

**WOMEN'S INTERAGENCY HIV STUDY**  
**QUESTION BY QUESTION SPECIFICATIONS**  
**FORM ADF: AUTOIMMUNE DISEASE FORM**

**General Instructions:**

**NOTE: If this form is being administered to the participant AFTER her WIHS physical exam, be sure to remind her that the findings from her exam conducted today do NOT apply to the questions you are about to ask her.**

1. All dates should be recorded in the MM/DD/YY format unless otherwise noted. For dates that must be completed on the form, if the participant cannot remember the exact month (and day), probe for the season. Use "15" for the day if the specific day cannot be recorded. Probe for the season and assign the month as follows:

Summer	=	July	=	07
Fall	=	October	=	10
Winter	=	January	=	01
Spring	=	April	=	04

Interviewers should have available an appropriate calendar to aid the participant in determining dates.

2. Obtain the date of the participant's previous visit from the *Visit Control Sheet (VCS)*. The month in this date should be used in the questions wherever (MONTH) appears.

**SECTION B**

- B1. Indicate whether the participant has ever been diagnosed with any of the following conditions: Lupus, Sjogren's (pronunciation: SHOW-grens) syndrome, Multiple Sclerosis (MS), Graves disease or high thyroid hormone, or Hashimoto's thyroiditis or low thyroid hormone. If she has ever been diagnosed with any of these conditions, proceed to ask **Question B2**. If response is "no," skip to **Question B7** and complete "time module ended."
- B2. Indicate whether the participant has had a health care provider give her a new diagnosis of Lupus since her (MONTH) study visit. If response is "yes," skip to **Question B2b**.
  - a. Indicate whether the participant has **ever** been told by a health care provider that she has Lupus. If participant answers "no," skip to **Question B3**.
  - b. Enter the date the participant was **first** told by a health care provider that she had Lupus.
  - c. Indicate if the participant is currently taking or has ever taken any medications or other treatments for Lupus. If participant answers "no," skip to **Question B3**.

**ADFs1 for Lupus:**

**HAND THE PARTICIPANT RESPONSE CARD C1, MEDICATIONS FOR LUPUS.**

- a. In the "DISEASE" field, circle "1" for "Lupus."
- b. In the box for **DRUG1**, specify the name of the **first** medication or treatment the participant is currently taking, or has taken in the past, for Lupus.
- c. Indicate if the participant is **currently** (meaning in the last three days) taking this medication or treatment. If response is "no," skip to **subquestion e**.
- d. Give the date when the participant started taking this medication or treatment **most recently**. Skip to **subquestion f** after completing this question. If the participant is not **currently** taking this medication, then do not answer this question; instead skip to **subquestion e**.

- e. Give the start and stop dates of the time the participant last started and stopped taking this medication or treatment.
- f. Indicate if the participant has started and stopped taking this medication or treatment before the dates given in subquestion d (for current use) or e (for last use).
- g. Give the start and stop dates.
- h. Indicate if the participant had started and stopped taking this medication before the dates given in subquestion g.
- i. Give the start and stop dates.

In the box for **DRUG2**, specify the name of the second medication the participant is taking or has taken for Lupus. Repeat for as many different medications as she is taking or has taken for Lupus. If she has taken more than three medications for Lupus, you may Xerox page 3 of the form to record additional medications.

If she has taken no other medications for Lupus, skip to **Question B3**.

- B3.** Indicate whether the participant has had a health care provider give her a new diagnosis of Sjogren's (pronunciation: SHOW-grens) syndrome since her (MONTH) study visit. If response is "yes," skip to **Question B3b**.
- a. Indicate whether the participant has ever been told by a health care provider that she has Sjogren's syndrome. If participant answers "no," skip to **Question B4**.
  - b. Enter the date the participant was first told by a health care provider that she had Sjogren's syndrome.
  - c. Indicate if the participant is currently taking or has ever taken any medications or other treatments for Sjogren's syndrome. If participant answers "no," skip to **Question B4**.

**ADFs1 for Sjogren's syndrome:**

**HAND THE PARTICIPANT RESPONSE CARD C2, MEDICATIONS FOR SJOGREN'S SYNDROME.**

- a. In the "DISEASE" field, circle "2" for "Sjogren's."
- b. In the box for **DRUG1**, specify the name of the first medication or treatment the participant is currently taking, or has taken in the past, for Sjogren's syndrome.
- c. Indicate if the participant is currently (meaning in the last three days) taking this medication or treatment. If response is "no," skip to **subquestion e**.
- d. Give the date when the participant started taking this medication or treatment most recently. Skip to **subquestion f** after completing this question. If the participant is not currently taking this medication, then do not answer this question; instead skip to **subquestion e**.
- e. Give the start and stop dates of the time the participant last started and stopped taking this medication or treatment.
- f. Indicate if the participant has started and stopped taking this medication or treatment before the dates given in subquestion d (for current use) or e (for last use).
- g. Give the start and stop dates.
- h. Indicate if the participant had started and stopped taking this medication before the dates given in subquestion g.
- i. Give the start and stop dates.

In the box for **DRUG2**, specify the name of the second medication the participant is taking or has taken for Sjogren's syndrome. Repeat for as many different medications as she is taking or has

taken for Sjogren's syndrome. If she has taken more than three medications for Sjogren's syndrome, you may Xerox page 5 of the form to record additional medications.

If she has taken no other medications for Sjogren's syndrome, skip to **Question B4**.

- B4. Indicate whether the participant has had a health care provider give her a new diagnosis of Multiple Sclerosis (or MS) since her (MONTH) study visit. If response is "yes," skip to **Question B4b**.
- Indicate whether the participant has **ever** been told by a health care provider that she has MS. If participant answers "no," skip to **Question B5**.
  - Enter the date the participant was **first** told by a health care provider that she had MS.
  - Indicate if the participant is currently taking or has ever taken any medications or other treatments for MS. If participant answers "no," skip to **Question B5**.

**ADFs1 for Multiple Sclerosis:**

**HAND THE PARTICIPANT RESPONSE CARD C3, MEDICATIONS FOR MULTIPLE SCLEROSIS.**

- In the "DISEASE" field, circle "3" for "MS."
- In the box for **DRUG1**, specify the name of the **first** medication or treatment the participant is currently taking, or has taken in the past, for MS.
- Indicate if the participant is **currently** (meaning in the last three days) taking this medication or treatment. If response is "no," skip to **subquestion e**.
- Give the date when the participant started taking this medication or treatment **most recently**. Skip to **subquestion f** after completing this question. If the participant is not **currently** taking this medication, then do not answer this question; instead skip to **subquestion e**.
- Give the start and stop dates of the time the participant last started and stopped taking this medication or treatment.
- Indicate if the participant has started and stopped taking this medication or treatment before the dates given in subquestion d (for current use) or e (for last use).
- Give the start and stop dates.
- Indicate if the participant had started and stopped taking this medication before the dates given in subquestion g.
- Give the start and stop dates.

In the box for **DRUG2**, specify the name of the **second** medication the participant is taking or has taken for MS. Repeat for as many different medications as she is taking or has taken for MS. If she has taken more than three medications for MS, you may Xerox page 7 of the form to record additional medications.

If she has taken no other medications for MS, skip to **Question B5**.

- B5. Indicate whether the participant has had a health care provider give her a new diagnosis of Graves disease or high thyroid hormone since her (MONTH) study visit. If response is "yes," skip to **Question B5b**.
- Indicate whether the participant has **ever** been told by a health care provider that she has Graves disease or high thyroid hormone. If participant answers "no," skip to **Question B6**.
  - Enter the date the participant was **first** told by a health care provider that she had high thyroid hormone.

- c. Indicate if the participant is currently taking or has ever taken any medications or other treatments for high thyroid hormone. If participant answers “no,” skip to **Question B6**.

**ADFs1 for Graves disease (high thyroid hormone):**

**HAND THE PARTICIPANT RESPONSE CARD C4, MEDICATIONS FOR GRAVES DISEASE (HIGH THYROID HORMONE).**

- a. In the “DISEASE” field, circle “4” for “High thyroid.”
- b. In the box for **DRUG1**, specify the name of the **first** medication or treatment the participant is currently taking, or has taken in the past, for high thyroid hormone.
- c. Indicate if the participant is **currently** (meaning in the last three days) taking this medication or treatment. If response is “no,” skip to **subquestion e**.
- d. Give the date when the participant started taking this medication or treatment **most recently**. Skip to **subquestion f** after completing this question. If the participant is not **currently** taking this medication, then do not answer this question; instead skip to **subquestion e**.
- e. Give the start and stop dates of the time the participant last started and stopped taking this medication or treatment.
- f. Indicate if the participant has started and stopped taking this medication or treatment before the dates given in subquestion d (for current use) or e (for last use).
- g. Give the start and stop dates.
- h. Indicate if the participant had started and stopped taking this medication before the dates given in subquestion g.
- i. Give the start and stop dates.

In the box for **DRUG2**, specify the name of the **second** medication the participant is taking or has taken for high thyroid hormone. Repeat for as many different medications as she is taking or has taken for high thyroid hormone. If she has taken more than three medications for high thyroid hormone, you may Xerox page 9 of the form to record additional medications.

If she has taken no other medications for high thyroid hormone, skip to **Question B6**.

- B6. Indicate whether the participant has had a health care provider give her a new diagnosis of Hashimoto’s thyroiditis or low thyroid hormone since her (MONTH) study visit. If response is “yes,” skip to **Question B6b**.
- a. Indicate whether the participant has **ever** been told by a health care provider that she has Hashimoto’s thyroiditis or low thyroid hormone. If participant answers “no,” skip to **Question B7**.
  - b. Enter the date the participant was **first** told by a health care provider that she had low thyroid hormone.
  - c. Indicate if the participant is currently taking or has ever taken any medications or other treatments for low thyroid hormone. If participant answers “no,” skip to **Question B7**.

**ADFs1 for Hashimoto’s thyroiditis (low thyroid hormone):**

**HAND THE PARTICIPANT RESPONSE CARD C5, MEDICATIONS FOR HASHIMOTO’S THYROIDITIS (LOW THYROID HORMONE).**

- a. In the “DISEASE” field, circle “5” for “Low thyroid.”
- b. In the box for **DRUG1**, specify the name of the **first** medication or treatment the participant is currently taking, or has taken in the past, for low thyroid hormone.

- c. Indicate if the participant is **currently** (meaning in the last three days) taking this medication or treatment. If response is “no,” skip to **subquestion e**.
- d. Give the date when the participant started taking this medication or treatment **most recently**. Skip to **subquestion f** after completing this question. If the participant is not **currently** taking this medication, then do not answer this question; instead skip to **subquestion e**.
- e. Give the start and stop dates of the time the participant last started and stopped taking this medication or treatment.
- f. Indicate if the participant has started and stopped taking this medication or treatment before the dates given in subquestion d (for current use) or e (for last use).
- g. Give the start and stop dates.
- h. Indicate if the participant had started and stopped taking this medication before the dates given in subquestion g.
- i. Give the start and stop dates.

In the box for **DRUG2**, specify the name of the **second** medication the participant is taking or has taken for low thyroid hormone. Repeat for as many different medications as she is taking or has taken for low thyroid hormone. If she has taken more than three medications for low thyroid hormone, you may Xerox page 11 of the form to record additional medications.

If she has taken no other medications for low thyroid hormone, skip to **Question B7**.

- B7. Record the time module was completed.