

## PWA Short Telephone Interview

ID #: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

- |  |  |
|--|--|
| a) Coverage by an HMO  | <input type="radio"/> Yes <input type="radio"/> No |
| b) Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO)  | <input type="radio"/> Yes <input type="radio"/> No |
| c) Individual Private Insurance (Blue Cross, CIGNA, etc.) (not an HMO)   | <input type="radio"/> Yes <input type="radio"/> No |
| d) Medicaid, Medi-Cal or Medical Assistance  | <input type="radio"/> Yes <input type="radio"/> No |
| e) Medicare (for people over 65 or permanently disabled)   | <input type="radio"/> Yes <input type="radio"/> No |
| f) Health care benefits from the Armed Forces or Veteran's Administration  | <input type="radio"/> Yes <input type="radio"/> No |
| g) CHAMPUS or CHAMP-VA - medical insurance for dependents of military personnel or survivors or disabled veterans. | <input type="radio"/> Yes <input type="radio"/> No |
| h) ADAP drugs assistance plan  | <input type="radio"/> Yes <input type="radio"/> No |
| i) Other:  | <input type="radio"/> Yes <input type="radio"/> 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)**

- 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"/> Yes <input type="radio"/> No | Lexiva (Fosamprenavir) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Abacavir (Ziagen) .....                            | <input type="radio"/> Yes <input type="radio"/> No | Fuzeon (Pentafuside, Enfuvirtide, T-20) .....                             | <input type="radio"/> Yes <input type="radio"/> No |
| Amprenavir (Agenerase) .....                       | <input type="radio"/> Yes <input type="radio"/> No | Indinavir (Crixivan) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| AZT (Retrovir, Zidovudine) .....                   | <input type="radio"/> Yes <input type="radio"/> No | Lopinavir/r (Kaletra) .....   | <input type="radio"/> Yes <input type="radio"/> No |
| Atazanavir (Reyataz, BMS-232632) .....             | <input type="radio"/> Yes <input type="radio"/> No | Nelfinavir (Viracept) .....   | <input type="radio"/> Yes <input type="radio"/> No |
| Combivir (AZT + 3-TC) .....                        | <input type="radio"/> Yes <input type="radio"/> No | Nevirapine (Viramune) .....   | <input type="radio"/> Yes <input type="radio"/> No |
| d4T (Zerit, Stavudine) .....                       | <input type="radio"/> Yes <input type="radio"/> No | Ritonavir (Norvir) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| ddI (Dideoxyinosine, Didanosine, Videx) ....       | <input type="radio"/> Yes <input type="radio"/> No | Saquinavir (Invirase, Fortovase) .....                                    | <input type="radio"/> Yes <input type="radio"/> No |
| Delavirdine (Rescriptor) .....                     | <input type="radio"/> Yes <input type="radio"/> No | Tenofovir (Viread) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Efavirenz (Sustiva) .....                          | <input type="radio"/> Yes <input type="radio"/> No | Tipranavir .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Emtriva (Emtricitabine, Coviracil, FTC) .....      | <input type="radio"/> Yes <input type="radio"/> No | Trizivir (Abacavir + Zidovudine + Lamivudine) .....                       | <input type="radio"/> Yes <input type="radio"/> No |
| Epzicom (Abacavir + Lamivudine) .....              | <input type="radio"/> Yes <input type="radio"/> No | Truvada (Tenofovir + Emtricitabine) .....                                 | <input type="radio"/> Yes <input type="radio"/> No |
| -----  |  |   |  |
| Atovaquone (BW566C80, Mepron) .....                | <input type="radio"/> Yes <input type="radio"/> No | Ganciclovir (DHPG, Cytovene, Valcyte, Valganciclovir) .....               | <input type="radio"/> Yes <input type="radio"/> No |
| Azithromycin (Zithromax) .....                     | <input type="radio"/> Yes <input type="radio"/> No | Hydroxyurea (Hydrea) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Bactrim (Septra, SMZ-TMP, Sulfamethoxazole) .....  | <input type="radio"/> Yes <input type="radio"/> No | Interleukin-2 (IL-2) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Ciprofloxacin (CIPRO) .....                        | <input type="radio"/> Yes <input type="radio"/> No | Itraconazole (Sporonox) .....   | <input type="radio"/> Yes <input type="radio"/> No |
| Clarithromycin (Biaxin) .....                      | <input type="radio"/> Yes <input type="radio"/> No | Ketoconazole (Nizoral) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Co-enzyme Q .....                                  | <input type="radio"/> Yes <input type="radio"/> No | Megace .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Colony stimulating factors (G-CSF, Neupogen) ..... | <input type="radio"/> Yes <input type="radio"/> No | Mycelex (Clotrimazole) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Cortisone .....                                    | <input type="radio"/> Yes <input type="radio"/> No | NAC (N-acetyl-cysteine) .....   | <input type="radio"/> Yes <input type="radio"/> No |
| Dapsone .....                                      | <input type="radio"/> Yes <input type="radio"/> No | Nandralone (Deca-Durabolin) .....   | <input type="radio"/> Yes <input type="radio"/> No |
| DHEA .....   | <input type="radio"/> Yes <input type="radio"/> No | Nystatin (Mycostatin) .....   | <input type="radio"/> Yes <input type="radio"/> No |
| Ethambutol (Myambutal) .....                       | <input type="radio"/> Yes <input type="radio"/> No | Oxandrin (Oxandrolone) .....  | <input type="radio"/> Yes <input type="radio"/> No |
| Erythropoietin (Aranesp, Epogen, Procrit) ..       | <input type="radio"/> Yes <input type="radio"/> No | Pentamidine (Aerosolized) .....   | <input type="radio"/> Yes <input type="radio"/> No |
| Flagyl (Metronidazole) .....                       | <input type="radio"/> Yes <input type="radio"/> No | Rifabutin (Ansamycin, Mycobutin) .....                                    | <input type="radio"/> Yes <input type="radio"/> No |
| Fluconazole (Diflucan) .....                       | <input type="radio"/> Yes <input type="radio"/> No | Serostim (Human Growth Hormone) .....                                     | <input type="radio"/> Yes <input type="radio"/> No |
|  |  | Testosterone (Delatestryl, Virilon, Testoderm, Androderm, Angrogel) ..... | <input type="radio"/> Yes <input type="radio"/> No |
|  |  | Vaccine trial (Generic) .....   | <input type="radio"/> Yes <input type="radio"/> No |

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

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

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

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

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

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:

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Phone: (\_\_\_\_) \_\_\_\_\_

Contact #2:

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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!