

**WOMEN'S INTERAGENCY HIV STUDY
DERMATOLOGY ADDENDUM**

SECTION A: GENERAL INFORMATION

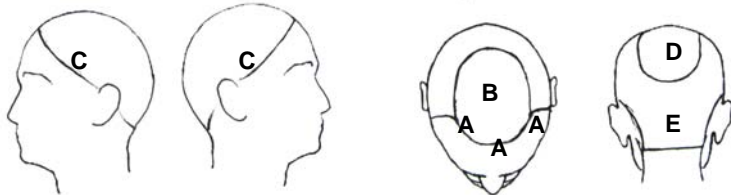
- A1. PARTICIPANT ID: ENTER NUMBER HERE
ONLY IF ID LABEL IS NOT AVAILABLE |_|_|-|_|_|_|-|_|_|_|_|_|_|-|_|_|
- A2. DATE OF INTERVIEW: ___ ___ / ___ ___ / ___ ___
 M D Y
- A3: WIHS STUDY VISIT NUMBER |_|_|_|
- A4: INTERVIEWER INITIALS |_|_|_|_|
- A5: TIME MODULE BEGAN |_|_|_| : |_|_|_| AM.....1
 PM.....2

SECTION B. INTERVIEW QUESTIONS

1. How much hair do you have now as compared to when you were 15 years old? **(PROBE: How is your hair density now compared to when you were 15 years old?) (Check one.)**

- _____ More
_____ Same
_____ Less

If participant answers "LESS," ask (a-e):



- a. Where have you noticed less hair (see diagram)? **(OK to check more than one answer.)**

- | | |
|--|------------------------|
| _____ (A) The hairline along the front | _____ (D) At the crown |
| _____ (B) Top of the scalp (middle part) | _____ (E) In the back |
| _____ (C) On the sides | _____ (F) All over |

- b. When did you notice that you had less hair? **(Check one.)**

- _____ Past year
_____ Past 5 years
_____ Past 10 years
_____ Other/Specify: _____

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c. How old were you when you noticed hair thinning?

Age: _____

d. Does your hair pull out easily by the roots?

_____ Yes

_____ No

e. Does your hair easily break off at the ends?

_____ Yes

_____ No

2. Have you ever had any totally bare spots on your scalp with no hair?

_____ Yes

_____ No

a. If "YES," specify when: _____

3. Have you ever lost ALL of the hair on your scalp?

_____ Yes

_____ No

a. If "YES," specify when: _____

b. If "YES," do you know why this happened? _____

4. Have you ever been told by a health care professional that you have a permanent or "scarring" type of hair loss?

_____ Yes

_____ No

5. Have you ever been told by a health care professional that you have scalp dandruff or seborrheic dermatitis?

_____ Yes

_____ No

6. Have you ever been told by a health care professional that you have scalp psoriasis?

_____ Yes

_____ No

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7. Have you noticed any change in the texture of your natural hair in the past year? **(Check one.)**

- No change
- More coarse
- More fine
- Straighter
- Curlier

8. Have you noticed any change in the length of your eyelashes now compared to when you were 15 years old? **(Check one.)**

- No change
- Shorter
- Longer
- Straighter
- Curlier

a. If "YES," when did it start? _____

9. Do you have any itching of your scalp?

- Yes
- No

10. Do you have any flaking of your scalp?

- Yes
- No

11. Do you have any redness of your scalp?

- Yes
- No

12. How often do you usually wash your hair? **(Check one.)**

- Every day
- Every other day
- Every few days
- Every week
- Every other week
- Every few weeks

13. Have you used hair dye in the past 6 months?

- Yes
- No

14. Have you used a permanent or relaxed your hair in the past 6 months?

- Yes
- No

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15. How often do you use heat (blow dryer, curling iron, flat iron, salon hair dryer) in your hair?
(Check one.)

- | | |
|--|---|
| <input type="checkbox"/> Every day | <input type="checkbox"/> Every other week |
| <input type="checkbox"/> Every other day | <input type="checkbox"/> Every few weeks |
| <input type="checkbox"/> Every few days | <input type="checkbox"/> Never |
| <input type="checkbox"/> Every week | |

16. Is there anything else about your hair that you would like to tell us?

17. TIME MODULE ENDED |||:||| AM.....1
 PM.....2

**PROMPT: SEND COMPLETED QUESTIONNAIRES FOR DATA ENTRY TO:
 LIKKE CHANDRA
 405 IRVING STREET
 SAN FRANCISCO, CA 94122**