WOMENS INTERAGENCY HIV STUDY FOLLOW-UP AUTOIMMUNE DISEASE FORM (ADF02)

SECTION A. GENERAL INFORMATION

A1.	PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE	
A2.	VISIT #:	
A3.	VERSION DATE:	04/01/13
A4.	DATE OF INTERVIEW:	_ / / M D Y
A5.	INTERVIEWER'S INITIALS:	
A6.	DATE FORM LAST ADMINISTERED	
A7.	TIME MODULE STARTED:	: AM 1 PM 2
B1.	high thyroid hormone, or Hashimoto's thyroiditis or low thyroi	
	YES NO	
	110	2 (D 1)

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B2.	Since your (MONTH) study visit, has a heal	th care provider given you a new diagnosis of Lupus?
	YES	1
	NO	2 (B3)
b.	When were you first told you had Lupus?	_ / / M D Y
c.	Since your (MONTH) study visit, have you	taken any medications or other treatments for Lupus?
	YES	
	NO	2 (B3)

HAND P.	HAND PARTICIPANT RESPONSE CARD C1.			ii. STOP DATE
Specify w	Specify which drugs or treatments you have taken for treatment of Lupus:		(MM/DD/YY)	(MM/DD/YY)
DRUG1	a. DISEASE: Lupus1	d. When did you start taking this drug (treatment) most recently?	_ / (f)	
		e. When did you last start and stop taking this drug (treatment)?	////	_ / / (f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
	c. Are you currently taking this drug (treatment)? YES1	g. When?	/ /	/ / (h)
		h. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
	NO2 (e)	i. When?	_ / /	_/

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	ARTICIPANT RESPONSE CARD C1.		i. START DATE	ii. S
Specify w	vhich drugs or treatments you have tak	en for treatment of Lupus:	(MM/DD/YY)	(.
		d. When did you start taking this drug (treatment)		

HAND P	ARTICIPANT RESPONSE CARD C1	•	i. START DATE	ii. STOP DATE
Specify w	hich drugs or treatments you have tak	ten for treatment of Lupus:	(MM/DD/YY)	(MM/DD/YY)
DRUG2	a. DISEASE:	d. When did you start taking this drug (treatment) most recently?	/ / (f)	
	Lupus1	e. When did you last start and stop taking this drug (treatment)?	////	/ /(f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG3)		
	c. Are you currently taking this drug?	g. When?	/ /	_ / (h)
	YES1 NO2 (e)	h. Did you start and stop taking it before that? YES1 NO		
		i. When?	/ /	////
DRUG3	a. DISEASE:	d. When did you start taking this drug (treatment) most recently?	/// (f)	
	Lupus1	e. When did you last start and stop taking this drug (treatment)?	/ /	_/ / (f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (B3)		
	c. Are you currently taking this drug	g. When?	////	_ / (h)
	(treatment)? YES1	h. Did you start and stop taking it before that? YES1 NO2 (B3)		
	NO2 (e)	i. When?	_ _ / _ _ / _	_ / /

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В3.	Since your (MONTH) study visit, has a health care p	rovider given you a new diagnosis of Sjogren's syndrome?
	YES	1
	NO	
b.	When were you first told you had Sjogren's syndrom	ne? _ / / Y
c.	Since your (MONTH) study visit, have you taken any	y medications or other treatments for Sjogren's syndrome?
	YES	1
	NO	2 (B4)

HAND P.	HAND PARTICIPANT RESPONSE CARD C2.			ii. STOP DATE
Specify w	Specify which drugs or treatments you have taken for treatment of Sjogren's syndrome:		(MM/DD/YY)	(MM/DD/YY)
DRUG1	a. DISEASE: Sjogren's2	d. When did you start taking this drug (treatment) most recently?	_ / (f)	
		e. When did you last start and stop taking this drug (treatment)?	////	_ / / (f)
b. SPECI	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
	c. Are you currently taking this drug (treatment)? YES1 NO2 (e)	g. When?	//	/ / (h)
		h. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
		i. When?	_ / /	_ _ / _ _ / _

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HANI	D PARTICIPANT RESPONSE CARD C2	•	i. START DATE	ii. S
Specif	y which drugs or treatments you have tak	en for treatment of Sjogren's syndrome:	(MM/DD/YY)	(
		d. When did you start taking this drug (treatment)		

HAND P	HAND PARTICIPANT RESPONSE CARD C2.			ii. STOP DATE
Specify w	hich drugs or treatments you have tak	en for treatment of Sjogren's syndrome:	(MM/DD/YY)	(MM/DD/YY)
DRUG2	a. DISEASE:	d. When did you start taking this drug (treatment) most recently?	/ / (f)	
	Sjogren's2	e. When did you last start and stop taking this drug (treatment)?	////	_ / (f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG3)		
	c. Are you currently taking this drug	g. When?	_ _ / _ / _	_/ (h)
	(treatment)? YES1	h. Did you start and stop taking it before that? YES1 NO		
	NO2 (e)	i. When?	////	////
DRUG3	a. DISEASE:	d. When did you start taking this drug (treatment) most recently?	/ / (f)	
b. SPECIFY DRU	Sjogren's2	e. When did you last start and stop taking this drug (treatment)?	////	//(f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (B4)		
	c. Are you currently taking this drug (treatment)? YES1	g. When?	_ _ / _ / _	_ / (h)
		h. Did you start and stop taking it before that? YES1 NO2 (B4)		
	NO2 (e)	i. When?		

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B4.	Since your (MONTH) study visit, has a h	nealth care provider given you a new diagnosis of Multiple Sclerosis (MS)?
	YES	1
	NO	2 (B5)
b.	When were you first told you had MS?	_ / / M D Y
c.	Since your (MONTH) study visit, have y	ou taken any medications or other treatments for MS?
	YES	1
	NO	2 (B5)

HAND P.	HAND PARTICIPANT RESPONSE CARD C3.			ii. STOP DATE
Specify w	Specify which drugs or treatments you have taken for treatment of MS:			(MM/DD/YY)
DRUG1	a. DISEASE: MS3	d. When did you start taking this drug (treatment) most recently?	_ / (f)	
		e. When did you last start and stop taking this drug (treatment)?	////	_ / / (f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
	c. Are you currently taking this drug (treatment)? YES1	g. When?	//	/ / (h)
		h. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
	NO2 (e)	i. When?	_ / /	_/

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HA	ND PARTICIPANT RESPONSE CARD C3	•	i. START DATE	ii. S
Spe	cify which drugs or treatments you have tak	ten for treatment of MS:	(MM/DD/YY)	(
		d. When did you start taking this drug (treatment)	1 1 1/1 1 1/1 1 1/65	

HAND PARTICIPANT RESPONSE CARD C3.			i. START DATE	ii. STOP DATE
Specify which drugs or treatments you have taken for treatment of MS:			(MM/DD/YY)	(MM/DD/YY)
DRUG2	a. DISEASE:	d. When did you start taking this drug (treatment) most recently?	_ / (f)	
	MS3	e. When did you last start and stop taking this drug (treatment)?	//	_ / (f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG3)		
	c. Are you currently taking this drug	g. When?	_ _ / _ / _	_ / (h)
(treatment)?		h. Did you start and stop taking it before that? YES1 NO		
	NO2 (e)	i. When?		
DRUG3	a. DISEASE:	d. When did you start taking this drug (treatment) most recently?	_ / (f)	
	MS3	e. When did you last start and stop taking this drug (treatment)?		//(f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (B5)		
	c. Are you currently taking this drug (treatment)? YES1	g. When?	_ _ / _ / _	_/ (h)
		h. Did you start and stop taking it before that? YES1 NO2 (B5)		
	NO2 (e)	i. When?	_ / /	 _ / /

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B5.	Since your (MONTH) study visit, has a health care provider given you a new diagnosis of Graves disease or high thyroid hormone?
	YES1
	NO
b.	When were you first told you had high thyroid hormone? _ / / M D Y
c.	Since your (MONTH) study visit, have you taken any medications or other treatments for high thyroid hormone?
	YES1
	NO

HAND PARTICIPANT RESPONSE CARD C4.			i. START DATE (MM/DD/YY)	ii. STOP DATE
Specify w	Specify which drugs or treatments you have taken for treatment of high thyroid hormone:			(MM/DD/YY)
DRUG1	a. DISEASE: high thyroid4	d. When did you start taking this drug (treatment) most recently?	//(f)	
		e. When did you last start and stop taking this drug (treatment)?	////	/ / (f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
	c. Are you currently taking this drug	g. When?	////	_/ / (h)
	(treatment)? YES1	h. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
	NO2 (e)	i. When?	_ / /	_/

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HAND P	PARTICIPANT RESPONSE CARD C4		i. START DATE	ii. S
Specify v	which drugs or treatments you have tak	en for treatment of high thyroid hormone:	(MM/DD/YY)	(1
		d. When did you start taking this drug (treatment)		

HAND P	ARTICIPANT RESPONSE CARD C4	i. START DATE	ii. STOP DATE	
Specify which drugs or treatments you have taken for treatment of high thyroid hormone:			(MM/DD/YY)	(MM/DD/YY)
DRUG2	a. DISEASE:	d. When did you start taking this drug (treatment) most recently?	_ / (f)	
	High thyroid4	e. When did you last start and stop taking this drug (treatment)?	//	_ / (f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG3)		
	c. Are you currently taking this drug	g. When?	_ _ / _ / _	_ / (h)
	(treatment)? YES1	h. Did you start and stop taking it before that? YES1 NO		
	NO2 (e)	i. When?		////
DRUG3	a. DISEASE: High thyroid4 b. SPECIFY DRUG/TREATMENT:	d. When did you start taking this drug (treatment) most recently?	_ / (f)	
		e. When did you last start and stop taking this drug (treatment)?		_/ (f)
		f. Did you start and stop taking it before that? YES1 NO2 (B6)		
	c. Are you currently taking this drug (treatment? YES1	g. When?	_ _ / _ / _ _	_ / (h)
		h. Did you start and stop taking it before that? YES1 NO		
	NO2 (e)	i. When?	/ /	

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B6.	Since your (MONTH) study visit, has a health care provider given you a new diagnosis of Hashimoto's thyroiditis or low thyroid hormone?
	YES1
	NO
b.	When were you first told you had low thyroid hormone? _ / / / M D Y
c.	Since your (MONTH) study visit, have you taken any medications or other treatments for low thyroid hormone?
	YES

HAND PARTICIPANT RESPONSE CARD C5. Specify which drugs or treatments you have taken for treatment of low thyroid hormone:			i. START DATE (MM/DD/YY)	ii. STOP DATE (MM/DD/YY)
DRUG1	a. DISEASE: Low thyroid	d. When did you start taking this drug (treatment) most recently?	_ / / (f)	
		e. When did you last start and stop taking this drug (treatment)?	/	///(f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG2)		
	c. Are you currently taking this drug (treatment)? YES1 NO2 (e)	g. When?	_ _ / _ / _	_ / (h)
		h. Did you start and stop taking it before that? YES1 NO		
		i. When?		

	ARTICIPANT RESPONSE CARD C5 thich drugs or treatments you have tal	i. START DATE (MM/DD/YY)	ii. STOP DATE (MM/DD/YY)	
DRUG2	a. DISEASE: Low thryoid5	d. When did you start taking this drug (treatment) most recently?	/ / (f)	
		e. When did you last start and stop taking this drug (treatment)?	//	_ / / (f)
	b. SPECIFY DRUG/TREATMENT:	f. Did you start and stop taking it before that? YES1 NO2 (DRUG3)		
	c. Are you currently taking this drug (treatment)? YES1	g. When?	////	_ / (h)
		h. Did you start and stop taking it before that? YES1 NO2 (DRUG3)		
	NO2 (e)	i. When?	/ /	////
DRUG3	a. DISEASE: Low thyroid5 b. SPECIFY DRUG/TREATMENT:	d. When did you start taking this drug (treatment) most recently?	////(f)	
		e. When did you last start and stop taking this drug (treatment)?	/ /	_ / / (f)
		f. Did you start and stop taking it before that? YES1 NO2 (B7)		
	c. Are you currently taking this drug (treatment)? YES1	g. When?	/ /	_ / (h)
		h. Did you start and stop taking it before that? YES1 NO2 (B7)		
	NO2 (e)	i. When?	/ /	
END ADF02s1				
B7.	TIME MODULE ENDED:		M 1 M 2	

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