

PWA Short Telephone Interview

ID #: **MACSID** _____

Date: ____ / ____ / ____ **PWDTM_##**

PWDTD_##

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

Visit #: **VISIT_##** **PWDTY_##**

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? **INSUR_##** Yes No

- a) Coverage by an HMO **HMOC_##** Yes No
- b) Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO) **GPIC_##** Yes No
- c) Individual Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO) **IPIC_##** Yes No
- d) Medicaid, Medi-Cal or Medical Assistance **MCAID_##** Yes No
- e) Medicare (for people over 65 or permanently disabled) **MCARE_##** Yes No
- f) Health care benefits from the Armed Forces or Veteran's Administration **VABEN_##** Yes No
- g) CHAMPUS or CHAMP-VA - medical insurance for dependents of military personnel or disabled veterans. **CHAMP_##** Yes No
- h) ADAP drugs assistance plan **ADAPP_##** Yes No
- i) Other: **OTHER_##** Yes No

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

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_## PWOD10_## _____

9. Have you noticed new problems remembering things since we last saw you? Yes No PWREM_##

If yes: a) Do you need to keep lists or rely on other people to remember things? Yes No PWLIS_##

b) Can you remember what you read or watch on TV? Yes No 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!