

WIHS ID #

SECTION B. SOCIODEMOGRAPHICS

B1. What country were you born in?

- UNITED STATES1 (C1)
- PUERTO RICO OR OTHER U.S. TERRITORIES.....2
- OTHER3

(SPECIFY)

B2. What year did you come to live in the U.S.?

(CODE MOST RECENT MOVE, IF SEVERAL MOVES.)
YEAR

SECTION C: MEDICAL AND HEALTH HISTORY

INTRODUCTION: For the following questions, I am going to use the words “health care provider” to mean any doctor, nurse, physicians assistant or nurse practitioner you go to for medical care.

C1.a. Have you ever been told by a health care provider that you had cervical cancer?

- YES.....1
- NO.....2 (C2)

b. Have you ever had surgery (been admitted to the hospital and had surgery in an operating room) to treat the cervical cancer?

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

c. Have you ever had a CAT or MRI scan of your abdomen (a big donut-shaped machine that takes special pictures)?

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

d. Have you ever been told that you need to have either surgery or radiation therapy?

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

C2. Have you ever been told by a health care provider that you had any other type of cancer, including skin cancer, lymphoma, Kaposi’s sarcoma, Hodgkin’s disease, breast cancer or cancer of the female organs – the vulva, fallopian tubes, ovaries or uterus?

- YES.....1
- NO.....2 (C12)

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What kind of cancer? Was it: [READ C3 - C11]

		<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>
C3.	Breast cancer.....	1	2 (C4)
	a. Have you ever had a lump removed by a surgeon (not a needle biopsy, but an incision resulting in stitches)?		
		YES.....1	
		NO.....2	
	b. Have you ever had a mastectomy (removal of entire breast)?		
		YES.....1	
		NO.....2	

		<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>
C4.	Cancer of the ovary	1	2
C5.	Cancer of the uterus	1	2
C6.	Kaposi's Sarcoma (KS).....	1	2
C7.	Lymphoma	1	2
C8.	Lymphoma in the brain	1	2
C9.	Hodgkin's disease	1	2
C10.	Skin cancer (not KS)	1	2
C11.	Other.....	1	2 (C12)

(SPECIFY)

C12. PLEASE RECORD THE TOTAL NUMBER OF CANCERS REPORTED AT THIS VISIT. DO NOT FORGET TO INCLUDE CERVICAL CANCER IF REPORTED IN QUESTION C1a, IN ADDITION TO ALL CANCERS REPORTED IN QUESTIONS C3 – C11.

 |_|_|
CANCERS

PROMPT: IF QUESTION C12 = 00, SKIP TO QUESTION C17

PROMPT: FOR EACH CANCER INDICATED IN QUESTION C12, COMPLETE QUESTIONS C13–C14. THE NUMBER OF BOXES COMPLETED MUST EQUAL THE VALUE RECORDED AT C12. INDICATE THE LOCATION OF EACH REPORTED CANCER IN a, THEN COMPLETE b–f AS INDICATED FOR EACH. IF THE TOTAL NUMBER OF REPORTED CANCERS IS GREATER THAN TWO, PLEASE XEROX THIS PAGE AND INSERT THE COPY AFTER PAGE 4.

C13. a. LOCATION OF REPORTED CANCER: _____

PROMPT: REPLACE (LOCATION) WITH THE LOCATION WRITTEN IN C13a.

Now I'm going to ask you a few more questions about your (LOCATION) cancer diagnosis. YES NO

b. Was this your first diagnosis of cancer?..... 1 (c) 2 (e)

c. When your (LOCATION) cancer diagnosis was made, were you told that it had also metastasized or spread to another part of your body?..... 1 (d) 2 (C14)

d. Spread to where? _____ (C14)

e. Were you told that the cancer you are now reporting had metastasized or spread from the original cancer?..... 1 (f) 2 (f)

f. Where was the original cancer? _____ (C14)

C14. a. LOCATION OF REPORTED CANCER: _____

PROMPT: REPLACE (LOCATION) WITH THE LOCATION WRITTEN IN C14a.

Now I'm going to ask you a few more questions about your (LOCATION) cancer diagnosis. YES NO

b. Was this your first diagnosis of cancer? 1 (c) 2 (e)

c. When your (LOCATION) cancer diagnosis was made, were you told that it had also metastasized or spread to another part of your body?..... 1 (d) 2 (C15)

d. Spread to where? _____ (C15)

e. Were you told that the cancer you are now reporting had metastasized or spread from the original cancer?..... 1 (f) 2 (f)

f. Where was the original cancer? _____ (C15)

PROMPT: IF ANY OF C1–C11 = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST (ATC) FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE. ALSO, IF EITHER C13c/C14c OR C13e/C14e = YES, THEN COMPLETE ATC FOR METASTATIC CANCER.

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- | | <u>YES</u> | <u>NO</u> |
|----------------------------------------------------|------------|-----------|
| C15. Have you ever received cancer chemotherapies? | 1 | 2 |
| C16. Have you received radiation treatments? | 1 | 2 |
| C17. Have you ever had asthma? | | |

YES.....1
NO.....2 (C18)

a. Approximately how many years ago did your asthma start?

|_|_|
YEARS AGO

C18. Now I'm going to ask you about some other medical conditions that may require medical care. Have you ever had any of the following conditions that required medical care:

- | | <u>YES</u> | <u>NO</u> |
|-----------------------------------------------------------------------------------------------------------------|------------|-----------|
| a. High blood pressure or hypertension..... | 1 | 2 |
| b. High blood sugar or Diabetes..... | 1 | 2 |
| c. Lupus or rheumatoid arthritis or any rheumatologic disease..... | 1 | 2 |
| d. An operation to remove your spleen..... | 1 | 2 |
| e. Sinusitis, a sinus infection that required antibiotics..... | 1 | 2 |
| f. UTI, a urinary tract infection or an infection in your bladder or kidneys that required antibiotics..... | 1 | 2 |
| g. Any other major chronic illness, that required medical care or hospitalization, excluding HIV infection..... | 1 | 2 (C19) |

(PROBE: Any others?)
(LIST ILLNESSES IN SPACES BELOW)

- | | |
|------------|-------------|
| i. _____ | v. _____ |
| ii. _____ | vi. _____ |
| iii. _____ | vii. _____ |
| iv. _____ | viii. _____ |

C19. Have you ever been treated for depression by being hospitalized or by taking medications?

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

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C20. Have you ever been told by a health care provider that you had Hepatitis C?

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

C21. Has a health care provider (doctor, dentist, nurse practitioner, nurse, or physicians assistant) Ever told you that you had:

	<u>YES</u>	<u>NO</u>
a. Shingles (Herpes Zoster).....	1	2
b. Skin rashes.....	1	2
c. Candida or thrush, yeast inside you mouth.....	1	2
d. Herpes in or around your mouth (cold sores).....	1	2

C22. Has a health care provider ever told you that you had a CD4 count (T-cell count) less than 200 or less than 14%?

YES.....1
NO/NEVER HEARD OF IT.....2

C23. During the past 6 months, 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 doesn't include being treated in the emergency room and later released.

YES.....1
NO.....2 (D1)

a. How many times during the past 6 months?

|_|_|
TIMES

SECTION D. OBSTETRIC, GYNECOLOGICAL AND CONTRACEPTIVE HISTORY

INTRODUCTION: Now, I am going to ask you some questions about your past pregnancies, gynecological history, and methods of birth control.

D1. Have you ever been pregnant?

YES.....1
NO.....2 (D11)

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D2. How many times have you been pregnant? Please include all of your pregnancies regardless of outcome.

|_|_|_|
PREGNANCIES

START F20S2

- INSTRUCTIONS:**
- **READ:** Now I am going to ask you about all of your pregnancies (excluding your current pregnancy). Let's begin with the first pregnancy.
 - **HAND PARTICIPANT RESPONSE CARD 8**
 - **COMPLETE FOR ALL PREGNANCIES REPORTED AT D2, THEN SKIP TO D11, UNLESS PARTICIPANT IS CURRENTLY PREGNANT, THEN SKIP TO D13**

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I just need the month and year. (MONTH/YEAR OF OUTCOME)
D3. 1st	Live birth.....1 Stillbirth.....2 Ectopic Preg..... 5 (c) Abortion (Induced/ Elective/Therapeutic).....3 (c) Other..... 6 (c) Miscarriage (Spontaneous Abortion).....4 (c) (SPECIFY)	_ _ # BABIES	_ _ / _ _ M Y
D4. 2nd	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH.....2 OTHER..... 6 (c) ABORTION.....3 (c) MISCARRIAGE.....4 (c) (SPECIFY)	_ _ # BABIES	_ _ / _ _ M Y
D5. 3rd	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH.....2 OTHER..... 6 (c) ABORTION.....3 (c) MISCARRIAGE.....4 (c) (SPECIFY)	_ _ # BABIES	_ _ / _ _ M Y
D6. 4th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH.....2 OTHER..... 6 (c) ABORTION.....3 (c) _____ MISCARRIAGE.....4 (c) (SPECIFY)	_ _ # BABIES	_ _ / _ _ M Y
D7. 5th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (c) STILLBIRTH.....2 OTHER..... 6 (c) ABORTION.....3 (c) _____ MISCARRIAGE.....4 (c) (SPECIFY)	_ _ # BABIES	_ _ / _ _ M Y

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	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I just need the month and year. (MONTH/YEAR OF OUTCOME)
D8. 6th	LIVE BIRTH1 ECTOPIC PREG..... 5 (c) STILLBIRTH2 OTHER..... 6 (c) ABORTION3 (c) MISCARRIAGE4 (c) (SPECIFY)	_ _ # BABIES	_ _ / _ _ M Y
D9. 7th	LIVE BIRTH1 ECTOPIC PREG..... 5 (c) STILLBIRTH2 OTHER..... 6 (c) ABORTION3 (c) MISCARRIAGE4 (c) (SPECIFY)	_ _ # BABIES	_ _ / _ _ M Y
D10.8th	LIVE BIRTH1 ECTOPIC PREG..... 5 (c) STILLBIRTH2 OTHER..... 6 (c) ABORTION3 (c) MISCARRIAGE4 (c) (SPECIFY)	_ _ # BABIES	_ _ / _ _ M Y

END F20S2

PROMPT: IF THE PARTICIPANT HAS MORE THAN 8 PREGNANCIES, XEROX THIS PAGE AND INSERT AFTER PAGE 8. IF CURRENTLY PREGNANT, SKIP TO D13.

D11. Have you ever had a hysterectomy, removal of uterus/womb?

YES1
 NO.....2 (D13)

a. When was that? I need the year. (PROBE: Please try to remember as best you can.)

|_|_|_|_|
YEAR

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D12. What was the reason for your hysterectomy. Was it:

	<u>YES</u>	<u>NO</u>
a. Fibroids (myomas).....	1	2
b. Infection.....	1	2
c. Cancer.....	1	2
d. Complications of pregnancy/delivery	1	2
e. Bleeding unrelated to pregnancy.....	1	2
f. Another reason.....	1	2

(SPECIFY)

PROMPT: IF D12c = YES, THEN COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

D13. Have you had one ovary or both ovaries removed? (**PROBE:** One or both?)

NO OVARIES REMOVED.....	1
ONE OVARY.....	2
BOTH OVARIES.....	3

D14. Have you ever had a tubal ligation (tubes tied)?

YES	1
NO.....	2 (D15)

a. Was it ever reversed?

YES	1
NO.....	2

D15. Have you ever been on the pill (oral contraceptives)?

YES	1
NO.....	2 (D16)

a. For how many years altogether have you used the pill (oral contraceptives)? Would you say that you took them for:

Less than 1 year.....	1
1 to 5 years.....	2
More than 5 years.....	3

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D16. Have you ever had a Pap test (Pap Smear, Papanicolaou test, a test for early detection of cancer of the cervix)?

YES.....1
NO.....2 **(D18)**

a. When was your most recent Pap test done? I just need the year. **(PROBE:** Please estimate as best you can.)

|_|_|_|_|
YEAR

D17. Have you ever been told you had an abnormal Pap test?

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

Have you ever been told by a health care provider (doctor, nurse, midwife, physicians assistant or nurse practitioner) that you had:

	<u>YES</u>	<u>NO</u>
D18. Gonorrhea (GC, the clap)?.....	1	2
D19. Syphilis?.....	1	2
D20. Chlamydia?.....	1	2
D21. PID, Pelvic inflammatory disease?.....	1	2
D22. Herpes in or around your genital area? (PROBE: Your vagina or anus.).....	1	2
D23. Warts in or around your genital area? (PROBE: Your vagina or anus.).....	1	2
D24. Trichomonal Vaginitis, trich?.....	1	2
D25. Bacterial Vaginosis, BV?.....	1	2
a. Any other type of vaginosis?.....	1	2
D26. Vaginal Yeast Infection (Candida or fungal infections)?.....	1	2

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D27. Have you ever had a mammogram? (**PROBE:** A mammogram is a special type of x-ray for examining the breast.)

YES.....1
NO.....2 (**E1**)

a. When was your most recent mammogram done? I just need the year. (**PROBE:** Please remember as best you can.)

|_|_|_|_|
YEAR

D28. Was your most recent mammogram done:

As a routine test or age related.....1
Because of a family history of breast cancer.....2
For evaluation of a breast mass or lump.....3
For another reason.....4

(SPECIFY)

SECTION E. ALCOHOL, DRUG USE AND SEXUAL BEHAVIOR

E1. These questions relate to cigarette and alcohol use. Have you smoked at least 100 cigarettes (about 5 packs) in your lifetime?

YES.....1
NO.....2 (**E5**)

E2. Do you currently smoke cigarettes?

YES.....1 (**E4**)
NO.....2

E3. When did you quit smoking cigarettes? (**PROBE:** The most recent time.) I just need the month and year.

___ / ___
M Y

E4. For how many months or years altogether [have you smoked/did you smoke] cigarettes? (**PROBE:** Not including years when you did not smoke cigarettes.) (**PROBE:** If you cannot remember exactly, please estimate as best you can.)

|_|_| |_|_|
YEARS AND MONTHS

E5. Was there ever a (period of) time when you drank alcohol more than you have in the past six months?

YES.....1
 NO.....2 (E6)

a. **ASK PARTICIPANT TO REFER TO RESPONSE CARD 9.**

During that time when you drank more, how many days per week did you have a drink containing alcohol? (By a drink, I mean one can, bottle or glass of beer, a glass of wine, a shot of liquor, or a mixed drink with that amount of liquor.)

Everyday.....1
 5-6 days a week.....2
 3-4 days a week.....3
 1-2 days a week.....4
 Less than once a week.....5

b. During that time, on average, how many drinks did you usually have per day? (By a drink, I mean one can, bottle or glass of beer, a glass of wine, a shot of liquor, or a mixed drink with that amount of liquor.)

_ _	OR	_____
# DRINKS PER DAY		(SPECIFY)

E6. Now I'm going to ask you some questions about alcohol treatment programs. I am interested in any treatment programs you may have been in including inpatient and/or outpatient alcohol detox, halfway houses, Alcoholics Anonymous, and/or other alcohol treatment programs. Have you ever been in an alcohol treatment program?

YES.....1
 NO.....2 (E12)

	MENTIONED		a. Have you been in [PROGRAM] during the past six months?	
What programs? (PROBE: Any others?) [FOR EACH "YES" ASK QUESTION "a"]	YES	NO	YES	NO
E7. INPATIENT ALCOHOL DETOX	1	2 (E8)	1	2
E8. OUTPATIENT ALCOHOL TREATMENT PROGRAM	1	2 (E9)	1	2
E9. HALFWAY HOUSE	1	2 (E10)	1	2
E10. ALCOHOLICS ANONYMOUS	1	2 (E11)	1	2
E11. OTHER ALCOHOL TREATMENT PROGRAM	1	2 (E12)	1	2

 (SPECIFY)

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INTRODUCTION: Now I will ask you a few questions about drug use. Your answers are strictly confidential.

Have you ever used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10	
	a. On average, how often have you used [DRUG]?	
E12. Marijuana or hash YES..... 1 NO..... 2 (E13)	Less than once a month.....1 At least once a month, but less than once a week2 Once a week3 2-3 times a week.....4	4-6 times a week.....5 Once a day.....6 More than once a day.....7
E13. Methadone, when it was not prescribed to you by a doctor YES..... 1 NO..... 2 (E14)	Less than once a month1 At least once a month, but less than once a week2 Once a week3 2-3 times a week.....4	4-6 times a week.....5 Once a day6 More than once a day.....7
E14. Crack or cocaine or heroin YES..... 1 NO..... 2 (E18)		
E15. Crack (ready rock) or freebase cocaine YES..... 1 NO..... 2 (E16)	Less than once a month1 At least once a month, but less than once a week2 Once a week3 2-3 times a week.....4	4-6 times a week.....5 Once a day6 More than once a day.....7
E16. Cocaine YES..... 1 NO..... 2 (E17)	Less than once a month1 At least once a month, but less than once a week2 Once a week3 2-3 times a week.....4	4-6 times a week.....5 Once a day.....6 More than once a day.....7

YES NO i. How many times?

b. Have you ever used cocaine by snorting? 1 2 (E17)
#TIMES

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Have you ever used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10 a. On average, how often have you used [DRUG]?
E17. Heroin YES..... 1 NO..... 2 (E18)	Less than once a month1 4-6 times a week5 At least once a month, but less Once a day.....6 than once a week2 More than once a day.....7 Once a week3 2-3 times a week.....4

YES NO i. How many times?

c. Have you ever used heroin by snorting? 1 2 (d)
#TIMES

d. Have you ever used heroin by smoking? 1 2 (E18)
#TIMES

Have you ever used [DRUG]?	HAND PARTICIPANT RESPONSE CARD 10 a. On average, how often have you used [DRUG]?
E18. Amphetamines (speed, uppers) hallucinogens, other narcotic drugs, or any other drug YES..... 1 NO..... 2 (E19)	Less than once a month1 4-6 times a week5 At least once a month, but less Once a day.....6 than once a week2 More than once a day.....7 Once a week.....3 2-3 times a week.....4

E19. Have you ever injected drugs (skin popped, shot up with a needle)?

YES..... **1**
NO..... 2 (E21)

a. Were any of these times in a shooting gallery?

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

E20. Have you ever shared a needle or works with anyone? By works I mean needles, syringes, and/or a cooker.

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

IF SHADED RESPONSE, REFER PARTICIPANT TO COUNSELOR

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E21. Have you ever been in a drug treatment program, including inpatient and/or outpatient drug detox, methadone maintenance programs, halfway houses, Narcotics Anonymous, prison or jail-based programs and/or any other programs.

YES.....1
 NO.....2 (E29)

What programs...? (PROBE: Any others?) [FOR EACH "YES" ASK SUBQUESTION]	MENTIONED		a. How many different times did you start [PROGRAM]?	b. How many days (total) have you been in [PROGRAM]?
	<u>YES</u>	<u>NO</u>		
E22. INPATIENT DRUG DETOX?.....	1	2 (E23)	_____ #TIMES	
E23. OUTPATIENT DRUG DETOX?.....	1	2 (E24)	_____ #TIMES	
E24. METHADONE MAINTENANCE PROGRAM?	1	2 (E25)	_____ #TIMES	_____ # DAYS
E25. HALFWAY HOUSE?.....	1	2 (E26)	_____ #TIMES	_____ # DAYS
E26. NARCOTICS ANONYMOUS?	1 (b)	2 (E27)		_____ # DAYS
E27. PRISON OR JAIL-BASED TREATMENT PROGRAM? ...	1	2 (E28)	_____ #TIMES	_____ # DAYS
E28. OTHER PROGRAMS?.....	1	2 (E29)		
	_____		_____ #TIMES	_____ # DAYS
	Specify			

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[Empty box for WIHS ID #]

Now I will ask you some questions about all types of sexual behavior with men or women including prostitution or sex for money or drugs or shelter. I understand that this is very personal, but your answers are very important to this research study. There are a lot of different people in this study and many questions may not apply to you.

E29. The first set of questions are about all the males you have ever had sex with in your lifetime. In this case, "sex" should include vaginal sex (when a male puts his penis in your vagina), both types of oral sex (a penis in your mouth and/or when a male puts his tongue in or on your vagina), and anal sex (sex in your bottom/butt/ass). How many different males (men or boys) have you had sex with in your lifetime?
(**PROBE:** This includes any sexual encounters with males, with or without consent.)
(**PROBE:** Please estimate as best you can.)
(**CODE AS "000" IF NONE**)

MALE PARTNERS

PROMPT: IF RESPONSE AT E29 = "000" SKIP TO E37

E30. How old were you when you had your first sexual encounter with a man or boy with or without consent?

YEARS

Since 1978, have you ever had any type of sex (vaginal, oral, or anal) with a man who, to your knowledge...

	<u>YES</u>	<u>NO</u>
E31. ...ever used drugs by injection (by a needle; that is skin popping, shooting up, or intravenously) that were not prescribed by a doctor?	1	2
E32. ...had hemophilia (a bleeding disease in which bleeding takes a long time to stop or does not stop at all)?	1	2
E33. ...tested positive for HIV (the virus that causes AIDS) or became sick or died from AIDS or AIDS- related symptoms?	1	2
E34. ...ever had sex with another man?	1	2

E35. How many different males (including men or boys) have you had sex with in the past five years?
(**CODE AS "000" IF NONE**)

MALE PARTNERS

E36. Have you ever had anal sex (sex in your bottom/butt/ass) with a male partner?

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

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E44. Have you ever had sex for drugs or money or shelter?

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

a. Was it for drugs?

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

IF SHADED RESONSE, REFER PARTICIPANT TO COUNSELOR