

WOMEN'S INTERAGENCY HIV STUDY

FOLLOW-UP HEALTH HISTORY

FORM 22 HX

SECTION A: GENERAL INFORMATION

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

□-□□-□□□□-□

A2. WIHS STUDY VISIT #:

\_\_\_ \_\_\_

A2a. WIHS Core Visit .....1  
3 Month VRS Visit.....2

A3. FORM VERSION:

0 4 / 0 1 / 0 3  
M D Y

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.

WIHS ID#

[Empty box for WIHS ID#]

**SECTION B. SYMPTOMS**

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

	<u>YES</u>	<u>NO</u>
B1. a fever for more than one month straight, with a temperature over 100 degrees.....	<input type="checkbox"/> 1	2
B3. major problems with memory or concentration that interfered with your normal, everyday activities, and that lasted for more than two weeks .....	<input type="checkbox"/> 1	2
B4. numbness, tingling, or burning sensations in your arms, legs, hands or feet that lasted for more than two weeks. ....	<input type="checkbox"/> 1	2
B5. an unintentional weight loss, of 10 pounds or more, or have changed to a smaller clothing size, that lasted more than one month .....	<input type="checkbox"/> 1	2
B6. confusion, getting lost in a familiar place or inability to perform routine mental tasks .....	<input type="checkbox"/> 1	2
B7. drenching night sweats that soak night clothes or bedding .....	<input type="checkbox"/> 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.

B8. 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 **(B9)**

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.**

WIHS ID#

--

Have you noticed...			Was this change in size an increase or a decrease?		Was this change mild, moderate, or severe?		
	YES	NO	INCREASE	DECREASE	MILD	MODERATE	SEVERE
a) A change in the size of one or both of your breasts (unrelated to pregnancy)?	1	2 <b>(b)</b>	1	2	1	2	3
b) A change in the size of your belly or abdominal fat?	1	2 <b>(c)</b>	1	2	1	2	3
c) A change in the size of your waist?	1	2 <b>(d)</b>	1	2	1	2	3
d) Any changes in the shape of your face?	1	2 <b>(e)</b>	1	2	1	2	3
e) A change in the amount of fat in your cheeks, just next to your nose and mouth?	1	2 <b>(f)</b>	1	2	1	2	3
f) A change in the amount of fat in your upper back?	1	2 <b>(g)</b>	1	2	1	2	3
g) A change in the size of your neck?	1	2 <b>(h)</b>	1	2	1	2	3
h) A change in the amount of fat in your arms?	1	2 <b>(i)</b>	1	2	1	2	3
i) A change in the amount of fat in your legs?	1	2 <b>(j)</b>	1	2	1	2	3
j) A change in the amount of fat in your buttocks?	1	2 <b>(B9)</b>	1	2	1	2	3

**Mild** – Only seen if looked for.

**Moderate** – Easily seen.

**Severe** – Obvious immediately.

B9. 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:

Have you...	YES	NO	
a) changed your diet?	1	2	
b) changed your HIV medications?	1	2	
c) changed your exercise habits?	1	2	
d) taken nutritional supplements?	1	2	
e) taken growth hormone or steroids? (i.e., anabolic steroids, androgens, growth factors, andros, Anadrol, roids, Android, juice, DHEA & (DHEA-S) danabol, nandrolone, Deca-Durabolin, Oxandrin)	1	2	
f) had cosmetic surgery such as liposuction, breast reduction or breast enlargement?	1	2	
g) Done anything else to influence your body shape?	1	2 (B10)	Specify: _____ _____

B10. What is your current bra size? I need both the chest and the cup size (for example, 36C.) **NOTE: If participant does not wear a bra or reports wearing a sports bra, code "CHEST SIZE" as 99 and enter -1 in "CUP SIZE."**

**a. CHEST SIZE**

|\_|\_|\_|  
(e.g., 36)

**b. CUP SIZE**

|\_|\_|\_|\_|  
(e.g., C, DD ,etc...)

WIHS ID#

**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.

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 (C12)

WIHS ID#

What kind of cancer? Was it: **[READ C3 - C11]**

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

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. Other..... 1                      2 (C12)

\_\_\_\_\_  
**(SPECIFY)**

C12. 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 – C11.

|\_|\_|\_|  
# CANCERS

**PROMPT: IF QUESTION C12 = 00, SKIP TO QUESTION C27.**

[Empty box for WIHS ID#]

**START F22HXS8**

**PROMPT: FOR EACH CANCER INDICATED IN QUESTION C12, COMPLETE QUESTIONS C13–C14. THE NUMBER OF BOXES COMPLETED MUST EQUAL THE VALUE RECORDED AT C12. 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 7.**

C13. a. LOCATION OF REPORTED CANCER: \_\_\_\_\_

**PROMPT: REPLACE (LOCATION) WITH THE LOCATION WRITTEN IN C13a.**

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

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 (C14)

d. Spread to where? \_\_\_\_\_ (C14)

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? \_\_\_\_\_ (C14)

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. 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)

**END F22HXS8**

**PROMPT: IF ANY OF C1–C11 = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST (ATC) FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE. ALSO, IF EITHER C13c/C14c OR C13e/C14e = YES, THEN COMPLETE ATC FOR METASTATIC CANCER.**

WIHS ID#

[Empty box for WIHS ID#]

C15. Since your (MONTH) study visit have you received cancer chemotherapies? YES 1 NO 2

C16. Since your (MONTH) study visit have you received radiation treatments? 1 2

C27. Since your (MONTH) study visit, have you had a new diagnosis of asthma, or a worsening of your asthma?

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

C28. 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

C29. Since your (MONTH) study visit, have you had TB?

YES ..... 1
NO ..... 2 (C30)

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 C29a-d = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST FOR EACH ILLNESS AND OBTAIN MEDICAL RECORD RELEASE.

C30. Not including the test you had for this study, since your (MONTH) study visit, have you had a skin test for TB?

YES .....1
NO .....2 (C31)
DON'T KNOW ..... <-8> (C31)
DECLINED ..... <-7> (C31)

a. When was the last time (most recent) you had a skin test for TB? I need the month and the year.

M / Y



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

- YES .....1
- NO .....2
- DON'T KNOW .....<-8>
- DECLINED.....<-7>

**PROMPT: IF C30b = 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?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. Sinusitis, a sinus infection that required antibiotics.....	1	2	<-8>
b. UTI, a urinary tract infection or an infection in your bladder or kidneys 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. Since your (MONTH) study visit, has a health care provider told you that you had a thyroid problem?

- YES.....1
- NO.....2 **(C33)**
- DON'T KNOW.....<-8> **(C33)**
- DECLINED.....<-7> **(C33)**

b. Was it hyperthyroidism or an "overactive" thyroid?

- YES.....1
- NO.....2 **(C32c)**
- DON'T KNOW.....<-8> **(C32c)**
- DECLINED.....<-7> **(C32c)**

i. Did your overactive thyroid get better without any treatment?

- YES ..... 1 **(C33)**
- NO ..... 2 **(C33)**

c. Was it hypothyroidism, or an “underactive” thyroid, that may have required taking thyroid hormone replacement medicine?

- YES.....1 **(C33)**
- NO.....2
- DON’T KNOW.....<-8>
- DECLINED.....<-7>

d. Was it another type of thyroid disease, for example cancer or goiter?

- YES.....1
- NO.....2 **(C33)**
- DON’T KNOW.....<-8> **(C33)**
- DECLINED.....<-7> **(C33)**

Specify: \_\_\_\_\_

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

	<u>YES</u>	<u>NO</u>
a. hip?.....	1	2 <b>(b)</b>
2. Did that fracture occur....		
i. As a result of a fall from standing height or less .....	1 <b>(b)</b>	2
ii. Because of a harder fall .....	1 <b>(b)</b>	2
iii. From a car accident or other severe trauma .....	1 <b>(b)</b>	2
iv. Don’t know .....	1	2
b. wrist (not including forearm or hand)? .....	1	2 <b>(c)</b>
2. Did that fracture occur....		
i. As a result of a fall from standing height or less .....	1 <b>(c)</b>	2
ii. Because of a harder fall .....	1 <b>(c)</b>	2
iii. From a car accident or other severe trauma .....	1 <b>(c)</b>	2
iv. Don’t know .....	1	2
c. spine? .....	1	2 <b>(C34)</b>
2. Did that fracture occur....		
i. As a result of a fall from standing height or less .....	1 <b>(C34)</b>	2
ii. Because of a harder fall .....	1 <b>(C34)</b>	2
iii. From a car accident or other severe trauma .....	1 <b>(C34)</b>	2
iv. Don’t know .....	1	2

C34. Now I'm going to ask you about some liver conditions that may require medical care. Have you had any of the following conditions, since your (MONTH) study visit?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
b. Liver disease such as liver inflammation, cirrhosis or yellow jaundice or other liver problem.....	1	2	<-8>
c. Abnormal fluid in the belly (ascites) .....	1	2	<-8>
d. Bleeding from enlarged veins in your esophagus or stomach .....	1	2	<-8>

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

- YES ..... 1 **(C35b)**
- NO ..... 2
- DON'T KNOW ..... <-8>

a. Have you **ever** been told by a health care provider that you have hepatitis C?

- YES ..... 1
- NO ..... 2 **(C38)**
- DON'T KNOW ..... <-8> **(C38)**

b. Who first told you?

- WIHS staff ..... 1
- Your primary care provider ..... 2
- Another health care provider..... 3
- Other..... 4

C36. Are you aware that there are treatment options for hepatitis C?

- YES ..... 1
- NO ..... 2 **(C37)**

a. How did you first learn about treatment options for hepatitis C?

- Your primary care provider..... 1
- Another healthcare provider..... 2
- A friend or relative ..... 3
- Pamphlets or other educational material ..... 4
- Other..... 5

b. Which of the following best describes your impression of how well hepatitis C treatment works?

- It gets rid of the infection in most people who take it..... 1
- It works in less than half of the people who take it..... 2
- It doesn't work at all ..... 3
- I have no opinion..... 4

- c. Has anyone ever offered you treatment for hepatitis C?
  - YES ..... 1
  - NO ..... 2 (C37)
  
- d. Were you offered this treatment **since** your (MONTH) study visit or **prior to** your (MONTH) study visit?
  - Since my (MONTH) study visit..... 1 (C37)
  - Prior to my (MONTH) study visit..... 2
  
- e. Did you agree to be treated for hepatitis C?
  - YES ..... 1
  - NO ..... 2 (C37)
  
- f. Are you still in treatment for hepatitis C?
  - YES ..... 1(C37)
  - NO ..... 2
  
- g. Did you successfully complete the treatment?
  - YES ..... 1 (C37)
  - NO ..... 2
  
- h. What was the **main** reason or reasons you stopped treatment?
 

	<u>YES</u>	<u>NO</u>
i. Therapy was unsuccessful .....	1	2
ii. I had a low white blood cell count (leukopenia).....	1	2
iii. I had a low red blood cell count (anemia) .....	1	2
iv. I had other blood test abnormalities.....	1	2
v. I had psychological side effects.....	1	2
vi. I became pregnant.....	1	2
vii. My health care provider stopped it, but I don't know why .....	1	2
viii. It required too many visits .....	1	2
ix. It was too expensive/my insurance didn't cover treatment.....	1	2
x. I was not able to keep all the appointments.....	1	2
xi. Other reason.....	1	2 (C37)

Specify reason: \_\_\_\_\_

C37. Have you ever been referred to a special provider or clinic for patients with hepatitis C?

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

a. Have you ever gone to a special provider or clinic for patients with hepatitis C?

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

C38. Since your (MONTH) study visit, has a health care provider recommended that you receive a liver biopsy?

[Empty box for WIHS ID#]

YES ..... 1 (C38b)
NO ..... 2
DON'T KNOW ..... <-8>

a. Has a health care provider ever recommended you have a liver biopsy?

YES ..... 1
NO ..... 2 (C39)
DON'T KNOW ..... <-8> (C39)

b. Why was the liver biopsy recommended?

To see how much hepatitis C has affected your liver ..... 1
For another reason ..... 2

c. Did you have the liver biopsy?

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

d. Why did you choose not to have the biopsy (CIRCLE ALL THAT APPLY):

Table with 2 columns: YES, NO. Rows include: I was scared, I'm not sure a biopsy would help me, I don't think I would accept treatment for hepatitis C even if I had the biopsy, The biopsy procedure was not explained well enough, It was too expensive/ my insurance didn't cover it, Other.

Specify reason: \_\_\_\_\_

C39. Have you ever been told by a health care provider that you needed a liver transplant?

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

C40. Have you ever had a liver transplant?

YES ..... 1
NO ..... 2 (C41)

a. In what year? [ ][ ][ ][ ][ ]

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

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

PROMPT: IF ANY OF C34b-C34d OR C35 OR C38 OR C40 = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.

WIHS ID#

[Empty box for WIHS ID#]

C42. Have you had any of the following heart problems, since your (MONTH) study visit?

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
a. A new diagnosis of angina or chest pain related to heart disease.....	1	2	<-8>
b. A new diagnosis of congestive heart failure or CHF .....	1	2	<-8>
c. A heart attack or myocardial infarction or MI .....	1	2	<-8>
d. A stroke or CVA.....	1	2	<-8>

C43. Do you take aspirin three days or more of every week?

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

**PROMPT: IF ANY OF C42b–C42d = YES, THEN COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

**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)**  
 DON'T KNOW ..... <-8> **(D3)**  
 DECLINED ..... <-7> **(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 **(E1)**  
 DON'T KNOW ..... <-8> **(E1)**  
 DECLINED ..... <-7> **(E1)**

a.     
# TIMES

**SECTION E: AIDS DEFINING ILLNESSES**

We are now interested in finding out about diseases that some women experience. These diseases are rare and may occur in women who are HIV negative; however, they tend to occur more often in HIV positive women. As I read this list of diseases, please let me know whether or not you have had any of them. 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:

	<u>YES</u>	<u>NO/NEVER HEARD OF IT</u>
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

**PROMPT: IF THE PARTICIPANT RESPONDED “YES” TO ANY OF QUESTIONS E4–E20, COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

WIHS ID#

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)

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 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

**PROMPT: IF THE PARTICIPANT RESPONDED “YES” TO ANY OF QUESTIONS E4–E20, COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**



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:

	<u>YES</u>	<u>NO</u>
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 <b>(E13)</b>

\_\_\_\_\_  
**(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)**

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:

	<u>YES</u>	<u>NO</u>
a. in your blood?.....	1	2
b. elsewhere in your body? .....	1	2 <b>(E15)</b>

\_\_\_\_\_  
**(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)**

**PROMPT: IF THE PARTICIPANT RESPONDED “YES” TO ANY OF QUESTIONS E4–E20, COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

WIHS ID#

[Empty box for WIHS ID#]

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?

	<u>YES</u>	<u>NO</u>
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

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 THE PARTICIPANT RESPONDED “YES” TO ANY OF QUESTIONS E4–E20, COMPLETE ASCERTAINMENT TRACKING CHECKLIST AND OBTAIN MEDICAL RECORD RELEASE.**

WIHS ID#

[Empty box for WIHS ID#]

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

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

E22. 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 (E23)

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. Liver biopsy?	1	2
f. Breast biopsy?	1	2
g. Other biopsy?	1	2

(SPECIFY)

**PROMPT: IF THE PARTICIPANT RESPONDED “YES” TO ANY OF QUESTIONS E22a–g, COMPLETE AN AIDS AND CANCER SPECIMEN RESOURCE ASCERTAINMENT TRACKING CHECKLIST (ACSR ATC) FOR EACH REPORTED BIOPSY AND OBTAIN MEDICAL RECORD RELEASE.**

E23. Since your (MONTH) study visit, have you been admitted to the hospital for any 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 (E24)  
DON'T KNOW ..... <-8> (E24)

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

\_\_\_\_\_  
# TIMES

E24. TIME MODULE ENDED

\_\_\_\_\_:\_\_\_\_\_  
AM.....1  
PM.....2

**PROCEED TO F22 MED**