



WIHS ID #

**25 COMPLETE THE ASCERTAINMENT TRACKING CHECKLIST AND MAIL A MEDICAL RECORD RELEASE TO THE PARTICIPANT TO SIGN.**

3. a. Since your (MONTH) study visit, have you been told by a health care provider that you had cervical cancer?

YES ..... 1  
NO..... 2 (#4)

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

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

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

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

4. Since your (MONTH) study visit, have you 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 ovaries or uterus?

YES ..... 1  
NO ..... 2 (#5)

What kind of cancer? Was it: [READ a – i]

	<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>
a. Breast cancer .....	1	2 (4b)

i. Have you had a lump removed by a surgeon (not a needle biopsy, but an incision resulting in stitches?)

YES..... 1



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SPECIFY: \_\_\_\_\_

5. The next few questions are about tuberculosis. I will refer to tuberculosis as TB for short. Since your (MONTH) study visit, have you had TB?

YES ..... 1  
NO ..... 2 (#7)

Was it in your:	<u>YES</u>	<u>NO</u>
a. Lungs? .....	1	2
b. Other location? .....	1	2

SPECIFY: \_\_\_\_\_

c. Did you have a chest X-ray? .....	1	2
d. Did you take medications for 3 months or more? .....	1	2

6. 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

7. 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

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8. 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 (#9)

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

9. Since your (MONTH) study visit, has a health care provider told you that you had Candida or thrush, a yeast infection of the esophagus (the tube between your mouth and stomach) not just in your mouth?

YES ..... 1

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

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

YES ..... 1

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

11. (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

12. (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

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13. (Since your (MONTH) study visit, has a health care provider told you that you had) C-M-V, cytomegalovirus:

YES

NO

a. in either eye (retinitis)? ..... 1

2



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

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16. (Since your (MONTH) study visit, has a health care provider told you that you had) Cryptococcal infection:

	<u>YES</u>	<u>NO</u>	
a. in your blood? .....	1	2	
b. elsewhere in your body? .....	1	2	(#17)

SPECIFY: \_\_\_\_\_

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

YES ..... 1  
NO/NEVER HEARD OF IT..... 2 (#18)

a. Where in your body?

SPECIFY: \_\_\_\_\_

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

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

19. (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 (#20)

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>
a. Chronic diarrhea (at least 3 loose stools per day for greater than or equal to 30 days)	1	2
b. Chronic weakness and documented fever (for greater than or equal to 30 days)	1	2
c. Were you told that [this symptom/these symptoms] [was/were] due to HIV/AIDS	1	2

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20. (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

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*confusion caused by HIV?*

YES ..... 1

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

21. (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

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

YES ..... 1

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

23. (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 (#24)

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

YES ..... 1

NO..... 2

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24. (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

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

YES ..... 1

NO..... 2

**END FORM HERE.**

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