

**WOMEN'S INTERAGENCY HIV STUDY
ABBREVIATED VISIT QUESTIONNAIRE
FORM ABRV**

SECTION A: GENERAL INFORMATION

- A1. WIHS ID NUMBER: |_| - |_|_| - |_|_|_|_| - |_|
- A2. WIHS STUDY VISIT #: ___ ___
- A3. FORM VERSION: 0 8 / 0 1 / 9 7
- A4. DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___
 M D Y
- A5. INTERVIEWER'S INITIALS: ___ ___ ___
- A6. DATE OF LAST STUDY VISIT:
(FROM VISIT CONTROL SHEET) ___ ___ / ___ ___ / ___ ___
 M D Y
- A7. PARTICIPANT'S DATE OF BIRTH: ___ ___ / ___ ___ / ___ ___
 M D Y
- A8. TIME MODULE BEGAN: |_|_| : |_|_| AM1
 PM2
- A9. PARTICIPANT STATUS (REASON FOR ABBREVIATED VISIT):
 PARTICIPANT IS INCARCERATED OR UNDER HOME DETENTION WITH
 RESTRICTIONS (TIME, ILLNESS OR REGULATIONS)1
 PARTICIPANT IS TOO ILL2

PROMPT: IF ABBREVIATED VISIT INTERVIEW IS CONDUCTED BY TELEPHONE AND PARTICIPANT WILL NOT BE SEEN FOR EXAMS/SPECIMEN COLLECTION, THEN A MEDICAL RECORD RELEASE FORM SHOULD BE MAILED TO THE PARTICIPANT ALONG WITH A SELF ADDRESSED STAMPED ENVELOPE. ABSTRACTION CANNOT BE PERFORMED WITHOUT THE PARTICIPANT'S SIGNED CONSENT.

- A10. INTERVIEW TOOK PLACE...
- BY TELEPHONE..... 1 **(SECTION B)**
- IN PERSON 2
- a. INTERVIEW WAS CONDUCTED IN:
- WIHS CLINIC..... 1
- OTHER CLINIC 2
- (SPECIFY) _____
- PARTICIPANT'S HOME 3
- FAMILY/PARTNER'S HOME..... 4
- CORRECTIONAL FACILITY 5
- DRUG TREATMENT CENTER..... 6
- HOSPICE 7
- HOSPITAL 8
- OTHER 9
- (SPECIFY) _____

SECTION B: SOCIODEMOGRAPHICS / HEALTH STATUS

INTRODUCTION: Thank you for continuing to participate in this study. Although at this time you are unable to complete the entire study visit, your answers to the next few questions in this shortened version are very important and as always will be kept strictly confidential. Since there are many different women in this study, some of the questions may not apply to your circumstances. Please answer the questions as best you can and if you wish to take a break or stop just let me know. I will go through this questionnaire as quickly as possible. Again, thank you for your time and energy.

B1. Where are you living now?

- IN OWN HOUSE/APARTMENT1
 - AT PARENT’S HOUSE.....2
 - SOMEONE ELSE’S HOUSE/APARTMENT3
 - ROOMING/BOARDING OR HALFWAY HOUSE.....4
 - SHELTER/WELFARE HOTEL.....5
 - ON THE STREET(S) (BEACH) **6**
 - JAIL/ OTHER CORRECTIONAL FACILITY7
 - RESIDENTIAL DRUG/ALCOHOL TREATMENT FACILITY8
 - HOSPICE/LONG TERM CARE CENTER9
 - OTHER PLACE 10
- (SPECIFY) _____

IF LIVING "ON THE STREET(S)/BEACH", REFER TO SOCIAL SERVICE PROVIDER.

B2. In general, would you say that your health is:

- Excellent 1
- Very Good 2
- Good 3
- Fair..... 4
- Poor..... 5

B3. Since your (MONTH) study visit, have you experienced any of the following:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
a. a fever for more than one month straight, with a temperature over 100 degrees	1	2	<-8>	<-7>
b. diarrhea for more than one month straight, with more than 3 soft or liquid stools per day.....	1	2	<-8>	<-7>
c. major problems with memory or concentration that interfered with your normal, everyday activities, and that lasted for more than two weeks.....	1	2	<-8>	<-7>
d. numbness, tingling, or burning sensations in your arms, legs, hands or feet that lasted for more than two weeks.....	1	2	<-8>	<-7>
e. confusion, getting lost in a familiar place or inability to perform routine mental tasks.....	1	2	<-8>	<-7>
f. drenching night sweats that soak night clothes or bedding.....	1	2	<-8>	<-7>

REFER FOR DIFFERENTIAL DIAGNOSIS TO PARTICIPANT'S MEDICAL PROVIDER

Now I am going to ask you more specific questions about medical conditions you may have experienced since your study visit on __/__/__. For these questions, I am going to use the words "health care provider" to mean any doctor, nurse, physician's assistant or nurse practitioner you go to for medical care.

B4. Since your (MONTH) study visit, has a health care provider told you that you had PCP, *Pneumocystis carinii* pneumonia?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2
- DON'T KNOW <-8>
- DECLINED..... <-7>

B5. Since your (MONTH) study visit, has a health care provider told you that you had another type of pneumonia, lung infection?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2 (B6)
- DON'T KNOW <-8> (B6)
- DECLINED..... <-7> (B6)

a. Since your (MONTH) study visit, how many times have you had pneumonia that required antibiotics, not counting PCP?

|_|_|
TIMES

B6. Since your (MONTH) study visit, has a health care provider told you that you had cancer, including skin cancer, lymphoma, Kaposi's sarcoma, Hodgkin's disease, breast cancer or cancer of the female organs—the cervix, ovaries or uterus?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2 (B7)
- DON'T KNOW <-8> (B7)
- DECLINED..... <-7> (B7)

a. What kind of cancer was it?
(SPECIFY) _____

B7. Since your (MONTH) study visit, have you had tuberculosis / TB?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2
- DON'T KNOW <-8>
- DECLINED..... <-7>

B8. Since your (MONTH) study visit, has a health care provider told you that you had Candida or thrush, a yeast infection of the esophagus, the swallowing tube, not just in your mouth?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2
- DON'T KNOW <-8>
- DECLINED..... <-7>

B9. (Since your (MONTH) study visit, has a health care provider told you that you had) an M-A-I infection which is sometimes called M-A-C or MAC?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2
- DON'T KNOW <-8>
- DECLINED..... <-7>

B10. (Since your (MONTH) study visit, has a health care provider told you that you had) Wasting Syndrome, in other words, severe weight loss?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2
- DON'T KNOW <-8>
- DECLINED..... <-7>

B11. (Since your (MONTH) study visit, has a health care provider told you that you had) C-M-V, cytomegalovirus infection?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2 (B12)
- DON'T KNOW <-8> (B12)
- DECLINED..... <-7> (B12)

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. Was it in your in your eye (retinitis)?..... | 1 | 2 |
| b. Was it somewhere else?..... | 1 | 2 |

B12. Since your (MONTH) study visit, has a health care provider told you that you had Shingles (Herpes Zoster)?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2
- DON'T KNOW <-8>
- DECLINED..... <-7>

B13. Since your (MONTH) study visit, has a health care provider told you that you had AIDS?

- YES..... 1
- NO/NEVER HEARD OF IT..... 2
- DON'T KNOW <-8>
- DECLINED..... <-7>

B14. Since your (MONTH) study visit, have you been admitted to the hospital for any reason? This would include staying overnight or being admitted for a procedure that was done in one day. Please include all medical and psychiatric hospitalizations. This does not include being treated in the emergency room and later released.

- YES..... 1
- NO..... 2 (B15)
- DON'T KNOW <-8> (B15)
- DECLINED..... <-7> (B15)

a. How many times since your (MONTH) study visit?

|_|_|_|
TIMES

PROMPT: IF ANY ANSWERS TO B4 - B14 = YES, CHECK OFF CORRESPONDING BOX ON ABBREVIATED VISIT ABSTRACT TRACKING CHECKLIST (ABRV ATC). FOLLOWING COMPLETION OF INTERVIEW, OBTAIN DATES, NAMES AND ADDRESSES IN COLUMNS b AND c OF ABRV ATC.

IF THE ABBREVIATED VISIT IS CONDUCTED IN PERSON, OBTAIN MEDICAL RECORD RELEASE. IF ABBREVIATED VISIT INTERVIEW IS CONDUCTED BY TELEPHONE AND PARTICIPANT WILL NOT BE SEEN FOR EXAMS/SPECIMEN COLLECTION, THEN A MEDICAL RECORD RELEASE FORM SHOULD BE MAILED TO THE PARTICIPANT ALONG WITH A SELF ADDRESSED STAMPED ENVELOPE. ABSTRACTION CANNOT BE PERFORMED WITHOUT THE PARTICIPANT'S SIGNED CONSENT.

B15. Since your (MONTH) study visit, have you been told by a health care provider that you had any genital infections or sexually transmitted diseases?

- YES..... 1
- NO/NEVER HEARD OF IT.....2 (B16)
- DON'T KNOW <-8> (B16)
- DECLINED..... <-7> (B16)

a. Please tell me which of the following genital infections or sexually transmitted disease(s) you have been told you had:

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
i. Gonorrhea (G-C, the clap).....	1	2	<-8>	<-7>
ii. Syphilis.....	1	2	<-8>	<-7>
iii. Chlamydia.....	1	2	<-8>	<-7>
iv. P-I-D, Pelvic inflammatory disease.....	1	2	<-8>	<-7>
v. Herpes in or around your genital area ..	1	2	<-8>	<-7>
vi. Warts on around your genital area.....	1	2	<-8>	<-7>
vii. Trichomonal Vaginitis, trich.....	1	2	<-8>	<-7>
viii. Bacterial Vaginitis, B-V.....	1	2	<-8>	<-7>
ix. Yeast Vaginitis or Candida.....	1	2	<-8>	<-7>
x. Anything else?.....	1	2	<-8>	<-7>

(SPECIFY) _____

PROMPT: IF ANSWERS TO B15a.iv. AND/OR B15a.ix. = YES, CHECK OFF CORRESPONDING BOX ON ABBREVIATED VISIT ABSTRACT TRACKING CHECKLIST (ABRV ATC). FOLLOWING COMPLETION OF INTERVIEW, OBTAIN DATES, NAMES AND ADDRESSES IN COLUMNS b AND c OF ABRV ATC.

B16. Since your (MONTH) study visit, have you started taking any new medications (either by mouth or injection) **even** if you are not taking them now?

- YES..... 1
- NO.....2 (SECTION C)

Please tell me the names of **all** the medications you have started taking (even if your are not taking them now). Please include all psychiatric medicines, medicines that a health care provider prescribed for you, as well as over-the-counter or non-prescription medications and alternative treatments/ medicines.

i. NAME OF MEDICATION/ DRUG/TREATMENT	ii. Were you taking this at your (MONTH) study visit?	iii. Are you still taking it?
a. _____	YES.....1 NO2 DK<-8>	YES1 NO2 DK<-8>
b. _____	YES.....1 NO2 DK<-8>	YES1 NO2 DK<-8>
c. _____	YES.....1 NO2 DK<-8>	YES1 NO2 DK<-8>
d. _____	YES.....1 NO2 DK<-8>	YES1 NO2 DK<-8>
e. _____	YES.....1 NO2 DK<-8>	YES1 NO2 DK<-8>
f. _____	YES.....1 NO2 DK<-8>	YES1 NO2 DK<-8>
g. _____	YES.....1 NO2 DK<-8>	YES1 NO2 DK<-8>
h. _____	YES.....1 NO2 DK<-8>	YES1 NO2 DK<-8>

SECTION C: GYNECOLOGICAL HISTORY/ ALCOHOL AND DRUGS/ SEXUAL BEHAVIOR

Now I am going to ask you a few personal questions about your sexual behavior, gynecological history, and use of alcohol/cigarettes/drugs, if any.

- C1. How many different males (including men or boys) have you had sex with since your (MONTH) study visit? # of MALES: |_|_|
- C2. How many different females (including women or girls) have you had sex with since your (MONTH) study visit? # of FEMALES: |_|_|

C3. Have you had a menstrual period in the last 6 months?
YES..... 1
NO..... 2 (C5)

C4. In the past 6 months....

a. has your period been at least three days early or three days late?

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

b. have you skipped any monthly periods when you were not pregnant or breast feeding?

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

c. have you noticed any spotting or bleeding between periods?

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

REFER FOR FOLLOW-UP TO PARTICIPANT'S HEALTH CARE PROVIDER

C5. Are you currently pregnant?

YES..... 1 (C6)
NO..... 2
DON'T KNOW <-8>
DECLINED..... <-7>

a. Please remind me, did you ever have a hysterectomy?

YES..... 1
NO..... 2

b. Have you been through menopause (the change of life)?

YES..... 1
NO..... 2

C6. Since your (MONTH) study visit have you smoked cigarettes?

YES..... 1
NO..... 2

C7. Since your (MONTH) study visit, have you had a drink containing alcohol?

YES..... 1
NO..... 2

