

**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:

$\frac{1}{M} \frac{1}{D} / \frac{0}{D} \frac{1}{Y} / \frac{9}{Y} \frac{6}{Y}$

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. 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.

[Empty box for ID#]

SECTION B: SOURCE OF PRIMARY HEALTH CARE

B1. In the last 6 months, did you receive more than half of your outpatient HIV medical care at **one** medical facility?

YES1
NO.....2 (B1b)

a. What is the name and address of this facility?

NAME OF FACILITY _____ *

ADDRESS OF FACILITY _____

_____ (B2)

***PROMPT: OBTAIN MEDICAL RECORD RELEASE CORRESPONDING TO THIS FACILITY.**

b. How many outpatient medical facilities do you use for your HIV medical care?

|____|____| (B4)

B2. At this medical facility, do you see the same health care provider more than half of the time?

YES1
NO.....2 (Section C)

B3. Who is this health care provider that you see more than half of the time? Is it a:

Medical Doctor 1 (Section C)
or is it a Physician Assistant, Nurse, Nurse Practitioner
or some other type of health care provider 2 (Section C)
DON'T KNOW..... 3 (Section C)

B4. What is the name of the medical facility where you receive most of your **medications** and have most of your **lab tests** (evaluations) done?

NAME OF FACILITY _____ *

ADDRESS OF FACILITY _____

***PROMPT: OBTAIN MEDICAL RECORD RELEASE CORRESPONDING TO THIS FACILITY.**

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SECTION C: PAIN ASSESSMENT

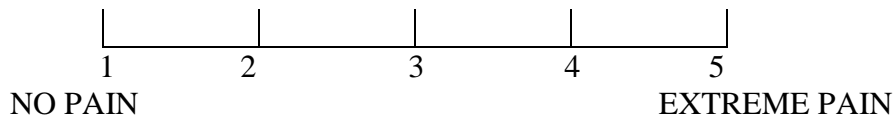
The next few questions are about pain. We will be using a scale with numbers ranging from 1 to 5. After I read each question, please tell me which number comes closest to the way you have been feeling, with “1” indicating no pain and “5” indicating extreme pain.

C1. HAND PARTICIPANT RESPONSE CARD 1.

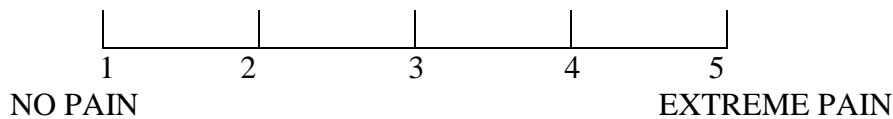
On a scale of 1 to 5, which number comes closest to how much discomfort or pain you are having **right now**?



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 C4.**

- 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?

YES1
 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)?

YES1
 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 D)

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? YES1 NO.....2 (C9) DK.....<-8> (C9)	YES..... 1 NO..... 2 DK..... <-8>
C9. any medications from Response Card A (INTERVIEWER: READ MEDICATIONS ALOUD) YES1 NO.....2 (C10) DK.....<-8> (C10)	YES..... 1 NO..... 2 DK..... <-8>
C10. any medications from Response Card B (INTERVIEWER: READ MEDICATIONS ALOUD) YES1 NO.....2 (C11) DK.....<-8> (C11)	YES..... 1 NO..... 2 DK..... <-8>
C11. any medications from Response Card C (INTERVIEWER: READ MEDICATIONS ALOUD) YES1 NO.....2 (C12) DK.....<-8> (C12)	YES..... 1 NO..... 2 DK..... <-8>
C12. any medications from Response Card D (INTERVIEWER: READ MEDICATIONS ALOUD) YES1 NO.....2 (C13) DK.....<-8> (C13)	YES..... 1 NO..... 2 DK..... <-8>

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Have you taken (_____) at any point in the past six months ?	a. Are you still taking it/them?
<p>C13. any medications from Response Card E (INTERVIEWER: READ MEDICATIONS ALOUD)</p> <p>YES.....1 NO.....2 (C14) DK.....<-8> (C14)</p>	<p>YES..... 1 NO..... 2 DK..... <-8></p>
<p>C14. any medications from Response Card F (INTERVIEWER: READ MEDICATIONS ALOUD)</p> <p>YES.....1 NO.....2 (C15) DK.....<-8> (C15)</p>	<p>YES..... 1 NO..... 2 DK..... <-8></p>

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?
<p>YES.....1 NO.....2 (C17) DK.....<-8> (C17)</p>	<p>YES..... 1 NO 2 DK <-8></p>

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 D.

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
- PARTICIPANT DECLINED TO ANSWER4

SECTION D: ANTIRETROVIRAL MEDICATIONS

Now I would like to ask you about the antiretroviral medications you are currently taking and those that have been prescribed to you over the past **six months**. Antiretrovirals are the medications used to fight the HIV virus. Please bear with me as I ask you some more questions about things we have already discussed.

D1. In the past **six months** has your health care provider prescribed any antiretroviral drugs? This could include AZT, DDI, 3TC, d4T, Saquinavir, Indinavir, Ritonavir or any other antiretroviral medications.

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

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CURRENT ANTIRETROVIRAL REGIMEN

Let's begin with the antiretroviral medications you are currently taking. We will refer to these medications as your Regimen #1. **USE PHOTO MEDICATION RESPONSE CARDS.**

Are you currently taking:	a. How many times a day (do you take (DRUG))?	b. How many pills do you take each time?
D2. AZT, ZDV, zidovudine, Retrovir? YES..... 1 NO 2 (D3)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX 6
D3. ddI, Videx, didanosine? YES..... 1 NO 2 (D4)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX 6
D4. ddC, zalcitabine, HIVID? YES..... 1 NO 2 (D5)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX 6
D5. 3TC, lamivudine, Epivir? YES..... 1 NO 2 (D6)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX 6
D6. d4T, stavudine, Zerit? YES..... 1 NO 2 (D7)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX 6
D7. saquinavir, Invirase? YES..... 1 NO 2 (D8)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX 6
D8. Indinavir, Crixivan, MK-639? YES..... 1 NO 2 (D9)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX 6

Are you currently taking:	a. How many times a day (do you take (DRUG))?	b. How many pills do you take each time?
D9. ritonavir, Norvir, ABT-538? YES..... 1 NO 2 (D10)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX..... 6
D10. nelfinavir, Viracept, AG-1343? YES..... 1 NO 2 (D11)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX..... 6
D11. nevirapine, Viramune? YES..... 1 NO 2 (D12)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX..... 6
D12. delavirdine, Rescriptor? YES..... 1 NO 2 (D13)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX..... 6
D13. an unknown drug as part of a blinded study? YES..... 1 NO 2 (D14)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX..... 6
D14. any other antiretroviral drug? YES..... 1 _____ SPECIFY NO 2 (D15)	ONCE..... 1 TWICE 2 THREE TIMES .. 3 FOUR TIMES 4	ONE..... 1 FOUR... 4 TWO..... 2 FIVE 5 THREE..... 3 SIX..... 6

D15. In the past **2 weeks**, how much of the time did you take your currently prescribed antiretroviral medications as frequently as prescribed? **HAND PARTICIPANT RESPONSE CARD 3.**

- All of the time (100%) 1
- Almost all of the time (more than 3/4 of the time) 2
- Most of the time (1/2 to 3/4 of the time)..... 3
- Little of the time (1/4 to 1/2 of the time) 4
- Never..... 5

ANTIRETROVIRAL REGIMEN #2 (PREVIOUS TO CURRENT IN D2 - D14)

D16. Has your prescribed antiretroviral regimen changed in the last **6 months**? In other words, were you ever taken off of a medication or was a medication added to your antiretroviral regimen in the last **6 months**? Please do not include changes in the dosage of a medication.

- YES1
- NO.....2 (D44)
- YES, BUT DOESN'T REMEMBER WHICH ONES3 (D44)

(USE PHOTO MEDICATION RESPONSE CARDS).

Now, let's talk about regimen #2. Take a little time to think about the antiretroviral regimen you were on right before the one we just discussed (regimen #1). We will refer to this previous regimen as regimen #2.

Was [DRUG] part of that regimen (#2)?	<u>YES</u>	<u>NO</u>
D17. AZT, ZDV, zidovudine, Retrovir.....	1	2
D18. ddI, didanosine, Videx	1	2
D19. ddC, zalcitabine, HIVID	1	2
D20. 3TC, lamivudine, Epivir.....	1	2
D21. d4T, stavudine, Zerit	1	2
D22. saquinavir, Invirase	1	2
D23. Indinavir, Crixivan, MK-639	1	2
D24. ritonavir, Norvir, ABT-538.....	1	2
D25. nelfinavir, Viracept, AG-1343	1	2
D26. nevirapine, Viramune	1	2
D27. delavirdine, Rescriptor	1	2
D28. an unknown drug as part of a blinded study	1	2
D29. any other antiretroviral drug.....	1	2 (D30)

SPECIFY _____

ANTIRETROVIRAL REGIMEN #3 (PREVIOUS TO D17 - D29)

D30. Other than the changes you just told me about (regimen #2) has your prescribed antiretroviral medication regimen changed at any other time in the last 6 months? Again, please do not include dosage changes.

- YES1
- NO.....2 (D44)
- YES, BUT DOESN'T REMEMBER WHICH ONES3 (D44)

Again, take a little time to think about the antiretroviral regimen you were on right before regimen #2. Let's refer to this as regimen as #3.

USE PHOTO MEDICATION RESPONSE CARDS.

Was [DRUG] part of that regimen (#3)?	<u>YES</u>	<u>NO</u>
D31. AZT, ZDV, zidovudine, Retrovir.....	1	2
D32. ddI, didanosine, Videx	1	2
D33. ddC, zalcitabine, HIVID	1	2
D34. 3TC, lamivudine, Epivir.....	1	2
D35. d4T, stavudine, Zerit	1	2
D36. saquinavir, Invirase	1	2
D37. Indinavir, Crixivan, MK-639	1	2
D38. ritonavir, Norvir, ABT-538	1	2
D39. nelfinavir, Viracept, AG-1343	1	2
D40. nevirapine, Viramune.....	1	2
D41. delavirdine, Rescriptor	1	2
D42. an unknown drug as part of a blinded study	1	2
D43. any other antiretroviral drug.....	1	2 (D44)

SPECIFY _____

D44. I am going to read a list of different reasons why people sometimes do not take their medications. Please tell me how often the following reasons interfere or stop you from taking any of the antiretroviral medications you are currently prescribed. **HAND PARTICIPANT RESPONSE CARD 4.** Your answer choices are: never interferes, now & then interferes, or often interferes.

(**PROBE:** If a reason interferes with your taking even one of the medications, please give your answer with that medication in mind).

(PROBE: How often does this reason interfere or stop you from taking any of your medications?)	NEVER INTERFERES	NOW & THEN INTERFERES	OFTEN INTERFERES
a. It caused unpleasant physical effects or made me feel sick	1	2	3
b. I did not think the medication was working.....	1	2	3
c. I forgot to take it.....	1	2	3
d. I forgot to get my prescription filled.....	1	2	3
e. I was afraid to take this medication.....	1	2	3
f. My family members/friends thought I should not take it.....	1	2	3

(PROBE: How often does this reason interfere or stop you from taking any of your medications?)	NEVER INTERFERES	NOW & THEN INTERFERES	OFTEN INTERFERES
g. I felt good so I did not take it	1	2	3
h. I had trouble filling my prescription	1	2	3
i. My insurance would not pay for it	1	2	3
j. I was in jail	1	2	3
k. I was high or on drugs	1	2	3
l. Any other reason?	1	2	3
YES..... 1			

(If YES, SPECIFY)

NO..... 2 **(D45)**

D45. In the past **6 months**, did you ever stop taking any of these antiretroviral medications based entirely on your own decision?

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

a. Did you tell your health care provider that you stopped?

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

SECTION E: PROPHYLAXIS MEDICATIONS

E1. Is your health care provider **currently** prescribing any medications to prevent Pneumocystis (PCP)—a type of pneumonia that people with HIV sometimes get? These medications could include Bactrim, Dapsone, Pentamidine, Atovaquone.

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

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- E2. Is your health care provider **currently** prescribing that you take any of the following medications either intravenously at the clinic or at home (orally by pills or by nebulizer)?
USE PHOTO MEDICATION CARDS.
ASK SUBQUESTION “i” FOR EVERY MEDICATION TAKEN.

Are you currently prescribed [DRUG]?	
a. Bactrim, Septra, TMP-SMX, trimethoprim-sulfamethoxazole, cotrimoxazole? YES.....1 NO2 (b)	i. How many days per week do you take it? __ __
b. Dapsone? YES.....1 NO.....2 (c)	i. How many days per week do you take it? __ __
c. Pentamidine, Nebupent inhalation, Pentam injection? YES.....1 NO.....2 (d)	i. How often per month do you take it? __ __
d. atovaquone, Mepron? YES.....1 NO.....2 (e)	i. How many days per week do you take it? __ __
e. Anything else? YES.....1 _____ SPECIFY NO.....2 (E3)	i. How many days per week do you take it? __ __

- E3. Again, I am going to read a list of different reasons why people sometimes do not take their medications. Please tell me how often the following reasons interfere or stop you from taking any of the medications you are currently prescribed to prevent pneumocystis (PCP). **HAND PARTICIPANT RESPONSE CARD 4.** Your answer choices are: never interferes, now & then interferes, or often interferes.

(PROBE: If a reason interferes with your taking even one of the medications, please give your answer with that medication in mind).

(PROBE: How often does this reason interfere or stop you from taking any of your medications?)	NEVER INTERFERES	NOW & THEN INTERFERES	OFTEN INTERFERES
a. It caused unpleasant physical effects or made me feel sick	1	2	3
b. I did not think the medication was working.....	1	2	3
c. I forgot to take it.....	1	2	3
d. I forgot to get my prescription filled.....	1	2	3
e. I was afraid to take this medication.....	1	2	3
f. My family members/friends thought I should not take it.....	1	2	3
g. I felt good so I did not take it	1	2	3
h. I had trouble filling my prescription	1	2	3
i. My insurance would not pay for it	1	2	3
j. I was in jail	1	2	3
k. I was high or on drugs.....	1	2	3
l. Any other reason?	1	2	3

YES..... 1

(If YES, SPECIFY)

NO..... 2 **(E4)**

E4. In the past **two weeks**, how much of the time did you take the medications to prevent pneumocystis as frequently as prescribed? **HAND PARTICIPANT RESPONSE CARD 3.**

- All of the time (100%)1
- Almost all of the time (more than 3/4 of the time)2
- Most of the time (1/2 to 3/4 of the time).....3
- Little of the time (1/4 to 1/2 of the time)4
- Never.....5

E5. In the past **six months**, did you ever stop taking any of these medications to prevent pneumocystis (PCP) based entirely on your own decision?

- YES1
- NO.....2 **(E6)**

a. Did you tell your health care provider that you stopped?

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

E6. In the past **six months** have you been prescribed any medication to prevent TB, either intravenously at the clinic or as pills taken at home by mouth?

YES1
 NO.....2 (E11)

- a. What medication? Was it:
- | | <u>YES</u> | <u>NO</u> |
|-----------------------------------|------------|-----------|
| i. INH, isoniazid? | 1 | 2 |
| ii. Vitamin B6, Pyridoxine? | 1 | 2 |
| iii. Something else? | 1 | 2 |

SPECIFY

E7. Again, I am going to read a list of different reasons why people sometimes do not take their medications. Please tell me how often the following reasons interfere or stop you from taking any of the medications you are currently prescribed to prevent TB. **HAND PARTICIPANT RESPONSE CARD 4.** Your answer choices are: never interferes, now & then interferes, or often interferes.

(**PROBE:** If a reason interferes with your taking even one of the medications, please give your answer with that medication in mind).

(**PROBE:** How often does this reason interfere or stop you from taking any of your medication(s)?)

	NEVER INTERFERES	NOW & THEN INTERFERES	OFTEN INTERFERES
--	---------------------	-----------------------------	---------------------

- | | | | |
|---|---|---|---|
| a. It caused unpleasant physical effects or made me feel sick | 1 | 2 | 3 |
| b. I did not think the medication was working..... | 1 | 2 | 3 |
| c. I forgot to take it..... | 1 | 2 | 3 |
| d. I forgot to get my prescription filled..... | 1 | 2 | 3 |
| e. I was afraid to take this medication..... | 1 | 2 | 3 |
| f. My family members/friends thought I should not take it..... | 1 | 2 | 3 |
| g. I felt good so I did not take it | 1 | 2 | 3 |
| h. I had trouble filling my prescription | 1 | 2 | 3 |
| i. My insurance would not pay for it | 1 | 2 | 3 |
| j. I was in jail | 1 | 2 | 3 |
| k. I was high or on drugs..... | 1 | 2 | 3 |
| l. Any other reason? | 1 | 2 | 3 |

YES..... 1

(If YES, SPECIFY)

NO..... 2 (E8)

E8. In the past **two weeks**, how much of the time did you take the medication(s) to prevent TB as frequently as prescribed? **HAND PARTICIPANT RESPONSE CARD 3.**

All of the time (100%)1 (E9)

- Almost all of the time (more than 3/4 of the time)2 (E9)
- Most of the time (1/2 to 3/4 of the time).....3 (E9)
- Little of the time (1/4 to 1/2 of the time)4 (E9)
- Never.....5

- a. Were you instructed to stop?.....1 YES NO
2

E9. In the past **six months**, how much of the time did you take the medication(s) to prevent TB as frequently as prescribed? **ASK PARTICIPANT TO REFER TO CARD 3 AND READ IT ALOUD IF NECESSARY.**

- ALL OF THE TIME (100%) 1
- ALMOST ALL OF THE TIME (MORE THAN 3/4 OF THE TIME) 2
- MOST OF THE TIME (1/2 TO 3/4 OF THE TIME)..... 3
- LITTLE OF THE TIME (1/4 TO 1/2 OF THE TIME) 4
- NEVER 5

E10. In the past **six months**, did you ever stop taking the medication(s) to prevent TB, based entirely on your own decision?

- YES 1
- NO..... 2 (E11)

a. Did you tell your health care provider that you stopped?

- YES 1
- NO..... 2

E11. In the past **six months** have you taken any other medications to fight HIV that were not recommended or prescribed by your health care provider?

- YES 1
- NO..... 2 (SECTION F)

a. What medications? (SPECIFY BELOW) [**PROBE:** Anything else?]

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

INTERVIEWER: IF THE PARTICIPANT IS HAVING PROBLEMS TAKING HER MEDICATIONS, LET HER KNOW THAT THESE ARE IMPORTANT ISSUES TO DISCUSS WITH HER HEALTH CARE PROVIDER, WHO MAY BE ABLE TO HELP HER WITH HER MEDICATION MANAGEMENT.

SECTION F: DIARRHEA ASSESSMENT

F1. In the past **six months**, have you had diarrhea—that is, more than 3 soft or liquid stools per day— for more than two weeks straight?

- YES1
- NO.....2 **(F3)**

F2. Over the past **six months**, was diarrhea a problem...

- Almost every day,1
- Most days (about 3/4 of the time),2
- Some days (about 1/2 the time) or3
- Rarely?4

F3. In the last **six months** have you discussed any problems with diarrhea with your health care provider?

- YES1
- NO.....2 **(G1)**

F4. At any time during the past **six months** have you asked your health care provider for medication for diarrhea?

- YES1
- NO.....2

F5. Have you taken any diarrhea medications or undergone any supportive therapies for diarrhea in the past **six months**?

- YES1
- NO.....2 **(F7)**

a. Which medications or therapies did you take or undergo?

SHOW PARTICIPANT RESPONSE CARD G AND READ ALOUD

i. |__|__|

ii. |__|__|

iii. |__|__|

IF 99, SPECIFY

IF 99, SPECIFY

IF 99, SPECIFY

iv. |__|__|

v. |__|__|

vi. |__|__|

IF 99, SPECIFY

IF 99, SPECIFY

IF 99, SPECIFY

F6. In the past **six months**, how much has your diarrhea been relieved or helped by this/these medication(s) or therapies? Would you say you have had:

- Complete relief,.....1
- Partial relief,.....2
- Almost no relief, or3
- No relief?4

F7. In the last **six months**, did your diarrhea result in your getting an endoscopy, colonoscopy or sigmoidoscopy? These are procedures where a tube is inserted into your throat or rectum to look for the cause of diarrhea.

- YES1
- NO.....2

F8. In the last **six months**, did you go to the emergency room (ER) because of your diarrhea?

- YES1
- NO.....2

F9. If you were admitted to the hospital in the last **six months**, was diarrhea the main reason for your hospital admission?

- YES1
- NO.....2
- DON'T KNOW.....3
- NOT ADMITTED4

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?

- YES1
- 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

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

How much would you agree or disagree that medicines that doctors give for HIV and AIDS...?

	<u>Strongly</u> <u>Agree</u>	<u>Agree</u>	<u>Disagree</u>	<u>Strongly</u> <u>Disagree</u>
H17. Work better for men than for women	1	2	3	4
H18. Work as well for African/American and Latina women as they do for white women.....	1	2	3	4
H19. Help people with HIV live longer	1	2	3	4
H20. Make people feel very sick.....	1	2	3	4
H21. Hurt people more than they help	1	2	3	4
H22. Help people stay out of the hospital	1	2	3	4

HAND PARTICIPANT RESPONSE CARD 7.

When you miss appointments for your health care, how much has it been due to each of the following:

	<u>Not at all</u>	<u>a little</u>	<u>quite a bit</u>	<u>a lot</u>
H23. Family responsibilities	1	2	3	4
H24. Family/friends didn't want me to go.....	1	2	3	4
H25. I was too ill.....	1	2	3	4
H26. I was too busy.....	1	2	3	4
H27. I forgot.....	1	2	3	4
H28. It cost too much.....	1	2	3	4
H29. I had no transportation	1	2	3	4
H30. I had no child care	1	2	3	4
H31. I was physically uncomfortable	1	2	3	4
H32. Appointments made me anxious or afraid	1	2	3	4
H33. I had to go to work	1	2	3	4
H34. I was high or on drugs.....	1	2	3	4
H35. I was in jail	1	2	3	4

H36. Now we end this part of the interview. Is there anything else you would like to tell me about your feelings concerning your treatment, including any difficulties you may be having?

Yes1 **(SPECIFY ON LINES BELOW)**

No.....2 **(H37)**

H37. TIME MODULE ENDED:

□□ : □□

AM.....1

PM.....2