2.0.	¿Ha fumado cigarros, cigarros puros o cigarros pequeños con filtro, al menos 50 veces en toda su vida?	
		No	0

		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CIGARN5		Ever smoked cigars, etc.	
Skip_CIGARN5		Si CIGARN5 (ever smoked cigars, etc.) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), salte a Intro_CIGELCN5 (ever used electronic cigarettes).	
CIGARFN5	US.2.1.	¿Usted fuma cigarros, cigarros puros o cigarros pequeños con filtro todos los días, algunos días, casi nunca o nunca? [SELECCIONE UNA RESPUESTA.]	
		Todos los días	1
		Algunos días	2
		Casi nunca	3
		Nunca	4
		Se negó a contestar	7
		No sabe	8
Label_CIGARFN5		Current use cigars, etc.	
Skip_CIG_QTN5		Si CIGARFN5 (current use cigars, etc.) = 4 (nunca) y CIG_OFT (current use cigarettes) = 5 (never), entonces salte a Intro_CIGELCN5 (ever used electronic cigarettes); de lo contrario, pase a Intro_CIG_QTN5.	
Intro_CIG_QTN5		“Las siguientes preguntas son acerca de dejar de fumar. Con ‘fumar’, me refiero a fumar cigarrillos, cigarros, cigarros puros o cigarros pequeños con filtro".	
CIG_QTN5	US.3.0.	En los **últimos 12 meses**, ¿ha dejado de fumar durante un día o más debido a que estaba intentando dejar de fumar?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CIG_QTN5		Stopped smoking one day or longer	
CIG_DQN5	US.4.0.	En los **últimos 12 meses**, ¿algún médico, enfermero u otro profesional de atención médica le ha aconsejado que dejara de fumar?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CIG_DQN5		Doctor advised to quit smoking	
Intro_CIGELCN5		“Las siguientes preguntas son acerca de los cigarrillos electrónicos. Los cigarrillos electrónicos son dispositivos que funcionan con batería y emulan a los cigarrillos comunes, pero no implican quemar tabaco. Por lo general, el vapor caliente de los cigarrillos electrónicos contiene nicotina”.	
CIGELCN5	US.5.0.	¿Alguna vez ha usado un cigarrillo electrónico? (aun cuando lo haya hecho una sola vez en toda su vida)	

		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CIGELCN5		Ever used electronic cigarettes	
Skip_CIGELCN5		Si CIGELCN5 (ever used electronic cigarettes) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces salte al siguiente tema (Intro_ANID12_9).	
CIGELFN5	US.5.1.	¿Ha usado cigarrillos electrónicos en los **últimos 30 días**?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CIGELFN5		Used electronic cigarettes past 30 days	

Consumo de drogas no inyectables (UN)

Intro_ANID12_9		**"**Ahora voy a hacerle preguntas sobre las veces que pudo haber usado drogas, pero no se inyectó. Esto incluye las veces en las que ha fumado, aspirado, inhalado o ingerido drogas como marihuana, metanfetaminas, cocaína, crack o ciertos medicamentos recetados. Me referiré a estas drogas como no inyectables".	
ANID12_9	UN.1.0.	En los **últimos 12 meses**, ¿consumió alguna droga no inyectable?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_ANID12_9		Used non-injection drugs in past 12 mos	
Skip_ANID12_9		Si ANID12_9 (used non-injection drugs in past 12 mos) es 1 (Sí), entonces pase a Intro_MARIJU_9 (used marijuana); de lo contrario, salte al siguiente tema (Intro_EVRINJN5, ever injected drugs).	
Intro_MARIJU_9		"Leeré una lista de drogas no inyectables. Por cada droga que mencione, por favor diga con qué frecuencia la usó en los **últimos 12 meses**. No incluya las drogas inyectables ni los medicamentos usados para tratamientos médicos". Utilizaremos la Tarjeta de respuestas G para estas preguntas".	
Interviewer_note_MARIJU_9		**Instrucciones para el entrevistador:** "Si el consumo de drogas del entrevistado fue esporádico en los **últimos 12 meses**, pídale que seleccione la opción que mejor describa su consumo. Cuando le pregunte al entrevistado acerca de su consumo de drogas antes o durante las relaciones sexuales, recuérdele que relaciones sexuales se define como relaciones sexuales vaginales (el pene en la vagina) o relaciones sexuales anales (el pene en el ano). Si la entrevistada es una mujer que tuvo relaciones sexuales tanto con hombres como con mujeres, recuérdele que estas preguntas se refieren solo a las relaciones sexuales	

		vaginales o anales con parejas de sexo masculino".	
MARIJU_9	UN.1.1.	En los **últimos 12 meses**, ¿con qué frecuencia consumió marihuana? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.]	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_MARIJU_9		Used marijuana	
Skip_MARIJU_9		Si MARIJU_9 (used marijuana) es 1, 2, 3, 4 (Diariamente, Semanalmente, Mensualmente, Menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥ 1, entonces pase a MARI_SN5 (used marijuana before sex). De lo contrario, pase a CRACK1_9 (used crack).	
MARI_SN5	UN.1.2.	¿Ha consumido marihuana **antes o durante las relaciones sexuales**?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MARI_SN5		Used marijuana before sex	
CRACK1_9	UN.2.0.	En los **últimos 12 meses**, ¿con qué frecuencia consumió crack? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.]	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_CRACK1_9		Used crack	
Skip_CRACK1_9		Si CRACK1_9 (used crack) es 1, 2, 3, 4 (Diariamente, Semanalmente, Mensualmente, Menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥ 1, entonces pase a CRACKSN5 (used crack before sex); de lo contrario pase a COCSMO_9 (used cocaine).	
CRACKSN5	UN.2.1.	¿Ha consumido crack **antes o durante las relaciones sexuales**?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CRACKSN5		Used crack before sex	

COCSMO_9	UN.3.0.	En los **últimos 12 meses**, ¿con qué frecuencia consumió cocaína que se fuma o inhala? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.]	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_COCSMO_9		Used cocaine	
Skip_COCSMO_9		Si COCSMO_9 (used cocaine) es 1, 2, 3, 4 (Diariamente, Semanalmente, Mensualmente, Menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥ 1, entonces pase a COCSMO_SN5 (used cocaine before sex); de lo contrario, pase a METHN5 (used methamphetamines).	
COC_SN5	UN.3.1.	¿Ha consumido cocaína **antes o durante las relaciones sexuales**?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_COC_SN5		Cocaine before or during sex	
METHN5	UN.4.0.	En los **últimos 12 meses**, ¿con qué frecuencia ha consumido metanfetaminas como las que se conocen en inglés con los nombres *crystal meth, tina, crank* o *ice*? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.]	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_METHN5		Used methamphetamines	
Skip_METHN5		Si METHN5 (used methamphetamines) es 1, 2, 3, 4 (diariamente, semanalmente, mensualmente, menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥1], pase a METH_SN5 (used methamphetamines before sex); de lo contrario, salte a AMPHEN5 (used amphetamines).	
METH_SN5	UN.4.1.	¿Ha consumido anfetaminas **antes o durante las relaciones sexuales**?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_METH_SN5		Used methamphetamines before sex	
AMPHEN5	UN.5.0.	En los **últimos 12 meses**, ¿con qué frecuencia ha consumido anfetaminas,	

		como las que se conocen en inglés como *speed*, *bennies* o *uppers*? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.]	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_AMPHEN5		Used amphetamines	
Skip_AMPHEN5		Si AMPHEN5 (used amphetamines) es 1, 2, 3, 4 (diariamente, semanalmente, mensualmente, menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥1 o si SXFFONN4 (female-female partners only) = 1], entonces pase a AMPH_SN5 (used amphetamines before sex). De lo contrario, vaya a CLUBN5 (used club drugs).	
AMPH_SN5	UN.5.1.	¿Ha consumido anfetaminas **antes o durante las relaciones sexuales**?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_AMPH_SN5		Used amphetamines before sex	
CLUBN5	UN.6.0.	En los **últimos 12 meses**, ¿con qué frecuencia ha consumido drogas de diseño como éxtasis (también llamada X), quetamina (o *Special K*) o GHB (también se llama éxtasis líquido)? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.]	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_CLUBN5		Used club drugs	
Skip_CLUBN5		Si CLUBN5 (used club drugs) es 1, 2, 3, 4 (diariamente, semanalmente, mensualmente, menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥1], entonces pase a CLUB_SN5 (used club drugs before sex); de lo contrario, salte a POPPER_9 (used poppers).	
CLUB_SN5	UN.6.1.	¿Ha consumido alguna droga de diseño **antes o durante las relaciones sexuales**?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CLUB_SN		Used club drugs before sex	

5		
POPPER_9	UN.7.0.	En los **últimos 12 meses**, ¿con qué frecuencia consumió *poppers*, también llamad nitrato de amilo? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.] Diariamente 1 Semanalmente 2 Mensualmente 3 Menos que mensualmente 4 Nunca 5 Se negó a contestar 7 No sabe 8
Label_POPPER_9		Used poppers
Skip_POPPER_9		Si POPPER_9 (used poppers) es 1, 2, 3, 4 (diariamente, semanalmente, mensualmente, menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥1], pase a POPP_SN5 (used poppers before sex); de lo contrario, salte a Intro_PAINKN5.
POPP_SN5	UN.7.1.	¿Ha consumido *poppers* **antes o durante las relaciones sexuales**? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_POPP_SN5		Used poppers before sex
Intro_PAINKN5		"Las siguientes preguntas son acerca de medicamentos que requieren receta. Primero le preguntaré acerca de los analgésicos recetados".
PAINKN5	UN.8.0.	En los **últimos 12 meses**, ¿con qué frecuencia ha tomado analgésicos recetados (como oxicodona, hidrocodona, Percocet o Vicodin) que no le recetaron a usted o ha tomado una cantidad mayor a la indicada de los analgésicos que sí le recetaron a usted? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.] Diariamente 1 Semanalmente 2 Mensualmente 3 Menos que mensualmente 4 Nunca 5 Se negó a contestar 7 No sabe 8
Label_PAINKN5		Used painkillers
Skip_PAINKN5		Si PAINKN5 (used painkillers) es 1, 2, 3, 4 (diariamente, semanalmente, mensualmente, menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥1], pase a PAIN_SN5 (used painkillers before sex); de lo contrario, salte a TRANQN5 (used tranquilizers).
PAIN_SN5	UN.8.1.	¿Ha consumido analgésicos **antes o durante las relaciones sexuales**?

		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PAIN_SN5		Used painkillers before sex	
TRANQN5	UN.9.0.	En los **últimos 12 meses**, ¿con qué frecuencia ha tomado tranquilizantes (como Valium, Ativan, Xanax), calmantes o píldoras para los nervios recetados, que no le recetaron a usted o ha tomado una cantidad mayor a la indicada de los que sí le recetaron a usted. [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.]	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_TRANQN5		Used tranquilizers	
Skip_TRANQN5		Si TRANQN5 (used tranquilizers) es 1, 2, 3, 4 (diariamente, semanalmente, mensualmente, menos que mensualmente) y [SX_TOTN4 (total number of sex partners) ≥1], pase a TRAQ_SN5 (used tranquilizers before sex); de lo contrario, salte a Skip_TRAQ_SN5.	
TRAQ_SN5	UN.9.1.	¿Ha consumido tranquilizantes **antes o durante las relaciones sexuales**?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TRAQ_SN5		Used tranquilizers before sex	
Skip_TRAQ_SN5		Si SX_GEN (sex gender) = 1 (Male) y SX_TOTN4 (total number of sex partners) ≥1, pase a EDMD_SN5 (Used erectile dysfunction drugs); de lo contrario, salte al siguiente tema (Intro_EVRINJN5).	
EDMD_SN5	UN.10.0.	En los **últimos 12 meses**, ¿ha tomado medicamentos para la disfunción eréctil? Por ejemplo, Viagra, Levitra o Cialis.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_EDMD_SN5		Used erectile dysfunction drugs	
Hard_edit_ANID12_9		If ANID12_9 (used non-injection drugs) is 1 (Sí) and [MARIJU_9, CRACK1_9, COCSMO_9, METHN5, AMPHEN5, CLUBN5, POPPER_9, PAINKN5, TRANQN5 and EDMD_SN5] are all 0 (no), then LEA: "Ha señalado que ha usado drogas no inyectables en los **últimos 12 meses**. Indique el nombre de la droga que ha usado en los **últimos 12 meses**". Return to Intro_MARIJU_9.	

Consumo de drogas inyectables (UI)

Intro_EVRINJN5		"Las siguientes preguntas son acerca del consumo de drogas inyectables. Esto se refiere a las drogas que se inyecta usted mismo o que le inyecta otra persona".
EVRINJN5	UI.1.0.	¿Se inyectó **alguna vez** drogas que no tenían una finalidad médica? Con 'inyectar', me refiero a cualquier momento en que haya utilizado una aguja para introducir una droga en las venas, debajo de la piel o en el músculo. No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_EVRINJN5		Ever used injection drugs
Skip_EVRINJN5		Si EVRINJN5 (ever used injection drugs) es 1 (Sí), entonces pase a INJECTN5 (used injection drugs past 12 months); de lo contrario, salte al siguiente tema (Calculation_ENDRUGN5, End of alcohol, smoking, and drug use).
INJECTN5	UI.1.1.	En los **últimos 12 meses**, ¿se ha inyectado alguna droga que no fuera para fines médicos? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_INJECTN5		Used injection drugs past 12 months
Skip_INJECTN5		Si INJECTN5 (used injection drugs past 12 months) es 1 (Sí), entonces pase a Intro_COCINJN5; de lo contrario, salte al siguiente tema (Calculation_ENDRUGN5, End of alcohol, smoking, and drug use).
Intro_COCINJN5		"Ahora leeré una lista de drogas. Por cada droga que mencione, por favor diga con qué frecuencia se la inyectó en los **últimos 12 meses**. Utilizaremos la **Tarjeta de respuestas G** para estas preguntas".
Interviewer_note _COCINJN5		**Interviewer instructions**: si el consumo de drogas del entrevistado fue esporádico en los **últimos 12 meses**, pídale que seleccione la opción que mejor describa su consumo.
COCINJN5	UI.2.0.	En los **últimos 12 meses**, ¿con qué frecuencia se inyectó cocaína en polvo? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.] Diariamente 1 Semanalmente 2 Mensualmente 3 Menos que mensualmente 4 Nunca 5 Se negó a contestar 7 No sabe 8

Label_COCINJN5		Injected powder cocaine
HERINJN5	UI.3.0.	En los **últimos 12 meses**, ¿con qué frecuencia se inyectó heroína? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.] Diariamente 1 Semanalmente 2 Mensualmente 3 Menos que mensualmente 4 Nunca 5 Se negó a contestar 7 No sabe 8
Label_HERINJN5		Injected heroin
SPDBALN5	UI.4.0.	En los **últimos 12 meses**, ¿con qué frecuencia se ha inyectado una mezcla de heroína y cocaína, lo que también se conoce en inglés como *speedballs*? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.] Diariamente 1 Semanalmente 2 Mensualmente 3 Menos que mensualmente 4 Nunca 5 Se negó a contestar 7 No sabe 8
Label_SPDBALN5		Injected speedballs
METINJN5	UI.5.0.	En los **últimos 12 meses**, ¿con qué frecuencia se ha inyectado metanfetaminas como las que se conocen en inglés con los nombres *crystal meth, tina, crank* o *ice*? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.] Diariamente 1 Semanalmente 2 Mensualmente 3 Menos que mensualmente 4 Nunca 5 Se negó a contestar 7 No sabe 8
Label_METINJN5		Injected methamphetamines
AMPINJN5	UI.6.0.	En los **últimos 12 meses**, ¿con qué frecuencia se ha inyectado anfetaminas, como las que se conocen en inglés como *speed*, *bennies* o *uppers*? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.] Diariamente 1 Semanalmente 2 Mensualmente 3 Menos que mensualmente 4

		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_AMPINJN5		Injected amphetamines	
PKINJN5	UI.7.0	En los **últimos 12 meses**, ¿con qué frecuencia se ha <u>inyectado</u> analgésicos como Oxycontin, oxicodona o hidrocodona? [USE LA TARJETA DE RESPUESTAS G. SELECCIONE SOLO UNA.]	
		Diariamente	1
		Semanalmente	2
		Mensualmente	3
		Menos que mensualmente	4
		Nunca	5
		Se negó a contestar	7
		No sabe	8
Label_PKINJN5		Injected painkillers	
Hard_edit_INJECTN5		If INJECTN5 (used injection drugs past 12 months) is 1 (Sí) and [COCINJN5, HERINJN5, SPDBALN5, METINJN5, AMPINJN5, or PKINJN5] are all 5 (Never), then READ, "Usted dijo que se había inyectado drogas en los últimos 12 meses. Por favor dígame el nombre de la droga que consumió y qué tanto la usó en los últimos 12 meses". Return to Intro_COCINJN5.	
Skip_INJSEXN5		Si COCINJN5, HERINJN5, SPDBALN5, METINJN5, AMPINJN5 o PKINJN5 es 1, 2, 3, o 4 (diariamente, semanalmente, mensualmente, menos que mensualmente), Y [SX_TOTN4 (total number of sex partners ≥ 1], pase a INJSEXN5 (injected any drug before sex); de lo contrario, salte al siguiente tema (Calculation_ENDRUGN5, End of alcohol, smoking, and drug use).	
INJSEXN5	UI.8.0.	En los **últimos 12 meses**, ¿se ha inyectado drogas <u>antes de o durante las relaciones sexuales?</u>	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_INJSEXN5		Injected any drug before sex	
Intro_SHRNDLN5		"Ahora le preguntaré acerca de compartir agujas y otros suministros para inyección. Cuando le pregunte sobre las 'agujas', me refiero a agujas y jeringas".	
SHRNDLN5	UI.9.0.	Cuando se inyectó en los **últimos 12 meses**, ¿otra persona usó la misma aguja <u>después</u> de usted, ya sea para inyectarse o dividir drogas?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SHRNDLN5		Shared needles	
Skip_SHRNDLN5		Si SHRNDLN5 (shared needles) es 1 (Sí), entonces pase a SHRNUMN5	

		(number of people who shared needles with); de lo contrario, salte a SHR_WRKS (shared injection works).
SHRNUMN5	UI.9.1.	En los **últimos 12 meses**, ¿cuántas personas diferentes usaron la misma aguja después de usted, ya sea para inyectarse o dividir drogas? __ __ __ Se negó a contestar 777 No sabe 888
Label_SHRNUMN5 Range_SHRNUMN5		Number of people who shared needles with 0-300
Skip_SHR1SXN5		Si SHRNUMN5 (number of people who shared needles with) = 0, 7 (Se negó a contestar), u 8 (no sabe), entonces pase a SHR_WRKS (shared injection works); si [SHRNUMN5 (number of people who shared needles with) = 1 Y SXTOTN4 (total number of sex partners) ≥1], entonces pase a SHR1SXN5 (had sex with shared needle partner); si [SHRNUMN5 (number of people who shared needles with) > 1 Y SXTOTN4 (total number of sex partners) ≥1], entonces pase a SHRSEXN5 (number of needle partners had sex with).
SHR1SXN5	UI.9.2.	En los **últimos 12 meses**, ¿también tuvo relaciones sexuales con la persona que utilizó la misma aguja después que usted? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_SHR1SXN5		Had sex with shared needle partner
Skip2_SHR1SXN5		Para todas las respuestas, pase a skip_SHR1PON5 (needle partner was HIV positive).
SHRSEXN5	UI.9.3.	En los **últimos 12 meses**, ¿con cuántas personas de estas [inserte el número de SHRNUMN5 (number of people who shared needles with)] también tuvo relaciones sexuales? __ __ __ Se negó a contestar 777 No sabe 888
Label_SHRSEXN5 Range_SHRSEXN5		Number of needle partners had sex with 0-300
Skip_SHR1PON5		Si SHRNUMN5 (number of people who shared needle with) = 1, entonces pase a SHR1PON5 (needle partner was HIV positive); si SHRNUMN5 (number of people who shared needle with) >1, entonces pase a SHRPOSN5 (# of HIV positive needle partners).
SHR1PON5	UI.9.4.	En los **últimos 12 meses**, ¿era la persona que utilizó la misma aguja después que usted VIH positiva? No 0

		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SHR1PON5		Needle partner was HIV positive	
Skip2_SHR1PON5		Para todas las respuestas, pase a SHR_WRKS (shared injection works).	
SHRPOSN5	UI.9.5.	En los **últimos 12 meses**, ¿cuántas de estas personas [inserte el número de SHRNUMN5 (number of people who shared needles with)] eran VIH positivas?	
		__ __ __	
		Se negó a contestar	777
		No sabe	888
Label_SHRPOSN5		# of HIV positive needle partners	
Range_SHRPOSN5		1-300	
SHR_WRKS	UI.10.0.	Cuando se inyectó drogas en los **últimos 12 meses**, ¿alguien usó los mismos quemadores (conocido en inglés como “cookers”), algodón o agua para enjuagar <u>después</u> de que usted los usara?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SHR_WRKS		Shared injection works	
Intro_GETNDAN5		"En los **últimos 12 meses** cuando se inyectó, ¿consiguió las agujas de alguno de los siguientes lugares?"	
GETNDAN5	UI.11.1.	Un programa de intercambio de agujas	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GETNDAN5		Get needles at needle exchange	
GETNDBN5	UI.11.2.	Farmacia	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GETNDBN5		Get needles at pharmacy	
GETNDCN5	UI.11.3.	Consultorio médico, clínica u hospital	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GETNDCN5		Get needles Dr. office, clinic, hospital	

GETNDDN5	UI.11.4.	Amigo, pariente o pareja sexual	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GETNDDN5		A friend, relative, or sex partner	
GETNDEN5	UI.11.5.	Vendedor de agujas o drogas, narcosala o en la calle	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GETNDEN5		Get needle dealer, shooting gallery, st.	
Intro_USENDBN5	En los **últimos 12 meses**, después de inyectarse, ¿qué hacía con las agujas usadas?		
USENDBN5	UI.12.1.	Las tiraba, por ejemplo, en la basura, en la calle o en un contenedor que no era un contenedor para desechos médicos.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_USENDBN5		Put in trash, street, other container	
USENDCN5	UI.12.2.	Las guardaba para volver a usarlas.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_USENDCN5		Kept it to re-use	
USENDDN5	UI.12.3.	Se las daba o vendía a otra persona para que las usara.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_USENDDN5		Gave or sold to someone else	
USENDAN5	UI.12.4.	Las desechó en un contenedor de desechos médicos (Caja Roja).	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8

Label_USENDAN5		Put in a red box	
USENDEN5	UI.12.5.	Las llevó a un programa de intercambio de agujas.	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_USENDEN5		Took to needle exchange	
DRUGTXN5	UI.13.0.	En los **últimos 12 meses**, ¿estuvo inscrito en un programa de reemplazo de opioides, como una clínica de metadona?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DRUGTXN5		Enrolled in opiate replacement program	
Calculation_ENDRUGN5		ENDRUGN5 = Current time	
Label_ENDRUGN5		End of alcohol, smoking, and drug use	
Calculation_TLDRUGN5		Calculate elapsed time between STDRUGN5 and ENDRUGN5 = TLDRUGN5	
Label_TLDRUGN5		Total time for alcohol, smoking, and drug use	

Comportamiento de riesgo de adquisición (B)

Calculation_ST_ACQN5	ST_ACQN5 = Current time.
Label_ST_ACQN5	Start time of acquisition risk behaviors

Principales preguntas sobre el riesgo de adquisición (BC)

QDS_Programming_ST_ACQN5		The intent of this section is to classify people by HIV acquisition risk behaviors into “transmission categories”. This calculation will be performed in SAS in post-processing, and does not need to be addressed in QDS programming. Notes on transmission category are for information only and don’t affect QDS programming.	
Intro_5_IPERINN3		“Ahora le voy a hacer algunas preguntas sobre la manera como pudo haber contraído el VIH. Algunas preguntas le pueden pedir que recuerde cosas que sucedieron hace mucho tiempo o pedirle información acerca de las conductas de sus parejas anteriores".	
IPERINN3	BC.1.0.	¿Nació usted con el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_IPERINN3		Were you born with HIV?	
QDS_programming_IPERINN3		For your information only, if IPERINN3 = 1 (Sí), then transmission category is perinatal.	
Calculation_AGEDX		Create a calculated variable for age at HIV diagnosis called AGEDX and = POS1S_9 -DOB_13.	
Label_AGEDX		Age at HIV diagnosis	
Soft_edit_AGEDX		If IPERINN3 (Were you born with HIV?) =1 (Sí) and AGEDX ≥ 13 years, then LEA: “La edad calculada de esta persona al momento de su diagnóstico fue [INSERT AGEDX] años, pero usted indicó que la persona nació con el VIH. Por favor verifique la respuesta”. Allow the program to advance.	
Skip1_IPERINN3		Si IPERINN3 (Were you born with HIV?) = 1 (Sí), entonces salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk). De lo contrario, pase a Skip2_IPERINN3.	
Skip2_IPERINN3		Si DOB_13 (date of birth) < 1977, pase a Intro1_IIDUN3_5. De lo contrario, salte a Intro2_IIDUN3_5.	
Intro1_IIDUN3_5		“Ahora le preguntaré acerca de lo que hizo entre 1977 (año aproximado en que el VIH fue reconocido en los Estados Unidos) y la fecha de su resultado positivo al VIH, [INSERTE POS1S_9 (date of first positive test)]”.	
Intro2_IIDUN3_5		“Ahora le voy a hacer preguntas sobre cosas que hizo antes de su resultado positivo al VIH el [INSERT POS1S_9 (date of first positive test)]”.	

Skip1_IIDUN3_5		Si EVERINJ (ever took injection drugs) es 1 (sí), entonces la persona puede haberse inyectado drogas antes del diagnóstico de VIH. Go to IIDUN3_5. Si BIRTGEN (gender at birth) es 3 (intersexo/ambiguo), 8 (no sabe) o 7 (se negó a contestar) y DOB_13 (date of birth) es posterior a marzo de 1985, entonces no corresponde ninguna de las preguntas de riesgo adquirido y la persona no tiene un riesgo identificado. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). De lo contrario, salte a ICLOTN3.
IIDUN3_5	BC.2.0.	Antes de su primera prueba positiva del VIH, ¿utilizó agujas para inyectarse heroína, cocaína, esteroides o cualquier otra droga no recetada por un médico? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_IIDUN3_5		Before HIV+, ever use needles to inject
Skip2_IIDUN3_5		Si BIRTGEN (gender at birth) es 2 (femenino), 3 (intersexo/ambiguo), 8 (no sabe) o 7 (se negó a contestar) y IIDUN3_5 es 1 (sí), entonces la categoría de transmisión es IDU. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). Si BIRTGEN (gender at birth) es 1 (masculino) y MSMEVRN5 es 0 (no) y IIDUN3_5 es 1 (sí), entonces la categoría de transmisión es IDU. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). Si BIRTGEN (gender at birth) es 1 (masculino) y MSMEVRN5 es 0 (no), entonces pase a Intro_ICLOTN3. Si BIRTGEN (gender at birth) es 1 (masculino) o BIRTGEN (gender at birth) es 2 (femenino), entonces vaya a ISEXMA_5. Si DOB_13 (date of birth) es posterior a marzo de 1985, entonces el entrevistado no presenta un riesgo identificado. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk).
ISEXMA_5	BC.3.0.	Antes de su primer resultado positivo al VIH, ¿había tenido relaciones sexuales con un hombre? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_ISEXMA_5		Before HIV+, ever have sex with male
Skip_ISEXMA_5		Si BIRTGEN (gender at birth) = 1 (masculino) y ISEXMA_5 = 1 (sí), entonces la categoría de transmisión es MSM o MSM-IDU. Salte

		al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). Si IIDUN3_5 = 1 (sí), entonces la categoría de transmisión es IDU. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). Si DOB_13 (Date of Birth) es después de marzo de 1985 Y la persona era de sexo femenino al nacer (BIRTGEN=2) Y tuvo relaciones sexuales con un hombre ISEXMA_5 = 1, entonces no corresponde la pregunta sobre el factor de coagulación, pero la persona puede tener riesgo heterosexual. Pase a IFSXHIN3. Si DOB_13 (Date of Birth) es después de marzo de 1985 Y la persona era de sexo femenino al nacer (BIRTGEN=2) y no tuvo relaciones sexuales con un hombre (ISEXMAN3 ≠ 1), entonces no corresponde ninguna de las otras preguntas sobre riesgo y la persona no tiene riesgos identificados. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). De lo contrario, si DOB_13 (Date of Birth) es después de marzo de 1985 Y la persona era BIRTGEN = 1 (masculino al nacer), entonces no corresponde la pregunta sobre el factor de coagulación, pero la persona puede tener riesgo heterosexual. Salte a ISEXFEN3. De lo contrario, pase a Intro_CLOTN3.
Intro_ICLOTN3		"Las personas que tienen problemas de coagulación de la sangre como hemofilia a veces necesitan recibir tratamiento con algo llamado factor de coagulación para prevenir hemorragias".
ICLOTN3	BC.4.0.	Antes de su primera prueba positiva del VIH, ¿recibió alguna vez un factor de coagulación? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_ICLOTN3		Before HIV+, ever rcv. clotting factor
ICLO85N3	BC.4.1.	¿Recibió alguna vez un factor de coagulación antes de marzo de 1985? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_ICLO85N3		Receive clotting factor before 3/85
Skip_ICLO85N3		Si ICLO85N3= 1 (sí), entonces la categoría de riesgo de transmisión de la persona es otra (recepción adulta de factor de coagulación). Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). De lo contrario, si la persona era de sexo femenino al nacer (BIRTGEN =2) y tuvo relaciones sexuales con un hombre (ISEXMA_5=1) entonces la persona podría tener riesgo heterosexual femenino. Pase a IFSXHIN3. Si la persona era de sexo masculino al nacer (BIRTGEN=1), entonces la persona podría tener riesgo heterosexual masculino. Go to ISEXFEN3. Si

		DOB_13 (Date of Birth) es posterior a marzo de 1985, no se aplica ninguna de las demás preguntas de riesgo y la persona no tiene un riesgo identificado. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). Else go to ITRANN3.	
ISEXFEN3	BC.5.0.	Antes de su primera prueba positiva del VIH, ¿tuvo relaciones sexuales con una mujer?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_ISEXFEN3		Sex w/F before testing positive	
Skip_ISEXFEN3		Si ISEXFEN3 = 1 (sí), entonces la persona puede tener riesgo heterosexual masculino. Go to IMSXHIN3. Si DOB_13 (Date of Birth) es posterior a marzo de 1985, no se aplica ninguna de las demás preguntas de riesgo y la persona no tiene un riesgo identificado. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk). De lo contrario, salte a ITRANN3.	

Serie de mujeres heterosexuales (BF)

IFSXHIN3	BF.1.0.	Antes de su primera prueba positiva del VIH, ¿alguna de sus parejas sexuales masculinas tenía el VIH o sida?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_IFSXHIN3		Any male sex partners have HIV/AIDS	
Skip_IFSXHIN3		Si IFSXHIN3 = 1 (sí), entonces la categoría de transmisión es heterosexual. Salte al siguiente tema (Calculation_EN_ACQU, End of acquisition risk).	
IFSXID_5	BF.2.0.	Antes de su primer resultado positivo al VIH, ¿alguna de sus parejas sexuales usaba agujas para inyectarse heroína, cocaína, esteroides o cualquier otra droga que no fuera recetada por un médico?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_IFSXID_5		Any male partners IDU	
Skip_IFSXID_5		Si IFSXID_5 = 1 (sí), entonces la categoría de transmisión es heterosexual. Salte al siguiente tema (Intro_CSMNA_5).	
IFSXHE_5	BF.3.0.	Antes de su primer resultado positivo al VIH, ¿alguna de sus parejas sexuales tenía hemofilia u otro problema de coagulación de la sangre?	
		No	0
		Sí	1
		Se negó a contestar	7

		No sabe	8
label_IFSXHE_5		Any M partner w/ blood clotting problem	
Skip_IFSXHE_5		Si IFSXHE_5 (any M partner w/ blood clotting problem) = 1 (Sí), entonces la categoría de transmisión es heterosexual. Salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk).	
IFSXBIN3	BF.4.0.	Antes de su primera prueba positiva del VIH, ¿alguna de sus parejas sexuales masculinas tuvo relaciones sexuales con otros hombres?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_IFSXBIN3		Any male partners MSM	
Skip_IFSXBIN3		Si IFSXBIN3 (any male partners MSM) = 1 (Sí), entonces la categoría de transmisión es heterosexual. Salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk). Si la persona nació después de marzo de 1985, (DOB_13 [date of birth] es posterior a marzo de 1985), no se aplica ninguna de las demás preguntas de riesgo y la persona no tiene un riesgo identificado. Salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk). De lo contrario, salte a Intro_ITRANN3.	

Serie de hombres heterosexuales (BM)

IMSXHIN3	BM.1.0.	Antes de su primera prueba positiva del VIH, ¿alguna de sus parejas sexuales femeninas tenía el VIH o sida?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_IMSXHIN3		Any female partners have HIV/AIDS	
Skip_IMSXHIN3		Si IMSXHIN3 (any female partners have HIV/AIDS) = 1 (Sí), entonces la categoría de transmisión es heterosexual. Salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk).	
IMSXIDN3	BM.2.0.	Antes de su primera prueba positiva del VIH, ¿alguna de sus parejas sexuales femeninas utilizó agujas para inyectarse heroína, cocaína, esteroides o cualquier otra droga no recetada por un médico?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
label_IMSXIDN3		Any female partners IDU	
Skip_IMSXIDN3		Si IMSXIDN3 (any female partners IDU) = 1 (Sí), entonces la categoría de transmisión es heterosexual. Salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk).	
IMSXHEN5	BM.3.0.	Antes de su primer resultado positivo al VIH, ¿alguna de sus parejas sexuales de sexo femenino tenía hemofilia u otro problema de coagulación de la	

		sangre? No 0 Sí 1 Se negó a contestar 7 No sabe 8
label_IMSXHEN5		Any F partner w/blood clotting problem
Skip_IMSXHEN5		Si IMSXHEN5 (any F partner w/blood clotting problem) = 1 (Sí), entonces la categoría de transmisión es heterosexual. Salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk).

Otras preguntas sobre el riesgo de adquisición para personas nacidas antes de marzo de 1985 (BA)

Intro_ITRANN3		"La siguiente pregunta es acerca de si alguna vez ha tenido una transfusión de productos sanguíneos. Me refiero a productos derivados de la sangre de otra persona (como sangre, glóbulos rojos, plasma o plaquetas) que se le administró por vía intravenosa".
ITRANN3	BA.1.0.	Antes de su primera prueba positiva del VIH, ¿recibió alguna vez una transfusión de productos derivados de la sangre además del factor de coagulación? No 0 Sí 1 Se negó a contestar 7 No sabe 8
label_ITRANN3		You ever receive blood transfusion
Skip_ITRANN3		Si ITRANN3 (you ever receive blood transfusion) = 1 (Sí), pase a ITRA85N3 (received blood transfusion before 3/85). De lo contrario, salte a ITRPLTN3 (ever rcvd. transplant or AI).
ITRA85N3	BA.1.1.	¿Recibió alguna vez una transfusión de productos derivados de la sangre antes de marzo de 1985? No 0 Sí 1 Se negó a contestar 7 No sabe 8
label_ITRA85N3		Received blood transfusion before 3/85
Skip_ITRA85N3		Si ITRA85N3 (received blood transfusion before 3/85) =1 (Sí), entonces la categoría de transmisión es otra (trasplante). Salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk).
ITRPLTN3	BA.2.0.	Antes de su primera prueba positiva del VIH, ¿recibió un trasplante de órgano o tejido, o le hicieron inseminación artificial? No 0 Sí 1 Se negó a contestar 7 No sabe 8
label_ITRPLTN3		Ever rcvd. transplant or AI
Skip_ITRPLTN3		Si ITRPLTN3 (ever rcvd. transplant or AI) = 1 (Sí), pase a ITRP85N5 (rcvd.

		transplant or AI before 3/85). De lo contrario, salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk).
ITRP85N5	BA.2.1.	Antes de marzo de 1985, ¿usted había sido sometido a un trasplante de órgano o tejidos o a inseminación artificial? No 0 Sí 1 Se negó a contestar 7 No sabe 8
label_ITRP85N5		Rcvd. transplant or AI before 3/85
Skip_ITRP85N5		Si ITRP85N5 (rcvd. transplant or AI before 3/85) =1 (Sí), entonces la categoría de transmisión es otra (trasplante). Salte al siguiente tema (Calculation_EN_ACQN5, End of acquisition risk).

Calculation_EN_ACQN5	EN_ACQN5 = Current time
Label_EN_ACQN5	End of acquisition risk
Calculation_TL_ACQN5	Calculate elapsed time between ST_ACQN5 and EN_ACQN5 = TL_ACQN5
Label_TLDRUGN5	Total time for acquisition risk

Necesidades satisfechas e insatisfechas (N)

Calculation_STNEEDN5	STNEEDN5 = Current time
Label_STNEEDN5	Start time met and unmet needs

Servicios y programas de asistencia (ND)

Administración de casos de VIH

Intro_CSMNA_5		"Las siguientes preguntas se refieren a los servicios que utilizó o necesitó en los **últimos 12 meses**. Primero le preguntaré si ha recibido el servicio y, si no fue así, le preguntaré si lo necesitaba. Estas preguntas pueden parecer similares, pero debo hacer todas las preguntas".
CSMNA_5	ND.1.0.	La primera pregunta es acerca de los servicios de administración de casos de VIH. Un administrador de casos es un profesional que lo ayuda a recibir atención y los otros servicios que usted o su familia necesiten. En los **últimos 12 meses**, ¿ha recibido servicios de administración de casos para el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_CSMNA_5		Get HIV case management services
Skip_CSMNA_5		Si CSMNA_5 (get HIV case management services) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a CSMNB_5 (needed HIV case management services); de lo contrario, salte a TKMDA_5 (adherence counseling).
CSMNB_5	ND.1.1.	En los **últimos 12 meses**, ¿ha necesitado servicios de administración de casos para el VIH? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_CSMNB_5		Needed HIV case management services
Skip_CSMNB_5		Si CSMNA_5 (needed HIV case management services) es 1 (Sí), entonces pase a Intro_CSMNC_5 (barrier-financial-HIV case management); de lo contrario, salte a TKMDA_5 (Get help taking meds on time/correctly).
Intro_CSMNC_5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".
CSMNC_5	ND.1.2.	...no tenía suficiente dinero o seguro? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_CSMNC_5		Barrier-financial-HIV case management

CSMNE_5	ND.1.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CSMNE_5		Barrier-structural 1-HIV case management	
CSMNF_5	ND.1.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CSMNF_5		Barrier-structural 2-HIV case management	
CSMND_5	ND.1.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CSMND_5		Barrier-personal-HIV case management	

Consejería para el cumplimiento con el tratamiento

TKMDA_5	ND.2.0.	En los **últimos 12 meses**, ¿ha obtenido ayuda profesional sobre cómo tomar sus medicamentos contra el VIH puntualmente o de la manera correcta?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TKMDA_5		Get help taking meds on time/correctly	
Skip_TKMDA_5		Si TKMDA_5 (get help taking meds on time/correctly) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a TKMDB_5; de lo contrario, salte a Skip_NEDADA_5 (needed ADAP).	
TKMDB_5	ND.2.1.	En los **últimos 12 meses**, ¿ha necesitado ayuda profesional sobre cómo tomar sus medicamentos contra el VIH puntualmente o de la manera correcta?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TKMDB_5		Need help taking meds on time/correctly	
Skip_TKMDB_5		Si TKMDB_5 (need help taking meds on time/correctly) es 1 (Sí), entonces pase a Intro_TKMDC_N5 (barrier-financial- help taking HIV meds); de lo contrario, salte a Skip_NEDADA_5 (ADAP).	

Intro_TKMDC_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
TKMDC_N5	ND.2.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TKMDC_N5		Barrier-financial- help taking HIV meds	
TKMDE_N5	ND.2.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TKMDE_N5		Barrier-struct. 1- help taking HIV meds	
TKMDF_N5	ND.2.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TKMDF_N5		Barrier-struct. 2- help taking HIV meds	
TKMDD_N5	ND.2.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TKMDD_N5		Barrier-personal-help taking HIV meds	

ADAP (Programa de Asistencia de Medicamentos contra el SIDA)

Skip_NEDADA_5		Si KINDD_5 (insurance-Ryan White or ADAP) es 0 (no), entonces pase a NEDADA_5 (needed ADAP). De lo contrario, salte a Intro_PATNAVN5 (get patient navigation).	
NEDADA_5	ND.3.1.	Ha señalado que en los **últimos 12 meses** no ha contado con la cobertura de Ryan White ni ADAP. En los **últimos 12 meses**, ¿ha necesitado obtener medicamentos mediante ADAP?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NEDADA_5		Needed ADAP	
Skip2_NEDADA_5		Si NEDADA_5 (needed ADAP) es 1 (Sí), entonces pase a Intro_ADAPC_N5 (barrier-structural 1—ADAP); de lo contrario, salte a Intro_PATNAVN5	

		(patient navigation).	
Intro_ADAPC_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
ADAPC_N5	ND.3.2.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_ADAPC_N5		Barrier-structural 1-- ADAP	
ADAPD_N5	ND.3.3.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_ADAPD_N5		Barrier-structural 2-- ADAP	
ADAPB_N5	ND.3.4.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_ADAPB_N5		Barrier-personal- ADAP	

Servicios de navegación para pacientes

Intro_PATNAVN5		"La siguiente pregunta es acerca de los servicios de navegación para pacientes. Se trata de una persona cuyo trabajo consiste en ayudarlo a obtener la mejor atención médica. Por ejemplo, un navegador podría ayudarlo a hablar con un médico acerca de su atención o acompañarlo a sus citas médicas".	
PATNAVN5	ND.4.0.	En los **últimos 12 meses**, ¿ha recibido servicios de navegación para pacientes?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PATNAVN5		Get patient navigation services	
Skip_PATNAVN5		Si PATNAVN5 (get patient navigation services) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces vaya a PATNABN5 (needed patient navigation services); de lo contrario, salte a GET_GRP (get peer group support).	
PATNABN5	ND.4.1.	En los **últimos 12 meses**, ¿ha necesitado servicios de navegación para	

		pacientes?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PATNABN5		Needed patient navigation services	
Skip_PATNABN5		Si PATNABN5 (needed patient navigation services) es 1 (Sí), entonces vaya a Intro_PATNACN5 (barrier-financial-patient navigation); de lo contrario, salte a GET_GRP (get peer group support).	
Intro_PATNACN5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
PATNACN5	ND.4.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PATNACN5		Barrier-financial-patient navigation	
PATNAEN5	ND.4.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PATNAEN5		Barrier-structural 1-patient navigation	
PATNAFN5	ND.4.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PATNAFN5		Barrier-structural 2-patient navigation	
PATNADN5	ND.4.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PATNADN5		Barrier-personal-patient navigation	

Apoyo de grupos de pares

GET_GRP	ND.5.0.	En los **últimos 12 meses**, usted ha recibido apoyo de un grupo de pares con VIH?	
		No	0
		Sí	1

		Se negó a contestar	7
		No sabe	8
Label_GET_GRP		Get HIV peer group support	
Skip_GET_GRP		Si GET_GRP (get HIV peer group support) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), pase a NED_GRP (needed HIV peer group support); de lo contrario, salte a DENS12_9 (get dental care).	
NED_GRP	ND.5.1.	En los **últimos 12 meses**, usted ha necesitado apoyo de un grupo de pares con VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NED_GRP		Needed HIV peer group support	
Skip_NED_GRP		Si NED_GRP (needed HIV peer group support) es 1 (Sí), entonces pase a Intro_RSGRPCN5 (barrier-structural 1-HIV peer support); de lo contrario, salte a DENS12_9 (get dental care).	
Intro_RSGRPCN5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
RSGRPCN5	ND.5.2.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_RSGRPCN5		Barrier-structural 1-HIV peer support	
RSGRPDN5	ND.5.3.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_RSGRPDN5		Barrier-structural 2-HIV peer support	
RSGRPBN5	ND.5.4.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_RSGRPBN5		Barrier-personal- HIV peer group support	

Atención dental

DENS12_9	ND.6.0.	En los **últimos 12 meses**, usted ha recibido cuidados dentales?	
		No	0
		Sí	1

		Se negó a contestar	7
		No sabe	8
Label_DENS12_9		Get dental care	
Skip_DENS12_9		Si DENS12_9 (get dental care) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a DENSER_9 (needed dental care); de lo contrario, salte a GET_SUBU (get drug and alcohol).	
DENSER_9	ND.6.1.	En los **últimos 12 meses**, usted ha necesitado cuidados dentales?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DENSER_9		Needed dental care	
Skip_DENSER_9		Si DENSER_9 (needed dental care) es 1 (Sí), pase a Intro_DENSA_N5 (barrier-financial-dental care); de lo contrario, salte a GET_SUBU (get drug and alcohol).	
Intro_DENSA_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
DENSA_N5	ND.6.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DENSA_N5		Barrier-financial-dental care	
DENSC_N5	ND.6.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DENSC_N5		Barrier-structural 1-- dental care	
DENSD_N5	ND.6.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DENSD_N5		Barrier-structural 2-- dental care	
DENSB_N5	ND.6.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DENSB_N5		Barrier-personal- dental care	

Drogas y alcohol

GET_SUBU	ND.7.0.	En los **últimos 12 meses**, usted ha recibido consejería o tratamiento contra la drogadicción o el alcoholismo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GET_SUBU		Get drug/alcohol counseling or treatment	
Skip_GET_SUBU		Si GET_SUBU (get drug/alcohol counseling or treatment) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a NED_SUBU (Need drug/alcohol counsel or treatment); de lo contrario, salte a MENTA_5 (get mental health).	
NED_SUBU	ND.7.1.	En los **últimos 12 meses**, usted ha necesitado consejería o tratamiento contra la drogadicción o el alcoholismo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NED_SUBU		Need drug/alcohol counsel or treatment	
Skip_NED_SUBU		Si NED_SUBU (Need drug/alcohol counsel or treatment) es 1 (Sí), entonces pase a Intro_SUBUA_N5 (Barrier-financial-drug/alcohol TX); de lo contrario, salte a MENTA_5 (get mental health).	
Intro_SUBUA_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
SUBUA_N5	ND.7.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SUBUA_N5		Barrier-financial-drug/alcohol TX	
SUBUB_N5	ND.7.3.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SUBUB_N5		Barrier-personal-drug/alcohol TX	
SUBUC_N5	ND.7.4.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8

Label_SUBUC_N5		Barrier-structural 1-drug/alcohol TX	
SUBUD_N5	ND.7.5.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SUBUD_N5		Barrier-structural 2-drug/alcohol TX	

Salud mental

MENTA_5	ND.8.0.	En los **últimos 12 meses**, ¿ha visitado o hablado con un profesional de salud mental (sicólogo, siquiatra, enfermero siquiátrico o trabajador social clínico) acerca de su salud?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MENTA_5		Get mental health counsel or treatment	
Skip_MENTA_5		Si MENTA_5 (get mental health counsel or treatment) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a MENTB_5 (need mental health counsel or treatment); de lo contrario, salte a TRAS12_9 (get transportation).	
MENTB_5	ND.8.1.	En los **últimos 12 meses**, ¿ha necesitado visitar o hablar con un profesional de salud mental acerca de su salud?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MENTB_5		Need mental health counsel or treatment	
Skip_MENTB_5		Si MENTB_5 (need mental health counsel or treatment) es 1 (Sí), entonces pase a Intro_MENTC_5 (barrier-financial-mental health TX); de lo contrario, salte a TRAS12_9 (get transportation).	
Intro_MENTC_5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
MENTC_5	ND.8.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MENTC_5		Barrier-financial-mental health TX	
MENTE_5	ND.8.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1

		Se negó a contestar	7
		No sabe	8
Label_MENTE_5		Barrier-structural 1-mental health TX	
MENTF_5	ND.8.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MENTF_5		Barrier-structural 2-mental health TX	
MENTD_5	ND.8.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MENTD_5		Barrier-personal-mental health TX	

Transporte

TRAS12_9	ND.9.0.	En los **últimos 12 meses**, usted ha recibido ayuda para el transporte?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TRAS12_9		Get transportation assistance	
Skip_TRAS12_9		Si TRAS12_9 (get transportation assistance) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a TRASAS_9 (needed transportation assistance); de lo contrario, salte a SHLTA_5.	
TRASAS_9	ND.9.1.	En los **últimos 12 meses**, usted ha necesitado ayuda para el transporte?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TRASAS_9		Needed transportation assistance	
Skip_TRASAS_9		Si TRASAS_9 es 1 (Sí), entonces pase a Intro_TRANC_N5 (barrier-structural 1-transportation); de lo contrario, salte a SHLTA_5 (get shelter or housing services).	
Intro_TRANC_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
TRANC_N5	ND.9.2.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7

		No sabe	8
Label_TRANC_N5		Barrier-structural 1-transportation	
TRAND_N5	ND.9.3.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TRAND_N5		Barrier-structural 2-transportation	
TRANB_N5	ND.9.4.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_TRANB_N5		Barrier-personal-transportation	

Albergue o vivienda

SHLTA_5	ND.10.0.	En los **últimos 12 meses**, ¿ha obtenido servicios de refugio o vivienda, en los que ha recibido ayuda habitacional temporaria o a largo plazo, incluidos vales de la sección 8?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SHLTA_5		Get shelter or housing services	
Skip_SHLTA_5		Si SHLTA_5 (get shelter or housing services) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), pase a SHLTB_5 (needed shelter or housing services); de lo contrario, salte a SSIA_N5 (get SSI).	
SHLTB_5	ND.10.1.	En los **últimos 12 meses**, ¿ha necesitado servicios de refugio o vivienda?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SHLTB_5		Needed shelter or housing services	
Skip_SHLTB_5		Si SHLTB_5 (needed shelter or housing services) es 1 (Sí), pase a Intro_SHLTC_N5 (barrier-structural 1-shelter/hous service); de lo contrario, salte a SSIA_N5 (get SSI).	
Intro_SHLTC_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
SHLTC_N5	ND.10.2.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1

		Se negó a contestar	7
		No sabe	8
Label_SHLTC_N5		Barrier-structural 1-shelter/hous servic	
SHLTD_N5	ND.10.3.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SHLTD_N5		Barrier-structural 2-shelter/hous servic	
SHLTE_N5	ND.10.4.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SHLTB_N5		Barrier-personal-shelter or housing	

SSI (Seguridad de Ingreso Suplementario)

SSIA_N5	ND.11.0.	En los **últimos 12 meses**, ¿ha recibido Seguridad de Ingreso Suplementario o SSI?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SSIA_N5		Get SSI	
Skip_SSIA_N5		Si SSIA_N5 (get SSI) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a SSIB_N5 (needed SSI); de lo contrario, salte a SSDIA_N5.	
SSIB_N5	ND.11.1.	En los **últimos 12 meses**, ¿ha necesitado Seguridad de Ingreso Suplementario?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SSIB_N5		Needed SSI	
Skip_SSIB_N5		Si SSIB_N5 es 1 (Sí), pase a Intro_SSIC_N5 (barrier-structural 1—SSI); de lo contrario, salte a SSDIA_N5 (get SSDI).	
Intro_SSIC_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
SSIC_N5	ND.11.2.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7

		No sabe	8
Label_SSIC_N5		Barrier-structural 1--SSI	
SSID_N5	ND.11.3.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SSID_N5		Barrier-structural 2-- SSID_N5	
SSIE_N5	ND.11.4.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SSIE_N5		Barrier-personal-SSI	

SSDI (Seguro por Discapacidad de Seguridad Social)

SSDIA_N5	ND.12.0.	En los **últimos 12 meses**, ¿ha recibido el Seguro por Discapacidad de Seguridad Social o SSDI?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SSDIA_N5		Get SSDI	
Skip_SSDIA_N5		Si SSDIA_N5 (get SSDI) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a SSDIB_N5 (needed SSDI); de lo contrario, salte a FOODA_N5.	
SSDIB_N5	ND.12.1.	En los **últimos 12 meses**, ¿ha necesitado el Seguro por Discapacidad de Seguridad Social?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SSDIB_N5		Needed SSDI	
Skip_SSDIB_N5		Si SSDIB_N5 es 1 (Sí), vaya a Intro_SSDIE_N5; de lo contrario, salte a FOODA_N5 (get food assistance).	
Intro_SSDIE_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
SSDIE_N5	ND.12.2.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7

		No sabe	8
Label_SSDIE_N5		Barrier-structural 1--SSDI	
SSDIF_N5	ND.12.3.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SSDIF_N5		Barrier-structural 2--SSDI	
SSDID_N5	ND.12.4.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_SSDID_N5		Barrier-personal-SSDI	

Asistencia alimentaria

FOODA_N5	ND.13.0.	En los **últimos 12 meses**, ¿ha recibido asistencia alimentaria o cupones de alimentos de SNAP (Programa de Asistencia Nutricional Suplementaria) o WIC (Programa Especial de Nutrición Suplementaria para Mujeres, Infantes y Niños)?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_FOODA_N5		Get food assistance	
Skip_FOODA_N5		Si FOODA_N5 (get food assistance) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), entonces pase a FOODB_N5 (needed food assistance); de lo contrario, salte a Intro_N5_MLSF12_9 (get meal or food services).	
FOODB_N5	ND.13.1.	En los **últimos 12 meses**, ¿ha necesitado asistencia alimentaria o cupones de alimentos?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_FOODB_N5		Needed food assistance	
Skip_FOODB_N5		Si FOODB_N5 (needed food assistance) es 1 (Sí), pase a Intro_FOODE_N5 (Barrier-structural 1—food assistance); de lo contrario, salte a Intro_N5_MLSF12_9 (get meal or food services).	
Intro_FOODE_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
FOODE_N5	ND.13.2.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	

		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_FOODE_N5		Barrier-structural 1—food assistance	
FOODF_N5	ND.13.3.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_FOODF_N5		Barrier-structural 2—food assistance	
FOODD_N5	ND.13.4.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_FOODD_N5		Barrier-personal-food assistance	

Servicios de comidas o alimentos

Intro_N5_MLSF12_9		"A continuación, le preguntaré acerca de los servicios de alimentos o comidas. Esto es diferente de la asistencia alimentaria, de la que le pregunté hace unos instantes. Los servicios de alimentos o comidas incluyen comedores, bancos de alimentos, despensas, cenas de la iglesia o servicios de entrega de comidas".	
MLSF12_9	ND.14.0.	En los **últimos 12 meses**, usted ha recibido servicios de comidas o alimentos?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MLSF12_9		Get meal or food services	
Skip_MLSF12_9		Si MLSF12_9 (get meal or food services) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), pase a MLSFOD_9 (needed meal or food services); de lo contrario, salte a GET_DOMS (get domestic violence services).	
MLSFOD_9	ND.14.1.	En los **últimos 12 meses**, usted ha necesitado servicios de comidas o alimentos?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MLSFOD_9		Needed meal or food services	
Skip_MLSFOD_9		Si MLSFOD_9 es 1 (Sí), pase a Intro_MEALA_N5; de lo contrario, salte a	

		GET_DOMS (get domestic violence services).	
Intro_MEALA_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
MEALA_N5	ND.14.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MEALA_N5		Barrier-financial- meal or food services	
MEALC_N5	ND.14.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MEALC_N5		Barrier-structural 1-meal/food services	
MEALD_N5	ND.14.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MEALD_N5		Barrier-structural 2-meal/food services	
MEALB_N5	ND.14.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_MEALB_N5		Barrier-personal- meal or food services	

Violencia doméstica

GET_DOMS	ND.15.0.	En los **últimos 12 meses**, usted ha recibido servicios relacionados con la violencia doméstica?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GET_DOMS		Get domestic violence services	
Skip_GET_DOMS		Si GET_DOMS (get domestic violence services) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), pase a NED_DOMS (needed domestic violence services); de lo contrario, salte a Skip_N5_1GET_INTS.	
NED_DOMS	ND.15.1.	En los **últimos 12 meses**, usted ha necesitado servicios relacionados con la violencia doméstica?	

		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NED_DOMS		Needed domestic violence services	
Skip_NED_DOMS		Si NED_DOMS (needed domestic violence services) es 1 (Sí), pase a Intro_DOMSA_N5 (barrier-financial-domestic violence); de lo contrario, salte a Skip_N5_1GET_INTS.	
Intro_DOMSA_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
DOMSA_N5	ND.15.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DOMSA_N5		Barrier-financial-domestic violence	
DOMSC_N5	ND.15.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DOMSC_N5		Barrier-structural 1-domestic violence	
DOMSD_N5	ND.15.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DOMSD_N5		Barrier-structural 2-domestic violence	
DOMSB_N5	ND.15.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_DOMSB_N5		Barrier-personal-domestic violence	

Intérprete

Skip_N5_1GET_INTS		Si LANWL1N3 (how well do you speak English?) = 1 (muy bien), salte a GET_LAN3 (get a lawyer or legal services). De lo contrario, pase a GET_INTS (get interpreter services).	
GET_INTS	ND.16.0.	En los **últimos 12 meses**, usted ha recibido servicios de interpretación?	
		No	0

		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GET_INTS		Get interpreter services	
Skip_N5_2GET_INTS		Si GET_INTS (get interpreter services) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), pase a NED_INTS (needed interpreter services); de lo contrario, salte a GET_LAN3 (get a lawyer or legal services).	
NED_INTS	ND.16.1.	En los **últimos 12 meses**, usted ha necesitado servicios de interpretación?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NED_INTS		Needed interpreter services	
Skip_NED_INTS		Si NED_INTS (needed interpreter services) es 1 (Sí), pase a Intro_INTEA_N5 (barrier-financial-interpreter services); de lo contrario, salte a GET_LAN3 (get a lawyer or legal services).	
Intro_INTEA_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
INTEA_N5	ND.16.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_INTEA_N5		Barrier-financial-interpreter services	
INTEC_N5	ND.16.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_INTEC_N5		Barrier-structural 1-interpreter	
INTED_N5	ND.16.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_INTED_N5		Barrier-structural 2-interpreter	
INTEB_N5	ND.16.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_INTEB_N5		Barrier-personal- interpreter services.	

Legal

GET_LAN3	ND.17.0.	En los **últimos 12 meses**, usted ha recibido un abogado o servicios legales?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GET_LAN3		Get a lawyer or legal services	
Skip_GET_LAN3		Si GET_LAN3 (get a lawyer or legal services) es 0 (no), 7 (Se negó a contestar), u 8 (no sabe), pase a NED_LAN3 (needed a lawyer or legal services); de lo contrario, salte a Skip_DISSSIN5 (date received SSI).	
NED_LAN3	ND.17.1.	En los **últimos 12 meses**, usted ha necesitado un abogado o servicios legales?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_NED_LAN3		Needed a lawyer or legal services	
Skip_NED_LAN3		Si NED_LAN3 es 1 (Sí), pase a Intro_LAWYA_N5 (barrier-structural 2-lawyer or legal); de lo contrario, salte a Skip_DISSSIN5 (date received SSI).	
Intro_LAWYA_N5		"¿No pudo recibir este servicio debido a una de las siguientes razones..".	
LAWYA_N5	ND.17.2.	...no tenía suficiente dinero o seguro?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_LAWYA_N5		Barrier-structural 2-lawyer or legal	
LAWYC_N5	ND.17.3.	...no encontró la información necesaria para recibir el servicio o no sabía que existía?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_LAWYC_N5		Barrier-structural 1-lawyer or legal	
LAWYD_N5	ND.17.4.	...el servicio no cubría sus necesidades o usted no era elegible?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_LAWYD_N5		Barrier-structural 2-lawyer or legal	
LAWYB_N5	ND.17.5.	...motivos personales (miedo o vergüenza de recibir el servicio) o tenía otros quehaceres de la vida que le dificultaron recibir el servicio?	

	No	0
	Sí	1
	Se negó a contestar	7
	No sabe	8
Label_LAWYB_N5	Barrier-personal-lawyer or legal	

Otra discapacidad (NS)

Skip_DISSSIN5		Si SSIA_N5 (get SSI) = 1 (Sí), entonces pase a DISSSIN5 (date received SSI); de lo contrario, salte a Skip_DISSDIN5 (date received SSDI).
DISSSIN5	NS.1.0.	Ha señalado que, en los **últimos 12 meses**, recibió Seguridad de Ingreso Suplementario o SSI. ¿Cuándo recibió Seguridad de Ingreso Suplementario por **primera vez**? Indique el mes y el año. ____ ____ / ____ ____ ____ ____ M M / A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_DISSSIN5 QDS_programming _DISSSIN5		Date received SSI Allow an unknown month value.
Skip_DISSDIN5		Si SSDIA_N5 (Social Security Disability Insurance [SSDI]) = 1 (Sí), entonces vaya a DISSDIN5 (date received SSDI); de lo contrario, salte al siguiente tema (Calculation_ENNEEDN5, End of met and unmet needs).
DISSDIN5	NS.2.0.	Ha señalado que en los **últimos 12 meses** ha recibido el Seguro por Discapacidad del Seguro Social o SSDI. ¿Cuándo recibió SSDI por **primera vez**? Indique el mes y el año. ____ ____ / ____ ____ ____ ____ M M / A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_DISSDIN5 QDS_programming_DISSDIN5		Date received SSDI Allow an unknown month value.

Calculation_ENNEEDN5	ENNEEDN5 = Current time
Label_ENNEEDN5	End of met and unmet needs
Calculation_TLNEEDN5	Calculate elapsed time between STNEEDN5 and ENNEEDN5 = TLNEEDN5
Label_TLNEEDN5	Total time for met and unmet needs

El estigma y la discriminación (R)

Calculation_STSTIGN5	STSTIGN5 = Current time
Label_STSTIGN5	Start time stigma and discrimination

Estigma (RS)

Intro_STIGMAN5		"A continuación, leeré algunas declaraciones que las personas con VIH manifiestan sentir a veces. Le estamos haciendo estas preguntas para entender mejor con qué frecuencia las personas con el VIH tienen estos sentimientos negativos. Estas declaraciones no reflejan lo que pienso yo, ni ninguna otra persona de este proyecto, acerca de las personas con el VIH. Es posible que se sienta incómodo al responder a estas declaraciones. Recuerde que no es necesario que responda a las preguntas que no quiera contestar. Para cada declaración, indique qué tan de acuerdo o en desacuerdo está. Utilizaremos la **Tarjeta de respuestas F** para estas preguntas".	
STIGMAN5	RS.1.0.	Me ha herido la manera en que reaccionaron los demás cuando se enteraron de que tengo el VIH. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE SOLO UNA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMAN5		Hurt by people reacting to my HIV	
STIGMBN5	RS.2.0.	He dejado de socializar con algunas personas por la manera en que reaccionaron a que tengo el VIH. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE SOLO UNA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMBN5		No socialize w. some people b/c of HIV	
STIGMCN5	RS.3.0.	He perdido amigos por decirles que tengo el VIH. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE SOLO UNA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4

		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMCN5		Lost friends telling of my HIV	
STIGMDN5	RS.4.0.	Soy muy cuidadoso sobre a quién le cuento que tengo el VIH. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE SOLO UNA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMDN5		Careful who I tell I have HIV	
STIGMEN5	RS.5.0.	Me preocupa que los que saben que tengo el VIH se lo vayan a decir a los demás. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE SOLO UNA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMEN5		Worry people will tell others	
STIGMFN5	RS.6.0.	No me siento tan buena persona como los demás porque tengo el VIH. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE SOLO UNA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMFN5		Not as good a person as others	
STIGMGN5	RS.7.0.	Tener el VIH me hace sentir sucio. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE UNA SOLA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMGN5		Having HIV makes me feel unclean	

STIGMHN5	RS.8.0.	Tener el VIH me hace sentir que soy una mala persona. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE UNA SOLA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMHN5		Feel I'm a bad person	
STIGMIN5	RS.9.0.	La mayoría de la gente piensa que las personas con VIH son repugnantes. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE UNA SOLA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMIN5		HIV is disgusting	
STIGMJN5	RS.10.0.	La mayoría de las personas con el VIH son rechazadas cuando los demás se enteran de que tienen el virus. [USE LAS TARJETAS DE RESPUESTAS. SELECCIONE UNA SOLA.]	
		Completamente en desacuerdo	1
		Algo en desacuerdo	2
		Indiferente	3
		Algo de acuerdo	4
		Completamente de acuerdo	5
		Se negó a contestar	7
		No sabe	8
Label_STIGMJN5		Most people with HIV are rejected	

Discriminación (RD)

Intro_STIGMA2A		"A veces, las personas con VIH se sienten discriminadas de diferentes maneras por sus proveedores de salud. ¿Alguien del sistema de atención médica le ha hecho algo de lo que mencionaré a continuación **desde que su prueba del HIV fue positiva**?"	
STIGMA2A	RD.1.0.	¿Se mostró hostil o le faltó al respeto?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_STIGMA2A		Exhibited hostility or lack of respect	

STIGMA2B	RD.2.0.	¿Le prestó menos atención que a otros pacientes?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_STIGMA2B		Given you less attention	
STIGMA2C	RD.3.0.	¿Se negó a atenderlo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_STIGMA2C		Refused you service	
Skip_STIGMA2A, 2B, 2C		Si STIGMA2A (exhibited hostility or lack of respect), STIGMA2B (given you less attention), o STIGMA2C (refused you service) son 1 (Sí), entonces pase a STIGMA3A (your HIV infection). De lo contrario, pase al siguiente tema (Calculation_ENSTIGN5, End of stigma and discrimination).	
STIGMA3A	RD.4.0.	¿La discriminación ocurrió debido a su infección por el VIH?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_STIGMA3A		Your HIV infection	
STIGMA3B	RD.5.0.	¿La discriminación ocurrió debido a su sexo?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_STIGMA3B		Your gender	
STIGMC_5	RD.6.0.	¿Fue discriminado por su orientación sexual o prácticas sexuales?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_STIGMC_5		Your sexual orientation and practices	
STIGMA3D	RD.7.0.	¿La discriminación ocurrió debido a su raza o grupo étnico?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_STIGMA3D		Your race or ethnicity	
Skip_STIGMA3E		Si EVRINJN5 (ever used injection drugs) es 1 (Sí), entonces pase a	

		STIGMA3E (your drug injecting habit). De lo contrario, pase al siguiente tema (Calculation_ENSTIGN5, End of stigma and discrimination).	
STIGMA3E	RD.8.0.	¿La discriminación ocurrió debido a su hábito de inyectarse drogas?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_STIGMA3E		Your drug injecting habit	

Calculation_ENSTIGN5	ENSTIGN5 = Current time
Label_ENSTIGN5	End of stigma and discrimination
Calculation_TLSTIGN5	Calculate elapsed time between STSTIGN5 and ENSTIGN5 = TLSTIGN5
Label_TLSTIGN5	Total time for stigma and discrimination

Antecedentes ginecológicos y reproductivos (G)

Skip_PLV_EX_9		Si BIRTGEN (sex at birth) y GENDER (gender) = 2 (female), pase a Calculation_STOBGYN5 (start gynecological and reproductive history); de lo contrario, salte al siguiente tema (Calculation_ENOBGYN5, End of gynecological and reproductive history).	
Calculation_STOBGYN5		STOBGYN5 = current time	
Label_STOBGYN5		Start time gynecological and reproductive history	

Atención ginecológica (GH)

Intro_PLV_EX_9		"Le voy a hacer algunas preguntas sobre los exámenes ginecológicos y las pruebas de Papanicolau. Un examen ginecológico es una revisión de la vagina. Una prueba de Papanicolau, también llamada prueba para la detección del cáncer de cuello uterino o 'Pap', es una prueba que se utiliza para detectar el cáncer de cuello uterino. A menudo, el examen ginecológico y la prueba de Papanicolau se hacen al mismo tiempo".	
PLV_EX_9	GH.1.0.	En los **últimos 12 meses**, ¿le han hecho un examen pélvico?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PLV_EX_9		Pelvic exam	
PAP_EX_9	GH.2.0.	En los **últimos 12 meses**, ¿le han hecho una prueba de Papanicolau?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_PAP_EX_9		Pap smear	

Anticoncepción (GC)

Skip_BIRCOAN3		Si SX_TMPN4 (number of male partners) es ≥ 1, pase a Intro1_BIRCOAN3; de lo contrario, salte a PREG_9 (number of times pregnant).	
Intro1_BIRCOAN3		"Le voy a leer una lista de métodos con los que las personas evitan el embarazo. A medida que lea cada uno, dígame si lo ha utilizado en los **últimos 12 meses**. Por favor responda "SÍ" o "NO". Responda "SÍ" aunque solo lo haya usado una vez".	
Intro2_BIRCOAN3	GC.1.0	"¿Ha usado este método para prevenir el embarazo en los **últimos 12 meses**?"	
BIRCOAN3	GC.1.1.	Condones para hombres	
		No	0
		Sí	1

		Se negó a contestar	7
		No sabe	8
Label_BIRCOAN3		Male condom, also called a "rubber"	
BIRCOBN3	GC.1.2.	Condones para mujeres	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOBN3		Female condom	
BIRCOCN3	GC.1.3.	Diafragma, capuchón cervical o esponja cervical	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOCN3		Diaphragm, cervical cap	
BIRCODN3	GC.1.4.	Espuma o gel espermicida	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCODN3		Spermicidal foam or jelly	
BIRCOEN3	GC.1.5.	Depo-Provera®, la cual es una inyección	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOEN3		Depo-Provera,® which is an injection	
BIRCOFN3	GC.1.6.	Implantes hormonales como Implanon® o Nexplanon®	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOFN3		Hormonal implants-Implanon®/Nexplanon®	
BIRCOGN3	GC.1.7.	Píldoras anticonceptivas	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOGN3		Birth control pills	
BIRCOHN3	GC.1.8.	Parche anticonceptivo como Ortho Evra®	
		No	0

		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOHN3		Contraceptive patch Ortho Evra®	
BIRCOIN3	GC.1.9.	Anillo anticonceptivo, como NuvaRing®	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOIN3		Contraceptive ring-NuvaRing®	
BIRCOJN3	GC.1.10.	Dispositivo intrauterino o IUD, que tiene forma de espiral, por ejemplo, Mirena® o Paraguard®	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOJN3		IUD-Mirena® or Paraguard®	
BIRCOKN3	GC.1.11	Anticonceptivo de emergencia o “píldora de la mañana siguiente”	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOKN3		Emergen contraception-morning after pill	
BIRCOLN3	GC.1.12.	Eyacular afuera, también conocido como “venirse afuera” o “acabar afuera”	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOLN3		Withdrawal, also called “pulling out”	
BIRCOMN3	GC.1.13.	Abstinencia, que es no tener relaciones sexuales	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOMN3		Abstinence, which is not having sex	
BIRCONN3	GC.1.14.	Posmenopausia, lo cual significa que usted ya no tiene periodos menstruales	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCONN3		Post-menopausal	

BIRCOON3	GC.1.15.	Esterilización tubárica, que consiste en la "ligadura de trompas" o una histerectomía, en la que se extirpa el útero	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOON3		Tubal sterilization or hysterectomy	
BIRCOPN3	GC.1.16.	Vasectomía de la pareja	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_BIRCOPN3		Partner's vasectomy	

Antecedentes reproductivos (GR

Número de embarazos

PREG_9	GR.1.0.	Desde que tuvo el resultado positivo al VIH el __ __/__ __ __ __ [INSERT POS1S_9 (date first tested positive for HIV)], ¿cuántas veces ha estado embarazada? ___ ___ ___ [777 = Se negó a contestar, 888 = No sabe]
Label_PREG_9		Number of times pregnant
QDS_programming_PREG_9		If POS1S_9 (date first tested positive for HIV) is 7 (Se negó a contestar) u 8 (no sabe), then PREG_9 (number of times pregnant) should read as follows: "Desde que tuvo el resultado positivo a la prueba del VIH, ¿cuántas veces ha estado embarazada?"
Range_PREG_9		0–100
Skip_INTNT1N3		Si PREG_9 (number of times pregnant) = 0, 777 (Se negó a contestar), u 888 (no sabe), salte al siguiente tema (Calculation_ENOBGYN5, End of gynecological and reproductive history); de lo contrario, pase a Skip_Intro_1INTNT1N3 (1st pregnancy trying to get pregnant).

Primer embarazo

Skip_Intro_1INTNT1N3	Si PREG_9 (number of times pregnant) = 1, salte a INTNT1N3 (1st pregnancy trying to get pregnant). Si PREG_9 (number of times pregnant) = 2–5, pase a Intro_5_1INTNT1N3 (1st pregnancy trying to get pregnant). De lo contrario, pase a Intro_5_2INTNT1N3 (1st pregnancy trying to get pregnant).
Intro_5_1INTNT1N3	"Ahora me gustaría preguntarle acerca de todos sus embarazos desde la prueba positiva del VIH, comenzando por el primero".
Intro_5_2INTNT1N3	"Ahora me gustaría preguntarle acerca de sus primeros 5 embarazos desde la prueba positiva del VIH".

INTNT1N3	GR.2.0.	En cuanto a su **1er** embarazo desde la prueba positiva del VIH, ¿estaba tratando de quedar embarazada? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_INTNT1N3		1st pregnancy trying to get pregnant
OUTCM1N3	GR.2.1.	¿Cuál fue el desenlace de este embarazo? [LEA LAS OPCIONES. SELECCIONE SOLO UNA]. Embarazada actualmente 1 Parto con recién nacido vivo 2 Muerte fetal 3 Aborto espontáneo 4 Aborto 5 Se negó a contestar 7 No sabe 8
Label_OUTCM1N3 Hard_edit_OUTCM1N3		First pregnancy outcome If PREG_9 (number of times pregnant) > 1, then OUTCM1N3 (first pregnancy outcome) cannot be 1 (embarazada actualmente). If PREG_9 (number of times pregnant)> 1 and OUTCM1N3 (first pregnancy outcome) is 1 (embarazada actualmente), then LEA: "Le estoy preguntando acerca del resultado del primero de todos los embarazos que haya tenido". Return to OUTCM1N3 (first pregnancy outcome).
Skip_OUTCM1N3		Si OUTCM1N3 (first pregnancy outcome) = 1 (embarazada actualmente), salte a DUDT1N3 (first pregnancy due date). De lo contrario, pase a PDTE1N3 (date of first pregnancy outcome).
PDTE1N3	GR.2.2.	¿En qué mes y año ocurrió este desenlace? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_PDTE1N3 QDS_programming_PDTE1N3 Hard_edit_PDTE1N3		Date of first pregnancy outcome Allow a blank response for month. If month is blank for PDTE1N3 (date of first pregnancy outcome), use the year values for the validation. PDTE1N3 (date of first pregnancy outcome) cannot be earlier than POS1S_9 (date first tested positive for HIV). If PDTE1N3 (date of first pregnancy outcome) < POS1S_9 (date first tested positive for HIV), then READ, "La fecha del resultado no puede ser antes que la fecha del primer resultado positivo de la prueba del VIH del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Skip_PDTE1N3		Si OUTCM1N3 (first pregnancy outcome) = 2 (parto con recién nacido vivo), pase a KID1HVN3 (first pregnancy vertical transmission). Si OUTCM1N3 (first pregnancy outcome) = 3 (muerte fetal), 4 (aborto espontáneo), 5 (aborto), 7 (Se negó a contestar), u 8 (no sabe), salte a Skip_INTNT2N3 (2nd pregnancy trying to get pregnant).

KID1HVN3	GR.2.3.	¿Le diagnosticaron al niño el VIH? [LEA LAS OPCIONES. SELECCIONE SOLO UNA]. No 0 Sí 1 Indeterminado 2 Se negó a contestar 7 No sabe 8
Label_KID1HVN3		First pregnancy vertical transmission
Skip_KID1HVN3		Salte a Skip_INTNT2N3 (2nd pregnancy trying to get pregnant).

DUDT1N3	GR.2.4.	¿Cuál es la fecha prevista del parto? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Día: 777 = Se negó a contestar, 888= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_DUDT1N3		First pregnancy due date
Hard_edit1_DUDT1N3		DUDT1N3 (first pregnancy due date) cannot be earlier than DOB_13 (date of birth). If DUDT1N3 (first pregnancy due date) < DOB_13 (date of birth), then READ, "La fecha prevista del parto no puede ser antes que la fecha de nacimiento del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit2_DUDT1N3		DUDT1N3 (first pregnancy due date) cannot be earlier than POS1S_9 (date first tested positive for HIV). If DUDT1N3 (first pregnancy due date) < POS1S_9 (date first tested positive for HIV), then READ, "La fecha prevista del parto no puede ser antes que la fecha del primer resultado positivo de la prueba del VIH del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit3_DUDT1N3		DUDT1N3 (first pregnancy due date) cannot be more than 10 months after the IDATE (interview date). If DUDT1N3 (first pregnancy due date) > 10 months after IDATE (interview date), then READ, "La fecha prevista del parto no puede ser más de 10 meses después de la fecha de la entrevista. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.

Segundo embarazo

Skip_INTNT2N3		Si PREG_9 (number of times pregnant) >1, pase a INTNT2N3 (2nd pregnancy trying to get pregnant); De lo contrario, salte al siguiente tema (Calculation_ENOBGYN5, End of gynecological and reproductive history).
INTNT2N3	GR.3.0.	En cuanto al **2do embarazo** desde la prueba positiva del VIH, ¿estaba usted tratando de quedar embarazada? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_INTNT2N3		2nd pregnancy trying to get pregnant

OUTCM2N3	GR.3.1.	¿Cuál fue el desenlace de este embarazo? [LEA LAS OPCIONES. SELECCIONE SOLO UNA]. Embarazada actualmente 1 Parto con recién nacido vivo 2 Muerte fetal 3 Aborto espontáneo 4 Aborto 5 Se negó a contestar 7 No sabe 8
Label_OUTCM2N3 Hard_edit_OUTCM2N3		2nd pregnancy outcome If PREG_9 (number of times pregnant) > 2, then OUTCM2N3 (2nd pregnancy outcome) cannot be 1 (embarazada actualmente). If PREG_9 (number of times pregnant) > 2 and OUTCM2N3 is 1 (embarazada actualmente), then LEA: "Le estoy preguntando acerca del resultado del segundo embarazo que tuvo". Return to OUTCM2N3 (2nd pregnancy outcome).
Skip_OUTCM2N3		Si OUTCM2N3 (2nd pregnancy outcome) = 1 (embarazada actualmente), salte a DUDT2N3 (2nd pregnancy due date); de lo contrario, pase a PDTE2N3 (date of second pregnancy outcome).

PDTE2N3	GR.3.2.	¿En qué mes y año ocurrió este desenlace? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_PDTE2N3 QDS_programming_PDTE2N3 Hard_edit_PDTE2N3		Date of second pregnancy outcome Allow a blank response for month. If month is blank for PDTE2N3 (date of second pregnancy outcome), use the year values for the validation. PDTE2N3 (date of second pregnancy outcome) cannot be earlier than PDTE1N3 (date of first pregnancy outcome). If PDTE2N3 (date of second pregnancy outcome) < PDTE1N3 (date of first pregnancy outcome), then LEA, "La fecha de desenlace no puede ser anterior a la fecha del primer desenlace de embarazo. Por favor, vuelva a introducir la fecha". Do not allow the program to advance.
Skip_PDTE2N3		Si OUTCM2N3 (2nd pregnancy outcome) = 2 (parto con recién nacido vivo), then pase a KID2HVN3 (2nd pregnancy vertical transmission). Si OUTCM2N3 (2nd pregnancy outcome) = 3 (muerte fetal), 4 (aborto espontáneo), 5 (aborto), 7 (Se negó a contestar), u 8 (no sabe), salte a Skip_INTNT3N3 (3rd pregnancy trying to get pregnant).

KID2HVN3	GR.3.3.	¿Le diagnosticaron al niño el VIH? [READ RESPONSES. SELECT ONLY ONE.] No 0 Sí 1 Indeterminado 2 Se negó a contestar 7 No sabe 8
Label_KID2HVN3		Second pregnancy vertical transmission
Skip_KID2HVN3		Salte a Skip_INTNT3N3 (3rd pregnancy trying to get pregnant).

DUDT2N3	GR.3.4.	¿Cuál es la fecha prevista del parto? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Día: 777 = Se negó a contestar, 888= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_DUDT2N3		2nd pregnancy due date
Hard_edit1_DUDT2N3		DUDT2N3 (2nd pregnancy due date) cannot be earlier than DOB_13 (date of birth). If DUDT2N3 (2nd pregnancy due date) < DOB_13 (date of birth), then READ, "La fecha prevista del parto no puede ser antes que la fecha de nacimiento del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit2_DUDT2N3		DUDT2N3 (2nd pregnancy due date) cannot be earlier than POS1S_9 (date first tested positive for HIV). If DUDT2N3 (2nd pregnancy due date) < POS1S_9 (date first tested positive for HIV), then READ, "La fecha prevista del parto no puede ser antes que la fecha del primer resultado positivo de la prueba del VIH del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit3_DUDT2N3		DUDT2N3 (2nd pregnancy due date) cannot be more than 10 months after the IDATE (interview date). If DUDT2N3 (2nd pregnancy due date) > 10 months after IDATE (interview date), then READ, "La fecha prevista del parto no puede ser más de 10 meses después de la fecha de la entrevista. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.

Tercer embarazo

Skip_INTNT3N3		Si PREG_9 (number of times pregnant) >2, pase a INTNT3N3 (3rd pregnancy trying to get pregnant); De lo contrario, salte al siguiente tema (Calculation_ENOBGYN5, End of gynecological and reproductive history).
INTNT3N3	GR.4.0.	En cuanto al **3er embarazo** desde la prueba positiva del VIH, ¿estaba usted tratando de quedar embarazada? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_INTNT3N3		3rd pregnancy trying to get pregnant
OUTCM3N3	GR.4.1.	¿Cuál fue el desenlace de este embarazo? [READ RESPONSES. SELECT ONLY ONE.] Embarazada actualmente 1 Parto con recién nacido vivo 2 Muerte fetal 3 Aborto espontáneo 4 Aborto 5 Se negó a contestar 7 No sabe 8
Label_OUTCM3N3		3rd pregnancy outcome

Hard_edit_OUTCM3N3		If PREG_9 (number of times pregnant) > 3, then OUTCM3N3 (3rd pregnancy outcome) cannot be 1 (embarazada actualmente). If PREG_9 (number of times pregnant) > 3 and OUTCM3N3 (3rd pregnancy outcome) is 1 (embarazada actualmente), then LEA: "Le estoy preguntando acerca del resultado del tercer embarazo que tuvo". Return to OUTCM3N3 (3rd pregnancy outcome).
Skip_OUTCM3N3		Si OUTCM3N3 (3rd pregnancy outcome) = 1 (embarazada actualmente), salte a DUDT3N3 (3rd pregnancy due date). De lo contrario, pase a PDTE3N3 (date of third pregnancy outcome).
PDTE3N3	GR.4.2.	¿En qué mes y año ocurrió este desenlace? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_PDTE3N3		Date of third pregnancy outcome
QDS_programming_PDTE3N3		Allow a blank response for month. If month is blank for PDTE3N3 (date of third pregnancy outcome), use the year values for the validation.
Hard_edit_PDTE3N3		PDTE3N3 (date of third pregnancy outcome) cannot be earlier than PDTE2N3 (date of second pregnancy outcome). If PDTE3N3 (date of third pregnancy outcome) < PDTE2N3 (date of second pregnancy outcome), then LEA: "La fecha de desenlace no puede ser anterior a la fecha del segundo desenlace de embarazo. Por favor, vuelva a introducir la fecha". Do not allow the program to advance.
Skip_PDTE3N3		Si OUTCM3N3 (3rd pregnancy outcome) = 2 (parto con recién nacido vivo), pase a KID3HVN3 (third pregnancy vertical transmission). Si OUTCM3N3 (third pregnancy outcome) = 3 (muerte fetal), 4 (aborto espontáneo), 5 (aborto), 7 (Se negó a contestar), u 8 (no sabe), salte a Skip_INTNT4N3 (4th pregnancy trying to get pregnant).
KID3HVN3	GR.4.3.	¿Le diagnosticaron al niño el VIH? [LEA LAS OPCIONES. SELECCIONE SOLO UNA]. No 0 Sí 1 Indeterminado 2 Se negó a contestar 7 No sabe 8
Label_KID3HVN3		Third pregnancy vertical transmission
Skip_KID3HVN3		Salte a Skip_INTNT4N3 (4th pregnancy trying to get pregnant).
DUDT3N3	GR.4.4.	¿Cuál es la fecha prevista del parto? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Día: 777 = Se negó a contestar, 888= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_DUDT3N3		3rd pregnancy due date
Hard_edit1_DUDT		DUDT3N3 (3rd pregnancy due date) cannot be earlier than DOB_13 (date of

3N3		birth). If DUDT3N3 (3rd pregnancy due date) < DOB_13 (date of birth), then READ, "La fecha prevista del parto no puede ser antes que la fecha de nacimiento del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit2_DUDT 3N3		DUDT3N3 (3rd pregnancy due date) cannot be earlier than POS1S_9 (date first tested positive for HIV). If DUDT3N3 (3rd pregnancy due date) < POS1S_9 (date first tested positive for HIV), then READ, "La fecha prevista del parto no puede ser antes que la fecha del primer resultado positivo de la prueba del VIH del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit3_DUDT 3N3		DUDT3N3 (3rd pregnancy due date) cannot be more than 10 months after IDATE (interview date). If DUDT3N3 (3rd pregnancy due date) > 10 months after IDATE (interview date), then READ, "La fecha prevista del parto no puede ser más de 10 meses después de la fecha de la entrevista. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.

Cuarto embarazo

Skip_INTNT4N3		Si PREG_9 (number of times pregnant) >3, pase a INTNT4N3 (4th pregnancy trying to get pregnant); De lo contrario, salte al siguiente tema (Calculation_ENOBGYN5, End of gynecological and reproductive history).	
INTNT4N3	GR.5.0.	En cuanto al **4º embarazo** desde la prueba positiva del VIH, ¿estaba usted tratando de quedar embarazada?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_INTNT4N3		4th pregnancy trying to get pregnant	
OUTCM4N3	GR.5.1.	¿Cuál fue el desenlace de este embarazo? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].	
		Embarazada actualmente	1
		Parto con recién nacido vivo	2
		Muerte fetal	3
		Aborto espontáneo	4
		Aborto	5
		Se negó a contestar	7
		No sabe	8
Label_OUTCM4N3		4th pregnancy outcome	
Hard_edit_OUTC M4N3		If PREG_9 (number of times pregnant) > 4, then OUTCM4N3 (4th pregnancy outcome) cannot be 1 (embarazada actualmente). If PREG_9 (number of times pregnant) > 4 and OUTCM4N3 (4th pregnancy outcome) is 1 (embarazada actualmente), then LEA: "Le estoy preguntando acerca del resultado del cuarto embarazo que tuvo". Return to OUTCM4N3 (4th pregnancy outcome).	
Skip_OUTCM4N3		Si OUTCM4N3 (4th pregnancy outcome) es 1 (embarazada actualmente), salte a DUDT4N3 (4th pregnancy due date). De lo contrario, pase a PDTE4N3 (date of fourth pregnancy outcome).	

PDTE4N3	GR.5.2.	¿En qué mes y año ocurrió este desenlace? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_PDTE4N3 QDS_programming_PDTE4N3 Hard_edit_PDTE4N3		Date of fourth pregnancy outcome Allow a blank response for month. If month is blank for PDTE4N3 (date of fourth pregnancy outcome), use the year values for the validation. PDTE4N3 (date of fourth pregnancy outcome) cannot be earlier than PDTE3N3 (date of third pregnancy outcome). If PDTE4N3 (date of fourth pregnancy outcome) < PDTE3N3 (date of third pregnancy outcome), then LEA: "La fecha de desenlace no puede ser anterior a la fecha del tercer desenlace de embarazo. Por favor, vuelva a introducir la fecha". Do not allow the program to advance.
Skip_PDTE4N3		Si OUTCM4N3 (4th pregnancy outcome) = 2 (parto con recién nacido vivo), pase a KID4HVN3 (4th pregnancy vertical transmission). Si OUTCM4N3 (4th pregnancy outcome) = 3 (muerte fetal), 4 (aborto espontáneo), 5 (aborto), 7 (Se negó a contestar), u 8 (no sabe), salte a Skip_INTNT5N3 (5th pregnancy trying to get pregnant).
KID4HVN3	GR.5.3.	¿Le diagnosticaron al niño el VIH? [READ RESPONSES. SELECT ONLY ONE.] No 0 Sí 1 Indeterminado 2 Se negó a contestar 7 No sabe 8
Label_KID4HVN3		4th pregnancy vertical transmission
Skip_KID4HVN3		Salte a Skip_INTNT5N3 (5th pregnancy trying to get pregnant).
DUDT4N3	GR.5.4.	¿Cuál es la fecha prevista del parto? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Día: 777 = Se negó a contestar, 888= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_DUDT4N3		4th pregnancy due date
Hard_edit1_DUDT4N3		DUDT4N3 (4th pregnancy due date) cannot be earlier than DOB_13 (date of birth). If DUDT4N3 (4th pregnancy due date) < DOB_13 (date of birth), then READ, "La fecha prevista del parto no puede ser antes que la fecha de nacimiento del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit2_DUDT4N3		DUDT4N3 (4th pregnancy due date) cannot be earlier than POS1S_9 (date first tested positive for HIV). If DUDT4N3 (4th pregnancy due date) < POS1S_9 (date first tested positive for HIV), then READ, "La fecha prevista del parto no puede ser antes que la fecha del primer resultado positivo de la prueba del VIH del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit3_DUDT		DUDT4N3 (4th pregnancy due date) cannot be > 10 months after IDATE

4N3		(interview date). If DUDT4N3 (4th pregnancy due date) > 10 months after IDATE (interview date), then READ, "La fecha prevista del parto no puede ser más de 10 meses después de la fecha de la entrevista. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.

Quinto embarazo

Skip_INTNT5N3		Si PREG_9 (number of times pregnant) >4, pase a INTNT5N3 (5th pregnancy trying to get pregnant); De lo contrario, salte al siguiente tema (Calculation_ENOBGYN5, End of gynecological and reproductive history).
INTNT5N3	GR.6.0.	En cuanto al **5º embarazo** desde la prueba positiva del VIH, ¿estaba usted tratando de quedar embarazada? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_INTNT5N3		5th pregnancy trying to get pregnant
OUTCM5N3	GR.6.1.	¿Cuál fue el desenlace de este embarazo? [LEA LAS OPCIONES. SELECCIONE SOLO UNA]. Embarazada actualmente 1 Parto con recién nacido vivo 2 Muerte fetal 3 Aborto espontáneo 4 Aborto 5 Se negó a contestar 7 No sabe 8
Label_OUTCM5N3 Hard_edit_OUTCM5N3		5th pregnancy outcome If PREG_9 (number of times pregnant) > 5, then OUTCM5N3 (5th pregnancy outcome) cannot be 1 (embarazada actualmente). If PREG_9 (number of times pregnant) > 5 and OUTCM5N3 (5th pregnancy outcome) is 1 (embarazada actualmente), then LEA: "Le estoy preguntando acerca del resultado del quinto embarazo que tuvo". Return to OUTCM5N3 (5th pregnancy outcome).
Skip_OUTCM5N3		Si OUTCM5N3 (5th pregnancy outcome) = 1 (embarazada actualmente), entonces salte a DUDT5N3 (5th pregnancy due date). De lo contrario, pase a PDTE5N3 (date of fifth pregnancy outcome).
PDTE5N3	GR.6.2.	¿En qué mes y año ocurrió este desenlace? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_PDTE5N3 QDS_programming_PDTE5N3 Hard_edit_PDTE5N3		Date of fifth pregnancy outcome Allow a blank response for month. If month is blank for PDT53N3 (date of fifth pregnancy outcome), use the year values for the validation. PDTE5N3 (date of fifth pregnancy outcome) cannot be earlier than PDTE4N3 (date of 4th pregnancy outcome). If PDTE5N3 (date of fifth pregnancy outcome)

		< than PDTE4N3 (date of fourth pregnancy outcome), then LEA: "La fecha de desenlace no puede ser anterior a la fecha del cuarto desenlace de embarazo. Por favor, vuelva a introducir la fecha". Do not allow the program to advance.
Skip_PDTE5N3		Si OUTCM5N3 (5th pregnancy outcome) = 2 (parto con recién nacido vivo), then pase a KID5HVN3 (5th pregnancy vertical transmission). Si OUTCM5N3 (5th pregnancy outcome) = 3 (muerte fetal), 4 (aborto espontáneo), 5 (aborto), 7 (Se negó a contestar), u 8 (no sabe), salte al siguiente tema (Calculation_ENOBGYN5, End of gynecological and reproductive history).
KID5HVN3	GR.6.3.	¿Le diagnosticaron al niño el VIH? No 0 Sí 1 Indeterminado 2 Se negó a contestar 7 No sabe 8
Label_KID5HVN3		5th pregnancy vertical transmission
Skip_KID5HVN3		Salte al siguiente tema (Calculation_ENOBGYN5, End of gynecological and reproductive history).
DUDT5N3	GR.6.4.	¿Cuál es la fecha prevista del parto? ☐ ☐ / ☐ ☐ / ☐ ☐ ☐ ☐ M M D D A A A A [Mes: 77 = Se negó a contestar, 88= No sabe; Día: 777 = Se negó a contestar, 888= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_DUDT5N3		5th pregnancy due date
Hard_edit1_DUDT5N3		DUDT5N3 (5th pregnancy due date) cannot be earlier than DOB_13 (date of birth). If DUDT5N3 (5th pregnancy due date) < DOB_13 (date of birth), then READ, "La fecha prevista del parto no puede ser antes que la fecha de nacimiento del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit2_DUDT5N3		DUDT5N3 cannot be earlier than POS1S_9 (date first tested positive for HIV). If DUDT5N3 (5th pregnancy due date) < POS1S_9 (date first tested positive for HIV), then READ, "La fecha prevista del parto no puede ser antes que la fecha del primer resultado positivo de la prueba del VIH del entrevistado. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.
Hard_edit3_DUDT5N3		DUDT5N3 (5th pregnancy due date) cannot be > 10 months after IDATE (interview date). If DUDT5N3 (5th pregnancy due date) > 10 months after IDATE (interview date), then READ, "La fecha prevista del parto no puede ser más de 10 meses después de la fecha de la entrevista. Por favor vuelva a ingresar la fecha". Do not allow the program to advance.

Calculation_ENOBGYN5	ENOBGYN5 = Current time
Label_ENOBGYN5	End of gynecological and reproductive history
Calculation_TLOBGYN5	Calculate elapsed time between STOBGYN5 and ENOBGYN5 = TLOBGYN5
Label_TLOBGYN5	Total time for gynecol and reproductive history

Nacido en el extranjero, inmigrante (L)

Calculation_STFRBRN5	STFRBRN5 = Current time
Label_STFRBRN5	Start foreign-born and immigration

Nacido en el extranjero (LF)

Intro_5_CO_BORN		"Ahora le voy a preguntar acerca de su lugar de nacimiento".
CO_BORN	LF.1.0.	¿En qué país o territorio nació? [NO LEA LAS OPCIONES. SELECCIONE SOLO UNA]. Estados Unidos 1 Puerto Rico 2 México 3 Cuba 4 Otro 5 Se negó a contestar 7 No sabe 8
Label_CO_BORN		Country or territory of birth
Skip_1CO_BORN		Si CO_BORN (country or territory of birth) es 5 (other), entonces pase a OTCTRY (other specify-country/territory of birth). De lo contrario, salte a Skip_2CO_BORN.
OTCTRY	LF.1.1.	Especifique otro país: _____
Label_OTCTRY		Other specify-country/territory of birth
Skip_2CO_BORN		Si CO_BORN (country or territory of birth) es 1 (United States), 7 (Se negó a contestar), u 8 (no sabe), salte al siguiente tema (Calculation_ENFRBRN5, End of foreign-born and immigration). De lo contrario, pase a US_YRS (Years living in the US).
US_YRS	LF.1.2.	¿Cuántos años ha vivido en los Estados Unidos? ___ ___ ___ [Años: 777 = Se negó a contestar, 888 = No sabe]
Label_US_YRS		Years living in the US
Interviewer_note_US_YRS		**Instrucciones para el entrevistador:** Si años que lleva viviendo en los EE. UU. es menos de 1 año, ingrese "0".
Range_US_YRS Hard_edit_US_YRS		0–110 US_YRS must be ≤ AGEIDATE (respondent's age at date of interview). If US_YRS is > then AGEIDATE (respondent's age at date of interview), then LEA: "La cantidad de años que ha vivido en los Estados Unidos no puede ser mayor que su edad". The program should return to US_YRS (years living in the US).

Estado migratorio (LI)

Intro_CIT_N5		"Las próximas preguntas son acerca de la ciudadanía de los Estados Unidos y el estado de residente permanente. Estas preguntas no determinan si alguien se encuentra en el país de manera legal. No se divulgará su información personal a nadie".	
CIT_N5	LI.1.0.	¿Actualmente es un ciudadano de los Estados Unidos?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_CIT_N5		US citizenship	
Skip_CIT_N5		Si CIT_N5 (US citizenship) = 1 (Sí), entonces salte al siguiente tema (Calculation_ENFRBRN5, End of foreign-born and immigration).	
GC_N5	LI.1.1.	¿Es usted un residente permanente, es decir, tiene la tarjeta verde?	
		No	0
		Sí	1
		Se negó a contestar	7
		No sabe	8
Label_GC_N5		Permanent resident	

Calculation_ENFRBRN5	ENFRBRN5 = Current time
Label_ENFRBRN5	End of foreign-born and immigration
Calculation_TLFRBRN5	Calculate elapsed time between STFRBRN5 and ENFRBRN5 = TLFRBRN5
Label_TLFRBRN5	Total time for foreign-born and immigration

Afecciones de salud y tratamiento preventivo (C)

Calculation_STHLTCN5		STHLTCN5 = Current time
Label_STHLTCN5		Start health conditions and preventive therapy

VPH (CP)

Intro_HPV_EVR		"Ahora, le voy a hacer preguntas sobre vacunas. Para empezar, le voy a preguntar sobre la vacuna contra el virus del papiloma humano o VPH (HPV, por sus siglas en inglés). Otros nombres que tiene esta vacuna son Gardasil y Cervarix".
HPV_EVR	CP.1.0.	¿Le han puesto **alguna vez** una vacuna contra el VPH? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_HPV_EVR		Ever had vaccine for HPV

Tuberculosis (CT)

Intro_TESTPN13		"Ahora voy a hacerle algunas preguntas sobre la tuberculosis, conocida como TB en inglés".
TESTPN13	CT.1.0.	¿Alguna vez le han hecho una prueba cutánea de tuberculina, algunas veces conocida como PPD, por sus siglas en inglés, o una prueba de sangre de tuberculosis? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_TESTPN13		Ever had TB skin or blood test
Skip_TESTPN13		Si TESTPN13 (ever had TB skin or blood test) = 0 (no), 7 (Se negó a contestar), u 8 (no sabe), salte a VACFL_10 (influenza vaccination past 12 months). De lo contrario, pase a PPDMYN3 (date of most recent TB test).
PPDMYN3	CT.1.1.	¿En qué mes y año fue su **más reciente** prueba cutánea de tuberculina o prueba de sangre de tuberculosis? ☐ ☐ / ☐ ☐ ☐ ☐ M M A A A A [Month: 77 = Se negó a contestar, 88= No sabe; Año: 7777 = Se negó a contestar, 8888 = No sabe]
Label_PPDMYN3		Date of most recent TB test
QDS_programming_PPDMYN3		Allow a blank response for month.
Hard_edit1_PPD		PPDMYN3 (date of most recent TB test) cannot be **earlier** than DOB_13 (date of

MYN3		birth). If PPDMYN3 (date of most recent TB test) is **earlier** than DOB_13 (date of birth), then READ, "La fecha de la prueba de tuberculosis más reciente no puede ser antes que la fecha de nacimiento. Por favor vuelva a ingresar la fecha". Return to PPDMYN3 (date of most recent TB test).
Hard_edit2_PPDMYN3		PPDMYN3 (date of most recent TB test) cannot be **later** than the IDATE (interview date). If PPDMYN3 (date of most recent TB test) is **later** than the IDATE (interview date)**,** then LEA: "Su examen más reciente de tuberculosis no puede ser después que el día de hoy". Return to PPDMYN3 (date of most recent TB test).
PP_PSN13	CT.1.2.	¿**Alguna vez** ha tenido un resultado positivo a una prueba cutánea de tuberculina o una prueba de sangre de tuberculosis? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_PP_PSN13		Ever positive TB skin or blood test
Intro_ACTVTBN3		"La tuberculosis puede vivir en el cuerpo por mucho tiempo sin que la persona se enferme y la única forma de saberlo es con una prueba cutánea de tuberculina o una prueba de sangre de tuberculosis. Cuando la tuberculosis hace que la persona se enferme, la llamamos *'tuberculosis activa'*".
ACTVTBN3	CT.1.3.	¿**Alguna vez** ha recibido un diagnóstico de *tuberculosis activa*? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_ACTVTBN3		Diagnosed with active TB

Influenza (gripe) (CF)

VACFL_10	CF.1.0.	En los **últimos 12 meses**, ¿se vacunó o se puso una inyección para prevenir la influenza (gripe o flu)? No 0 Sí 1 Se negó a contestar 7 No sabe 8
Label_VACFL_10		Influenza vaccination past 12 months
Skip_VACFL_10		Si VACFL_10 (influenza vaccination past 12 months) = 0 (no), 7 (Se negó a contestar) u 8 (no sabe), salte al siguiente tema (Calculation_ENLTCN5, End of health conditions and preventive therapy). De lo contrario, pase a LOCVA_10 (place flu vaccine received).
LOCVA_10	CF.1.1.	¿Dónde recibió la vacuna más reciente contra la influenza estacional? [LEA LAS OPCIONES. SELECCIONE SOLO UNA].

	Consultorio médico	1
	Clínica del departamento de salud	2
	Farmacia o tienda (p. ej., CVS, Walgreens, Target)	3
	Empleador	4
	Otro	5
	Se negó a contestar	7
	No sabe	8
Label_LOCVA_10	Place flu vaccine received	
Skip_LOCVA_10	Si LOCVA_10 (place flu vaccine received) es 5 (other), pase a LOC_10OS (oth-Spec: place flu vaccine received). De lo contrario, salte al siguiente tema (Calculation_ENLTCN5, End of health conditions and preventive therapy).	
LOC_10OS	Indique el tipo de lugar donde recibió la vacuna contra la influenza. _____	
Label_LOC_10OS	Oth-Spec: place flu vaccine received	
Calculation_ENLTCN5	ENLTCN5 = Current time	
Label_ENLTCN5	End of health conditions and preventive therapy	
Calculation_TLLTCN5	Calculate elapsed time between STLTCN5 and ENLTCN5 = TLLTCN5	
Label_TLLTCN5	Total health cond and preventive therapy	

Finalización de la entrevista (E)

Fin de la entrevista (EE)

Calculation_EN_INTN5	EN_INTN5 = Current time
Label_EN_INTN5	End of interview
Calculation_TL_TIMN5	Calculate elapsed time between ST_INTN5 and EN_INTN5 = TL_TIMN5.
Label_TL_TIMN5	Total interview time
Intro_EE	"Le agradezco nuevamente su participación en esta entrevista. Por favor recuerde que toda la información que usted me dio se mantendrá confidencial".
Interviewer_note_EE	**Instrucciones para el entrevistador**: Ofrezca ayudar con información y recursos, según el protocolo local. Asegúrese de registrar esta información más abajo. No le pague al entrevistado si este ya había participado en una entrevista MMP durante el ciclo de recolección de datos del [INSERT CYCLE YEAR] o si el entrevistado es menor de 18 años. Pague al entrevistado si la entrevista se completó parcial o totalmente.

Validez de los datos (EV)

CONF	EV.1.0.	¿Cuánto confía usted en la validez de las respuestas del entrevistado?	
		Estoy seguro	1
		Tengo algunas dudas	2
		No estoy seguro	3
		Se negó a contestar	7
		No sabe	8
Label_CONF		Validity confidence	
ADDCOM1	EV.2.0.	Apunte cualquier comentario adicional, incluidos temas como interrupciones durante la entrevista, el motivo de la interrupción o por qué las respuestas del entrevistado puede que no sean confiables. _____	
Label_ADDCOM1		Additional comments	
QDS_programming_ADDCOM1		Include a 6 (No aplica) response option.	
QDS_programming2_ADDCOM1		Character limit is 250 words	

Remisiones y seguimiento (EO)

RFLNK_N5	EO.1.0.	¿Cuál de los siguientes recursos fue o será ofrecido al entrevistado para facilitar la vinculación a la atención o su reanudación?	
		Proporcionar información escrita de proveedores de atención para el VIH	1
		Programar una cita médica para el entrevistado	2
		Arreglar el transporte a la cita médica para el entrevistado	3
		Arreglar que alguien acompañe al entrevistado a la cita médica	4
		Remisión a un administrador de casos	5
		Remisión al navegador para pacientes	6
		Remisión a otro profesional	7
		Otro	8
		No se ofreció intervención	9
Label_RFLNK_N5		Ref. for care linkage or re-engagement	
Skip_RFLNK_N5		Si RFLNK_N5 (ref. for care linkage or re-engagement) es 8 (other), pase a RFLNOSN5 (other ref. care linkage/re-engagement). De lo contrario, salte a RFANS_N5 (referrals for ancillary services).	
RFLNOSN5		Especifique las remisiones para la vinculación a la atención o su reanudación. _____	
label_RFLNOSN5		Other ref. care linkage/re-engagement	
RFANS_N5	EO.2.0.	¿Cuál de los siguientes recursos adicionales fue o será ofrecido al entrevistado? [SELECCIONE TODAS LAS QUE CORRESPONDAN.]	
		Servicios de administración de casos de VIH	1
		Asesoramiento para la observancia del tratamiento	2
		ADAP (Programa de Asistencia de Medicamentos contra el SIDA)	3
		Navegación para pacientes	4
		Apoyo de grupos de pares con VIH	5
		Atención dental	6
		Tratamiento o terapia por alcoholismo o drogadicción	7
		Servicios de salud mental	8
		Transporte	9
		Servicios de refugio o vivienda	10
		SSI (Seguridad de Ingreso Suplementario)	11
		SSDI (Seguro por Discapacidad de Seguridad Social)	12
		Asistencia alimentaria	13
		Servicios de comidas o alimentos	14
		Servicios contra la violencia doméstica	15

	Servicios de intérprete	16
	Servicios legales/abogado	17
	Servicios para dejar de fumar	18
	No se proporcionaron remisiones	19
Label_RFANS_N 5	referrals for ancillary services	

Calendario del 2014

Enero

Do	Lu	Ma	Mi	Ju	Vi	Sa
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Febrero

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Marzo

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Abril

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Mayo

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Junio

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Julio

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Agosto

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Septiembre

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Octubre

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Noviembre

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Diciembre

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Calendario del 2015

Enero

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Febrero

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Marzo

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Abril

Do	Lu	Ma	Mi	Ju	Vi	Sa
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Mayo

Do	Lu	Ma	Mi	Ju	Vi	Sa
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Junio

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Julio

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Agosto

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Septiembre

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Octubre

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Noviembre

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Diciembre

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Calendario del 2016

Enero

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Febrero

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Marzo

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Abril

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Mayo

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Junio

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Julio

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Agosto

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Septiembre

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Octubre

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Noviembre

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Diciembre

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Calendario del 2017

Enero

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Febrero

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Marzo

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Abril

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Mayo

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Junio

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Julio

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Agosto

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Septiembre

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Octubre

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Noviembre

Do	Lu	Ma	Mi	Ju	Vi	Sa
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Diciembre

Do	Lu	Ma	Mi	Ju	Vi	Sa
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17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

Tarjetas de respuestas

TARJETA DE RESPUESTAS A

	Ingresos familiares mensuales		Ingresos familiares anuales
a.	De $0 a $416 al mes	o	De $0 a $4,999 al año
b.	De $417 a $833 al mes	o	De $5,000 a $9,999 al año
c.	De $834 a $1041 al mes	o	De $10,000 a $12,499 al año
d.	De $1042 a $1249 al mes	o	De $12,500 a $14,999 al año
e.	De $1250 a $1666 al mes	o	De $15,000 a $19,999 al año
f.	De $1667 a $2083 al mes	o	De $20,000 a $24,999 al año
g.	De $2084 a $2499 al mes	o	De $25,000 a $29,999 al año
h.	De $2500 a $2916 al mes	o	De $30,000 a $34,999 al año
i.	De $2917 a $3333 al mes	o	De $35,000 a $39,999 al año
j.	De $3334 a $4166 al mes	o	De $40,000 a $49,999 al año
k.	De $4167 a $4999 al mes	o	De $50,000 a $59,999 al año
l.	De $5000 a $6249 al mes	o	De $60,000 a $74,999 al año
m.	De $6250 o más al mes	o	$75,000 o más al año

TARJETA DE RESPUESTAS B

	Ingreso mensual individual		Ingreso anual individual
a.	De $0 a $416 al mes	o	De $0 a $4,999 al año
b.	De $417 a $833 al mes	o	De $5,000 a $9,999 al año
c.	De $834 a $1041 al mes	o	De $10,000 a $12,499 al año
d.	De $1042 a $1249 al mes	o	De $12,500 a $14,999 al año
e.	De $1250 a $1666 al mes	o	De $15,000 a $19,999 al año
f.	De $1667 a $2083 al mes	o	De $20,000 a $24,999 al año
g.	De $2084 a $2499 al mes	o	De $25,000 a $29,999 al año
h.	De $2500 a $2916 al mes	o	De $30,000 a $34,999 al año
i.	De $2917 a $3333 al mes	o	De $35,000 a $39,999 al año
j.	De $3334 a $4166 al mes	o	De $40,000 a $49,999 al año
k.	De $4167 a $4999 al mes	o	De $50,000 a $59,999 al año
l.	De $5000 a $6249 al mes	o	De $60,000 a $74,999 al año
m.	De $6250 a $8332 al mes	o	De $75,000 a $99,999 al año
n.	De $8333 a $12499 al mes	o	De $100,000 a $149,999 al año
o.	De $12500 a $16666 al mes	o	De $150,000 a $199,999 al año
p.	De $16667 a $20832 al mes	o	De $200,000 a $249,999 al año
q.	De $20833 o más al mes	o	De $250,000 o más al año

TARJETA DE RESPUESTAS C
Nunca Rara vez Más o menos la mitad de las veces La mayoría de las veces Siempre
TARJETA DE RESPUESTAS D
Nunca Varios días Más de la mitad de los días Casi todos los días
TARJETA DE RESPUESTAS E
≤24 años de edad 25-29 años de edad 30-34 años de edad 35-39 años de edad 40-44 años de edad 45-49 años de edad >=50 años de edad
TARJETA DE RESPUESTAS F
Completamente en desacuerdo Algo en desacuerdo Indiferente Algo de acuerdo Completamente de acuerdo

TARJETA DE RESPUESTAS G

Diariamente

Semanalmente

Mensualmente

Menos que mensualmente

Nunca

TARJETA DE RESPUESTAS H

Extremadamente

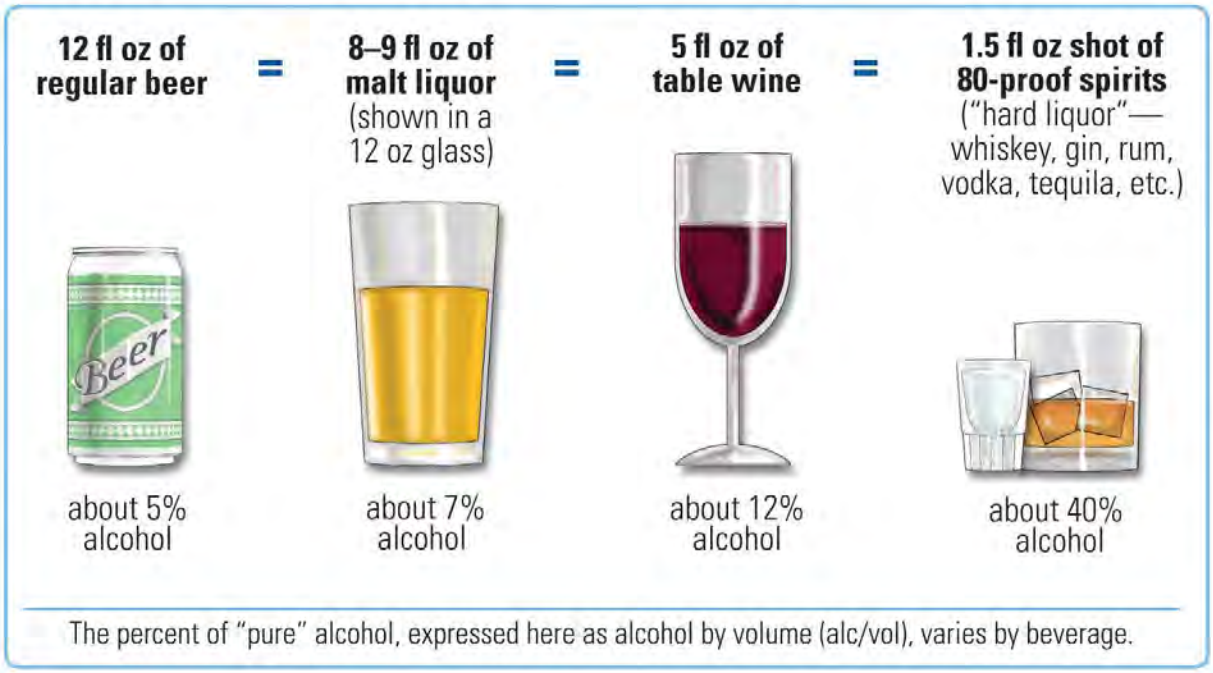
Bastante

Algo

Un poco

Para nada

TARJETA DE RESPUESTAS SOBRE EL ALCOHOL



Appendix F

MMP Medical Record Abstraction Data Elements

Medical Monitoring Project

MMP 2015 MEDICAL RECORD ABSTRACTION DATA ELEMENTS

DEMOGRAPHICS

Variable	Question	Label
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
absid_mra	Abstractor ID	Abstractor ID
facid_mra*	Facility ID: (Eight digits: Project Area + facility ID)	Facility ID
facloc_mra*	Facility Location	Facility Location
rwfund_mra	Does facility receive Ryan White funding	Ryan White Funded Facility
spstart_mra	Start of Observation	Surveillance period start date
spend_mra	End of Observation	Surveillance period end date
death_mra	Did the participant die during the 2 year observation period?	Patient died
dobmo_mra	Date of birth (Month)	Date of birth (Month)
dobyr_mra	Date of birth (Year)	Date of birth (Year)
gender_mra	Gender	Gender
racend_mra	Not documented	Race not documented
aian_mra	American Indian/Alaska Native	Race American Indian/Alaska Native
asian_mra	Asian	Race Asian
black_mra	Black/African American	Race Black/African American
nhpi_mra	Native Hawaiian/Other Pacific Islander	Race native Hawaiian/other Pacific Islander
white_mra	White	Race White
ethnic_mra	Hispanic/Latino ethnicity or Spanish origin:	Hispanic/Latino ethnicity or Spanish Origin
reimbnd_mra	Not documented	Insurance not documented
reimbadap_mra	AIDS Drug Assistance Program (ADAP)	Insurance ADAP
reimbmc_mra	Medicare	Insurance Medicare
reimbmd_mra	Medicaid	Insurance Medicaid
reimbrw_mra	Ryan White	Insurance Ryan White
reimbtri_mra	Tricare or Champus	Insurance Tricare or Champus
reimbva_mra	Veterans administration coverage	Insurance VA coverage
reimbpvt_mra	Private insurance	Private insurance
reimbsp_mra	None/self-pay	Insurance none/self-pay
reimbpub_mra	City, County, State or other publicly funded	Insurance city, county, state, publicly funded
reimboth_mra	Other insurance	Other insurance
reimbothde_mra	Other insurance description	Other insurance description
hivdateyn_mra	Is the date of first HIV diagnosis documented in the medical record?	Date of HIV diagnosis documented
firsthiv_mra	Date of first HIV diagnosis	Date of HIV diagnosis

*added for 2015

_firsthiv_ind_mra		Date of HIV diagnosis indicator
cd4lowest_mra	Lowest CD4 count since HIV diagnosis	Lowest CD4 count
cd4lowestd_nd_mra	Date of lowest CD4 count not documented	Date of lowest CD4 count not documented
cd4lowestd_mra	Date of lowest CD4 count	Date of lowest CD4 count
_cd4lowestd_ind_mra		Date of lowest CD4 count indicator
cd4lowestsrc_mra	What is the source of the lowest CD4 count?	Source of lowest CD4 count
dthdatend_mra	Date of death not documented	Date of death not documented
dthdate_mra	Date of death	Date of death
_dthdate_ind_mra		Date of death indicator

ENCOUNTERS

Variable	**Question**	**Label**
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
vis_date_mra	Encounter date	Outpatient encounter date
visitloc_mra	Where did the encounter take place?	Place of medical encounter
visitprv_mra	With whom did the encounter take place?	Person with whom medical encounter occurred
hivprvyn_mra	Did the encounter take place with a known HIV provider?	Encounter with known HIV provider
oprvyn_mra	Did the encounter take place with a non-HIV provider?	Encounter with non-HIV provider
oprvtyp_mra	If yes, specify provider type	Non-HIV provider type
othprvothde_mra	Other provider description	Other non-HIV provider description
vital_mra	Were any vital signs documented during the encounter?	Vital signs documented during encounter
physf_mra	One or more physical exam findings documented during visit encounter	Physical exam documented during encounter
arvrx_mra	Antiretroviral therapy prescribed, refilled or continued during visit encounter	ARVs prescribed, refilled or continued during encounter
weightnd_mra	Weight not documented	Weight not documented
weight_mra	Weight	Weight
weightunit_mra	Weight units	Weight units
heightnd_mra	Height not documented	Height not documented
height_ft_mra	Height (feet)	Height (feet)
height_in_mra	Height (inches)	Height (inches)
bpnd_mra	Blood pressure not documented	Blood pressure not documented
bpsys_mra	Systolic blood pressure (mmHg)	Systolic blood pressure
bpdia_mra	Diastolic blood pressure (mmHg)	Diastolic blood pressure

*added for 2015

HOSPITALIZATION

Variable	Question	Label
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
hospyn_mra	Was the patient hospitalized during the observation period?	Participant hospitalized
inpadmitnd_mra	Inpatient admission date not documented	Inpatient admission date not documented
inpadmit_mra	Inpatient admission date	Inpatient admission date
_inpadmit_ind_mra		Inpatient admission date indicator
inpdischnd_mra	Inpatient discharge date not documented	Inpatient discharge date not documented
inpdisch_mra	Inpatient discharge date	Inpatient discharge date
_inpdisch_ind_mra		Inpatient discharge date indicator
inpdiag_mra	Diagnosis	Discharge Diagnosis
inpdiagothde_mra	Diagnosis other description	Other discharge diagnosis description
_inpdiagrt_mra		Diagnosis root code
_inpnum_mra		Hospitalization number

DIAGNOSES

Variable	Question	Label
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
dxrefsoo_mra	Beginning of month 1 (start of observation period)	Beginning of month 1 (start of observation period)
dxref7mo_mra	Beginning of month 7	Beginning of month 7
dxref13mo_mra	Beginning of month 13	Beginning of month 13
dxref19mo_mra	Beginning of month 19	Beginning of month 19
dxrefeoo_mra	End of month 24 (end of observation period)	End of month 24 (end of observation period)
dx_mra	Diagnosis	Diagnosis
dxothde_mra	Other description	Diagnosis Other description
_dxrt_mra		Diagnosis root code
_coddx_mra	Diagnosis at death	From COD file
_diagdx_mra	Diagnosis from Diagnosis file	From Diagnosis file
dx6mobs_mra	Started or ongoing in first 6 months	Diagnosis first 6 months
dx12mobs_mra	Started or ongoing 7-12 months	Diagnosis 7-12 months
dx18mobs_mra	Started or ongoing 13-18 months	Diagnosis 13-18 months
dx24mobs_mra	Started or ongoing 19-24 months	Diagnosis 19-24 months
dthcodsrc_mra	Source of cause of death information	Source of cause of death info
codsrcothde_mra	Specify other source:	Other source of cause of death info

*added for 2015

MEDICATIONS

Variable	Question	Label
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
txrefsoo_mra	Beginning of month 1 (start of observation period)	Beginning of month 1 (start of observation period)
txref7mo_mra	Beginning of month 7	Beginning of month 7
txref13mo_mra	Beginning of month 13	Beginning of month 13
txref19mo_mra	Beginning of month 19	Beginning of month 19
txrefeoo_mra	End of month 24 (end of observation period)	End of month 24 (end of observation period)
tx_mra	Medication	Medication
txothde_mra	Other medication description	Other medication description
_txrt_mra		Medication root code
txroute_mra	Medication route	Medication route
txrouteoth_mra	Other route description	Other medication route description
txfreq_mra	Frequency (for ARVs only)	ARV Frequency
txfreqothde_mra	Other ARV frequency description Other frequency (specify)	Other ARV frequency description
tx6mobs_mra	Started or ongoing in first 6 months	Medication first 6 months
tx12mobs_mra	Started or ongoing 7-12 months	Medication 7-12 months
tx18mobs_mra	Started or ongoing 13-18 months	Medication 13-18 months
tx24mobs_mra	Started or ongoing 19-24 months	Medication 19-24 months

PROPHYLAXIS

Variable	Question	Label
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
macrefsoo_mra	Beginning of month 1 (start of observation period)	MAC start of observation period
macref7mo_mra	Beginning of month 7	MAC beginning of month 7
macref13mo_mra	Beginning of month 13	MAC beginning of month 13
macref19mo_mra	Beginning of month 19	MAC beginning of month 19
macrefeoo_mra	End of month 24 (end of observation period)	MAC end of month 24
macpx_mra	MAC prophylaxis administered?	MAC prophylaxis administered?
macpxtx_mra	MAC medication	MAC medication
macpxtxothde_mra	Other description	MAC medication other description
mac6mobs_mra	Started or ongoing in first 6 months	MAC Started or ongoing in first 6 months

*added for 2015

mac12mobs_mra	Started or ongoing 7-12 months	MAC Started or ongoing 7-12 months
mac18mobs_mra	Started or ongoing 13-18 months	MAC Started or ongoing 13-18 months
mac24mobs_mra	Started or ongoing 19-24 months	MAC Started or ongoing 19-24 months
pcprefsoo_mra	Beginning of month 1 (start of observation period)	PCP start of observation period
pcpref7mo_mra	Beginning of month 7	PCP beginning of month 7
pcpref13mo_mra	Beginning of month 13	PCP beginning of month 13
pcpref19mo_mra	Beginning of month 19	PCP beginning of month 19
pcprefeoo_mra	End of month 24 (end of observation period)	PCP end of month 24
pcppx_mra	PCP prophylaxis administered?	PCP prophylaxis administered?
pcppxtx_mra	PCP medication	PCP medication
pcppxtxothde_mra	Other description	PCP medication other description
pcp6mobs_mra	Started or ongoing in first 6 months	PCP Started or ongoing in first 6 months
pcp12mobs_mra	Started or ongoing 7-12 months	PCP Started or ongoing 7-12 months
pcp18mobs_mra	Started or ongoing 13-18 months	PCP Started or ongoing 13-18 months
pcp24mobs_mra	Started or ongoing 19-24 months	PCP Started or ongoing 19-24 months
flurefsoo_mra	Start of observation period	Flu start of observation period
flurefyr2_mra	Beginning of year 2	Flu beginning of year 2
flurefeoo_mra	End of observation period	Flu end of observation period
flupx_mra	Influenza vaccination administered?	Influenza vaccination administered?
fluyr1_mra	Administered during first year of obs period?	Flu vaccine administered year 1
fludate1_mra	If yes, what date was the influenza vaccine administered in year 1 of the observation period?	Flu vaccine date year 1
_fludate1_ind_mra		Flu vaccine date year 1 indicator
fluyr2_mra	Administered during second year of obs period?	Flu vaccine administered year 2
fludate2_mra	If yes, what date was the influenza vaccine administered in year 2 of the observation period?	Flu vaccine date year 2
_fludate2_ind_mra		Flu vaccine date year 2 indicator

PROCEDURE

Variable	**Question**	**Label**
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
procdate_mra	Date of procedure	Date of procedure
_procdate_ind_mra		Date of procedure indicator
proc_mra	Procedure	Procedure
procothde_mra	Specify details	Procedure other details

*added for 2015

PREGNANCY

Variable	Question	Label
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
prg_mra	Pregnant during observation period?	Pregnant
prg_num_mra	Number of pregnancies during observation period	Number of pregnancies
prg_out_mra	Outcome of pregnancy:	Outcome of pregnancy:
prgdatend_mra	Date of pregnancy outcome not documented	Date of pregnancy outcome not documented
prgdate_mra	Date of pregnancy outcome	Date of pregnancy outcome
prgdate_ind_mra		Date of pregnancy outcome indicator
prg_meth_mra	Delivery method	Delivery method

LABS

Variable	Question	Label
PARID	Participant ID	Participant ID
_SITEID_mra		Site ID
hivlab_date_mra	Collection date	HIV lab date
cd4_result_mra	CD4 count result	CD4 result
cd4_unit_mra	CD4 count units	CD4 units
cd4_unoth_mra	Other description	CD4 other units
cd4pct_result_mra	CD4% result	CD4% Result
viral_load_sign_mra	Viral load sign	Viral load sign
viral_load_mra	Viral load result	Viral load result
viral_load_unit_mra	Viral load units	Viral load units
viral_load_unoth_mra	If other, specify	Viral load other units
viral_load_LL_mra	Lower limit of test	Viral load lower limit
viral_load_LL_oth_mra	If other, specify	Viral load other lower limit
viral_load_UL_mra	Upper limit of test	Viral load upper limit
viral_load_UL_oth_mra	If other, specify	Viral load other upper limit
cbc_date_mra	Collection date	CBC lab date
wbc_res_mra	Result	WBC result
wbc_unit_mra	Units	WBC units
wbc_unoth_mra	Description of other units	WBC other units
hgb_res_mra	Result	Hemoglobin result
hgb_unit_mra	Units	Hemoglobin units
hgb_unoth_mra	Description of other units	Hemoglobin other units
plt_res_mra	Result	Platelets result

*added for 2015

plt_unit_mra	Units	Platelets units
plt_unoth_mra	Description of other units	Platelets other units
mvc_res_mra	Result (fL)	MCV result
neut_res_mra	Result	Neutrophils result
neut_unit_mra	Units	Neutrophils units
neut_unoth_mra	Description of other units	Neutrophils other units
chem_date_mra	Collection date	Chemistry lab date
fasting_lab_mra	Fasting lab?	Chemistry fasting
glu_res_mra	Result	Glucose result
glu_unit_mra	Units	Glucose units
glu_unoth_mra	Description of other units	Glucose other units
creat_res_mra	Result	Creatinine result
creat_unit_mra	Units	Creatinine units
creat_unoth_mra	Description of other units	Creatinine other units
calc_res_mra	Result	Calcium result
calc_unit_mra	Units	Calcium units
calc_uoth_mra	Description of other units	Calcium other units
alb_res_mra	Result	Albumin result
alb_unit_mra	Units	Albumin units
alb_unoth_mra	Description of other units	Albumin other units
ast_res_mra	Result	AST (SGOT) result
ast_unit_mra	Units	AST (SGOT) units
ast_unoth_mra	Description of other units	AST (SGOT) other units
alt_res_mra	Result	ALT (SGPT) result
alt_unit_mra	Units	ALT (SGPT) units
alt_unoth_mra	Description of other units	ALT (SGPT) other units
tbili_res_mra	Result	Total bilirubin result
tbili_unit_mra	Units	Total bilirubin units
tbili_unoth_mra	Description of other units	Total bilirubin other units
othchem_date_mra	Collection date	Other chemistry lab date
hgba1c_res_mra	Result (%)	Hemoglobin A1c result
vitd_res_mra	Result	Vitamin D result
vitd_unit_mra	Units	Vitamin D units
vitd_unoth_mra	Description of other units	Vitamin D other units
pth_res_mra	Result	Parathyroid Hormone result
pth_unit_mra	Units	Parathyroid Hormone units
pth_unoth_mra	Description of other units	Parathyroid Hormone other units
inr_res_mra	Result	International Normalized Ratio
tsh_res_mra	Result	Thyroid stimulating hormone result
tsh_unit_mra	Units	Thyroid stimulating hormone units
tsh_unoth_mra	Description of other units	Thyroid stimulating hormone other units
ttest_res_mra	Result	Total testosterone result

*added for 2015

ttest_unit_mra	Units	Total testosterone units
ttest_unoth_mra	Description of other units	Total testosterone other units
lipid_date_mra	Collection date	Lipid lab date
lipid_fast_mra	Fasting lab?	Lipid fasting
chol_res_mra	Result	Cholesterol result
chol_unit_mra	Units	Cholesterol units
chol_unoth_mra	Description of other units	Cholesterol other units
hdl_res_mra	Result	HDL Cholesterol result
hdl_unit_mra	Units	HDL Cholesterol units
hdl_unoth_mra	Description of other units	HDL Cholesterol other units
ldl_res_mra	Result	LDL Cholesterol result
ldl_unit_mra	Units	LDL Cholesterol units
ldl_unoth_mra	Description of other units	LDL Cholesterol other units
trig_res_mra	Result	Triglycerides result
trig_unit_mra	Units	Triglycerides units
trig_unoth_mra	Description of other units	Triglycerides other units
sero_date_mra	Collection date	Serology lab date
toxoab_res_mra	Toxoplasma IgG antibody result	Toxoplasmosis IgG result
hcv_test_mra	Test type	Hepatitis C test
hcv_qlres_mra	Qualitative test result	Hepatitis C qualitative result
hcv_und_mra	Quantitative viral load undetectable	Hepatitis C Viral load undetectable
hcv_sign_mra	Quantitative viral load sign	Hepatitis C Viral load sign
hcv_qtres_mra	Quantitative viral load result:	Hepatitis C Viral load result
hcv_unit_mra	Quantitative viral load units	Hepatitis C Viral load units
hcv_unoth_mra	Description of other units	Hepatitis C Viral load other units
hcv_UL_mra	Quantitative viral load test upper limit	Hepatitis C Viral load upper limit
hcv_LL_mra	Quantitative viral load test lower limit	Hepatitis C Viral load lower limit
hbv_test_mra	Test type	Hepatitis B test
hbv_qlres_mra	Qualitative test result	Hepatitis B qualitative result
hbv_qtres_mra	Viral load (DNA) result	Hepatitis B viral load result
hbv_unit_mra	Viral load (DNA) units	Hepatitis B viral load units
hbv_unoth_mra	Description of other units	Hepatitis B viral load units other
hbv_UL_mra	Viral load (DNA) upper limit	Hepatitis B viral load upper limit
hbv_LL_mra	Viral load (DNA) lower limit	Hepatitis B viral load lower limit
sti_date_mra	Specimen collection date	STI lab date
gc_source_mra	Source of specimen	Gonorrhea source
gc_type_mra	Test type	Gonorrhea test type
gc_res_mra	Result	Gonorrhea result
ct_source_mra	Source of specimen	Chlamydia source
ct_type_mra	Test type	Chlamydia test type
ct_res_mra	Result	Chlamydia result
syph_source_mra	Source of specimen	Syphilis source
syph_type_mra	Test type	Syphilis test type

*added for 2015

syph_res_mra	Result	Syphilis result
syph_titr_mra	Titer result: 1:X	Syphilis titer 1:X
trich_source_mra	Source of specimen	Trichomonas source
trich_type_mra	Test type	Trichomonas test type
trich_res_mra	Result	Trichomonas result
os_date_mra	Screening date	Mammogram or Pap screening date
_os_date_ind_mra		Screening date indicator
mammo_res_mra	Mammogram result	Mammogram result
pap_source_mra	PAP source	Pap smear source
pap_result_mra	PAP result	Pap smear result
pap_othde_mra	Specify other PAP result	Pap result other description
ppd_yn_mra	Was a PPD placed?	PPD placed
ppd_read_mra	Was the PPD read?	PPD read
ppd_date_mra	What date was the PPD read?	PPD reading date
ppd_datend_mra	Date not documented	PPD reading date not documented
ppd_res_mra	PPD result	PPD result
igra_date_mra	Specimen collection date	IGRA lab date
igra_type_mra	IGRA test type	IGRA test type
igra_res_mra	IGRA result	IGRA result
urine_date_mra	Collection date	Urine lab date
urine_test_mra	Urine test type	Urine test type
urine_qt_res_mra	Urine test result	Urine quantitative result
urine_unit_mra	Urine test units	Urine units
uruint_othde_mra	Description of other units	Urine other units
uprotqual_mra	Urine protein result (non-numeric)	Urine protein (qual) result
uproql_othres_mra	Description of other result	Urine protein (qual) other result

RESISTANCE

Variable	**Question**	**Label**
PARID	Participant ID	
_SITEID_mra		Site ID
geno_mra	Genotype or virtual phenotype performed?	Is genotype or virtual phenotype performed?
geno_rpt_mra	Is a genotype or virtual phenotype lab report available in the medical record?	Is genotype or virtual phenotype report available?
geno_vpheno_mra	Were the results obtained from a genotype or virtual phenotype?	Genotype or virtual phenotype
geno_adq_mra	Genotype Specimen adequate?	Genotype specimen adequate
geno_date_mra	Genotype collection date	Genotype collection date
geno_nrti_mra	NRTI mutations detected	NRTI mutations detected
geno_nnrti_mra	NNRTI mutations detected	NNRTI mutations detected
geno_pi_mra	PI mutations detected	PI mutations detected

*added for 2015

geno_in_mra	Integrase mutations detected	Integrase mutations detected
geno_en_mra	GP41 Envelope mutations detected	GP41 envelope mutations detected
_geno_mut_mra	Genotype mutations	Genotype mutation
_geno_mutsrc_mra		Genotype mutation source
pheno_date_mra	Phenotype collection date	Phenotype collection date
pheno_mra	Was a standard phenotype performed (not a virtual phenotype)?	Phenotype performed
trofyn_mra	Tropism assay performed	Tropism performed
trofrpt_mra	Is Tropism assay lab report available in medical record for entry?	Tropism report available
trof_date_mra	Tropism assay collection date	Tropism collection date
trof_rslt_mra	Result	Tropism result

*added for 2015

Appendix G

MMP Minimum Dataset Data Elements

Medical Monitoring Project

MMP Minimum Dataset Data Elements

Label	**Variable name**
Age at AIDS diagnosis (months)	AIDS_AGE_MOS
Age at AIDS diagnosis (years)	AIDS_AGE_YRS
AIDS case definition category	AIDS_CATEG
Date of first AIDS classifying condition	AIDS_DX_DT
Primary reimbursement for medical treatment (AIDS)	AIDS_INSURANCE
Country code of birth	BIRTH_COUNTRY_CD
Birth country, U.S. dependency code	BIRTH_COUNTRY_USD
Sex at birth	BIRTH_SEX
Patient received anti-retroviral therapy	C_ART
Date of first CD4 count < 200 or percent < 14	CD4_FIRST_200_14_DT
First CD4 test on or after HIV diagnosis (specimen collection date)	CD4_FIRST_HIV_DT
First CD4 test on or after HIV diagnosis (count or percent)	CD4_FIRST_HIV_TYPE
First CD4 test on or after HIV diagnosis (test result)	CD4_FIRST_HIV_VALUE
Lowest CD4 count test result (specimen collection date)	CD4_LOW_CNT_DT
Lowest CD4 count test result	CD4_LOW_CNT_VALUE
Lowest CD4 percent test result (specimen collection date)	CD4_LOW_PCT_DT
Lowest CD4 percent test result	CD4_LOW_PCT_VALUE
First CD4 or viral load test on or after HIV diagnosis (specimen collection d	CD4_VL_FIRST_HIV_DT
First CD4 or viral load test on or after HIV diagnosis (CD4 or viral load tes	CD4_VL_FIRST_HIV_TYPE
Current gender identity	CURRENT_GENDER
Current sex	CURRENT_SEX
Age at death (months)	DEATH_AGE_MOS
Age at death (years)	DEATH_AGE_YRS
Date death reported	DEATH_REP_DT
Date of birth	DOB
Diagnostic status	DX_STATUS
Exposure category	EXPO_CATEG

Health care worker	HCW
Age at HIV diagnosis (months)	HIV_AGE_MOS
Age at HIV diagnosis (years)	HIV_AGE_YRS
Age at HIV disease diagnosis (months)	HIV_AIDS_AGE_MOS
Age at HIV disease diagnosis (years)	HIV_AIDS_AGE_YRS
HIV disease diagnosis date	HIV_AIDS_DX_DT
HIV case definition category	HIV_CATEG
Date of first positive HIV test result or doctor diagnosis of HIV	HIV_DX_DT
Primary reimbursement for medical treatment (HIV)	HIV_INSURANCE
12-digit CSBS-MMP PARID	PARID
Received PCP prophylaxis	PCP_PROPHYLAXIS
Race	RACE
Date the first document was received at the local/state health department	RECEIVE_DT
	REPORT_STATE_CD
STATENO	STATENO
Transmission category	TRANS_CATEG
Expanded transmission category	TRANSX_CATEG
Date first reported to CDC as AIDS	_CDC_AIDS_REP_DT
Date first reported to CDC as dead	_CDC_DEATH_REP_DT
Date first reported to CDC as HIV	_CDC_HIV_REP_DT
Number of Person View documents	_PV_COUNT
Residence at AIDS diagnosis, city FIPS code	_RSA_CITY_FIPS
Residence at AIDS diagnosis, city	_RSA_CITY_NAME
Residence at AIDS diagnosis, country code	_RSA_COUNTRY_CD
Residence at AIDS diagnosis, U.S. dependency code only for U.S. Minor Outlyin	_RSA_COUNTRY_USD
Residence at AIDS diagnosis, county FIPS code	_RSA_COUNTY_FIPS
Residence at AIDS diagnosis, county	_RSA_COUNTY_NAME
Residence at AIDS diagnosis, state	_RSA_STATE_CD
Residence at HIV diagnosis, city FIPS code	_RSH_CITY_FIPS
Residence at HIV diagnosis, city	_RSH_CITY_NAME
Residence at HIV diagnosis, country code	_RSH_COUNTRY_CD
Residence at HIV diagnosis, U.S. dependency code only	_RSH_COUNTRY_USD

for U.S. Minor Outlying	
Residence at HIV diagnosis, county FIPS code	_RSH_COUNTY_FIPS
Residence at HIV diagnosis, county	_RSH_COUNTY_NAME
Residence at HIV diagnosis, state	_RSH_STATE_CD
Expanded transmission category	_TRANSX_CATEG
Patient was informed of his/her HIV infection	INFORMED
Master Person View unique identifier	MPV_UID
Project Area	PA
Date received PCP prophylaxis	PCP_PROPHYLAXIS_DT
Primary case record, reporting state	PRIMARY_REPORT_STATE_
Reporting site	PRIMARY_SITE_CD
Primary case record, STATENO	PRIMARY_STATENO
Site code	SITE_CD
Age of most recent phone number	KNOWN_PHONE_DT_NUM
Age of RSX facility	RF_FACILITY_DT_NUM
Age of most recent complete address information	RSC_ADDRESS_DT_NUM
Calculated laboratory date	LAB_DT
Unique identifier of the laboratory test	LAB_TEST_CD
Master Person View unique identifier	MPV_UID
Project Area	PA
12-digit CSBS-MMP PARID	PARID
Reporting state of this document	REPORT_STATE_CD
Laboratory test result value	RESULT
Laboratory test result interpretation	RESULT_INTERPRETATION
Date the laboratory test result was reported to the provider	RESULT_RPT_DT
Laboratory test result units	RESULT_UNITS
Specimen collection date	SAMPLE_DT
Site code	SITE_CD
Date the specimen was received at the laboratory	SPECIMEN_RECEIVE_DT
STATENO	STATENO

Appendix H

Contact Attempt Tracking Data Elements

Medical Monitoring Project

Contact Attempt Tracking Data Elements

Variable Name	Label	Description	Values
ParID	CSBS Participant ID	Unique identifier	
disposition	Disposition	Disposition assigned to sampled person in the DCC portal	
IStatus	Interview Status	Interview Status	-Complete -Partially complete - reschedule -Partially complete - final -Scheduled -Canceled -Other -Lost or corrupted - final -Lost or corrupted - reschedule -Patient did not show -Not performed
MRAStatus	Abstraction Status	Abstraction Status	-Complete -Partially complete - reschedule -Partially complete - final -Scheduled -Canceled -Other -Lost or corrupted - final -Lost or corrupted - reschedule -Not performed - records not available -Not performed
LeadID	Lead ID	Unique Identifier for Lead (Information used in locating sampled persons) entries	Auto number
Lead Type	Lead Type	Type of lead entry	- Email address - Facility - Phone number - Physical address - Third party contact person
Lead_use	Useful lead?	Indicates if the lead was helpful in locating a sampled person	TRUE/FALSE (1/0)

reaction_contact	Reaction to Contact	Participant's reaction to being contacted by project area staff	-Strongly Positive -Positive -Neutral -Negative -Strongly Negative
ContactID	Contact ID	Unique Identifier for entries of contact attempts	Autonumber
Contact_method	Contact method	Method of contacting a sampled person	-Phone call -Text message -In-person meeting -Letter -Postcard
Contact_made	Was contact made?	Indicates whether contact made with participant	TRUE/FALSE (1/0)
contact_time	Time of contact	Time of encounter	
contact_date	Date of contact	Date of encounter	
Contact_result	Result of contact	Outcome of a given contact attempt	- Asked to try again later - Communication reply received - Communication sent - Disconnected/Not in service - Ineligible - Interview completed on spot - Interview date confirmed - Interview re-scheduled - Interview scheduled - No contact, didn't leave msg - No contact, no voicemail - No show - No contact, left msg - Other - Refused - Wrong contact information
contact_person	Staff member making contact	Staff member making contact with a sampled person	
IntCompleteDt	Interview complete	Date interview was completed	

IntAssign	Person assigned to interview	Staff member assigned to interview sampled person	
MRACompleteDt	MRA Complete	Date medical record abstraction was completed	
AbsAssign	Person assigned to abstraction	Staff member assigned to conduct medical record abstraction	

Appendix I
Project Area Identification Numbers and Abbreviations
Medical Monitoring Project

MMP Project Area Identification Numbers and Abbreviations

0006	CA	California
1600	CHI	Chicago, IL
0010	DE	Delaware
0012	FL	Florida
0013	GA	Georgia
3360	HOU	Houston, TX
0017	IL	Illinois
0018	IN	Indiana
4480	LAC	Los Angeles, CA
0024	MD	Maryland
0025	MA	Massachusetts
0026	MI	Michigan
0028	MS	Mississippi
0034	NJ	New Jersey
0036	NY	New York
5600	NYC	New York, NY
0037	NC	North Carolina
0041	OR	Oregon
0042	PA	Pennsylvania
6160	PHI	Philadelphia, PA
0072	PR	Puerto Rico
7360	SFO	San Francisco, CA
0045	SC	South Carolina
0048	TX	Texas
0051	VA	Virginia
0053	WA	Washington

Appendix J
Schedule for Destruction of Personally Identifiable Information
Medical Monitoring Project

Data type	Destroy as soon as no longer needed but no later than
Paper interviews	12 months after end of data collection cycle
Paper medical record abstractions	12 months after end of data collection cycle
Paper or electronic copies of medical records	12 months after end of data collection cycle
Paper or electronic lists containing specific identifiers (e.g., patient name, phone number) used for locating or recruiting sampled participant or other MMP activities	24 months after end of data collection cycle
Contact Attempts Tracking database records	24 months after end of data collection cycle

Signed consent forms, interview, medical record abstraction, and minimum dataset data will be retained for the duration specified by the state/local surveillance policies.

Appendix K
MMP 2015 CDC Project Determination Form
Medical Monitoring Project

REQUEST for Project Determination & Approval - NCHHSTP ADS/ADLS OFFICE

This form should be used to submit proposals to the NCHHSTP ADS/ADLS Office for determination that have not begun and do not require routing to the CDC Human Research Protection Office at this time. Projects eligible for this classification are (1) non-research activities; (2) research that does not involve identifiable human subjects; (3) human subject research in which CDC is not "engaged".

Project Title:
Medical Monitoring Project (MMP)

Project Location/Country(ies): 26 state and local health departments (see #3)

Project Officer(s): Joseph Prejean | Division: DHAP | Telephone: 404-639-5273

Proposed Project Dates: Start: 6/1/2015 | End: 5/31/2018 | Laboratory Branch Submission: ☐

Please check appropriate category and subcategory:

☒ I. **Activity is not human subjects research.** Primary intent is public health practice or a disease control activity.

- ☐ A. Epidemic or endemic disease control activity; collected data directly relate to disease control (e.g. Epi-AIDs; provide Epi-AID number & documentation of request for assistance, if division policy). Epi-AID #
- ☒ B. Routine disease surveillance activity; data used for disease control program or policy purposes.
- ☐ C. Program evaluation activity; data are used primarily for that purpose.
- ☐ D. Post-marketing surveillance of effectiveness or adverse effects of a new regimen, drug, vaccine, or device.
- ☐ E. Laboratory proficiency testing.

☐ II. **Activity is not human subjects research.** Primary intent is public health program activities.

- ☐ A. Public health program activity (e.g., service delivery; health education programs; social marketing campaigns; program monitoring; electronic database construction and/or support; development of patient registries; needs assessments; and demonstration projects intended to assess organizational needs, management, and human resource requirements for implementation).
- ☐ B. Activity is purely administrative (e.g., purchase orders or contracts for services or equipment).

☐ III. **Activity is research but does NOT involve identifiable human subjects.**

- ☐ A. Activity is research involving collection or analysis of data about health facilities or other organizations or units which are not individual persons.
- ☐ B. Activity is research involving data or specimens from deceased persons.
- ☐ C. Activity is research using unlinked or anonymous data or specimens: **ALL** (1-4) of the following are required:
  - ☐ 1. No contact with human subjects is involved for the proposed activity...**and**...
  - ☐ 2. Data or specimens are/were collected for another purpose...**and**...
  - ☐ 3. No extra data/specimens are/were collected for this purpose...**and**...
  - ☐ 4. Identifying information was: (one of these must be checked)
    - ☐ a. not obtained
    - ☐ b. removed prior to this submission, or prior to CDC receipt, so that data cannot be linked or re-linked with identifiable human subjects
    - ☐ c. protected through an agreement. (*CDC investigators and the holder of the key linking the data to identifiable human subjects enter into an agreement prohibiting the release of the key to the investigators under any circumstances. A copy of the agreement must be attached).

☐ IV. **Activity is research involving human subjects but CDC involvement does not constitute "engagement in human subject research".** **Select only one option below: 'A' indicates the project is funded, 'B' or 'C' indicate there is no current funding**

- ☐ A. This project is funded under a grant/cooperative agreement/contract award mechanism.
  ALL of the following 3 elements are required:
  - ☐ 1. CDC employees or agents will not intervene or interact with living individuals for research purposes.
  - ☐ 2. CDC employees or agents will not obtain individually identifiable private information.
  - ☐ 3. Supported institution must have a Federalwide Assurance (FWA) and project must be reviewed by a registered IRB linked to the supported institution's FWA.

    Supported Institution/Entity Name:
    Supported Institution/Entity FWA # | FWA Expiration Date (mm/dd/yyyy):
    Expiration Date of IRB approval: | *Attach copy of the IRB approval letter.
- ☐ B. CDC staff provide technical support that does not involve possession or analysis of identifiable data or interaction with participants from whom data are being collected (No current CDC funding).
- ☐ C. CDC staff are involved only in manuscript writing for a project that has closed. For the project, CDC staff did not interact with participants and were not involved with data collection (No current CDC funding).

Approval initials & printed name: _____ Branch Chief _____ Date _____ ADS/ADLS or Division Director _____ Date

Division Notes/Comments:

Project Title: Medical Monitoring Project

NCHHSTP ADS/ADLS Review **Date received in NCHHSTP ADS /ADLS office:** Nov 3. 2014

☑ **Concur, project does not require human subject research review beyond NCHHSTP at this time**
approved by CDC

☐ **Project constitutes human subject research that must be routed to CDC HRPO**

Comments/Rationale for Determination:

(-) Review and approval of this amendment by all participating partners and sites per their procedures and policies, laws, and 45 CFR 46 Regs are required.

(-) Adherence to all policies and procedures, laws and regulations for protecting rights and welfare and data of participants and integrity of the project is required.

Signed: Salaam Semaan, MPH, DrPH Nov 4. 2014

Name Date

Associate (or Acting or Deputy Associate) Director for Science, NCHHSTP

OR

Associate Director for Laboratory Science, NCHHSTP

National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention

Appendix L.1
Guidance for Addressing and Reporting an Adverse Event or Protocol Breach
Medical Monitoring Project

Medical Monitoring Project
Guidance for Addressing and Reporting an Adverse Event or Protocol Breach

The foundation for the collection of surveillance data, including supplemental surveillance data for the Medical Monitoring Project (MMP), is public trust. Adherence to ethical principles like public transparency, minimizing risks to privacy, respecting individuals' autonomy, and making sure that benefits outweigh harms are the keys to maintaining trust. This guidance is intended to support MMP Project Officers and grantees in their roles in safeguarding not only data, but the public's trust in public health surveillance in general and MMP in particular.

Maintaining the public's trust involves conducting activities with transparency and integrity: explaining what activities are planned and how they will be implemented, adhering to the plan, and monitoring implementation to identify and respond appropriately to unintended consequences of the activities, so as to minimize their occurrence in the future. The protocols, including the informed consent form and the OMB-approved information collection request, make up the public record of our systems, and show our commitment to transparency and to ethical principles, such as minimizing risks to privacy, respecting individuals' autonomy, and making sure that benefits outweigh harms. CDC and its grantees are obligated to conduct MMP surveillance activities according to protocol, and conducting these activities with integrity requires promptly reporting and correcting any deviation from protocol. This guidance document outlines the obligations related to breach of protocol.

The MMP protocol was designed to promote responsible, ethical implementation of project activities. Yet unintended consequences of MMP activities, although expected to be rare, may occur. This guidance also covers obligations related to adverse events. MMP Project Areas are required to develop operating procedures to respond to an adverse event involving infringement on an MMP participant's privacy and/or that causes acute stress, concern, agitation, or emotional upset to an MMP participant.

Background on Adverse Events, Protocol Breaches, and Implementation Problems

As mentioned above, there are two types of events that may occur during the implementation of MMP that require reporting to CDC and the local IRB (if applicable). These are: 1) adverse events (physical, psychological, or social in nature) involving participants and related to their participation in the study; and 2) breaches in protocol or implementation problems. Both types of events must be reported to CDC (always) and the local IRB (where required). Severe events (defined below) should be reported within 24 hours to CDC; other events should be reported within two weeks. The report should include a statement about the nature of the adverse event, impact on participants, and what has been done to correct the problem.

Breaches in protocol that do not result in an adverse event must be reported to CDC as soon as possible but no later than two weeks after their occurrence.

Definition of a Breach of Protocol

Breaches of protocol and unanticipated problems include, but are not limited to, breakdowns in the consent process, minor violations of the confidentiality of the data, and complaints by participants. A report should include a statement about the nature of the breach or problem, the impact on participants, and what has been done to correct the problem.

All MMP staff should be familiar with the protocol to prevent breaches from occurring.

A template form for reporting adverse events and protocol breaches is provided with the MMP protocol.

Definition of an Adverse Event

For MMP, adverse events are defined as:

Events reported to or observed by any project staff leading to substantial psychological, social, or physical harm to a participant, that result from his or her participation in the project or responding to questions posed by the interviewer.

Adverse events should be distinguished from the mild, transient, and normal discomfort or awkwardness that some participants may experience during assessments or project participation.

Through appropriate training and by following the protocol, MMP staff will minimize the possibility of adverse events. However, the staff should be prepared to respond appropriately should an adverse event occur despite training of staff and adherence to the protocol. Addressing an adverse event in a timely and consistent manner will serve to minimize the impact of the adverse event on the participant and on MMP staff. When developing local operating procedures, project areas should make clear what steps will be taken when the adverse event occurs in the presence of MMP staff, and what steps will be taken if the adverse event is reported at a later time by the participant (or another person). Existing Health Department Adverse Events Protocols should be consulted for descriptions of established procedures to assist with the development of specific operating procedures for MMP.

Examples of possible adverse events (this list does not include all possible examples)

- A participant experiences acute stress, concern, emotional upset, or agitation related to learning for the first time about his or her HIV-positive status.
- A participant experiences acute stress, concern, emotional upset, or agitation related to taking part in an MMP interview (participants might be emotionally affected by talking about matters such as learning their HIV-positive status, disclosing their HIV status to loved ones, or challenges to obtaining HIV care).
- Confidentiality/privacy is violated as a result of or related to the actions of an MMP staff member (disclosing information about a participant to someone outside the study, or losing consent forms while traveling between locations).
- A participant experiences harassment or violence (physical threats or harm are directed at a participant as a result of or related to taking part in the study activity).
- A participant experiences a negative reaction from the community as a result of or related to participation in the study (a participant losing housing or other services because of participation in the study.)

- Someone complains about inappropriate or unprofessional behavior on the part of MMP project staff.

Severity of an Adverse Event

Severity is determined by how long the participant would be expected to be affected by the event (NIMH/Fishbein):

- a mild event is a problem for a few hours
- a moderate event is a problem for a few days
- a severe event is a problem for weeks or months.

Urgency of an Adverse Event

An adverse event may unfold during a field visit and demand an immediate response, or may occur after a visit

Responding to Adverse Events

Adverse events must be taken seriously and handled in a consistent manner by all project areas (a template to for reporting adverse events is provided to project areas with the MMP Protocol).

- Adverse Events reports must be submitted to the local Project Coordinator or Principal Investigator (as designated at each project area). The Coordinator or Investigator will review and investigate the report, will provide guidance for or review handling of the event, and will finalize and send documentation of the event and the response to the appropriate local officials and the CDC Project Officer.
- Reports will be reviewed and monitored by the CDC Project Officer as they occur. The CDC Project Officer will keep a copy of all reports. The CDC Project Officer must inform the appropriate CDC authorities of the adverse event or protocol breach informally within 2 working days of CDC staff awareness of the incident and formally within 2 weeks of CDC staff awareness of the incident.
- Project areas will be responsible for: (A) addressing adverse events as they occur, (B) taking action to prevent similar events in the future, (C) following up with the affected participant /other person(s), if needed, after the report has been made.

Completed forms should be kept at each site, and copies should be forwarded within the appropriate time frame following the adverse event to:

MMP CDC Project Officer
Division of HIV/AIDS Prevention
Centers for Disease Control and Prevention
1600 Clifton Road, MS E-46
Atlanta, Georgia 30333
Phone: 404- XXX-XXXX
XXX@cdc.gov

Development of Local Operating Procedures

The following information should be included in the operating procedures to address adverse events:

- Name/category of adverse event (project areas should specify if adverse event occurred in the presence of MMP staff or it was reported at a later date)
- Procedures to minimize the risk of an adverse event (describe measures to be taken to prevent adverse events)
- Procedures to address an adverse event that has occurred
- Steps to inform the Principal Investigator (PI)/Project Coordinator (PC)/Supervisor and responsibilities of MMP staff to respond to the adverse event
- Medical personnel affiliated with the project that will be notified in case of a medical adverse event. Please include affiliation with the project, how the medical personnel will be contacted, and role of medical personnel in responding to the adverse event.
- Clinics/hospitals where patient will be referred in case of severe emotional/physical distress if indicated
- Information on how participant will be transported to clinic or hospital (if applicable). Please include type of transportation and if study personnel will accompany participant
- Relevant training that the study staff will receive to assist them in resolving adverse events

Appendix L.2

Model Adverse Event or Protocol Breach Report Form

Medical Monitoring Project

MODEL ADVERSE EVENT AND PROTOCOL BREACH REPORT FORM: MMP

Name of Project Area: _____

Date of Event: _____

Person Reporting Event: _____

Date of Report: _____

Description of Event:

Type of Event: □Adverse Event, □ Protocol Breach

Severity of Event: □ Mild (effect lasting a few hours), □ Moderate (few days), □ Severe (weeks or months)

Urgency of Event: □ Response within 24 hours, □ Response within 2 weeks

Did event occur in presence of MMP staff: □ Yes □ No

Measures Taken by Staff to Respond to the Event:

Measures Taken by Staff to Follow Up With Participant After the Event:

Measures Taken by Staff to Prevent Additional Events of This Type in the Future:

Appendix M.1
MMP Model Consent
Medical Monitoring Project

Medical Monitoring Project
Statement of Informed Consent

The following statement must be read to all potential participants:

You have been selected participate in this project because you have HIV. Participation in this project is voluntary. You choose to participate or not to participate. You do not have to be in the project if you do not want to be. You may leave the project at any time. Leaving the project will not result in any penalty or loss of benefits to which you are entitled.

Why we are doing this project

HIV is the virus that causes AIDS. Your health department, together with the Centers for Disease Control and Prevention (CDC), is doing this project to learn more about people who are infected with HIV and the types of services they use and need. This information will help us improve programs to prevent other people from getting HIV and improve services for those who already have HIV.

What we will need from you

If you choose to be in this project, we will

- ask you questions.
- look at your medical records.

The questions
Answering the questions will take about 45 minutes. You do not have to answer any question you do not want to answer.

The questions will ask about your

- medical past
- use of medical and social services
- sex practices
- use of drugs and alcohol
- reproductive history (if you are a woman)
- ability to work and take care of yourself and your family

If we need more information, a staff member may contact you later.

Although we send the answers to CDC, we do not send any information that could identify you or be traced back to you. Your answers will be kept confidential, identified only by a code number, and kept in a locked file that only project staff can open.

Your medical records

As part of routine public health surveillance, we will also look at your medical record to collect clinical information about your HIV infection. This information will include illnesses you have had, medicines you have taken, and care you have received. Again, we do not send any information to the CDC that could identify you or be traced back to you. Information from your medical records will be linked to your answers only by a code number.

A small number of interviews and medical record reviews will be observed by supervisors to provide feedback to MMP staff on their work.

What you can expect from us

Privacy
We protect your privacy. All information you give us will be kept private and confidential. Your records will be kept confidential as much as the law allows. Your answers will be grouped together with answers from other participants so that no one will know which answers came from you. We will send information from this project to CDC, but we will not send any information that could identify you. Federal law protects the confidentiality of information kept at CDC.

Token of appreciation
If you answer the questions and agree to let us review your medical records, you will receive $___ as a token of appreciation for your participation. If you later choose to leave the project, you may keep the money.

Things to consider

- There is no cost to you (other than your time and effort) for participating in this project.
- If you would like, we can give you information about how to avoid giving HIV to someone else.
- If you would like, we can give you information about where to get medical and social services in your area.
- Although you will gain no direct benefits from taking part in this project, you will help us learn more so we can improve services available to other people with HIV and AIDS.
- Some of the questions may make you feel uncomfortable or may be too personal. Remember: You do not have to answer any questions you do not wish to answer.

Questions?

About this project, please

- ask the person who asks you the interview questions
- call (local principal investigator) at (phone number)

About your rights, please contact

- **The institutional review board (IRB) at (State/Local Health Department)** at (phone number).
- (Local IRB contact) at (phone number).
- **CDC at 1-404-639-6475. Please leave a brief message including your name and phone number. Say that you are calling in reference to the Medical Monitoring Project. Someone will return your call as soon as possible**.

Participant's Consent Statement

I agree to take part in the project described here. I have read the statement, understand the statement, and all my questions have been answered. I understand that my participation is completely voluntary.

_____ _____

Signature of Participant Date

_____ _____

Signature of Interviewer Date

Appendix M.2
MMP Model Consent-Spanish
Medical Monitoring Project

Proyecto de Monitoreo Médico (MMP)
Declaración de consentimiento informado

La siguiente información debe ser leída a todos los posibles participantes.

Usted ha sido seleccionado para participar en este proyecto debido a que usted tiene el VIH. Su participación en este proyecto es voluntaria. Usted decide si desea participar o no. No tiene que participar en el proyecto si no desea hacerlo. También puede retirarse del proyecto en cualquier momento. Retirarse del proyecto no tendrá repercusiones y no perderá los beneficios a los cuales tiene derecho.

Por qué estamos realizando este proyecto

El VIH es el virus que causa el SIDA. Su departamento de salud, junto con los Centros para el Control y la Prevención de Enfermedades (CDC), está realizando este proyecto para obtener más información sobre las personas que están infectadas con el VIH y los tipos de servicios que usan y necesitan. Esta información nos ayudará a mejorar los programas para evitar que otras personas queden infectadas con el VIH y a mejorar los servicios para quienes ya están infectadas.

Lo que necesitamos de usted

Si usted decide participar en este proyecto, necesitaremos:

- hacerle unas preguntas
- revisar su historia médica.

Las preguntas
Contestar las preguntas tomará aproximadamente 45 minutos. Usted no tiene que responder las preguntas que no quiera responder.

Le haremos preguntas sobre sus

- antecedentes médicos
- uso de servicios sociales y médicos
- prácticas sexuales
- consumo de drogas y alcohol
- historia reproductiva (si usted es una mujer)
- capacidad para trabajar y cuidarse a sí mismo y a su familia

Si necesitamos más información, es posible que un miembro del personal se comunique con usted más adelante.

Aunque enviemos las respuestas a los CDC, no enviaremos ninguna información que pudiera identificarle o ser rastreada hasta usted. Sus respuestas se mantendrán confidenciales, identificadas únicamente por un número de código, y se mantendrán en un gabinete de archivos bajo llave que solamente podrá abrir el personal del proyecto.

Sus archivos médicos

Como parte de la vigilancia normal de salud pública, también revisaremos su archivo médico para colectar información clínica sobre su infección por el VIH. Esta información incluirá las enfermedades que ha tenido, las medicinas que ha tomado y la atención médica que ha recibido. De nuevo, no enviaremos ninguna información a los CDC que pueda identificarle o ser rastreada hasta usted. La información sobre su historia clínica estará vinculada a sus respuestas únicamente por un número de código.

Una cantidad pequeña de entrevistas y revisiones de registros médicos serán observadas por supervisores para darle información al personal de MMP acerca de la calidad de su trabajo.

Lo que puede esperar de nosotros

Privacidad
Protegeremos su privacidad. Mantendremos la privacidad y la confidencialidad de toda la información que nos dé. Mantendremos la confidencialidad de sus registros en la medida en que la ley lo permita. Sus respuestas se agruparán con las respuestas de otros participantes de manera que nadie sabrá qué respuestas vinieron de usted. Enviaremos la información que obtengamos de este proyecto a los CDC, pero no enviaremos ninguna información que pueda identificarle. La ley federal protege la confidencialidad de la información que mantienen los CDC.

Muestra de agradecimiento
Si contesta las preguntas y está de acuerdo en permitirnos revisar su historia clínica, recibirá $___ como una muestra de agradecimiento por su participación. Si más adelante decide retirarse del proyecto, puede quedarse con el dinero.

Puntos que debe considerar

- Usted no incurrirá en ningún gasto (que no sea su tiempo y esfuerzo) por participar en este proyecto.
- Si lo desea, podemos darle información sobre cómo evitar pasarle el VIH a alguien más.
- Si lo desea, podemos darle información sobre los lugares en su área donde puede obtener servicios médicos y sociales.
- Aunque no reciba beneficios directos por su participación en este proyecto, usted nos ayudará a obtener más información sobre la manera de mejorar los servicios disponibles para otras personas con el VIH y el SIDA.
- Es posible que algunas de las preguntas le hagan sentir incómodo o sean demasiado personales. Recuerde: usted no tiene que responder las preguntas que no quiera responder.

¿Tiene alguna pregunta?

Si tiene alguna pregunta **sobre este proyecto**, por favor

- haga las preguntas a la persona que le hace la entrevista
- llame a (investigador principal local) al (número de teléfono)

Si tiene alguna pregunta **sobre sus derechos**, por favor comuníquese con

- **La Junta de Revisión Institucional (*Institucional Review Board* - IRB) del Departamento de Salud Local o Estatal)** al (número de teléfono).

- (persona contacto de la IRB local) al (número de teléfono)

- **los CDC al 1-404-639-6475. Por favor deje un breve recado e incluya su nombre y número de teléfono. Diga que está llamando en referencia al Proyecto de Monitoreo Médico. Alguien le devolverá la llamada tan pronto como sea posible.**

Declaración de consentimiento del participante

Estoy de acuerdo en participar en el proyecto descrito aquí. He leído la declaración, entiendo la declaración y todas mis preguntas me han sido contestadas. Entiendo que mi participación es completamente voluntaria.

_____ _____

Firma del participante Fecha

_____ _____

Firma del entrevistador Fecha