WOMEN'S INTERAGENCY HIV STUDY
FORM 22 HX: FOLLOW-UP HEALTH HISTORY

SECTION A: GENERAL INFORMATION

A1. PARTICIPANT ID: ENTER NUMBER HERE ONLY IF ID LABEL IS NOT AVAILABLE |___|- |___|___| - |___|___|___|___| - |___|

A2. WIHS STUDY VISIT #: |___|___|

A3. FORM VERSION: **1 0 / 0 1 / 1 1**

A4. DATE OF INTERVIEW: |___|___| / |___|___| / |___|___|
M D Y

A5. INTERVIEWER'S INITIALS: |___|___|___|

A6. DATE OF LAST STUDY VISIT (FROM VISIT CONTROL SHEET) |___|___| / |___|___| / |___|___|
M D Y

A7. TIME MODULE BEGAN: |___|___| : |___|___| AM.....1
PM.....2

INTRODUCTION TO PARTICIPANT:

Now, I am going to ask you some questions about your health history. I will be asking you a series of questions about diseases and symptoms you may have had since your study visit on __ __ / __ __ / __ __.
Also, if at any point in the interview you wish to stop, let me know. M D Y

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.

SECTION B. SYMPTOMS

Since your (MONTH) study visit, have you experienced any of the following:

		YES	NO
B1.	a fever for more than one month straight, with a temperature over 100 degrees	**1**	2
B3.	major problems with memory or concentration that interfered with your normal, everyday activities, and that lasted for more than two weeks.....	**1**	2
B4.	numbness, tingling, or burning sensations in your arms, legs, hands or feet that lasted for more than two weeks.....	**1**	2

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		YES	NO
B5.	an unintentional weight loss, of 10 pounds or more, or have you changed to a smaller clothing size, that lasted more than one month.....	**1**	2
B6.	confusion, getting lost in a familiar place or inability to perform routine mental tasks.....	**1**	2
B7.	drenching night sweats that soak night clothes or bedding.....	**1**	2
B8.	nausea and/or vomiting	1	2
B9.	dry mouth	1	2
B10.	diarrhea.....	1	2
B11.	constipation	1	2

REFER FOR DIFFERENTIAL DIAGNOSIS TO PARTICIPANT'S MEDICAL PROVIDER

INTRODUCTION: The next series of questions asks about changes in the shape of your body that you may have noticed since your (MONTH) study visit. When thinking about these changes, please do not include any changes that have occurred due to being pregnant.

B12. Since your (MONTH) study visit, have you noticed any changes in the shape of your body or in the amount of your body fat (either loss or gain)?

YES..... 1
NO..... 2 **(B13)**

To help me understand these changes, please tell me if you have noticed any of the following body changes since your (MONTH) study visit:

PROMPT: USE THE BODY DIAGRAM CARD TO POINT OUT THE LOCATION OF THE SUPRACLAVICULAR AND DORSOCERVICAL FAT PADS, AND AS NEEDED.

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	Have you noticed…	YES	NO	Was this change in size an increase or a decrease? INCREASE	DECREASE
a)	A change in the size of one or both of your breasts (unrelated to pregnancy)?	1	2 **(b)**	1	2
b)	A change in the size of your belly or abdominal fat?	1	2 **(c)**	1	2
c)	A change in the size of your waist?	1	2 **(d)**	1	2
d)	Any changes in the shape of your face?	1	2 **(e)**	1	2
e)	A change in the amount of fat in your cheeks, just next to your nose and mouth?	1	2 **(f)**	1	2
f)	A change in the amount of fat in your upper back?	1	2 **(g)**	1	2
g)	A change in the size of your neck?	1	2 **(h)**	1	2
h)	A change in the amount of fat in your arms?	1	2 **(i)**	1	2
i)	A change in the amount of fat in your legs?	1	2 **(j)**	1	2
j)	A change in the amount of fat in your buttocks?	1	2 **(B13)**	1	2

B13. Now I am going to ask you about actions you may have intentionally taken to change or maintain the shape of your body. Since your (MONTH) study visit, have you taken any of the following actions to influence your body shape or fat distribution:

		YES	NO
a.	changed your diet?	1	2
b.	changed your exercise habits?	1	2
c.	had cosmetic surgery, including implants, injections, liposuction, or surgical removal of fat?	1	2
d.	had weight-related surgery, including gastric bypass, or gastric stapling?	1	2

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SECTION C: MEDICAL CONDITIONS AND CONCOMITANT ILLNESSES/SYMPTOMS

For the following questions, I am going to use the words "health care provider" to mean any doctor, nurse, physician's assistant or nurse practitioner you go to for medical care.

PROMPT: IF PARTICIPANT RESPONDS "YES" TO ANY SECTION C ANSWERS THAT HAVE BEEN SHADED IN GRAY, COMPLETE AN ATC FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE.

C1. a. Since your (MONTH) study visit, have you been told by a health care provider that you had cervical cancer?

YES……1
NO……..2 **(C2)**

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

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

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

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

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

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

C2. Since your (MONTH) study visit, have you been told by a health care provider that you had any other type of cancer, including skin cancer, lymphoma, Kaposi's sarcoma, Hodgkin's disease, breast cancer or cancer of the female organs – the ovaries or uterus?

YES.....1
NO.....2 **(C13)**

What kind of cancer? Was it: **[READ C3 - C12]**

	YES	NO/NEVER HEARD OF IT
C3. Breast cancer.....	1	2 **(C4)**

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

YES……1
NO……2

b. Have you had a mastectomy (removal of entire breast)?

YES……1
NO……2

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What kind of cancer? Was it: **[READ C3 - C12]**

		YES	NO/NEVER HEARD OF IT
C4.	Cancer of the ovary	1	2
C5.	Cancer of the uterus	1	2
C6.	Kaposi's Sarcoma (KS)	1	2
C7.	Lymphoma	1	2
C8.	Lymphoma in the brain	1	2
C9.	Hodgkin's disease	1	2
C10.	Skin cancer (not KS)	1	2
C11.	Cancer of the liver	1	2
C12.	Other	1	2 **(C13)**

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 F22HXS8

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 6.

C14. a. LOCATION OF REPORTED CANCER: _____

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

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

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C15. a. LOCATION OF REPORTED CANCER: _____

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

	YES	NO
Now I'm going to ask you a few more questions about your (LOCATION) cancer diagnosis.		
b. Is 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 F22HXS8 .

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.

		YES	NO
C16.	Since your (MONTH) study visit have you received cancer chemotherapies?	1	2
C17.	Since your (MONTH) study visit have you received radiation treatments?	1	2

C18. Since your (MONTH) study visit, have you had a new diagnosis of asthma, or a worsening of your asthma?

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

C19. The next few questions are about tuberculosis. I will refer to tuberculosis as TB for short. Since your (MONTH) study visit, as far as you know, has anyone in your family or anyone you lived with, had TB?

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

C20. Since your (MONTH) study visit, have you had TB?

YES.....1
NO.....2 **(C21)**

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Was it in your:	YES	NO
a. Lungs?	1	2
b. Other Location?	1	2

_____
(SPECIFY)

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

PROMPT: IF ANY OF C20 OR C20a–d = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE.

C21. Since your (MONTH) study visit, have you had a skin or a blood test for TB?

YES.....1
NO .....2 **(C31)**

a. When was the last time (most recent) you had a skin or a blood test for TB? I need the month and the year. |___|___| / |___|___|___|___|
M M Y Y Y Y

b. Were you told that the test was positive or showed that you had been exposed to TB?

YES.....1
NO 2

PROMPT: IF C21b = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

C31. Now I'm going to ask you about some other medical conditions that may require medical care. Have you had any of the following conditions, since your (MONTH) study visit?

		YES	NO	DON'T KNOW
a.	Sinusitis, a sinus infection that required antibiotics.....	1	2	<-8>
c.	High blood pressure or hypertension.....	1	2	<-8>
d.	High blood sugar, diabetes, or sugar diabetes.....	1	2	<-8>
e.	High blood cholesterol, triglyceride or blood lipid level	1	2	<-8>
f.	Lupus or rheumatoid arthritis or any rheumatologic disease	1	2	<-8>
g.	Depression.....	1	2	<-8>

C32. a. Since your (MONTH) study visit, has a health care provider told you that you had osteopenia or osteoporosis or low bone mineral density (that is, thinning or weakening bones)?

YES 1
NO..... 2

c. Since your (MONTH) study visit, has a health care provider told you that you had broken or fractured any of your bone(s)? This could include your spine, hip, arm, or any other bone.

YES 1
NO ..... 2 **(C34)**

C33. Since your (MONTH) study visit, has a health care provider told you that you had broken or fractured…

		YES	NO
a.	Your hip?	1	2 **(b)**
	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. Don't know	1	2
b.	Your wrist (not including forearm or hand)?	1	2 **(c)**
	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. Don't know	1	2
c.	Your spine?	1	2 **(d)**
	2. Did that fracture occur….		
	i. As a result of a fall from standing height or less	1 **(d)**	2
	ii. Because of a harder fall	1 **(d)**	2
	iii. From a car accident or other severe trauma	1 **(d)**	2
	iv. Don't know	1	2
d.	Any other bone?	1	2 **(C34)**
	1. SPECIFY LOCATION: _____		
	2. Did that fracture occur….		
	i. As a result of a fall from standing height or less	1 **(C34)**	2
	ii. Because of a harder fall	1 **(C34)**	2
	iii. From a car accident or other severe trauma	1 **(C34)**	2
	iv. Don't know	1	2

C34. Since your (MONTH) study visit, were you diagnosed with liver disease?

YES 1
NO ..... 2 **(C35)**

a. Since your (MONTH) study visit, were you diagnosed with "fatty liver," or a build-up of fat in the liver cells?

YES 1
NO 2

b. (Since your (MONTH) study visit, were you diagnosed with) alcoholic liver damage?

YES 1
NO 2

c. (Since your (MONTH) study visit, were you diagnosed with) cirrhosis?

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

These are other conditions that can be a consequence of liver cirrhosis.

i. Since your (MONTH) study visit, have you had abnormal fluid in the belly (ascites)?

YES 1
NO 2

ii. (Since your (MONTH) study visit, have you had) bleeding from enlarged veins in your esophagus or stomach (varices)?

YES 1
NO 2

iii. (Since your (MONTH) study visit, have you had) hepatic encephalopathy (confusion or decreased awareness caused by liver disease)?

YES 1
NO 2

d. Since your (MONTH) study visit, have you been tested for liver cancer?

YES 1
NO ..... 2 **(C35)**

i. Did you have a blood test to look for liver cancer (called AFP or alpha-fetoprotein)?

YES 1
NO 2

ii. Did you have an ultrasound or CT (CAT) scan to look for liver cancer?

YES 1
NO 2

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C35. Since your (MONTH) study visit, have you had a new diagnosis of hepatitis C?

YES..... 1
NO ..... 2 **(C38)**

C36. c. Has anyone offered you treatment for hepatitis C since your (MONTH) study visit?

YES..... 1
NO 2

C38. Since your (MONTH) study visit, have you had a liver biopsy for any reason?

YES..... 1
NO ..... 2 (**C39)**

a. Why did you have the liver biopsy?

To see how much hepatitis C has affected your liver..... 1
It was recommended by your doctor for another reason..... 2
As part of a research study..... 3
Other reason..... 4

SPECIFY:_____

PROMPT: IF C38 = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

C39. Have you been told by a health care provider that you needed a liver transplant since your (MONTH) study visit?

YES..... 1
NO ..... 2 **(C42)**

C40. Have you had a liver transplant since your (MONTH) study visit?

YES..... 1
NO 2

C41. Are you currently on a waiting list for a liver transplant?

YES..... 1
NO 2

C42. Since your (MONTH) study visit, has a health care provider told you that you had…

		YES	NO	DON'T KNOW
a.	A new diagnosis of angina or chest pain related to heart disease	1	2 **(b)**	<-8> **(b)**
	i. Were you hospitalized for angina or chest pain due to heart disease?	1	2	<-8>
b.	A new diagnosis of congestive heart failure or CHF	1	2 **(c)**	<-8> **(c)**
	i. Were you hospitalized for congestive heart failure?	1	2	
c.	A heart attack or myocardial infarction or MI	1	2	<-8>
d.	A stroke or CVA	1	2	<-8>
e.	A transient ischemic attack or TIA or "mini-stroke"	1	2	<-8>

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C44. Since your (MONTH) study visit, have you had any surgery or procedure to look for or to open blocked vessels in your heart or other areas of your body? (**PROBE**: Your doctor may have called this: cardiac catheterization, percutaneous revascularization, PTCA, angioplasty, stenting, carotid endarterectomy, surgical revascularization, CABG, or coronary artery bypass grafting.)

YES 1
NO ..... 2 **(C45)**

Was this procedure or surgery done on:	YES	NO	
a. Your heart vessels?	1	2	**(b)**
i. What was done? _____			
b. Other vessels?	1	2	**(C45)**
i. What was done? _____			

C45. Do you take aspirin three days or more of every week?

YES 1
NO 2

PROMPT: IF ANY OF C42ai, C42bi, C42c, C42d, C42e OR C44a = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST.

C46. Since your (MONTH) study visit, have you had a serious head injury – that is, had an injury to your head, scalp, or brain? (**PROBE:** A serious head injury may also be associated with dizziness, confusion, pain that lasts after the injury, a loss of consciousness, or needing a hospital visit.)

YES 1
NO ..... 2 **(C48)**

a. How many head injuries have you had? |___|___|___|
HEAD INJURIES

START F22HXS10

PROMPT: FOR EACH HEAD INJURY INDICATED IN QUESTION C46a, COMPLETE QUESTIONS C47a-g. THE NUMBER OF SUBFORMS COMPLETED MUST EQUAL THE VALUE RECORDED AT C46a. IF THE TOTAL NUMBER OF REPORTED HEAD INJURIES IS GREATER THAN ONE, PLEASE XEROX THIS PAGE AND INSERT THE COPY AFTER PAGE 13.

C47. 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

		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?)

|___|___|___| MINUTES 1
HOURS 2
DAYS 3

		YES	NO
f.	Did you have a skull fracture?	1	2
g.	Did you have a seizure or fit within 7 days after the head injury?	1	2

END F22HXS10 .

C48. Are you currently on dialysis?

YES 1
NO 2

SECTION D: SKIN AND ORAL CONDITIONS

ASK QUESTIONS D1 AND D3 FOR EACH CONDITION BELOW. EACH TIME A PARTICIPANT RESPONDS THAT SHE HAS HAD THE CONDITION, ASK SUBQUESTION "a" BEFORE PROCEEDING TO THE NEXT CONDITION.

	D1-D3 Since your (MONTH) study visit, has a health care provider, either a doctor, dentist, nurse practitioner, nurse, or physician's assistant, told you that you had **(CONDITION)?**			D1a –D3a How many different times in the past 6 months did you have this?
D1.	Shingles (Herpes Zoster)?	YES ..... 1 NO 2	**(D3)**	a. |__|__| # TIMES
	b. Have you had 2 or more separate areas with shingles at the same time?	YES ..... 1 NO 2		
D3.	Candida or thrush, yeast inside your mouth?	YES ..... 1 NO 2	**(E0)**	a. |__|__| # TIMES

SECTION E: AIDS DEFINING ILLNESSES

E0. PARTICIPANT'S CURRENT HIV STATUS:

POSITIVE 1
NEGATIVE ..... 2 **(E23)**

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We are now interested in finding out about diseases that some women, especially those with HIV, can experience. Many of the terms in this section are very technical and you may not have heard of them. If you've never heard of a term just say so.

E1. Since your (MONTH) study visit, has a health care provider told you that you had a CD4 count (T-cell count) less than 200 or less than 14%?

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

E2. (Since your (MONTH) study visit), has a health care provider told you that you had herpes simplex with ulcers or sores lasting longer than one month?

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

E3. (Since your (MONTH) study visit), have you had diarrhea (3 or more soft or liquid stools per day) that lasted for more than one month?

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

E4. (Since your (MONTH) study visit), has a health care provider told you that any diarrhea you may have had was caused by:

	YES	NO/NEVER HEARD OF IT
i. Cryptosporidia?	1	2
ii. Microsporidia?	1	2
iii. Isospora?	1	2
iv. C-M-V?	1	2
v. M-A-I?	1	2

E5. (Since your (MONTH) study visit), has a health care provider told you that you had herpes simplex infection of the lungs or esophagus, (the tube between your mouth and your stomach)?

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

E6. (Since your (MONTH) study visit), has a health care provider told you that you had PCP, pneumocystis carinii pneumonia?

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

E7. (Since your (MONTH) study visit), has a health care provider told you that you had another type of pneumonia, lung infection? Do not answer yes if you were diagnosed only with bronchitis.

YES.....1
NO/NEVER HEARD OF IT .....2 **(E8)**

PROMPT: IF PARTICIPANT RESPONDS "YES" TO ANY OF QUESTIONS E4-20 THAT HAVE BEEN SHADED IN GRAY, COMPLETE AN ATC FOR EACH ILLNESS.

a. In the past 12 months, how many times has a health care provider told you that you had pneumonia that required antibiotics, not counting PCP? |___|___| # TIMES

b. Since your (MONTH) study visit, how many times have you had pneumonia that required antibiotics, not counting PCP? |___|___| # TIMES

c. When was the last time you had pneumonia, not counting PCP? I need the month and the year? |___|___|/|___|___|___|___| M M Y Y Y Y

E8. (Since your (MONTH) study visit, has a health care provider told you that you had) Candida or thrush, a yeast infection of the esophagus (the tube between your mouth and stomach) not just in your mouth?

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

E9. (Since your (MONTH) study visit, has a health care provider told you that you had) Candida or thrush, a yeast infection of the lungs or airways (trachea or bronchi)?

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

E10. (Since your (MONTH) study visit, has a health care provider told you that you had) an M-A-I infection, which is sometimes called M-A-C or MAC?

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

E11. (Since your (MONTH) study visit, has a health care provider told you that you had) Toxo infection, or toxoplasmosis of the brain?

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

E12. (Since your (MONTH) study visit, has a health care provider told you that you had) C-M-V, cytomegalovirus:

		YES	NO	
a.	in either eye (retinitis)?	1	2	
b.	in your blood?	1	2	
c.	in your intestine?	1	2	
d.	in your liver?	1	2	
e.	elsewhere in your body?	1	2	**(E13)**

SPECIFY: _____

E13. Since your (MONTH) study visit, has a health care provider told you that you had meningitis related to HIV?

YES.....1
NO/NEVER HEARD OF IT .....2 **(E14)**

PROMPT: IF PARTICIPANT RESPONDS "YES" TO ANY OF QUESTIONS E4-20 THAT HAVE BEEN SHADED IN GRAY, COMPLETE AN ATC FOR EACH ILLNESS.

a. Were you told that this was Crypto, Cryptococcal meningitis?

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

E14. (Since your (MONTH) study visit, has a health care provider told you that you had) Cryptococcal infection:

	YES	NO	
a. in your blood?.....	1	2	
b. elsewhere in your body?.....	1	2	**(E15)**

SPECIFY: _____

E15. (Since your (MONTH) study visit, has a health care provider told you that you had) Histoplasmosis infection or Histo?

YES.....1
NO/NEVER HEARD OF IT .....2 **(E16)**

a. Where in your body? SPECIFY: _____

E16. (Since your (MONTH) study visit, has a health care provider told you that you had) Cocci, coccidioidomycosis infection or Valley Fever?

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

E17. (Since your (MONTH) study visit, has a health care provider told you that you had) wasting syndrome, in other words, severe weight loss?

YES.....1
NO/NEVER HEARD OF IT .....2 **(E18)**

Have you had (CONDITION) that lasted for at least one month, during the same time that you experienced severe weight loss?

	YES	NO
a. chronic diarrhea (at least 3 loose stools per day for greater than or equal to 30 days?)	1	2
b. chronic weakness and documented fever (for greater than or equal to 30 days?)	1	2
c. were you told that [this symptom/these symptoms] [was/were] due to HIV/AIDS?	1	2

E18. (Since your (MONTH) study visit, has a health care provider told you that you had) dementia or encephalopathy, or that you had a memory problem or confusion caused by HIV?

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

PROMPT: IF PARTICIPANT RESPONDS "YES" TO ANY OF QUESTIONS E4-20 THAT HAVE BEEN SHADED IN GRAY, COMPLETE AN ATC FOR EACH ILLNESS.

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E19. (Since your (MONTH) study visit, has a health care provider told you that you had) an infection in the blood with a bacteria called salmonella?

YES.....1
NO/NEVER HEARD OF IT .....2 **(E20)**

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

YES.....1
NO 2

E20. (Since your (MONTH) study visit, has a health care provider told you that you had) PML, progressive multifocal leukoencephalopathy, a disease of the brain?

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

PROMPT: IF PARTICIPANT RESPONDS "YES" TO ANY OF QUESTIONS E4-20 THAT HAVE BEEN SHADED IN GRAY, COMPLETE AN ATC FOR EACH ILLNESS.

E21. (Since your (MONTH) study visit, has a health care provider told you that you had) AIDS?

YES.....1
NO 2

E23. Since your (MONTH) study visit, have you had a biopsy? A biopsy is when tissue, sometimes a lump or a mass, is removed with a needle or by making an incision. (DO NOT include biopsies that have been taken at WIHS gynecologic exams, including WIHS colposcopic examinations.)

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

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

SPECIFY: _____

PROMPT: IF THE PARTICIPANT RESPONDED "YES" TO ANY OF QUESTIONS E23a–g, COMPLETE AN ACSR ATC FOR EACH REPORTED BIOPSY AND OBTAIN MEDICAL RECORD RELEASE.

WIHS ID#

E24. Since your (MONTH) study visit, have you been admitted to the hospital for <u>any</u> reason? This would include staying overnight or being admitted for a procedure that was done in one day. Please include all medical and psychiatric hospitalizations. This doesn't include being treated in the emergency room and later released.

YES 1
NO ..... 2 **(E26)**

a. How many times since your (MONTH) study visit? |___|___|
TIMES

b. Did you continue taking your antiretroviral medications while you were hospitalized?

YES 1
NO 2
NOT APPLICABLE 3

E25. Which of the following best describes the reason(s) you were hospitalized?

Were you hospitalized for:	YES	NO	
a. Childbirth	1	2	
b. An injury or accident	1	2	
c. Elective surgery (for example, hernia repairs, cosmetic surgery, joint replacement)	1	2	
d. Non-elective surgery (for example, emergency surgery, heart surgery, surgeries for cancer or precancerous conditions)	1	2	
e. A psychiatric or mental health problem	1	2	
f. A medical illness (for example, infections, heart problems, stomach or intestinal problems)	1	2	**(g)**
What best describes the reason(s) you were hospitalized?			
i. Heart problems	1	2	
ii. Stomach or intestinal problems	1	2	
iii. Liver problems	1	2	
iv. Pneumonia	1	2	
v. An infection other than pneumonia	1	2	
vi. A lung problem other than pneumonia, such as asthma	1	2	
vii. Another reason	1	2	**(g)**
SPECIFY: _____			
g. Any other reason	1	2	**(E26)**
SPECIFY: _____			

E26. TIME MODULE ENDED |__|__| : |__|__| AM 1
PM 2