

HCSUS 2nd Follow-up
12. Patient Description
Section A: Employment and Household

INTERVIEWER: RECORD TIME THIS SECTION BEGINS HERE: , , : , , A.M./P.M.

IF NOT WORKING AT FU1, GO TO A4

A1. In your last interview, you said you were working. Have you worked continuously at the same place since we last interviewed you on FU1DATE?

YES..... 1 (G12A01)
NO 2

IF A1 = 1, GO TO A9

A2. Did that employer offer the option for you to continue with their insurance plan when you left (COBRA coverage)?

YES..... 1 (G12A02)
NO 2
DID NOT HAVE INSURANCE
PLAN THROUGH EMPLOYER 3

IF A2 <> 1, GO TO A5

A3. Did you accept it?

YES..... 1 (G12A03)
NO 2

IF A3 = ASKED, GO TO A5

A4. Have you worked at all since we last interviewed you on FU1DATE?

YES..... 1 (G12A04)
NO 2

IF A4 <> 1 AND A4 = ASKED, GO TO A21

HCSUS 2nd Follow-up

12. Patient Description

A5. How many jobs have you had since we last interviewed you on FU1DATE? Please include the job you had the last time we interviewed you.

””

(G12A05)

Valid Values: 1-25
Soft Check: 0

A6. Were any of your job changes related to HIV illness?

YES..... 1
NO 2

(G12A06)

A7. In how many months since we last interviewed you on FU1DATE, did you work?

COUNT ANY PARTIAL MONTH AS A FULL MONTH.

”

(G12A07)

Valid Values: 1-15
Valid Values: 16-24
Soft Check: 0

A8. At this time, are you:

Working full or part time, 1
With a job and on sick leave,..... 2
With a job and not working for another reason, 3
Laid off,..... 4
Unemployed and looking for work, 5
Not working and not looking for work, 6
Disabled and not working, 7
Or retired and not working? 8
NONE OF THE ABOVE 9

(G12A08)

HCSUS 2nd Follow-up

12. Patient Description

A9. IF CURRENTLY WORKING SAY:

During the last month, how many hours did you usually work for pay per week?

ELSE SAY:

During the last month you worked, how many hours did you usually work for pay per week?

HOURS ””

(G12A09)

Valid Values: 1-60

Valid Values: 61-80

Soft Check: 0

IF (A9 > 0 AND A9 <= 19) AND (A9 <> DK AND A9<> REF), GO TO A11

IF A9 > 19, GO TO A12

A10. Was it:

35 hours or more 1 (G12A10)
20 to 34 hours, 2
or less than 20 hours per week? 3

IF A10 = 1, GO TO A12

A11. IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)

Have health problems related to HIV kept you from working full time?

ELSE SAY:

Did health problems related to HIV keep you from working full time?

YES..... 1 (G12A11)
NO 2

HCSUS 2nd Follow-up 12. Patient Description

A12. IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)
How many hours or days of work did you miss because of HIV-related illness or treatment in the last month?

ELSE SAY:
How many hours or days of work did you miss because of HIV-related illness or treatment in the last month you worked?

AMOUNT: ,, (G12A12)

Valid Values: 0-31

CODE UNIT:

HOURS 1
DAYS 2
(G12A12U)

A13. IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)
How much do you currently earn on your main job before taxes and other deductions?

ELSE SAY:
How much did you earn on your last job before taxes and other deductions?

IF NOT SALARY OR HOURLY: How much in a typical week or month (or year)?

\$, , , , , , , , .00 (G12A13)

Valid Values: 0-9999999

CODE UNIT:
PER HOUR 1
PER DAY 2
PER WEEK 3
EVERY TWO WEEKS 4
PER MONTH 5
PER YEAR 6
(G12A13U)

IF A1 = 1, GO TO A16

HCSUS 2nd Follow-up

12. Patient Description

A14. IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)
How long have you worked at your main job? (By main job, I mean the one where you earn the most money.)

ELSE SAY:
How long did you work at your last job?

(G12A14)

AMOUNT: ””

CODE UNIT:

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4

Valid Values: 1-30
Soft Check: 31-99

(G12A14U)

HCSUS 2nd Follow-up 12. Patient Description

A15. (HAND CARD #46)

IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)

What type of work do you do at your main job?

ELSE SAY:

What type of work did you do at your last job?

Would you say your work is classified as:

BEFORE CODING "OTHER" PROBE: Just to make sure, can you take a second look at the list and see if your job fits any of these categories?)

PROFESSIONAL, TECHNICAL, OR CRAFTSPERSON (LAWYER, SCIENTIST, PHYSICIAN, TEACHER, ARTIST, CARPENTER, ELECTRICIAN, MECHANIC)	1	(G12A15)
EXECUTIVE, MANAGER, OR ADMINISTRATOR (BANK OFFICER, OFFICE MANAGER, INSPECTOR).....	2	
SALES, CLERICAL WORKER, OPERATIVE OR ASSEMBLY WORKER (INSURANCE OR REAL ESTATE SALES, SALES CLERKS, BANK TELLER, RECEPTIONIST, WORD PROCESSOR, MACHINE OR TEXTILE OPERATIVE).....	3	
TRANSPORT, EQUIPMENT OPERATOR OR PROTECTIVE SERVICE WORKER (CAB, BUS, OR TRUCK DRIVER, CONDUCTOR, POLICE, FIRE FIGHTER)	4	
FARMER, FARM MANAGER OR SERVICE WORKER (PRIEST, RABBI, PASTOR OR OTHER CLERGY, WORKER IN AN AIDS ORGANIZATION, NURSING AIDE, JANITOR, COOK, WAITER)	5	
PRIVATE HOUSEHOLD WORKER (COOK IN A HOME, MAID, CHILDCARE WORKER)	6	
OTHER	7	

HCSUS 2nd Follow-up
12. Patient Description

A16. IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)

Does your employer offer health insurance?

ELSE SAY:

Did your employer offer health insurance?

YES..... 1 (G12A16)
NO 2

A17. Now I'll read some statements that are true for some people's jobs but not for other people's jobs.

IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)

Thinking of your job, please tell me how often these statement are true.

ELSE SAY:

Thinking of your last job, please tell me how often these statements were true.

My job require(d/s) lots of physical effort. Is that true:

All or almost all of the time, 1 (G12A17)
Most of the time, 2
Some of the time, or 3
Almost none or none of the time? 4

A18. IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)

My job requires lots of mental effort or stress. Is that true:

ELSE SAY:

My last job required lots of mental effort or stress. Is that true:

All or almost all of the time 1 (G12A18)
Most of the time, 2
Some of the time, or 3
Almost none or none of the time? 4

HCSUS 2nd Follow-up
12. Patient Description

A19. IF A8 = 1 OR MODULE 11 C4 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 C4 WAS A PROGRAMMING ERROR)
My employer would let me reduce my hours or move to a less demanding job if I want to. Do you:

ELSE SAY:

My employer would have let me reduce my hours or move to a less demanding job if I had wanted to. Do you:

- Strongly agree, 1 (G12A19)
- Agree, 2
- Disagree, or 3
- Strongly disagree?..... 4

A20. IF A8 = 1 OR MODULE 11 A2 = 1 SAY: (NOTE: REFERENCE TO MODULE 11 A2 WAS A PROGRAMMING ERROR)
Could you tell your employer that you are HIV positive if you wanted to?

ELSE SAY:

Could you have told your employer that you are HIV positive if you had wanted to?

- YES..... 1 (G12A20)
- NO 2
- ALREADY TOLD HER/HIM 3

A21. At this time, are you living alone or are there others in your household?

- LIVING ALONE 1 (G12A21)
- OTHER(S) IN HOUSEHOLD..... 2
- NO USUAL PLACE TO LIVE,
HOMELESS, MOVING AROUND 3

IF A21 <> 2 AND A21 = ASKED, GO TO A30

HCSUS 2nd Follow-up

12. Patient Description

A22. Besides yourself, how many people live in your household?

PEOPLE: , , (G12A22)
Valid Values: 1-10
Soft Check: 11-99

A23. Are you now living with a legal husband or wife?

YES..... 1 (G12A23)
NO 2

IF A23 = 1, GO TO A26

A24. (Are you now living with) A male partner or boyfriend?

YES..... 1 (G12A24)
NO 2

IF A24 = 1, GO TO A26

A25. (Are you now living with) A female partner or girlfriend?

YES..... 1 (G12A25)
NO 2

A26. (Are you now living with) Other adults who are related to you?

YES..... 1 (G12A26)
NO 2

A27. Other roommates or people who are not related to you, including paid helpers?

YES..... 1 (G12A27)
NO 2

HCSUS 2nd Follow-up

12. Patient Description

A28. Besides yourself, have any of the people in your household also been diagnosed with HIV or AIDS?

YES..... 1 (G12A28)
NO 2

IF A28 <> 1 AND A28 = ASKED, GO TO A30

IF A23 <> 1 AND A24 <> 1 AND A25 <> 1 AND A26 <> 1 AND A27 <> 1, GO TO A30

A29. Besides yourself, how many adults in your household age 18 or older are HIV positive or have AIDS?

”” (G12A29)
Valid Values: 0-35
Soft Check: 36-99

A30. What is your current legal marital status? Are you now:

IF SINGLE, PROBE: Is that divorced, widowed, or never married?

Married..... 1 (G12A30)
Separated 2
Divorced..... 3
Widowed, 4
Never Married..... 5

A31. IF FEMALE SAY:

During the first interview on FU1DATE, you told us that you had given birth to # OF KIDS FROM FU1 child(ren). Since then, have you given birth to any other children?

ELSE SAY:

During the first interview on FU1DATE, you told us that you had fathered # OF KIDS FROM FU1 child(ren). Since then, have you fathered any other children?

YES..... 1 (G12A31)
NO 2

IF HAD NO KIDS AT FU1 OR BASELINE AND (A31 <> 1 AND A31 = ASKED), GO TO SECTION B
IF A31 <> 1 AND A31 = ASKED, GO TO A42

HCSUS 2nd Follow-up

12. Patient Description

A32. IF MALE SAY:
How many new children have you fathered since the last interview?

ELSE SAY:
How many new children have you given birth to since the last interview?

，

(G12A32)

Valid Values: 1-5

REPEAT A33 THRU A41 FOR EACH CHILD BORN SINCE FU1.

A33. What is the child's date of birth?

MONTH: ，，

DAY: ，，

YEAR: ，，

Entry Mask: D (G12AA33M-G12AE33M) (G12AA33D-G12AE33D) (G12AA33Y-G12AE33Y)

A34. Is this child still alive?

YES..... 1

(G12AA34-G12AE34)

NO 2

IF A34 = 1, GO TO A36

A35. How old was this child when she or he died?

INTERVIEWER: IF UNDER 3 YEARS OLD, ENTER AGE IN MONTHS.

，，

(G12AA35-G12AE35)

Valid Values: 1-36

Valid Values: 37-48

Soft Check: 0

CODE UNIT:

MONTHS 1

YEARS 2

(G12AA35U-G12AE35U)

HCSUS 2nd Follow-up

12. Patient Description

A36. IF CHILD DEAD SAY:
Was this child living with you when she or he died?

ELSE SAY:
Does this child live with you?

YES..... 1 (G12AA36-G12AE36)
NO 2

IF A36 = 1, GO TO A38

A37. Who (has/had) primary responsibility for this child?

BIOLOGICAL FATHER/MOTHER 1
GRANDMOTHER 2
OTHER RELATIVE 3
FRIEND 4
UNRELATED FOSTER OR ADOPTIVE PARENT 5
GROUP HOME OR EXTENDED CARE FACILITY 6
OTHER 7
ADULT CHILD/TAKES CARE OF SELF 8
(G12AA37-G12AE37)

A38. IF CHILD DEAD SAY:
Did this child ever have an HIV test?

ELSE SAY:
Has this child ever had an HIV test?

YES..... 1 (G12AA38-G12AE38)
NO 2

IF A38 <> 1 AND A38 = ASKED, GO TO A42

A39. What was the result of this child's most recent HIV test?

POSITIVE 1 (G12AA39-G12AE39)
NEGATIVE..... 2

IF A39 = 2, GO TO A41
IF A39 = REF, GO TO A42

HCSUS 2nd Follow-up 12. Patient Description

A40. IF CHILD DEAD SAY:

Infants who are tested for HIV at less than 18 months old sometimes have confusing test results. Were you told that your child was actually infected with HIV or had AIDS?

ELSE SAY:

Infants who are tested for HIV at less than 18 months old sometimes have confusing test results. Have you been told that your child was actually infected with HIV or had AIDS?

YES.....	1	(G12AA40-G12AE40)
NO	2	

IF A40 = 1, GO TO A42

A41. Were you told that your child was definitely not infected with HIV?

YES.....	1	(G12AA41-G12AE41)
NO	2	

IF A39 = 1, THEN FLAG NEW CHILD AS HIV+
IF A39 <> 1, THEN FLAG NEW CHILD AS HIV-

(G12AA41A-G12AE41A)
(G12AA41B-G12AE41B)
(G12AA41C-G12AE41C)

REPEAT A42 THRU A48 FOR EACH CHILD COLLECTED AT FU1 AND BASELINE THAT IS CURRENTLY UNDER 18 AND IN CUSTODY OF R

A42. During the last interview you told us you had a child born on DATE. Is this child still alive?

YES.....	1	(G12A1420-G12AA420)
NO	2	

IF A42 <> 1 AND A42 = ASKED, GO TO LOOPEND AFTER A48

A43. Who has legal custody of the child born on DATE?

RESPONDENT	1	(G12A1431-G12AA431)
OTHER BIOLOGICAL PARENT	2	(G12A1432-G12AA432)
SPOUSE/PARTNER WHO IS NOT PARENT.....	3	(G12A1433-G12AA433)
GRANDPARENT	4	(G12A1434-G12AA434)
OTHER RELATIVE	5	(G12A1435-G12AA435)
UNRELATED FOSTER OR ADOPTIVE PARENT.....	6	(G12A1436-G12AA436)
FRIEND	7	(G12A1437-G12AA437)
THE STATE.....	8	(G12A1438-G12AA438)
OTHER	9	(G12A1439-G12AA439)

IF CHILD WAS HIV + AT FU1 OR BASELINE, GO TO LOOPEND AFTER A48

HCSUS 2nd Follow-up 12. Patient Description

A44. Has your child born on DATE had an HIV test since we last interviewed you on FU1DATE?

YES..... 1 (G12A1440-G12AA440)
NO 2

IF A44 <> 1 AND A44 = ASKED, GO TO A48

A45. What was the result of this child's most recent test?

POSITIVE 1 (G12A1450-G12AA450)
NEGATIVE..... 2

IF CHILD UNDER 18 MONTHS AND A45 = 1, GO TO A47

IF CHILD UNDER 18 MONTHS AND A45 = 2,DK, GO TO A48

IF CHILD UNDER 18 MONTHS AND A45 = REF, GO TO LOOPEND AFTER A48

A46. Was this child 18 months old or older when the most recent HIV test was performed?

YES..... 1 (G12A1460-G12AA460)
NO 2

IF A46 <> 2 AND A46 = ASKED, GO TO LOOPEND AFTER A48

IF A46 = 2 AND A45 = 1, GO TO A47

IF A46 = 2 AND A45 <> 1, GO TO A48

A47. Infants who are tested for HIV at less than 18 months old sometimes have confusing test results. Have you been told that your child is actually infected with HIV or has AIDS?

YES..... 1 (G12A1470-G12AA470)
NO 2

IF A47 = 1, GO TO LOOPEND AFTER A48

A48. Were you told that your child was definitely not infected with HIV?

YES..... 1 (G12A1480-G12AA480)
NO 2

LOOPEND

HCSUS 2nd Follow-up

12. Patient Description

IF CHILD HIV+ AT FU1 OR BASELINE, THEN FLAG CHILD AS HIV+
IF A45 = 1, THEN FLAG FU1/BASELINE CHILD AS HIV+
IF A45 = 2, THEN FLAG FU1/BASELINE CHILD AS HIV-

A49. IF R HAS ONLY ONE CHILD SAY:

Now I'd like to ask you about your child under 18 years old. Please think only of this child when answering.

Does your child under 18 live with you?

ELSE SAY:

Now I'd like to ask you about all of your children under 18 years old. Please think only of these children when answering.

Do all of your children under 18 live with you?

YES..... 1 (G12A49)
NO 2

IF A49 = 1, GO TO CAPI CHECKS ABOVE A59

A50. IF R HAS ONLY ONE CHILD SAY:

Which, if any of the following are reasons your child does not live with you?

ELSE SAY

Which, if any of the following are reasons any of your children do not live with you?

You have been too ill with HIV to care for your child.

YES..... 1 (G12A50)
NO 2

A51. IF R HAS ONLY ONE CHILD SAY:

(Which, if any of the following are reasons your child does not live with you?)

ELSE SAY:

(Which, if any of the following are reasons any of your children do not live with you?)

The child's other parent has custody.

YES..... 1 (G12A51)
NO 2

HCSUS 2nd Follow-up

12. Patient Description

A52. IF R HAS ONLY ONE CHILD SAY:

(Which, if any of the following are reasons your child does not live with you?)

ELSE SAY:

(Which, if any of the following are reasons any of your children do not live with you?)

Your child was taken away by child welfare services.

YES..... 1 (G12A52)
NO 2

A53. IF R HAS ONLY ONE CHILD SAY:

(Which, if any of the following are reasons your child does not live with you?)

ELSE SAY:

(Which, if any of the following are reasons any of your children do not live with you?)

You couldn't afford to take care of your child.

YES..... 1 (G12A53)
NO 2

A54. IF R HAS ONLY ONE CHILD SAY:

(Which, if any of the following are reasons your child does not live with you?)

ELSE SAY:

(Which, if any of the following are reasons any of your children do not live with you?)

Your child did not want to live with you.

YES..... 1 (G12A54)
NO 2

A55. You feel under too much stress to care for your children.

YES..... 1 (G12A55)
NO 2

A56. You don't have adequate housing to take care of your child(ren).

YES..... 1 (G12A56)
NO 2

HCSUS 2nd Follow-up

12. Patient Description

A57. IF R HAS ONLY ONE CHILD SAY:

How important is your HIV or AIDS when it comes to why your child does not live with you? Would you say it was:

ELSE SAY:

How important is your HIV or AIDS when it comes to why any of your children do not live with you? Would you say it was:

Not at all important, 1 (G12A57)
Somewhat important, 2
Fairly important, or 3
Very important? 4

A58. IF R HAS ONLY ONE CHILD SAY:

When was the last time you saw your child who does not live with you? Was it in the:

ELSE SAY:

When was the last time you saw your children who do not live with you? Was it in the:

Past week, 1 (G12A58)
Past month, 2
Past 6 months, 3
Past year, or 4
More than 1 year ago? 5

IF CHILD BORN SINCE FU1 AND A36 =1, FLAG CHILD AS IN CUSTODY OF R

IF CHILD BORN SINCE FU1 AND A36 <>1, FLAG CHILD AS NOT IN CUSTODY OF R

IF CHILD BORN BEFORE FU1 AND A43 =1, FLAG CHILD AS IN CUSTODY OF R

IF CHILD BORN BEFORE FU1 AND A43 <> 1 FLAG CHILD AS NOT IN CUSTODY OF R

IF ALL R'S CHILDREN NOT IN R'S CUSTODY, SKIP TO SECTION B

A59. Have all of your children under 18 years old been tested for HIV?

YES 1 (G12A59)
NO 2

IF A59 = 1 OR A59 = REF, GO TO A61

HCSUS 2nd Follow-up 12. Patient Description

A60. (HAND CARD 47)

This show card lists some of the reasons why parents do not get a child tested for HIV. Please tell me which of the answers reflect the reasons why any of your children have not had an HIV test.

- | | | |
|--|---|-----------|
| MY CHILD WAS BORN BEFORE I BECAME INFECTED | 1 | (G12A601) |
| AS FAR AS I KNOW, MY CHILDREN HAVE NO RISK FACTORS | 2 | (G12A602) |
| I DON'T WANT TO KNOW IF MY CHILD HAS HIV | 3 | (G12A603) |
| MY CHILD DOESN'T WANT TO KNOW IF HE OR SHE HAS HIV | 4 | (G12A604) |
| I DON'T KNOW WHERE TO GET MY CHILD TESTED | 5 | (G12A605) |
| I CAN'T AFFORD AN HIV TEST FOR MY CHILD | 6 | (G12A606) |
| OTHER | 7 | (G12A607) |

A61. (HAND CARD 48)

Still thinking about all of your children under 18 years old, please look at this card and tell me to what extent has your health increased or decreased the following.

IF R HAS ONLY ONE CHILD SAY:
The amount of time you spend with your child.

ELSE SAY:
The amount of time you spend with your children.

- | | | |
|---------------------------------------|---|----------|
| INCREASED A LOT | 1 | (G12A61) |
| INCREASED A LITTLE | 2 | |
| NEITHER INCREASED NOR DECREASED | 3 | |
| DECREASED A LITTLE | 4 | |
| DECREASED A LOT | 5 | |

HCSUS 2nd Follow-up 12. Patient Description

A62. (HAND CARD 48)

(Please look at this card and tell me to what extent has your health increased or decreased the following:)

IF R HAS ONLY ONE CHILD SAY:

The amount of energy you have to spend with your child.

ELSE SAY:

The amount of energy you have to spend with your children.

INCREASED A LOT	1	(G12A62)
INCREASED A LITTLE	2	
NEITHER INCREASED NOR DECREASED	3	
DECREASED A LITTLE	4	
DECREASED A LOT	5	

A63. (HAND CARD 48)

(Please look at this card and tell me to what extent has your health increased or decreased the following:)

IF R HAS ONLY ONE CHILD SAY:

Your ability to play or spend leisure time with your child?

ELSE SAY:

Your ability to play or spend leisure time with your children?

INCREASED A LOT	1	(G12A63)
INCREASED A LITTLE	2	
NEITHER INCREASED OR DECREASED	3	
DECREASED A LITTLE	4	
DECREASED A LOT	5	

HCSUS 2nd Follow-up

12. Patient Description

A64. (HAND CARD 48)

(Please look at this card and tell me to what extent has your health increased or decreased the following:)

IF R HAS ONLY ONE CHILD SAY:

Your ability to perform household functions for your child, like preparing meals, shopping or cleaning?

ELSE SAY:

Your ability to perform household functions for your children, like preparing meals, shopping or cleaning?

INCREASED A LOT	1	(G12A64)
INCREASED A LITTLE	2	
NEITHER INCREASED OR DECREASED.....	3	
DECREASED A LITTLE.....	4	
DECREASED A LOT.....	5	

A65. (HAND CARD 48)

(Please look at this card and tell me to what extent has your health increased or decreased the following:)

IF R HAS ONLY ONE CHILD SAY:

Your ability to pay for or provide food, clothing, and other necessities for your child?

ELSE SAY:

Your ability to pay for or provide food, clothing, and other necessities for your children?

INCREASED A LOT	1	(G12A65)
INCREASED A LITTLE	2	
NEITHER INCREASED NOR DECREASED	3	
DECREASED A LITTLE.....	4	
DECREASED A LOT.....	5	
OTHER	6	

HCSUS 2nd Follow-up

12. Patient Description

A66. (HAND CARD 48)

(Please look at this card and tell me to what extent has your health increased or decreased the following:)

IF R HAS ONLY ONE CHILD SAY:

Your ability to enjoy spending time with your child?

ELSE SAY:

Your ability to enjoy spending time with your children?

INCREASED A LOT	1	(G12A66)
INCREASED A LITTLE	2	
NEITHER INCREASED NOR DECREASED	3	
DECREASED A LITTLE	4	
DECREASED A LOT	5	

A67. People with HIV sometimes avoid being intimate with others because they fear that they will catch an infection like pneumonia, or because their immune system is not working well, or they fear that they will spread HIV to someone else.

IF R HAS ONLY ONE CHILD SAY:

How much do you fear that your child will transmit an infection to you?

Would you say:

ELSE SAY:

How much do you fear that your children will transmit an infection to you?

Would you say:

Not at all,	1	(G12A67)
A little bit,	2	
Moderately,	3	
Quite a bit, or	4	
Extremely?	5	

A68. Do you avoid any of the following because you are afraid

IF R HAS ONLY ONE CHILD SAY:

he or she will transmit an illness to you?

ELSE SAY:

they will transmit an illness to you?

Cuddling or hugging?

(IF YES, PROBE: Would you say a lot or a little?)

YES, A LOT	1	(G12A68)
YES, A LITTLE	2	
NO	3	

HCSUS 2nd Follow-up

12. Patient Description

A69. Kissing on the cheek?

(IF YES, PROBE: Would you say a lot or a little?)

YES, A LOT	1	(G12A69)
YES, A LITTLE	2	
NO	3	

A70. (Do you avoid any of the following because you are afraid your children will transmit an illness to you?)

Kissing on the lips?

(IF YES, PROBE: Would you say a lot or a little?)

YES, A LOT	1	(G12A70)
YES, A LITTLE	2	
NO	3	

A71. Sharing utensils?

(IF YES, PROBE: Would you say a lot, or a little?)

YES, A LOT	1	(G12A71)
YES, A LITTLE	2	
NO	3	

A72. IF R HAS ONLY ONE CHILD SAY:

How much do you fear you will transmit the HIV or AIDS virus to your child.

ELSE SAY:

How much do you fear you will transmit the HIV or AIDS virus to your children?

Not at all,.....	1	(G12A72)
A little bit,	2	
Moderately,	3	
Quite a bit, or	4	
Extremely?	5	

HCSUS 2nd Follow-up

12. Patient Description

A73. Do you avoid any of the following because you are afraid you will transmit
IF R HAS ONLY ONE CHILD SAY:
the HIV virus to your child?

ELSE SAY:
the HIV virus to your children?

Cuddling or hugging?
(IF YES, PROBE: Would you say a lot or a little?)

YES, A LOT	1	(G12A73)
YES, A LITTLE	2	
NO	3	

A74. Kissing on the cheek?
(IF YES, PROBE: Would you say a lot or a little?)

YES, A LOT	1	(G12A74)
YES, A LITTLE	2	
NO	3	

A75. (Do you avoid any of the following because you are afraid you will transmit the HIV virus to your
children?)

Kissing on the lips?
(IF YES, PROBE: Would you say a lot, or a little?)

YES, A LOT	1	(G12A75)
YES, A LITTLE	2	
NO	3	

A76. Sharing utensils?
(IF YES, PROBE: Would you say a lot, or a little?)

YES, A LOT	1	(G12A76)
YES, A LITTLE	2	
NO	3	

HCSUS 2nd Follow-up
12. Patient Description

A77. IF R HAS ONLY ONE CHILD SAY:

Have you received extra help taking care of your child since you became

ELSE SAY:

Have you received extra help taking care of your children since you became infected with HIV?

(IF YES, ASK: As much as you needed?)

DID NOT NEED HELP	1	(G12A77)
NO	2	
YES, BUT NOT AS MUCH AS I NEEDED	3	
YES, AS MUCH AS I NEEDED.....	4	

A78. IF R HAS ONLY ONE CHILD SAY:

Do you have someone you can rely on for help to take care of your child in an emergency?

ELSE SAY:

Do you have someone you can rely on for help to take care of your children in an emergency?

YES	1	(G12A78)
NO	2	

A79. Are there services in your community that help people with HIV or AIDS take care of their children?

YES	1	(G12A79)
NO	2	

IF A79 <> 1, GO TO CAPI CHECK ABOVE A81

A80. Have you used any of them?

YES	1	(G12A80)
NO	2	

HCSUS 2nd Follow-up 12. Patient Description

REPEAT A81 THRU A147 FOR EACH LIVE CHILD CURRENTLY UNDER 18 YEARS OLD IN CUSTODY OF R

A81. Now I'd like to ask you about your child born on DATE. Please think of this child for all of your answers.

As far as you know, does this child know about the way HIV is transmitted?

YES 1 (G12A1081-G12AA081)
NO 2

A82. Does this child know that you are infected with HIV?

YES 1 (G12A1082-G12AA082)
NO 2

IF A82 = 1, GO TO A93

A83. Parents have different reasons for not telling their children that the parent has HIV or AIDS. I'm going to read you a list of reasons. For each one, please tell me if it has been a reason why you have not told our child born on DATE that you have HIV.

You don't know how to tell your child.

YES 1 (G12A1083-G12AA083)
NO 2
NOT APPLICABLE 3

A84. You are worried about the emotional consequences.

YES 1 (G12A1084-G12AA084)
NO 2

A85. You are worried your child will tell others.

YES 1 (G12A1085-G12AA085)
NO 2

HCSUS 2nd Follow-up

12. Patient Description

A86. You are worried that your child will be afraid of you.

YES 1 (G12A1086-G12AA086)
NO 2

A87. (Please tell me if it has been a reason why you have not told our child born on DATE that you have HIV.)

You are afraid that your child will lose respect for you.

YES 1 (G12A1087-G12AA087)
NO 2

A88. You are worried that your child will reject you.

YES 1 (G12A1088-G12AA088)
NO 2

A89. There is no reason for your child to know.

YES 1 (G12A1089-G12AA089)
NO 2

A90. Your child is too young to understand.

YES 1 (G12A1090-G12AA090)
NO 2

A91. You are worried that your child will misbehave or get into trouble.

YES 1 (G12A1091-G12AA091)
NO 2

HCSUS 2nd Follow-up

12. Patient Description

A92. Does this child know that you have a serious infection or disease?

YES 1 (G12A1092-G12AA092)
NO 2

IF A92 = ASKED AND CHILD NOT HIV +, GO TO A112

IF A92 = ASKED AND CHILD HIV +, GO TO A96

A93. Have you discussed with your child born on DATE the possibility that HIV or AIDS could lead to your death?

YES..... 1 (G12A1093-G12AA093)
NO 2

IF CHILD HIV +, GO TO A96

A94. As far as you know, does this child have someone other than you to talk to about your having HIV or AIDS?

YES..... 1 (G12A1094-G12AA094)
NO 2

A95. As far as you know, does this child worry you could transmit HIV to him or her?

YES..... 1 (G12A1095-G12AA095)
NO 2

IF CHILD NOT HIV +, GO TO A112

A96. As far as you know, does your child born on DATE know that he or she has HIV?

YES..... 1 (G12A1096-G12AA096)
NO 2

IF A96 <> 1, GO TO A99

HCSUS 2nd Follow-up

12. Patient Description

A97. As far as you know, does this child know that HIV could lead to serious illness or death?

YES..... 1 (G12A1097-G12AA097)
NO 2

A98. Does this child have someone other than you to talk about his or her having HIV or AIDS?

YES..... 1 (G12A1098-G12AA098)
NO 2

IF A98 = ASKED, GO TO A106

A99. Even though the child born on DATE does not know that he or she has HIV or AIDS, does this child know that he or she has a virus or illness?

YES..... 1 (G12A1099-G12AA099)
NO 2

A100. Do you plan to tell this child that he or she has HIV or AIDS in the future?

YES..... 1 (G12A1100-G12AA100)
NO 2

IF A100 = 1, GO TO A106

A101. Parents have different reasons for not telling a child that he or she has HIV or AIDS. I'm going to read you a list of reasons. For each one, please tell me if it has been a reason you have not told this child.

I don't know how to tell my child.

YES..... 1 (G12A1101-G12AA101)
NO 2

A102. You are worried about the emotional consequences.

YES..... 1 (G12A1102-G12AA102)
NO 2

HCSUS 2nd Follow-up

12. Patient Description

A103. You are worried that your child will tell others.

YES..... 1 (G12A1103-G12AA103)
NO 2

A104. There is no need for your child to know.

YES..... 1 (G12A1104-G12AA104)
NO 2

A105. Your child is too young to understand.

YES..... 1 (G12A1105-G12AA105)
NO 2

A106. How many of your child's friends or classmates do you think know your child has HIV or AIDS?
Would you say:

None, 1 (G12A1106-G12AA106)
Some, 2
Many, or 3
All? 4

A107. (HAND CARD 49)

Please look at this card and tell me how often you think the following have occurred because your child has HIV or AIDS.

Other children have not wanted to play or spend time with this child?

NEVER 1 (G12A1107-G12AA107)
RARELY 2
SOMETIMES 3
OFTEN..... 4
ALWAYS..... 5

HCSUS 2nd Follow-up

12. Patient Description

A108. (HAND CARD 49)

(Please look at this card and tell me how often you think the following have occurred because your child has HIV or AIDS.)

The parents of other children have not wanted them to play or spend time with this child?

NEVER	1	(G12A1108-G12AA108)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

IF CHILD UNDER 9 YEARS OLD, GO TO A110

A109. (HAND CARD 49)

(Please look at this card and tell me how often you think the following have occurred because your child has HIV or AIDS.)

Other children have provided emotional support to this child?

NEVER	1	(G12A1109-G12AA109)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

A110. (HAND CARD 49)

(Please look at this card and tell me how often you think the following have occurred because your child has HIV or AIDS.)

Other children have made fun of or teased this child?

NEVER	1	(G12A1110-G12AA110)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

HCSUS 2nd Follow-up

12. Patient Description

A111. (HAND CARD 49)

(Please look at this card and tell me how often you think the following have occurred because your child has HIV or AIDS.)

Other children have hit or beat up this child?

NEVER	1	(G12A1111-G12AA111)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

A112. How many of this child's friends or classmates do you think know you have HIV or AIDS? Would you say:

None	1	(G12A1112-G12AA112)
Some,	2	
Many, or.....	3	
All?	4	

A113. (HAND CARD 49)

Please look at this card and tell me how often you think the following have occurred because you have HIV or AIDS.

Other children have not wanted to play or spend time with this child?

NEVER	1	(G12A1113-G12AA113)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

HCSUS 2nd Follow-up

12. Patient Description

A114. (HAND CARD 49)

(Please look at this card and tell me how often you think the following have occurred because you have HIV or AIDS.)

The parents of other children have not wanted them to play or spend time with this child?

NEVER	1	(G12A1114-G12AA114)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

IF CHILD UNDER 9 YEARS OLD, GO TO A116

A115. (HAND CARD 49)

(Please look at this card and tell me how often you think the following have occurred because you have HIV or AIDS.)

Other children have provided emotional support to this child?

NEVER	1	(G12A1115-G12AA115)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

A116. (HAND CARD 49)

(Please look at this card and tell me how often you think the following have occurred because you have HIV or AIDS.)

Other children have made fun of or teased this child?

NEVER	1	(G12A1116-G12AA116)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

HCSUS 2nd Follow-up 12. Patient Description

A117. (HAND CARD 49)

(Please look at this card and tell me how often you think the following have occurred because you have HIV or AIDS.)

Other children have hit or beat up this child?

NEVER	1	(G12A1117-G12AA117)
RARELY	2	
SOMETIMES	3	
OFTEN.....	4	
ALWAYS.....	5	

A118. (HAND CARD 50)

Please look at these statements and tell me which of them reflects what you have told your child born on DATE about telling people that you are HIV positive?

NOT TO TELL PEOPLE	1	
TO TELL ONLY SOME PEOPLE	2	
TO TELL ANYBODY	3	
I HAVE NOT DISCUSSED THIS TOPIC WITH MY CHILD	4	(G12A1118-G12AA118)

IF CHILD NOT HIV +, GO TO LOOPEND AFTER A147

A119. (HAND CARD 50)

Please look at these statements and tell me which of them reflects what you have told your child born on DATE about telling people that he or she is HIV positive?

NOT TO TELL PEOPLE	1	
TO TELL ONLY SOME PEOPLE	2	
TO TELL ANYBODY	3	
I HAVE NOT DISCUSSED THIS TOPIC WITH MY CHILD	4	(G12A1119-G12AA119)

A120. Is there one doctor or a group of doctors that this child born on DATE goes to for most of his or her HIV care?

YES.....	1	(G12A1120-G12AA120)
NO	2	

HCSUS 2nd Follow-up

12. Patient Description

A121. Does this child get care from an HIV or infectious disease specialist?

YES..... 1 (G12A1121-G12AA121)
NO 2

A122. Does this child get other health care from the same source that he or she gets HIV care from?

YES..... 1 (G12A1122-G12AA122)
NO 2

A123. Overall, how would you rate the quality of the medical care this child has received since your last interview on FU1DATE? Would you say it was:

Poor, 1 (G12A1123-G12AA123)
Fair,..... 2
Good, 3
Very good, or 4
Excellent? 5
CHILD HAS NOT RECEIVED CARE
SINCE LAST INTERVIEW..... 6

A124. Have you ever not gone to the doctor for your own HIV because you had to do something for this child?

YES..... 1 (G12A1124-G12AA124)
NO 2

A125. Have you ever had to choose between buying medication for yourself and buying medication for this child?

YES..... 1 (G12A1125-G12AA125)
NO 2

HCSUS 2nd Follow-up 12. Patient Description

A126. Have you ever had to choose between taking this child to the doctor and going to the doctor yourself?

YES..... 1 (G12A1126-G12AA126)
NO 2

A127. Has your child born on DATE had a CD4 test since we interviewed you on FU1DATE?

YES..... 1 (G12A1127-G12AA127)
NO 2

IF A127 <> 1, GO TO A132

A128. What was this child's most recent CD4 count?

COUNT: ,,,,
Valid Values: 0-2500

IF A128 <> DK AND A128 <> REF, GO TO A132

A129. Was it less than 500?

YES..... 1 (G12A1129-G12AA129)
NO 2

IF A129 = 2,REF, GO TO A132

A130. Was it less than 200?

YES..... 1 (G12A1130-G12AA130)
NO 2

IF A130 = 2,REF, GO TO A132

HCSUS 2nd Follow-up 12. Patient Description

A131. Was it less than 50?

YES..... 1 (G12A1131-G12AA131)
NO 2

A132. Has this child's blood ever been tested for viral load to measure the level of HIV? (This test is also known as the bDNA test, PCR test, or RNA test.)

YES..... 1 (G12A1132-G12AA132)
NO 2

IF A132 <> 1, GO TO A136

A133. (HAND CARD 51)

Please look at this card and choose the category that reflects the result of your child's viral load test.

UNDETECTABLE..... 1
DETECTABLE, BUT LESS THAN 1000 COPIES PER ML 2
1,000-4,999 3
5,000-9,999 4
10,000-49,999 5
50,000-99,999 6
10,000 OR MORE 7
(G12A1133-G12AA133)

IF A133 = DK, GO TO A134, ELSE GO TO A135

A134. Was your child's result described to you as undetectable, low, moderate, or high?

UNDETECTABLE..... 1
LOW..... 2
MODERATE 3
HIGH..... 4 (G12A1134-G12AA134)

HCSUS 2nd Follow-up 12. Patient Description

A135. When was this test done?

MONTH: ””

Valid Values: 1-12

(G12A135M-G12AA35M)

YEAR: ””

Valid Values: 96-99

(G12A135Y-G12AA35Y)

A136. (HAND CARD 52)

Since we last interviewed you on FU1DATE, has this child taken AZT, a protease inhibitor, an experimental drug, or any other drug such as those listed on this card to treat his or her HIV infection?

YES..... 1

NO 2

(G12A1136-G12AA136)

IF A136 <> 1, GO TO A146

HCSUS 2nd Follow-up 12. Patient Description

A137. (HAND CARD 52)

Which of the following drugs has your child taken?

AZT (RETROVIR, ZIDOVUDINE, ZDV)	1	(G12A1371-G12AA371)
ddI (VIDEX, DIDANOSINE).....	2	(G12A1372-G12AA372)
ddC (HIVID, ZALCITABINE).....	3	(G12A1373-G12AA373)
d4T (ZERIT, STAVUDINE).....	4	(G12A1374-G12AA374)
3TC (Lamivudine),EPIVIR	5	(G12A1375-G12AA375)
Ritonavir (Norvir, a protease inhibitor)	6	(G12A1376-G12AA376)
Indinavir (Crixivan, a protease inhibitor).....	7	(G12A1377-G12AA377)
Saquinavir (Invirase, a protease inhibitor).....	8	(G12A1378-G12AA378)
Nevirapine (Viramune, a non-nucleoside reverse transcriptase inhibitor).....	9	(G12A1379-G12AA379)
Delavirdine (Rescriptor, a non-nucleoside reverse transcriptase inhibitor).....	10	(G12A137A-G12AA37A)
Lovirdine (a non-nucleoside reverse transcriptase inhibitor).....	11	(G12A137B-G12AA37B)
Nelfinavir (Viracept, a protease inhibitor)	12	(G12A137C-G12AA37C)
Adefovir	13	(G12A137D-G12AA37D)
TOOK DRUG IN BLINDED CLINICAL TRIAL.....	14	(G12A137E-G12AA37E)

A138. What was this child's CD4 count when he or she began taking anti-retrovirals?

ENTER COUNT	1	(G12A1138-G12AA138)
NO CD4 TEST BEFORE BEGAN TAKING ANTIRETROVIRAL DRUGS.....	2	

IF A138 <> 1, GO TO A143

HCSUS 2nd Follow-up 12. Patient Description

A139.

COUNT: ,,,

Valid Values: 0-2500

IF A138 = DK,REF OR A139 = DK,REF, GO TO A140, ELSE GO TO A143

A140. Was it less than 500?

YES..... 1 (G12A1140-G12AA140)
NO 2

IF A140 = 2,REF, GO TO A144

A141. Was it less than 200?

YES..... 1 (G12A1141-G12AA141)
NO 2

IF A141 = 2,REF, GO TO A144

A142. Was it less than 50?

YES..... 1 (G12A1142-G12AA142)
NO 2

IF A132 <> 1, GO TO A146

A143. Had this child had a viral load test before he or she began taking anti-retrovirals?

YES..... 1 (G12A1143-G12AA143)
NO 2

IF A143 <> 1, GO TO A146

HCSUS 2nd Follow-up

12. Patient Description

A144. (HAND CARD 51)

Please look at this card and choose the category that reflects the result of your child's viral load test.

UNDETECTABLE	1	(G12A1144-G12AA144)
DETECTABLE, BUT LESS THAN 1,000	2	
1,000-4,999	3	
5,000-9,999	4	
10,000-49,999	5	
50,000-99,999	6	
10,000 OR MORE	7	

IF A144 = DK, GO TO A145, ELSE GO TO A146

A145. Was your child's result described to you as undetectable, low, moderate, or high?

UNDETECTABLE	1	(G12A1145-G12AA145)
LOW	2	
MODERATE	3	
HIGH	4	

A146. Have you ever given this child any prescription medications that a doctor has not prescribed for your child?

YES	1	(G12A1146-G12AA146)
NO	2	

IF A146 <> 1, GO TO LOOPEND AFTER A147

A147. Were any of these prescription medications ones that had been prescribed for you to take?

YES	1	(G12A1147-G12AA147)
NO	2	

LOOPEND