

**WOMEN'S INTERAGENCY HIV STUDY**  
**PSYCHOSOCIAL MEASURES**  
**FORM 26**

**SECTION A: GENERAL INFORMATION**

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

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

A2. WIHS STUDY VISIT #:

\_ \_

A3. FORM VERSION:

10/01/98

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:**

At this time, I am going to ask you about your thoughts and feelings since your study visit on

\_ \_ / \_ \_ / \_ \_.  
M D Y

**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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			A GOOD			
How much of the time during the <u>past 4 weeks</u> :	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)  
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 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.

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>
- DON'T 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. By children we mean children you have given birth to, adopted, step or foster children **that are under 18 years of age**. Please bear with me as I ask you something you may have previously told me. Do you have any living children under 18 years of age?

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

E2. This question is about changes in the status of your children that are under 18 years of age. Since your (MONTH) study visit, have any children been born or died; been adopted by you or become your foster children; been placed in foster care; or come into or left your care for some other reason?

- YES ..... 1      **(E3)**
- NO ..... 2      **(PROMPT BELOW)**
- DON'T KNOW .....<-8>      **(PROMPT BELOW)**
- DECLINED .....<-7>      **(PROMPT BELOW)**

**PROMPT:      IF E1 = YES, SKIP TO QUESTION E10  
IF E1 = NO, SKIP TO PROMPT, PAGE 10**

E3. Have you given birth to any children since your (MONTH) study visit?

- YES..... 1
- NO..... 2 (E4)
- DON'T KNOW.....<-8> (E4)
- DECLINED.....<-7> (E4)

a. Is this child/these children living with you?

- YES..... 1
- NO ..... 2
- NO/NO LONGER LIVING..... 3
- DON'T KNOW .....<-8>
- DECLINED .....<-7>

E4. Did you have any foster, step, adopted or other children come into your care since your (MONTH) study visit?

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

E5. Did any children under 18 years of age leave your care since your (MONTH) study visit?

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

E6. These next few questions are about any of your children who may have died. Since your (MONTH) study visit, have any of your biological children, adopted children, step or foster children died?

- YES..... 1 (E6a)
- NO..... 2 (PROMPT BELOW)
- DON'T KNOW.....<-8> (PROMPT BELOW)
- DECLINED.....<-7> (PROMPT BELOW)

**PROMPT: IF E1 = YES, SKIP TO QUESTION E10  
IF E1 = NO, SKIP TO PROMPT, PAGE 10**

a. Since that time, how many of your children have died?

|\_|\_|  
# CHILDREN



**START F26S1**

**PROMPT: COMPLETE THIS SERIES OF QUESTIONS FOR EACH CHILD REPORTED AT E6a. YOU MAY GET A NAME OR INITIAL FOR EACH CHILD TO FACILITATE ADMINISTRATION. HOWEVER, DO NOT RECORD THE CHILD’S NAME ON THE FORM.**

**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?

**[IF PARTICIPANT REPORTED MORE THAN ONE CHILD HAVING DIED, PROMPT AS FOLLOWS:** Let’s begin with the first child... Now let’s go on to the next child...]

	a. Was ( ) a biological, adopted, or step/foster child?	b. What was ( )’s age at the time of her/his death?	c. Was she/he living with you?	d. Was she/he HIV positive?	e. What was the cause of her/his death?
E7.	BIOLOGICAL .....1 ADOPTED .....2 STEP/FOSTER .....3	__ __  MONTH.. 1 YEAR..... 2	YES ..... 1 NO.....2	YES ..... 1 NO.....2 DON’T KNOW ... <-8> DECLINED..... <-7>	_____ _____ _____ (SPECIFY)
E8.	BIOLOGICAL .....1 ADOPTED .....2 STEP/FOSTER .....3	__ __  MONTH.. 1 YEAR..... 2	YES ..... 1 NO.....2	YES ..... 1 NO.....2 DON’T KNOW ... <-8> DECLINED..... <-7>	_____ _____ _____ (SPECIFY)
E9.	BIOLOGICAL .....1 ADOPTED .....2 STEP/FOSTER .....3	__ __  MONTH.. 1 YEAR..... 2	YES ..... 1 NO.....2	YES ..... 1 NO.....2 DON’T KNOW ... <-8> DECLINED..... <-7>	_____ _____ _____ (SPECIFY)

**PROMPT: IF E1 = NO, SKIP TO PROMPT, PAGE 10. [DO NOT ASK E10-E13 IF PARTICIPANT REPORTS NO LIVING CHILDREN UNDER 18 YEARS OF AGE.]**

**END F26S1**

E10. Do you know the health status of any of your children?  
       YES..... 1     **(E11)**  
       NO.....2     **(PROMPT, PAGE 10)**

**E11. HAND PARTICIPANT RESPONSE CARD 17.**

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

	Not at all	A little bit	Some/ Moderately	Quite a bit	A lot/ Extremely
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 older 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

**E12. During the past 6 months:**

	Not at all	A little bit	Some/ Moderately	Quite a bit	A lot/ Extremely
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

**E13. Since your (MONTH) study visit, 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"AND SKIP TO H4.**

**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. Since your (MONTH) study visit, has anyone 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)

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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".  
CIRCLE "2" (NO) FOR THOSE NOT MENTIONED]**

**(PROBE: Anyone else?)**

RELATIONSHIP	MENTIONED		i. Has it stopped?	
	YES	NO	YES	NO
a. MOTHER/STEPMOTHER/FOSTER	1	2 (b)	1	2
b. FATHER	1	2 (c)	1	2
c. STEP/FOSTER FATHER	1	2 (d)	1	2
d. SIBLING/STEP/FOSTER	1	2 (e)	1	2
e. MOTHER'S BOYFRIEND/PARTNER	1	2 (f)	1	2
f. OTHER RELATIVE _____ <b>(SPECIFY)</b>	1	2 (g)	1	2
g. INTIMATE PARTNER/ SPOUSE/BOYFRIEND/ GIRLFRIEND	1	2 (h)	1	2
h. FRIEND	1	2 (i)	1	2
i. ACQUAINTANCE	1	2 (j)	1	2
j. STRANGER	1	2 (k)	1	2
k. OTHER _____ <b>(SPECIFY)</b>	1	2 (F4)	1	2
l. OTHER _____ <b>(SPECIFY)</b>	1	2 (F4)	1	2
m. OTHER _____ <b>(SPECIFY)</b>	1	2 (F4)	1	2

F4. Since your (MONTH) study visit, have you been forced to have sex with someone who you now know was HIV positive or had AIDS?

YES .....

NO ..... 2

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

DECLINED ..... <-7>

**REFER PARTICIPANT TO COUNSELOR**

**SECTION G: DOMESTIC VIOLENCE**

Since your (MONTH) study visit, has a current or previous partner: <b>[ASK G1-G7]</b> <b>FOR EACH "YES" ASK "a"</b>	<u>YES</u>	NO	a. <b>HAND PARTICIPANT RESPONSE CARD 18.</b> When was the most recent time your partner (G1 - G7)? 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
G1. threatened to hurt you or kill you?	<b>1</b>	2 (G2)	1      2      3
G2. prevented you from leaving or entering your house?	1	2 (G3)	1      2      3
G3. prevented you from seeing friends?	1	2 (G4)	1      2      3
G4. prevented you from making phone calls?	1	2 (G5)	1      2      3
G5. prevented you from getting or keeping a job?	1	2 (G6)	1      2      3
G6. prevented you from continuing your education?	1	2 (G7)	1      2      3
G7. prevented you from seeking medical attention?	1	2 (G8)	1      2      3

**REFER PARTICIPANT TO COUNSELOR**

G8. Since your (MONTH) study visit, have you talked with your current or previous partner about using a condom or other barrier method (such as dental dams)?

YES..... 1  
 NO ..... 2      **(G10)**

G9. Since your (MONTH) study visit, has your current or previous partner threatened you when you talked about using a condom or other barrier method (such as dental dams)?

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

G10. Since your (MONTH) study visit, have you 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

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G11. 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 (G14)

G12. Do you feel afraid of your partner?

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

G13. Do you ever feel that your partner might try to kill you?

YES .....   
NO ..... 2  
DECLINED .....

G14. Are you afraid to go home?

YES .....   
NO ..... 2  
DON'T KNOW .....   
DECLINED .....

**REFER PARTICIPANT TO COUNSELOR**

**SECTION H: PHYSICAL VIOLENCE**

H1. Since your (MONTH) study visit, have you 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 (H4)
- DON'T KNOW ..... <-8> (H4)
- DECLINED ..... <-7> (H4)

H2. 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 DECLINED..... 2 (H4)

WIHS ID#

H3. 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".  
CIRCLE "2" (NO) FOR THOSE NOT MENTIONED]**

**(PROBE: Anyone else?)**

RELATIONSHIP	MENTIONED		i. Has it stopped?	
	YES	NO	YES	NO
a. MOTHER/STEPMOTHER/FOSTER	1	2 (b)	1	2
b. FATHER	1	2 (c)	1	2
c. STEP/FOSTER FATHER	1	2 (d)	1	2
d. SIBLING/STEP/FOSTER	1	2 (e)	1	2
e. MOTHER'S BOYFRIEND/PARTNER	1	2 (f)	1	2
f. OTHER RELATIVE _____ <b>(SPECIFY)</b>	1	2 (g)	1	2
g. INTIMATE PARTNER/ SPOUSE/BOYFRIEND/ GIRLFRIEND	1	2 (h)	1	2
h. FRIEND	1	2 (i)	1	2
i. ACQUAINTANCE	1	2 (j)	1	2
j. STRANGER	1	2 (k)	1	2
k. OTHER _____ <b>(SPECIFY)</b>	1	2 (H4)	1	2
l. OTHER _____ <b>(SPECIFY)</b>	1	2 (H4)	1	2
m. OTHER _____ <b>(SPECIFY)</b>	1	2 (H4)	1	2

**REFER PARTICIPANT TO COUNSELOR**

**H4.** Thank you very much for your responses; we have completed the interview.

TIME MODULE ENDED:

\_\_ : \_\_

AM..... 1

PM..... 2