

WOMEN'S INTERAGENCY HIV STUDY

BASELINE VISIT

PSYCHOSOCIAL MEASURES

FORM 6

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE

|_|-|_|_|-|_|_|_|_|-|_|

A2. WIHS STUDY VISIT #:

__ __

A3. FORM VERSION:

1 0 / 1 5 / 9 4
M D Y

A4. DATE OF INTERVIEW:

__ __ / __ __ / __ __
M D Y

A5. INTERVIEWER'S INITIALS:

__ __ __

A6. TIME MODULE BEGAN:

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

INTRODUCTION TO PARTICIPANT:

At this time, I am going to ask you about your thoughts and feelings.

SECTION B: QUALITY OF LIFE SCALE

B1. In general, would you say your health is:

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

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. 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.

How much does <u>your health</u> limit:	LIMITED A LOT	LIMITED A LITTLE	NOT AT ALL LIMITED
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
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

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How much of the time during the <u>past 4 weeks</u> :	A GOOD					
	ALL OF THE TIME	MOST OF THE TIME	BIT OF THE TIME	SOME OF THE TIME	A LITTLE OF THE TIME	NONE OF THE TIME
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

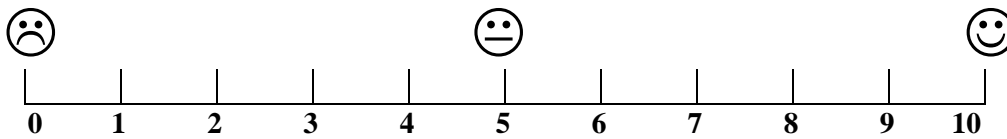
B9. HAND PARTICIPANT RESPONSE CARD 14.

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.

First, 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

During the past week...

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

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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)

	RARELY (Less than one day)	SOME (1 - 2 days)	OCCASIONALLY (3 - 4 days)	MOST (5 - 7 days)
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

SECTION D: SOCIAL SUPPORT

I am now going to ask you some questions about any type of help you may have received from family, friends, or your partner with your health.

D1. At times people may need help with caring for children, getting a ride somewhere or we may need to borrow something. Within the past month did you get this kind of help from family, friends and/or your partner?

- YES 1
- NO 2
- DECLINED..... <-7>
- DONT KNOW <-8>

D2. Within the past month, have family, friends, and/or your partner given you comfort and encouragement?

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

D3. During the past month, did family, friends, and/or your partner listen and/or try to understand your concerns (worries/troubles)?

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

SECTION E: CHILDREN

E1. These next few questions are about your children. I realize that I've already asked you questions about children and I want to be sure that you include all of your children, when you answer these questions, even the ones you've already told me about. We'd like to know about all of the children you've given birth to, that is biological children, as well as adopted, step, or foster children whether or not they live with you. Please include children 18 and over as well. Before I ask the rest of the questions, I need to know have you ever had any children?

- YES 1
- NO..... 2 **(PROMPT, PAGE 17)**
- DON'T KNOW <-8> **(PROMPT, PAGE 17)**
- DECLINED..... <-7> **(PROMPT, PAGE 17)**

E2. These next few questions are about any of your children who may have died. Have any of your biological children, adopted children, step or foster children died?

- YES 1
- NO..... 2 **(E23, PAGE 11)**
- DON'T KNOW <-8> **(E23, PAGE 11)**
- DECLINED..... <-7> **(E23, PAGE 11)**

E3. How many of your children have died?

|_|_|
CHILDREN

INSTRUCTIONS: COMPLETE THE FOLLOWING SERIES AND REPEAT FOR EACH CHILD REPORTED AT E3. YOU MAY GET A NAME OR INITIAL FOR EACH CHILD TO FACILITATE ADMINISTRATION. HOWEVER, DO NOT RECORD THE CHILD'S NAME ON THE FORM.

WIHS ID#

INTRODUCTION: These next few questions ask about [this child/these children]. We would like to find out something about the child's age and health before he or she died. If you need some time, just let me know and we will take a break.

[PAUSE OR STOP UNTIL THE PARTICIPANT SEEMS READY TO BEGIN.]

Are you ready to begin?

SERIES 1/CHILD #1 (___)

E4. How old was (___) when s/he died? |_|_| MONTHS..... 1
YEARS 2

E5. Was (___) your biological child, your adopted child, a step child, or a foster child?

BIOLOGICAL 1
ADOPTED 2
STEP/FOSTER 3

a. Was (___) living with you at the time of his/her death?	b. In what year did (___) die?	c. Was this child tested for HIV?	d. What were the test results?
YES 1 NO 2	19 _ _ (1985 OR EARLIER, SKIP TO E6)	YES..... 1 NO 2 (E6) DON'T KNOW<-8> (E6) DECLINED<-7> (E6)	HIV POSITIVE 1 HIV NEGATIVE 2 DON'T KNOW/ INDETERMINANT<-8>

E6. What was the cause of (___)'s death? _____
(SPECIFY)

PROMPT: IF E3="01", SKIP TO E22, PAGE 11.

SERIES 2/CHILD #2 (___)

E7. Now, let's talk about the next child.
How old was (___) when s/he died? |_|_| MONTHS..... 1
YEARS 2

E8. Was (___) your biological child, your adopted child, a step child, or a foster child?

BIOLOGICAL 1
ADOPTED 2
STEP/FOSTER 3

WIHS ID#

a. Was () living with you at the time of his/her death?	b. In what year did () die?	c. Was this child tested for HIV?	d. What were the test results?
YES 1 NO 2	19 _ _ (1985 OR EARLIER , SKIP TO E9)	YES 1 NO 2 (E9) DON'T KNOW <-8> (E9) DECLINED <-7> (E9)	HIV POSITIVE 1 HIV NEGATIVE 2 DON'T KNOW/ INDETERMINANT <-8>

E9. What was the cause of ()'s death? _____
(SPECIFY)

PROMPT: IF E3="02", SKIP TO E22, PAGE 11.

SERIES 3/CHILD #3 ()

E10. And now, the next child.
How old was () when s/he died? |_|_| MONTHS 1
YEARS 2

E11. Was () your biological child, your adopted child, a step child, or a foster child?
BIOLOGICAL 1
ADOPTED 2
STEP/FOSTER 3

a. Was () living with you at the time of his/her death?	b. In what year did () die?	c. Was this child tested for HIV?	d. What were the test results?
YES 1 NO 2	19 _ _ (1985 OR EARLIER , SKIP TO E12)	YES 1 NO 2 (E12) DON'T KNOW <-8> (E12) DECLINED <-7> (E12)	HIV POSITIVE 1 HIV NEGATIVE 2 DON'T KNOW/ INDETERMINANT <-8>

E12. What was the cause of ()'s death? _____
(SPECIFY)

PROMPT: IF E3="03", SKIP TO E22, PAGE 11.

SERIES 4/CHILD #4 ()

E13. And now, the next child.
How old was () when s/he died? |_|_| MONTHS 1
YEARS 2

WIHS ID#

SERIES 6/CHILD #6 (___)

E19. And, the next child.

How old was (___) when s/he died? |_|_| MONTHS1
YEARS2

E20. Was (___) your biological child, your adopted child, a step child, or a foster child?

BIOLOGICAL 1
ADOPTED 2
STEP/FOSTER 3

a. Was (___) living with you at the time of his/her death?	b. In what year did (___) die?	c. Was this child tested for HIV?	d. What were the test results?
YES 1 NO 2	19 _ _ (1985 OR EARLIER , SKIP TO E21)	YES 1 NO 2 (E21) DON'T KNOW <-8> (E21) DECLINED <-7> (E21)	HIV POSITIVE 1 HIV NEGATIVE 2 DON'T KNOW/ INDETERMINANT<-8>

E21. What was the cause of (___)'s death? _____

(SPECIFY)

E22. Do you currently have any living children? This includes biological children (that is, children you have given birth to), adopted children, as well as step or foster children whether they live with you or not.

YES1
NO2 **(PROMPT, PAGE 17)**
DON'T KNOW<-8> **(PROMPT, PAGE 17)**
DECLINED<-7> **(PROMPT, PAGE 17)**

a. How many of your children are living?

|_|_|
CHILDREN **(SKIP TO INSTRUCTIONS, BELOW)**

E23. How many children do you have? Again, please include children you have given birth to, that is, biological children, adopted children, step or foster children whether they live with you or not.

|_|_|
CHILDREN

INSTRUCTIONS: FOR EACH CHILD REPORTED AT E22a OR E23 COMPLETE THE FOLLOWING SERIES AND REPEAT FOR EACH CHILD REPORTED AT E22a OR E23. YOU MAY GET A NAME OR AN INITIAL FOR EACH CHILD TO FACILITATE ADMINISTRATION. DO NOT RECORD THE CHILD'S NAME ON THE FORM.

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CHILD #1 ()

E24. I'm going to ask you several questions about each child. Let's begin with your youngest child. Is () your biological child, your adopted child, a step child, or a foster child?

- BIOLOGICAL 1
- ADOPTED 2
- STEP/FOSTER 3

E25. How old is ()? | | | MONTHS 1
YEARS 2

E26. Is () living:

- With you 1
- With another relative 2
- In official foster care 3
- Somewhere else 4

(SPECIFY)

- DON'T KNOW <-8>
- DECLINED <-7>

E27. Has () been tested for HIV?	a. What were the test results?	b. Is () sick from HIV or AIDS?
YES..... 1	HIV POSITIVE..... 1	YES..... 1 (PROMPT)
NO 2 (PROMPT)	HIV NEGATIVE 2 (PROMPT)	NO 2 (PROMPT)
DON'T KNOW ...<-8> (PROMPT)	DON'T KNOW/ INDETERMINATE.....<-8>	DON'T KNOW ...<-8> (PROMPT)
DECLINED<-7> (PROMPT)		

PROMPT: IF E22a OR E23="01", THEN SKIP TO E48, PAGE 17.

CHILD #2 ()

E28. Now I'm going to ask you about your next (youngest) child. Is () your biological child, your adopted child, a step child, or a foster child?

- BIOLOGICAL 1
- ADOPTED 2
- STEP/FOSTER 3

E34. Is () living:

- With you 1
- With another relative 2
- In official foster care..... 3
- Somewhere else 4

(SPECIFY)

- DON'T KNOW <-8>
- DECLINED..... <-7>

E35. Has () been tested for HIV?	a. What were the test results?	b. Is () sick from HIV or AIDS?
YES 1	HIV POSITIVE..... 1	YES..... 1 (PROMPT)
NO..... 2 (PROMPT)	HIV NEGATIVE 2 (PROMPT)	NO 2 (PROMPT)
DON'T KNOW... <-8> (PROMPT)	DON'T KNOW/ INDETERMINATE <-8>	DON'T KNOW ...<-8> (PROMPT)
DECLINED..... <-7> (PROMPT)		

PROMPT: IF E22a OR E23="03", THEN SKIP TO E48, PAGE 17.

CHILD #4 ()

E36. Now I'm going to ask about your next (youngest) child. Is () your biological child, your adopted child, a step child, or a foster child?

- BIOLOGICAL 1
- ADOPTED 2
- STEP/FOSTER 3

E37. How old is ()?

|_|_| MONTHS 1
YEARS..... 2

E38. Is () living:

- With you 1
- With another relative 2
- In official foster care..... 3
- Somewhere else 4

(SPECIFY)

- DON'T KNOW <-8>
- DECLINED..... <-7>

WIHS ID#

E43. Has () been tested for HIV?	a. What were the test results?	b. Is () sick from HIV or AIDS?
YES 1	HIV POSITIVE 1	YES..... 1 (PROMPT)
NO 2 (PROMPT)	HIV NEGATIVE 2 (PROMPT)	NO 2 (PROMPT)
DON'T KNOW... <-8> (PROMPT)	DON'T KNOW/ INDETERMINATE..... <-8>	DON'T KNOW .. <-8> (PROMPT)
DECLINED..... <-7> (PROMPT)		

PROMPT: IF E22a OR E23="05", THEN SKIP TO E48, PAGE 17.

CHILD #6 ()

E44. Now I'm going to ask about your next (youngest) child. Is () your biological child, your adopted child, a step child, or a foster child?

- BIOLOGICAL 1
- ADOPTED 2
- STEP/FOSTER 3

E45. How old is ()? | | MONTHS 1
YEARS 2

E46. Is () living:

- With you 1
- With another relative 2
- In official foster care..... 3
- Somewhere else 4

(SPECIFY)

DON'T KNOW <-8>

DECLINED..... <-7>

E47. Has () been tested for HIV?	a. What were the test results?	b. Is () sick from HIV or AIDS?
YES 1	HIV POSITIVE..... 1	YES 1
NO..... 2 (E48)	HIV NEGATIVE 2 (E48)	NO..... 2
DON'T KNOW .. <-8> (E48)	DON'T KNOW/ INDETERMINATE <-8>	DON'T KNOW... <-8>
DECLINED..... <-7> (E48)		

PROMPT: IF THE PARTICIPANT REPORTS MORE THAN 6 LIVING CHILDREN, USE FORM 6A CHILDREN'S ADDENDUM.

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E48. HAND PARTICIPANT RESPONSE CARD 17.

During the past 6 months, how worried or concerned have you been about:

	<u>Not at all</u>	<u>A little bit</u>	<u>Some/ Moderately</u>	<u>Quite a bit</u>	<u>A lot/ Extremely</u>
a. Your child(ren)'s health?.....	1	2	3	4	5
b. Not being able to take care of your child(ren)?.....	1	2	3	4	5
c. Having your child(ren) taken away?	1	2	3	4	5
d. Your child(ren) possibly growing up without you?	1	2	3	4	5
e. Whether your child(ren) have HIV or AIDS?	1	2	3	4	5
f. Giving HIV to your child(ren) while you are caring for them?	1	2	3	4	5

E49. During the past 6 months:

a. How sick [has/have] your child(ren) been?	1	2	3	4	5
b. How difficult has it been to care for your child(ren)?	1	2	3	4	5

E50. During the past 6 months, how many times have any of your children been hospitalized?

|_|_| TIMES (CODE "00" IF NONE)

PROMPT: FOR CALIFORNIA SITES AND ALL PARTICIPANTS UNDER 18 YEARS OF AGE, READ: Thank you very much for your responses; we have completed the interview.

SKIP TO H15, PAGE 23 AND THEN COMPLETE THE INTERVIEWER ASSESSMENT

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. At any time in your life, has anyone ever 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 (G1)
- DON'T KNOW <-8> (G1)
- DECLINED <-7> (G1)

F2. I need to ask you who the person or persons were who pressured or forced you to have sexual contact. (I don't need their names, I just need their relationship to you.)

(PAUSE OR STOP UNTIL THE PARTICIPANT SEEMS READY TO BEGIN)

Okay. Are you ready to begin?

- YES, PARTICIPANT WILL PROCEED 1
- NO, PARTICIPANT DECLINED 2 (F4)

F3. Please tell me who this person or these persons were (or are). (I don't need their names, I just need to know their relationship to you.)

**[CIRCLE "1" FOR ALL PERSON(S) MENTIONED AND ASK "i", "ii", AND "iii".
CIRCLE "2" (NO) FOR THOSE NOT MENTIONED]**

(PROBE: Anyone else?)

<u>RELATIONSHIP</u>	<u>MENTIONED</u>		i. How old were you when this first happened? (PROBE: What is the youngest you remember?)	ii. Has it stopped?		iii. How old were you when it stopped?
	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
a. MOTHER/STEPMOTHER/FOSTER	1	2 (b)	____ YRS.	1	2 (b)	____ YRS.
b. FATHER	1	2 (c)	____ YRS.	1	2 (c)	____ YRS.
c. STEP/FOSTER FATHER	1	2 (d)	____ YRS.	1	2 (d)	____ YRS.
d. SIBLING/STEP/FOSTER	1	2 (e)	____ YRS.	1	2 (e)	____ YRS.
e. MOTHER'S BOYFRIEND/PARTNER	1	2 (f)	____ YRS.	1	2 (f)	____ YRS.
f. OTHER RELATIVE _____ (SPECIFY)	1	2 (g)	____ YRS.	1	2 (g)	____ YRS.
g. INTIMATE PARTNER/ SPOUSE/BOYFRIEND/ GIRLFRIEND	1	2 (h)	____ YRS.	1	2 (h)	____ YRS.
h. FRIEND	1	2 (i)	____ YRS.	1	2 (i)	____ YRS.
i. ACQUAINTANCE	1	2 (j)	____ YRS.	1	2 (j)	____ YRS.
j. STRANGER	1	2 (k)	____ YRS.	1	2 (k)	____ YRS.
k. OTHER _____ (SPECIFY)	1	2 (l)	____ YRS.	1	2 (l)	____ YRS.
l. OTHER _____ (SPECIFY)	1	2 (m)	____ YRS.	1	2 (m)	____ YRS.
m. OTHER _____ (SPECIFY)	1	2 (F4)	____ YRS.	1	2 (F4)	____ YRS.

REFER PARTICIPANT TO COUNSELOR

F4. Have you ever been forced to have sex with someone who you now know was HIV positive or had AIDS?

YES..... **1**
 NO..... 2
 DONT' KNOW <-8>
 DECLINED <-7>

SECTION G: PHYSICAL VIOLENCE

G1. Have you ever 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 (H1)
- DON'T KNOW<-8> (H1)
- DECLINED.....<-7> (H1)

G2. I need to ask you who the person or persons were who injured you. (I don't need their names, I just need to know their relationship to you.)
(PAUSE OR STOP UNTIL THE PARTICIPANT SEEMS READY TO BEGIN)
Okay. Are you ready to begin?

- YES, PARTICIPANT WILL PROCEED 1
- NO, PARTICIPANT DECLINED2 (H1)

G3. Please tell me who this person or these persons were (or are). (I don't need their names, I just need to know their relationship to you.)

**[CIRCLE "1" FOR ALL PERSON(S) MENTIONED AND ASK "i", "ii", AND "iii".
CIRCLE "2" (NO) FOR THOSE NOT MENTIONED]**

(PROBE: Anyone else?)

<u>RELATIONSHIP</u>	<u>MENTIONED</u>		i. How old were you when this first happened? (PROBE: What is the youngest you remember?)	ii. Has it stopped?		iii. How old were you when it stopped?
	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>	
a. MOTHER/STEPMOTHER/FOSTER	1	2 (b)	____ YRS.	1	2 (b)	____ YRS.
b. FATHER	1	2 (c)	____ YRS.	1	2 (c)	____ YRS.
c. STEP/FOSTER FATHER	1	2 (d)	____ YRS.	1	2 (d)	____ YRS.
d. SIBLING/STEP/FOSTER	1	2 (e)	____ YRS.	1	2 (e)	____ YRS.
e. MOTHER'S BOYFRIEND/PARTNER	1	2 (f)	____ YRS.	1	2 (f)	____ YRS.
f. OTHER RELATIVE _____ (SPECIFY)	1	2 (g)	____ YRS.	1	2 (g)	____ YRS.
g. INTIMATE PARTNER/ SPOUSE/BOYFRIEND/ GIRLFRIEND	1	2 (h)	____ YRS.	1	2 (h)	____ YRS.
h. FRIEND	1	2 (i)	____ YRS.	1	2 (i)	____ YRS.
i. ACQUAINTANCE	1	2 (j)	____ YRS.	1	2 (j)	____ YRS.
j. STRANGER	1	2 (k)	____ YRS.	1	2 (k)	____ YRS.
k. OTHER _____ (SPECIFY)	1	2 (l)	____ YRS.	1	2 (l)	____ YRS.
l. OTHER _____ (SPECIFY)	1	2 (m)	____ YRS.	1	2 (m)	____ YRS.
m. OTHER _____ (SPECIFY)	1	2 (H1)	____ YRS.	1	2 (H1)	____ YRS.

REFER PARTICIPANT TO COUNSELOR

SECTION H: DOMESTIC VIOLENCE

Has a current or previous partner ever: [ASK H1-H7] 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 (H1 - H7)? 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, but within the past year 5 = More than a year ago				
	1	2 (H2)	1	2	3	4	5
H1. threatened to hurt you or kill you?	1	2 (H2)	1	2	3	4	5
H2. prevented you from leaving or entering your house?	1	2 (H3)	1	2	3	4	5
H3. prevented you from seeing friends?	1	2 (H4)	1	2	3	4	5
H4. prevented you from making phone calls?	1	2 (H5)	1	2	3	4	5
H5. prevented you from getting or keeping a job?	1	2 (H6)	1	2	3	4	5
H6. prevented you from continuing your education?	1	2 (H7)	1	2	3	4	5
H7. prevented you from seeking medical attention?	1	2 (H8)	1	2	3	4	5

REFER PARTICIPANT TO COUNSELOR

H8. Have you ever talked with your current or previous partner about using a condom or other barrier method (such as dental dams)?

YES 1
 NO 2 **(H10)**
 DECLINED <-7> **(H10)**

H9. Has your current or previous partner ever threatened you when you talked about using a condom or other barrier method (such as dental dams)?

YES 1
 NO 2
 DECLINED <-7>

H10. Have you ever 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
- DECLINED<-7>

H11. 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 (**H14**)

H12. Do you feel afraid of your partner?

- YES 1
- NO 2
- DECLINED<-7>

H13. Do you ever feel that your partner might try to kill you?

- YES..... 1
- NO 2
- DECLINED <-7>

H14. Are you afraid to go home?

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

REFER PARTICIPANT TO COUNSELOR

END STATEMENT: Thank you very much for your responses; we have completed the interview.

H15. TIME MODULE ENDED:

|_|_| : |_|_|

AM 1
PM 2

WIHS ID#

WOMEN'S INTERAGENCY HIV STUDY
BASELINE VISIT
INTERVIEWER ASSESSMENT

INTERVIEWER'S COMMENTS: TO BE COMPLETED IMMEDIATELY AFTER THE INTERVIEW.

TO THE INTERVIEWER:

1. Overall how confident do you feel about this interview?

- VERY CONFIDENT..... 1
- SOME DOUBTS 2
- NO CONFIDENCE 3
- DON'T KNOW/ CAN'T SAY <-8>

2. PLEASE LIST THE QUESTIONS WHICH WERE PROBLEMATIC FOR THE PARTICIPANT OR FOR INTERVIEWER ADMINISTRATION, AND DESCRIBE THE NATURE OF THE PROBLEM:

<u>SECTION & QUESTION #:</u>	<u>NATURE OF PROBLEM:</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____