

SECTION B. SOCIODEMOGRAPHICS

B1. Now we have some questions regarding bilingualism, or whether you can speak more than one language. Do you speak more than one language?

- YES 1
- NO 2

B2. When you were a child, was English the first language that you spoke?

- YES 1 **(B3)**
- NO 2

a. What was the first language you spoke as a child?

- Spanish 1
- French 2
- German 3
- Italian 4
- Chinese 5
- Other language 6

SPECIFY: _____

B3. Today, do you consider English to be your primary language? (**PROBE**: Is English the language you use most and that is easiest for you to use?)

- YES 1 **(B4)**
- NO 2

a. What language do you consider your primary language today?

- Spanish 1
- French 2
- German 3
- Italian 4
- Chinese 5
- Other language 6

SPECIFY: _____

B4. What is the highest grade or year of school **you** have completed?

- NO SCHOOLING 1
- GRADES 1 TO 6 2
- GRADES 7 TO 11 3
- COMPLETED HIGH SCHOOL / DIPLOMA OR GED 4
- SOME COLLEGE / ASSOCIATES DEGREE 5
- COMPLETED 4 YEARS OF COLLEGE (BA/BS) 6
- ATTENDED / COMPLETED GRADUATE SCHOOL 7

WIHS ID #

B5. What is the highest grade or year of school **your mother** has completed?

- NO SCHOOLING1
- GRADES 1 TO 62
- GRADES 7 TO 113
- COMPLETED HIGH SCHOOL / DIPLOMA OR GED4
- SOME COLLEGE / ASSOCIATES DEGREE5
- COMPLETED 4 YEARS OF COLLEGE (BA/BS)6
- ATTENDED / COMPLETED GRADUATE SCHOOL.....7

B6. Did you receive a blood transfusion between 1975 and 1985?

- YES1
- NO2

B7. Have you ever been incarcerated (spent time in prison or jail)?

- YES1
- NO2

(SECTION C)

a. How many times? |_|_|_| TIMES

b. For how many months altogether have you been incarcerated? |_|_| MONTHS

SECTION C: MEDICAL AND HEALTH HISTORY

INTRODUCTION: For the following questions, I am going to use the words “health care provider” to mean any doctor, nurse, physician assistant or nurse practitioner you go to for medical care.

C1. a. Have you ever been told by a health care provider that you had cervical cancer?

YES1
NO2 (C2)

b. When was the first time you were told you had cervical cancer? I just need the year.

|_|_|_|_|
YEAR

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

YES1
NO2

d. Have you ever had a CAT or MRI scan of your abdomen (a big donut-shaped machine that takes special pictures)?

YES1
NO2

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

YES1
NO2

C2. Have you ever 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 vulva, fallopian tubes, ovaries or uterus?

YES1
NO2 (C13)

WIHS ID #

What kind of cancer? Was it: **[READ C3 – C12]**
(FOR EACH YES, ASK SUBQUESTION “a”)

	<u>YES</u>	<u>NO / NEVER HEARD OF IT</u>	
C3. Breast cancer.....	1	2 (C4)	a. When was the first time you were told that? I just need the year. <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
b. Have you ever had a lump removed by a surgeon (not a needle biopsy, but an incision resulting in stitches)?			
YES..... 1			
NO..... 2			
c. Have you ever had a mastectomy (removal of the entire breast)?			
YES..... 1			
NO..... 2			
	<u>YES</u>	<u>NO / NEVER HEARD OF IT</u>	a. When was the first time you were told that? I just need the year.
C4. Cancer of the ovary.....	1	2 (C5)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
C5. Cancer of the uterus	1	2 (C6)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
C6. Kaposi’s Sarcoma (KS)	1	2 (C7)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
C7. Lymphoma.....	1	2 (C8)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
C8. Lymphoma in the brain.....	1	2 (C9)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
C9. Hodgkin’s disease.....	1	2 (C10)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
C10. Skin cancer (not KS).....	1	2 (C11)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
C11. Liver cancer	1	2 (C12)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>
C12. Other	1	2 (C13)	<input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>

SPECIFY: _____

C13. PLEASE RECORD THE TOTAL NUMBER OF CANCERS REPORTED AT THIS VISIT. DO NOT FORGET TO INCLUDE CERVICAL CANCER IF REPORTED IN QUESTION C1a, IN ADDITION TO ALL CANCERS REPORTED IN QUESTIONS C3 – C12.

CANCERS

PROMPT: IF QUESTION C13 = 00, SKIP TO QUESTION C18.

START F20s1

PROMPT: FOR EACH CANCER INDICATED IN QUESTION C13, COMPLETE QUESTIONS C14–C15. THE NUMBER OF BOXES COMPLETED MUST EQUAL THE VALUE RECORDED AT C13. INDICATE THE LOCATION OF EACH REPORTED CANCER IN a, THEN COMPLETE b–f AS INDICATED FOR EACH. IF THE TOTAL NUMBER OF REPORTED CANCERS IS GREATER THAN TWO, PLEASE XEROX THIS PAGE AND INSERT THE COPY AFTER PAGE 5.

C14. a. LOCATION OF REPORTED CANCER: _____

PROMPT: REPLACE (LOCATION) WITH THE LOCATION WRITTEN IN C14a.

Now I'm going to ask you a few more questions about your (LOCATION) cancer diagnosis. YES NO

b. Was this your first diagnosis of cancer? 1 (c) 2 (e)

c. When your (LOCATION) cancer diagnosis was made, were you told that it had also metastasized or spread to another part of your body? 1 (d) 2 (C15)

d. Spread to where? _____ (C15)

e. Were you told that the cancer you are now reporting had metastasized or spread from the original cancer? 1 (f) 2 (f)

f. Where was the original cancer? _____ (C15)

C15. a. LOCATION OF REPORTED CANCER: _____

PROMPT: REPLACE (LOCATION) WITH THE LOCATION WRITTEN IN C15a.

Now I'm going to ask you a few more questions about your (LOCATION) cancer diagnosis. YES NO

b. Was this your first diagnosis of cancer? 1 (c) 2 (e)

c. When your (LOCATION) cancer diagnosis was made, were you told that it had also metastasized or spread to another part of your body? 1 (d) 2 (C16)

d. Spread to where? _____ (C16)

e. Were you told that the cancer you are now reporting had metastasized or spread from the original cancer? 1 (f) 2 (f)

f. Where was the original cancer? _____ (C16)

END F20s1

PROMPT: IF ANY OF C1–C12 = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST (ATC) FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE. ALSO, IF EITHER C14c/C15c OR C14e/C15e = YES, THEN COMPLETE ATC FOR METASTATIC CANCER.

WIHS ID #

- | | <u>YES</u> | <u>NO</u> |
|---|------------|--------------|
| C16. Have you ever received cancer chemotherapies?..... | 1 | 2 |
| C17. Have you ever received radiation treatments? | 1 | 2 |
| C18. Have you ever had asthma? | | |
| YES | 1 | |
| NO | 2 | (C19) |

a. Approximately how many years ago did your asthma start? |_|_| YEARS

C19. Have you ever taken medication to prevent getting TB? Usually this kind of medicine is given after a positive reaction to a TB blood or skin test.

- | | | |
|-----------|---|--------------|
| YES | 1 | |
| NO | 2 | (C20) |

a. In what year did you start taking that medicine? |_|_|_|_|
YEAR

b. How many pills did you take per day to prevent TB? |_|_|_| PILLS

c. For how long did you take the medicine?

- | | | |
|--------------------------|---|--|
| Less than 3 months | 1 | |
| 3 to 6 months | 2 | |
| 6 to 9 months | 3 | |
| More than 9 months..... | 4 | |

d. When you were taking the preventive medicine, were you in an institution such as a nursing home, recovery home or prison?

- | | | |
|-----------|---|--|
| YES | 1 | |
| NO | 2 | |

C20. Now I'm going to ask you about some other medical conditions that may require medical care. Have you ever had any of the following conditions that required medical care:

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. High blood pressure or hypertension | 1 | 2 |
| b. High blood sugar or diabetes | 1 | 2 |
| c. Lupus or rheumatoid arthritis or any rheumatologic disease | 1 | 2 |
| d. An operation to remove your spleen..... | 1 | 2 |
| e. Sinusitis, a sinus infection that required antibiotics..... | 1 | 2 |
| f. UTI, a urinary tract infection or an infection in your bladder or kidneys that required antibiotics..... | 1 | 2 |

WIHS ID #

C21. Have you ever been treated for depression by being hospitalized or by taking medications?

YES1
NO2

C22. Have you ever been told by a health care provider that you had Hepatitis C?

YES1
NO2 (C24)

C23. Has anyone ever offered you treatment for hepatitis C?

YES1
NO2 (C24)

a. Did you agree to be treated for hepatitis C?

YES1
NO2 (C24)

b. When did you start treatment for hepatitis C? I just need the year.
(IF MORE THAN ONCE, ENTER DATE OF MOST RECENT TREATMENT START.)

|_|_|_|_|
YEAR

c. Are you still in treatment for hepatitis C?

YES1 (C24)
NO2

d. When did you stop treatment for hepatitis C? I just need the year.
(IF MORE THAN ONCE, ENTER DATE OF MOST RECENT TREATMENT STOP.)

|_|_|_|_|
YEAR

WIHS ID #

START F20s3

PROMPT: HAND PARTICIPANT RESPONSE CARD D4a. READ THE NAME OF EACH MEDICATION ALOUD. ASK THE PARTICIPANT IF SHE HAS EVER TAKEN THIS MEDICATION FOR HEPATITIS. IF SHE ANSWERS “YES,” CHECK THE DRUG NAME.

C24. a. Have you ever received any of the following medications to treat Hepatitis B or C?

- 090 ___ Interferon alfa-2b (Intron A)
- 242 ___ Pegylated interferon (PEGASYS or Peginterferon alfa-2a)
(PEG-Intron or Peginterferon alfa-2b)
- 058 ___ Ribavirin (Virazole, Rebetrol, Copegus)
- 235 ___ Rebetron (Ribavirin and interferon alfa-2b)
- 204 ___ Epivir (lamivudine, 3-TC)
- 234 ___ Viread (tenofovir)
- 224 ___ Hespera (adefovir, Preveon)
- 239 ___ Emtriva (emtricitabine, Coviracil, FTC)
- 708 ___ Infergen (Interferon alfacon-1)
- 213 ___ Famvir (famciclovir)
- 253 ___ Truvada (Viread + Emtriva)
- 709 ___ Baraclude (entecavir)
- 710 ___ Tyzeka (telbivudine)
- 711 ___ Alinia (nitazoxanide)
- 713 ___ Victrelis (boceprevir)
- 714 ___ Incivek (telaprevir)

Specify name of “other” hepatitis medication:
Specify name of “other” hepatitis medication:

→ Drug Code: |_|_|_|_|

→ Drug Code: |_|_|_|_|

END F20s3

b. PT. HAS NOT TAKEN ANY MEDICATION IN C24a1 (C25)
 PT. HAS TAKEN AT LEAST ONE MEDICATION IN C24a2

c. ENTER THE TOTAL NUMBER OF HEPATITIS MEDICATIONS
 THE PARTICIPANT REPORTED TAKING IN QUESTION C24a: |_|_| MEDS

C25. Have you ever been told by a health care provider that you needed a liver transplant?

- YES1
- NO2 (C28)

WIHS ID #

C26. Have you ever had a liver transplant?

YES1
NO2 (C27)

a. In what year did you have your liver transplant?

YEAR			

C27. Are you currently on a waiting list for a liver transplant?

YES1
NO2

C28. Has a health care provider **ever** told you that you had osteopenia or osteoporosis or low bone mineral density (that is, thinning or weakening bones)?

YES.....1
NO2

C29. Has a health care provider ever told you that you had broken or fractured your...

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Hip? | 1 | 2 (b) |
| 1. How old were you? _ _ | | |
| 2. Did that fracture occur.... | | |
| i. As a result of a fall from standing height or less..... | 1 (b) | 2 |
| ii. Because of a harder fall..... | 1 (b) | 2 |
| iii. From a car accident or other severe trauma..... | 1 (b) | 2 |
| iv. Other reason / Don't know..... | 1 | 2 |
| b. Wrist (not including forearm or hand)? | 1 | 2 (c) |
| 1. How old were you? _ _ | | |
| 2. Did that fracture occur.... | | |
| i. As a result of a fall from standing height or less..... | 1 (c) | 2 |
| ii. Because of a harder fall..... | 1 (c) | 2 |
| iii. From a car accident or other severe trauma..... | 1 (c) | 2 |
| iv. Other reason / Don't know..... | 1 | 2 |
| c. Spine? | 1 | 2 (C30) |
| 1. How old were you? _ _ | | |
| 2. Did that fracture occur.... | | |
| i. As a result of a fall from standing height or less..... | 1 (C30) | 2 |
| ii. Because of a harder fall..... | 1 (C30) | 2 |
| iii. From a car accident or other severe trauma..... | 1 (C30) | 2 |
| iv. Other reason / Don't know..... | 1 | 2 |

WIHS ID #

[Empty box for WIHS ID #]

C30. Have you ever had a serious head injury – that is, had an injury to your head, scalp, or brain? (PROBE: A serious head injury may be associated with dizziness, confusion, pain that lasts after the injury, a loss of consciousness, or needing a hospital visit.)

YES.....1
NO2 (C32)

a. How many head injuries have you had in your lifetime?

HEAD INJURIES

START F20s4

PROMPT: FOR EACH HEAD INJURY INDICATED IN QUESTION C30a, COMPLETE QUESTIONS C31a to g. THE NUMBER OF SUBFORMS COMPLETED MUST EQUAL THE VALUE RECORDED AT C30a. IF THE TOTAL NUMBER OF REPORTED HEAD INJURIES IS GREATER THAN ONE, PLEASE XEROX THIS PAGE AND INSERT THE COPY AFTER PAGE 10.

C31. Now I'd like to ask some questions about each of these injuries. Let's start with the earliest one.

a. How did it happen?

Had a fall and hit head1
Car accident2
Sports injury.....3
Physical violence4
Other5

SPECIFY: _____

b. How old were you when it happened? _____ YEARS

YES NO

c. Did you see a doctor because of the injury? 1 2

d. Did you stay overnight in a hospital because of the injury? 1 2

e. Did you lose consciousness or were you "knocked out" because of the injury? 1 2 (f)

i. How long were you unconscious? (PROBE: How many minutes, hours or days?)

MINUTES.....1
HOURS.....2
DAYS3

YES NO

f. Did you have a skull fracture?..... 1 2

g. Did you have a seizure or fit within seven days after the head injury? 1 2

END F20s4

C32. Has a health care provider (doctor, dentist, nurse practitioner, nurse, or physicians assistant) ever told you that you had:

	<u>YES</u>	<u>NO</u>
a. Shingles (Herpes Zoster)	1	2
b. Skin rashes.....	1	2
c. Candida or thrush, yeast inside your mouth	1	2
d. Herpes in or around your mouth (cold sores).....	1	2

C33. Has a health care provider ever told you that you had a CD4 count (T-cell count) less than 200 or less than 14%?

YES1
 NO / NEVER HEARD OF IT2

C34. Have you ever had a biopsy? A biopsy is when tissue, sometimes a lump or a mass, is removed with a needle or by making an incision.

YES1
 NO2 (C35)

Where in your body? Was it a:	<u>YES</u>	<u>NO</u>
a. Lung biopsy?.....	1	2
b. Skin biopsy?.....	1	2
c. Bone marrow biopsy?	1	2
d. Cervical biopsy?.....	1	2
e. Breast biopsy?	1	2
f. Liver biopsy?.....	1	2
g. Uterine or endometrial biopsy?	1	2
h. Other biopsy, not previously mentioned?.....	1	2

SPECIFY: _____

C35. Have you ever had any other major chronic illness not already discussed that required medical care or hospitalization, excluding HIV infection?

YES1
 NO2 (C36)

LIST ILLNESSES IN a THROUGH h BELOW. (PROBE: Any others?)

- | | |
|----------|----------|
| a. _____ | e. _____ |
| b. _____ | f. _____ |
| c. _____ | g. _____ |
| d. _____ | h. _____ |

WIHS ID #

C36. Have you ever received any of the following vaccinations?
FOR EACH "YES" RESPONSE, ASK: When was the last time? I just need the year.

	<u>YES</u>	<u>NO</u>	i. <u>YEAR</u>
a. Hepatitis A	1	2 (b)	_ _ _ _
b. Hepatitis B	1	2 (c)	_ _ _ _
c. Pneumovax	1	2 (d)	_ _ _ _
d. Varicella (chicken pox)	1	2 (e)	_ _ _ _
e. Tetanus	1	2 (f)	_ _ _ _
f. Smallpox	1	2 (g)	_ _ _ _
g. Influenza, or flu	1	2 (SECTION D)	_ _ _ _

SECTION D. OBSTETRIC, GYNECOLOGICAL AND CONTRACEPTIVE HISTORY

INTRODUCTION: Now, I am going to ask you some questions about your past pregnancies, gynecological history, and methods of birth control.

D1. Have you ever been pregnant?

YES1
 NO2 **(D12)**

D2. Are you currently pregnant?

YES1
 NO2

D3. How many times have you been pregnant (excluding your current pregnancy)? Please include all of your pregnancies regardless of outcome.

|_|_| PREGNANCIES

START F20s2

- INSTRUCTIONS:**
- **READ:** Now I am going to ask you about all of your pregnancies (excluding your current pregnancy). Let's begin with the first pregnancy.
 - **HAND PARTICIPANT RESPONSE CARD 8.**
 - **COMPLETE FOR ALL PREGNANCIES REPORTED AT D3, THEN SKIP TO QUESTION D11.**

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I just need the month and year.
D4. 1st	Live birth1 Stillbirth.....2 Abortion (Induced/ Elective/Therapeutic).....3 (c) Miscarriage (Spontaneous Abortion)4 (c)	Ectopic Pregnancy 5 (c) Other 6 (c) _____ (SPECIFY)	_ _ _ / _ _ _ # BABIES M Y

WIHS ID #

	a. What was the outcome of the (#) pregnancy?	b. How many babies were born?	c. When did this occur/happen? I just need the month and year.
D5. 2nd	LIVE BIRTH.....1 STILLBIRTH.....2 ABORTION3 (c) MISCARRIAGE4 (c) _____ (SPECIFY)	ECTOPIC PREG..... 5 (c) OTHER 6 (c) # BABIES _ _ _ # BABIES	_ _ _ / _ _ _ M Y
D6. 3rd	LIVE BIRTH.....1 STILLBIRTH.....2 ABORTION3 (c) MISCARRIAGE4 (c) _____ (SPECIFY)	ECTOPIC PREG..... 5 (c) OTHER 6 (c) # BABIES _ _ _ # BABIES	_ _ _ / _ _ _ M Y
D7. 4th	LIVE BIRTH.....1 STILLBIRTH.....2 ABORTION3 (c) MISCARRIAGE4 (c) _____ (SPECIFY)	ECTOPIC PREG..... 5 (c) OTHER 6 (c) # BABIES _ _ _ # BABIES	_ _ _ / _ _ _ M Y
D8. 5th	LIVE BIRTH.....1 STILLBIRTH.....2 ABORTION3 (c) MISCARRIAGE4 (c) _____ (SPECIFY)	ECTOPIC PREG..... 5 (c) OTHER 6 (c) # BABIES _ _ _ # BABIES	_ _ _ / _ _ _ M Y
D9. 6th	LIVE BIRTH.....1 STILLBIRTH.....2 ABORTION3 (c) MISCARRIAGE4 (c) _____ (SPECIFY)	ECTOPIC PREG..... 5 (c) OTHER 6 (c) # BABIES _ _ _ # BABIES	_ _ _ / _ _ _ M Y
D10. 7th	LIVE BIRTH.....1 STILLBIRTH.....2 ABORTION3 (c) MISCARRIAGE4 (c) _____ (SPECIFY)	ECTOPIC PREG..... 5 (c) OTHER 6 (c) # BABIES _ _ _ # BABIES	_ _ _ / _ _ _ M Y

END F20s2

PROMPT: IF THE PARTICIPANT REPORTED MORE THAN SEVEN PREGNANCIES, XEROX THIS PAGE AND INSERT AFTER PAGE 13.

D11. Have you ever breastfed?

YES1
NO2 (D12)

a. For approximately how many months altogether have you breastfed?

|_|_|_|
MONTHS

PROMPT: IF PARTICIPANT IS CURRENTLY PREGNANT, SKIP TO QUESTION D14.

D12. Have you ever had a hysterectomy, removal of the uterus or womb?

YES1
NO2 (D14)

WIHS ID #

a. When was that? I just need the year.
(**PROBE**: Please try to remember as best you can.)

YEAR			

D13. What was the reason for your hysterectomy. Was it:

	<u>YES</u>	<u>NO</u>
a. Fibroids (myomas)?	1	2
b. Infection?	1	2
c. Cancer?	1	2
d. Complications of pregnancy/delivery?	1	2
e. Bleeding unrelated to pregnancy?	1	2
f. Another reason?	1	2 (D14)
SPECIFY: _____		

PROMPT: IF D13c = YES, THEN COMPLETE ABSTRACT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

D14. Have you ever had one ovary or both ovaries removed? (**PROBE**: One or both?)

NO OVARIES REMOVED	1
ONE OVARY REMOVED	2
BOTH OVARIES REMOVED	3

D15. Have you ever had a permanent sterilization procedure, such as tubal ligation (tubes tied) or Essure procedure?

YES	1
NO	2 (D16)

a. Was it ever reversed?

YES	1
NO	2

D16. Have you ever been on the pill (oral contraceptives)?

YES	1
NO	2 (D17)

a. For how many years altogether have you used the pill (oral contraceptives)? Would you say that you took them for:

Less than 1 year	1
1 to 5 years	2
More than 5 years	3

D17. Have you ever had a Pap test (**PROBE**: Pap Smear, Papanicolaou test, a test for early detection of cancer of the cervix)?

YES	1
NO	2 (D19)

WIHS ID #

a. When was your most recent Pap test done? I just need the year.
(**PROBE:** Please estimate as best you can.)

YEAR			

D18. Have you ever been told you had an abnormal Pap test?

YES 1
NO 2

D19. Have you ever had a colposcopy (**PROBE:** Colposcopy uses an instrument like binoculars to examine the cervix, and a biopsy may or may not have been taken.)

YES 1
NO 2

D20. Have you ever been treated for any cervical abnormality?

YES 1
NO 2 (**D22**)

D21. Was that treatment:

Cryosurgery (freezing of the cervix) 1
Loop, LEEP or LETZ (electrical cutting of the cervix) 2
Laser conization or ablation (a laser was used) 3
Hysterectomy (major surgery under anesthesia; the uterus was removed) 4
None of the above 5

D22. Have you ever been treated for any other gynecological conditions?

YES 1
NO 2 (**D23**)

a. What were you treated for? SPECIFY: _____

Have you ever been told by a health care provider (doctor, nurse, midwife, physicians assistant or nurse practitioner) that you had:

	<u>YES</u>	<u>NO</u>
D23. Gonorrhea (GC, the clap)?	1	2
D24. Syphilis?	1	2
D25. Chlamydia?	1	2
D26. PID, pelvic inflammatory disease.....	1	2
D27. Herpes in or around your genital area? (PROBE: Your vagina or anus).....	1	2
D28. Warts in or around your genital area? (PROBE: Your vagina or anus).....	1	2
D29. Trichomonal vaginitis, trich?.....	1	2
D30. Bacterial vaginosis, BV?	1	2
D31. Vaginal yeast infection (candida or fungal infection)?	1	2

WIHS ID #

D32. Have you ever had a mammogram? (**PROBE:** A mammogram is a special type of x-ray for examining the breast.)

YES1
NO2 (**SECTION E**)

a. When was your most recent mammogram done? I just need the year.
(**PROBE:** Please remember as best you can.)

|_|_|_|_|

YEAR

D33. Was your most recent mammogram done:

As a routine or age-related test1
Because of a family history of breast cancer2
For evaluation of a breast mass or lump3
For another reason4

SPECIFY: _____

SECTION E. CIGARETTE AND DRUG USE AND SEXUAL BEHAVIOR

E1. These next questions relate to cigarette use. Have you smoked at least 100 cigarettes (about five packs) in your lifetime?

YES1
NO2 (**E6**)

E2. Do you currently smoke cigarettes?

YES1 (**E5**)
NO2

E3. When did you quit smoking cigarettes? (**PROBE:** The most recent time.)
I just need the month and year.

|_|_|_| / |_|_|_|

M Y

E4. Before you stopped smoking, how many cigarettes, on the average, did you smoke each day?

|_|_|_| PACKS1
NUMBER CIGARETTES2

E5. For how many months or years altogether [have you smoked/did you smoke] cigarettes?
(**PROBE:** Not including years when you did not smoke cigarettes.)
(**PROBE:** If you cannot remember exactly, please estimate as best you can.)

|_|_| YEARS AND |_|_| MONTHS

E6. Was there ever a period of time when you drank alcohol more than you have in the past six months?

YES1
NO2 (**E10**)

WIHS ID #

What programs? (PROBE: Any others?) [FOR EACH "YES" ASK QUESTION "I"]	MENTIONED		i. Have you been in [PROGRAM] during the past six months?	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
d. ALCOHOLICS ANONYMOUS.....	1	2 (e)	1	2
e. OTHER ALCOHOL TREATMENT PROGRAM	1	2 (E11)	1	2
SPECIFY: _____				

INTRODUCTION: Now I will ask you some questions about drug use. Your answers are strictly confidential.

E11. Have you ever used either medical or recreational marijuana, cocaine, crack, heroin, amphetamines or methamphetamine, hallucinogens, club drugs, methadone or narcotics when they were not prescribed to you by a doctor, or any other illicit or recreational drugs?

YES1
 NO2 (E30)

PROMPT: HAND PARTICIPANT RESPONSE CARD 10 FOR USE IN ANSWERING QUESTIONS E12a – E27a AND E30 AND E34.

E12. Have you ever used marijuana or hash?

YES1
 NO2 (E13)

a. On average, how often have you used marijuana or hash?

Less than once a month1
 At least once a month, but less than once a week2
 Once a week3
 2 to 3 times a week4
 4 to 6 times a week5
 Once a day6
 More than once a day7

b. Was your use of marijuana medical, meaning prescribed by a doctor, or recreational, or both?

Medical1
 Recreational2
 Both medical and recreational3

E13. Have you ever smoked crack?

YES1
 NO2 (E14)

- a. On average, how often have you smoked crack?
 - Less than once a month1
 - At least once a month, but less than once a week2
 - Once a week3
 - 2 to 3 times a week4
 - 4 to 6 times a week5
 - Once a day6
 - More than once a day7

E14. Have you ever injected crack by itself?

- YES1
- NO2 **(E15)**

- a. On average, how often have you injected crack?
 - Less than once a month1
 - At least once a month, but less than once a week2
 - Once a week3
 - 2 to 3 times a week4
 - 4 to 6 times a week5
 - Once a day6
 - More than once a day7

E15. Have you ever sniffed or snorted cocaine?

- YES1
- NO2 **(E16)**

- a. On average, how often have you sniffed or snorted cocaine?
 - Less than once a month1
 - At least once a month, but less than once a week2
 - Once a week3
 - 2 to 3 times a week4
 - 4 to 6 times a week5
 - Once a day6
 - More than once a day7

E16. Have you ever injected cocaine by itself?

- YES1
- NO2 **(E17)**

- a. On average, how often have you injected cocaine?
 - Less than once a month1
 - At least once a month, but less than once a week2
 - Once a week3
 - 2 to 3 times a week4
 - 4 to 6 times a week5
 - Once a day6
 - More than once a day7

E17. Have you ever sniffed or snorted heroin?

- YES1
- NO2 **(E18)**

a. On average, how often have you sniffed or snorted heroin?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

E18. Have you ever smoked heroin?

- YES1
- NO2 **(E19)**

a. On average, how often have you smoked heroin?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

E19. Have you ever injected heroin by itself?

- YES1
- NO2 **(E20)**

a. On average, how often have you injected heroin?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

E20. Have you ever injected heroin and cocaine together (speedball)?

- YES1
- NO2 **(E21)**

a. On average, how often have you injected heroin and cocaine together?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

E21. Have you ever sniffed or smoked methamphetamine (crank, crystal, tina)?

- YES1
- NO2 (E22)

a. On average, how often have you sniffed or smoked methamphetamine?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

E22. Have you ever injected methamphetamine (crank, crystal, tina) by itself?

- YES1
- NO2 (E23)

a. On average, how often have you injected methamphetamine?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

E23. Have you ever used methadone when it was not prescribed to you by a doctor?

- YES1
- NO2 (E24)

a. On average, how often have you used methadone when it was not prescribed to you by a doctor?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

E24. Have you ever used amphetamines (speed, uppers)?

YES1
 NO2 (E25)

a. On average, how often have you used amphetamines?

Less than once a month1
 At least once a month, but less than once a week2
 Once a week3
 2 to 3 times a week4
 4 to 6 times a week5
 Once a day6
 More than once a day7

E25. Have you ever used hallucinogens, such as LSD, PCP, mushrooms, peyote?

YES1
 NO2 (E26)

a. On average, how often have you used hallucinogens?

Less than once a month1
 At least once a month, but less than once a week2
 Once a week3
 2 to 3 times a week4
 4 to 6 times a week5
 Once a day6
 More than once a day7

E26. Have you ever used any club drugs, such as ecstasy, ketamine, or GHB?

YES1
 NO2 (E27)

a. On average, how often have you used club drugs?

Less than once a month1
 At least once a month, but less than once a week2
 Once a week3
 2 to 3 times a week4
 4 to 6 times a week5
 Once a day6
 More than once a day7

E27. Have you ever used any other narcotic drugs, such as morphine, codeine, oxycodine or Demerol, that **have not been prescribed to you by your doctor**?

YES1
 NO2 (b)

a. On average, how often have you used narcotic drugs that have not been prescribed to you by your doctor?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

b. Have you ever injected any narcotic drugs?

- YES1
- NO2

E28. Have you ever had a nosebleed while sniffing or snorting drugs?

- YES1
- NO2

E29. Has anyone else ever had a nosebleed while you were sniffing or snorting drugs with them?

- YES1
- NO2

E30. Have you ever used any tranquilizers, such as sleeping pills, barbiturates or valium, **whether or not they were prescribed to you?**

- YES1
- NO2 (E31)

a. On average, how often have you used tranquilizers?

- Less than once a month1
- At least once a month, but less than once a week2
- Once a week3
- 2 to 3 times a week4
- 4 to 6 times a week5
- Once a day6
- More than once a day7

E31. **INTERVIEWER, BASED ON RESPONSES TO QUESTIONS E14 (crack), E16 (cocaine), E19 (heroin), E20 (speedball), E22 (methamphetamine), AND E27b (narcotic drugs), HAS PARTICIPANT EVER INJECTED DRUGS?**

- YES1
- NO2 (E40)

E32. How old were you when you first injected street drugs? |_|_|
(PROBE: If you cannot remember exactly, please estimate as best you can.)

E33. How old were you the last time you injected street drugs? |_|_|
(PROBE: Please give me your best estimate.)

WIHS ID #

E34. When you injected street drugs, on average, how often did you use them?

- Less than once a month.....1
- At least once a month, but less than once a week.....2
- Once a week.....3
- 2 to 3 times a week.....4
- 4 to 6 times a week.....5
- Once a day.....6
- More than once a day.....7

E35. Were any of these times in a shooting gallery?

- YES1
- NO2

E36. Have you ever, even once, used a needle or works after someone else had used it? By works I mean needles, syringes, and/or a cooker?

- YES1
- NO2 (E40)

E37. How old were you when you first used a needle or works after someone else had used it? |_|_|
(PROBE: If you cannot remember exactly, please estimate as best you can.)

E38. How old were you when you last used a needle or works after someone else had used it? |_|_|
(PROBE: Please give me your best estimate)

E39. How often did you use a needle or works after someone else had used it?

- Rarely.....1
- Less than half of the time.....2
- Half of the time.....3
- More than half of the time.....4
- All of the time.....5

E40. Have you ever been in a drug treatment program, including inpatient and/or outpatient drug detox, methadone maintenance programs, halfway houses, Narcotics Anonymous, prison or jail-based programs and/or any other programs.

- YES1
- NO2 (E41)

What programs...? (PROBE: Any others?) [FOR EACH "YES" ASK SUBQUESTIONS i AND ii]	MENTIONED		i. How many different times did you start [PROGRAM]?	ii. How many days (total) have you been in [PROGRAM]?
	YES	NO		
a. INPATIENT DRUG DETOX	1	2 (b)	_ _ #TIMES	
b. OUTPATIENT DRUG DETOX	1	2 (c)	_ _ #TIMES	

WIHS ID #

What programs...? (PROBE: Any others?) [FOR EACH "YES" ASK SUBQUESTIONS i AND ii]	MENTIONED		i. How many different times did you start [PROGRAM]?	ii. How many days (total) have you been in [PROGRAM]?
	<u>YES</u>	<u>NO</u>		
c. METHADONE MAINTENANCE PROGRAM	1	2 (d)	<input type="text"/> <input type="text"/> #TIMES	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS
d. HALFWAY HOUSE.....	1	2 (e)	<input type="text"/> <input type="text"/> #TIMES	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS
e. NARCOTICS ANONYMOUS.....	1	2 (f)		<input type="text"/> <input type="text"/> <input type="text"/> # DAYS
f. PRISON OR JAIL-BASED TREATMENT PROGRAM	1	2 (g)	<input type="text"/> <input type="text"/> #TIMES	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS
g. OTHER PROGRAMS?.....	1	2 (E41)		
_____ (SPECIFY)			<input type="text"/> <input type="text"/> #TIMES	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS

INTRODUCTION: Now I will ask you some questions about sexual behavior with men or women, including prostitution or sex for money or drugs or shelter. I understand that this is very personal, but your answers are very important to this research study. There are a lot of different people in this study and many questions may not apply to you.

E41. The first set of questions is about all the males you have ever had sex with in your lifetime. In this case, "sex" should include vaginal sex (when a male puts his penis in your vagina), both types of oral sex (a penis in your mouth and/or when a male puts his tongue in or on your vagina), and anal sex (sex in your bottom/butt/ass). How many different males (men or boys) have you had sex with in your lifetime?
(PROBE: This includes any sexual encounters with males, with or without consent.)
(PROBE: Please estimate as best you can.)
(CODE AS "000" IF NONE)
MALE PARTNERS

PROMPT: IF RESPONSE AT E41 = "000" SKIP TO E49.

E42. How old were you when you had your first sexual encounter with a male, with or without consent?
YEARS OLD

Since 1978, have you ever had any type of sex (vaginal, oral, or anal) with a man who, to your knowledge... YES NO

E43. ...ever used drugs by injection (by a needle; that is skin popping, shooting up, or intravenously) that were not prescribed by a doctor?..... 1 2

E44. ...had hemophilia (a bleeding disease in which bleeding takes a long time to stop or does not stop at all)?..... 1 2

WIHS ID #

Since 1978, have you ever had any type of sex (vaginal, oral, or anal) with a man who, to your knowledge... YES NO

E45. ...tested positive for HIV (the virus that causes AIDS) or became sick or died from AIDS or AIDS-related symptoms? 1 2

E46. ...ever had sex with another man?..... 1 2

E47. How many different males (including men or boys) have you had sex with in the past five years? (CODE AS "000" IF NONE) |_|_|_|_|
MALE PARTNERS

E48. Have you ever had anal sex (sex in your bottom/butt/ass) with a male partner?
YES1
NO2

E49. I am now going to ask you about sex with female partners. In this case, "sex" should include vaginal sex (when she puts fingers, fists, sex toys, dildos or vibrators around or in your vagina), oral sex (when you or she put your tongue or mouth in or on each other's vagina) and anal sex (when she puts fingers, fists, tongue, sex toys, or a dildo in your rectum). Have you ever had sex with a female (woman or girl)? (PROBE: This includes any sexual encounters with females, with or without consent.)
YES1
NO2 (E55)

E50. How many different females (women or girls) have you had sex with in your lifetime? (PROBE: This includes any sexual encounters with females, with or without consent.) (PROBE: Please estimate as best you can.) |_|_|_|_|
FEMALE PARTNERS

Since 1978, have you ever had any type of sex (vaginal, oral, or anal) with a woman who, to your knowledge... YES NO

E51. ...ever used drugs by injection (by a needle; that is skin popping, shooting up, or intravenously) that were not prescribed by a doctor?..... 1 2

E52. ...tested positive for HIV (the virus that causes AIDS) or became sick or died from AIDS or AIDS-related symptoms? 1 2

E53. How many different females (including women or girls) have you had sex with in the past five years? (CODE AS "000" IF NONE) |_|_|_|_|
FEMALE PARTNERS

E54. Have you ever had anal sex (when your partner puts fingers, tongue, sex toys, or a dildo in your rectum) with a female partner?
YES1
NO2

WIHS ID #

[Empty box for WIHS ID #]

E55. Do you consider yourself...

- Heterosexual or straight.....1
- Bisexual.....2
- Lesbian or gay.....3
- Other.....4

SPECIFY: _____

E56. Have you ever had sex for drugs or money or shelter?

- YES1
- NO2 (E57)

a. Was it for drugs?

- YES1
- NO2

PROMPT: IF SHADED RESONSE, REFER PARTICIPANT TO COUNSELOR.

E57. TIME MODULE ENDED:

[][] : [][]

- AM.....1
- PM.....2