

PWA Short Telephone Interview

ID #: MACSID _____

Date: ____ / ____ / ____

PWDTM_##
PWDTD_##
PWDTY_##

If contact was established but participant unable or unwilling to complete the questionnaire, check here: _____

Visit #: VISIT_##

1. Has your address changed since your last contact with us? Yes No
If yes, what is your new address?

2. Have you had any serious illness(es) or significant symptoms since your last contact with us? If YES, briefly describe all illnesses below. Details are especially helpful on any AIDS diagnoses, cancer or neurologic conditions:

Illness/Symptoms	MM	DD	YY	ICD - 9

3. At any time (since your last visit in [Month]) did you stay overnight as a patient in a hospital? Yes No
HOSPL_##

4. Name and address of the doctor and/or hospital that we may contact for further information:
(Any information that you provide will be helpful.)

Dr. Name:	Telephone:
Address:	City:
Hospital/Address:	City:
Admission Dates:	

5. Do you have any kind of health insurance coverage or Medical Assistance? Yes No INSUR_##

- | | |
|--|--------------------------------|
| a) Coverage by an HMO | <input type="radio"/> HMOC_## |
| b) Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO) | <input type="radio"/> GPIC_## |
| c) Individual Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO) | <input type="radio"/> IPIC_## |
| d) Medicaid, Medi-Cal or Medical Assistance | <input type="radio"/> MCAID_## |
| e) Medicare (for people over 65 or permanently disabled) | <input type="radio"/> MCARE_## |
| f) Health care benefits from the Armed Forces or Veteran's Administration | <input type="radio"/> VABEN_## |
| g) CHAMPUS or CHAMP-VA - medical insurance for dependents of military personnel or survivors or disabled veterans. | <input type="radio"/> CHAMP_## |
| h) ADAP drugs assistance plan | <input type="radio"/> ADAPP_## |
| i) Other: | <input type="radio"/> OTHER_## |

6. Where do you usually go for medical care, even if you haven't received medical care since your last visit? (read all the choices, but check only one)

UCMED_##

- HMO Office (1) Any Clinic (3) Emergency Room (4)
 Non-HMO Doctor's Office (2) No regular source of medical care (6) Don't know (7)
 Other outpatient clinic (specify): _____ (5)

7. Are you taking any of the following medications to help fight AIDS or HIV infection?

- | | | | |
|--|--------------------------------|---|--------------------------------|
| 3-TC (Epivir, Lamivudine) | <input type="radio"/> PW3TC_## | Lexiva (Fosamprenavir) | <input type="radio"/> PWLEX_## |
| Abacavir (Ziagen) | <input type="radio"/> PWABA_## | Fuzeon (Pentafuside, Enfuvirtide, T-20) | <input type="radio"/> PWT20_## |
| Amprenavir (Agenerase) | <input type="radio"/> PWAMP_## | Indinavir (Crixivan) | <input type="radio"/> PWIND_## |
| AZT (Retrovir, Zidovudine) | <input type="radio"/> PWAZT_## | Lopinavir/r (Kaletra) | <input type="radio"/> PWLOP_## |
| Atazanavir (Reyataz, BMS-232632) | <input type="radio"/> PWATZ_## | Nelfinavir (Viracept) | <input type="radio"/> PWNEL_## |
| Combivir (AZT & 3-TC) | <input type="radio"/> PWCOM_## | Nevirapine (Viramune) | <input type="radio"/> PWNEV_## |
| d4T (Zerit, Stavudine) | <input type="radio"/> PWD4T_## | Ritonavir (Norvir) | <input type="radio"/> PWRIT_## |
| ddl (Dideoxyinosine, Didanosine, Videx) | <input type="radio"/> PWDDI_## | Saquinavir (Invirase, Fortovase) | <input type="radio"/> PWSAQ_## |
| Delavirdine (Rescriptor) | <input type="radio"/> PWDEL_## | Tenofovir (Viread) | <input type="radio"/> PWTEN_## |
| Efavirenz (Sustiva) | <input type="radio"/> PWSUS_## | Tipranavir | <input type="radio"/> PWTIP_## |
| Emtriva (Emtricitabine, Coviracil, FTC) | <input type="radio"/> PWEMT_## | Trizivir (Abacavir + Zidovudine + Lamivudine) | <input type="radio"/> PWTRI_## |
| Epzicom (Abacavir + Lamivudine) | <input type="radio"/> PWEpz_## | Truvada (Tenofovir + Emtricitabine) | <input type="radio"/> PWTRU_## |
| ----- | | | |
| Atovaquone (BW566C80, Mepron) | <input type="radio"/> PWATO_## | Ganciclovir (DHPG, Cytovene) | <input type="radio"/> PWGAN_## |
| Azithromycin (Zithromax) | <input type="radio"/> PWAzm_## | Hydroxyurea (Hydrea) | <input type="radio"/> PWHYD_## |
| Bactrim (Septra, SMZ-TMP, Sulfamethoxazole) | <input type="radio"/> PWBAC_## | Interleukin-2 (IL-2) | <input type="radio"/> PWINT_## |
| Ciprofloxacin (CIPRO) | <input type="radio"/> PWCIP_## | Itraconazole (Sporonox) | <input type="radio"/> PWITR_## |
| Clarithromycin (Biaxin) | <input type="radio"/> PWCLA_## | Ketoconazole (Nizoral) | <input type="radio"/> PWKET_## |
| Co-enzyme Q | <input type="radio"/> PWCOQ_## | Megace | <input type="radio"/> PWMEG_## |
| Colony stimulating factors (G-CSF, Neupogen) | <input type="radio"/> PWCSF_## | Mycelex (Clotrimazole) | <input type="radio"/> PWMYC_## |
| Cortisone | <input type="radio"/> PWCOR_## | NAC (N-acetyl-cysteine) | <input type="radio"/> PWNAC_## |
| Dapsone | <input type="radio"/> PWDAP_## | Nandrolone (Deca-Durabolin) | <input type="radio"/> PWNAN_## |
| DHEA | <input type="radio"/> PWDHE_## | Nystatin (Mycostatin) | <input type="radio"/> PWNYS_## |
| Ethambutol (Myambutal) | <input type="radio"/> PWETH_## | Oxandrin (Oxandrolone) | <input type="radio"/> PWOXA_## |
| Erythropoietin (Epogen, Procrit) | <input type="radio"/> PWERY_## | Pentamidine (Aerosolized) | <input type="radio"/> PWPEN_## |
| Flagyl (Metronidazole) | <input type="radio"/> PWFLA_## | Rifabutin (Ansamycin, Mycobutin) | <input type="radio"/> PWRIF_## |
| Fluconazole (Diflucan) | <input type="radio"/> PWFLU_## | Serostim | <input type="radio"/> PWSER_## |
| | | Testosterone (Delatestryl, Virilon, Testoderm, Androderm, Angrogel) | <input type="radio"/> PWTES_## |
| | | Vaccine trial (Generic) | <input type="radio"/> PWWAC_## |

8. Please name any other drugs or substances that you are taking to help fight, prevent or treat any HIV related conditions:

PWOD1_## PWOD2_## PWOD3_## PWOD4_## PWOD5_##

PWOD6_## PWOD7_## PWOD8_## PWOD9_## PW010_##

9. Have you noticed new problems remembering things since we last saw you? PWREM_##

If yes: a) Do you need to keep lists or rely on other people to remember things? PWLIS_##

b) Can you remember what you read or watch on TV? PWTV_##

10. What is your employment status? (Check one) EMPLOY_##

Working Full-time (35 hours or more per week) (1) Unemployed (3) Retired (5)

Working Part-time (less than 35 hours per week) (2) Disabled (4)

11. As usual, we are asking for the names and phone numbers of two contacts who do not live with you but who would always know your whereabouts.

Contact #1:

Phone: (____) _____

Contact #2:

Phone: (____) _____

Note: We will be sending you a medical records release form to sign. It is especially important to have a current one for our participants who have experience a recent illness. We hope you will return it to us as soon as possible. Thank you!