

PWA Short Telephone Interview

ID #: MACSID

Date: PWDTM_44 / PWDTD_44 / PWDTY_44

If contact was established but participant unable or unwilling to complete the questionnaire, check here: _____

Visit #: VISIT_44

1. Has your address changed since your last contact with us? Yes No
If yes, what is your new address?

2. Have you had any serious illness(es) or significant symptoms since your last contact with us? If YES, briefly describe all illnesses below. Details are especially helpful on any AIDS diagnoses, cancer or neurologic conditions:

Illness/Symptoms	MM	DD	YY	ICD - 9

3. At any time (since your last visit in [Month]) did you stay overnight as a patient in a hospital? Yes No

HOSPL_44

4. Name and address of the doctor and/or hospital that we may contact for further information: (Any information that you provide will be helpful.)

Dr. Name:	Telephone:
Address:	City:
Hospital/Address:	City:
Admission Dates:	

5. Do you have any kind of health insurance coverage or Medical Assistance? INSUR_44 Yes No

- a) Coverage by an HMO HMOC_44
- b) Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO) GPIC_44
- c) Individual Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO) IPIC_44
- d) Medicaid, Medi-Cal or Medical Assistance MCAID_44
- e) Medicare (for people over 65 or permanently disabled) MCARE_44
- f) Health care benefits from the Armed Forces or Veteran's Administration VABEN_44
- g) CHAMPUS or CHAMP-VA - medical insurance for dependents of military personnel or survivors or disabled veterans. CHAMP_44
- h) ADAP drugs assistance plan ADAPP_44
- i) Other: OTHER_44

**6. Where do you usually go for medical care, even if you haven't received medical care since your last visit?
(read all the choices, but check only one)**

- HMO Office (1) Any Clinic (3) **UCMED_44** Emergency Room (4)
 Non-HMO Doctor's Office (2) No regular source of medical care (6) Don't know (7)
 Other outpatient clinic (specify): _____ (5)

7. Are you taking any of the following medications to help fight AIDS or HIV infection?

3-TC (Epivir, Lamivudine)	PW3TC_44	Lexiva (Fosamprenavir)	PWLEX_44
Abacavir (Ziagen)	PWABA_44	Fuzeon (Pentafuside, Enfuvirtide, T-20)	PWT20_44
Amprenavir (Agenerase)	PWAMP_44	Indinavir (Crixivan)	PWIND_44
AZT (Retrovir, Zidovudine)	PWAZT_44	Lopinavir/r (Kaletra)	PWLOP_44
Atazanavir (Reyataz, BMS-232632)	PWATZ_44	Nelfinavir (Viracept)	PWNEL_44
Combivir (AZT + 3-TC)	PWCOM_44	Nevirapine (Viramune)	PWNEV_44
d4T (Zerit, Stavudine)	PWD4T_44	Ritonavir (Norvir)	PWRIT_44
ddl (Dideoxyinosine, Didanosine, Videx)	PWDDI_44	Saquinavir (Invirase, Fortovase)	PWSAQ_44
Delavirdine (Rescriptor)	PWDEL_44	Tenofovir (Viread)	PWTEN_44
Efavirenz (Sustiva)	PWSUS_44	Tipranavir	PWTIP_44
Emtriva (Emtricitabine, Coviracil, FTC)	PWEMT_44	Trizivir (Abacavir + Zidovudine + Lamivudine)	PWTRI_44
Epzicom (Abacavir + Lamivudine)	PWEPZ_44	Truvada (Tenofovir + Emtricitabine)	PWTRU_44
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Atovaquone (BW566C80, Mepron)	PWATO_44	Ganciclovir (DHPG, Cytovene, Valcyte, Valganciclovir)	PWGAN_44
Azithromycin (Zithromax)	PWAZM_44	Hydroxyurea (Hydrea)	PWHYD_44
Bactrim (Septra, SMZ-TMP, Sulfamethoxazole)	PWBAC_44	Interleukin-2 (IL-2)	PWINT_44
Ciprofloxacin (CIPRO)	PWCIP_44	Itraconazole (Sporonox)	PWITR_44
Clarithromycin (Biaxin)	PWCLA_44	Ketoconazole (Nizoral)	PWKET_44
Co-enzyme Q	PWCOQ_44	Megace	PWMEG_44
Colony stimulating factors (G-CSF, Neupogen)	PWCSF_44	Mycelex (Clotrimazole)	PWMYC_44
Cortisone	PWCOR_44	NAC (N-acetyl-cysteine)	PWNAC_44
Dapsone	PWDAP_44	Nandrolone (Deca-Durabolin)	PWNAN_44
DHEA	PWDHE_44	Nystatin (Mycostatin)	PWNYS_44
Ethambutol (Myambutal)	PWETH_44	Oxandrin (Oxandrolone)	PWOXA_44
Erythropoietin (Aranesp, Epogen, Procrit) ..	PWERY_44	Pentamidine (Aerosolized)	PWPEN_44
Flagyl (Metronidazole)	PWFLA_44	Rifabutin (Ansamycin, Mycobutin)	PWRIF_44
Fluconazole (Diflucan)	PWFLU_44	Serostim (Human Growth Hormone)	PWSER_44
		Testosterone (Delatestryl, Virilon, Testoderm, Androderm, Angrogel)	PWTES_44
		Vaccine trial (Generic)	PWVAC_44

8. Please name any other drugs or substances that you are taking to help fight, prevent or treat any HIV related conditions:

PWOD1_44 PWOD2_44 PWOD3_44 PWOD4_44 PWOD5_44
PWOD6_44 PWOD7_44 PWOD8_44 PWOD9_44 PWOD10_44

9. Have you noticed new problems remembering things since we last saw you? Yes PWREM_44
If yes: a) Do you need to keep lists or rely on other people to remember things? Yes PWLIS_44
b) Can you remember what you read or watch on TV? Yes PWTV_44

10. What is your employment status? (Check one) EMPLOY_44
 Working Full-time (35 hours or more per week) (1) Unemployed (3) Retired (5)
 Working Part-time (less than 35 hours per week) (2) Disabled (4)

11. As usual, we are asking for the names and phone numbers of two contacts who do not live with you but who would always know your whereabouts.

Contact #1:

Phone: (____) _____

Contact #2:

Phone: (____) _____

Note: We will be sending you a medical records release form to sign. It is especially important to have a current one for our participants who have experience a recent illness. We hope you will return it to us as soon as possible. Thank you!