

 H4SE37M - S15Q37M DX LST YR-HIV/AIDS-W4

Type	Code
Measurement Unit	numeric
H4SE37M	37M. In the past 12 months, have you been told by a doctor, nurse, or other health professional that you had the following sexually transmitted disease? Select all of the diseases you have had. HIV infection or AIDS
0	not selected
1	selected