SECTION I
Health Conditions and Health Services

VARIABLES IMPORTED FROM EARLIER SECTIONS:
RSTATE   STATE OF RESIDENCE FROM SCREENER PRELOADS
CMINTVW: CENTURY MONTH OF INTERVIEW (FROM A)
CMLSTYR_FILL   MO/YR FILL FOR CMLSTYR (FROM A)
AGESCRN   R'S AGE AT SCREENER (FROM A)
AGE_R   R'S AGE AT INTERVIEW (FROM A)
CMBIRTH   CENTURY MONTH OF R'S BIRTH (FROM A)
MARSTAT   INFORMAL MARITAL STATUS (FROM A)
FMARIT   FORMAL MARITAL STATUS (FROM A)
RHADSEX   WHETHER R EVER HAD SEX OR NOT (FROM B)
LIFEPRT   # OF FEMALE SEXUAL PARTNERS IN LIFETIME (BC-6, ASKED)
LIFEPRTS   # OF FEMALE SEXUAL PARTNERS IN LIFETIME (COMPUTED IN B)
CMFSXCWP   CM DATE OF 1ST SEX W/ CURRENT WIFE/COHAB PARTNER (FROM C)

VARIABLES CREATED IN THIS SECTION & OUTPUT TO DATA FILE:
CMINFVIS   CM DATE OF LAST/MOST RECENT INFERTILITY VISIT (FLOW CHECK I-9)
CMHIVTST   CM DATE OF LAST/MOST RECENT HIV TEST (FLOW CHECK I-10)

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

{ ASKED FOR ALL Rs
INTRO_I1
IA-0. The next questions are about your experiences with health care
      providers, health insurance, and health problems.

> ◆ *ENTER [1] to continue*

Access to Health Care (IA)

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

        Yes 1
        No 5

FLOW CHECK I-0:   IF IA-1 USUALCAR = 5 or DK/RF, GO TO IA-3 CURRCOV.

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE
USLPLACE
IA-2. Please look at Card 25a. What kind of place is it?

[SHOW CARD 25a]

          Private doctor's office or HMO...........................1
          Community health clinic, community clinic,
            public health clinic 2
          Family planning or Planned Parenthood Clinic 3
          Employer or company clinic 4
          School or school-based clinic 5
          Hospital outpatient clinic 6
          Hospital emergency room 7
          Hospital regular room 8
          Urgent care center, urgi-care, or walk-in facility 9
          Sexually transmitted disease (STD) clinic..............10
          In-store health clinic (like CVS, Target, or Walmart)...11
          Some other place 20

{ ASKED IF R REPORTED A USUAL SOURCE OF CARE IN USUALCAR
USL12MOS
IA-2a.   Have you gone to this place in the last 12 months, that is, since (CMLSTYR_FILL)?

        Yes 1
        No 5

{ ASKED FOR ALL
CURRCOV
IA-3. Are you <u>currently</u> covered by any kind of health insurance or some other kind of health care plan?

[HELP AVAILABLE]

        Yes 1
        No 5

FLOW CHECK I-1a: IF IA-3 CURRCOV = 5 or DK/RF, GO TO IA-8 COVER12

{ASKED IF R IS CURRENTLY COVERED BY HEALTH INSURANCE
COVERHOW
IA-4. Card 76 shows different types of health care coverage. Which of these are you covered by?

[HELP AVAILABLE]

   ENTER all that apply

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

FLOW CHECK I-1b: IF AGE_R < 18 OR AGE_R > 25, THEN GO TO IA-6 INS_EXCH.

              **ELSE IF AGE_R >= 18 AND AGE_R <=25 AND COVERHOW HAS ONLY
              ONE RESPONSE AND IA-4 COVERHOW = 1 (PRIVATE HEALTH
              INSURANCE), <u>OR</u> MORE THAN ONE RESPONSE IN IA-4 COVERHOW AND
              ANY MENTION OF IA-4 COVERHOW = 1 (PRIVATE HEALTH
              INSURANCE), ASK IA-5 PARINSUR.**

              ELSE GO TO IA-6 INS_EXCH.

{ ASKED IF R IS 18-25 AND CURRENTLY HAS PRIVATE INSURANCE COVERAGE
PARINSUR
IA-5. Are you covered on your parents' private health insurance plan?

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

{ ASKED IF R IS CURRENTLY COVERED BY HEALTH INSURANCE
INS_EXCH
IA-6.   IF MORE THAN ONE TYPE OF INSURANCE WAS MENTIONED IN IA-4 COVERHOW
             (COVERHOW2 NE blank), ASK:
             Were any of your health insurance plans obtained through
             Healthcare.gov or the [DISPLAY STATE MARKETPLACE NAME]?

             ELSE IF ONLY ONE TYPE OF INSURANCE WAS MENTIONED IN IA-4 COVERHOW
             (COVERHOW2 = blank), ASK:
             Was your health insurance plan obtained through Healthcare.gov or
             the [DISPLAY STATE MARKETPLACE NAME]?

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

{ ASKED IF R IS CURRENTLY COVERED BY HEALTH INSURANCE
INS_PREM
IA-7.   IF MORE THAN ONE TYPE OF INSURANCE WAS MENTIONED IN IA-4 COVERHOW
             (COVERHOW2 NE blank), ASK:
             A health insurance premium is the amount you or a family member
             pays each month for health care coverage. Do you or a family
             member pay a premium for any of your health insurance plans?

             ELSE IF ONLY ONE TYPE OF INSURANCE WAS MENTIONED IN IA-4 COVERHOW
             (COVERHOW2 = blank), ASK:
             A health insurance premium is the amount you or a family member
             pays each month for health care coverage. Do you or a family
             member pay a premium for your health insurance plan?

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

{ ASKED FOR ALL
COVER12
IA-8.   Looking at Card 75 for examples of types of health insurance
             coverage, in the past 12 months, that is, since (CMLSTYR_FILL),
             was there any time that you did not have <u>any</u> health insurance or
             coverage?

[SHOW CARD 75]
[HELP AVAILABLE]

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

FLOW CHECK I-2:   IF IA-8 COVER12 = 5 or DK/RF, GO TO IB-1 YOUGOFPC.

{ ASKED IF R HAD NO HEALTH INSURANCE AT SOME TIME IN THE PAST YEAR
NUMNOCOV
IA-9. In how many of the past 12 months were you without coverage?

             ⬦ *ENTER number of months.*

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

             UNDERLYING RANGE: 1-12

Use of Family Planning Clinics (IB)

{asked of all
YOUGOFPC
IB-1. Now please look at Card 69, which shows some family planning and health
     services. Have you, yourself, ever received services such as these
     from a family planning clinic or Planned Parenthood clinic?

[SHOW CARD 69]

```
Yes .............1
No ..............5 (IC-1 DEAF)
```

WHENGOFP
IB-2. When was the last time you received services from a family planning
     clinic or Planned Parenthood clinic? Was it within the last 12 months,
     that is, since (CMLSTYR_FILL), or more than 12 months ago?

```
Within the last 12 months ...........1
More than 12 months ago .............2 (IC-1 DEAF)
```

YOUFPSVC
IB-3. Please look again at Card 69. Which of these services did <u>you</u> receive
     at that visit?

   * *ENTER all that apply*

 [SHOW CARD 69]

```
Physical exam ....................................................1
HIV testing ......................................................3
Testing for sexually transmitted diseases other than HIV..........4
Treatment for sexually transmitted diseases other than HIV
.................................................................5
Information or advice on strategies to prevent pregnancy, for
example, birth control methods ...................................7
Information or advice on strategies to prevent STDs or HIV, for
example, using condoms or reducing your number of partners.......8
Some other service...............................................9
```

Health Problems or Impairments; Cancer (IC)

DEAF
IC-1. The following questions are about other health problems or impairments
     you may have. Do you have serious difficulty hearing?

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

BLIND
IC-2. Do you have serious difficulty seeing, even when wearing?

   Contact lenses should be considered in the same way as glasses.

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

DIFDECIDE

IC-3. Because of a physical, mental, or emotional condition, do you have
serious difficulty concentrating, remembering or making decisions?

            Yes 1
            No 5

DIFWALK
IC-4 Do you have serious difficulty walking or climbing stairs?
            Yes 1
            No 5

DIFDRESS
IC-5. Do you have difficulty dressing or bathing?

            Yes 1
            No 5

DIFOUT
IC-6. Because of a physical, mental, or emotional condition, do you have
difficulty doing errands alone such as visiting a doctor's office or
shopping?

            Yes 1
            No 5

{ Asked for all
EVRCANCER
IC-7. Now I would like to ask you about cancer. Have you <u>ever</u> been told by a
doctor or other health care provider that you had cancer?

            Yes 1
            No ....5 (IC-8 ALCORISK)

{ Asked if R has ever had cancer
AGECANCER
IC-7a.   At what age were you first told that you had cancer?

                ⬧ *If necessary:* if you have had more than one cancer,
                please tell me about your first cancer.

                ⬧ *ENTER age in years*

                UNDERLYING RANGE = 0 to 45

EDIT CHECK IC7a_1:   **IF AA-1 AGE_R > IC-7a AGECANCER, DISPLAY TEXT:** R has
                           reported that his first cancer was diagnosed at an
                           age older than his current age. Please correct the
                           age of his first cancer diagnosis (AGECANCER).
                           HARD, NONSUPPRESSIBLE EDIT CHECK.

{ Asked if R has ever had cancer
CANCTYPE
IC-7b.   What type of cancer was it? If you had cancer more than once,
            please say what your first cancer was.

            INTERVIEWER NOTE: Code based on what respondent reports for his
            first type of cancer. The list is alphabetical. Read the list
            only if necessary. You may stop reading the list when the
            respondent states a cancer.

```
Bladder cancer .....................01
Blood ..............................02
Bone cancer.........................03
Brain cancer or tumor, spinal cord
   cancer, or other cancer of the
   central nervous system .........04
Breast cancer ......................05
BLANK ..............................06
Colon cancer .......................07
Esophageal (Esophagus) cancer.......08
BLANK ........................    09
Gallbladder Cancer................ 10
Head and neck cancer...............11
Heart cancer .......................12
Laryngeal (Larynx/Windpipe)cancer.. 13
Leukemia ...........................14
Liver cancer .......................15
Lung cancer ........................16
Lymphoma including Hodgkins disease/
   Lymphoma and non-Hodgkins
   lymphomas .......................17
Melanoma ...........................18
Neuroblastoma ......................19
Oral (mouth/tongue/lip) cancer .....20
BLANK...............................21
Pancreatic (pancreas) cancer.......22
Pharyngeal (throat/pharynx) cancer. 23
Prostate cancer................... 24
Rectal (rectum) cancer ............25
Renal (kidney) cancer .............26
Skin cancer (non-melanoma) ........27
Skin cancer (DK what kind) ........28
Soft Tissue (muscle or fat)sarcoma..29
Stomach cancer .....................30
Testicular (testis) cancer ........31
Thyroid cancer .....................32
Other ..............................33
```

[IF CODE 33 NOT REPORTED, GO TO ID-1 VISIT12MO]

SP_CANCTYPE

IC-7sp.   IF IC-7b CANCTYPE = 33 (other):
           INTERVIEWER: Record verbatim what R reports for his type of
           cancer.

                TYPE: STRING [250]

{ ASKED FOR ALL

ALCORISK

IC-8. Do you think that drinking more than 1 alcoholic beverages a day
      increases one's chances of getting cancer a lot, a little, or not at
      all or do you have no opinion?

                A lot 1
                A little 2
                Not at all 3
                No opinion 4

Health Services (ID)

VISIT12MO
ID-1. Please look at card 69a. In the past 12 months, that is, since (CMLSTYR_FILL), did you have any of these types of visits to a doctor or health care provider …

[SHOW CARD 69a]

- *ENTER all that apply*
- *ENTER space or [-] to separate responses.*

A routine physical exam 1
A physical exam for sports or work.......... 2
A doctor visit when you were sick or hurt....3
Did not have any visits to a doctor 4

EDIT CHECK ID1_1:   **IF VISIT12MO = 4 AND ANY OTHER CODE, DISPLAY TEXT:** "Did not have any visits to a doctor" may not be used in combination with any other answer for this question. Verify the answer with R and re-enter." **HARD, NONSUPPRESSIBLE EDIT CHECK.**

FLOW CHECK I-3:   **IF ID-1 VISIT12MO = 4 GO TO ID-9 BARRIER.**
                    ELSE if ID-1 VISIT12MO=DK or RF, GO TO FLOW CHECK I-7.
                    ELSE ASK ID-2 SVC12MO.

{ Asked if ID-1 VISIT12MO=1,2,3
SVC12MO
ID-2. Please look at Card 69b. Did you receive any of the services shown on this card at those visits in the past 12 months?

[SHOW CARD 69b]

- ENTER all that apply
- *ENTER space or [-] to separate responses.*

A testicular exam (had your testicles examined) 1
Testing for sexually transmitted disease 2
Treatment for sexually transmitted disease 3
Information or advice about your partner using female
  methods of birth control 5
Information or advice about you getting a vasectomy
(surgically sterilized) 6
Information or advice about HIV or AIDS 7
Information or advice about other sexually transmitted
diseases, such as gonorrhea, chlamydia,
  syphilis, herpes or AIDS...............................8
Information or advice about using condoms to prevent
pregnancy..10
Information or advice about using condoms to prevent
STDs...11
None of the above 12

EDIT CHECK ID2_1: IF SVC12MO = 9 AND ANY OTHER CODE, DISPLAY TEXT: "None of the above" may not be used in combination with any other answer for this question. Verify the answer with R and re-

enter."
HARD, NONSUPPRESSIBLE EDIT CHECK.

{ Asked if ID-1 VISIT12MO=1,2,3
NUMVISIT
ID-3. How many visits did you have in the last 12 months in order to receive these services from a doctor or other health care provider?

- *ENTER number of visits*

{Underlying range 1 to 95}

{ Asked if ID-1 VISIT12MO=1,2,3
PLACEVIS
ID-4. Please look at Card 25a. What place or places did you go for these service(s)?

- *ENTER all that apply*
- *ENTER space or [-] to separate responses.*

[SHOW CARD 25a]

```
Private doctor's office or HMO.......................1
Community health clinic, community clinic,
   public health clinic ............................2
Family planning or Planned Parenthood clinic ........3
Employer or company clinic ..........................4
School or school-based clinic .......................5
Hospital outpatient clinic ..........................6
Hospital emergency room .............................7
Hospital regular room ...............................8
Urgent care center, urgi-care, or walk-in facility ..9
Sexually transmitted disease (STD) clinic...........10
In-store health clinic (like CVS, Target, or Walmart)11
Some other place ...................................20
```

{ Asked if ID-1 VISIT12MO=1,2,3
SVCPAY
ID-5.   Please look at Card 16a. In which of the ways shown on this card was the bill for these visits paid?

- *ENTER all that apply.*
- *PROBE:* Any other ways?

[SHOW CARD 16a]

```
Insurance ................................1
Co-payment ...............................2
Out-of-pocket payment ....................3
Medicaid .................................4
No payment required.......................5
Some other way ...........................6
```

{ Asked if ID-1 VISIT12MO=1,2,3
TALKSA
ID-6.   During your visit(s) in the past 12 months did a doctor or health care provider ask you if you were sexually active?

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

If vol: Provider already knew R's status..... 7

TALKEC
ID-7.   During your visit in the past 12 months, did a doctor or health
           care provider talk with you about emergency contraception?

           Yes 1
           No 5

TALKDM
ID-8.   During your visit in the past 12 months, did a doctor or health
           care provider talk with you about using a condom at the same
           time as a female method of contraception?

           Yes 1
           No 5

**FLOW CHECK I-4:   IF ANY OF THE RESPONSES TO ID-2 SVC12MO = 2
                    GO TO ID-8A WHYPSTD.
                    ELSE GO TO ID-8B WHYNOSTD.**

{ IF R RECEIVED AN STD TEST IN LAST 12 MONTHS (SVC12MO =2)
WHYPSTD
ID-8a.   Please look at Card 25b. In the past 12 months you received a
           test for a sexually transmitted disease from a [Display response
           to where received services in the last 12 months separated by an
           "or"]. What is the <u>main</u> reason that you chose this place for
           care?

                Could walk in or get same-day appointment.........1
                Cost.................. 2
                Privacy concern..................................3
                Expert care here.................................4
                Embarrassed to go to usual provider..............5
                Other...6

**FLOW CHECK 4A: IF ID-1 VISIT12MO=4 THEN GO TO ID-9 BARRIER.
                 ELSE GO TO ID-10 BLDPRESS.**

{Asked IF R DID NOT REC'D STD TEST IN LAST 12 MONTHS (responses to ID-2
SVC12MO NE 2)
WHYNOSTD
ID-8b.   In the past 12 months you <u>did not</u> receive a test for a sexually
           transmitted disease. Which one of these reasons would you say is
           the <u>MAIN</u> reason why you have not been tested for a sexually
           transmitted disease?

                Didn't want parents to find out...... 1
                Concerned about confidentiality.............. 2
                Doctor or health care provider never suggested it.......3
                Embarrassed or difficult to ask to be tested 4
                Cost or lack of insurance............ 5
                Other...6

BARRIER
ID-9.   IF ID-1 VISIT12MO = 4 THEN ASK:
           You reported that you did not go to a doctor in the past 12
           months. Please look at Card 69c. Which of the reasons shown on
           this card explain why you did not see a doctor?

⬩ *ENTER all that apply.*
⬩ *ENTER space or [-] to separate responses.*

[SHOW CARD 69c]

I did not need to see a doctor in the last year.......1
I did not know where to go for care...................2
I could not afford to pay for a visit.................3
I was afraid to hear bad news.........................4
I had privacy/confidentiality concerns. 5
I could not take time off from work...................6
Something else (please specify) 20

{ Asked if R said "something else" on ID-9 BARRIER
BARRIER_SP
ID-9sp. What other reason(s) made it difficult for you to see a doctor in
         past 12 months?

         TYPE: STRING [100]

Blood Pressure Screening Series

{ Asked for all Rs
BLDPRESS
ID-10.   The next couple of questions are about your blood pressure. In
            the past 12 months, that is, since (CMLSTYR_FILL), have you had
            your blood pressure checked by a doctor or other medical care
            provider?

                  Yes.......................1
                  No........................5 (ID-13 ASKSMOKE)

{ Asked if BLDPRESS=yes
HIGHBP
ID-11.   During your visit in the past 12 months, did a doctor or other
            medical care provider tell you that you had hypertension, also
            called high blood pressure?

                  Yes.......................1
                  No........................5
                  IF VOL: Not told results..6

FLOW CHECK I-5:   IF ID-11 HIGHBP = 5, 6, DK, or RF, GO TO ID-13 ASKSMOKE.

{ Asked if R was told his blood pressure was high
BPMEDS
ID-12.   Are you currently taking any medicine prescribed by a doctor for
            your high blood pressure?
                  Yes.......................1
                  No........................5

ASKSMOKE
ID-13.   The next question is about things your doctor or other medical
            care provider may have asked you about in the past 12 months
            either in person, or via a computerized or paper form.

During the last 12 months, has a doctor or other medical care
provider asked you whether you smoke cigarettes or use other
kinds of tobacco?

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

Infertility Services (IE)

FLOW CHECK I-7:   IF RHADSEX= 2 (R NEVER HAD SEX), GO TO IF-0 INTRO_I2.

{ For all who have had sex (RHADSEX=yes)
{ 1st 3 variants apply to Rs with only 1 partner in lifetime
{ last 2 variants apply to Rs with > 1 partner in lifetime or DK/RF on number
of partners in lifetime
INFHELP
IE-1. IF (LIFEPRTS=1 AND BC-6 LIFEPRT NE DK OR RF) AND AD-7b MARSTAT= 1 or 5
      (currently married or separated), ASK:
      Have you or your wife ever been to a doctor or other medical care
      provider to talk about ways to help you have a baby together?

      ELSE IF (LIFEPRTS=1 and BC-6 LIFEPRT NE DK OR RF) AND (AD-7b MARSTAT=2
      (currently cohabiting)), ASK:
      Have you or your partner ever been to a doctor or other medical care
      provider to talk about ways to help you have a baby together?

      ELSE IF (LIFEPRTS = 1 AND BC-6 LIFEPRT NE DK OR RF) AND AD-7b MARSTAT=
      3 OR 4 (WIDOWED OR DIVORCED), ASK:
      Did you or your wife ever go to a doctor or other medical care provider
      to talk about ways to help you have a baby together?

      ELSE IF FMARIT EQ 0 or 5 (never married), ASK:
      During any of your relationships, have you or your partner at the time
      ever been to a doctor or other medical care provider to talk about ways
      to help you have a baby together?

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

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

```
YES ............1
NO .............5 (IF-0 INTRO_I2)
```

INFSVCS
IE-2. IF (LIFEPRTS = 1 AND BC-6 LIFEPRT NE DK OR RF) AND AD-7b MARSTAT= 1 or
      5 (married or separated), ASK:
      Which of the services shown on Card 70 have you or your wife had to
      help you have a baby together?

      ELSE IF (LIFEPRTS = 1 AND BC-6 LIFEPRT NE DK OR RF) AND (AD-7b MARSTAT
      = 2 (currently cohabiting)), ASK:
      Which of the services shown on Card 70 have you or your partner had to
      help you have a baby together?

      ELSE IF (LIFEPRTS = 1 AND (AD-7b MARSTAT NE 1, 2, OR 5 (MARRIED,

COHABITING, OR SEPARATED)), ASK:
Which of the services shown on Card 70 did you or your partner have to help you have a baby together?

ELSE ASK:
Think about all of the medical help you or your partners have <u>ever</u> received to help you have a baby together. Which of the services shown on Card 70 have you or they had (to help you have a baby together)?

- *ENTER all that apply*
- *ENTER space or [-] to separate responses.*

[SHOW CARD 70]

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

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

INFTEST
IE-3. Who was it that had infertility testing? Was it you, her, or both of you?

```
You ................1
Her ................2
Both of you .......3
```

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

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

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

FLOW CHECK I-8:   IF R IS CURRENTLY MARRIED OR COHABITING (AD-7b MARSTAT = 1 or 2), ASK IE-5 INFHLPNW. ELSE GO TO IE-6 LASTVIS_M.

INFHLPNW
IE-5. IF R IS CURRENTLY MARRIED (AD-7b MARSTAT = 1), ASK:
Are you and your wife currently pursuing medical help to have a baby together?

ELSE IF R IS CURRENTLY COHABITING (AD-7b MARSTAT=2), ASK:
Are you and your partner currently pursuing medical help to have a baby together?

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

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

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

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

　　　　　◆ *ENTER MM/YYYY*
　　　　　◆ *PROBE for season if DK month.*

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

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

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

　　　　　◆ *ENTER (LASTVIS_M)/YYYY*

　　　　　UNDERLYING RANGE: 1984 to 2020

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

　　　　　　　　　SET CMINFVIS = null/blank.

　　　　　　　　　IF LASTVIS_Y = RF, SET CMINFVIS = 9998.
　　　　　　　　　ELSE IF LASTVIS_Y = DK, SET CMINFVIS = 9999.

　　　　　　　　　ELSE IF LASTVIS_M LE 12,
　　　　　　　　　COMPUTE CMINFVIS = (LASTVIS_Y - 1900)*12 + LASTVIS_M

　　　　　　　　　**ELSE IF 13 LE LASTVIS_M LE 16, USE MONTH APPROPRIATE TO
　　　　　　　　　SEASON & COMPUTE CMINFVIS AS ABOVE.**

　　　　　　　　　**ELSE IF LASTVIS_M = DK OR RF, ASSIGN MONTH = 6 (June) &
　　　　　　　　　COMPUTE CMINFVIS AS ABOVE.**

EDIT CHECK IE6_1:　　**IF (LASTVIS_M LE 12) AND CMINFVIS > CMINTVW, DISPLAY:**
　　　　　　　　　The date entered cannot be after the date of
　　　　　　　　　interview. Please correct.
　　　　　　　　　HARD, NONSUPPRESSIBLE EDIT CHECK.

EDIT CHECK IE6_2:　　**IF (LASTVIS_M LE 12) AND CMINFVIS < CMBIRTH, DISPLAY:**

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

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

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

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

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

EDIT CHECK IE6_7: PROBE IF LIFEPRTS = 1 AND MARSTAT = 1 OR 2 AND CMINFVIS < CMFSXCWP. DISPLAY TEXT: R has reported a date of last/most recent visit that is earlier than when he first had sex with his current wife/partner. Confirm if this is correct.
INVOLVING (LASTVIS_M,LASTVIS_Y,WPSX1WN_M,CWPSX1WN_Y)

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

> ⬧ *ENTER all that apply*
> ⬧ *ENTER space or [-] to separate responses.*

[SHOW CARD 71]

Low sperm count or no sperm 1
Varicocele 2
Genetic disorder that alters sperm production ...3
Low testosterone level 4
Other 5
None of the above 6

EDIT CHECK IE7_1: IF INFRTHIS=6 AND ANY OTHER CODE DISPLAY TEXT: "None of the above" cannot be chosen with any other answer for this question. Either de-select all other answers or de-select "None of the above".
HARD, NONSUPPRESSIBLE EDIT CHECK.

HIV TESTING AND AIDS KNOWLEDGE/COUNSELING (IF)

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

causes AIDS.

•*ENTER [1] to continue*

{ Asked for all Rs
DONBLOOD
IF-1. First, I'll ask you about blood and blood product donations you may
have made to the Red Cross or other blood banks. By blood products, we
mean such things as plasma, platelets, and marrow. Have you ever
donated blood or blood products at the Red Cross, at a bloodmobile, at
a blood drive, or at other blood banks?

[HELP AVAILABLE]

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

{ Asked for all Rs
HIVTEST
IF-2. *IF IF-1 DONBLOOD = YES, ASK:*
Not counting tests you may have had as part of donating blood or blood
products, have you ever been tested for HIV?

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

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

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

**FLOW CHECK I-9b: IF IF-2 HIVTEST = 5, ASK IF-2b NOHIVTST.
ELSE IF HIVTEST = DK or RF, GO TO IF-5c PREPHIV.**

.
**(Those who responded DK/RF on IF-2 HIVTEST are not asked
IF-2b NOHIVTST.)
ELSE IF HIVTEST = 1 (yes), GO TO IF-3 WHENHIV_M.**

{ Asked if R never had an HIV test (HIVTEST=5)
NOHIVTST
IF-2b.   IF IF-2 HIVTEST = NO ASK:
Which one of these reasons shown on Card 88 would you say is the
MAIN reason why you have not been tested for HIV?

[SHOW CARD 88]

```
You have never been offered an HIV test...........................1
You are worried about what other people would think if you
   got tested for HIV............................................2
It's unlikely you've been exposed to HIV .........................3
You were afraid to find out if you were HIV positive (that
   you had HIV) .................................................4
You don't like needles ...........................................5
Some other reason ...............................................20
```

**FLOW CHECK I-9b2: IF IF-2b NOHIVTST = 20, ASK IF-2sp SP_NOHIVTST.
ELSE GO TO IF-6 TALKDOCT.**

{ Asked if R reported 'some other reason'
SP_NOHIVTST
IF-2sp.   What was the MAIN reason why you have not been tested for HIV?

                    TYPE: STRING [250]

FLOW CHECK I-9c: IF IF-2 HIVTEST = 5 (no), GO IF-5c PREPHIV.

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1)
WHENHIV_M
① of ②
IF-3m.IF IF-1 DONBLOOD = 1 THEN ASK:
      Not including tests you may have had as part as part of donating blood
      or blood products, in what month and year was your last test for HIV,
      the virus that causes AIDS?

      ELSE IF IF-1 DONBLOOD = 5, DK, or RF, THEN ASK:
      In what month and year was your last test for HIV, the virus that
      causes AIDS?

              ◆*ENTER MM/YYYY*
              ◆*PROBE for season if DK month.*

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

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1)
WHENHIV_Y
② of ②
IF-3y.If IF-1 DONBLOOD = 1 THEN ASK:
      (Not including tests you may have had as part as part of donating blood
      or blood products, in what month and year was your last test for HIV,
      the virus that causes AIDS?)

      ELSE IF IF-1 DONBLOOD = 5, DK, or RF, THEN ASK:
      (In what month and year was your last test for HIV, the virus that
      causes AIDS?)

              ◆ *ENTER (WHENHIV_M)/YYYY*

          UNDERLYING RANGE: 1984 to 2020

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

                        SET CMHIVTST = null/blank.

                        IF WHENHIV_Y = RF, SET CMHIVTST = 9998.
                        ELSE IF WHENHIV_Y = DK, SET CMHIVTST = 9999.

                        ELSE IF WHENHIV_M LE 12,
                        COMPUTE CMHIVTST = (WHENHIV_Y - 1900)*12 + WHENHIV_M

                        ELSE IF 13 LE WHENHIV_M LE 16, USE MONTH APPROPRIATE
                        TO SEASON & COMPUTE CMHIVTST AS ABOVE.

ELSE IF WHENHIV_M = DK OR RF, ASSIGN MONTH = 6 (June) & COMPUTE CMHIVTST AS ABOVE.

IF CMHIVTST NE blank AND 1 LE WHENHIV_M LE 12 AND CMHIVTST LT 9996, ESTABLISH CMHIVTST_FILL.

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

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

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

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

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

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

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

{ Asked if R does not report specific month and year and year is within last 2 years
HIVTSTYR
IF-3b.   Did you have this last HIV test since (CMLSTYR_FILL)?
                 Yes 1
                 No 5

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

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1)
HIVRESULT
IF-3d.   After your last test for HIV, did you find out your test result?

                 Yes 1
                 No 5

FLOW CHECK I-10b2:   IF IF-3d HIVRESULT = 1, DK, or RF, GO TO IF-4 PLCHIV.

{ ASKED IF R DID NOT GET TEST RESULT (HIVRESULT=5)
WHYNOGET
IF-3e.   What was the <u>main</u> reason why you did not receive your test
            result?

            You thought the testing site would contact you..............1
            You were afraid to find out if you were HIV positive (that
                you had HIV)..2
            You didn't want to know your HIV test results..............3
            You didn't know where or how to get your test result.......4
            Some other reason 20

FLOW CHECK IF-3: IF IF-3e WHYNOGET = 20, ASK IF-3e_sp SP_WHYNOGET.
                   ELSE GO TO IF-4 PLCHIV.

{IF IF-3e WHYNOGET=20, ASK:
SP_WHYNOGET
IF3e_sp.   What was this other reason that you did not receive your HIV test
            result?

            TYPE: STRING [250]

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1)
PLCHIV
IF-4. IF IF-1 DONBLOOD = 1 THEN ASK:
      Please look at Card 72. Not including tests you may have had as part
      of donating blood or blood products, where did you have that last test
      for HIV?

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

[SHOW CARD 72]

            Private doctor's office.............................1
            HMO facility 2
            Community health clinic, community clinic,
                public health clinic 3
            Family planning or Planned Parenthood clinic 4
            Employer or company clinic 5
            School or school-based clinic 6
            Hospital outpatient clinic 7
            Hospital emergency room 8
            Hospital regular room 9
            Urgent care center, urgi-care, or walk-in facility ..10
            Your worksite 11
            Your home 12
            Military induction or military service site.........13
            Sexually transmitted disease (STD) clinic............14
            Laboratory or blood bank 15
            Some other place -- *specify*......................20

FLOW CHECK IF-4a: IF IF-4 PLCHIV=20, GO TO SP_PLCHIV HE-4sp
                  ELSE GO TO FLOW CHECK IF-4b.

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

               TYPE: STRING [255]

**FLOW CHECK IF-4b: IF IF-4 PLCHIV = 12 (your home), ASK IF-4a RHHIVT1.
ELSE, GO TO IF-5 HIVTST.**

{ Asked if R reported their last HIV test was done at their home (PLCHIV=12)
RHHIVT1
IF-4a.   A rapid home HIV test is a test you can use to test <u>yourself</u> that
            can provide results in about 20 minutes or less. The last time
            you had an HIV test, did you use a rapid home HIV test?

            Yes...........................1
            No............................5 (IF-5 HIVTST)

{ Asked if R reported their last HIV test was a rapid home HIV test
RHHIVT2
IF-4b.   People use a rapid home HIV test for many different reasons.
            Looking at Card 73, which of these reasons did you have for using
            the rapid home HIV test?

            ENTER all that apply

            I didn't want to get tested by a doctor or
              at an HIV testing site 1
            I didn't want other people to know I am getting tested ...2
            I wanted to get <u>tested together</u> with someone, <u>before</u>
              we had sex 3
            I wanted to get tested <u>by myself</u>, <u>before</u> having sex 4
            I wanted to get tested <u>by myself</u>, <u>after</u> having sex 5
            A sex partner asked me to take a rapid home HIV test 6
            Other reason 20

{ Asked if R ever was tested for HIV outside of blood donation (HIVTEST=1)
HIVTST
IF-5. Please look at Card 73b. I am going to show you a list of reasons why
      some people have been tested for HIV, the virus that causes AIDS.

      IF IF-1 DONBLOOD = 1 THEN ASK:
      Not including tests you may have had as part of donating blood or blood
      products, which of these would you say was the <u>main</u> reason for your
      last HIV test?

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

[SHOW CARD 73b]

            Part of a medical checkup or surgical procedure (a doctor or
                medical provider asked for the test)....................1
            Required for health or life insurance coverage.................2
            Required for marriage license or to get married...............3
            Required for military service or a job 4
            You wanted to find out if infected or not (you were the one
                who asked for the test)................................5
            Someone else suggested you should be tested 6
            *.................Intentionally Blank...........................*7
            You might have been exposed through sex or drug use 8

You might have been exposed in some other way 9
Some other reason – *specify* 20

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

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

TYPE: STRING [255]

{ ASKED FOR ALL Rs
PREPHIV
IF-5c.   There are medications available for people who do not have HIV to
keep them from getting HIV. Have you heard of these medicines?

Yes 1
No 5

{ ASKED FOR ALL Rs
TALKDOCT
IF-6. Has a doctor or other medical care provider ever talked with you about
HIV, the virus that causes AIDS?

Yes 1
No ....5 (JA-0 SAMEADD)

{ ASKED FOR THOSE WITH TALKDOCT = YES
AIDSTALK
IF-7. Looking at Card 74, what topics related to HIV or AIDS were covered in
the discussion you had with the doctor or other medical care provider?

- *ENTER all that apply*
- *ENTER space or [-] to separate responses.*

[SHOW CARD 74]

How HIV/AIDS is transmitted............................1
Other sexually transmitted diseases like
gonorrhea, herpes, or Hepatitis C................2
The correct use of condoms............................3
Needle cleaning/using clean needles...................4
Dangers of needle sharing.............................5
Abstinence from sex (not having sex)..................6
Reducing your number of sexual partners...............7
Condom use to prevent HIV or STD transmission..........8
"Safe sex" practices (abstinence, condom use, etc).....9
Getting tested and knowing your HIV status 10
Medicines to prevent getting HIV (pre-exposure prophylaxis,
also known as PrEP....................................11
Other – *specify*......................................20

{ Asked if AIDSTALK includes code 20
SP_AIDSTALK
IF-7sp.   IF IF-7 AIDSTALK=20 THEN ASK AND RECORD VERBATIM:
What was the other topic covered in your discussion with the
doctor or medical care provider about HIV or AIDS?

TYPE: STRING [50]