

**WOMEN'S INTERAGENCY HIV STUDY  
NEW RECRUIT BASELINE HISTORY  
FORM 20**

**SECTION A: GENERAL INFORMATION**

- A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE    ---
- A2. WIHS STUDY VISIT #:
- A3. FORM VERSION:    **10/01/13**
- A4. DATE OF INTERVIEW:    / /   
M    D    Y
- A5. INTERVIEWER'S INITIALS:
- A6. TIME MODULE BEGAN:     :     AM.....1  
PM .....2

**INTRODUCTION TO PARTICIPANT:**

Thank you for agreeing to participate in this study. This is a very important study about women's health. To learn as much as possible about your health, I will need to ask you numerous questions about your life. I understand that some of these questions may be difficult for you to answer, and exact dates may be hard to remember. Please take as much time as you need so I can gather information that is as accurate as possible. Of course, your responses will be confidential. Your name will not be reported to anyone, or recorded on any form. We will be using a unique identification number instead of your name; therefore, there will be no way to link your name to this interview. If you cannot or do not wish to answer a certain question, tell me and I will just go on to the next question. Remember, there are no right or wrong answers to these questions; just answer them as best you can.

For this form, I will ask you some questions about your background, as well as some questions about your health history. I will also be asking you a series of questions about diseases, symptoms, and medicines you may have had or taken in the past. Many of these questions today will seem repetitive. Some questions will ask if you have ever had certain illnesses or conditions, whereas others will ask if you have had certain illnesses or conditions only within the past six months. I will try to emphasize the time frame when asking each question to make this more clear.

If anything is unclear, please stop me and I will try to make the question clearer. If at any point in the interview, you wish to stop, also let me know. Finally, I need to re-emphasize that all your answers are confidential, and the responses you provide will in no way affect your clinical care. Some questions may seem very long and detailed. Please remember that this is our time to cover your medical history up until now. For visits in the future, we will only have to cover the six months since we last saw you.

**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 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

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

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

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

- YES .....1
- NO .....2 (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?

- YES .....1
- NO .....2 (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?

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

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

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

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

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

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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?

YES .....1  
NO .....2 (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          | <b>(C19)</b> |

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 | <b>(C20)</b> |

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 |  |

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

YES .....1

NO .....2 (C24)

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

YES .....1

NO .....2 (C24)

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

YES .....1

NO .....2 (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?

YES .....1 (C24)

NO .....2

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)
- 715 \_\_\_ Olysio (simeprevir)
- 716 \_\_\_ Sovaldi (sofosubir)

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 C24a .....1 (C25)
- PT. HAS TAKEN AT LEAST ONE MEDICATION IN C24a .....2

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?

- YES .....1
- NO .....2 (C28)

C26. Have you ever had a liver transplant?

- YES .....1
- NO .....2 (C27)

a. In what year did you have your liver transplant? |\_\_|\_\_|\_\_|\_\_|  
YEAR

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

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

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
- NO .....2

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

a. Hip? YES NO  
1 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: \_\_\_\_\_



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?

YES .....1  
NO .....2 (C36)

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

- |          |          |
|----------|----------|
| a. _____ | d. _____ |
| b. _____ | e. _____ |
| c. _____ | 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?

YES .....1  
NO .....2 (D12)

D2. Are you currently pregnant?

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

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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 birth .....1      Ectopic Pregnancy ..... 5 (e) Stillbirth.....2      Other ..... 6 (e) Abortion (Induced/ Elective/Therapeutic).....3 (e) _____ Miscarriage (Spontaneous Abortion) .....4 (e) <b>(SPECIFY)</b>	<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) ABORTION .....3 (e) _____ MISCARRIAGE .....4 (e) <b>(SPECIFY)</b>	<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) ABORTION .....3 (e) _____ MISCARRIAGE .....4 (e) <b>(SPECIFY)</b>	<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) ABORTION .....3 (e) _____ MISCARRIAGE .....4 (e) <b>(SPECIFY)</b>	<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) ABORTION .....3 (e) _____ MISCARRIAGE .....4 (e) <b>(SPECIFY)</b>	<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) ABORTION .....3 (e) _____ MISCARRIAGE .....4 (e) <b>(SPECIFY)</b>	<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) ABORTION .....3 (e) _____ MISCARRIAGE .....4 (e) <b>(SPECIFY)</b>	<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.**

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D11. Have you ever breastfed?

YES .....1  
NO .....2 (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?

YES .....1  
NO .....2 (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. <b>Cancer?</b> .....	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 or Adiana?

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)

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: \_\_\_\_\_

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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? ( <b>PROBE:</b> Your vagina or anus).....	1	2
D28. Warts in or around your genital area? ( <b>PROBE:</b> 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? ( <b>PROBE:</b> A mammogram is a special type of x-ray for examining the breast.)		
YES .....	1	
NO .....	2	<b>(SECTION E)</b>

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 <b>(E6)</b>

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E2. Do you currently smoke cigarettes?

YES .....1 (E5)  
NO .....2

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?

|\_|\_|\_| PACKS .....1  
NUMBER CIGARETTES .....2

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?

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

Everyday .....1  
5 to 6 days a week .....2  
3 to 4 days a week .....3  
1 to 2 days a week .....4  
Less than once a week .....5

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, does that sound about right? |\_|\_| YEARS

**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?

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

MENTIONED

What programs?  
(PROBE: Any others?)

	<u>YES</u>	<u>NO</u>
a. INPATIENT ALCOHOL DETOX.....	1	2
b. OUTPATIENT ALCOHOL TREATMENT PROGRAM .....	1	2
c. HALFWAY HOUSE.....	1	2
d. ALCOHOLICS ANONYMOUS.....	1	2
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?

YES .....1  
NO .....2 (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?

YES .....1  
NO .....2 (E13)

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

YES .....1  
NO .....2 (c)

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

- 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

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

- 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

E13. Have you ever smoked crack?

- YES .....1
- NO .....2 (E14)

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

- 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

E14. Have you ever injected crack by itself?

- YES .....1
- NO .....2 (E15)

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

- 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

E15. Have you ever sniffed, snorted or smoked cocaine?

- YES .....1
- NO .....2 (E16)

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

- 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

E16. Have you ever injected cocaine by itself?

- YES .....1
- NO .....2 **(E17)**

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

- 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

E17. Have you ever sniffed or snorted heroin?

- YES .....1
- NO .....2 **(E18)**

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

- 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

E18. Have you ever smoked heroin?

- YES .....1
- NO .....2 **(E19)**

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

- 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

E19. Have you ever injected heroin by itself?

- YES .....1
- NO .....2 **(E20)**

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

- E20. Have you ever injected heroin and cocaine together (speedball)?
- YES .....1
  - NO .....2 **(E21)**

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

- E21. Have you ever sniffed or smoked methamphetamine (crank, crystal, tina)?
- YES .....1
  - NO .....2 **(E22)**

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

- E22. Have you ever injected methamphetamine (crank, crystal, tina) by itself?
- YES .....1
  - NO .....2 **(E23)**

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

E23. Have you ever used hallucinogens, such as LSD, PCP, mushrooms, peyote?

- YES .....1
- NO .....2 (E24)

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

- 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

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

- YES .....1
- NO .....2 (E25)

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

- 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

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

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

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

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

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?

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

- YES .....1
- NO .....2 (E28c)

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

- 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

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.

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

e. Have you ever injected any narcotic drugs?

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

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.

- YES .....1
- NO .....2 (E28h)

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

- 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

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.

- YES .....1

NO .....2 (E31)

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

- 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

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?

YES .....1  
NO .....2 (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 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?

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

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?

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

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.)  
YES .....1  
NO .....2 (**E55**)

WIHS ID #

[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?

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

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?

**YES .....1**  
NO .....2 (E57)

a. Was it for drugs?

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

**PROMPT: IF SHADED RESONSE, REFER PARTICIPANT TO COUNSELOR.**

E57. TIME MODULE ENDED:

\_\_\_\_\_|\_\_\_\_\_| : \_\_\_\_|\_\_\_\_|

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