

**NIDA HEALTH CARE UTILIZATION
COLLABORATIVE (WIHS/HERS) SUBSTUDY**

FORM NI01: INTERVIEW

SECTION A: GENERAL INFORMATION

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

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

A2. HERS or WIHS VISIT #:

___ _

A3. FORM VERSION:

$\frac{1}{M} \frac{0}{D} / \frac{0}{D} \frac{1}{Y} / \frac{9}{Y} \frac{8}{Y}$

A4. DATE OF NIDA INTERVIEW:

___ ___ / ___ ___ / ___ ___
M D Y

A5. INTERVIEWER'S INITIALS:

___ ___ _

A6. TIME MODULE BEGAN:

|_|_| : |_|_|

AM1

PM.....2

INTRODUCTION:

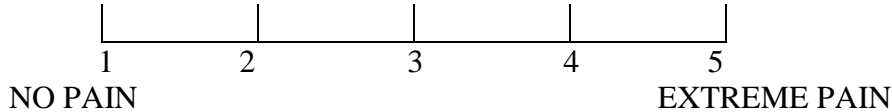
In this (last) set of questions, we would like to obtain more detailed information on the health care services you use, how much pain you have been experiencing and the medications you have been taking for this pain. Keep in mind, the questions will be referring to the past 6 months. Also, remember that all this information is confidential; it won't be reported to anyone, and is not part of your medical record.

SECTION C: PAIN ASSESSMENT

The next few questions are about pain. We will be using a scale with numbers ranging from 1 to 5. After I read each question, please tell me which number comes closest to the way you have been feeling, with “1” indicating no pain and “5” indicating extreme pain.

C1. HAND PARTICIPANT RESPONSE CARD 1.

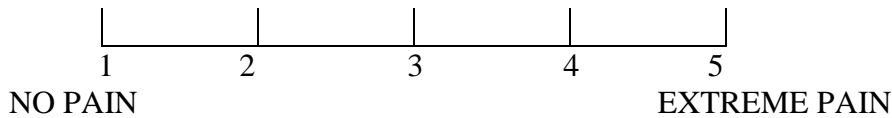
On a scale of 1 to 5, which number comes closest to how much discomfort or pain you are having **right now**?



C2. On this scale, which number comes closest to the worst pain you have had in the last week?



C3. On this scale, which number comes closest to the worst pain you have had in the last six months?



****PROMPT: IF C3 = 1 (NO PAIN), SKIP TO G1.**

- a. Please estimate the number of days in which you have felt this pain in the last **six months** (the worst pain you have had in the last six months)?
(PROBE: In a six month time frame, for example: Once a day equals 180 times, once a week equals 25 times, and once a month equals 6 times)

OF DAYS

C4. In the past six months, did you go to the emergency room because of severe pain?

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

C5. In the past six months have you talked about your pain with your health care provider (doctor, nurse, physician assistant or nurse practitioner)?

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

C6. At any time in the past **six months** have you asked your health care provider for any medication for pain?

YES1
 NO.....2

C7. Have you taken any pain medication or undergone any therapies for pain in the past **six months** (including prescription medications as well as over-the-counter/non-prescription)?

YES1
 NO.....2 **(Section G)**

Now I'm going to read the names of medications and therapies that can be used for pain. Sometimes medications are known by more than one name, that is why some medications on the response cards have several names. **ASK SUBQUESTION "a" IF PARTICIPANT TOOK ANY MEDICATION(S) ON CORRESPONDING RESPONSE CARD.**

Have you taken (_____) at any point in the past six months ?	a. Are you still taking it/them?
C8. Acetaminophen/Tylenol or aspirin YES..... 1 NO..... 2 (C9)	YES..... 1 NO..... 2
C9. any medications from Response Card A (INTERVIEWER: READ MEDICATIONS ALOUD) YES..... 1 NO..... 2 (C10)	YES..... 1 NO..... 2
C10. any medications from Response Card B (INTERVIEWER: READ MEDICATIONS ALOUD) YES..... 1 NO..... 2 (C11)	YES..... 1 NO..... 2
C11. any medications from Response Card C (INTERVIEWER: READ MEDICATIONS ALOUD) YES..... 1 NO..... 2 (C12)	YES..... 1 NO..... 2
C12. any medications from Response Card D (INTERVIEWER: READ MEDICATIONS ALOUD) YES..... 1 NO..... 2 (C13)	YES..... 1 NO..... 2

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Have you taken (_____) at any point in the past six months ?	a. Are you still taking it/them?
C13. any medications from Response Card E (INTERVIEWER: READ MEDICATIONS ALOUD) YES..... 1 NO..... 2 (C14)	YES..... 1 NO..... 2
C14. any medications from Response Card F (INTERVIEWER: READ MEDICATIONS ALOUD) YES..... 1 NO..... 2 (C15)	YES..... 1 NO..... 2

b. Are you or were you taking [this medication/these medications] by mouth or in the form of a cream?

- ORAL (BY MOUTH).....1
- TOPICAL (CREAM).....2
- BOTH.....3

C15. Are there any other medications that you have taken for pain in the past six months that you have not seen listed on the cards?

- YES.....1
- NO.....2 (C16)

a. What medications?

- i. _____
- ii. _____
- iii. _____

C16. At any point in the past six months , have you undergone massage, relaxation or physical therapy for pain?	a. Are you still undergoing this therapy?
YES..... 1 NO..... 2 (C17)	YES 1 NO 2

C17. In the past **6 months**, how much has your pain been relieved or helped by the pain medication(s)? Would you say you have had: **(CIRCLE ONLY ONE CHOICE)**

- Complete relief.....1
- Partial relief.....2
- Almost no relief or3
- No relief4

PROMPT: IF PARTICIPANT ANSWERED NO TO C11 AND C12, SKIP TO SECTION G.

C18. HAND PARTICIPANT RESPONSE CARDS C AND D.

You indicated a few minutes ago that you have taken one or more of the medications listed on Cards C and D for your pain in the last six months. Please tell me how you obtained these pain medications.

HAND PARTICIPANT RESPONSE CARD 2.

Looking at the choices on card 2, please tell me all that apply. **(CIRCLE ALL THAT APPLY)**

Did you get these medications through:

- a prescription from your health care provider,..... 1
- from family or friends, or.....2
- on the street?3

START NI01P1

SECTION G: MEDICATION/INSURANCE/BENEFITS

G1. In the past **six months**, how much difficulty have you had getting your medicine paid for by Medicaid/Medicare [Medi-Cal], insurance or another outside payer? **HAND PARTICIPANT RESPONSE CARD 5.**

- Not at all.....1
- A little bit2
- Some (moderately).....3
- Quite a bit.....4
- A lot (extremely).....5

G2. In the past **six months**, how much difficulty have you had getting or keeping your health coverage from an outside payer like Medicaid/Medicare [Medi-Cal], insurance or another outside payer?

- Not at all.....1
- A little bit2
- Some (moderately).....3
- Quite a bit.....4
- A lot (extremely).....5

G3. In the last **six months**, have you applied for disability?

- YES.....1
- NO.....2 **(SECTION H)**

G4. In the last **six months**, how much difficulty have you had getting approved for disability benefits?

- Not at all.....1
- A little bit2
- Some (moderately).....3
- Quite a bit.....4
- A lot (extremely).....5

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SECTION H: BELIEFS ABOUT HIV/AIDS

Now I would like to ask you some questions about your beliefs about HIV/AIDS. I will read a list of statements about HIV and AIDS and how it affects people. Please tell me whether you strongly agree, agree, disagree or strongly disagree with each of these statements.

HAND PARTICIPANT RESPONSE CARD 6.

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
H1. Almost everyone who has HIV will develop the disease AIDS	1	2	3	4
H2. Having HIV is not as serious as people claim	1	2	3	4
H3. Everyone who has HIV becomes very sick from it	1	2	3	4
H4. You cannot control whether you get sick from HIV	1	2	3	4
H5. Your doctor can control whether you get sick from HIV	1	2	3	4
H6. If you take care of yourself you can keep from getting sick from HIV	1	2	3	4
H7. A person can have HIV but never get sick from it.....	1	2	3	4
H8. You really have no control over whether you live or die from HIV or AIDS	1	2	3	4
H9. In your lifetime, doctors will be able to cure HIV and AIDS	1	2	3	4
H10. Luck determines whether you get sick from HIV/AIDS	1	2	3	4
H11. Right now there is no cure for HIV/AIDS	1	2	3	4
H12. There is a cure for HIV but the government wants to keep it from certain people.....	1	2	3	4
H13. Getting good medical care can determine whether you get sick from HIV	1	2	3	4
H14. If you do not get good medical care there is really nothing that you can do about getting good care	1	2	3	4
H15. Because my treatment plan is too difficult it is not worth following	1	2	3	4
H16. I'll be just as healthy if I don't follow my treatment plan	1	2	3	4

