

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

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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.

C0. a. Have you ever been told by a health care provider that you had cervical cancer?

- YES1
- NO2 (C1)

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

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C1. 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 (C13b)

What kind of cancer? Was it: [READ C2 – C13]
(FOR EACH YES, ASK SUBQUESTION “a”)

	<u>YES</u>	<u>NO / NEVER HEARD OF IT</u>	
C2. Breast cancer.....	1	2 (C3)	a. When was the first time you were told that? I just need the year. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input 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		a. When was the first time you were told that? I just need the year.
	NO 2		
	<u>YES</u>	<u>NO / NEVER HEARD OF IT</u>	
C3. Cancer of the ovary	1	2 (C4)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C4. Cancer of the uterus.....	1	2 (C5)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C5. Kaposi’s Sarcoma (KS)	1	2 (C6)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C6. Lymphoma.....	1	2 (C7)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C7. Lymphoma in the brain.....	1	2 (C8)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C8. Hodgkin’s disease.....	1	2 (C9)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C9. Skin cancer (not KS)	1	2 (C10)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C10. Liver cancer	1	2 (C11)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C11. Lung cancer	1	2 (C12)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C12. Colon cancer	1	2 (C13)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
C13. Other	1	2 (C13b)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SPECIFY: _____

C13b. PLEASE RECORD THE TOTAL NUMBER OF CANCERS REPORTED AT THIS VISIT. DO NOT FORGET TO INCLUDE CERVICAL CANCER IF REPORTED IN QUESTION C0a, IN ADDITION TO ALL CANCERS REPORTED IN QUESTIONS C2 – C13.

CANCERS

PROMPT: IF QUESTION C13b = 00, SKIP TO QUESTION C18.

START F20s1

PROMPT: FOR EACH CANCER INDICATED IN QUESTION C13b, 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 C0–C13 = 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.

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- | | <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 |
| d. An operation to remove your spleen | 1 | 2 |
| e. Kidney problems or kidney disease | 1 | 2 |

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

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

WIHS ID #

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

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?

- 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)
- 253 ___ Truvada (Viread + Emtriva)
- 709 ___ Baraclude (entecavir)
- 710 ___ Tyzeka (telbivudine)
- 713 ___ Victrelis (boceprevir)
- 714 ___ Incivek (telaprevir)

WIHS ID #

[Empty box for WIHS ID #]

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)

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

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 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 |

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 | |
| NO | 2 | (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 head | 1 | |
| Car accident | 2 | |
| Sports injury..... | 3 | |
| Physical violence | 4 | |
| Other | 5 | |
- SPECIFY: _____

- b. How old were you when it happened? |_|_| YEARS
- | | <u>YES</u> | <u>NO</u> |
|--|---------------|-----------|
| 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 | |
| | <u>YES</u> | <u>NO</u> |
| 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 |

Where in your body? Was it a: YES NO

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. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

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>	<u>i. 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 (h)	_ _ _ _
h. Herpes zoster (shingles)	1	2 (i)	_ _ _ _
i. HPV (human papillomavirus)	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

WIHS ID #

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 Ectopic Pregnancy 5 (e) Stillbirth.....2 Other 6 (e) Abortion (Induced/ Elective/Therapeutic).....3 (e) Miscarriage (Spontaneous Abortion)4 (e) _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> # BABIES	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M Y
D5. 2nd	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (e) STILLBIRTH.....2 OTHER..... 6 (e) ABORTION3 (e) MISCARRIAGE4 (e) _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> # BABIES	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M Y
D6. 3rd	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (e) STILLBIRTH.....2 OTHER..... 6 (e) ABORTION3 (e) MISCARRIAGE4 (e) _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> # BABIES	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M Y
D7. 4th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (e) STILLBIRTH.....2 OTHER..... 6 (e) ABORTION3 (e) MISCARRIAGE4 (e) _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> # BABIES	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M Y
D8. 5th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (e) STILLBIRTH.....2 OTHER..... 6 (e) ABORTION3 (e) MISCARRIAGE4 (e) _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> # BABIES	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M Y
D9. 6th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (e) STILLBIRTH.....2 OTHER..... 6 (e) ABORTION3 (e) MISCARRIAGE4 (e) _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> # BABIES	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M Y
D10. 7th	LIVE BIRTH.....1 ECTOPIC PREG..... 5 (e) STILLBIRTH.....2 OTHER..... 6 (e) ABORTION3 (e) MISCARRIAGE4 (e) _____ (SPECIFY)	<input type="text"/> <input type="text"/> <input type="text"/> # BABIES	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> M Y

END F20s2

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

WIHS ID #

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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)

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 REMOVED1
ONE OVARY REMOVED2
BOTH OVARIES REMOVED3

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

YES1
NO2 (D16)

a. Was it ever reversed?

YES1
NO2

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

- YES1
- NO2 (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 years2
- 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)?

- YES1
- NO2 (D19)

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?

- YES1
- NO2

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.)

- YES1
- NO2

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

- YES1
- NO2 (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?

- YES1
- NO2 (D23)

a. What were you treated for? SPECIFY: _____

WIHS ID #

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
D32. Have you ever had a mammogram? (PROBE: A mammogram is a special type of x-ray for examining the breast.)		
YES	1	
NO	2	(SECTION E)

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

D33. Was your most recent mammogram done:

As a routine or age-related test	1
Because of a family history of breast cancer	2
For evaluation of a breast mass or lump.....	3
For another reason	4

SPECIFY: _____

SECTION E. CIGARETTE AND DRUG USE AND SEXUAL BEHAVIOR

E0. In your lifetime, how many years have you lived in a household with at least one cigarette smoker other than yourself where the person smoked in the house? Please think about **all** households in which you have ever lived.

|_|_| YEARS

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

YES	1
NO	2 (E6)

WIHS ID #

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)

a. ASK PARTICIPANT TO REFER TO RESPONSE CARD 9NR.

During that time when you drank more, how many days per week did you have a drink containing alcohol? By drink, I mean one can, bottle or glass of beer, a glass of wine, a shot of liquor, or a mixed drink with that amount of liquor.

Everyday1
5 to 6 days a week2
3 to 4 days a week3
1 to 2 days a week4
Less than once a week5

b. During that time, on average, how many drinks did you usually have per day? (PROBE: By a drink, I mean one can, bottle or glass of beer, a glass of wine, a shot of liquor, or a mixed drink with that amount of liquor.

|_|_|
DRINKS/DAY OR _____ SPECIFY

E7. About how old were you when you started drinking at this higher level? |_|_| YEARS

E8. About how old were you when you cut back or stopped drinking at this higher level? |_|_| YEARS

E9. That would mean that you drank this higher amount for about |_|_| YEARS
_____ years, does that sound about right?

PROMPT: IF PARTICIPANT ANSWERS “NO,” START AT QUESTION E7 AGAIN AND TRY TO DETERMINE THE CORRECT NUMBER OF YEARS.

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E10. Now I'm going to ask you some questions about alcohol treatment programs. I am interested in any treatment programs you may have been in, including inpatient and/or outpatient alcohol detox, halfway houses, Alcoholics Anonymous, and/or other alcohol treatment programs. Have you ever been in an alcohol treatment program?

YES1
NO2 (E11)

MENTIONED

What programs?

(PROBE: Any others?)

[FOR EACH "YES" ASK QUESTION "I"]

	<u>YES</u>	<u>NO</u>
a. INPATIENT ALCOHOL DETOX.....	1	2 (b)
b. OUTPATIENT ALCOHOL TREATMENT PROGRAM	1	2 (c)
c. HALFWAY HOUSE.....	1	2 (d)
d. ALCOHOLICS ANONYMOUS.....	1	2 (e)
e. OTHER ALCOHOL TREATMENT PROGRAM.....	1	2 (E11)

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, methamphetamine, hallucinogens, club drugs, or any other illicit or recreational drugs?

YES1
NO2 (E27)

PROMPT: HAND PARTICIPANT RESPONSE CARD 10 FOR USE IN ANSWERING QUESTIONS E12 THROUGH E34.

E12. Have you ever used marijuana or hash to get high, for medical reasons, or both?

YES1
NO2 (E13)

a. Did you have a prescription from a medical provider for medical marijuana?

YES1
NO2 (c)

b. On average, how often have you used medical 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

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

- 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

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, snorted or smoked cocaine?

- YES1
- NO2 (E16)

a. On average, how often have you sniffed, snorted or smoked 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 hallucinogens, such as LSD, PCP, mushrooms, peyote?

- YES1
- NO2 (E24)

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

E24. Have you ever used any club drugs, such as ecstasy, ketamine, or GHB?

- YES1
- NO2 (E25)

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

E25. Have you ever had a nosebleed while sniffing or snorting drugs?

- YES1
- NO2

E26. Has anyone else ever had a nosebleed while you were sniffing or snorting drugs with them?

- YES1
- NO2

E27. Have you ever used any **prescription drugs** in ways that were **not prescribed**? Not prescribed means that you didn't have a doctor's prescription for the drug, you used more than was prescribed, or you used it to get high?

- YES1
- NO2 (E31)

E28a. Have you ever used methadone in a way that was not prescribed? Not prescribed means that you didn't have a doctor's prescription for the drug, you used more than was prescribed, or you used it to get high.

- YES1
- NO2 (E28c)

b. On average, how often have you used methadone in a way that was not prescribed?

- 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

E28c. Have you ever used any other prescription narcotic drugs, such as morphine, codeine, oxycodone or Demerol, in a way that was not prescribed? Not prescribed means that you didn't have a doctor's prescription for the narcotic, you used more than was prescribed, or you used it to get high.

- YES1
- NO2 (E28f)

d. On average, how often have you used any other prescription narcotic drugs in a way that was not prescribed?

- 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

e. Have you ever injected any narcotic drugs?

- YES1
- NO2

E28f. Have you ever used amphetamines (speed, uppers) in a way that was not prescribed? Not prescribed means you didn't have a doctor's prescription for the amphetamine, you used more than was prescribed, or you used it to get high.

- YES1
- NO2 (E28h)

g. On average, how often have you used amphetamines in a way that was not prescribed?

- 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

E28h. Have you ever used any tranquilizers, such as sleeping pills, barbiturates or valium, **in a way that was not prescribed**? Not prescribed means you didn't have a doctor's prescription for the drug, you used more than was prescribed, or you used it to get high.

- YES1

NO2 (E31)

i. On average, how often have you used tranquilizers in a way that was not prescribed?

- 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 E27e (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.)

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

- 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

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)

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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 or suboxone maintenance programs, halfway houses, Narcotics Anonymous, prison or jail-based programs and/or any other programs, or using medications for drug treatment.

- YES 1
- NO 2 **(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	
c. METHADONE MAINTENANCE PROGRAM	1	2 (d)	[][] #TIMES	[][][][] # DAYS
d. SUBOXONE PROGRAM	1	2 (e)	[][] #TIMES	[][][][] # DAYS
e. OTHER MEDICATION-ASSISTED DRUG TREATMENT	1	2 (f)	[][] #TIMES	[][][][] # DAYS
iii. What drugs have you used in this treatment?			<hr/> <hr/>	
f. HALFWAY HOUSE.....	1	2 (g)	[][] #TIMES	[][][][] # DAYS
g. NARCOTICS ANONYMOUS	1	2 (h)		[][][][] # DAYS
h. PRISON OR JAIL-BASED TREATMENT PROGRAM.....	1	2 (i)	[][] #TIMES	[][][][] # DAYS
i. OTHER PROGRAMS?.....	1	2 (E41)		
_____ (SPECIFY)			[][] #TIMES	[][][][] # DAYS

WIHS ID #

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
- 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**)

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[Empty box for WIHS ID #]

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

E55. Do you consider yourself...

Heterosexual or straight.....1
Bisexual2
Lesbian or gay3
Other4

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