WOMEN'S INTERAGENCY HIV STUDY FORM MEN01: MENOPAUSE SYMPTOMS QUESTIONNAIRE

PROMPT: DO NOT ADMINISTER FORM IF PARTICIPANT IS CURRENTLY PREGNANT.

SECTION A: GENERAL INFORMATION

| A1. | PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE | - - - - |
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| A2. | WIHS STUDY VISIT #: | |
| A3. | FORM VERSION: | 10/01/11 |
| A4. | DATE OF INTERVIEW: | _/ _ / M D Y |
| A5. | INTERVIEWER'S INITIALS: | |
| A6. | TIME MODULE BEGAN: | _ : AM1 PM2 |
| | SECTION B: STRAW | QUESTIONS |
| B1. | HAND PARTICIPANT FOLLOW-UP RESPON When did you last have a period? | ISE CARD M1. |
| | I had my period within the last month | 1 |
| | My last period was more than 1 month ago within the last 3 months | |
| | My last period was more than 3 months ag within the last 6 months | |
| | My last period was more than 6 months ag within the last 9 months | |
| | My last period was more than 9 months ag within the last year | * |
| | My last period was more than 1 year ago | 6 (B3) |
| B2. | In the last year, have you skipped any periods wh | en you were not pregnant or breast feeding? |
| | YES | |
| a | In the past six months, at any time have you gone bleeding? | more than two months without menstrual |
| | YES NO | |
| | NO, PT. HAS NOT HAD PERIOD AT A | |

| WIHS | S ID# | | | | | |
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| D2 | | To 41 4 4 | 1 | . 1.4 1 1 | | . 0 |
| В3. | | - | rs, has your period come | - | | |
| | | YES | | | 1 | |
| | | | | | | , |
| | | NO, PT. HAS | NOT HAD PERIOD A | T ALL IN LAST | 2 YEARS3 | (SECTION C) |
| | a. | How many times i | in the past two years, | | | |
| | | has that happened | - | | | |
| | | Q X 1 Q | | | | |
| | | SECI | FION C: SWAN QUES | STIONNAIRE Q | UESTIONS | |
| PRO |)MP | Γ: HAND PARTIC | CIPANT FOLLOW-UP | RESPONSE CA | ARD M2. | |
| | | | about specific health pro | | | past two weeks. |
| | | | wo weeks, how often ha | | | • |
| | | _ | | | | |
| C1. | Ho | flashes or flushes? | | | | |
| | | Not at all | | | (C2) | |
| | | 1-5 days | | 2 | , | |
| | | 6-8 days | | 3 | | |
| | | • | | | | |
| | | | | | | |
| | | | | | | |
| | a. | | you have hot flashes or t | | | |
| | | many times each | day do you usually have | e them? | | |
| | | | | | | |
| | b. | How much are yo | ou usually bothered by h | ot flashes or flush | nes? | |
| | | Not at all | | 1 | | |
| | | | | | | |
| | | • | | | | |
| | | - | | | | |
| | | | | | | |
| C2. | Col | d sweats? | | | | |
| | | Not at all | | 1 | (C3) | |
| | | | | | (65) | |
| | | • | | | | |
| | | • | | | | |
| | | | | | | |
| | | Every day | | | | |
| | a. | On the days that | you have cold sweats, he | ow many | | |
| | | | o you usually have them | | | |
| | | • | | | | |
| | b. | How much are yo | ou usually bothered by c | cold sweats? | | |
| | | Not at all | | 1 | | |
| | | Very little | | 2 | | |
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| Thin | king l | back over the past two weeks, how often have you had | | | |
| C3. | Nigl | ht sweats? | | | |
| | | Not at all1 | (C4) | | |
| | | 1-5 days | (64) | | |
| | | 6-8 days | | | |
| | | 9-13 days | | | |
| | | Every day5 | | | |
| | | | | | |
| | a. | On the nights that you have night sweats, how many | | | |
| | | times each night do you usually have them? | | | |
| | b. | How much are you usually bothered by night sweats? | | | |
| | | Not at all 1 | | | |
| | | Very little2 | | | |
| | | Moderately3 | | | |
| | | A lot4 | | | |
| C1 | C. C | | | | |
| C4. | Still | fness or soreness in joints, neck or shoulders? | | | |
| | | Not at all1 | (C5) | | |
| | | 1-5 days2 | | | |
| | | 6-8 days3 | | | |
| | | 9-13 days4 | | | |
| | | Every day5 | | | |
| | a. | How much are you usually bothered by stiffness or sorene | ss in joints, neck or shoulders? | | |
| | | Not at all 1 | | | |
| | | Very little2 | | | |
| | | Moderately3 | | | |
| | | A lot 4 | | | |
| C5. | Irrit | ability or grouchiness? | | | |
| | | Not at all1 | (C6) | | |
| | | 1-5 days2 | | | |
| | | 6-8 days3 | | | |
| | | 9-13 days4 | | | |
| | | Every day5 | | | |
| | a. How much are you usually bothered by irritability or grouchiness? | | | | |
| | | Not at all 1 | | | |
| | | Very little2 | | | |
| | | Moderately3 | | | |
| | | A lot 4 | | | |

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| Think | ring back over the past two weeks, how often have you felt |
| C6. | Tense or nervous? |
| | Not at all 1 (D4) 1-5 days 2 6-8 days 3 9-13 days 4 Every day 5 |
| | a. How much are you usually bothered by feeling tense or nervous? |
| | Not at all 1 Very little 2 Moderately 3 A lot 4 |
| D4. | TIME MODULE ENDED: : AM |