

WOMEN'S INTERAGENCY HIV STUDY

FOLLOW-UP VISIT

MEDICAL AND HEALTH HISTORY

FORM 22

SECTION A: GENERAL INFORMATION

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

|\_|-|\_|-|\_|\_|\_|-|\_|

A2. WIHS STUDY VISIT #:

\_\_\_ \_\_\_

A3. FORM VERSION:

0 3 / 0 1 / 9 6  
M D Y

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. TIME MODULE BEGAN:

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

INTRODUCTION TO PARTICIPANT:

Now, I am going to ask you some questions about your health history. I will be asking you a series of questions about diseases, symptoms, and medicines you may have had or taken since your study visit on \_\_\_ / \_\_\_ / \_\_\_. Also, if at any point in the interview you wish to stop, let me know.  
M D Y

Finally, I need to re-emphasize that all your answers are confidential, and the responses you provide will in no way affect your clinical care.

SECTION B. SYMPTOMS

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>
B1. a fever for more than one month straight, with a temperature over 100 degrees.....	<input type="text" value="1"/>	2	<-8>	<-7>
B2. diarrhea for more than one month straight, with more than 3 soft or liquid stools per day .....	<input type="text" value="1"/>	2	<-8>	<-7>
B3. major problems with memory or concentration that interfered with your normal, everyday activities, and that lasted for more than two weeks .....	<input type="text" value="1"/>	2	<-8>	<-7>
B4. numbness, tingling, or burning sensations in your arms, legs, hands or feet that lasted for more than two weeks. ....	<input type="text" value="1"/>	2	<-8>	<-7>
B5. an unexpected weight loss, of 10 pounds or more, or have changed to a smaller clothing size, that lasted more than one month .....	<input type="text" value="1"/>	2	<-8>	<-7>
B6. confusion, getting lost in a familiar place or inability to perform routine mental tasks .....	<input type="text" value="1"/>	2	<-8>	<-7>
B7. drenching night sweats that soak night clothes or bedding .....	<input type="text" value="1"/>	2	<-8>	<-7>

**REFER FOR DIFFERENTIAL DIAGNOSIS TO PARTICIPANT'S MEDICAL PROVIDER**

**PROMPT: IF ANY OF B1 - B7 = YES, THEN COMPLETE ABSTRACT TRACKING CHECKLIST FOR EACH SYMPTOM AND OBTAIN MEDICAL RECORD RELEASE**

**PROMPT: IF ALL OF B1 - B7 = NO, ASK B8; OTHERWISE, SKIP TO B9.**

B8. Do you have any symptoms or complaints related to your health?

- YES .....1 (B9)
- NO .....2 (SECTION C)
- DON'T KNOW..... <-8> (SECTION C)
- DECLINED ..... <-7> (SECTION C)

B9. Do these symptoms affect your ability to carry on normal activities?

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

**SECTION C: MEDICAL CONDITIONS  
AND CONCOMITANT ILLNESSES/SYMPTOMS**

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.

C1. Since your (MONTH) study visit, have you been told by a health care provider 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 .....2 (C14)
- DON'T KNOW..... <-8> (C14)
- DECLINED ..... <-7> (C14)

What kind of cancer? Was it: [READ C2 - C11]  
(FOR EACH YES, ASK  
SUBQUESTION 'a')

	<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>	a. When was the first time you were told that? I just need the year.
C2. Cancer of the cervix .....	1	2 (C3)	<-8> (C3)	<-7> (C3)	19 ____
C3. Kaposi's Sarcoma (K - S) .....	1	2 (C4)	<-8> (C4)	<-7> (C4)	19 ____
C4. Lymphoma .....	1	2 (C5)	<-8> (C5)	<-7> (C5)	19 ____
C5. Lymphoma in the brain .....	1	2 (C6)	<-8> (C6)	<-7> (C6)	19 ____
C6. Hodgkin's disease .....	1	2 (C7)	<-8> (C7)	<-7> (C7)	19 ____
C7. Breast cancer .....	1	2 (C8)	<-8> (C8)	<-7> (C8)	19 ____
C8. Cancer of the ovary .....	1	2 (C9)	<-8> (C9)	<-7> (C9)	19 ____
C9. Cancer of the uterus .....	1	2 (C10)	<-8> (C10)	<-7> (C10)	19 ____
C10. Skin cancer .....	1	2 (C11)	<-8> (C11)	<-7> (C11)	19 ____
C11. Other .....	1	2 (C12)	<-8> (C12)	<-7> (C12)	19 ____

(SPECIFY)

**PROMPT: IF ANY OF C1 - C11 = YES, THEN COMPLETE ABSTRACT TRACKING CHECKLIST FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE.**

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
C12. Since your (MONTH) study visit have you received cancer chemotherapies?	1	2	<-8>	<-7>
C13. Since your (MONTH) study visit have you received radiation treatments?	1	2	<-8>	<-7>
C14. Have any of your current or past sex partners ever been told by a health care provider that he or she 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— or cancer of the penis or anus?				

YES .....1  
 NO .....2 (C27)  
 DON'T KNOW ..... <-8> (C27)  
 DECLINED ..... <-7> (C27)

What kind of cancer? Was it: **[READ C15 - C26]**

	<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
C15. Cancer of the cervix .....	1	2 (C16)	<-8> (C16)	<-7> (C16)
C16. Kaposi's Sarcoma (K - S) .....	1	2 (C17)	<-8> (C17)	<-7> (C17)
C17. Lymphoma .....	1	2 (C18)	<-8> (C18)	<-7> (C18)
C18. Lymphoma in the brain .....	1	2 (C19)	<-8> (C19)	<-7> (C19)
C19. Hodgkin's disease .....	1	2 (C20)	<-8> (C20)	<-7> (C20)
C20. Breast cancer .....	1	2 (C21)	<-8> (C21)	<-7> (C21)
C21. Cancer of the ovary .....	1	2 (C22)	<-8> (C22)	<-7> (C22)
C22. Cancer of the uterus .....	1	2 (C23)	<-8> (C23)	<-7> (C23)
C23. Skin cancer .....	1	2 (C24)	<-8> (C24)	<-7> (C24)
C24. Penis .....	1	2 (C25)	<-8> (C25)	<-7> (C25)
C25. Anus .....	1	2 (C26)	<-8> (C26)	<-7> (C26)
C26. Other .....	1	2 (C27)	<-8> (C27)	<-7> (C27)

**(SPECIFY)**

C27. Since your (MONTH) study visit, have you had a new diagnosis of asthma, or a worsening of your asthma?

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

C28. The next few questions are about tuberculosis. I will refer to tuberculosis as TB for short. Since your (MONTH) study visit, as far as you know, has anyone in your family or anyone you lived with, had TB?

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

C29. Since your (MONTH) study visit, have you had TB?

- YES .....1
- NO .....2 (C30)
- DON'T KNOW..... <-8> (C30)
- DECLINED ..... <-7> (C30)

Where in your body?	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
Was it in your:				
a. Lungs?	1	2	<-8>	<-7>
b. Blood?	1	2	<-8>	<-7>
c. Lymph nodes?	1	2	<-8>	<-7>
d. Other?	1	2	<-8>	<-7>

**(SPECIFY)**

e. Since your (MONTH) study visit, did you receive treatment for tuberculosis?

- YES .....1
- NO .....2 (C30)
- DON'T KNOW..... <-8> (C30)
- DECLINED ..... <-7> (C30)

f. What medications did you take?

**(LIST MEDICATIONS IN SPACES BELOW)**

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

C30. Not including the test you had for this study, since your (MONTH) study visit, have you had a skin test for TB?

- YES .....1
- NO .....2 (C31)
- DON'T KNOW..... <-8> (C31)
- DECLINED ..... <-7> (C31)

a. When was the last time (most recent) you had a skin test for TB? I need the month and the year.

\_\_\_\_ / \_\_\_\_  
M Y

b. Were you told that the test was positive or showed that you had been exposed to TB?

- YES .....1
- NO .....2 (C31)
- DON'T KNOW..... <-8> (C31)
- DECLINED ..... <-7> (C31)

c. Since your (MONTH) study visit, were you treated as a result of having a positive skin test?

- YES .....1
- NO .....2 (C31)
- DON'T KNOW..... <-8> (C31)
- DECLINED ..... <-7> (C31)

d. What medications did you take?

**(LIST IN SPACES BELOW)**

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

C31. Now I'm going to ask you about some other medical conditions that may require medical care. Have you had any of the following conditions, since your (MONTH) study visit?

	<u>YES</u>	<u>NO</u>	<u>DONT_</u> <u>KNOW</u>	<u>DECLINED</u>
a. Sinusitis, a sinus infection that required antibiotics .....	1	2	<-8>	<-7>
b. UTI, a urinary tract infection or an infection in your bladder or kidneys that required antibiotics .....	1	2	<-8>	<-7>
c. Any other major chronic illness, that required medical care or hospitalization, not including HIV infection.....	1	2	<-8>	<-7>

**(LIST ILLNESSES IN SPACES BELOW)**

**(PROBE: What are they?)**

**(PROBE: Any others?)**

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

**PROMPT: IF C29a-f, C30b OR C31c = YES, THEN COMPLETE ABSTRACT TRACKING CHECKLIST FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE.**

**PROMPT:  
IF EVEN NUMBERED VISIT (#2, #4, #6, etc.), SKIP TO SECTION D.**

C32. Now I'm going ask you about some other medical conditions that may require medical care. Have you had any of the following conditions, since your (MONTH) study visit?

	<u>YES</u>	<u>NO</u>	<u>DONT_</u> <u>KNOW</u>	<u>DECLINED</u>
a. High blood pressure or hypertension.....	1	2	<-8>	<-7>
b. High blood sugar, diabetes, sugar diabetes....	1	2	<-8>	<-7>
c. Lupus or rheumatoid arthritis or any rheumatologic disease.....	1	2	<-8>	<-7>

**SECTION D: SKIN AND ORAL CONDITIONS**

**ASK QUESTIONS D1-D4 FOR EACH CONDITION BELOW. EACH TIME A PARTICIPANT RESPONDS THAT SHE HAS HAD THE CONDITION, ASK SUBQUESTION "a" BEFORE PROCEEDING TO THE NEXT CONDITION.**

D1-D4

Since your (MONTH) study visit, has a health care provider, either a doctor, dentist, nurse practitioner, nurse, or physician's assistant, told you that you had **(CONDITION)?**

D1a -D4a

How many different times in the past 6 months did you have this?

- |                               |   |  |
|-------------------------------|---|--|
| D1. Shingles (Herpes Zoster)? | YES ..... 1<br>NO ..... 2 <b>(D2)</b><br>DON'T KNOW ..... <-8> <b>(D2)</b><br>DECLINED ..... <-7> <b>(D2)</b> | a. <input type="text"/> <input type="text"/> <input type="text"/><br># TIMES |
|-------------------------------|---|--|

**PROMPT: IF D1=YES, THEN COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE**

- |  |   |
|--|---|
| b. Have you had 2 or more separate areas with shingles at the same time? | YES ..... 1<br>NO ..... 2<br>DON'T KNOW ..... <-8><br>DECLINED ..... <-7> |
|--|---|

- |                  |   |  |
|------------------|---|--|
| D2. Skin rashes? | YES ..... 1<br>NO ..... 2 <b>(D3)</b><br>DON'T KNOW ..... <-8> <b>(D3)</b><br>DECLINED ..... <-7> <b>(D3)</b> | a. <input type="text"/> <input type="text"/> <input type="text"/><br># TIMES |
|------------------|---|--|

- |   |   |  |
|---|---|--|
| D3. Candida or thrush, yeast inside your mouth? | YES ..... 1<br>NO ..... 2 <b>(D4)</b><br>DON'T KNOW ..... <-8> <b>(D4)</b><br>DECLINED ..... <-7> <b>(D4)</b> | a. <input type="text"/> <input type="text"/> <input type="text"/><br># TIMES |
|---|---|--|

**PROMPT: IF D3 = YES, THEN COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE**

- |  |  |  |
|--|--|--|
| D4. Herpes in or around your mouth (cold sores)? | YES ..... 1<br>NO ..... 2 <b>(SECTION E)</b><br>DON'T KNOW ..... <-8> <b>(SECTION E)</b><br>DECLINED ..... <-7> <b>(SECTION E)</b> | a. <input type="text"/> <input type="text"/> <input type="text"/><br># TIMES |
|--|--|--|

**SECTION E: AIDS DEFINING ILLNESSES**

We are now interested in finding out about diseases that some women experience. These diseases are rare. They may occur in women who are HIV negative, however, they tend to occur more often in HIV positive women. As I read this list of diseases, please let me know whether or not you have had any of them. Many of the terms in this section are very technical and you may not have heard of them. If you've never heard of a term just say so. Please bear with me while we go through this section. Please keep in mind that the following questions refer to the time since your (MONTH) study visit.



E1. Since your (MONTH) study visit, has a health care provider 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
- DON'T KNOW..... <-8>
- DECLINED ..... <-7>

E2. 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>

E3. 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 (E4)
- DON'T KNOW..... <-8> (E4)
- DECLINED ..... <-7> (E4)

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

|\_|\_|  
# TIMES

b. When was the last time you had pneumonia, not counting PCP? I need the month and the year?

\_\_\_\_ / \_\_\_\_  
M Y

E4. Since your (MONTH) study visit, has a health care provider told you that you had Candida or thrush, a yeast 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>

E5. Since your (MONTH) study visit, has a health care provider told you that you had Candida or thrush, a yeast of the lungs or airways (trachea or bronchi)?

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

**PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY QUESTION IN SECTION E (E1-E24), COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

E6. (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>

E7. (Since your (MONTH) study visit, has a health care provider told you that you had) Toxo infection, or toxoplasmosis of the brain?

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

E8. (Since your (MONTH) study visit, has a health care provider told you that you had) C-M-V, cytomegalovirus infection in the eye (retinitis)?

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

E9. (Since your (MONTH) study visit, has a health care provider told you that you had) C-M-V, cytomegalovirus infection elsewhere in your body?

- YES .....1
- NO/NEVER HEARD OF IT .....2 **(E10)**
- DON'T KNOW..... <-8> **(E10)**
- DECLINED ..... <-7> **(E10)**

a. Where in your body was the infection? (**PROBE:** Any other place?)  
**(CIRCLE "1" OR "2" FOR EACH)**

	<u>MENTIONED</u>	
	<u>YES</u>	<u>NO</u>
i. BLOOD.....	1	2
ii. URINE.....	1	2
iii. INTESTINE.....	1	2
iv. LIVER.....	1	2
v. OTHER.....	1	2

\_\_\_\_\_  
**(SPECIFY)**

**PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY QUESTION IN SECTION E (E1-E24), COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

E10. Since your (MONTH) study visit, have you had diarrhea (3 or more soft or liquid stools per day), that lasted for more than one month?

- YES .....1
- NO .....2 (E11)
- DON'T KNOW..... <-8> (E11)
- DECLINED..... <-7> (E11)

a. Were you told that your diarrhea was caused by:

	<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
i. Cryptosporidia?	1	2	<-8>	<-7>
ii. Microsporidia?	1	2	<-8>	<-7>
iii. Isospora?	1	2	<-8>	<-7>
iv. C-M-V?	1	2	<-8>	<-7>
v. M-A-I?	1	2	<-8>	<-7>

E11. Since your (MONTH) study visit, has a health care provider told you that you had meningitis related to HIV?

- YES .....1
- NO/NEVER HEARD OF IT .....2 (E12)
- DON'T KNOW..... <-8> (E12)
- DECLINED..... <-7> (E12)

a. Were you told that this was Crypto, Cryptococcal meningitis?

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

E12. (Since your (MONTH) study visit, has a health care provider told you that you had) Cryptococcal infection in the blood or elsewhere in the body?

- YES .....1
- NO/NEVER HEARD OF IT .....2 (E13)
- DON'T KNOW..... <-8> (E13)
- DECLINED..... <-7> (E13)

a. Where in your body?

\_\_\_\_\_

(SPECIFY)

**PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY QUESTION IN SECTION E (E1-E24), COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

E13. (Since your (MONTH) study visit, has a health care provider told you that you had) Histo, Histoplasmosis infection?

- YES .....1
- NO/NEVER HEARD OF IT .....2 (E14)
- DON'T KNOW..... <-8> (E14)
- DECLINED ..... <-7> (E14)

a. Where in your body? \_\_\_\_\_  
(SPECIFY)

E14. (Since your (MONTH) study visit, has a health care provider told you that you had) Cocci or coccidioidomycosis infection?

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

E15. (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 (E16)
- DON'T KNOW..... <-8> (E16)
- DECLINED ..... <-7> (E16)

Have you had (CONDITION) that lasted for at least one month, during the same time that you experienced severe weight loss?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
a. chronic diarrhea?	1	2	<-8>	<-7>
b. chronic weakness?	1	2	<-8>	<-7>
c. a fever?	1	2	<-8>	<-7>

d. Were you told that [this symptom/these symptoms] [was/were] due to HIV or AIDS?

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

E16. (Since your (MONTH) study visit, has a health care provider told you that you had) dementia or encephalopathy, or that you had a memory problem or confusion caused by HIV?

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

**PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY QUESTION IN SECTION E (E1-E24), COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

E17. Since your (MONTH) study visit, has a health care provider told you that you had herpes simplex with ulcers or sores lasting longer than one month?

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

E18. (Since your (MONTH) study visit, has a health care provider told you that you had) herpes simplex infection of the lungs or esophagus, the swallowing tube?

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

E19. (Since your (MONTH) study visit, has a health care provider told you that you had) an infection in the blood with a bacteria called salmonella?

- YES .....1
- NO/NEVER HEARD OF IT .....2 (E20)
- DON'T KNOW..... <-8> (E20)
- DECLINED ..... <-7> (E20)

a. Have you had this more than once, since your (MONTH) study visit?

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

E20. (Since your (MONTH) study visit, has a health care provider told you that you had) PML, progressive multifocal leukoencephalopathy, a disease of the brain?

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

E21. (Since your (MONTH) study visit, has a health care provider told you that you had) AIDS?

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

**PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY QUESTION IN SECTION E (E1-E24), COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

**ASK (E22) ONLY AT VISIT 2**

E22. Have you ever had a biopsy? A biopsy is when tissue, sometimes a lump or a mass, is removed with a needle or by making an incision.

- YES .....1
- NO .....2 **(E24)**
- DON'T KNOW..... <-8> **(E24)**
- DECLINED..... <-7> **(E24)**

Where in your body?	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
Was it a:				
a. Lung biopsy?	1	2	<-8>	<-7>
b. Skin biopsy?	1	2	<-8>	<-7>
c. Bone marrow biopsy?	1	2	<-8>	<-7>
d. Other	1	2	<-8>	<-7>

\_\_\_\_\_  
**(SPECIFY)**

E23. Since your (MONTH) study visit, have you had a biopsy? A biopsy is when tissue, sometimes a lump or a mass, is removed with a needle or by making an incision.

- YES .....1
- NO .....2 **(E24)**
- DON'T KNOW..... <-8> **(E24)**
- DECLINED..... <-7> **(E24)**

Where in your body?	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>	<u>DECLINED</u>
Was it a:				
a. Lung biopsy?	1	2	<-8>	<-7>
b. Skin biopsy?	1	2	<-8>	<-7>
c. Bone marrow biopsy?	1	2	<-8>	<-7>
d. Other	1	2	<-8>	<-7>

\_\_\_\_\_  
**(SPECIFY)**

E24. 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 doesn't include being treated in the emergency room and later released.

- YES .....1
- NO .....2 **(PROMPT)**
- DON'T KNOW..... <-8> **(PROMPT)**

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

|\_|\_|\_|  
# TIMES

**PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY QUESTION IN SECTION E (E1-E24), COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

**SECTION F. MEDICATION HISTORY**

F1. Now, I'm going to ask you some questions about medicines you may have taken. Not including this study, since your (MONTH) study visit have you been part of any research study that related to HIV or AIDS, including studies that involved taking experimental medicines or treatments?

YES .....1  
 NO .....2 (page 16)  
 DON'T KNOW..... <-8> (page 16)

a. How many studies were or are you involved in? |\_|\_|  
NUMBER

b. Of these, how many involved taking medicine or treatment? |\_|\_|  
NUMBER

c. Do you know the name of the medicine or treatment you received for (#) study? d. Do you know the name of the study?

(#1) YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

(#2) YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

(#3) YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

(#4) YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

(#5) YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

(#6) YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2

YES ..... 1  
 \_\_\_\_\_  
 (SPECIFY)  
 NO ..... 2