

B2. During the past 4 weeks, has your health kept you from working at a job, doing work around the house, going to school or taking care of children:

- All of the time 1
- Some of the time..... 2
- None of the time 3

B3. How much bodily pain have you generally had during the past 4 weeks:

- None 1
- Very Mild 2
- Mild 3
- Moderate..... 4
- Severe 5
- Very Severe 6

B4. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups:

- Not at all 1
- Slightly 2
- Moderately 3
- Quite a bit 4
- Extremely 5

B5. During the past 4 weeks, have you been unable to do certain kinds or amounts of work, housework, school work or caring for children because of your health:

- All of the time 1
- Some of the time..... 2
- None of the time 3

B6. During the past 4 weeks, how much did bodily pain interfere with normal work (including work outside the house and housework):

- Not at all 1
- Slightly 2
- Moderately 3
- Quite a bit 4
- Extremely 5

B7. HAND PARTICIPANT RESPONSE CARD 13A.

How much, if at all, does your health limit you in each of the following activities? Please tell me if you are limited a lot, limited a little, or not at all limited.

	LIMITED A LOT	LIMITED A LITTLE	NOT AT ALL LIMITED
How much does <u>your health</u> limit:			
a. The kinds or amounts of <u>vigorous activities</u> you can do, like lifting heavy objects, running, or participating in strenuous sports?.....	1	2	3

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How much does <u>your health</u> limit:	LIMITED A LOT	LIMITED A LITTLE	NOT AT ALL LIMITED
b. The kinds or amounts of <u>moderate activities</u> you can do, like moving a table, or carrying groceries?.....	1	2	3
c. Walking uphill or climbing a few flights of stairs?.....	1	2	3
d. Eating, dressing, bathing, or using the toilet?.	1	2	3

B8. HAND PARTICIPANT RESPONSE CARD 13.

For each of the following questions, please tell me the answer that comes closest to the way you have been feeling during the past 4 weeks. Please tell me if you have been feeling that way all of the time, most of the time, a good bit of the time, some of the time, a little of the time, or none of the time.

How much of the time during the <u>past 4 weeks</u> :	ALL OF THE TIME	MOST OF THE TIME	A GOOD BIT OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
a. Has <u>your</u> physical health or emotional problems limited your social activities (like visiting with friends or close relatives)?.....	1	2	3	4	5	6
b. Did you have trouble keeping your attention on an activity for long?.....	1	2	3	4	5	6
c. Did you have difficulty reasoning and solving problems?	1	2	3	4	5	6
d. Have you felt calm and peaceful?	1	2	3	4	5	6
e. Have you been downhearted and blue?.....	1	2	3	4	5	6
f. Did you feel tired?.....	1	2	3	4	5	6
g. Did you have enough energy to do the things you want to do?	1	2	3	4	5	6
h. Have you been happy?	1	2	3	4	5	6

B9. HAND PARTICIPANT RESPONSE CARD 14.

Please indicate the extent to which the following statements are true or false for you. Are they definitely true, mostly true, are you not sure, are they mostly false or definitely false?

	DEFINITELY TRUE	MOSTLY TRUE	NOT SURE	MOSTLY FALSE	DEFINITELY FALSE
a. My health is excellent	1	2	3	4	5
b. I have been feeling bad lately	1	2	3	4	5

B10. HAND PARTICIPANT RESPONSE CARD 15.

Overall, how would you rate your quality of life. Please tell me which number is closest with “0” being the worst possible quality of life and “10” being the best possible quality of life.



WORST POSSIBLE QUALITY OF LIFE (AS BAD OR WORSE THAN BEING DEAD)

HALF-WAY BETWEEN WORST AND BEST

BEST POSSIBLE QUALITY OF LIFE

SECTION C: CES-D DEPRESSION SCALE

HAND PARTICIPANT RESPONSE CARD 16.

I am going to read a list of the ways you might have felt or behaved in the past week. Please tell me how often you have felt this way during the past week.

NOTE THAT RESPONSE CARD CATEGORIES ARE AS FOLLOWS:
 1 = Rarely or none of the time (less than 1 day)
 2 = Some or a little of the time (1–2 days)
 3 = Occasionally or moderate amount of time (3–4 days)
 4 = Most or all of the time (5–7 days)

During the past week...	RARELY (Less than one day)	SOME (1–2 days)	OCCASIONALLY (3–4 days)	MOST (5–7 days)
C1. I was bothered by things that usually don't bother me.	1	2	3	4
C2. I did not feel like eating; my appetite was poor.....	1	2	3	4
C3. I felt that I could not shake off the blues even with help from my family or friends	1	2	3	4
C4. I felt that I was just as good as other people..	1	2	3	4

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During the past week...

	RARELY (Less than one day)	SOME (1-2 days)	OCCASIONALLY (3-4 days)	MOST (5-7 days)
C5. I had trouble keeping my mind on what I was doing	1	2	3	4
C6. I felt depressed	1	2	3	4
C7. I felt that everything I did was an effort.....	1	2	3	4
C8. I felt hopeful about the future	1	2	3	4

During the past week...

C9. I thought my life had been a failure.	1	2	3	4
C10. I felt fearful.	1	2	3	4
C11. my sleep was restless.	1	2	3	4
C12. I was happy.	1	2	3	4
C13. I talked less than usual	1	2	3	4

During the past week...

C14. I felt lonely	1	2	3	4
C15. People were unfriendly	1	2	3	4
C16. I enjoyed life	1	2	3	4
C17. I had crying spells	1	2	3	4

During the past week...

C18. I felt sad.....	1	2	3	4
C19. I felt that people dislike me.....	1	2	3	4
C20. I could not get “going”	1	2	3	4

PROMPT: FOR SOUTHERN CALIFORNIA SITES READ: “Thank you very much for your responses; we have completed the interview” AND SKIP TO QUESTION H4. FOR ALL OTHER PARTICIPANTS, PROCEED TO QUESTION E4.

E4. IS FORM BEING ADMINISTERED AT AN ODD-NUMBERED VISIT (E.G., 25, 27, ETC.)?

- YES 1
- NO 2 (SECTION F)

E5. IS THIS PARTICIPANT'S BASELINE VISIT?

- YES 1
- NO 2 (H4)

SECTION F: SEXUAL ABUSE

INTRODUCTION: At times we may be in difficult situations or things may happen to us that we cannot control, like sexual abuse or physical harm. We realize recalling such experiences can be difficult, so if you need to have some time during these next few sections, just let me know and we will take a break for a few minutes.

F1. Since your (MONTH) study visit, has anyone pressured or forced you to have sexual contact? By sexual contact I mean them touching your sexual parts, you touching their sexual parts, or sexual intercourse.

- YES 1
- NO 2 (SECTION G)
- DON'T KNOW <-8> (SECTION G)
- DECLINED <-7> (SECTION G)

F2. Has it stopped?

- YES 1
- NO 2

F4. Since your (MONTH) study visit, have you been forced to have sex with someone who you now know was HIV positive or had AIDS?

- YES 1
- NO 2
- DON'T KNOW <-8>
- DECLINED <-7>

REFER PARTICIPANT TO COUNSELOR

SECTION G: DOMESTIC VIOLENCE

Since your (MONTH) study visit, has a current or previous partner: [ASK G1–G7] FOR EACH “YES” ASK “a”	<u>YES</u> <u>NO</u>	a. HAND PARTICIPANT RESPONSE CARD 18. When was the most recent time your partner (G1–G7)? Was it: 1 = Within the past week 2 = More than a week ago, but within the past month 3 = More than 1 month ago, but within the past 6 months 4 = More than 6 months ago
G1. threatened to hurt you or kill you?	1 2 (G2)	1 2 3 4
G2. prevented you from leaving or entering your house?	1 2 (G3)	1 2 3 4
G3. prevented you from seeing friends?	1 2 (G4)	1 2 3 4
G4. prevented you from making phone calls?	1 2 (G5)	1 2 3 4
G5. prevented you from getting or keeping a job?	1 2 (G6)	1 2 3 4
G6. prevented you from continuing your education?	1 2 (G7)	1 2 3 4
G7. prevented you from seeking medical attention?	1 2 (G8)	1 2 3 4

REFER PARTICIPANT TO COUNSELOR

G8. Since your (MONTH) study visit, have you talked with your current or previous partner about using a condom or other barrier method such as dental dams?

YES..... 1
 NO 2 **(G10)**

G9. Since your (MONTH) study visit, has your current or previous partner threatened you when you talked about using a condom or other barrier method (such as dental dams)?

YES..... 1
 NO 2

G10. Since your (MONTH) study visit, have you been afraid that your current or previous partner would threaten you or hurt you if you asked him/her to use a condom or other barrier method (such as dental dams)?

YES..... 1
 NO 2

G11. The next few questions are about a relationship that you may currently have with a partner. Before I ask you these questions, please remind me if you are currently in a relationship with someone that you think of as your partner? (**PROBE:** This could be your lover, boyfriend, girlfriend, husband, etc.)

YES..... 1
 NO 2 **(G14)**

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G12. Do you feel afraid of your partner?

YES
NO 2

G13. Do you ever feel that your partner might try to kill you?

YES
NO 2
DECLINED

G14. Are you afraid to go home?

YES
NO 2
DON'T KNOW
DECLINED

REFER PARTICIPANT TO COUNSELOR

SECTION H: PHYSICAL VIOLENCE

H1. Since your (MONTH) study visit, have you experienced serious physical violence (physical harm by another person)? By that I mean were you ever hurt by a person using an object or were you ever slapped, hit, punched, kicked?

YES 1
NO 2 **(H4)**
DON'T KNOW **(H4)**
DECLINED **(H4)**

H2. Has it stopped?

YES
NO

REFER PARTICIPANT TO COUNSELOR

H4. TIME MODULE ENDED:

|_|_| : |_|_| AM..... 1
PM..... 2